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Chair

Ms. Bonnie Brown

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● (1105)

[*English*]

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

You will see that we have slightly changed the agenda for the 38th meeting of the Standing Committee on Health.

Actually, when we left the meeting the other day, Mrs. Chamberlain had made a suggestion that we stick with this bill, so that we don't get all mixed up with the ins and outs of the other bill at the same time. When I got back to my office I realized she was right, because we were hopping around from topic to topic.

At the same time, the researchers and I talked about the fact that we're hearing a lot of pretty broad testimony on a variety of things, not just, it seems to me, focused on the bill. So we've invited Mr. Waddington, who is the director general of the Natural Health Products Directorate, who I believe has been following these hearings, and perhaps he can help us to understand the implications of going with the bill, or maybe he can tell us some of the myths we've heard from various sources and clarify our thinking on this bill before we proceed.

The second half of the meeting is dedicated to the transfat task force, which we had put on the agenda a couple of months ago, because the minister had asked us to review the terms of reference and the membership and that sort of thing.

We've taken so long to get to it, based upon our load of legislation, that I understand it has actually been set up and had one meeting. So I think we can look at part two of the meeting as more of a briefing as to how they're getting along, as opposed to a real task we had to do.

With that explanation, I will ask Mr. Waddington to comment on Bill C-420 and what he's heard.

Mr. Waddington.

Mr. Philip Waddington (Director general, Natural Health Products Directorate, Health Products and Food Branch, Department of Health): Thank you very much for the opportunity to come and speak here today. I recognize that I've been invited back, and I thank the chair and the committee for the opportunity to come here and speak on this.

I understand that the focus of the concerns we've heard are around requirements that we have for natural health products and the performance we've had to date. I would be happy to have any discussion on this, answer any questions. Also, if there are other questions off this that I can assist with, I will answer anything that comes forward, and I appreciate the opportunity to do so.

The one thing, as I understand it, that we've heard at this meeting with respect to this bill is that the regulations themselves are well supported by industry and consumers. There are always going to be some who say yes, we know, but what I've heard repeatedly in consultation outside of this committee and what I heard when I was here is that the reason we put these regulations into place—in other words, that Canadians want access to safe and effective products and they want access to information on how to use them—remains the same and is unchanged.

What we've done is develop natural health product regulations that are well supported by consumers and by industry. How we're doing it, the performance, is where we fall short. I recognize that clearly. I look forward to comments from this committee as to how we can improve performance.

We've been looking at our performance for a while now, not just because we're coming to this committee and not just because the industry has been telling us this is what we should do, but because it's the right thing to do.

When we put the regulations in place, we were very focused on how we would best serve Canadians, and that's how we developed the regulatory framework, and now in implementing them we're again very focused on how we can best serve Canadians.

This is a delicate balance between access and safety. You always have to balance the two. If we err on the side of requiring too much information, then we're too slow, and that's clearly a problem. However, if we err on the side of not giving a thorough review and not considering information that we have before us and there's a problem and people are harmed by these products, I suspect it will be before this standing committee that I'll have to explain why we didn't take into account information that we had before us. So it's a very delicate balance between the two, and that's what we've been striving to do.

I can either start into the discussion, if you want, or probably you will best be focused if I allow you to target the questions at me, if I can use that expression. I will probably come back to the point that what we've been continually attempting to do is to serve Canadians by maintaining that balance between access and safety, which is really what we should be doing for Canadians.

● (1110)

The Chair: Mr. Waddington, do you have any comments on things you've heard at this committee?

Mr. Philip Waddington: A number of statements should probably be clarified. One thing that's come up repeatedly is with respect to schedule A. We can dialogue on schedule A, but I want to make sure people understand schedule A is not a natural health products issue. It's not just focused on natural health products. It's with respect to drugs, foods, natural health products, cosmetics, etc. There has been a lot of dialogue on this. The government is prepared to move on it. We look forward to your recommendations. If the standing committee wants to give us clear recommendations on how to move forward, we will take them, because we understand clearly this needs to be acted on, but please don't associate access to NHPs with schedule A. Ensure you take into account the consideration of foods, drugs, medical devices, and natural health products.

The other thing that's come up a couple of times with cosmetics is that people have said they now fall under a number of sets of regulations—they fall under the cosmetic regulations and the drug regulations and the natural health product regulations. The issue is that they don't fall under all three; they fall under either-or. They're either a cosmetic, or they're a drug or natural health product, and that's a not insignificant difference. It's not that people have to meet both sets; they meet the set appropriate to them, and just because a drug is being applied topically doesn't necessarily mean it's a cosmetic.

However, in the U.S. and in many European countries, cosmetics are regulated as a whole—they put them together. If the CCTFA is able to work with the writers of the cosmetic regulations to bring them together, I would fully support that. It is an excellent idea. It would facilitate the process. We have no vested interest in holding onto cosmetic products for any reason. Right now they fall under our definition, so we're doing our job while they sit there, but I have said to the CCTFA—and to anyone else who has asked—that if there's a better way to do it, and the overseers of the cosmetic regulations allow the kinds of claims that they want under them, then I would be fully supportive of their going there. There is no reason for us to hold onto them, except that right now they have to fit somewhere and they are unable to make those claims as cosmetics.

The Chair: I have one more question, on slowness. We heard thousands of products were waiting to be approved by your directorate, and you've done a few hundred.

Mr. Philip Waddington: Yes, right.

The Chair: How do you plan to get through that number? Is there a plan, or are you just proceeding forward step by step?

Mr. Philip Waddington: No, we're working on it very diligently. There's a plan, and I can go into it in a moment.

Right now there are approximately 40,000 products on the market that have not gone through the regulations. I will point out that this scenario developed over about ten years, so it's not something that occurred when the natural health products regulations came into place. While they were regulated as drugs, there was an inability for the government to bring these products into compliance. It's through working very closely with industry that we now have a scenario in which all those applications in queue for us.

One of the industry members came to me and said it was interesting that we now have 5,000 applications in queue. That's not because we've been a heavy-handed regulator and came down hard on him; it's because we've come up with a set of regulations appropriate for this industry. The industry members see value in this, and that's why they're applying. It's through working with industry that we've got to this situation, but it hasn't been developed by the industry; it's one we're working through.

Now we find ourselves with approximately 400 products on the market under the NHP regulations. I'll note that the number has gone up from what you heard a few days ago, because we're continually putting products out, so now we're coming up at around 400 products, but you're right—there are about 400 products. There are around 10,000 products on the market that are natural health products under the DIN regulations, so over 10,000 products have been reviewed, and about four times that have not.

It's surprising to me that the Canadian Homeopathic Pharmaceutical Association said there are concerns around our progress on this. We had a meeting with them about two weeks ago; they said they have now resolved access issues they've been working on for over 15 years under the old regulations—in one year, under our regulations, they've come to agreement.

We also put in place the first steps, since they've come in, of what's called the single-window approach. Using it, we would be able to bring in homeopathic products—which many would argue, probably correctly, are the lowest risk—in one large amount. Around 6,000 products would come in under that approach. With a relatively streamlined approach, we would be able to move on that.

We've also been speaking with NDMAC—I know they were here talking to our performance as well—and had discussions around how we can move those products that have DINs, that have currently been reviewed for safety and efficacy, into the natural health products regulations. I'll point out that under our transitional provisions in the regulations, they were given the longest period of time to come over because they've already been reviewed, so the pressure to bring them over wasn't urgent, because Canadians have already been assured of their safety and efficacy. At the same time, we're working on that.

Some people have said the products should move into the current regulations, and then without much oversight. There are a few things in our regulations that we're bound to look at—for example, whether there are animal tissues in there, what the non-medicinal ingredients are, relatively easy things like that. We have been looking at those, but the impetus to move them across, since they're already regulated—these aren't unregulated products in the market—is so they can make claims that they can't currently make. We have told them that we should have worked towrds, and are working towards, again, a single-window or one-step approach that could move the DIN products into the natural health products regulations with the claims for which they were originally approved. If they want to move across and come up with a new claim, then we'll have to have some kind of evaluation of that. Still, it would be a very facilitated process. Thee are around 10,000 right there.

The next step we're looking at is with our monographs. In consultations we've been undertaking with industry, I've always been asking people what the least value-added thing is that we're doing, because that's where we should make progress first. What we often hear from industry on this is the safety summary report. The safety summary report is something we've requested from the applicants. It asks them if, given their ingredients, there is information out there they think we should be concerned about, and that they've addressed. We ask if there are interaction problems, if it interferes with other medications, if there are dosage limitations we should look at, etc.

Industry has said, and rightly.... When we look at that, we also do a scan ourselves, because we want to make sure we're being diligent. Well, if we're doing that scan ourselves and repeating work the industry has done, perhaps we can remove one of those steps and just do it ourselves. That will decrease the requirements on the industry side, so they'll be able to put together a package in a much more cost-effective manner and be able to get more products to us.

Another step we've been looking at to improve our process is the actual submission process. We've undertaken, again, to try to not be just a—no disrespect—typical regulator, if I can use that term. We're trying not to process just as a heavy-handed regulator, coming in and beating compliance into an industry, because everyone knows that would not work.

● (1115)

What we have tried to do is work with industry and ask, how can we together come up with a regulatory approach that's going to best serve Canadians? When we did that, we said if you make a submission to us, we'll accept it. So we received submissions that were widely varying in quality. There were some submissions that came in that were very high quality, contained the correct information to support the claim, had any safety or efficacy information that we would want submitted. There were other products that came in that basically said here's my ingredient and here's my claim.

