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Chair

Mr. Rob Merrifield

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• (1535)

[English]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I call the meeting to order.

Could we have members take their seats and we'll get on with the presentations.

This is the seventh meeting of the childhood obesity study.

We want to thank the presenters for being here. We actually have two panels today and we are looking forward to each of your presentations as well as the questioning.

I will start by introducing the Canadian Medical Association. We have Dr. Colin McMillan. Thank you for coming. He's accompanied by the secretary general and chief executive officer, Mr. Bill Tholl. Thank you for being here as well.

From the Canadian Paediatric Society, we have Dr. Claire LeBlanc. It's good to have you here, as well as Marie Davis. Thank you for being here as well.

We'll start right with the presentations, and first up is the Canadian Medical Association. Dr. McMillan, the floor is yours.

Dr. Colin McMillan (President, Canadian Medical Association): Thank you, Mr. Chair.

Ladies and gentlemen, thank you for hearing us today. It's a pleasure to join our colleagues from the Canadian Paediatric Society to make this presentation on this vital area of public health concern.

I am a full-time practising physician from Atlantic Canada. I deal mainly in the area of adult cardiology, but I see a lot of pediatric patients who graduate to the adult population. I am also the proud father of five children, so I have a great concern over your issues about your policies, your constituents, and our patients.

I'm also joined by our chief executive officer and secretary general, Mr. William Tholl. Both he and I look forward, with our colleagues, to the dialogue today.

The general thrust of our message is going to be threefold. First of all, all of us feel we can do better for our Canadian children. Secondly, when it comes to the health of our children, we feel government must use every policy lever at its disposal. Thirdly, the area of your study—the combination of nutrition and exercise—really presents a public health challenge almost analogous to the challenge of tobacco use, and I think it has to be dealt with just as vigorously.

Since the facts of the situation are known to you, have probably been presented by others, and you'll be hearing more of them, I'm going to the area of trying to deal with perhaps some ideas and recommendations that you might consider in the context of the federal government role. We feel a joint strategy on healthy eating and physical activity must focus both on adults and children, since the factors that have created the epidemic are society-wide. We feel a comprehensive strategy is needed to combat the epidemic of obesity that threatens our nation. This requires actions at all levels of government and involvement and participation at all levels of stakeholder. We think the federal government has potentially three distinct policy levers it can use to address this problem: economic policy; communication policy; and regulatory policy, alone or in conjunction with other levels of government and society.

In relation to economic factors, we think we could follow the lead of other countries and some of the provinces that are looking at fiscal measures to promote the availability of and access to healthy food. Addressing childhood obesity requires that we take steps to encourage Canadian families to incorporate healthy eating and physical activity into their daily lives.

This does not always come cheaply. We all know that in some parts of our country, fresh food may not be available or may be priced out of people's reach. Yet you can be sure that high-calorie, nutrient-poor junk food is available everywhere for well below cost and is prominently displayed at fast food restaurants and convenience stores.

We could also follow the lead of other nations that use taxes to influence food consumption, or countries that use public funds and subsidies to promote access to recreational and sporting facilities in underserved communities.

There is clearly no simple answer. There is not a simple drive-through option. In fact, we feel our country must examine all options.

Recently, we participated in a government forum on using selective tax credits to promote or provide an incentive for physical activity. We suggested three themes in that context. One was that tax credits for physical activity should be broad in scope and not limited to organized sports alone. Tax credits should target community-based programs that promote physical fitness in at least one of the three activity groups of Canada's physical activity guide, namely endurance, flexibility, and strength. And thirdly, the tax credits could be targeted and tailored to those most at risk. A tax credit for physical activity is but one example of an economic policy that, in the case of an incentive-based program, could address this problem.

We also think governments need to use tax incentives to remove barriers and to promote access to healthier foods. In targeting the use of incentives to remove barriers to healthy food and physical activity, tax disincentives—the flip side of the incentive coin—shouldn't be overlooked.

Using tax disincentives to encourage healthy eating is not a new or extreme concept. In fact, none other than the World Health Organization first proposed three years ago that nations tax junk food to encourage people to make healthier food choices. The American Medical Association is about to demand that the federal government levy health taxes on America's soft drink industry. The Clinton Foundation in the United States has convinced some of the junk food industry to examine their policy and distribution in school-related foods. At least eighteen of the United States have some form of snack food tax in place, and five have proposed policy and legislative recommendations.

● (1540)

Here at home, the governments of both British Columbia and Quebec have expressed recent interest in some form of junk food tax, and I am reliably informed that at least one additional province, possibly Manitoba, has that under consideration as well.

Yet even as these measures are proven effective by falling smoking rates, critics of these measures continue from the sidelines to call this social engineering. We do not consider this a valid argument. Canada has become, in part through government effort, a leader in tobacco control, and it is past time we show the same leadership in the future when it comes to controlling obesity, particularly childhood obesity.

In the area of communications, federal policy levers could be used to combat obesity through regulatory policies. The average North American child is inundated with food advertisements, and our colleagues appearing with us today have estimated that approximately 95% of these advertisements are in the area of junk food. Simply said, billions of dollars are expended each year on junk food advertising specifically directed at children.

Recently, researchers south of the border have concluded that fast food ads on television contribute significantly to this epidemic. They've also estimated that a total ban on fast food television advertising could cut the number of overweight children by at least 10% in the age range of three to eleven, and possibly higher in the age range of twelve to eighteen.

Countries such as Sweden have long banned fast food advertising aimed at children and have a much lower level of childhood obesity. The province of Quebec has similar prohibitions, with similar results. This is another area where we could simply do better.

We would also call upon the federal government to restore funding for public campaigns that encourage Canadians to be active and promote a healthy lifestyle. Public education can be a central element in any comprehensive strategy.

The third area I would like to touch on briefly is how the federal government can put in front of Canadians the information they need to fight obesity. I'm talking about the need for the federal government to consider use of its regulatory authority under the Food and Drugs Act to require appropriate labelling—and I gather

that you will hear of this later. An educated consumer is simply one of our best defences against childhood obesity, yet Canadians don't always have the necessary information to make informed choices.

Health Canada has recently improved product labelling requirements, but so far, many Canadians are still exposed to potentially misleading nutritional information, particularly in advertisements and promotional material. Health claims made for food should be strictly regulated to ensure that they are based on the best scientific evidence and are actively communicated to consumers.

Food advertisements could be pre-cleared before airing in the media, and the provisions against deceptive advertising in the Food and Drugs Act could be strengthened. Brand-specific advertising is a less than optimal way of providing health information to consumers, and we owe it to Canadians who are seeking quality, objective scientific information about healthy eating to provide them with this valuable information.

Labelling is another area where we can do better. We need more programs where health professionals, industries, and government work together in the interest of informing and educating consumers.

In conclusion, in this area, I want to stress that when it comes to the health of our children, both in nutrition and exercise, the government should use every policy lever at its disposal with the same vigour that it has done in relation to the tobacco issue.

Governments have a critical role to play in helping their citizens make healthy choices. First, all levels of government, in cooperation with other stakeholders, must develop, implement, and maintain a broad, comprehensive approach. One-off policies don't work. Secondly, as I've outlined, governments have policy levers at their disposal, and they should be bold enough to show leadership and use them. And finally, the education of our population and denormalization of unhealthy behaviour is the key. The more our citizens know, the more they are empowered to make intelligent decisions.

