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Chair

Ms. Bonnie Brown

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● (1050)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen. It's my pleasure to welcome you to the 26th meeting of the Standing Committee on Health.

We are convening a few minutes early this morning because the committee has a little bit of business to attend to before we move to the subject of the day, which of course is warning labels on beverage alcohol. So before we get to that part of the meeting, I have some business for my colleagues.

You'll recall that Mr. Merrifield presented in the House a report from our committee on our view of the tobacco regulations, which we had asked to review. He presented that report and it was fine at the time, but now we find out that just around that time some of the procedural rules were changed. In that report we asked for a response from the government, but there's been some kind of time change from 30 days to 120 days. There's some idea we can't do this because it would become retroactive or something. I forget exactly what it is; it's all procedural, but if anybody is really interested in the ins and outs of the procedural rules, they can ask the clerk to explain them.

She explained it to me the other day, and I suggested to her that we have a motion whereby we withdraw the first report, because it is the thing that's giving a problem to the clerks, and instead table the exact same words but in two separate reports, one that reports what we said about the regulations and a second one that asks for a response from the government. The substance will be identical, but procedurally we will do it in two reports, which somehow or other gets around this change in the procedural rules.

So a proposed motion is coming to you, and I'll begin to read it to you: That notwithstanding the fourth report presented inthe House of Commons on Friday, February 16, the chair will table two separatereports on the proposed regulations asreferred to the committee on Tuesday, December 14.One report will refer to the amendment to the proposed regulations as agreed by thecommittee on February 14. The second report will refer to the committee's recommendation with respect to the Access toInformation Act andthe request that the government table aresponse to the committee's recommendation.

What we're doing is taking the report we've already tabled and simply splitting it into two.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): So this is just a 48-hour motion, or do you want to...?

The Chair: No, this is a procedural motion, really. We can do it whenever we want. It's not about substance; it's about procedure. It's simply to get around rules. There is no agenda of the government to accomplish anything with this other than to keep our committee out of trouble with the clerk of the Commons. That's all it is.

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): Madam Chair, inasmuch as you admit it's a little bit of a technical issue and rather complicated, we just request time to examine it. Mr. Merrifield is not here today because he's attending funerals in the west. We'd like time to examine that and be satisfied about the implications before we vote.

The Chair: Of course, that's going to hold it back now for next week, which is the break week.

Mr. Steven Fletcher: Is there a time sensitivity to this?

The Chair: I don't know.

Madam Clerk?

The Clerk of the Committee (Mrs. Carmen DePape): The Tobacco Act specifies that the report has to be adopted within 30 sitting days for the amendment to the regulations to come into effect. That brings it to some time in April, so there is a bit of time.

Mr. Steven Fletcher: I'd just say that we wait, then.

The Chair: Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): I don't have any objection to that, but with your permission, I would like the clerk to explain it, because—

The Chair: I didn't explain it well.

Hon. Robert Thibault: I got a little lost in your explanation.

The Chair: Go ahead.

The Clerk: There were recent changes to the standing order that said when a committee tables a report and requests a response from the government—and this is a change to the standing order—now that report cannot be adopted until the government response has been tabled in the House. Now, the problem with this is that the Tobacco Act says there are 30 sitting days to adopt an amendment, so if we wait for the government response, they have 120 days to give their response. Then the 30 days will be lost and we'll lose the amendment.

Hon. Robert Thibault: In this case the response we are asking from the government is—

The Clerk: We are asking just for a response to the recommendation. What we're doing is splitting it into two—

Hon. Robert Thibault: No, I'm just asking if it's under the Access to Information Act. That's what we are asking.

The Clerk: Yes.

Hon. Robert Thibault: So this committee had agreed to the amendment. This is an amendment that had passed, a recommendation, and this would be a mechanical thing so that it can be done, and the government still has to respond to this committee within 120 days?

The Chair: That's right.

Hon. Robert Thibault: I understand it much better now. I would be willing to support it. I don't know if the opposition would like to reconsider.

Mr. Steven Fletcher: I think we should wait. If it's not time sensitive, I'd like to talk to the clerk and get more information on the procedural nature of it.

The Chair: As long as we're not going beyond a deadline, Madam Clerk.

● (1055)

The Clerk: Yes, it's in April.

The Chair: Yes, so at the first meeting after we come back, I hope everyone will be prepared to pass this motion; otherwise, we could lose our amendment to the tobacco regulations.

Thank you very much.

So we'll refer item one to the next meeting of the committee.

On item two, Bill C-206, warning labels regarding the consumption of alcohol—again, this is a committee business item. Many of you have approached me to suggest we have more witnesses. I've instructed the clerk to do that—particularly expert witnesses, university professors, those kinds of people. Do I have your agreement?

Mr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Madam Chair, is the name Gideon Koren the one you brought up?

The Chair: Yes.

Mr. Colin Carrie: That was the one requested.

The Chair: I had the clerk call him the other day, but she has something to say about it.

The Clerk: We suggested March 21 to him, which was the day we were going to have the experts. He called me and said he wanted to reschedule. I said the only other date I had would be March 24. He can't make it then either. Those are two dates, and he's not available for either one. I don't know if you want him at another time.

The Chair: With your indulgence, I would like to look again at the massive list the researchers put together on experts. We may need another meeting beyond what we have scheduled so far, and with your indulgence I will add some people and add one more meeting, if that's okay, because we don't want to miss some of these people. I know Dr. Koren is very anxious to come.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, make sure to invite someone from the University of Montreal. I indicated to the clerk that researchers in the department of psychology at the University of Montreal, as well as a working group on addictions—the GRASP—worked on these issues. I do not think that Ms. Line Beauchamp herself is working on these issues, but I know that other people are. I have been told about a Louise Nadeau. Someone from the University of Montreal could shed light on the issue.

It also seems to me that we have neglected one aspect with which we should deal. I would like to have some discussion of the constitutional issue. Would it be possible to have someone from the Department of Justice come before the committee? In our caucus it was emphasized that if this bill is passed, we need to know the implications for the provinces in terms of regulations. I believe we need to also have this perspective. Someone from the Department of Justice should come to discuss this: you know how sensitive constitutional issues are and it is best to have all the information available.

[*English*]

The Chair: Thank you, Mr. Ménard.

We've now all been exposed to the hall conversations I've had with various and sundry members of the committee, and I might add that members of the House who are not on this committee have also stopped me about various people they want us to hear from. So we will look again at all this, try to get as broad a range of witnesses as we can, and have a calendar ready at that first meeting after the break when you return. Is that agreeable?

Some hon. members: Agreed.

The Chair: Okay, thank you.

Item three is about the estimates. We put this on your agenda today just to remind you there is a deadline and a renewed pressure on committees to do their work on the estimates. Again, we'll be trying to figure out where to put those meetings—usually we have at least two—and as a reminder, at the bottom you'll see number four, Bill C-28. Just in case we've forgotten, there is a government bill that has been referred to committee by the House. Normally that takes first priority; I put it in here today to show you it may be a while before we get back to our own choice of topic, which is Internet pharmacies, because of these pressures coming to us from the House—Bill C-206, the estimates, and Bill C-28. We also have another bill, Bill C-420, referred to the committee yesterday, and Mr. Carrie's private member's bill is referred to our committee.

So it seems to me we are definitely in the legislative business this season. We have to take care of these things before we can get back to our own topics. We will do our best to fit in the estimates, Bill C-28, and then Bill C-420, but these are going to take us quite a while, I think.

Any questions?

Mr. Lunney.

[*Translation*]

Mr. James Lunney: I want to talk about Bill C-420.

[*English*]

This is an important bill. A lot of witnesses will want to address the committee on this subject. There's a lot of interest in it. We'll need to assign appropriate time to hear some of those witnesses, I'm sure.

● (1100)

The Chair: Yes. I'm beginning to see that we may have to move into what I call our “pressured format” and have maybe an all-day session to hear from witnesses on some of these pieces of legislation. We don't want this to drag beyond the summer. I'd like to clear this up before we break for summer.

Thank you for that alert, Mr. Lunney.

Seeing that we have agreement on these items, we can set this aside now.

It is now 11 o'clock, so we can move to our regular agenda. I would like to invite the witnesses who are here for Bill C-206 to move to the table.

Good morning, and welcome to our meeting.

Our first organization is Mothers Against Drunk Driving, otherwise known as MADD. We have Ms. Dunham, the national president, and Mr. Murie, the executive director.

The floor is yours, whoever wishes to begin.

Ms. Karen Dunham (National President, Mothers Against Drunk Driving): Good morning.

I assumed my responsibilities as MADD Canada's national president in September 2004. I am from Saint John, New Brunswick, where I helped to found a local MADD chapter.

My family has been negatively impacted by impaired driving. My son Jonathan will suffer for the rest of his life from the head injuries he received in a horrific drinking and driving incident where the driver was two and a half times over the legal limit and ran a red light to broadside my son's motorcycle, leaving him in the street. Today Jonathan, our family, and friends live with the dreams of what could have been and the realities of the surviving impaired-driving victim.

Mothers Against Drunk Driving is pleased to be here today. We are pleased to have the opportunity to speak in favour of Bill C-206. We are in favour of the placement of warning labels on alcohol products for two reasons.

First, the government has a right and a duty to warn of known health and safety risks of products. Labelling is a direct way of discharging that responsibility.

Second, the public has a right to know of the effects of alcohol. It is remarkable that alcohol in all its forms is still one of the only products in our society that doesn't list contents or provide consumer information on its containers.

Today's business reality for almost every other commercial producer is that the public has an increasing right to be informed of a product's contents and risk factors. We have McDonald's listing calories, safety warnings on children's toys, and even toasters that come with a warning not to use them in bathtubs.

So the government has a duty to warn of risks and the public has a right to better consumer information.

MADD Canada views warning labels on alcohol products as an effective additional measure to the government's education programs and health information campaigns relating to alcohol. Much like the government's public education regarding tobacco products, warning labels will be effective as one element of a broader government campaign to provide Canadians with the latest health facts and risk sassociated with alcohol products.

An appealing part of Bill C-206 is that Mr. Szabo has left the details of size and content of labels to Health Canada regulators. This is an excellent idea, for it puts the responsibility of determining the size and content of labels with those health professionals who have expertise in this field as well as experience gained through placement of the tobacco warning labels.

That said, there are two things MADD Canada would like to pass along as suggestions should Health Canada officials be given the task of creating alcohol warning labels.

First, the labels need to be prominent and clearly distinguishable. They should not be hidden or developed in such a way as to blend into the label artwork.

Second, labels need to contain specific information about the risks related to consumption.

We agree with Mr. Szabo's list of areas of concern. Warnings should include statements on risks vis-à-vis pregnancy, operation of vehicles and machinery, and health implications.