With this, we didn't turn any of those applications back. We worked with industry and we said you're required to fill in this form; you're required to submit this kind of data. We would go back and forth with some of these applicants up to 25 times, again without taking them out of the queue, realizing that this is an industry that has not had to comply with regulations previously and we wanted to work with them.

So now we've gone through a year of that, and the quality of the submissions that we're getting is much improved. If you look at our rate of progress, this year we've already completed what took us all of last year to complete. At this rate of progress we'll have a 400% increase without doing any of those other things that I talked about—the 10,000 products coming in, for example. So we are well on our way to being able to make these deadlines.

Yesterday I had a meeting in preparation for coming here, obviously, at which I asked, what are we looking at to make sure we can get through? One of the people said to me, “Do you believe that we'll actually get through it?” And I said then and I will say now that without a shadow of a doubt I believe that we will get through these regulations in a timely manner. I can't say it will be January 1, but maybe January 3. We'll get through them within the timeline that's been allocated.

The people I am working with are phenomenal people, and I'm sure that everybody hears this all the time, but the quality of the work that is done, the rate at which we've been able to increase our applications so far, the distance that people have come in learning what we have to do has been outstanding.

I would point out that this is a relatively new organization. We've only been in operation for one year. And people say yes, but government has been reviewing regulation for a long period of time. To staff up our operations we've had to hire approximately 100 people, most of whom are new to government. We are the youngest average age in the entire branch within our directorate because they are new people who have come in. They've had to understand and learn the whole submission process—what are the requirements, what are the ramifications if a decision is made incorrectly, how do I go about the various procedures, who do I contact, etc. And just going through that, anybody who's taken an organization and grown 100 people in a couple of years knows that that process itself takes time. Even without facilitating what we're doing, we would be getting close to the target, but we're not waiting for that because we think there are faster things we can do, such as I mentioned with the homeopathics.

The final thing that we're working on as a concentrated effort right now is with our monographs. Right now we have monographs on the web, and I'm sure you've heard mention that if an applicant makes a request for a product to be licensed based on a monograph that we've produced and they reference the monograph, we'll get their application turned around in 60 days.

Most of the regulators we spoke to said don't put that in the regulations, because you're binding yourself in law to that 60-day turnaround. We put it in there because again we think it's the right thing for Canadians, that we do it in that kind of a timeframe, and it gives industry an indication of the effort and the good faith we're putting into it and getting it from the industry side in return.

Right now they're single ingredient monographs and they're submitted on a paper basis. What we're looking to do now is to put in multiple ingredient monographs or combination monographs so people can put them together and still make the 60-day disposition. We have to be sure that we move forward at a pace that allows us to meet the 60-day disposition, and we're putting a heavy push on to make this in an electronic format, because now most people have access to the web. They would like to be able to do these submissions over the web, to be able to have a computer run through and just make sure that fields are aligned. This kind of work doesn't require a lot of the effort around evaluation. It's more just making sure that fields are linked. That can be done electronically, freeing up more resources to review those applications that are more complex.

It's a delicate balance, as I said, between safety and efficacy. We're walking that line every day. There are continuing and ongoing consultations with industry members, with stakeholders, to make sure that we're meeting that balance, and these are various approaches that we have in place to ensure that we continue to do so.

● (1120)

The Chair: Good. Thank you, Mr. Waddington.

I think we'll begin with questions and answers now. Mr. Carrie is going to start.

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

First, I'd like to say how pleased I am to meet you and see you here. It's wonderful to see somebody who is outside the normal medical type of background be in such an important position.

I want to start off right away, though, talking about the safety issue. Have you ever heard the term "killing a fly with a sledgehammer"?

Mr. Philip Waddington: If I hadn't, I'm sure I could make an evaluation at this point.

Mr. Colin Carrie: Okay. Before the new regulations, how safe were natural health food products here in Canada, in your opinion?

Mr. Philip Waddington: Natural health products have always fallen under the drug regulations, and those who have followed it understand that there were difficulties around that, but natural health products in Canada are world-renowned for their safety and efficacy, because a large number of these products have fallen under those regulations.

The regulations are appropriate for this category. In other words, it's not that we are now putting in place safety in an area that was previously unsafe. We're looking at what is the appropriate regulatory framework, so the safety issue could be addressed under the drug side, but that doesn't mean it's the best approach. We're asking what is appropriate. For example, one of the big things around safety is GMPs, or good manufacturing practices, which ensure that you're actually putting into the hopper the ingredients that you think you're putting in and to make sure that you follow the same process, etc. The GMPs required for drugs are very prescriptive and say that the following activities must be done. In working very closely with industry to get them to develop the GMPs, we asked how we should do so in a way appropriate for this product base, and together we've come up with GMPs that are outcome-based. For example, we would say that the surfaces must be clean, but if you're making a highly volatile extract or if you're making a simple herbal combination, you might clean your surfaces differently because there are different processes in place, which we recognize. So you're able to maintain safety, but with a broader number of approaches.

Mr. Colin Carrie: Do you not see the good manufacturing processes under the food directorate as sufficient for natural health products?

Mr. Philip Waddington: No.

● (1125)

Mr. Colin Carrie: Can you explain the difference?

Mr. Philip Waddington: Sure, very clearly.

There aren't GMPs under the food side, but what are called HACCP, or hazard analysis. They look for scenarios or situations where there is going to be contamination, for example, which are then identified. The food regulations are exactly appropriate for foods. I want to be clear on this and state that I am not in any way trying to say they need to be modified. They're very appropriate, ensuring there is no contamination in the product, that the food is clean, and the things that you would expect food to be.

However, the difference between the GMPs and what goes on in food is not just in terms of safety—although that is the case as well—but it's also in terms of efficacy. On the food side, you don't have to guarantee potency. With a natural health product, there may be a difference between whether or not you receive 100 milligrams of something or 120 milligrams; it's going to have a different physiological impact. The regulations we have in place allow us to do that, but on the the food side that's not there.

Mr. Colin Carrie: Couldn't you do that by putting in more regulations on the food side and classifying it as a food? Wouldn't you say it was more a product of political will that you can put regulations in, no matter what category it is in?

Mr. Philip Waddington: To understand your question correctly, are you asking if we could put in place regulations under any regulatory approach to address these issues?

Mr. Colin Carrie: Right.

Mr. Philip Waddington: It would be more difficult in some than in others, but you probably could create regulations to address that concern, even though they may not fit and may not be appropriate, and they would capture products into a category where they don't belong.

Mr. Colin Carrie: How would you compare the safety issue here with that in the United States? Given that the United States is our largest trading partner, are you aware of huge safety issues in the States, where natural or dietary supplements are regulated more as foods?

Mr. Philip Waddington: With DSHEA there are pros and cons.

Mr. Colin Carrie: But in terms of actual safety issues?

Mr. Philip Waddington: We can talk about that specifically. A recent, semi-controversial example is ephedra, which is a good one to demonstrate this point. Ephedra is regulated under DSHEA in the U.S., and it is considered a food under DSHEA. It was on the market and, as I'm sure everybody knows, there were a large number of adverse reactions associated with its use. The U.S. looked at the product and eventually banned it completely. After a period of time, this was considered to be excessive, and now the U.S. has put it back on the market at 10 milligrams a dose. Those are the kinds of swings one would anticipate under this kind of approach.

When we looked at it in Canada, we asked right at the start, is there a safe and effective way in which this product can be used? It doesn't have a food use; even in its traditional form, it's not used as a food, but as a bronchial dilator to help open up your breathing. We said yes, there is a way in which it can be used, and we put in place a limit of 8 milligrams per dose, and 32 milligrams per day, of ephedra. So while that controversy was unfolding in the U.S., where the doses were large enough to create harm for a large number of people and where it was banned for those actually wanting to have access to it, and where it is now back at approximately the same level we've had in Canada, here in Canada we've avoided all of that because we have appropriate regulations in place.

Mr. Colin Carrie: Do you know very much about the situation that arose in Germany several years ago? When I talk to Canadians about this whole issue, one of the fears is what happened in Germany. There is a fear that we may be going that way in regulating natural health products as drugs in this country. Could you elaborate your opinion, if you're aware of that situation?

Mr. Philip Waddington: Again, there's a lot of stuff going on in Germany, so what I presume you're talking about is the fact that in Germany and in many European countries natural health products are covered by the health insurance—you don't have to pay for them. They're given out under prescription under many circumstances to ensure that those products that are being covered are paid for in such a way. As you know, clearly the access around that and how things are covered is a provincial issue here in Canada and currently not under that scenario.

The different regulatory approach and the way the health system works in Germany is not the same as here. There is no move to put natural health products under a prescription status. And specifically we outline in the natural health product regulations that if the product is on schedule F and it does require a prescription, it's actually not what we're talking about. What we're talking about for the natural health product regulations, clearly indicated in our definition, are those products that are not on prescription and that are safe for over-the-counter use. So it's a completely different scenario.

● (1130)

Mr. Colin Carrie: What about dosage issues, relatively speaking? For example, in Germany they've lowered the effective dosage that you can get and the cost has increased significantly. Could you comment on this with our regulations? Are we looking at significant increased costs to Canadians because of these regulations?

Mr. Philip Waddington: Again, there are two parts to your question. One was around dosage. The concerns that have been expressed around dosage are concerns that the only way they could be applicable in Canada is if it was a food, because the food regulations appropriately have in place upper limits for vitamins, minerals, etc., that can be allowed into foods.

When people consider foods, you're looking at a population approach, because these are the foods that the population will eat. When people are looking at natural health products, you're looking at an individual approach, because we all recognize that our own health may be different from that of the population. You may have more or less need for certain nutrients. That's why the limiting doses that you find in the foods are not the limiting doses that you find in natural health products.