I'd also conclude with some observations about health stakeholders and our need to do our part. We as an organization are working with our health partners, our colleagues with us, in preparing a health summit on the issue of childhood obesity and child health in the areas of risk. We have recommended changes to the medical school curriculum to address this important subject.

● (1545)

At the ground level, physicians continue to build networks with other health care providers, educators, and patients, so that they are referred to the services most appropriate to their needs.

Finally, I would be remiss if I didn't point out the unique challenges faced by our aboriginal populations. Over 60% of aboriginal children are considered overweight or obese. Any effort to combat childhood obesity, particularly by the federal government, must take this into consideration as an urgent need. We have been requested to meet with aboriginal leaders on this topic and plan to do so in the near future.

In closing, I would emphasize that this summer at our annual meeting we discussed the health of our children as a major priority. In the short time I have been president, more than 50% of the media requests, particularly but not exclusively in Quebec, have come to us in this area, much more than on the private-public question or some of the other areas we're addressing.

We congratulate the committee for undertaking this study and for looking at ways of doing better for our Canadian children.

Thank you.

The Chair: Thank you. You are to be applauded. Doctors right across this country are taking on this initiative. We thank you for the work you're doing.

We look forward to the day when you will prescribe food and activity, a grocery store and a gym, rather than medicine from a drug store. But we'll leave that for the questioning. Thank you for your presentation.

We will now move on to the Canadian Paediatric Society. Dr. Clare LeBlanc, the floor is yours.

Dr. Claire LeBlanc (Committee Chair, Healthy Active Living Committee, Canadian Paediatric Society): Thank you very much.

On behalf of the Canadian Paediatric Society, I really want to applaud all of you for being here today to take the opportunity to listen to me, a pediatrician; my society, which acts on behalf of children; and my colleagues at the Canadian Medical Association. Together we are really trying to do something to impact the health and well-being of children in Canada.

I don't have to tell you, because you already know, that we have an epidemic of childhood obesity in Canada. This is not unique to Canada and is occurring worldwide, but I believe that Canada is unique in that it has an opportunity to be a leader in this field, to really make a difference at a national level.

This can be accomplished here in Canada before it can ever be accomplished in other countries because we have very good leadership at all levels. So hear me out as I speak to you as a pediatrician on behalf of children and the pediatricians I represent all over Canada about why I think this is an issue and why we really need to do something together.

We know that children are more obese and overweight now than they used to be over 25 years ago. The statistics show that it used to be 15%; now it's 26% or so. We know that there are some children in Canada who are suffering more than others. They seem to be children who have lower socio-economic status, are in aboriginal or native-Canadian populations, and are landed immigrants who have been here for at least 10 years or so. As we strike to make a difference in the lives of our children in the future, we have to make sure all children are reached.

Why are kids overweight and obese? I wish we had one single answer for that. It appears that there is contribution from the intake of inappropriate high-caloric-dense foods—too much soda pop, too many sugar-containing juices, etc.—and not enough infant breastfeeding, but it's beyond that as well. Children have become used to being less active. There are tons and tons of opportunities in Canada and worldwide for children to make their thumbs very active, but not their physical selves. Children have opportunities to watch television and play video games, and they're not active.

I can tell you anecdotally that I had a parent come to me and say, "What do I do? Janey and Johnny are fighting over the Nintendo machine." I was a little bit alarmed when they said they had found a resolution by buying two machines rather than limiting the amount of time on it and sharing. So we have to bear in mind that parents have an opportunity to be good educators and good role models for their children, not just in healthy nutrition but also in sedentary activities, because we know that kids are not as active as they used to be.

We know that children tend to be less active as they get older, and girls are less active than boys. Not only are they less active in terms of minutes, but they're less active in terms of intensity of activity, and they begin to be less active much earlier than boys. So whatever we decide on as a group to definitely attack this problem, we have to make sure we reach all genders and age groups in terms of activity, sedentary activity, and appropriate nutrition.

When I was in training I had never heard of type 2 diabetes, except as what you'd expect adults to get, but now I'm seeing this in my own office. I'm seeing it in kids in the tween age group, and I'm having to counsel parents with children who are three, four, and five years of age who are starting to show signs of developing the kinds of diseases we used to say only happened to adults. If you can imagine that our children are doing that now, what are they going to be like when they reach adulthood? Is it true that our own children will not live as long as us? Can we afford to let that happen?

We used to say that as physicians the most important thing was to make sure we taught parents and children to adopt healthy lifestyles, eat the right foods, be active, and not smoke. But that doesn't seem to be enough. This problem is far beyond what I can do as a physician. I'm trying. I'm trying really hard, and I can tell you that as a member of the Canadian Paediatric Society we have developed initiatives to help physicians in their offices counsel parents and families on how they can adopt healthy lifestyles.

• (1550)

We have also developed a network of champions across Canada, pediatricians and family physicians who are working with us to develop strategies in the office setting to help families out.

We are also working with hospitals to make hospitals healthier places to work, and healthier places for patients to be admitted, because right now we're part of the problem too.

So whatever strategy we create, whatever we do as a group, we need to be crossing all aspects of society. This is not something that is just something a physician can do. It's way beyond that. We need to attack it at the federal level with terrific leadership, which we know we have, at the provincial level, at the municipal level, and indeed well beyond that in the communities, to the families, to the physicians, to the community leaders, so that we're embracing this and changing our current obesigenic environment to one that is healthy, active, and promoting healthy lifestyles.

I think there are a number of areas that need to be addressed when we talk about changing an obesigenic environment. I wish to tell you today that I had a pill—I wish not to call it a pill—that would fix this problem, by golly it's gone and, wow, nobody has to worry about this any more. And sometimes parents come in asking for that.

Do you know what? There is no such pill. There is no quick solution. And the solution is not one answer; it's a myriad of answers. We really have to take this as a policy that's going to encompass many different strategies.

I absolutely applaud my colleagues at the CMA because they address the needs of all the Canadian population from cradle to grave. We, as pediatricians, obviously have a specific place in our heart for children, infants, and youth. I think it's extremely important that as we create strategies to make a difference for all Canadians, whatever strategies we come up with, whatever we decide to do, we make sure that children's issues are taken as a very important step. Many of the strategies to combat obesity in Canada are secondary obesity-related strategies. Once the adult becomes overweight and obese and is struck with type 2 diabetes, or hypertension and what have you, you are basically using health dollars to get those individuals well. What we have to do is attack the problem before it starts. Prevention is key.

From our perspective, we believe it's important for the federal government to ensure that children and youth have a special focus in the implementation of a national pan-Canadian health strategy. And I would encourage as well that information come from youth themselves. They have a lot to say, and it is in fact them who we are talking for. Should we be? Shouldn't they be at the table? I think so.

We need to make sure we provide funding for municipalities to promote healthy, active living through local programming, especially for children and youth. We should reinstate a federal physical activity contribution program to allow the voluntary sector to help Canadians integrate physical activity into their daily lives. And we should continue funding research that will allow us to identify the issues and treat this problem, and especially prevention strategies that begin in infancy and youth.

We do need to make sure that the national recommendations through the physical activity guide for children and youth in terms of physical activity itself and of course Canada's food guides are widely disseminated and made available to those who require them.