I would like to conclude my brief statement by saying to the MPs around this table, our country's lawmakers, that placing warning labels on alcohol products is not an unreasonable course of action for our society. The World Health Organization has identified a causal relationship between alcohol consumption and more than 60 types ofdiseases and injury. Mere consumption—not misuse—will lead to an increased risk of 60 diseases and injuries—cancers, cirrhosis of the liver, epilepsy, and further deaths attributed to homicides and motor vehicle crashes.

Given this overwhelming statement of harm connected with alcohol, I repeat that it is not unreasonable for the government to discharge its duty to warn the public through regulating warning labels on alcohol products.

Thank you.

● (1105)

Mr. Andrew Murie (Executive Director, Mothers Against Drunk Driving): I'd like to begin by commenting about a few of the arguments that have been raised against warning labels.

First, I want to comment on the cost argument. The cost of introducing warning labels is nothing more than a red herring. I know of no alcohol company that has gone out of business, or lost their jobs, where their country has introduced mandatory warning labels. A lot of our companies that promote alcohol now to the United States have to put on labels, and yet they continue to export to the United States with that cost factor in there.

The second point concerns the alcohol industry's responsible drinking campaigns and the claim that these programs are effective in educating consumers about the risks of their products. We don't share that view. Let's put the programs in the context of the industry's big business goals. Alcohol production and retail is big business that will do what it can to protect profit margins and bottom lines. The industry's references to responsible drinking messages is designed to take the sting out of their arguments concerning the harm caused by their products. In the context of the issue on warning labels, the debate points about these programs are raised to argue for the status quo, just like their arguments against lowering the blood alcohol concentration despite overwhelming empirical evidence. We do not believe the alcohol industry provides Canadians with full, or the most precise, information about their products.

Allow me to raise one example, that of the industry's much-flaunted campaigns concerning health risks to pregnant women. Current research tells us that the most serious harm alcohol can do on a fetus is in the earliest stages of pregnancy. Given this fact, women who are attempting to get pregnant, or who are at risk to get pregnant, should consider abstaining altogether. Today the industry's pregnancy messages are directed at women who know they are pregnant, not at sexually active women. On one hand, the pregnancy programs allow the industry reps to state they are providing information on inherent health risks, while on the other hand, the industry continues to focus its marketing efforts directed at young and female drinkers. The thought that alcohol consumption and sex could be a dangerous mix is nowhere in the industry's mass marketing and advertising.

On another related matter, the committee heard the alcohol trade repeat their performance of 1996 in suggesting it may be an either/or scenario when it comes to responsible drinking programs and the introduction of warning labels. The veiled threat here is, if companies are compelled to place warning labels on their products, then they will have to consider pulling their products. To think they would even raise the threat with legislators and regulators questions the sincerity of the industry's commitment to public education.

In yesterday's presentation by the alcohol industry, there was not one mention of the issue of binge drinking. Why? Because the industry knows two things about this group: one is that 20% of these binge drinkers consume 80% of their products; and we also know binge drinkers are three times more likely to drive impaired than other drivers.

I must say, I find it ironic that this industry has been lobbying the government to include messages of health benefits on their labels, but when we speak of labels informing of alcohol risk and health problems associated with consumption, they want no part of it.

The health benefits of alcohol products are very limited compared to the risk. Most of the research funded on the health benefits of alcohol is funded by the alcohol industry themselves. Therefore, our organization does not share the point put forward by Spirits Canada yesterday, stating that if warning labels become a reality, there should be a balancing of messages. The message on the warning label should be about the risk only.

As a last point, I'd like to pick up on the issue of label content and the argument of general versus detailed warning statements. Precision in the wording of the warning will be key to the effectiveness of this initiative. We have recommended that the warning should not be generic in nature, but should properly reflect available empirical evidence.

For instance, “don't drink and drive” and “don't drink and operate machinery” are now everyday, common-sense statements. The known facts about these risky activities need to be more forcefully put. Scientific data tell us that even at small doses alcohol will have a negative effect on a person's motor skills. In fact, with as little as one standard drink of alcohol, a person's ability to operate a machine or drive a vehicle will be negatively impacted.

The image the alcohol industry presented yesterday, that the impaired driving issue is now one of only hard-core drinking drivers, repeat offenders, is just another marginalized viewpoint presented by the alcohol industry that has no empirical evidence basis. The challenge for Health Canada is to develop a warning statement that goes beyond the general statement and properly reflects known facts that more precisely convey the risks and health harm related to alcohol consumption.

● (1110)

In conclusion, MADD Canada would applaud the government and Parliament for withstanding industry pressure and passing this responsible legislation. Increased consumer awareness leads to better habits and more responsible social behaviour. One may wish to argue the extent of the impact, but MADD Canada is a firm believer, through our experience, that consistent and frequent warning messages do have an impact. Anyone who doubts this need only look at the public's attitude regarding drinking and driving over the past 20 years. Through sustained anti-drinking and driving messages, the vast majority of Canadians today have good habits and will not drive when they've had too much to drink.

Warning labels on alcohol products will work and will be a welcome addition to the education programs and awareness campaigns by governments and by health and safety organizations across Canada. We look forward to discussing the impact they could have on drinking and driving in the upcoming questions and answers.

Thank you.

The Chair: Thank you, Ms. Dunham, and thank you, Mr. Murie.

We'll now go to the Canadian Paediatric Society. Their presentation will be made by their president, Robin Walker.

Mr. Walker.

Dr. Robin Walker (President, Canadian Paediatric Society): Thank you.

I am Dr. Robin Walker, and I am the president of the Canadian Paediatric Society.

The CPS is a national advocacy association committed to the health needs of children and youth since 1922. As a voluntary professional association, the CPS represents approximately 2,400 pediatricians, pediatric subspecialists, pediatric residents, and other child health care providers who advocate for the health and well-being of children and youth.

I want to talk to you today about fetal alcohol spectrum disorder, or FASD. This is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. It is thought to be the most common non-genetic cause of mental learning and behavioural disabilities. Its prevalence in the U. S. is estimated to be 9.1 per 1,000 live births—in other words, almost 1%—however, the real prevalence may be higher, as diagnosis is often missed or at least long delayed. The more easily diagnosed and the most visible presentation of FASD, the so-called fetal alcohol syndrome, FAS, has a U.S. prevalence of about 1 to 3 per 1,000 births, or up to one-third of the total FASD cases.

There are no national statistics for FASD in Canada; however, reported prevalence in small populations in Canada ranges from as little as 0.5 per 1,000 live births in a diagnostic clinic in Saskatchewan, to as high as 190 per 1,000 live births in an isolated aboriginal community in British Columbia. These data come from new Canadian consensus guidelines just published in the *Canadian Medical Association Journal*. Overall, therefore, it is probable that the Canadian prevalence is at least as high as that in the United States. Indeed, new research presented recently by Toronto's Motherisk program suggests risk drinking in pregnancy may be much more frequent than previously suspected.

FASD is a serious, lifelong condition. Its effects include physical, mental, behavioural, and learning disabilities. These compromise not only the life of the affected individual and his or her family, but also Canadian society as a whole. The behavioural problems in affected individuals can be difficult to treat even if the diagnosis has been made, and unfortunately they lead frequently to delinquency, problems with the law, and incarceration. These issues affect not only those with the full fetal alcohol syndrome. In fact, individuals without physical stigmata tend to be diagnosed later, if at all, and may actually have poorer outcomes in terms of learning behaviour and legal consequences.

It is also important to know that FASD has been associated not only with alcoholism, but also with binge drinking in pregnancy, and that the most recent research has failed to find any safe level of intake below which effects on the subsequent children cannot be demonstrated.

It's also important that the committee not think that FASD is only associated with certain ethnocultural backgrounds. On the contrary, risk factors include a broad range of social and lifestyle issues, as well as the background of the mother and the behaviour of her partner. Clearly, then, knowledge of the ill effects of alcohol on the fetus will not always be enough to allow a mother-to-be to stop drinking. For example, a mother with a history of abuse or living in a current situation of abuse will need to be identified, protected from that abuse, and supported throughout her pregnancy in order to be able to change behaviour. Unfortunately our current health and social systems guarantee none of these things.

Moreover, there is little evidence that in spite of increasing awareness, the prevalence of FASD has changed substantially since the fetal alcohol syndrome was first described in the seventies, but there is excellent scientific evidence that knowledge of alcohol effects does change behaviour in many, and indeed most, women. While the overall effectiveness of information labels themselves in eliminating drinking during pregnancy is still debated by some scientists, there is evidence that women notice the labels and that the labels do lead to changes in behaviour by certain individuals, including significant reductions in alcohol intake in some pregnant women.

This evidence is summarized in a recent paper from the Alcohol Policy Network, which is a project of the Ontario Public Health Association. As this paper suggests, the purpose of public policy on this issue should be harm reduction. That is, however imperfect labels may be seen to be in eliminating drinking during pregnancy by themselves, they should be seen as an important component of a strategy designed to reduce harm in as many pregnancies as possible.

The CPS has supported a policy of harm reduction to reduce the prevalence of FASD for many years. In 1997, we published “Prevention of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) in Canada”, a joint position statement with 17 other co-signatories. We reaffirmed this statement in 2004. The statement noted that FAS and FAE, now both subsumed in the term “FASD”, are preventable. To that end, it was recommended that prevention efforts should target women before and during their child-bearing years, as well as those who influence such women, including their partners, families, and the community.

● (1115)

Labelling of alcohol containers is clearly a legitimate component of such a broad prevention strategy, although the statement also noted: “Communication between researchers and health-care providers must be an ongoing process to determine and evaluate the most effective means of primary, secondary, and tertiary prevention of FAS/FAE.” That is, we should not assume that we yet have all the answers to prevention of FASD, and research to improve our capabilities in this respect must continue.

For example, research already suggests that we may be close to a screening method that could identify risk drinkers before or early in pregnancy to allow intervention to prevent harm to the fetus, and newly available testing of the baby's meconium—that's the new-born's stool—may help identify affected babies immediately after birth.

In a subsequent 2002 CPS statement, “Fetal alcohol syndrome”, written by our first nations and Inuit health committee, we added: “Primary prevention of FAS should involve school-based educational programs; early recognition; treatment of at-risk women; and community-sponsored, culturally-centred programs.” Labelling comprises a logical component of such community-based prevention efforts, but again we pointed out that intervention should continue to be evaluated for effectiveness.

In conclusion, therefore, consistent with Canadian Paediatric Society statements, I recommend, first, that alcohol products should carry labels with prominent information on the risk of alcohol consumption in pregnancy to the fetus; second, that labelling requirements should comprise only one part of a broad, multi-component prevention strategy; and third, that the federal government should support ongoing research on effective prevention of FASD, as well as periodic evaluation of the effect of current and future strategies, including alcohol container labelling.

Thank you.

● (1120)

The Chair: Thank you very much.

The next group we have is the Fetal Alcohol Spectrum Disorder Group of Ottawa, which is represented by its co-facilitator Elspeth Ross.