What we find for natural health products, as we've said very clearly, is the dose can be as high as that where the benefit outweighs the risk, as supported by the scientific literature. Vitamin A is a good example. Vitamin A, as I'm sure many of the people around the table know, has an upper limit for over-the-counter use of 10,000 IUs. Above that it requires a prescription, and that is because of the potential for birth defects and various things that can be associated.

So there may be limits placed on certain things where the risk is high enough, but limiting the dose the way you're talking about is again the opposite of what we've been able to achieve under the current regulations.

On the cost side, again that is one of the reasons why we brought in the appropriate regulations, because these products fell under drugs, and it was considered that with cost recovery under drugs, the way it was and the requirements that were in place, the costs would be excessive. So again we've come up with a regulatory approach that has fewer requirements around the product licence applications, that has appropriate requirements around the GMPs.

We've said clearly with industry that we would not impose cost recovery until we had the regulations in place and understood, so that it wasn't volatile and moving around. We are still in that process. We have had discussions with industry on this, and they're supportive of us ensuring that we've completed the process before we go forward.

As you know, because it's gone to the House, we have to look at performance standards internationally, what the costs are in other jurisdictions to make sure that what we have in line is in line with those. So even if we wanted—and I'll specify that we do not—to bring in a cost-recovery regime that was inappropriate, we're not allowed to now because of regulations that have gone through.

So again, because of the good work of committees such as this that have put forward the requirements around cost recovery, we are assured that what your concern is will not be one that's going to be found.

The Chair: Thank you, Mr. Carrie.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): On reading the submissions and summarizing the testimony heard to date...

[*English*]

Mr. Philip Waddington: Sorry, one minute. My earpiece just went dead at that moment, so I'm going to change it.

I would say I'm delaying for time to think, but you haven't finished the question yet.

[*Translation*]

Mr. Réal Ménard: On reading the submissions and summarizing all of the testimony heard to date, it becomes apparent that two major opinions have been voiced. The first is that natural health products must not under any circumstances be regulated as if they were food products and the second is that the current regulations are too similar to pharmaceutical regulations.

I'd like us to focus more closely on the second opinion. A fairly broad consensus has emerged to the effect that natural health products should not be regulated in the same way that food is. I think most of us are in agreement about this. What do you say to those who maintain that the current regulatory regime is patterned too closely on pharmaceutical regulations?

For starters, why wasn't a third category created, as we recommended in our report to the standing committee? Why have you opted for an approach that closely resembles the one taken in the case of the pharmaceutical industry?

● (1135)

[*English*]

Mr. Philip Waddington: Sorry about that. I've been working on this file instead of proceeding with my French language training. I apologize for the necessity.

If I understood the questions, they were around the difference between the foods and pharmaceuticals and why we're too close to the pharmaceutical regulations and why we have not pursued the third category under the recommendations from this committee.

The committee clearly recommended that Health Canada look at a third category for these products. They also clearly recommended that we do not let the process of developing that third category at the level of the act slow down the regulatory process that can be made. And we took both of those quite seriously. My task was to ensure that Canadians have access to natural health products that are safe and effective, and the fastest, most effective way that we could produce the minimally effective regulations, which I'll talk about in a moment—your earlier point—was by pursuing a regulatory approach.

Amendments at the level of the act take far more time and effort than amendments at the level of the regulations. I'm sure everybody here would recognize that. So if we had proceeded at the level of the act, the outcome would have taken much longer for us to be able to achieve.

If there is a third category created at the level of the act, what that would then do is require that regulations be developed under it, because, as I'm sure everyone here recognizes, you don't regulate at the act, you just use the act to develop the regulations. So if we do create a third category, what you would then do is have to create regulations under them, and it is those regulations that would determine how the products are reviewed by the government, go to market, and all of the things we're talking about. We are able to achieve those goals through the natural health product regulations.

I want to be clear. We used the regulatory-making authority in the act that is used to make drugs to create these regulations. That is true. These are not under the food and drug regulations. The Natural Health Products Directorate does not report to the directorate that regulates drugs. It is a third category. There is a directorate that oversees foods. There is a directorate that oversees—

[*Translation*]

Mr. Réal Ménard: I understand that.

However, the industry maintains that your requirements in terms of documents, evaluations and proof of a product's safety are dangerously similar to the requirements imposed in the case of pharmaceutical products.

Secondly, it's rather hard to fathom that you have approximately 4,400 files outstanding. Under the current regulations, you have been able to issue 400 marketing authorizations. We're told that 5,000 applications have been filed. The process is therefore not efficient. You say that you work with an outstanding team, a claim that committee members do not dispute, but the fact remains that if only 400 authorizations have been issued and 5,000 applications have been filed, then you have a big problem on your hands.

Moreover, these products cannot be considered as pharmaceuticals. Yet, what you're requiring of the industry is similar to what you require of the pharmaceutical industry, unless I'm mistaken. Are you not in fact imposing the same marketing requirements on this industry as the ones you've placed on the pharmaceutical industry? Is that a fair assessment of the situation?

[*English*]

Mr. Philip Waddington: There's ambiguity in the word “similar”, so I'll just run through the requirements and you can look at it.

There are some products that would be considered old drugs, similar to our monographs, but you can look at the information that's been reviewed and get a licence for a DIN just like you can for a natural health product. So for old products it's relatively the same. For anything that's not an old product, it is vastly different. For a new pharmaceutical to come to the market, for a new drug to come to the market, there have to be two clinical trials based upon that product's use and to show that it is safe and effective. For a new natural health product to come to the market, that is not the case.

There are situations where clinical trials have been done, and we of course look at that information. We also look at non-randomized studies; we also look at cohort studies; we look at traditional literature; we look at how the product is regulated in other regulatory authorities; we look at how the product has performed over time in areas where it has been unregulated. We take what's called the totality of evidence to look at whether or not there's a safe and effective way in which the product can be used. It is vastly different from the requirements under the drug side. There are similarities, for sure. I don't want to say that it's not similar, but that does not mean that they're the same.

[*Translation*]

Mr. Réal Ménard: Would it be possible for the director to present a table comparing the process and requirements for both pharmaceutical products and natural health products? I'm not looking for a 30-page document, but for a table summarizing the respective regulatory regimes. Furthermore, how much does the industry have to pay on average to secure one of your authorizations? The amount must vary, depending on the product, but if you had to give us an average figure, what would it be?

● (1140)

[*English*]

Mr. Philip Waddington: Again, on the performance side, I am not going to try to indicate that we are performing well. This is where our effort is. If you were to ask me if I am happy with what we have done, the answer is yes. But I'm not satisfied with what we've done.

Right now—

[*Translation*]

Mr. Réal Ménard: No, I'm asking you what the industry must pay to receive an authorization. I realize that we're not dealing with a cost recovery policy, but there is a cost associated with all of this. What is the average cost to the industry? I realize the amount differs depending on the product, but do you have a figure for us? For example, when we examined the estimates, we noted that the pharmaceutical industry paid $41 million for drug licensing. What portion of the cost incurred by Health Canada for a review is borne by the industry?

Are there in fact costs? Does the industry foot some of the bill?

[*English*]

Mr. Philip Waddington: I heard $41 million.

What is the cost associated with the review? As you've mentioned, correctly, currently there is no cost recovery. So this is the cost of getting the information together, and that varies, depending upon the applicant more than the product. If there is an applicant who has well researched their product before they bring it to market, they have that information and the cost is minimal to send it to us. If there's an applicant who has heard there's a good ingredient—they don't know much about it, but they want to try to put something forward—then they have to hire somebody to gather the information to support it.

We have heard a range of proposals for what people are asking to gather the information, and there are some people consulting in this area who are charging astronomical amounts. I can't say what the amount is, because it depends upon the knowledge of the person who is putting the thing forward.

What we said to industry was that it was going to have to make these applications to us and what information we should have to go through this process. We worked it out together. So those who are making submissions of high quality are going through that.

The Chair: Thank you, Mr. Ménard.

Mr. Réal Ménard: Merci. I respect your time.

The Chair: Your charm worked again.

Mr. Savage.

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

Welcome back to the committee, Mr. Waddington.

We've heard from a number of people who have appeared before us from the industry, who have indicated they're not pleased with the process that's taken place, and they're not pleased with the regulations. We've also heard from a number of people in the industry who are very pleased with the process that has taken place.

Some people have specifically mentioned you as being an exemplary civil servant. It's not often we get those kinds of compliments about bureaucrats at the health committee, so I commend you. Your case here is quite credible.

I'd like to ask you a couple of specific questions.

I have a concern, which we've heard on a couple of occasions. Dr. Lunney and some of the witnesses have mentioned that these regulations are more onerous for smaller companies than larger companies, which is not uncommon. I wonder if you'd acknowledge that, and if you do acknowledge that, are there any steps that your department could take to assist smaller organizations to go through this process?

Mr. Philip Waddington: They're not more onerous for a small versus a large company. They're more onerous for a company that's not in compliance right now. There are some small companies that have been following what we've been doing very well, that have site licences, that have product licences given to them. At the same time, there are some larger companies that have not been undertaking due diligence and are not in that situation. So you can have both.

However, I will acknowledge that the capacity to take on an added cost is greater for a large company. I don't want to pretend to be unclear on that. What we are doing specifically around that is we are the branch lead on a fee mitigation strategy to deal with that issue for small businesses. It's small businesses, and it's also businesses that have a product line that may be small, because you may have a significantly sized company, but they're selling product lines that don't in themselves justify a lot of expense. So we want to ensure that Canadians have access to these products by putting in place that kind of approach where we ask how we can facilitate either small companies or companies that have small product lines to ensure they continue to have access.