We need to improve accountability from advertisers who are targeting children. Remember that most of the commercials shown during children's programming are for fast foods, soft drinks, candy, etc., whereas only 4% are for healthy food choices.

And very importantly, we need to make sure that we identify and develop culturally based community-run programs, whether they be diabetes prevention or obesity prevention, for our first nations population, and bear in mind also our landed immigrants and what we have to do specifically to address that population.

•(1555)

We would like to encourage you to work with us to ensure our children and youth enjoy the benefits of healthy living. Our health care system will not sustain the burden of more than half a generation at risk for host diseases because of physical inactivity. It's time we looked at this as an ounce of prevention, because we really can't afford a pound of cure.

Thank you.

•(1600)

The Chair: Thank you very much for your presentations.

We'll now open it up for questioning, and we'll start with Dr. Carolyn Bennett.

You have five minutes.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thanks very much.

Thank you very much for the great presentations.

I want to confess from the beginning that as a family doctor sometimes maybe I didn't comment on obesity because I was afraid of...an eating disorder. In young girls we went through that phase where we were afraid that we were going to tip somebody over into anorexia. I just want to know whether there has been any work on what our reaction as physicians has been to that.

The other piece I would love to know is whether there are countries where kids have been involved. I know we didn't do very well on tobacco until we let the kids write the ads themselves. Adults writing for kids doesn't seem to work. Kids for kids...and the idea of de-normalization and the target campaigns. The kids really did a spectacular job once they were given the tools to do it for themselves.

My third question is this. In the operating room it's not possible to confuse two different chemicals or IV solutions because they're in a different coloured bottle or they're a different shape, or whatever. I have always had trouble with the fact that the bottles for juices are the same, whether they're 100% sugar or 100% juice. Do you think you should be able to put things in the same jar when actually one is fruit juice and the other is just sugar? It's not really a medical question. It's just that the engineers took over in the O.R. so that we as physicians couldn't screw up by hooking up the wrong things together.

Dr. Claire LeBlanc: In terms of making an obese young girl or obese young boy turn into an anorexia nervosa...it's true that there certainly is a spectrum of research groups out there that are concerned about the possibility that obesity is part of a spectrum of eating disorders. I think that is a very small component of childhood obesity, probably somewhere along the lines of 1%.

I think what is extremely important to bring home is that when we promote healthy lifestyles, meaning appropriate nutrition and physical activity, this holds true for people who have anorexia or who are obese. In other words, the same message applies. As physicians, we are not asking children to go on diets. We know that's not successful anyway and it's not a healthy option. What we're looking at is having all children adopt healthy nutrition and physical activity.

In terms of youth involvement, I think you're right. We have seen it in different spectrums, where youth are very effective at communicating with their own group.

What I have seen anecdotally is physical activity opportunities in community-based settings, where actually the youth are leading the little ones and the youth are actually running programs for the little ones. The little ones are so impressed with the youth because they want to emulate them, and the youth have an opportunity to teach the little ones, who really have their attention.

I think it's a really wonderful opportunity to bring youth to the table, because I think they'll bring a whole different spectrum, and also a refreshing spectrum, to this particular issue.

Ms. Marie Davis (Executive Director, Canadian Paediatric Society): In terms of other countries that have involved youth, I don't know of any examples around physical activity, but I'd be happy to look for that and get back to the committee.

Certainly in the EU, those countries that have children's commissioners or child and youth commissioners have started to involve the youth and the children of those countries much more in the decision-making. I have just come from a meeting where Britain's children's commissioner presented. He spoke about the richness of the youth involvement and how they've been able to help Great Britain look at its national health goals and actually make them as appropriate as possible. But I will undertake to look more into that and get back to the committee.

• (1605)

Hon. Carolyn Bennett: Marie, just before the bottle question—

The Chair: Ms. Bennett, one more witness would like to comment. Then your time is pretty well gone.

Hon. Carolyn Bennett: Okay.

Mr. William Tholl (Secretary General and Chief Executive Officer, Canadian Medical Association): I'd like to comment with respect to labelling and how you tell juice from sugar.

This is not something the CMA has done, but it's from my old job at the Heart and Stroke Foundation of Canada. You'll note that when you go into a grocery store now, you see the health check symbol. One of the things the health check symbol does is it looks at claims like low fat when it doesn't necessarily equal low sugar. We did some market research indicating that when moms go down the grocery aisles, they want to see a health check on the food so that they can say no to the Froot Loops, no to the Cocoa Puffs, and say to their kids, "You can have anything with a check mark on it."

My point is that you don't necessarily have to look to government regulation in all cases. You can also look to the not-for-profit sector

to maybe help out in determining what's a sugar versus a pure juice alternative.

The Chair: Thank you.

Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much, Mr. Chair.

Thank you to all of our presenters as we study this important topic.

With regard to the pediatric association, I was just reading that there is also the *International Journal of Pediatric Obesity*, which outlines and perhaps points to the significance of obesity in children. By 2010, half of all the children and adolescents in North America will be overweight.

I don't know if you've had a chance to see it, but in the July issue of *Maclean's* magazine there was quite an interesting article, called "Fixing Generation XXL". Among the innovations and entrepreneurial ideas, an individual has come up with a school out in California called the Academy of the Sierras. It charges \$5,800 per child, per month, to encourage and promote good eating habits and also weight loss. In this article—perhaps the chair could distribute it—a number of children who have actually gone through the program are interviewed.

I don't know if you're familiar with the program, but if so, perhaps you would comment on it.

Touching on William's point, what do you think the role of government, the role of stakeholders, and the role of health care professionals should be in moving forward and addressing the issue of obesity? By the end of our study of this important topic, we're going to have to put together a series of recommendations. Perhaps you could provide some insight and your perspective on what that role should be, and also comment on this innovative idea of the school that's opened up at \$5,800 a month.

Dr. Claire LeBlanc: First, we are aware of that program. I think you have to be cognizant that in any program that's tasked to deal with obesity in childhood—and probably the Sierras program is a little better than the most heavily touted research program, which has a success rate of about 45%—once the cat's out of the bag, it's very difficult to get the cat back in.

So I would still argue that primary prevention is the way to go, but you're right, since so many children and youth are affected, don't we need to do something about it? The particular Sierras situation is a very costly program, but they are very successful. One of the things we would like to see long term from that program is what happens when they go back into society. Is it a long-term solution or is this actually a quick fix? That's still not clear from a research perspective, in my estimation, from what I've been able to see.

I do think we're going to need to tackle both of these issues. It's just that, in my opinion and in the opinion of many other experts on this issue, primary prevention will go a lot further than trying to deal with it once it has happened.

Dr. Colin McMillan: I'd just complement that, Mr. Chair, by saying that our members tell us that families and children do listen to their family doctors and do listen to their pediatricians, and respect them. So our value added I think is really in the area of communication, not regulation and advertising.

The Chair: Thank you very much.

Madame Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Mr. Chairman.

Good afternoon. Thank you for coming and for giving us your views on childhood obesity. I also believe that it is a very important issue. I listened to your presentations very carefully.

Dr. McMillan, I would like to know if you are aware of the extended research work by Dr. Jean-Pierre Després. What do you think of his findings on obesity and childhood obesity? He believes that we must first diagnose the problem and then educate children and parents on how to count the calories taken in and the calories expended, what it represents, and so on?