Ms. Ross.

Ms. Elspeth Ross (Co-facilitator, Fetal Alcohol Spectrum Disorder Group of Ottawa): Thank you for the opportunity to speak to the committee. I have brought copies of my presentation this morning. I don't know if you have yet received them, but I did bring copies.

I feel a great burden of responsibility as the one representative of the fetal alcohol spectrum disorder community. I was very glad to hear this morning that you may possibly be hearing from more people in your committee. We support Bill C-206 as an important initiative. It is good to warn about impairing the ability to operate vehicles and machinery and affecting health, as well as causing birth defects in pregnancy. Years of work have gone into this. I applaud MP Paul Szabo for his efforts and success in getting to this stage today and also recognize the hard work of MP Judy Wasylycia-Leis along the way.

My name is Elspeth Ross, and I live in Rockland, Ontario. I am speaking to you as an educator and as a parent who lives with FASD 24 hours of every day. My sons, who joined our family at 19 months and three and a half years, are now 25 and 22. My husband is here with me today.

This is the second time I am speaking on this topic to a parliamentary committee. It was April 30, 1992, when labelling was discussed by the subcommittee on health issues studying fetal alcohol syndrome. Now we have the same topic, 13 years later. It is hard to be patient when people say today that we should wait to decide about warning labels until more talk takes place.

In 1992 people were interested in hearing about our younger son, Louis, then nine years old, and how hard it was. He is now 22 and driving the car on his own, as of this week, but things are still hard. He lives at home, and both he and we wonder if and when and how he will begin to live independently.

I have been running our FASD support and education group at the Children's Hospital of Eastern Ontario for over five years, first with a nurse, now with a psychologist, Dr. Virginia Bourget. I am a member of the FASD Coalition of Ottawa, the Ontario Health Canada community-based FASD group, and a member of an advisory committee of a national FAS parenting project, and I've worked with the Adoption Council of Canada for years.

I give workshops and tell people about news and research through list servs. Some of you have maybe received some of my e-mails. My work has been as a volunteer, but now I am preparing an environmental scan, actually being funded to do something on what's up in Ontario for FASD.

FASD is an umbrella term that recognizes a spectrum or continuum with different degrees of damage to individuals whose birth mothers drank alcohol during pregnancy. Alcohol is a teratogen when consumed in pregnancy, causing harm to the fetus, resulting in brain damage.

No one is suggesting that warning labels are the answer or that they should take the place of other FASD efforts. Warning labels are important as part of a multi-component community substance abuse prevention program. Primary prevention activities are aimed at educating the population at large. No one approach works, as is also the case with smoking.

Labels on alcohol products, warning signs where alcohol is sold and served, limiting availability, posters and pamphlets, public service announcements, and life-skills-based education in school and community all should work together. We don't see these nearly enough. They're part of multiple messaging about not drinking alcohol when you are pregnant or may become pregnant.

My shirt is another way of getting a message across. My son and I got these at acamp for FASD-affected adults, aged 15 to 40, and their caregivers in Michigan last August. The theme “Being your Best with FAS” is ours in working to maximize potential for alcohol-affected children and adults. The message on the back is “Give up Alcohol during Pregnancy”. Perhaps some of you may not like that wording. How do you like this bumper sticker: “Drinking while pregnant: the silent Weapon of Mass Destruction”? I'm going to give it to your chair. Perhaps she'll put it on her car.

Who are messages targeting? Contrary to opinion, it is not only single, poor, marginalized aboriginal women who need prevention messages. Health Canada data from 1995-96 and a Best Start presentation last week say that women over 35, well educated and well employed, are more likely to be moderate daily drinkers and more likely to report alcohol use in pregnancy.

• (1125)

This is a new group to be targeted in awareness campaigns. Alcohol is a rural, remote, and city issue. There are high rates of alcohol use, high rates of binge drinking, a social norm, and lack of services for pregnant women.

We also know that it is not only heavy drinking that harms the baby. The U.S. Surgeon General issued an advisory on alcohol use in pregnancy on February 21 of this year to urge women who are pregnant or who may become pregnant to abstain from alcohol. The word used before was “limit”.

Why shouldn't alcohol products carry a warning? Manufacturers of a product that can do so much harm in pregnancy should inform the public. Tobacco products have to carry warnings about dangers to health. We have to be told about peanuts in cookies and cereals, which can harm some children. Plastic bags carry messages about danger. All food products are now being labelled for ingredients and nutritional value. How can the alcohol industry get away with not telling us on its products that they are dangerous to unborn children? People may say that they are not very effective, but labels are here to stay.

Lawyers in tort law and civil liability tell us that the law has evolved in the area of a manufacturer's duty to warn the pregnant consumer of the danger of drinking alcohol while pregnant. A strong legal case could be made against the manufacturers and suppliers of alcohol.

Warning labels on alcoholic beverages will be seen by women of child-bearing age and those drinking with them, their partners and friends. They will have an impact in reminding and telling about the effects of alcohol.

In 2000 the Canadian Centre on Substance Abuse, or CCSA, published a best practices document. It states that there is some evidence to support warning labels and posters as a means of increasing awareness and effecting short-term behavioural change in low-risk women. Labels are known not to be effective with women who drink heavily during pregnancy. Other tertiary prevention and harm reduction strategies are geared to them.

The November 2004 “State of the Evidence Review” from the University of Lethbridge states that media campaigns and warning labels on alcoholic beverages in the U.S. have had some success in effecting behaviour change through awareness. Social marketing theory espouses that this approach is worthwhile.

My son Louis has a suggestion for you as you are considering labelling. He says the messages on bottles in the U.S. are too small and not placed right. He says that he always looks at the label to see the percentage of alcohol content, and he has observed that women do it too. Louis suggests that you put the message in big letters right underneath the percentage; then it will be seen.

The U.S. has had labels since 1989, but there's discussion now about making them more effective. Research has shown that the public supports making alcohol labels more conspicuous.

One of the factors limiting the effectiveness of public awareness campaigns could be that a particular message is simply not seen enough, given the tremendous array of messages in today's media and world. A U.S. national study of those exposed to pregnancy and alcohol messages found a positive relationship between the number of exposures to multiple message sources and overall drinking in the overall population.

Not everyone knows not to drink in pregnancy. The message is not out clearly. FASD prevention is not in the curriculum of most schools and colleges. A woman in the group of foster parents at my FASD training on Tuesday night said that she is in a high-risk pregnancy herself, and the doctor has never told her not to drink alcohol.

Women do not know clearly that there is no safe time to drink alcohol during pregnancy. There is confusion about no safe amount, and they don't know when to stop drinking. Some wait until the doctor tells them they're pregnant, and this may even be in the fifth month, some say, due to the shortage of doctors. We know that the greatest harm is done early in the pregnancy, even before the woman may know she's pregnant. It is best to stop drinking before that time.

Warning signs would aid these messages and help to develop support. Most of us in the FASD community work at prevention without funding. We could work much more effectively with the assistance of multiple messaging. I hope some of you saw the posters from the Best Start campaign in Ontario during the month of May. We would like to see more of these posters and hear more announcements.

• (1130)

You will see the signs now from Sandy's law in wine stores and liquor stores. They're clear and direct, and they're not meant to be the only prevention method. Canadian alcohol products that are exported to the U.S. and some other countries now carry warning labels. Could this not simply be done for the domestic market too? We have heard that small breweries and wineries will have huge costs in redesigning labels, and we've heard that some jobs may be lost. But some children may be saved from FASD if some women read warning labels and stop drinking during pregnancy. Compare costs to the industry to costs to society of lost potential and productive citizens and happy families. Some researchers estimate that each individual with FASD costs the taxpayer approximately $2 million in his or her lifetime for health problems, special education, psychotherapy and counselling, welfare, and crime.

FASD is an invisible disability. Our boys are among the high-functioning ones affected. They are not small. They do not have a distinctive face. They are of average intelligence. They have graduated from high school, and the older one also from community college in aboriginal studies. They are both working. The older one, though, has learning disabilities in math, sequencing, time, and filling out forms. He has found his external brain in his wife and is doing very well. Our younger son found his work through the Ontario disability support program assisted employment and has kept his job with difficulty. He has problems in learning, remembering, thinking things through, problem solving, acting impulsively, math, and money management. These are life-long problems.

Warning labels on alcohol products will not stop FASD but will help prevention efforts. We are concerned particularly about the high amount of binge drinking that is going on now, and the greater availability of alcohol for people. We in the FASD community look forward to seeing this matter settled and working together on other campaigns and strategies.

Health Canada has just published this *Fetal Alcohol Spectrum Disorder (FASD): a Framework for Action*. I presume you've seen this document. Let's get on with the job.

The Chair: Thank you very much, Ms. Ross.

Our next speaker is Mr. Hubert Sacy from Éduc'alcool in Quebec.

Go ahead, please, Mr. Sacy.

[*Translation*]

Mr. Hubert Sacy (Director General, Éduc'alcool): Thank you, Madam Chair.

Éduc'alcool is a non-profit organization that has been involved for almost 15 years now in prevention activities, education programs and information campaigns to promote responsible consumption of alcohol.

The organization's goals are as follows: educate the public and especially young people about the consumption of alcoholic beverages; promote moderation in the consumption of alcohol; prevent and drawing attention to the harm caused by alcohol abuse; provide information on the psychological and physiological effects of alcohol.

Our slogan “*La modération a bien meilleur goût*“, in English “Moderation is always in good taste“, has become more than a mere slogan. It has become an everyday expression, almost a proverb, that is recognized by 95% of people.

Over the last 15 years, we have carried out programs that have reached all groups of society. In the information kit that was provided to you, you will find a number of our publications that we will talk about later. They are in both French and English, of course. There is one entitled *Pregnancy and Alcohol: Your Qestions Answered.* There is another that deals with binge drinking or drinking games, a problem that has been mentioned earlier. There is a guide to assist parents in discussing alcohol with their children and we also have publications geared to learner drivers.

Éduc'alcool has spent more than 60 million dollars on education and prevention actions and programs over the last 15 years. There are so many that it would be impossible to give you here a full list. Suffice it to say that we reach everyone and that we have become, we believe, a model that extends well beyond our borders.

● (1135)

[*English*]

Madam Chair, the question that has to be raised here is whether or not warning labels are effective in changing behaviour. The answer is not a matter of opinion; it is a matter of science and research. We are not researchers, but we know a great number of researchers, and among them there's the Groupe de recherchè sur les aspects sociaux de la santé et de la prévention from the University of Montreal, who we asked two years ago to analyze all the research that has been done on this matter—all of it, all the research you've heard about—and to do it all together. The conclusion was very simple: at the very most, the labels could be a tool for providing information, but they would be the least effective of all such information tools. It is not a matter of opinion; it is a matter of science.

Even though they're ineffective and pointless, some might argue there's no harm in placing them on the bottles anyway. Unfortunately, there are five major reasons why warning labels should not be placed on bottles.