We're the branch lead on that, because this industry is not like the pharmaceutical industry, in general, in that the pharmaceutical industry—no disrespect to it whatsoever—tends to be a smaller number of large companies. This industry tends to be a larger number of smaller companies. We clearly recognize that. That is why we work so closely with industry to ensure the fees and the costs we have around our regulations are appropriate for that industry.

Mr. Michael Savage: So are you making special efforts for smaller companies that have to take on the costs of going through the process?

● (1145)

Mr. Philip Waddington: Exactly. We are the branch with the lead on that.

Mr. Michael Savage: Okay.

We heard from some people the other day who made a pretty good case, a Mr. Pasen from Nu-Life Nutrition, and a Mr. Chapman from Purity Life Health Products. They both felt strongly that these products should not be considered food products, but they also indicated that schedule A should either be removed or be dramatically altered, and they had comments about subsections 3 (1) and 3(2).

In your comments you briefly mentioned schedule A. If it's not removed completely, how quickly could it be made more relevant or up to date?

Mr. Philip Waddington: I would say that what you've heard at this committee is what we've heard when we've undertaken consultations: that the majority of people think it should either be removed outright or have drastic changes made to it. However, there are other people who you may not have heard here but we've heard from in our consultations who feel very strongly that schedule A should stay in place. I just want to make that clear.

Actually, this standing committee made a recommendation not so long ago, I think it was in the "Opening the Medicine Cabinet" report, that schedule A should be maintained and be strengthened. So it's a complicated issue that has implications—

Mr. Michael Savage: But you did mention in your presentation that something needs to be done with schedule A.

Mr. Philip Waddington: Yes, and I apologize for my monologue in getting into that.

Mr. Michael Savage: It was not a monologue, but just that we get cut off very quickly.

Mr. Philip Waddington: There are a couple of things that we can do with schedule A and that we would like to undertake independent of the recommendations of this committee—though I suspect you would recommend we do so. The list of diseases in schedule A needs to be dramatically reviewed; it includes some diseases that you would have no understanding why they were there, like hair loss, and there are other diseases that are not included, such as AIDS or SARS. So there's a clear need for that, and everybody has agreed that needs to be undertaken. That work has been initiated, and we're putting together a committee to do so.

We could either remove it entirely, or if we decide not to remove it, the recommendation receiving the next greatest support is to open up the access side and remove the restrictions on what's called the pre-disease state, which we're seriously considering doing. What schedule A says is prevent, treat, or cure diseases. "Prevent" can be considered outright prevention, or to reduce the risk or harm of, or to decrease the risk of, getting those kinds of claims on the diseases. We could move to allow that, meaning that even for serious diseases.... I'm sure that a lot of people here would know all of the ramifications of having a high-fibre diet, of eating broccoli with the indole-3-carbinol; doing so may reduce the risks of certain cancers, such as colon cancers. People should know that and have told us they want to know that, and if it's true and the evidence supports it, then we should allow people to know that. However, once you have the disease or cancer, most people say that it should be treated by somebody with a knowledge as to whether or not the disease is progressing, and whether or not their treatment is the right one and is working, etc.

So what we'd move to do is to allow claims in the pre-disease state, but probably for either very serious or communicable diseases —

Mr. Michael Savage: So you wouldn't want to remove schedule A, but you'd want to update it dramatically? Is that fair?

Mr. Philip Waddington: Speaking on behalf of the branch, yes, I would say that's fair.

Mr. Michael Savage: Thank you very much.

Thank you, Madam Chair.

The Chair: Thank you, Mr. Savage; your timing is excellent.

We'll move now to Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Thank you, Madam Chair.

Thank you, Mr. Waddington, for coming in today. I think your presentation has shed some light on some things that many of us may have had questions on. I have a couple of questions as a result of your presentation.

When you talked about the third category, you indicated that you would need to actually amend the act and develop another set of regulations. This may be my naiveté, but as we've got a whole set of regulations, couldn't we just put them into the new or amended act?

Mr. Philip Waddington: You may want to do that as a goal, but to put regulations in place, we would have to go through the gazetting process. You would at least have to go through that.

Ms. Jean Crowder: Do you currently have an advisory board from industry working with the directorate?

Mr. Philip Waddington: We have two advisory boards. One is our EAC, or expert advisory committee, which looks at the scientific information we're reviewing. We have also a management advisory committee, made up of industry and consumer representatives, to look at our performance and how we're doing our business.

Ms. Jean Crowder: So consumer representatives are included then.

● (1150)

Mr. Philip Waddington: Correct.

Ms. Jean Crowder: I'm actually going to ask you two questions; then I'll let you go.

One of the things that has come up fairly consistently is the Codex standards, and my understanding is that the Codex requirements would actually kick in if it were put under the food category, and not under its current category. I wonder if you could clarify that for us, because there's a lot of confusion.

Secondly, when I look at the food part of the act, I really struggle to see how the safety and efficacy you talked about would be covered. Would there be any advantage in including it as a food? Is there anything missing or not readily apparent?

Mr. Philip Waddington: On your two questions, the first one being with respect to Codex, the branch and I support the goals of Codex. I don't want this to sound like Codex is a bad thing; it's not. It's to ensure safe and efficacious trading practices with respect to vitamins and minerals and is generally applied in countries where there is not a regulatory approach already considered for those products. I'm not trying to say Codex is not a good thing. However, in Canada we do not apply Codex. Codex applies only to foods in those countries where Codex is being adopted. In Canada we have regulations, so Codex does not apply.

The only way in which Codex could apply would be if Canada decided to adopt those recommendations. If they did so, under the current regulations, natural health products would not be captured under Codex because they're not regulated as foods. The only way in which Codex can apply to natural health products is if we move them under foods.

So the risk, if you want to put it like that, around any of the limitations being considered in Codex applying to natural health products could only be an issue if natural health products were regulated in foods. So in Canada they're separated from Codex on two fronts: one, they're not adopted in Canada because we have regulations; and two, even if they were adopted, because they're natural health products and not foods, they would not apply.

So Codex is a good thing when used appropriately, but does not, and under the current scenario cannot, apply to these products.

Ms. Jean Crowder: Before I get to the answer to the second part, one of the witnesses brought up the fact that we should specifically state that. Do you see a need for us to do that?

Mr. Philip Waddington: We have done that a number of times, but if you wish to do so I would greet it with glee, because it is accurate and would be informative.

Ms. Jean Crowder: Okay, thank you.

Mr. Philip Waddington: The other question was with respect to foods—safety and efficacy, and whether there are any benefits.

On the efficacy side, there are not, because, as we've stated, the regulations do not allow for claims. They do not require the same GMPs that the natural health product regulations have in place and they would not therefore be able to guarantee that the product would be effective. You would be able to guarantee that the product was not contaminated or that it was not adulterated—the kinds of things that you would anticipate with a food—but you wouldn't be able to guarantee the efficacy.

On the safety side—and I have to comment about a point that was made on the first day of the hearings here—safety and toxicity are not the same thing. A product could be guaranteed to be non-toxic if it was a food. That does not mean that it could be used safely. There was a gentleman sitting in this position in the other room—Mr. Buckley, I believe—who said that a product does not become less safe when a claim is attached to it. That is categorically incorrect. A product does not become less toxic if a claim is attached to it, but it doesn't mean it doesn't become less safe.

If you're treating yourself with a natural health product or any other product and there is a claim associated with it that is false or misleading, that is not backed up by the ingredients that are in there, or that does not have sufficient instructions as to how to use the product, and it is ineffective, then it is not safe, because either the disease may progress or you may be able to transmit it to another person or you may be able to get to a point where it takes much more onerous medication to recover from it.

Madam Chair, to say that a product doesn't change in safety because of the addition of a claim is just false. It just doesn't make sense. You cannot consider that an ineffective treatment is not going to have an impact on safety unless you think the treatment is not going to have an impact.

I categorically believe in these products. I use them every day. My children grew up using these products. I'm a big supporter of them. I'm dedicated to this file, and the safety aspect that is guaranteed by having access to efficacious products is something that these regulations do that the food regulations would not.

I'm sorry. I will calm down a little bit.

The Chair: Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): I'm just happy that I got a chance to ask you questions, because I was looking at the clock and realizing that the time was ticking away.

First of all, it's a pleasure to hear what you've had to tell us today. I think your insight and your dedication to the file is to be commended. As my colleague Dr. Carrie said earlier, it's really exciting to see individuals from different backgrounds involved within Health Canada, and especially on something that's so important to so many Canadians.

I had a couple of questions just based on your presentation. You had mentioned in regard to schedule A—and we've heard this with some consistency from other witnesses—that it does need to be reviewed. What are the direct implications on these natural health products if schedule A is completely repealed?

● (1155)

Mr. Philip Waddington: For these products and other products, if it were completely repealed, claims that were allowed by the regulations and by this directorate—so claims currently relating to the treatment, cure, or prevention of the disease in schedule A—would then be allowed for natural health products on the market. That would mean in situations where a product and a claim associated were safe for self-selection, self-care, those kinds of claims would be allowed in the marketplace. You wouldn't see rampant claims for treating AIDS, SARS, or cancer, because most people would agree that those kinds of claims are prescription types of claims where you need medical oversight. You need somebody to be able to ensure that your cancer is being arrested, or whatever the situation may be.

If it's a communicable disease, you want to ensure that treatment is effective, because you would have the potential to infect other individuals around you. Those kinds of claims would still not be allowed because they're not self-care claims, but treatment, prevention, and cure self-care claims that are restricted by schedule A would then be allowed. Claims for risk reduction or decreasing the possibility of getting the disease for those serious diseases in schedule A would also be allowed.