Dr. LeBlanc, I have studied your documentation which is very well done.

If I eat a bran and carrot muffin and drink a glass of pure orange juice, I get 512 calories. Yet, it is supposed to be very healthy. However, I shall need one hour to spend those calories.

If we tell a child to eat healthy food and exercise, if he or she doesn't know what will be the final result, what's the point? The child must be informed and educated because otherwise he or she will tend to overestimate the number of calories spent through physical activity given that nowadays we do not move around much.

I would like to know your thoughts about this, Dr. McMillan and Dr. LeBlanc.

•(1610)

[*English*]

Dr. Colin McMillan: I'm not familiar with the specific research you mention. You do raise a broader issue, though, of the role of exercise in the broader public health.

I think there's a fair amount of literature on that, which indicates that rather than simply calorie expenditure, there are other mental and physical characteristics that are beneficial to people who exercise regularly. They tend to have fewer bad habits. They tend to have less osteoporosis. They tend to have fewer other things.

So it's only part of a comprehensive strategy, but we all know that the avoidance of obesity or a weight loss strategy that depends on exercise alone has certain limitations. With regard to the research, I think my colleague may know something that I don't.

[*Translation*]

Mme Nicole Demers: Thank you.

[*English*]

Dr. Claire LeBlanc: When we talk about dealing with children with regard to the types of foods they eat and the activity they take part in, there's a lot of focus on wearing a pedometer and the number

of steps a day and burning off a certain number of calories and not eating so many calories. I think I would be very concerned if we focused on specific calorie counts, or focused on specifically telling children how many steps to do a day.

I think the more important role we play as pediatricians is to encourage parents of infants and toddlers and young children to be eating healthy foods from the start, to be taking part in physical activity from the very beginning and to start doing things as a family. The family itself can go for walks. That doesn't cost any money at all. As the family starts to play together as a family, it's an opportunity for the child not only to be burning off calories but also to be bonding with the family.

So I would not want to focus so much on calorie counts and calorie burning, but rather on adopting healthy lifestyles.

The Chair: Thank you very much.

Mr. Fletcher, go ahead, please.

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

I really am keen to talk to you guys about trans fats, but it's dollars to doughnuts that my colleague Pat Martin will cover that topic in spades—trans-fat-free doughnuts, I hope.

I have a few questions. One is to Dr. McMillan. In the written presentation we have here, you said that products are available everywhere for little cost, but when you were speaking you said below cost. There is a slight difference in the wording but an important difference in the meaning, and I wonder if that was just a “speako” or if it was an actual point you were trying to make.

I have a question also for Dr. LeBlanc. I heard this morning that a school in Massachusetts has banned tag because they don't want students touching each other and they don't want them running around. It's all for liability issues. It just seems crazy. On the one hand, we have what you're saying and what we all think, but on the other hand, society is banning tag. They are allowing video games and creating alternatives in a competitive way that is beating out tag and other physical activities.

We're already there. We agree with you, I think; everyone on the committee agrees that prevention is the way to go. The problem is on the implementation and how to prevent obesity in the first place. I wonder if you could give us some examples of what this committee should have in its report that will lead directly to the prevention of obesity over time.

I throw those two questions out. Perhaps the CMA could answer, and then Dr. LeBlanc.

•(1615)

Dr. Colin McMillan: Are you talking about the top of page 4?

Mr. Steven Fletcher: It's page 2, under “Economic Lever”. It says, “...you can be sure that high calorie, nutrient-poor 'junk food' is available everywhere for relatively little cost...” and you go on, but when you spoke you said “below cost”.

Dr. Colin McMillan: I stand corrected, sir, but it is interesting that in the demographics of our society you have to have supermarkets competing with farmers' markets and nutritionally based foods and that sort of thing, and the entire layout in advertising is directed towards the unhealthy food.

Mr. Steven Fletcher: I would have been very interested if there were companies subsidizing very bad eating habits at an economic loss, but I'm glad to hear that's not the case.

Dr. LeBlanc, would you respond?

Dr. Claire LeBlanc: You know, we don't have to go to Massachusetts to realize that we're cutting back on physical activity opportunities for children. Was it not perhaps last year that kids couldn't play road hockey? I think there are many examples of how we as adults are actually cramping the style of our own children.

I can take that one step beyond. Although organized physical activity and exercise and sport are very important for children, do you realize that the more we have the whistle in our mouth, the less children do actual recreational play? So whatever strategy we come up with, it definitely has to involve unorganized play.

One of the most common things that one of my mentors, Dr. Oded Bar-Or—God bless him, he just passed away about a year ago—ever told families was to just put them outside. Give them an opportunity to go out and play; given that opportunity, they will find a way to be active.

I agree with you that we do need to be a little bit more specific on where we indicate our strategies need to lie, and if you look at the fact that children spend an awful lot of time at school, we can't ignore school as a potential backyard where we can institute changes. I think it's extremely important that we look at schools as opportunities to be healthy lifestyle workplaces for not just teachers and principals and students alike, but for janitors and everyone else who works in the school. I think we would have an opportunity there to make a healthy lifestyle choice or to allow children to have an option for healthy lifestyles as well. So there needs to be, I believe, an opportunity to create strategies that will involve schools, because that's where children spend a lot of time.

Marie, did you want to add to that?

Ms. Marie Davis: No, that's good.

The Chair: Thank you very much.

We have another panel, so we'll ask Pat Martin to have the last questions for this panel and then we'll bring the others forward and continue with the rotation after the other group that is going to present.

Please go ahead.

Mr. Pat Martin (Winnipeg Centre, NDP): Thank you, Chair, and thank you, witnesses. Thank you also to Steven for introducing the theme I'd like to raise today. Steven and I co-wrote the motion that went to Parliament to ban trans fats, and we did so with the help of Senator Yves Morin, a cardiologist, I believe, and Senator Wilbert Keon, also a noted cardiologist. So Parliament seems to have spoken on the issue that as one element of the problem we're dealing with today, one thing we could do is eliminate trans fats from our diet, as Denmark has.

I would like to give you the opportunity to state for the record...do you believe we should implement the recommendations of the task force that has just finished studying this issue? Should we just label trans fats and warn people about them or should we ban them, as far as is reasonably practical, as far as it is possible to ban them? Can either of you comment on that?

• (1620)

Dr. Claire LeBlanc: From the Canadian Paediatric Society's perspective, it's one reasonable approach to tackling this particular problem. Trans fats are well known to be a major problem, no question. Not only do they raise unhealthy cholesterol, they also lower healthy cholesterol.

We are not in favour of having children eat a lot of trans fats, and any way we can improve the overall healthy food choices for children would be very much appreciated.

Mr. Pat Martin: Doctor, do you concur?

Dr. Colin McMillan: We agree, and that would be a major plank of a comprehensive strategy.

Mr. Pat Martin: Okay, thank you.

I also thank you, Doctor, for raising the issue of the aboriginal population. I represent the riding of downtown Winnipeg, with a huge off-reserve aboriginal population. And I recognize and believe it is a socio-economic factor, that it takes a fair amount of economic stability to eat well. If you're spending your weekly food budget in Seven Eleven instead of in a full supermarket in the suburbs that has more choices, it really does manifest itself in the children I see.