First of all, a label cannot go deeply into the issue. Alcohol-related issues are serious problems and should be dealt with seriously. They cannot be summarized in one short sentence. We have experienced what not being subtle, not being nuanced, can lead us to. When we issued the first version of this publication, we decided to be on the safe side and didn't use any nuances, and said, no, no, it's harmful, it's hurtful, it's terrible.

After one year, the college of physicians of Quebec came to see us and told us that we should add some nuances to what we were saying, as some women were coming and asking for abortions because they had had a drink or two when they were pregnant without knowing. They said, “We don't want to have a mongoloid child”. The doctors told them, “No, no, no, don't worry, it's only a drink or two”. But the women would say, “No, no, it's written down here....” So we had to change a couple of things and we added questions two and three to make women not feel guilty because they'd consumed regularly.

So there's a perverse effect from unsubtle messages.

Warning labels also overdramatize the problem and can lead consumers to regard as irrelevant any information that does not correspond to their experience in life. It is not possible to resolve problems by means of pointless flash cards; it needs more than that.

I won't talk to you about the third danger, that of overexposure by placing labels on all bottles without exception. We all know that it creates a false feeling that the problem has been resolved.

But also, allow me to remind you very respectfully that this measure could act as a pretext for the authorities not to invest in measures that are truly effective. So when they're asked what they are doing about this, they could say, “Oh, we have warning labels, so it's fine”.

Last but not least, may I remind you that warning labels are in place in only 20 countries and are rejected by 200 and something countries, and were never created to inform consumers or women. Warning labels were born in the United States, where they were meant to protect the industry against lawsuits by consumers. Warning labels in the U.S. are a means to protect the industry, not to inform consumers. As you know, with our southern neighbours, there's always somebody suing somebody else for one reason or another—and in this case it is exactly the same thing as, “Oh, we warned you, and we are not responsible any more”.

In this case, the two key words are “targeting” and “rigour”.

Allow me just to tell you what we need and what we've done. As far as pregnant women are concerned, several years ago in Quebec we launched an information brochure jointly with Quebec's college of physicians that simply and clearly answers the questions of pregnant women, and those intending to become pregnant, about their drinking. This publication is now in its seventh edition; more than 1.5 million copies have been distributed all over the place. Don't get me wrong; it's the Quebec government's ministry of health that asked us if they could sign our publication, because they felt it was so good.

● (1140)

We have also made advertising campaigns. Allow me, please, to present to you just one or two spots that we've done.

[Video Presentation]

Mr. Hubert Sacy: Perhaps you will allow me now to show you another one in French. I see Mr. Ménard.

[Video Presentation]

Mr. Hubert Sacy: A survey conducted six years ago by Environics, in 1999, showed that Quebec women lagged behind the rest of Canada in awareness of the risks of drinking during pregnancy. Today, after our campaign, the research has proved that close to 94% of women in the province are aware of the recommendations concerning drinking during pregnancy and breastfeeding. That's a CROP investigation of 2002. This shows the progress we have made.

Alcohol and pregnancy must be dealt with. We have done that, we're continuing to do that, and we will continue to do that, because we feel it must be done seriously. Placing warning labels on bottles is a way of doing badly what we are already doing well. I think the government must get involved, but it should not get involved in those areas where we are doing the job well. It should focus its efforts where the need is greatest. We need to support special programs geared to women at risk of giving birth to children affected by FASD. Those campaigns do not work. We know that. So this is where you should focus.

The same is true for impaired driving. To say that Canadians need warning labels on bottles to learn what they already know is, for all intents and purposes, to make a mockery of the essential education work done over the years.

Honestly, we have produced tons of material. The gentleman from MADD just told you how much we've done, how much our record is improving in that regard. We did not have warning labels and we succeeded in doing so. We need a better understanding of the behaviours of those our messages do not reach, those we fail to convince despite all the efforts we make. And it is in this thorny area that we need government help most urgently in the form of research and action. This is where government must act.

The same goes for the issue of alcohol abuse on health. First, it is not true that alcohol harms every drinker. Eighty-five percent of Canadians who drink alcohol do so responsibly, in moderation, and do not experience any health-related problems. On the other hand, moderate drinkers sometimes even benefit from their consumption of alcohol.

We should note that with respect to the effects of alcohol, it could easily be argued, as many people do, that to be honest, the information should also refer to the beneficial effects of alcohol on health when consumed in moderation and responsibly. No matter what message is placed on the bottles, this does not change the fact that such messages are pointless, ineffective, and potentially harmful.

In conclusion, I would say that Bill C-206 must be rejected because warning labels are ineffective. They dramatize a question that must be treated seriously and rigorously. In the final analysis, it is only a superficial measure that does nothing to apply a solution. They create a false feeling that the problem has been dealt with and serve as an excuse to do nothing. They offer a made-in-U.S.A. solution to a made-in-U.S.A. problem, and they're designed more to protect industry than to inform consumers. They're not targeted appropriately and may well be counterproductive. And they present alcohol as an essentially hazardous product that leaves no room for the concept of balanced and moderate consumption.

● (1145)

In the appropriate circumstances, the government must focus its efforts on those areas where it alone has the power to act by studying, understanding, and reaching out to consumers at risk, those we cannot reach and convince. There's so much work to do in this area and only the government can do it.

Furthermore, research into health promotion indicates that in order to be fully effective, information and education campaigns must be supported by measures that have a direct impact on the environment of drinkers. Such matters fall within the authority and responsibility of the government. Consultation between the federal government and the provincial government is essential in this regard. We are bugging the House of Commons to assume its responsibility and to recognize that we have assumed ours.

The results of the years of effort that we have invested surely deserve this, and moreover, we feel that Canadians deserve more and better than labels attempting to tell them what they already know. Alcohol consumption is a serious matter that should be dealt with seriously. We should stick to what we know. Alcohol awareness organizations should continue information and awareness campaigns, and the government should work in areas in which its action is required and necessary as part of an integrated approach. Only in that way can we obtain the best results that are in the best interests of everyone.

Thank you, Madam Chair.

The Chair: Thank you, Mr. Sacy.

We'll move now to the Centre for Addiction and Mental Health, with the senior research scientist, Mr. Robert Mann.

Mr. Mann.

Dr. Robert Mann (Senior Research Scientist, Centre for Addiction and Mental Health): Good morning, everyone. My name is Bob Mann. I'm a senior scientist with the Centre for Addiction and Mental Health in Toronto. I'm also here to represent the Ontario Public Health Association.

The Centre for Addiction and Mental Health is an organization with a provincial mandate to conduct research, engage in public education, and participate in the development of healthy public policy in the area of addictions and mental health. Our organization has many years of health promotion and research experience in alcohol policy issues. We have access to the most current evidence about, for example, the contribution of alcohol to the burden of disease, disability and mortality; alcohol availability and its effects on consumption; the impact of measures designed to reduce the health and social problems created by the immoderate use of alcohol.

The Ontario Public Health Association is a province-wide organization whose mission is to provide leadership on issues affecting the public's health and to strengthen the impact of some 3,000 people active in community and public health throughout Ontario.

Both CAMH and the Ontario Public Health Association strongly support Bill C-206, currently before the House of Commons Standing Committee on Health. We applaud MP Paul Szabo for putting alcohol labelling on the agenda, and we congratulate members of Parliament from all parties for supporting Bill C-206 through first and second reading.

Alcohol is not like other products. There are serious risks associated with its use, risks that are largely preventable. Drinking alcohol is associated with both acute and chronic health and safety problems, but the extent of the damage is not widely known by the general public. Alcohol is associated with intentional injuries and unintentional injuries. It's associated with organic conditions such as FASD, cancer, neuropsychiatric disease, diabetes, cardiovascular diseases, and gastrointestinal disease—over 60 in fact.

A 2002 study sponsored by the World Health Organization, with major input from CAMH scientists, showed that alcohol is one of the leading risk factors for cumulative damage, disease, and death. I think you were given a hand-out this morning. This summarizes some of the health burden of alcohol. The estimated rank of alcohol, according to the World Health Organization, as a contributor to the total burden of illness and disease in developed countries like Canada is third. It's the third leading contributor to the total burden of illness and disease in developed countries like Canada. The approximate contribution of alcohol to that total burden of illness is 10%.

The leading contributor to motor vehicle collision deaths is alcohol. The leading criminal cause of death in this country is impaired driving. The estimated number of deaths caused by impaired driving between 1977 and 1996 was 35,421 deaths, that's an appallingly large number. The estimated number of injuries caused by impaired driving between 1977 and 1996 was 1,505,035, that's more than the population of many of our provinces. The rank of chronic liver disease and cirrhosis among all causes of death in Canada in 1997 was thirteenth. So in other words, it is a leading cause of death in this country, up there with things like cancer, coronary heart disease, stroke, and so on. Alcohol is accountable for about 50% of those deaths. The estimated total deaths resulting from alcohol in Canada in 1992 was 6,701.

Alcoholic beverages contain the psychoactive drug ethanol. They should therefore be treated like other products that contain psychoactive elements. Cough remedies containing alcohol are required to include warnings about exceeding a recommended dose, driving and operating machinery, and medical contraindications, while beverages containing larger amounts of this same drug carry none of these warnings.

People who should not use alcohol, or who should restrict their use, may include any of the following: those with a history of uncontrolled drinking or drug use, those with medical conditions that may be aggravated by alcohol or who are taking medications, pregnant women, and those who need to remain alert for safety reasons.

● (1150)

Canadian brewers and distillers, and Health Canada, have recognized the hazards associated with alcohol. Their frequent public education campaigns have aimed to inform the public about the potential hazards of drinking, particularly as related to drinking and driving, and drinking during pregnancy.

It's also important to note that the general public strongly supports warning labels. In surveys of representative samples of Ontario adults conducted between 1989 and 1998, 73% to 86% said that alcoholic beverages should have warning labels. In this context, it would be consistent for the Canadian government to require warning labels on alcoholic beverages, to ensure that consumers have the information they need about a product that has risks to health and safety.

The centre and OPHA support the public interest in warning labels, given the potential for such warnings to prevent illness, injury, or death if consumers do not use the product in a hazardous way. If alcohol warning labels are mandated, the Centre for Addiction and Mental Health and the Ontario Public Health Association recommend that the following be considered.

First, warning labels should not be considered in isolation, since knowledge alone has a modest effect on changing behaviour. Labelling should be seen as just one part of a broader public health effort to reduce alcohol-related harm—to reduce those 6,000 to 7,000 deaths at the national, regional, and local levels. That effort should also include ongoing public education, effective alcohol management and control strategies, and availability of effective treatment services.

Second, warning labels should not just focus on alcohol-related birth defects alone, since they are only a part of the harm to the health and well-being of Canadians caused by alcohol. Labelling also needs to address the hospitalizations, disabilities, and early deaths that arise from alcohol-related injuries, liver disease, neurological disorders, and addiction.