Ms. Ruby Dhalla: You mentioned there is some discussion within the department in terms of having schedule A reviewed. What are the timelines for when this is expected to happen?

Mr. Philip Waddington: I'm currently not the lead on that file, so I'm not sure if I can give all the timelines. We could relatively quickly, if not immediately, make some of the decisions around interpreting “prevention” to not mean the same as “reduce the risk of”. We've already initiated the bringing together of an expert panel to complete the review of the diseases to ensure that the appropriate ones are listed, but I'm not sure when that process will be completed.

Ms. Ruby Dhalla: Another consistent statement we've heard from a number of witnesses is on repealing subsection 3(1) and subsection 3(2). From your level of experience and insight, what impact would that have on natural health products?

Mr. Philip Waddington: It would be the same as eliminating the list of diseases on schedule A. Subsections 3(1) and 3(2) refer to either the sale or the advertising of those claims, so it would be the route to allow that.

As I said, I'm not currently the lead on schedule A. I did lead a committee. There were some experts in the field, some public people, and some media people. We brought in a number of people to look at schedule A.

There were two reports that came from that. We've often heard of the majority report that said basically to get rid of schedule A, as you're indicating. There was a minority report that did not support that. However, what you're hearing here and what we heard is basically that 80-20 or 90-10 split. A large number of the population would say it should be removed or dramatically changed. A small percentage of the population says it should be increased. If there were a clear recommendation coming from the chair on this, that would allow us to take clear action on it.

Ms. Ruby Dhalla: Do I have time for one more question?

The Chair: A quick one.

Ms. Ruby Dhalla: In terms of where your department is right now, how can our committee perhaps provide suggestions on where you would like to see the department go in the future?

Mr. Philip Waddington: When you say department, do you mean—

Ms. Ruby Dhalla: Sorry. I should say your directorate.

Mr. Philip Waddington: I wasn't sure if there was a promotion coming with that.

My feeling right now is that our greatest concern and the consumer's greatest concern is around performance. If there are recommendations you can put in place to assist us with that, I would be more than happy to receive them and move forward on them. Recognizing that we all answer to Canadians, you should probably look for an update in a year or so. Bring us back next May and ask whether we have made the progress we're indicating today we intend to make, so we can be sure this is being followed through in a judicious manner.

The Chair: Thank you, Ms. Dhalla.

Mr. Lunney.

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

We've heard a lot of compliments about the work you're doing. I know that your department is working hard trying to make the situation work, although there are a lot of concerns.

The first thing I want to say is on schedule A. We had information presented here that the Department of Justice itself has presented an opinion that schedule A would not stand a constitutional challenge. Are you aware of that opinion?

● (1200)

Mr. Philip Waddington: I'm aware that there are a number of opinions, and that one has been widely circulated. Only once has the constitutionality of schedule A been tested before a court of law, with the Lipton case in 1989, which I'm sure you're aware of. Under that situation it was upheld. That being said, I am aware of the opinion you're talking about, and there is discussion around that.

Mr. James Lunney: The transition team clearly called for it, because a lot of the information that is available today was not available in 1934 when this came in.

Mr. Philip Waddington: I completely agree.

Mr. James Lunney: What we heard here, certainly from the majority of witnesses in the industry at least, is they are nearly unanimous in wanting to see schedule A and subsections 3(1) and 3 (2) removed.

Mr. Philip Waddington: Correct.

● (1205)

Mr. James Lunney: Leaving that for the moment, because we have talked about it a fair bit, some companies have had very nasty experiences with Health Canada—some obviously before your involvement, and some even while you've been here.

Notwithstanding the good work your department is doing with many companies right now in trying to advance this issue, even during your watch we have had experiences with Truehope and Strauss herbals recently. There were 73 charges amounting to half a million dollars brought against Strauss herbals, for example, under these subsections, and then the charges were dropped at the last minute. They won the last few—they're being dismissed. It was a lot of pressure for a small company, when there really was no evidence they were harming anybody.

Where is this coming from? It's obviously not coming from your department.

Mr. Philip Waddington: Right. I have to be cautious in speaking of things that are before the courts, because I'm not aware of all the details, but I know the situations you've raised occurred under the food and drugs regulations, not under the natural health products regulations.

We have to be cautious in discussing an application, because when we have an application in the queue we're not supposed to discuss it because it may impact how the product is marketed. However, once a licence has been issued you are allowed to discuss it because it is public information.

Coincidentally, we've issued a licence for a product of Empowerplus. I know it's a company you've been following very closely. It's a prime example of the good work that can be done under these regulations. The information came in and was reviewed. The application went through the due diligence process. This is a small company that I know you've been very much behind. It's a good example of how we can work with the industry to ensure that people have access to the products, and we've now issued a licence for that product. It is public information, so I'm allowed to give it out. If you'd asked me a few days ago I wouldn't have been able to do that, so it's very timely that we've been invited to speak here.

This is a good example of exactly how, under the current regulations, we're able to achieve the goals industry has sought that could not be achieved under the previous regulations.

Mr. James Lunney: Sorry for jumping in, but that overreaction against companies like Truehope and Strauss herbal is still going on. And by the way, they turned Revenue Canada loose on the company. They should have been charging GST, so they rang up another $460,000 that Revenue Canada is now trying to get from the company.

That sort of regulation doesn't sound very friendly, but let me just say this. Some people feel your good work and your department should be hived off from under the drug-style regulation, which hasn't been very friendly to natural products, and put under the food side, in spite of some of the objections that have been raised. Then all of the gazetted regulations you're working under now could be applied under the food style, basically because they're all in here.

Your good manufacturing practices and your office inspections could be put under that food-style directorate, which is more industry-friendly. Your people and your good work could continue, without fear a little further down the line, if Bill C-420 dies, of another type of regime saying, "Well, after all, these are drugs. Drugs need to be managed in a little more of a fashion, like we've been used to in the past."

Mr. Philip Waddington: Again, the actions that have been taken were under the food and drugs regulations. I can't judge them because they've been taken under a court of law, and that's something for them to proceed with. I know the people in Strauss. I speak with them relatively regularly, and there's no ill will between us. If you were to speak with them—and I recommend you do—I don't think they would indicate that we have taken those actions.

If other actions are taken, I wouldn't want you to say, "Because something has happened that they don't like, we're responsible." Putting those two together is inaccurate and a little bit misleading. You have to be clear that when you tie things together, there's a sequence of events that's going to make sense of that.

It's not the current regulations, and—

Mr. James Lunney: Okay, I'll let that go. But do you have reason to believe these regulations would not work under a food-style directorate?

Mr. Philip Waddington: I believe those are the appropriate regulations. Could you move them under a food-style directorate? You could create regulations inappropriately and with difficulty under a lot of different approaches. But if the regulations are the right ones, why use taxpayers' time, efforts, and expense to create the exact same thing under a different framework?

Mr. James Lunney: Well, they could be tweaked. For example, there are some goofy things in here. I think you'd probably have a hard time defending them yourself. For example, to do research on a natural health product you need to be a medical doctor or a dentist.

Mr. Philip Waddington: Okay, let's talk about that. We looked at that very clearly. Within the regulations there is an allowance for clinical trials to proceed. To be clear, this does not mean that all natural health products need a clinic trial; the reason it's in there is to say that if you want to do a clinical trial under natural health products, this is how you do so.

When we're talking about doing an experiment on a human body, you have to ensure that if there is a safety issue raised the person has access to a hospital and to the appropriate medical facilities. We considered having other people to be the lead on these products. To be co-investigators, you are allowed to be a naturopath, a chiropractor, whomever you want, but there has to be somebody on the team who has the medical background to ensure that you can get access to a hospital if it's required.

If we're going to talk about experimenting with people and how clinical trials should proceed, with all of the concern that we currently hear around clinical trials and ensuring the transparency and the openness and the safety of the people who are putting their lives at risk in some circumstances—because you can't say we'll require it for the trials that are safe and not require it for those that aren't, you have to put in regulations that cover all of the scenarios—I believe very firmly that this is not something I would want to change, and I would question how people are protected if you do.

Mr. James Lunney: But most research is not being done by physicians or dentists, it's being done by university researchers, PhDs in physiology and neurophysiology, and that kind of gets lost.

Mr. Philip Waddington: We've already approved around 25 clinical trials under these regulations, so there is a fair amount going on.

And on the REB, the Research Ethics Board, we require that there is somebody on there who has a background in natural health products to ensure that any study being undertaken is appropriately being designed around how the product is going to be used.

The Chair: Thank you, Mr. Lunney.

With the indulgence of the committee, we do have a second half to this meeting. I'm wondering if you would agree that when the speaker from the second half of the meeting speaks, I will pick up the speaking order first among those who haven't had a chance yet. Is that agreeable?

Some hon. members: Agreed.

The Chair: Thank you.

Mr. Waddington, on behalf of the committee, I think you have clarified some of the points we heard from a broad variety of witnesses, and we really want to thank you for coming and sharing your expertise with us today. We reserve the right to call you back if we get more conflicting testimony that we want to sort out.

I thank you very much.

Mr. Philip Waddington: Thank you very much for the opportunity to come here. It's very pleasant for me to go through this, and I would welcome the opportunity to speak again if there were some questions you'd like me to address. Thank you very much.

The Chair: Thank you, Mr. Waddington.