My wife teaches a program in the inner city called wiggle, giggle and munch that takes babies.... Have you heard of it, Doctor? Oh, really. It's very cheap. For \$5,000 you get 18 sessions with these moms who teach babies how to start moving, and it teaches moms how to encourage babies to get them moving. So it doesn't take much.

Getting back to the reserve issue, one thing that's come up is that flying beer into reserves is subsidized. You pay the same price for a case of beer in downtown Winnipeg as on a remote reserve, whereas four litres of milk is \$18. I was on a fly-in reserve recently where four bruised apples were wrapped in a package, and it was \$8.50 for four unappetizing-looking apples.

Have you heard people talking about ways to make good food more available? Is that something we have to address as well?

Ms. Marie Davis: Certainly, and we've had a number of meetings about the health of our first nations, Inuit, and Métis children and youth over the past couple of years. In fact, Ms. Keeper was keynote speaker at an event we co-hosted last year.

What's very important in addressing the issue is to make sure the first nations, Inuit, and Métis are involved and that the solutions are culturally appropriate. We have seen success in first nations and Inuit communities bringing down the obesity levels of their children when they have gone back to culturally appropriate and traditional approaches.

There's some very interesting research starting to emerge about the reintroduction of traditional diets for first nations communities. So even some of our healthy choices may not be as healthy for first nations people as their traditional diets.

We support that type of research and are looking into it. But the cultural appropriateness of the programs cannot be stressed enough, and that's what we hear from our aboriginal partners.

Mr. Pat Martin: Fine. Thank you.

The Chair: Thank you very much for presenting your very valuable information for the committee to take into consideration as we move forward to a recommendation.

We will ask the second panel now to approach the table and we will start with those presentations.

Our time is going to be rather short, so we'll be as tight as we possibly can. We have five presenters. I won't introduce everyone at the present time, but I'll introduce you as we give you the floor.

We have with us, from the Canadian Radio-television and Telecommunications Commission, Martine Vallee. With you is Denis Carmel. The floor is yours.

• (1625)

Ms. Martine Vallee (Director, English Pay, Specialty and Social Policy, Canadian Radio-television and Telecommunications Commission): Thank you.

Good afternoon. My name is Martine Vallee. I am director of English pay, specialty, and social policy at the Canadian Radio-television and Telecommunications Commission. I'm here today with Denis Carmel, who is director of public affairs at the commission. Also here in the room is Scott Hutton, associate executive director of broadcasting, and Jane Britten, manager of social policy in broadcasting.

[*Translation*]

Thank you for the opportunity to appear before you today to talk about the Commission's activities that may be relevant to the topic of childhood obesity and its potential relationship to the broadcast media.

The CRTC is an independent public authority that oversees the broadcasting and telecommunications industries in Canada. The Commission's mandate, as outlined in the Broadcasting Act, is to regulate and supervise Canada's broadcasting system in a manner that contributes to the cultural, social and economic objectives set out in the legislation.

[*English*]

The commission is sensitive to the role that broadcasting, and television in particular, plays in transmitting and influencing social values. Some of our concerns include the impact of violent content on children, the portrayal of minority groups, and the broadcast of hatred or contempt, to name a few.

The commission's involvement in social policy areas like these takes into account a variety of objectives that are set out in the Broadcasting Act. The act states, among other things, that programming should be of high standard, respectful of equality

rights, and reflective of Canadian values. It should also contribute to Canada's social, economic, and cultural fabric.

The act also affirms that in pursuing these objectives the commission must respect freedom of expression, as upheld by the Canadian Charter of Rights and Freedoms, and must not engage in censorship or intervene in the day-to-day programming decisions made by licensees.

The commission oversees a number of social issues pertaining to broadcasting. Our activities in this regard fall into three broad categories: increasing access to the broadcasting system by persons with disabilities; improving the social integration of marginalized groups; and ensuring that content respects community standards.

The commission becomes involved in areas of broad societal concern when such issues are brought to our attention by concerned citizens and when further investigation indicates that we have a role to play. Issues come to us in a number of ways: through the complaints process, interventions at licence renewals or policy proceedings, or other representations to the commission by concerned individuals or groups. Our role can be far-reaching or peripheral. The extent of our involvement depends on how direct a relationship broadcast content has with the issue at hand. We also take into account what, if anything, the broadcasting industry is already doing to address the concern.

The commission relies to a great extent on self-regulation to address social policy concerns. This self-regulation most often consists of industry-developed initiatives and broadcast codes that set out content standards and appropriate broadcast conduct. Our experience is that putting the onus on the industry itself to come up with initiatives and solutions increases the understanding by broadcasters of the issue at hand and tends to result in greater acceptance and buy-in by the industry.

We note that Concerned Children's Advertisers, Media Awareness Network, and Advertising Standards Canada, also appearing before the committee today, represent examples of broadcasting industry partnerships engaging in initiatives to address concerns relating to broadcast advertising and children.

• (1630)

[*Translation*]

The Commission is very often involved in the development and enforcement of broadcast codes. Such codes play a critical role in setting out industry standards and specific guidelines for programming and advertising content.

Broadcasters adhere to a variety of codes, addressing areas such as gender portrayal, ethics, violence on television and advertising to children. Through these codes, broadcasters commit to respect the interests and sensitivities of the people they serve, while meeting their responsibility to preserve the industry's creative, editorial and journalistic freedom.

Broadcasting codes are developed by the industry, sometimes at the request of the Commission and, at other times, they are initiated by the industry itself.

[English]

The commission requires broadcasters to adhere to two industry codes regarding advertising content: the code for broadcast advertising of alcoholic beverages and the broadcast code for advertising to children. Both codes address the potentially negative social effects of advertising on children.

Of particular interest to your study today is the broadcast code for advertising to children. It recognizes the special characteristics of the child audience, particularly the vulnerability and impressionability of children, and establishes specific criteria about what can and cannot be communicated or depicted in children's broadcast advertising.

Among other things, the code prohibits the use of puppets, persons, and characters well-known to children or featured on children's programs to endorse or personally promote products. It also contains clauses to ensure that children are not unduly pressured to buy or have their parents buy particular products. The code also sets out messages limiting the scheduling of commercial messages during children's programs.

It further states that children's advertising must not encourage or portray a range of values that are inconsistent with the moral, ethical, or legal standards of contemporary Canadian society. A couple of years ago, Advertising Standards Canada set out an interpretation guideline pertaining to this clause that addresses food product advertising to children.

The broadcast code for advertising to children was created in 1971 by the Canadian Association of Broadcasters and the Canadian Advertising Foundation, which is now Advertising Standards Canada. These groups created it in response to concerns expressed by consumer groups, parents, members of Parliament, and others at that time. Adherence to the code was initially voluntary, but since 1974 the commission has required broadcasters to adhere to the code as a condition of their licence. The commission did this in response to a report by the House of Commons standing committee on broadcasting, which indicated the desirability of a stronger enforcement system at that time.

Advertising Standards Canada plays a major role in the administration of the code, in that all advertising to children must be viewed and pre-cleared by ASC before it is broadcast. The review committee is made up of members of the advertising industry, broadcasters, and public representatives.

I will leave it to the ASC to relate their activities and experiences in this area to you.

[Translation]

Thank you for your attention. We would be pleased to answer any questions you may have.

[English]

The Chair: Thank you very much. I appreciate that presentation.

We'll now move on to Concerned Children's Advertisers.