Third, with the introduction of warning labels, regulations on size, placement, font, and colour should be developed to ensure labels are seen and read. Evidence from the tobacco sector shows that warning labels can achieve positive effects, and the design of warning labels greatly influences their impact and effectiveness, including the type and number of messages, and specific wording.

Fourth, messages should be rotated and periodically changed, given that messages are most likely to be recalled when they contain new information. Messages are also more convincing if they are personalized and relevant to the consumer.

Fifth, warning labels should not include equivocal words such "can" and "may", and should personalize the message and cite a government health authority, such as Health Canada, to strengthen public acceptance of the health consequences presented. A government health warning also serves to underscore information obtained from other sources.

Sixth, warning labels will have greater impact if the specific message is not well known. Newer and more specific messages should nevertheless be evaluated, in addition to those with more positive behaviour-oriented advice. Examples of more novel messages might include the following: alcohol causes high blood pressure; alcohol should not be used by people with bleeding disorders; it is dangerous to use alcohol with certain medicines; alcohol increases the risk of cancer; and reducing alcohol use in pregnancy greatly increases the chance of having a healthy baby.

Seventh, labels that incorporate messages about potential health benefits should not be permitted. This is a complex medical issue, and only certain individuals at high risk for heart disease are expected to achieve any net health benefit from moderate drinking, relative to abstinence.

Eighth, consumer information about the alcohol content of standard drinks should be considered for inclusion on the label along with the warnings. The public is often unaware of standard serving sizes and typically underestimates the amount of alcohol consumed. The Centre for Addiction and Mental Health, the Ontario Public Health Association, and others have addressed this through the promotion of low-risk drinking guidelines.

● (1155)

Ninth, the lack of government warning labels on alcoholic beverages potentially sends unintended messages as warnings on other consumer products become more commonplace. If more benign products have warnings while alcoholic beverages do not, this sends the incorrect message that alcohol is safer than is actually the case. It may also make other information about its harmful effects less believable.

Tenth, evaluation should be conducted through the development, implementation, and use of warning labels in order for their effectiveness to be assessed. To guarantee that the labels are effective, we recommend that labels be subjected to formal pretesting and that subsequently their format be specified in regulations.

The greatest value in this approach of using warning labels on alcoholic beverage containers is that exposure to alcohol and the warnings are linked. Frequent users repeatedly see the warning and are reminded of the potential risks they may be taking each time they drink. There is no other way to deliver your message more effectively to the people who need it most. Although the impact of an individual label on a single occasion may be small, the impact may accumulate, and thus warning labels represent a minimal public expenditure for a cost-effective prevention tool.

In summary, the Centre for Addiction and Mental Health and the Ontario Public Health Association strongly support efforts to place this type of product information on alcoholic beverage containers. However, we also recommend that warning labels be seen as a first step of a more comprehensive strategy to reduce the impact of alcohol on the burden of illness in Canada.

Thank you very much.

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

Ladies and gentlemen, we'll now move to the question and answer period of our meeting, and we'll begin with Mr. Fletcher.

Mr. Steven Fletcher: Good day, and thank you all for your presentations.

I was particularly touched by Ms. Dunham and Ms. Ross, with the FAS group. That must have been a very difficult time for you, Ms. Dunham.

I would also like to say that I was a member of TADD, Teens Against Drinking and Driving, when I was in high school. I was a founding member of the chapter in my school, so I'm very supportive of MADD's efforts, as I think we probably all are around this room.

That being said, we as legislators have to be very careful about the impact and put a lot of thought into what we do.

I was really impressed yesterday by the representative—I believe it was Ms. Bas from the Vintners Association—who recognized that the labels probably weren't enough and that a larger strategy would probably need to be pursued for anything to be effective. She said Health Canada was looking into a national strategy, and if it turned out that labels were part of that strategy, her industry would accept that.

I wonder if all the stakeholders around the table would be open to that if Health Canada were to come up with a national strategy that might or might not include labels, depending on the evidence. I'm sure Health Canada will come to that conclusion, so do you believe in your case that would be an acceptable program or an acceptable route to go? I'll throw that out to MADD, Mr. Mann, and Mr. Sacy.

Mr. Sacy, would you like to go first?

● (1200)

Mr. Hubert Sacy: The reason we oppose warning labels is that they are useless—we've been told by scientists that they are useless—and for the reasons we gave you in the brief, which I tried to summarize for you.

If ever what we're saying changes or is proven to be wrong and if somebody can demonstrate that it will not protect the industry from lawsuits, that it is not a good reason or pretext for governments to say, oh, we've done something—something that is inefficient—if it is proved that it will not increase the dramatization of the thing—

Mr. Steven Fletcher: I've heard those points.

Mr. Hubert Sacy: If this is the case, of course we'll say yes. There's no question about that.

Mr. Steven Fletcher: Okay.

Mr. Mann.

Dr. Robert Mann: I appreciate and I understand that Health Canada is looking to develop a comprehensive strategy. I'm not really sure what parts of that strategy would require legislation. I think you have the opportunity here to take a legislative lead, and to show legislative courage, in implementing a measure that the evidence tells us, from a public health perspective, is likely to be effective.

Can I talk about some other research?

Mr. Steven Fletcher: Well, actually, I would like to get my question. We can talk afterwards, if absolutely—

Dr. Robert Mann: Absolutely.

Mr. Steven Fletcher: MADD.

Mr. Andrew Murie: Part of it is that if we sat around and waited for the whole comprehensive strategy to be developed all the time, nothing would ever happen. I think you're in a unique position to move on it. What Mr. Mann presented was that we know what makes effectiveness; we have looked at tobacco, we've looked at those other things, and if you develop those strategies when you're looking at warning labels, it will be very effective. The focus should be on the research to prove the effectiveness, rather than waiting for the strategy.

Mr. Steven Fletcher: Okay, and that's a good point. Bureaucracy doesn't always work as fast as we would like.

Ms. Ross.

Ms. Elspeth Ross: I was under the impression this was a strategy already. *Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action*, from Health Canada, came out last year. I don't think we should be waiting forever for a strategy. It does say one of the first broad goals is to increase public and professional awareness and understanding. It doesn't go into exact specifics here, but that is a strategy. You don't have to wait for one.

Mr. Steven Fletcher: Okay.

Now, Canada is a diverse country. We've talked about labelling. The labels would have to be bilingual, and then they would be in probably small print, and we have many new Canadians and other Canadians who don't speak either official language. I wonder about a symbol, similar to what we have, like the skull and crossbones. It would incorporate the messaging that Mr. Mann said, because there are a lot of other issues as well—increased risk of cancer, and so on. They say a picture is worth a thousand words, and if we could come out with a picture encompassing all the issues, or a cautionary message before you drink alcohol, that would be a route to go.

Mr. Mann, would you like to speak to that?

● (1205)

Dr. Robert Mann: That's a reasonable suggestion. The notion of having pictures is an interesting one. Certainly it has been the case with tobacco. The evidence now coming out with tobacco is these new messages have been quite effective in preventing...encouraging people to cut down on smoking—not with complete success, but more effectively than less visual messages.

Mr. Steven Fletcher: Yes. Of course, if they've been drinking a lot, maybe they'll see the pictures three times over.

Dr. Robert Mann: That's right.

Mr. Steven Fletcher: MADD, do you want to comment on that?

Mr. Andrew Murie: I agree with Mr. Mann. If you look at the tobacco ones, they are very graphic pictures that really sound out the risk of tobacco. If Health Canada perceives it as the best thing to go for alcohol, I'm sure it would be effective.

Again, we think it's part of a strategy. Part of this means it can't be this little warning label in a corner; if you are going to do warning labels, you have to do them effectively.

Mr. Steven Fletcher: Ms. Ross.

Ms. Elspeth Ross: I would just like to say whatever is used should definitely be tested. The Best Start campaign that resulted in the Sandy's Law signs you're seeing around Ontario—there was a lot of testing. I would suggest Wendy Burgoyne, from Best Start, is the person, and she did want to speak before your committee. They've really done a lot of testing with people.

It can't be something that induces guilt in women. Women don't like just the pregnant belly with the X through it, and the bottle. We know women don't like that. We know women don't like the naked woman. That's what we know. It's very simple to do some testing, so please do it.

Mr. Steven Fletcher: Mr. Szabo, maybe that's something we can look at with your bill.

This question is to Mr. Mann. You've mentioned the other health effects of alcohol. What struck me about the drinking and driving and FAS is first that those effects are completely preventable, and second that they tend to affect third parties, either the unborn or someone who got whacked by a drunk driver. It's the way the second-hand smoke argument really got traction: because while someone can hurt themselves, it's quite something else to hurt someone else.

I wonder whether that would affect your opinion or your statements about focusing on other messages.

Dr. Robert Mann: I think it is the case, with FASD and impaired driving, that there are a lot of victims involved in this—people who are affected through no action of their own—and that makes these particularly appealing as a basis for messages. I can certainly see the logic and the rationale for that.

On the other hand, I think it is also clear that there are many people who are affected by alcohol who are affected in ways other than through impaired driving and FASD. There is new research coming out now. We've known that impaired driving is the largest single cause of death, and it's clearly the largest cause of potential years of life lost, because of the young age of many of the victims. But there's also evidence now that cancer is much more affected by alcohol than we previously understood. This is going to be coming out, I think, in more recent WHO documents. The number of alcohol-related cancer deaths may be exceeding the number even of impaired driving deaths when we see the numbers tallied up.

● (1210)

The Vice-Chair (Mr. Réal Ménard): I'm so sorry; your time has expired.

[*Translation*]

With the Committee's permission, and in the absence of the Chair, I would like to put my question now so as to not disrupt the process. I assure you that I will not go beyond the five-minute limit. My question is for Mr. Sacy.

You seem to be questioning, in a scientific and not impressionistic way, compulsory labelling. I would like you to give us a little bit more detail with regard to the scientific data underlining the position you have put forward this morning.

Mr. Hubert Sacy: Mr. Chairman, I am not a scientific expert. I simply rely on the research we have charged scientists with carrying out. The first time, in 2001, and the second time, in 2003, we did not place our order telling the people at the University of Montreal to demonstrate to us that warning labels would not work. They looked at 150 studies. If you wish, I could supply you with the entire stack. It would be a pleasure for me to do so. All of the studies were summarized in a 14-page document, copies of which I have here. We could hand it out to everyone. We did not want to drown you with documentation, knowing that the more paper gets dropped on you, the less you read it, and vice versa. You are human beings like everyone else.

It has been proven—and not enough emphasis has been placed on this fact—that with regard to alcohol it is not possible, contrary to the case with tobacco, to boil the message down to a very simple thing. Those issues that relate to drinking are complex. One glass of an alcoholic beverage can be good for one's health, but 20 glasses are not 20 times better for one's health. In the case of smoking, however, one cigarette is bad for one's health, and 20 cigarettes are 20 times worse for one's health. The logic is not linear.