Ladies and gentlemen, we'll move on with part two. We have as our guests to talk about the transfat task force one of the co-chairs, Mary L'Abbé, from Health Canada, assisted by Paul Mayers; and the other co-chair, Sally Brown, from the Heart and Stroke Foundation. I invite them to come to the table now.

It's my pleasure to welcome the co-chairs of the newly formed transfat task force to our midst to give us a little update on what you're doing.

I do have copies of the report of your first meeting, but it doesn't tell us anything about what was discussed there. In other words, it's not like a set of minutes, so we're a bit confused. You have suggested members. I don't know whether those members were at the meeting or whether they've been confirmed as members. You have suggested terms of reference. I don't know whether the members considered those, because there are no minutes from the meeting.

Perhaps one or the other of you could begin to report to us where the task force is at, based upon the fact that it has been formed, supposedly. We know we have two co-chairs because they're here in living colour. I don't know which one of you is going to tell us about it, but please proceed.

● (1210)

Ms. Sally Brown (Chief Executive Officer, Heart and Stroke Foundation of Canada): Madam Chair, would it be appropriate to give a little background on why the task force was put together, or is the committee all up to speed on that and the health implications of transfats? I don't want to repeat.

The Chair: We've had several meetings, and we like to think it's the fact that one of our colleagues, Mr. Martin, had a private member's bill that came before this committee that motivated the minister to move forward with this particular file. We'd like to take a little credit for it ourselves.

Ms. Sally Brown: Indeed you may. I think we've all given credit to both Mr. Martin and to the legislature as a whole for the motion, which I think has spurred activity across Canada in the reduction of processed transfats in food. I think there's no argument about that.

Maybe I'll just start by saying that we went into this exercise, and I'm extremely pleased to be here with my Health Canada colleagues. We're working well together on what is a very narrow but important and complex issue, like all public policy issues that you deal with and Health Canada deals with.

We're going into this recognizing that there is a consensus around the science on transfats. There is agreement that there's no safe level of transfat consumption, that the negative effect of transfats on cholesterol is two to threefold greater than the effect of a similar intake of saturated fats, that transfat has been shown to be up to up to ten times more dangerous to heart health than saturated fats, and that transfat consumption in Canada, because of our diet, is approximately four times greater than in other countries. We're not around the task force table debating the science. We're going into this recognizing that we need to tackle this threat to public health and explore a variety of options. We recognize that there are a variety of options—and my colleagues at Health Canada are much more engaged in some of those than I—but they include public education, labelling, and as last November's motion indicated, a regulatory framework.

We're not going into this already pre-agreeing on some sort of level; that's for discussion at the task force. We've not yet determined what limit is workable and would afford the health benefits we seek. We know that a 2% limit on processed transfatty acids, such as that proposed in Denmark, would prevent in Canada approximately 2,000 heart attacks, of which approximately 800 would be fatal. We know there is some evidence around a level, but we're not going into this having agreed on a level.

I do want to assure the committee that the task force is not just Mary and me. We have formalized and finalized the membership. That took a good deal of time. We wanted to ensure balance, so we didn't ask everybody to join at the same time. We asked people to join on a step-by-step basis so that we would get the balance our terms of reference outlined, so when we reach a decision we hope it will be a decision that is representative of the interests around the table. I think we've all felt that was extremely important.

I'm personally very pleased that we've managed to achieve that balanced representation at the end of the day, and I think everybody joined the task force knowing that we're looking for a sustainable and workable solution that effectively eliminates processed transfats from our food supply. As you're aware, I believe, we've all agreed on where the transfats that we're trying to get at exist—what kinds of food products, what kinds of oils—so we do have a lot of information going into it.

As the small document points to, we have our work cut out for us, and we're moving forward, I think, on a timely basis, although it is a relatively short timeframe.

I think I'll end there for now as opening remarks, and I'll turn to my colleague, Paul Mayers, from Health Canada. We're certainly here, Madam Chair, to answer any questions you might have about the work of the task force.

● (1215)

The Chair: Thank you, Ms. Brown.

Mr. Mayers.

Mr. Paul Mayers (Acting Director General, Food Directorate, Health Products and Food Branch, Department of Health): Thank you, Madam Chair. Our appreciation goes to the committee for having us here today to provide this update.

Given the excellent introduction that you've already heard, I can keep my remarks relatively brief and perhaps share with the committee some of the activities that have been undertaken to date as they relate to moving forward with the task force.

As you've heard, the co-chairs did invite nominations and we now have a task force. We are extremely pleased to see the interest and the level of broad representation that's been covered. We have eight representatives from health and consumer interest organizations, four from government, three from academia, and seven from industry. So that balance was extremely important to us, as noted by Ms. Brown.

The first face-to-face meeting of the task force did take place on April 1, 2005, and the objectives of that meeting were to finalize the terms of reference and guiding principles of the task force and build a common understanding of the issues. I think Ms. Brown has very nicely laid out that consensus view, which has already begun to develop—importantly, to begin to identify the information gaps that will be fundamental to undertaking the analysis that this group is being asked to do and to determine how the task force itself will undertake the work towards developing recommendations.

Two particular key milestones have been identified, Madam Chair. They are the interest in providing the Minister of Health with recommendations regarding public education, labelling, and other possible immediate opportunities to assist the industry in eliminating or reducing processed transfats in Canadian foods by the end of spring 2005, and by the end of fall 2005 providing the Minister of Health with recommendations for both an appropriate regulatory framework and strategies for the introduction and widespread use of healthy alternatives. So, indeed, we put ourselves in the position to achieve the objective of reducing transfat intakes to the lowest level possible.

This spring the task force is assessing risks and benefits of alternatives to oils containing transfat; identifying the information gaps, as I mentioned; and working on the development of those first recommendations. That work is ongoing, so it is not just the meetings of the group, but the intervening interaction through written and electronic mechanisms.

When reducing transfat, important in the consideration will be replacing them with healthy alternatives and avoiding the replacement of transfat with other components that would also present a risk to heart health.

The next meeting of the task force is scheduled for June 13 and 14, and the first day of that meeting is being dedicated to obtaining input from a wider range of interested stakeholders and obtaining advice from key experts on specific questions.

You will have noted that the commitment to work through a task force needed to also provide an opportunity for stakeholders to participate in the process while they may not directly be members. That first day is an important means of ensuring that all those who have an interest have an opportunity to share with the task force the information, evidence, and interests that they have as the task force works forward.

The second day of the meeting will then be used to integrate the information received to begin that process of identifying options and determining the next steps. It's anticipated that in early September the secretary to the task force will deliver the first draft of final recommendations, and again a round of public consultation will be undertaken, including the identification of specific issues as necessary, before the task force meets again in October with the intent of selecting a strategy and finalizing its recommendations.

● (1220)

Madam Chair, let me conclude by noting that the work of the task force complements the work that the department had already undertaken in its introduction of nutrition labelling regulations, Canada being the first country to introduce mandatory nutrition labelling requirements that included the declaration of transfat on prepackaged foods. Not only do these regulations help consumers make healthy food choices, they also serve as an inspiration to the industry, if you will, to think about what the package says about the product in the package. As you yourselves have noted, as it relates to transfats, a number of companies have pursued reformulation in order to reduce the transfat content of their products. Individual efforts are to be commended, but of course the aim of the task force is to achieve a much more comprehensive reduction in terms of transfat.

Madam Chair, I'll conclude there. We look forward to the discussion. We will share with you any information that we have as we continue, because the minister has committed to keeping this committee informed on progress.

Thank you.

The Chair: Thank you very much.

We interrupted our speaking order at the end of the last meeting, and some people have not had a chance to speak yet today. So I'm going to begin with Madam Demers.

[*Translation*]

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

I note here that in your draft terms of reference, you plan to advise the food processing and food services industries on interim strategies “to eliminate or reduce processed trans fats in Canadian foods to the lowest level possible.”

Your terms of reference also call for the Task Force to formulate “recommendations regarding public education and labelling, in order to enable consumers to play a role ” in reducing their own trans fats intake. Do you plan to table these recommendations by the summer? We're well into spring. In fact, the month of May is already upon us. Why is it taking you so long to table your recommendations? Can we expect to see them by late spring or summer?

It is a fact that trans fats affect women the most. Many women struggle with excess weight and obesity can be linked to trans fats. The incidence of obesity is growing at an alarming rate. Rising health care costs can also be linked to obesity. As well, obese women run a greater risk of being stricken with breast cancer after menopause...

As part of your recommendations, are you planning to call for different strategies to educate the public about trans fats, saturated fats and polyunsaturated fats? Do you have some idea of what these strategies might entail?

[*English*]

Ms. Mary L'Abbé (Co-Chair, Trans Fat Task Force and Director, Bureau of Nutritional Sciences, Food Directorate, Health Products and Food Branch, Department of Health): Thank you.

I guess I would like to clarify the thinking. We had some discussions at our previous meeting about that, knowing it was one of the deliverables that was expected from the committee. The committee's view on this one is that we want to show some early progress, because we all recognize the objective. Regulatory changes, or whatever the final recommendations are, take quite a long time to introduce, and we want to have some early ways to increase Canadians' awareness and knowledge about transfats.

The feeling was that it is an important role of this committee to build on the initiatives, such as the work of this committee, the motions of Parliament, to ensure that we have several tools already in place—for example, nutritional labelling, industry maybe doing reformulations. What we really want to do is to have some early increased awareness of transfat. There's much we can do in terms of making use of what we already have in place, such as nutritional labelling, which is becoming mandatory this December. We can make use of these types of programs so that consumers are aware of transfat, aware of the health risks associated with transfat, aware of the types of labelling they can look for, look for products that advertise zero transfat, low transfat.