Ms. Cathy Loblaw, the floor is yours.

Mrs. Cathy Loblaw (President, Concerned Children's Advertisers): Thank you.

Good afternoon, and thank you very much for the opportunity to be here today and to participate in what we think is a very important discussion and study that you have undertaken on childhood obesity.

Let me begin by introducing myself. I am Cathy Loblaw and I am president of Concerned Children's Advertisers. As many of you may know, Concerned Children's Advertisers is a non-profit organization made up of twenty companies that largely market and advertise their products and services to Canadian children and their families.

CCA, as we are known, was founded in 1990 from the perspective that as an industry that presents its products and services to children, we wanted to ensure that when we spoke to children we did so in a manner that was responsible, age appropriate, and respected the inherent vulnerabilities of the child audience, which we do by adhering to a strict code of standards and ethics. Equally, we wanted to use our collective resources, skills, and influences to speak to children about social issues of challenge in their lives and to be a part of solutions.

Over the past seventeen years we've addressed a broad range of children's issues. Annually, we track issues that affect children and work on both a business and social level to respond to those issues with effective and substantive programs and actions.

While our funding comes from both government and industry, our programs, messages, and positions are the result of a powerful collaboration of issue experts and NGOs who guide, direct, and help determine the content of our programs and actions. Specific to the issue of childhood obesity, which we first became engaged in about five years ago, we have brought together over seventeen leading health, education, and child issue experts to guide us in developing solutions that are child serving and specific to this issue. Those partner organizations are far ranging and include Health Canada, the Canadian Teachers' Federation, the Ryerson School of Nutrition, the Canadian Diabetes Association, and many more.

It is from that context that industry, through CCA, very much respects and understands the issue of childhood obesity and shares your concern for the very real societal changes that will need to take place across a broad scope of determinants to ensure Canadian children, and for that matter all Canadians, can live long and healthy lives. We recognize that every sector, including the media and industry sector, have a role to play. We also recognize that no single sector caused this issue and no single sector will fix it.

To that end, let me share with you what we are doing in the industry and media sector specific to this issue. First, we have long recognized that advertising to children has an influence on both choice and preference. It is because of this that we have the very system in place that we do, that respects the child audience and has been working for over twenty years to ensure a transparent, accountable, and regulated system of checks and balances when it comes to advertising to children.

The current Canadian system is often considered a world leader in responsible advertising practices to children because of its multi-layered approach, codes, and regulatory components.

Let me highlight the pillars of our system.

As you've just heard from the CRTC, in Canada, broadcast advertising to children is regulated as a condition of licence. Therefore, all broadcast advertising to children must adhere to very specific and stated codes of conduct around what is allowed and what is not allowed when speaking to children. Additionally, what gives the code real teeth is that it is administered in a pre-clearance way by a representative committee that includes parents, broadcasters, and industry.

In addition to the pre-clearance code that exists for broadcast, we also have in place a respected Canadian code of advertising standards for all media, which is a complaint-based system and only requires one complaint to trigger a review of any ad in any medium. This system ensures that while industry takes the first line of responsibility by pre-clearing commercials through the broadcast code, there is an additional level of accountability for all media through a very responsive and transparent process.

It's also important to note that both the broadcast code and the Canadian code are living instruments, which, on a regular and ongoing basis, are strengthened and reviewed to ensure that they keep pace with changing issues. For example, not long ago a new clause was added specific to the issue of bullying, and two years ago a new interpretation guideline was added specific to the issue of food advertising. Further to that, it's important to note that all food advertising, including children's food advertising, requires an additional level of review and is highly regulated under the Food and Drugs Act.

Recognizing the living nature of the codes, industry will continue to strengthen and bring forward clauses and interpretation guidelines as will best serve the child audience on this issue and other issues. Industry also has made a very meaningful commitment to use advertising as a powerful vehicle for message delivery in the areas of media literacy education and healthy active living.

• (1635)

Specific to media literacy, CCA recognizes that no matter how responsible we are with our codes and systems, children today are exposed to a broad range of media that is often beyond Canadian borders and beyond traditional children's programming. As a result, we feel strongly that in addition to observing our codes and standards, we must play an active role in teaching children media literacy education. We must encourage them to become critical thinkers, to be informed and educated, and to learn how to construct and deconstruct all forms of media, including advertising.

To this end, CCA plays an important role through our TV&Me package and our *Long Live Kids* program, which provide media literacy education for children in grades K to 8 and are delivered free of charge to educators and community leaders across Canada. Both the World Health Organization and the Institute of Medicine have highlighted media literacy education as a key strategy on this issue.

In addition to media literacy, industry has taken a very active role over the past five years in creating and delivering to children

commercial messages and classroom programs on physical activity and healthy eating for our children's healthy active living series, *Long Live Kids*, which is broadcast daily across the country in both French and English and reaches over 90% of Canadian children and parents. This comprehensive five-step process combines industry regulation with government regulation, a responsive complaint-based system for all media, and media literacy education and social messaging on healthy active living.

We have examined, and will continue to examine, all areas and possibilities of contribution. One area you have asked us to comment on is whether the prohibition of some children's advertising could be effective in the prevention of childhood obesity. We have in fact explored that and looked at two communities where a prohibition on advertising is actually in place. One is Quebec and the other is Sweden.

In Quebec the prohibition has been in place since 1980. Since then, they have experienced a two to threefold increase in the rates of childhood obesity and overweight. In 1981 statistics showed that in Quebec the rate of childhood obesity and overweight was 11.5%, at that time among the lowest in Canada. The prohibition came into effect in 1980. By 1996, Quebec's childhood obesity and overweight rates had risen to 27%, an almost threefold increase. By 2004, it had climbed to 23%, a doubling of the 1981 rate. Certainly, from what we can see, the prohibition has not protected them against childhood obesity and overweight.

It is also worth noting that Alberta, which does not prohibit advertising to children, currently has Canada's lowest level of childhood obesity and overweight—22%, compared with the national average of 26%.

The data are similar for Sweden, which has had a prohibition on advertising to children since 1991. A study at University College of Physical Education and Sports in Sweden of Swedish youth looked at trends for over 14 years and found that the prevalence of overweight and obesity in 2001 was nearly 2.5 times higher than what was recorded in the 1987 sample. The rate of children being overweight and obese increased from 7.5% in 1987 to 20% in 2001, all during the prohibition on advertising to children.

Both Quebec and Sweden are struggling, just as we are, to find effective solutions to this issue, despite their prohibition on advertising to children.

In closing, I'd like to thank you for the opportunity to be a part of this study and to assure you that industry very much respects and shares your concern for the health issue facing our children. We remain fully committed to being guided by science and research to work towards real solutions and strategies that can make a difference for children. We have been a part of the solution, and we will continue to be a part of it.

We recognize the emotional nature of this issue. After all, we're talking about our children. I'm the mother of a two-year-old and an eight-year-old, and I understand this first hand. But our solutions must be guided by credible science and research. Working in partnership with government, issue experts, academics, NGOs, and industry, we look forward to continuing to support and serve Canadian children and their families in living healthy active lives.

Our dialogues will continue, as will our learning about how we can continue our record of contribution and commitment.

Thank you.

• (1640)

The Chair: Thank you.

Now, from Advertising Standards Canada, we have Linda Nagel. Ms. Nagel, the floor is yours.