I was listening to my colleagues here state that warning labels should be used to inform Canadians of this or that problem. All that I have heard leads me to the conclusion that it will have to be encyclopedias and not labels that we put on bottles. There are much too many things to say and too many nuances to add. We want to deliver a simple, precise and clear message. However, with this, there will be reverse effects that we had not planned on, and to proceed in this fashion will not serve public awareness.

The issues related to alcohol consumption are complex. This is why I am begging you to give us the means to demonstrate, develop and delve more deeply into these issues rather than resorting to superficial measures.

Mr. Réal Ménard: Let me follow up, if I may, with two short questions.

For a few years now, breweries and micro-breweries, contrary to what the tobacco companies did, have been investing in in-house programs and community organizations so as to deliver awareness campaigns to various segments of the population. Could you give us more details about this?

I would also like to know if you have seen any studies available from Health Canada and that tie in with Mr. Szabo's bill?

Mr. Hubert Sacy: All over the world, the tobacco industry systematically denied that tobacco was a dangerous product until it was forced to recognize it as such. The alcoholic beverage industry, be it in Canada or elsewhere, is much more aware of its social responsibilities. It, among other things, launched a certain number of campaigns and programs, which does not take away from the government's responsibilities, but which is proof that the industry is taking the initiative.

I apologize for saying the following in French, but the technical terms come more easily to me in that language. I hope that the various nuances will come through in the interpretation. A Quebec government regulation states that any organization or business that promotes alcohol in Quebec society has the obligation to make a sufficient effort in the areas of treatment, research, prevention or education, to the satisfaction of the Régie des alcools, des courses et des jeux, or Alcohol, Racing and Gaming Control Commission.

Therefore, the industry, promoters and any other person promoting alcohol must make an effort that the Alcohol, Racing and Gaming Control Commission must deem satisfactory. I know that this regulation does not exist elsewhere in the country and that it is one of the reasons why we receive funding. We are financed by consumers of alcoholic beverages. This is also what has allowed us to set up all of these programs that have been replicated elsewhere in Canada.

To our knowledge, no research study had demonstrated that warning labels in themselves are an effective means. I probably do not have to tell you that in the case of warning labels on cigarette packages very intensive communication campaigns were launched. The publicity was endless. Furthermore, studies on behaviour, attitudes and ways of making smoking socially unacceptable were carried out, recognized and disseminated everywhere. It is all of that work, much more than the warning labels, that had an effect, but there is no scientific proof of that. On the other hand, spectacular progress has been made throughout the country in the area of drunk driving. Our accomplishments in this area are absolutely astounding. I would underscore the fact that this was accomplished without warning labels.

● (1215)

Mr. Réal Ménard: Do I have enough time left to ask a short question?

[*English*]

The Chair: Mr. Ménard, I'm sorry.

Thank you for chairing, Mr. Vice-Chair.

Mr. Ménard's time is up, but before we proceed, I'm wondering if Mr. Sacy meant to say that he was funded by alcohol consumers.

That's what you said. I don't think that's correct, is it?

Mr. Hubert Sacy: Absolutely, Madam Chair. We are funded by the Quebec alcohol consumers. On every bottle of wine sold through the SAQ network, 1¢ is given to Éduc'alcool. On every bottle of fortified wine, anything that's around 20% alcohol volume, we receive 2¢. And on every bottle of spirits we receive 3¢.

Therefore, every time you go to Quebec and you buy a bottle, you're giving me 1¢.

The Chair: Yes, but those moneys don't flow to you from individual consumers in 1¢ donations. Where do the cheques come from, the government or the companies?

Mr. Hubert Sacy: It is from Société des alcools du Québec, the Quebec liquor corporation, the alcohol monopoly owned by the state—the equivalent of the LCBO here.

The Chair: Thank you.

Mr. James Lunney: Madam Chair, Mr. Walker was trying very politely to get in. Would it be appropriate to give him the floor?

The Chair: Yes, Dr. Walker.

Dr. Robin Walker: I don't want to suggest that I have anything against the alcohol industry. I respect Mr. Sacy's point of view about the alcohol industry.

I respect your point of view about the responsibility of the alcohol industry. It is quite different from tobacco.

I think it is, however, important that the committee understand the limitations of science in a question of this kind. I'm a clinician but I am also a researcher. I do research, among other things, on how people make decisions, and I have personally done systematic reviews such as the one Mr. Sacy commissioned from Quebec researchers. I certainly know how to interpret a multiplicity of literature in the form of a systematic review.

With respect, there are other reviews of this same literature that come to a different conclusion. That includes the review just published by the Alcohol Policy Network. There are reasons for this difficulty.

When you are looking at a single strategy, the gold standard is a randomized control trial. It is absolutely the gold standard. When you are looking at something that may be useful as part of a multi-component strategy, we do not have a similar gold standard. You can do an RCT of the multi-component strategy. You can say it works or it doesn't, but you do not know which component works. It is entirely possible that you can take four individual strategies that don't work in RCTs individually, put them together, and get an effective strategy.

That is why the literature, notwithstanding the findings of this systematic review, is inconclusive. It is quite clear that as a single strategy, the overall evidence doesn't support the efficacy of labels by themselves. It is also quite clear—and this perhaps speaks to an earlier question—that multi-component strategies including information labelling on alcohol containers do work.

That is why the Canadian Paediatric Society, which publishes statements only on the basis of systematic review of all available evidence, has published statements that in effect support multi-component strategies that would include information labelling.

● (1220)

The Chair: Thank you very much.

We'll now move to the next questioner, Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): I just want to take the opportunity on behalf of all of my colleagues to thank all our witnesses that we have today. I think all of you have provided a tremendous amount of insight for all of us to make a decision as we move forward on this very important issue.

I have a couple of questions.

First of all, I wanted to thank Mr. Walker for providing the committee with information in regard to the randomized control trials and the systematic reviews. In the process of hearing from witnesses, the committee has received a variety of conflicting research and conclusions. I think this really helps to clarify some of those issues.

My first question is for Mr. Sacy from Éduc'alcool.

You mentioned that your funding is provided by the Quebec liquor commission, from alcohol consumers, whereby you get a percentage of every bottle sold. You've written here that it's a non-profit organization that has been involved for 15 years in prevention activities, education programs, and information campaigns. I find it very shocking that you wouldn't be supporting another approach to address a problem that is of a very serious nature. Wouldn't you look at this as an enhancement of a prevention program that you're already carrying out?

You mentioned that you're spending in the range of $20 million on a variety of programs and projects that are geared toward educating individuals on some of the harm that alcohol does. Wouldn't you see labelling as another part of that pan-Canadian strategy?

Mr. Hubert Sacy: No, not at all.

We have achieved a lot of results without labels. I'm trying to be very respectful and not be too blunt, but is there anyone here who believes we need warning labels to know that alcohol impairs driving? Is there anyone in this country who does not know that? Are these warning labels going to tell them something they don't know? Is there anyone who really believes this?

What you are told is to warn the public that alcohol impairs driving. Who are we going to inform of that? Everybody knows that. The job is done in that regard. What we need is to target those guys who know it and still keep on driving when they're drunk with twice, three times, four times the level of BAC. These are the guys we fail to reach. This is where we should put our efforts—where we have failed.

We don't feel that we should do badly something we've already done appropriately well and we are continuing to do again and again, because the job is never done. We know that. It takes more than a warning label to tell women what they need to know. It takes at least three pages, and maybe more.

I've made my point.

The Chair: I think Dr. Mann would like to comment on this question as well.

Dr. Robert Mann: Yes. I'd just like to comment that there are probably several textbooks that have been written on information and decision-making processes that tell us that information that's provided closest to the time when a decision is made is most salient to that decision. And the information that's available closest in time to the decision about what and when to drink is probably what's on the bottle.

The Chair: Perhaps Mr. Murie would like to comment too?

I'll add to your time, Ms. Dhalla.

Mr. Andrew Murie: Fifty per cent of alcohol-related costs, deaths and injuries come from people who are not dependent on alcohol, and so it's responsible drinkers who have episodic drinking who are way more at risk. So again, with due respect to Mr. Sacy, this marginalized viewpoint that it's only the people who are hard-core is absolutely wrong, and there's no proof of it.

Mr. Hubert Sacy: I'm sorry. I'm only saying that these are the guys we cannot treat. No, I agree with you, except that we can reach the other ones. But again, it's not the labels that are going to do the job. Those who drink in bars drink from glasses; they don't even see the bottle.

● (1225)

Ms. Ruby Dhalla: Mr. Sacy, you have initiated a variety of different programs and projects through your particular organization. One sole piece of information, whether it be a brochure or the reporting that we listen to, doesn't necessarily impact everybody.

Mr. Hubert Sacy: That is correct.

Ms. Ruby Dhalla: So my question is, do you not think this labelling initiative that we are all considering here would be another facet of educating individuals?

Mr. Hubert Sacy: The answer is no, Madame.

Ms. Ruby Dhalla: Okay.

Mr. Hubert Sacy: The answer is just no.

Ms. Ruby Dhalla: The other question is this. You're being funded by the Quebec liquor commission—and perhaps MADD Canada can also respond to this. If this legislation is approved and funding is required, would that take away from the existing programs, the existing projects, and the existing funding that you're receiving at the moment?

Mr. Hubert Sacy: To be honest, I don't know the answer to this, but it might have an impact on the pricing of something. But to be honest, I didn't give it a thought, and I didn't even think of it that way. I really don't know. No, let me make sure; I don't know the answer to this question—I'm sorry—and I hope it won't.

Ms. Ruby Dhalla: And how much funding do you receive at the moment?

Mr. Hubert Sacy: About $2 million a year. But what we do—because we're not-for-profit and because the media help us very much and we have so many partnerships—is we triple the amount of money that we get because of so many freebies and partnerships with the college of physicians, and teachers, etc. So I don't know the answer to that question.

Ms. Ruby Dhalla: And MADD Canada, where does your funding come from? And would you be adversely impacted by having this legislation approved?

Mr. Andrew Murie: By policy, we're not allowed to take money from the alcohol industry. Consequently, about 90% of our funding comes from Joe consumer, Joe Canadian out there. On average we have 700,000 Canadians who give money to our organization, we have over 5,000 active volunteers, and about 10% of our funding comes from corporations.

So the only groups that are at risk here, as I heard in yesterday's presentation, are those funded by the alcohol industry. And I really despise that “it's either warning labels or these programs” type of attitude.

The Chair: Thank you, Ms. Dhalla.

Next we'll have Mrs. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): I too want to add my thanks for your informative presentations today. And before I ask my questions I just had a couple of comments.

One was that I think we've heard fairly clearly that labelling is only part of a strategy, and I think all of us would acknowledge that it would be important to be part of a strategy. I also support the comments around research to improve effectiveness if labelling were implemented.