It is really hoped that this spring the types of recommendations that would come out would be those types of recommendations that would broaden the awareness of this issue, increase consumers' ability to identify foods with transfats, and what to look for. Those are the types of initiatives the committee was hoping to address this spring.

● (1225)

[*Translation*]

Ms. Nicole Demers: Will you be presenting your recommendations this spring?

[*English*]

The Chair: This task force has just been set up. They've only met once. It's only beginning, so they won't have any recommendations.

[*Translation*]

Ms. Nicole Demers: Considerable work has already been done on this front and, as Ms. L'Abbé was saying, it's quite possible that the Task Force will be ready to make some recommendations.

The Task Force only met in April. It must know whether or not it can meet its targets. That's all I want to know. Your Task Force, not I, set the objectives. That being the case, you must have some way of knowing whether you'll be able to meet these objectives.

I'm not trying to trick you. I merely want to know if you have an idea of how long it will take before some serious recommendations are put forward. You yourself stated that a considerable amount of progress had already been made. Companies such as Lays have stopped using trans fats. Can the Task Force formulate some serious recommendations for the public so that the committee can get down to business?

[*English*]

Mr. Paul Mayers: Thank you for the question.

It is certainly true that there is already a very useful information base to build on. However, for the committee itself to be comfortable in formulating recommendations, it has to have some time for discussion. That is why an ambitious but not impossible deadline of late spring was identified, recognizing that while we always hope for the weather to not look like spring by the end of June, that is really the late spring timeframe that we envision, when we would have real recommendations.

The task force certainly doesn't have enough time to create completely new approaches—and that is not what you're suggesting—but it can consolidate the information that's already available into a clearer stratety, in which we can take advantage of nutrition labelling and determine how best to complement that with the information that Canadians have available to them, to assist Canadians in recognizing both the challenge that transfat represents in terms of health and some of the strategies that they can begin to employ to reduce their transfat intake already, even in advance of any regulatory mechanisms for achieving further reductions.

I do believe that the work of the task force is very consistent with your suggestion, but they do need some time to actually craft those and present them to the minister.

[*Translation*]

Ms. Nicole Demers: How much time, approximately?

[*English*]

The Chair: I think they have a timeframe.

Mr. Paul Mayers: The timeframe would be late June for the recommendations, and hopefully quickly thereafter moving to then implement those.

Ms. Nicole Demers: So you will meet your objectives. That's very good.

The Chair: Thank you, Madam Demers.

Mr. Martin.

Mr. Pat Martin (Winnipeg Centre, NDP): Thank you, Madam Chair. I didn't know I'd be up so early.

The Chair: We're in a slightly different mode right now.

● (1230)

Mr. Pat Martin: Thank you so much for the work you are doing. I find it very gratifying to be having this conversation with you today.

I have to start by expressing some frustration with the pace. It was November 18 when the minister asked that this task force be struck, and you spent five and a half months just getting the terms of reference in place. By anybody's measurement, this is glacial progress. That doesn't say to me that there was any enthusiasm or urgency associated with this. I wouldn't have tolerated that pace in any department that I ran.

I am also worried about the tone and the content of your brief today. The emphasis seems to be on public education, like labelling, which is already in place. This is Health Canada's original approach. Only as a secondary matter are we looking at regulatory options. That's what you said in your remarks. That's the tone. But I am hoping to hear an announcement that work has been done, and that we as a committee are getting close to whether it would be 2% or 2.5%. That's the stage I thought we'd be at by now.

You only got your terms of reference and guiding principles together on April 1. I don't know how you explain this. We were excited here. It doesn't seem that you shared our excitement if that's how long it took you to get simple terms of reference together.

I'm not trying to be critical. I'm trying to be optimistic about this being on track. But I am disappointed. We don't want you spending your time helping the public avoid transfats. We want you to find a way to eliminate transfats to the lowest level possible. How do you fast-track it from here?

Mr. Paul Mayers: We're in agreement on the objectives, and we share your view.

Mr. Pat Martin: What is the objective? Regulatory?

Mr. Paul Mayers: The objective continues to be—

Mr. Pat Martin: Elimination?

Mr. Paul Mayers: Virtual elimination. We recognize that some transfat occurs naturally, so complete elimination may not be possible. We share that objective.

The mechanism of achieving that objective through the work of the task force we recognized right from the beginning would involve two tracks. One of those tracks, which we continue to believe is legitimate, is consumer awareness. The second track is a commitment to a clear regulatory framework.

Mr. Pat Martin: I recommend that in the interest of time you skip your first track, because that's already done.

● (1235)

Mr. Paul Mayers: If we were to skip that track, it wouldn't necessarily shift the timelines. We want to be sure that the regulatory framework recommendations don't simply move the focus to other mechanisms that don't improve heart health.

Mr. Pat Martin: If that were really the emphasis, you might be loaded up with more scientists and fewer government officials on this committee. You have only three scientific experts capable of helping you with the reformulation question. What product are we going to suggest would be safer?

You have six from industry, some of whom are foot-draggers. We know this. You have six from government and six or seven from the voluntary NGO sector, some of whom are presumably industry representatives from the restaurant association and other such groups.

It seems it's stacked. I really wish we would get off this idea that education and labelling is a factor. The whole reason for putting this bill forward was that labelling is not good enough. Education won't do it. It's not okay to put poison in our food just because it's properly labelled. That was the premise we started from.

Ms. Sally Brown: Mr. Martin, perhaps I can speak to some of that. We were slower getting off the mark because of some other priorities on the minister's desk. And that happens, as you're aware. So we're aware of that, and aware of what that did in terms of truncating our timelines. We're very aware of the need to meet the commitment. So while there might have been a slower start, there won't be a slower finish.

There is a need to have this second track of public awareness and labelling. That's not what the task force is spending its time on. We hardly talk about that at all. The task force is spending its time on the key issues, which, as you know, are the key challenges: where are the workable substitutes for the products that currently contain the high levels of transfats; what are the products that contain the high levels of transfats; and how are we going to deal with the consumer issues the change is going to make, which relate to, as I'm learning a lot about, the taste of the food, the texture of the food, and the shelf life of the food.

These are all the things we have to take into account, because nobody wants consumers to revolt on us. On the other hand, where are the substitutes, where are they currently, and where might they be in the future?

So we need to do quite a bit of analysis. We fortunately have capacity in Health Canada to do that analysis. I want to assure you that the task force itself spent almost the entire last meeting educating a number of the task force members about the current situation with respect to where the transfats in our food are, what products they are in, where the current substitutes for those products are, and where they might be in the future. We all needed to be brought up to date on that.

Mr. Pat Martin: But you've only had one meeting.

Ms. Sally Brown: We've only had one meeting face to face, but we have been meeting by teleconference and by other means. We have been dialoguing with committee members that bring a certain level of expertise. They've been doing some side work. We recognize that we can't always work through a face-to-face meeting. It's very difficult to get the task force together at the same time, but we are working through various methods to get this work rolling. We're doing a survey of our task force members next week. We've been working with some of the other departments that have information—Paul might be able to speak to that. Agriculture Canada has done some background research for us; they've prepared some reports that we have and we'll be looking at.

So it's not just the members of the task force who are working on this. The creation of the task force has, of course, catalyzed a lot of effort across the system.

There are some complex issues we're dealing with. I should say, too, that while it looks like there are only four scientists on the committee, some of the industry representatives and in fact some of the representatives from the NGO community are scientists in their own right and bring some expertise. We made a decision as a task force to allow observers, or what we're now calling resource people, to sit in on the meetings. They're not to provide their personal opinions, but we can turn to them for expertise. And we certainly have done that with several of the members from Health Canada, Agriculture Canada, and the Canadian Food Inspection Agency. We're making sure we have the expertise in the room that we need.

The Chair: Thank you.

Thank you, Mr. Martin.

Mr. Fletcher.

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

I want to start by congratulating the Heart and Stroke Foundation for bringing this to the public's attention, in particular since it's a volunteer organization, by and large. There are a lot of organizations like the Heart and Stroke Foundation that put a lot of time into efforts like this, and sometimes they don't see the fruits of their labours.

I'd also like to congratulate Mr. Martin—Pat Martin, not the other Martin—on taking up the cause and bringing it forward in the supply day motion to the House. I remember meeting Pat on an airplane, when we first discussed this. He educated me and made a case. We had a long discussion in my office one night to come up with some wording that I could bring to the Conservative caucus. He was very open to that. We all share the same goal, which is to have a healthy Canada, and we also worked across party lines.

So not only did we have the success of a volunteer organization outside the government bureaucracy bringing the agenda forward, we also had members from all parties working together. So in a way, it's a model, hopefully, for future cooperation.

Now, having said that, I'm just looking at the people who are on the committee. One of my hopes is that the substitute for transfats will come from the canola industry, or an industry like that, because a lot of people in my province and in Canada are canola producers. I'd like to see an economic boom in that respect. But I don't see anyone who's explicitly or implicitly involved in what could be alternatives. Now, perhaps they're hidden in the details. Would you be able to flesh out who's doing the research or what the alternatives could be, and who's representing those interests?

● (1240)

Ms. Mary L'Abbé: Thank you very much.

I'll address this briefly. I think it's best to point out that we have quite a broad range of expertise. We have some of our industry representatives. We have representatives from the vegetable oil industry association, which covers a broad range, right from the growers who are innovating in terms of the varieties available, to the oilseed producers and processors, so they have quite a bit of expertise in the alternatives.