Ms. Linda Nagel (President and Chief Executive Officer, Advertising Standards Canada): Thank you, Mr. Chairman.

My name is Linda Nagel and I'm president of Advertising Standards Canada. I'm very pleased to have the opportunity to meet with you today to discuss how food advertising in Canada is regulated and the role that Advertising Standards Canada, or ASC, my organization, plays in the regulation of food advertising to children.

Over the next few minutes, I'll provide some perspective on three topics: one, the role of ASC in the framework of responsible advertising regulation; two, the double-hurdle pre-clearance requirement for children's food broadcast advertising to ensure compliance with both Canada's Food and Drugs Act and the Canadian Association of Broadcasters broadcast code for advertising to children; and three, ASC's mechanisms for responding to consumers' complaints about advertising.

ASC is the national advertising self-regulatory body. Since its inception in 1957, our mandate remains unchanged: to ensure the integrity and viability of advertising in Canada through responsible advertising self-regulation. Fundamental to our efforts is the Canadian code of advertising standards, known as the code, which is the principal instrument of advertising self-regulation in Canada. The code was first published in 1963 and is regularly updated to keep it contemporary. The code's 14 clauses and its accompanying interpretation guidelines set the standards for acceptable advertising in all media, including print, broadcast, Internet, and billboards. The clauses of the code form the basis for adjudicating consumers' complaints about advertising. Advertising in Canada is highly regulated, and our code provides a complement to the existing legislative and regulatory framework.

The code is a nimble instrument. It can be easily updated to meet current and emerging issues. For example, as my colleague Cathy

Loblaw mentioned, the code was amended two years ago to include a provision to prohibit depictions of bullying in advertising. As well, two interpretation guidelines were added to provide guidance on advertising to children, with specific reference to food advertising.

Given our unique self-regulatory mandate, over the years ASC became the logical and natural home for a number of advertising pre-clearance functions. Pre-clearance is the evaluation of an advertising message in advance of broadcast to ensure that it complies with a specific or pertinent regulation or regulatory framework. We started to pre-clear children's commercials in the 1970s, as Martine Vallee, from the CRTC, just mentioned. Then in the 1990s, at the request of advertisers and broadcasters, ASC's pre-clearance complement expanded to encompass broadcast advertising for food, cosmetics, alcoholic beverages, and non-prescription drugs. Today, ASC pre-clears over 11,000 advertisements per year. This important review function provides assurance to consumers, government, and industry that advertising complies with the pertinent regulatory framework.

Let's turn to the regulation of children's broadcast advertising. Recognizing the vulnerability and nature of the child audience, children's broadcast advertising is subject to two separate pre-clearances. The first is a technical review. In Canada, all food advertising, whether it be broadcast or not and whether directed to children or adults, must meet the requirements delineated in the Food and Drugs Act and regulations and the Canadian Food Inspection Agency's guide to food labelling and advertising. Pre-clearance of broadcast food advertising by ASC helps ensure compliance with these requirements. This stringent technical review is provided by ASC's team of professional clearance analysts. Acceptable advertising submissions are assigned a clearance approval number that signifies to broadcasters that the ad complies with the regulations. ASC, of course, maintains a regular dialogue with Health Canada and the CFIA to ensure that we remain correct and current in our application of the act and the regulations.

• (1645)

Children's broadcast advertising is then subject to a second level of review or pre-clearance under the provisions of the Canadian Association of Broadcasters, or CAB's, broadcast code for advertising to children, which we call the children's code.

Martine Vallee mentioned that this code was developed in the seventies to ensure that the special nature of the child audience was recognized. Canada's private broadcasters agreed to comply with the code as a condition of broadcast licence. The children's code applies to all of Canada, except for Quebec, where advertising is regulated under the Quebec Consumer Protection Act.

Included in the children's code is a requirement that all children's commercials, both food and non-food, be pre-cleared by an independent committee, the children's clearance committee. This committee convenes solely for the purpose of reviewing finished children's commercials. The committee includes public and private broadcasters, advertising industry members, and public representatives. The public representatives are nominated by consumer organizations, and they must be parents of children under the age of 12.

Approved children's commercials are assigned an ASC children's clearance number. Therefore, food commercials have two numbers before they air: one that says they comply with Canada's food laws and the second number signifying compliance with the children's code. The combination of Canada's stringent regulatory framework and the two required pre-clearances make our Canadian system unique around the world.

Time won't permit me to run through the whole children's code, but there are copies that have been provided to you in English and French. Of course, key among them are the ones that Martine mentioned: the prohibition in children's advertising against product endorsement by well-known personalities, a prohibition against suggesting a product will enhance a child's status, and restrictions on advertising frequency during children's programs.

As well, the interpretation guideline to clause 11 of the children's code—a new one—on food advertising was adopted in 2004. This requires that commercial messages be consistent with the provisions of the Food and Drugs Act—again, a reminder of the first level of clearance—that snack foods not be represented as meals, and that advertisements depicting a mealtime setting present a product within the context of a balanced diet.

Over 2,500 children's commercials are submitted to ASC each year for review by the children's committee. Of these, approximately 55% are for children's movies and entertainment, 35% are for toys and games, and 10% are for food products and restaurants.

Turning now to consumers' complaints, as the advertising self-regulatory body, ASC accepts consumers' complaints about advertising under the provisions of the Canadian code of advertising standards, or the code. While most complaints come to ASC directly from the concerned consumer, some are forwarded to us from regulatory bodies such as the CRTC, or from organizations such as the Canadian Broadcast Standards Council.

Complaints are adjudicated by independent national and regional volunteer councils, which include both senior industry and public representatives. Of the 1,200 consumers' complaints that ASC received last year, 10% of these were about food advertisements. Virtually all of these, however, involved matters of personal opinion. They could have been for any category of advertising as they did not involve a food or nutrition issue. Not one of these complaints related to a children's food commercial. It's not unexpected that the rigorous pre-clearance process under the food regulatory framework and the children's code result in minimal complaints about nutrition-related issues.

In summary, the Canadian system, involving stringent regulatory and self-regulatory standards, advertising pre-clearance, and an

accessible consumer complaints mechanism, has served Canadians well for almost fifty years. However, the pace of change continues to accelerate, and we need to continue to be nimble in setting and maintaining responsible advertising standards to meet current and emerging needs.

Thank you very much.

● (1650)

The Chair: Thank you very much.

We'll now turn to the Media Awareness Network, Ms. Catherine Thurm.

The floor is yours.

Ms. Catherine Thurm (Project Manager, Education, Media Awareness Network): Thank you very much for this opportunity. This is fantastic.

It's great to hear all of this information about advertising live. We have it all on our site summarized wonderfully and it's nice to know that we got it right.

This is what I'd like to talk about today. I'm going to give you a description of the organization I work for and I'm going to cover a bit of a hole in our discussions today, namely, what children are exposed to online.

First of all, I am with the Media Awareness Network. The Media Awareness Network is a national not-for-profit media education organization. Our vision is to ensure that children and youth have and possess the necessary critical thinking skills and tools to actively engage with the media. Our organization has been around for ten years and we've produced education resources that are distributed across Canada and around the world, and they are being used in classrooms to help facilitate media education and media literacy.