Ms. Ross, you referred to an item that came up, and Mr. Mann, you did as well. Ms. Ross, you said that the first time this labelling came up was in 1992. I don't have a calculator and I don't know the number of births that have happened since 1992, but it would be very interesting...and Dr. Walker, you may want to comment on this. How many kids have been born that have been impacted by FASD since 1992? I agree that labelling is not the only approach, but can you tell me roughly how many people have been born since 1992?

Dr. Robin Walker: I don't have a calculator either, but that's 13 years. So that's probably about 6.5 million babies in Canada. And current estimates would suggest that at least—remember, we're probably underestimating—1% of those babies would have been affected. So now you can do the math. We are talking about tens of thousands of babies a year. As a very approximate calculation, there are about 5,000 impacted individuals per year; so that times 13 is 65,000 affected babies since 1992 probably.

Ms. Jean Crowder: Ms. Ross, you said very clearly that we're not talking about one child who has been born, we're talking about a whole family, the school, and the—

Ms. Elspeth Ross: I would like to point out that our figures are low because there are so many that are undiagnosed. In many cases, it's invisible. It may not show up until grade one, or it may not show up until the teenage years.

Many women don't admit to drinking in pregnancy. Many people adopt children or have foster children without knowing that they are affected. People adopt children from other countries, particularly maybe eastern Europe, where there's a lot of alcohol consumed, without knowing. So our figures are low, and we are concerned that the incidence is increasing.

I would like to point out that the highest drinking rate that we know of, according to Health Canada figures, is in Quebec. The figures I have here don't include the territories, but there's a very high drinking rate in Quebec. Whatever campaigns are going on in Quebec are good, but obviously they're not enough.

● (1230)

Ms. Jean Crowder: Mr. Mann, I know Addiction Research has done a lot of work around this. When we're talking about addicted drinkers, we're not including...now, I don't know what the number is, but for every addicted drinker, there are several others who are impacted. I wonder if you could comment on that, because we're not just talking about the drinkers here.

Dr. Robert Mann: Absolutely. If we're talking about addicted drinkers, the estimates are that perhaps 2% to 4% of the population would be alcohol dependent, and perhaps as many as 10% might clinically be considered to be alcohol abusers, the formal diagnostic term. A much larger proportion of the population is affected by alcohol problems.

About 30% of the population will report experiencing problems resulting from their own drinking, and I think closer to about 60% or 70% will report experiencing problems resulting from someone else's drinking at some point over the past year. That might be some property damage, it might be an assault, it might be a sexual assault, it could be—

Ms. Jean Crowder: Loss of work, loss of productivity.

Dr. Robert Mann: Yes, loss of work, family violence, or that sort of thing.

Ms. Jean Crowder: Dr. Walker, I'm going back to the research piece. Because there's so much conflicting information, I just want to back up a little bit.

On the one hand, we hear industry saying they would appreciate having the opportunity to put health benefit labels on, so there seems to be a message there saying that in this case labelling is okay. They spend an extensive amount of money on marketing and research to make sure they have a label that is attractive to consumers.

I wonder if you could comment a little bit more on the research.

Dr. Robin Walker: We clearly don't totally understand why people make decisions. This is true in health care, where I deal with decision support in the health setting. It's a very complex process. However, we do know that even around complex issues you can sometimes promote simple messages that will have an impact.

It's very simplistic to say that because this is a complex issue, you cannot design impactive labelling. The truth of the matter is that awareness of tobacco's effects is at 99% in the community, according to surveys, yet highly effective labelling has been devised to deliver the message. To say that the use of tobacco is simple...well, tobacco causes just as broad a range of issues as alcohol. True, it can't be used safely, but alcohol can certainly be used safely.

Let me make it very clear that I like my glass of wine at night with my dinner. I'm a user, absolutely. But I sometimes need something more than information as a reminder. What we are finding out is that when you have people who are well informed, that doesn't necessarily mean the information drives their behaviour. We have a group of people who are probably a much larger proportion of the population even than the 10% who are abusers, and that larger group could slip up at some point in time, be it by driving or before or during pregnancy, or whichever issue we're talking about.

The purpose of the labels is not to inform people of what they already know. That's not the purpose of labels. If that is what is coming across from some of these presentations, that is not what labels do. You must acknowledge that the knowledge of alcohol in pregnancy, for example, is high, but the label serves as a last-minute jolt. It's a little electric shock, but it has to be big. But let me point out that there's hardly any alcohol container that's not bigger than a pack of cigarettes, so there's plenty of space to put an effective label on.

So it has to be big, and yes, it has be to visual, but as a last-minute jolt, as that electric shock before you do something that you know you shouldn't be doing, that's where labels seem to have an impact. They clearly have done that for tobacco utilization, and notwithstanding the complexity of the science, there is science to show that this can be effective, as we said, as part of a much broader strategy in terms of alcohol utilization too.

The Chair: Thank you very much, Ms. Crowder.

I have six people yet to speak and 25 minutes, so I'm going to reduce it to four minutes apiece. I'm sorry, but that's the only way I can be fair about it.

Our next speaker will be Mr. Thibault.

Hon. Robert Thibault: Thank you very much, Madam Chair. I'll try to be as brief as I can.

I want to focus my attention on Mrs. Ross and Mrs. Dunham.

I want to thank you for appearing. You're not here protecting your job or your industry, you're here because of your life experiences. You're here to make a contribution to the country, to Canadians, so that others don't have to experience what you did; it's incredible.

I have a friend who went through the same situation as you, Mrs. Ross, with an adopted child. Unfortunately, the story hasn't been as good. I've seen the trials and tribulations it's meant for that family—for the children, the parents, and the affected child. They were very difficult circumstances. I'm glad to see how well it's turned out for you, under the circumstances.

Mrs. Dunham, your organization has done a lot for this country. As teenagers we didn't benefit from Teens Against Drinking and Driving and from your organization, and we buried friends every summer. We had huge accidents. I regret what happened to your son, and I hope things go well. You can be very proud of what you have achieved and what you continue to achieve.

My question goes to the comments made by Mr. Sacy from Éduc'alcool, and I guess the comments—I had to miss yesterday—from the vintners. We do have a process, a multidisciplinary, multi-stakeholder process, looking at the full multi-pronged approach on how you would deal with these issues. If there is a risk that labelling might have some negative effects alone, but might be positive if used in a multi-faceted approach, would it be worthwhile, do you think, to wait and see what results the ongoing process would bring us?

● (1235)

Ms. Elspeth Ross: What would be the point of waiting? We've been waiting a very long time, and I don't see the point of waiting at all. I would like to see labels be part of all the prevention methods, and we'd like to see them out there as soon as possible.

Ms. Karen Dunham: Again, simply by getting the labels out there, it's a jolt that's going to save another family from becoming a victim of an impaired driving crash. It's going to save that family from having to deal with the loss of their loved one forever, or from having to live with the injuries of the loved one. Lives are forever changed as a result of this. By placing the label there, it jolts the memory.

Why wait? We've been waiting too long.

Hon. Robert Thibault: Thank you.

The Chair: Thank you, Mr. Thibault.

Our next speaker is Mr. Lunney.

Mr. James Lunney: Thank you, Madam Chair.

Again, I appreciate all the witnesses being here and the impact they've given us. We've heard quite a range of opinions, as you can imagine, in the last couple of meetings, with lots of conflicting information, data, reports, and studies. I do find it interesting the range of opinions here, with a number of interesting experts as well as those who have personal experience. We certainly sympathize with those of you who do. Most of us probably know people who have been affected by this; I certainly do.

On the other hand, we're faced with a situation where this government has done a lot of programs, initiated a lot of programs, that actually don't work. If we're going to incorporate labels as part of a program, I think it's incumbent on us to make sure we're trying to do something where we have a hope that it's going to have a positive impact.

I agree with some of the remarks from Mr. Sacy here about ineffective labels, that if in fact you're crying wolf all the time, people stop responding. In order for labels to be effective...and I think some of his criticisms are valid. We see evidence of labels used in other countries that, frankly, don't seem to be effective at all. So what we're looking for....

I'm interested in Dr. Mann's suggestion here—it's a different perspective entirely, and he's put some good thought into it—of varying labels, of not putting the same message necessarily on every bottle. That way you get a person who's got a bottle in front of them saying, “What does yours say? Mine says alcohol can drive up blood pressure.”

You mentioned that; actually, I think it's the first time I've heard that one.

If we're going to implement something, or recommend something at this committee, we certainly want to look at what we can do to implement something that will enhance as part of a larger program.

With all due respect, Mr. Sacy, we appreciate the good work your organization is doing with the support of the vintners, and applaud that. You certainly make your case very eloquently. But we certainly want to know what we can do to enhance this message, and I think that's valid.

All that said, let me come this question about the deaths here, the statistics you brought forward, Dr. Mann, on drunk driving—MADD might also like to comment on this—that between 1977 and 1996 there were 35,421 deaths. Now, that's nearly ten years ago. With all the effort that's been made, though MADD and other organizations, to educate people on driving—and as you pointed out, people know about driving—did the numbers come down between 1996 and 2005?

● (1240)

Mr. Andrew Murie: I'll speak to that.

Actually, since 1997 we went through a three-year hiatus where they actually went up. Between 1998 and the preliminary numbers we have for 2003 there's basically been no significant movement either way. We're frustrated by that. One of the things we see as an effect of this is the opening up of alcohol consumption, whether it's extended hours, more density, more availability, all those things that the research clearly shows will impact alcohol-related harms, one of them being impaired driving.

We're working really hard with groups like the Centre for Addiction and Mental Health for public health strategies like warning labels that are general deterrents. We know that lowering the BAC is one of those silver bullets that will have a major impact on the number of lives lost to impaired driving. Trying to get government to work on that has really been a frustration over the last six years.

Groups like ours have the solution; what we need is for government to react. It really pains me greatly when you say, well, we want to wait for Health Canada; we want to wait for these things. We're going to be waiting, just like 1992, another 13 years to get another crack at this.

The Chair: Thank you, Mr. Lunney.

I will now have Mr. Savage.

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

Welcome to our presenters. I think you all did a wonderful job, and I particularly acknowledge those of you who brought a personal story today. It has real impact with us.

One of the reasons I wanted to be in the House of Commons was to promote the issue of health promotion and healthy living. We've been successful as a committee at putting it on the agenda for our committee to look at. Health promotion is a bit of a passion for me and other members, and I was very involved in the fight against tobacco and with groups like that.

There's no question that alcohol is a contributor to illness. The health burden that we see outlined in our papers here is pretty striking. What isn't clear to me, though, is that warning labels have an impact on this. I have a real problem with it. When I first saw this bill my inclination was to think that it must make sense—and that doesn't even take into account the high regard I have for its author, Mr. Szabo.