We have expertise in our committee from one of our members who was nominated by the expert committee on fats, oils, and other lipids. This person is actually a director of one of the major oilseed producers in Canada, which has by far the largest share of the oilseed processing in the country. As well, a number of our academics have worked with many of the oilseed industries in previous years—I'm thinking particularly of our secretary—in terms of assessing the health effects of a variety of fats and oils and lipids in the diet.

So we have people who are dealing with the production of the oilseeds, the processing of them, as well as several of our academic members who have actually done work in assessing and feeding a variety of fats and oils and lipids and assessing the health effects. So I think we do have that broad range.

But as Sally had mentioned earlier, one of the very first commitments the committee made in discussions was recognizing that there are some information gaps that we may have along the way as we're trying to address our mandate. The committee members are very open that when the information is needed, if it isn't available within the committee, they will go out and seek it. That is a principle under which the committee is also operating: if we don't have the information, we'll go out and seek it as well.

Mr. Steven Fletcher: Canola, by the way, was invented at the University of Manitoba.

I only have a couple of minutes. One of the push-backs I've heard when helping navigate through this is freedom of choice. People say that if they want to eat transfats, they should be able to, and that people do things that are harmful to themselves all the time. People smoke and use illegal substances. Alcohol is a legal substance, but it's not for children.

One of the compelling cases is that often children are exposed to transfats—it has caused a lot of problems in our youth—and they don't really have a choice. So I wonder if any thought has gone into having a subcommittee of the task force on the marketing of the importance of the implementation strategy, because having buy-in from the public makes it easier to implement the strategy. I think it would also go along with the education and other things you've mentioned, showing that there are other reasons to implement it, that we're not just talking about adults, that there are people who are vulnerable and may not be as educated on this.

Finally, there is the economic impact. Some people say it is going to cost a lot of money, but if the alternatives can be more productive for the Canadian economy through the production, say, of a new canola.... There would also be health savings in the health care system, because prevention is one of the key things that will save our health care system.

Thank you.

● (1245)

The Chair: Thank you, Mr. Fletcher.

Now, Mr. Savage.

Mr. Michael Savage: Thank you, Madam Chair.

It's a pleasure to follow the member from Canola. I think he put forward a good case.

It's a pleasure to have you here today. I must be allowed to indicate a particular pleasure to see my old friend—I shouldn't say old friend—my long-time friend, Sally Brown, from the Heart and Stroke Foundation.

I think what we see here is that government doesn't have to, by itself, solve all the problems of the world, and sometimes I think government tries to.

We have organizations like Heart and Stroke that Mr. Fletcher referred to, made up largely of volunteers, with very dedicated staff people who really get into issues and show a lot of competence and leadership on this. I want to commend, in particular, the Heart and Stroke Foundation for the work they've done here.

I had hoped that the Heart and Stroke Foundation might have been here before this to discuss one of the three priorities that our health committee set last fall, which was the introduction, perhaps, of a national wellness plan. That's about 15 miles away from anything we've been able to get at yet, but I hope that some day we do get to that.

I also want to congratulate Mr. Martin, who has brought this forward to the House. I had indicated that I supported his original plan. I am glad we came up with a solution that brought general consensus from the House, but I think Mr. Martin's anxiousness to move on this is evident today, and I understand that. But I'm not as pessimistic. I think there are a lot of things we can do. I think this task force will do great stuff.

That's a Robert Thibault preamble, which I don't usually do, but since he's not here....

The Chair: You're representing Nova Scotia.

Mr. Michael Savage: Yes, that's right.

We have in Nova Scotia Jane Farquharson, who's a champion of health promotion and nutrition with the Heart and Stroke Foundation, who I'm sure Sally would acknowledge is a leader in this area.

But having said that, what kind of reaction are you getting from industry, the people who are going to be affected by this? Is this going to be a very difficult thing to sell? Obviously, I know the Heart and Stroke Foundation has done things like health check with industry before, which has been voluntary. What kind of reaction are we getting to this from industry?

Ms. Sally Brown: Thank you, Mr. Savage. It's lovely to see you again, as well.

I should thank Mr. Fletcher and say how pleased we are that the government has put together a co-chaired task force. A voluntary organization that gets to co-chair a public policy initiative with the Government of Canada is not something that happens very often. I think it's actually a good model. I want to thank the Government of Canada for doing that.

Industry is concerned. I think there is no question about that. They have certainly welcomed the fact that this is not going forward without consultation and input. They are very gratified by that. They certainly feel that their concerns need to be adequately addressed, and the task force also believes that.

As you know, a number of your Senate colleagues, such as Senator Keon and Senator Morin, also put some work into this. The Heart and Stroke Foundation had organized a consultation session with industry, and with Senators Keon and Morin, before this task force was formed. We had a lot of good feedback from industry. They were pleased that they had been brought to the table to present their views. We also had feedback from Senator Keon, who, as you know, is a cardiac surgeon. He said there are some really legitimate concerns that we have to take into account if we're going to make good public policy.

I think that's the philosophy on which we're moving forward. I certainly think that, as co-chairs, we have to keep the objective in mind, which is to not reduce transfat to some level that is still a health risk; it is to reduce transfat and to virtually eliminate transfat in our food. How long that will take us and through what mechanism is what we're putting our minds to, but I certainly feel that there's a consensus with industry and non-industry partners on where we're going. I think it's a very productive partnership.

● (1250)

Mr. Michael Savage: It has to be done ideally with the cooperation of industry, but not necessarily.

Ms. Sally Brown: I think that is probably true.

As you know, Mr. Savage, you can't paint industry with one brush. There are very many innovative companies out there that are moving with alacrity to reduce and eliminate transfats in their food.

As Mr. Fletcher pointed out, there are also concerns among the industries, the seed growers, and the oil producers, where it's not only a matter of two or three of product lines that are involved, but it is the entire product line that is involved. Those are legitimate concerns, both to Canada and to these industries, that need to be taken into account.

We need to ensure that we're keeping our eyes on the ball, which is the objective that Mr. Martin ultimately brought forward.

Mr. Michael Savage: Good luck.

Ms. Sally Brown: Thank you.

The Chair: Mr. Carrie has a question.

Mr. Colin Carrie: I also would like to thank the Heart and Stroke Foundation and Mr. Martin for bringing this forward. It is something where, as elected politicians, we can show that working together for the health of Canadians is such a wonderful thing.

I wanted to talk to you about something that is close to my heart. We eat a lot of doughnuts in Oshawa. I'm probably one of the biggest eaters of doughnuts.

Mr. Savage brought up different industries and cooperation. I now see advertising for transfat-free potato chips. They're really working toward moving to eliminate that. Do you see it more as a voluntary thing, or are we going to have to legislate this? Where do you see us going in this regard?

Mr. Paul Mayers: My sense is that there's going to be a combination of issues. Will there be a regulatory framework at the end of the day? I expect so. I think that's appropriate, because we may not get the comprehensive coverage if we don't have a regulatory mechanism. That's why the work of the task force is so important. I want to note that the work didn't start with the task force; it started with some of the consultative work that the Heart and Stroke Foundation of Canada was doing.

If we are going to end up with a meaningful approach that allows products to be in the marketplace, then we're going to need alternatives. It's unlikely that all of these products are going to disappear. The option of preparing doughnuts using highly saturated fats doesn't impress us as being a major public health improvement.

The task force has focused on the risks and benefits of alternatives, on being able to work with the industry—not only at the production end, but right though to the point of sale. This way people are able to say why these fats are used. This allows us to assess alternatives with some assurance. If the consumer chooses a doughnut, it is going to have the taste and mouth feel that they have come to enjoy. We're not going to advise them to eat doughnuts every day, but we recognize that pleasure foods are occasionally going to be consumed. We want to minimize the negative impacts of this consumption.

Mr. Colin Carrie: Have you found that certain industries are more open minded about this? I commend you on raising awareness about the issues of transfats. Are some industries more resistant to change? How is it going?

Mr. Paul Mayers: I think there's quite a broad level of recognition. Some realize the challenge is going to be bigger in their industry than in others, because the functionality is so associated with the fats in the product. The baking industry is a good example. But it also represents an incredible opportunity for innovation, and we can only benefit from it. If Canada ends up with an effective regulatory strategy, an effective means of raising consumer awareness, and an effective response on the part of the industry, then we will have a complete package that's marketable beyond our borders. We're not the only ones whose health is affected by these matters.

● (1255)

The Chair: On behalf of the members of the committee, some of whom had to leave for other responsibilities, I want to thank our witnesses for coming. I do not envy the co-chairs of such a huge task force. I think of a task force as five people getting together to deliver results quickly. So, like Mr. Martin, I have my concerns. Is this task force assembled for their expertise, or for their ability to mobilize others once the recommendations come out? It seems to me you could have had a task force of five to do the work, and assigned the promotion to another group. Now you're tied up with many people trying to make decisions. This could get in your way. I wish you well, but with a team of 30-some-odd people, deadlines are difficult to meet.

We had been asked to evaluate the suggested membership and the terms of reference. But because we were tied up with legislation, which always takes precedence, we haven't been able to do this. If we had, you might have found your work shaped quite differently.

I would hope to motivate Ms. Brown, who represents the Heart and Stroke Foundation, not to get too tied up with the slow nature of Health Canada and to be determined that the science and the goal, as recommended by Parliament itself, be strictly adhered to. I hope she will not to get too caught up in trying to seek cooperation from recalcitrant industries. In other words, I don't think you're going to accomplish this without regulation. Everybody will be trying to suggest to you that cooperation is so much better and to urge you to hesitate on the regulation front. I in turn would encourage you not to be fearful of regulation. This committee will support you.

Thank you very much for coming. We wish you well in your deliberations.

Thank you, Mr. Martin.

This meeting is adjourned.

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