But I need evidence. I look at this Ipsos-Reid poll from February that was sent around to some of us. It indicates that in Atlantic Canada, for example—and this is consistent nationally in Canada—Canadian women of drinking and child-bearing age were asked which of three approaches they thought would be most useful in reducing the number of people who experience health problems from drinking, including FAS. Over 6 in 10 said having an education and counselling program through their doctors, 28% said having a campaign of television and other advertising, and just 10% said putting warning labels on bottles of alcoholic beverages. These are the people who, certainly in the case of fetal alcohol syndrome, we are trying to target.

I do believe the brewers and the vintners have done a fair amount of very good work in promoting the story of fetal alcohol syndrome and how to avoid it. I just wonder, in light of the fact that large numbers of the people we're targeting don't seem to think warning labels would work, if you'd have a comment on this.

Dr. Robin Walker: Perhaps I could comment first. Asking people what they think will change their behaviour does not tell you what does change their behaviour. So with all due respect, an opinion poll is not going to give you a scientific answer to that question.

I agree with you; policy should be based on evidence. The problem here is that the evidence you're looking for, the evidence as to what changes behaviour, is going to be very hard to obtain through conventional science. It's much better to institute the strategy and then evaluate afterwards what has changed behaviour, as has been done for tobacco packaging. We now know the answer for tobacco packaging.

I appreciate your need for evidence to make a decision, but you cannot expect science to answer every question. Sometimes you have to make a decision that's based on an understanding of what changes people's behaviour, and there is science about this that would support the efficacy of last-minute warnings in changing behaviour

Mr. Michael Savage: I know I have a limited amount of time and I see another hand, but I just want to say that we need more than intuition to pass legislation. That's my concern. If you have evidence—I think it was you who mentioned before that you have evidence indicating that they work—I'd like to see it in some detail. I'd take it into account.

But I think it is credible to ask women what it is that has an impact with them. I think they know better than any of the rest of us. I'll allow the other person to speak.

● (1245)

The Chair: Of course, it depends who paid for that survey and which questions were asked.

Hon. Robert Thibault: I don't think it depends on the survey, unless you're questioning Ipsos-Reid and its ability to produce an impartial poll.

The Chair: Polls can produce whatever results they want to produce.

Dr. Mann.

Dr. Robert Mann: I'd just like to comment again on some of the issues Dr. Walker has raised here about what science can tell us, and the limitations of science on issues like this.

If you look at the history of understanding the impact of tobacco on health and the attempts to take legislative action on that, for many years there were hearings, and the tobacco industry brought in researchers who said there wasn't one single study that proved tobacco caused cancer. In fact, that's true. They did that for many years, and I'll tell you something, it remains true. There is no one single study that proves definitively that tobacco causes cancer in humans, because that is the limitation of a single study. A single study proves nothing; it's the bringing together of all the available information.

So in this case we're looking at a situation where people are telling us there's not one single study that proves that warning labels will solve the alcohol problem. That's probably true. But I think the evidence in its totality is telling us that warning labels are an effective strategy.

The Chair: Thank you.

Now it's Madame Demers' time.

[*Translation*]

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

Thank you for being here with us. I was very moved by your personal stories. Mr. Mann, I looked at your statistics and my concern is that they are not very recent. I would, if possible, like to have more recent numbers.

Unfortunately, the category of persons we reach through anti-smoking campaigns is the same as that targeted by our campaigns with regard to drinking. In my riding, there are pockets of poverty. The people living in those pockets of poverty are not at all affected by the messages on cigarette packages. These are the most vulnerable people in our society; they are the ones who smoke the most and they are probably also the ones who are most the affected by alcohol.

I presume that your statistics apply to all of Canada. Ms. Ross spoke earlier of Foetal Alcohol Syndrome. I would like to know if the campaigns you have launched in this regard have had an impact and, if so, if it was a positive one. Do you believe that this type of campaign has a more positive impact than labelling alone, or that the latter, combined to such campaigns, would have an effect?

Mr. Hubert Sacy: I will do my best to answer as clearly as possible.

I would say that it is extremely difficult to establish a cause-effect link between an action and results flowing from it, especially when dealing with education and awareness. There is data available demonstrating that the fact of being aware influences one's behaviour, but this is not the only factor. Knowledge influences behaviour, but it is not the only factor either. If that were the case, no doctor would smoke. The attitudes of those around us influence our behaviour. Fear also influences behaviour. Every time the police are on strike, more drivers speed. It is therefore a combination of factors.

Positive reinforcement also has an influence on behaviour. In the case of certain people, one factor alone is enough. As for me, the day I saw the results of studies demonstrating that tobacco was bad for one's health, I simply quit. For other people, that is not enough. The attitudes of the people around us also carry a lot of weight. In the case of other people, fear is a necessary ingredient. Furthermore—and I am thinking here of the people you spoke of earlier—, none of this has any effect whatsoever when people smoke because they live in poverty and misery. It is not an extra label here or there that is going to change anything at all in their case.

Everyone knows and says that labels are not effective. All of the people who have been here for two, three or four of these meetings will tell you the same thing: labels are not effective, but they are part of a very broad strategy. Where is the strategy? The bill has but one section, but it has no strategy. Even if labels were effective, which they are not at all, common sense would have you recognize that everyone already knows what is written on them. They will not have any effect on people's behaviour, for the simple fact that there is no reason in the world why they should have.

Madam Chair, I would like to say one final thing, which will partly answer your question. It was stated a little earlier that there are more problems in Quebec than elsewhere in Canada because people consume more alcohol in Quebec. However, all of the statistics throughout the world demonstrate that within Canada, despite the fact that Quebec has the highest percentage of alcoholic beverage consumers, it is also in Quebec that there are the fewest alcohol-related problems. In all of Canada, it is Quebec that has the lowest number of episodes of intoxication per capita. Quebec's profile with regard to alcohol consumption is not worse than anyone else's. It is true that we have more liberal laws and attitudes and a higher percentage of consumers of alcohol, but all of the research, including that which will be coming out in two weeks, clearly demonstrates that our relationship with alcohol is better than it is elsewhere in the country. It is not because of our genes or because we are better. It is not because our DNA is better than that of other people, but simply because we have for the last 25 years been working like slaves in order to...

● (1250)

[*English*]

The Chair: Mr. Sacy, you're going beyond your time.

Mr. Hubert Sacy: Yes, Madam Chair.

The Chair: I don't want you to answer my question; I'm going to ask you to submit the answer.

In most organizations, the executive director or director general reports to a board of directors. The expenditure of the money, which you have said is $2 million a year, is the responsibility of the board of directors. It makes the final decisions about the budget for the year. I'm wondering if you could submit to us the number of directors on your board to whom you report, and what groups or companies they represent. I'd like to know what percentage of them are representatives of the alcohol industry.

Mr. Hubert Sacy: I say it very clearly, they're a minority. Our board of directors is comprised of a representative of la Sociéte des alcools du Québec—

The Chair: Excuse me, you can just send that to us on paper to the clerk. Thank you.

Mr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair, and thank you very much to everyone for coming here today.

This whole process has really opened my eyes. Like Mr. Savage, I want to make an evidence-based decision. It really boils down to what exactly we are trying to do here. We're trying to raise awareness. We're trying to change behaviour. We're trying to decrease harm. I see that labels themselves are not going to make a big difference overall. I see that there's a big lack of strategy overall. Where's the responsibility of the government and the medical associations?

Mr. Sacy mentioned that several years ago Quebec women were at the lowest percentage of awareness of the effects of alcohol on the fetus. You said that now, since your program has been put into effect, 94% of Quebec women are aware. If you feel labels don't work, could you maybe explain what you think does work?

Mr. Hubert Sacy: As I told you, we have started by going to see the college of physicians to tell them what should be put into the communications tool. We did a lot of research and surveys and found that what we should do is act in three different areas.

One is to raise awareness; therefore we created an advertising campaign. You've heard a couple of messages, but there are plenty of them. There's also print. I cannot produce everything here, but it's a huge information and advertising campaign.

Second was to increase awareness of doctors. You have to know that doctors are not all aware of the issue of alcohol. Many doctors don't get enough education at medical school regarding this issue, so among the doctors we deliver this material.

We also knew that we had to deal with the issue seriously, completely, but in very easy-to-understand words and terminology. We tested it with women. It is given by doctors and by the CLSCs, the *centres locaux de services communautaires*; I don't know if there's an English translation for this name. The awareness of the publication, as well as the awareness of our recommendations, is measured every year through surveys by independent survey research companies.

Does that change behaviour? It certainly changes it partly. Women tell us they have changed their behaviour and are more aware than they were. But are there women who still drink during pregnancy, and drink too much during pregnancy? Absolutely. There are some people we cannot reach, and we still don't know how to reach them. This is where we really need the most support, because we're unable to do the job in that matter.

● (1255)

Mr. Colin Carrie: I have one other quick question. Can you give me a hard number? You said before that Quebec was the lowest, and you said now it's at 94%.

Mr. Hubert Sacy: Yes, absolutely.

Mr. Colin Carrie: Can you give me a beforehand number? Maybe it was 80%, and through these efforts it's changed to 94%. Do you have a starting number? As I said, I'd really like to have some solid facts or some idea of what's working and what's not working.

Mr. Hubert Sacy: I will with pleasure send you the numbers. I don't have the exact Environics number here. I know the question was not exactly the same in both surveys, but it will certainly be my pleasure to send you the exact question in both cases and information about how the situation has improved.

All I can tell you is that 94% of Quebec women are aware of the recommendation that they should not drink during pregnancy. This we are sure of absolutely.

Mr. Colin Carrie: That's right now.

Mr. Hubert Sacy: A year ago.

Mr. Colin Carrie: Yes, but you can't quite say what it was before the program.

Mr. Hubert Sacy: Unfortunately, no; I don't know. I'll check and let you know as soon as I get the answer.

Mr. Colin Carrie: If you could bring it to the committee, that would be great.

Mr. Hubert Sacy: Sure.

Mr. Colin Carrie: Thank you very much.

The Chair: Thank you.

I think Mr. Szabo had a question he wanted to get on the table about the poll.

Mr. Paul Szabo (Mississauga South, Lib.): It's about the CROP survey. I believe it was in 2002. I wonder if you could provide the committee with the information we would need to access a copy of the survey.

Mr. Hubert Sacy: Sure. It's on our website, but I can send it to you with no problem.

The Chair: Thank you very much.

Our time is up. On behalf of all committee members, I would like to thank the witnesses, not only for their presentation to us today but for the work they do either in their regular employment or as volunteers outside their regular employment.

Particularly, Ms. Ross, because of your having been the mother of two FASD boys, our hearts go out to you, and our salute to you for the patience that must have been required over the years on a daily basis. It isn't something you did when you went to the office; it's something you did when you woke up in the morning.

We thank all of you for your contributions to our discussion and for your contributions to Canada as you go about your work. Thank you very much.

This meeting is adjourned.

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