As I mentioned, I'm going to give you a sense of what kids are exposed to and how they're being enticed by food advertising, in particular, food advertising on the Internet. That's an area where we have considerable expertise, and I'll be able to give you a little research that we have conducted very recently. To avoid repetition, I'll go over a snapshot of the regulations and how they affect what kids are seeing on the Internet and what we can do about it. Then I want to give you a little piece about the essential role of media education and this need for supporting media education as a component of facilitating a healthy society.

When you look at how kids are being marketed to, kids today are in a multimedia environment. In 2003 the Canadian Teachers' Federation conducted a national survey on kids' media use. We found that 75% of children watch television daily and 48% of kids have their own TV set. They are watching in their rooms. Some 60% of boys in grades 3 to 6 are playing video games or computer games almost every day. If we look at young children in regard to advertising, with the ABCs and brands, children are familiar with brands from an early age. Babies as young as six months can form mental images of corporate logos and mascots. Brand loyalties can be established as early as age two, and by the time children head off to school, most can recognize hundreds of brand logos.

The surfing habits of young people make them ideal candidates and targets for both online advertisers and market research. Forrester Research notes that, compared to adults, young Internet users stay online for longer periods of time. They're more likely to access the Internet from different locations and participate in a wider range of online activities, many under the watchful eye of commercial sites that collect their personal information. Kids also multi-task with various media effortlessly. Online and offline, marketers are interested in kids because of their spending power.

Online marketers are also interested in the kids because essentially these are kids who are going to influence the family purchases. Youth culture research has shown that 12- to 24-year-olds in Canada account for approximately \$62 billion in personal income. Even those at the younger end of this demographic have a surprising amount of disposable cash. They have \$114 a week, on average, for kids who are 12 to 17 years old.

I have five kids, and none of them has that much to spend in a week, I have to say, but that's a side note.

"Young Canadians in a Wired World" is a research study that we recently did through the Media Awareness Network. This was phase two, as a follow-up to our 2001 survey. We took a look at what kids are doing online and how they're interacting with what they see. The research included findings on the commercial nature of kids' favourite online spaces, particularly food advertising. In fact, almost 94% of the top 50 sites included marketing materials.

• (1655)

When we look at online marketing, we are looking at kids' sites that are designed to build brand recognition and relationships with children and youth. They build these relationships through online ads, but also through immersive environments, virtual communities, and virtual marketing. They also use data mining techniques to collect personal information, so we have online advertisers that are tending to steer away from your traditional sales pitches. They're not going through Advertising Standards Canada for approval of their ads. What we see are these creative virtual playgrounds where content and advertising are seamlessly integrated into graphics and games.

Neopets actually trademarked the term "immersive advertising", referring to it very proudly as its interactive advertising technique and claiming that it's an evolutionary step forward in traditional marketing practices of product placement using television and motion pictures. According to an MNet survey, in fact, Neopets is in

the top five favourite sites for kids from grade 4 all the way to grade 9. It has staying power.

Advergaming are a particular type of immersive environment. These are interactive online games centred on brands, products, or brand-related characters. In particular, these are a popular tool for food advertisers such as Candystand, Nabisco, and Lucky Charms. These are just a few examples of the advertising-based sites that have these advergaming—flashy, interactive, engaging games for kids who are very young.

As one marketer states, "Could you imagine anyone staring at a magazine advertisement or a banner ad for three to eight minutes?" But kids will happily play brand-focused games for long periods of time. Marketers call this youthful demographic "sticky traffic". When we're talking about food advertising and Life Savers, it's "sticky traffic".

For young children, the web appears to be the new playground, the seamless integration of junk food advertising and interactivity. However, it is misleading for these young people. Our research showed that three-quarters of the kids think advergaming are just games. Kids aren't aware that sites such as Neopets make money by integrating advertising products, services, and brands into the games they are playing. Neopets, for example, derives 60% of its revenue from advertising and 40% from product placement, mostly in games available on these sites.

We want to take a look at what I've just told you in relation to what we have for advertising regulations legislation and voluntary codes in Canada.

We have the Canadian code of advertising standards, which encompasses the broadcast code for advertising to children. We have the new interpretive guidelines for food advertising developed in 2004. We know that legislation in Quebec prohibits television advertising, but we also know that foreign services carried by cable companies don't have to follow this country's codes and regulations.

When it comes to advergaming and other online marketing, there is no specific Canadian legislation or regulation. Canada does not have legislation in place to deal with the Internet as a unique medium presenting its own distinct problems and requiring its own solutions.

Considering these regulations and codes, looking at the new ways in which children are being exposed to the media, I think what we find is a hole. We find that kids are interacting with junk food advertising with very little supervision and very little intervention, and they're just unaware of exactly what they're seeing and the implications of what they're seeing.

• (1700)

I think—and of course I come to you with this bias—that education is an important tool in the overall process. It isn't the only solution, but it is absolutely a critical one. It is the responsibility of the ministries of education and health to ensure that teachers, parents, physicians, and children have the tools and skills they need to make healthy lifestyle choices and to guide our young people into making these healthy lifestyle choices.

Media literacy must be an essential part of the Canadian strategy for encouraging these healthy lifestyle choices. Media literacy is commonly defined as the ability to assess, analyze, evaluate, and—even for young people today—to produce media that... It's the process of becoming active rather than passive consumers of media. It's being able to read between the lines of junk food advertising and to understand the difference between entertainment and food marketing. It's the ability to question the connections between the food industry and one's own personal health, self-esteem, and self-image.

Media education is the essential tool in helping kids acquire media literacy skills. It is the process of teaching and learning about media so that learners acquire media literacy knowledge and skills. Canada is in fact a pioneer in the development of media education. In the late 1980s Ontario became the first educational jurisdiction in the world to mandate media literacy as part of their English curriculum. Currently, media education is part of the core curricula in every provincial and territorial jurisdiction in Canada.

If we look at a little part of media education, we see how lifestyle choices and healthy relationships are central to the health and professional development courses. We see how media and popular culture can provide a framework for discussing junk food advertising, alcohol and tobacco use, sexuality, body image, obesity, media violence, diversity, and gender representation.

Unfortunately, despite the efforts to date, media education has been slow to be implemented in the classroom. Over the last—

• (1705)

The Chair: We're going to have to ask you to wrap it up very quickly. You're actually over quite a bit already, and this is a large panel.

Ms. Catherine Thurm: Sorry. I will wrap it up.

Essentially, the Media Awareness Network has extensive resources already. We've been developing them for ten years. You can go on our site and find professional development tools for teachers. We've done work for physicians. We have lesson plans; "Selling Obesity" is one of our lesson plans. Those are available free on our website.

What I want to leave you with today is the message that education is an important part of this overall process. It is the link between what kids are seeing, doing, and are actively engaged in and how they think about themselves—their body image and their self-esteem. What we need to do is patch over the holes in regulation, work on education, and basically make sure that we build partnerships through the government and industry to continue to support education in this area.

The Chair: Thank you very much.

Your interest is obvious in this issue, as is the large number of presenters we have. As this study is going on, we're seeing those lists grow.

I apologize, to some degree, to the committee for the large panel, because it is exhausting when we listen to it all and then don't have the opportunity to question much.

But we have one more, so we'll listen to one more.

From the Association of Canadian Advertisers, Mr. Robert Reaume, the floor is yours. Very quickly, please.

Mr. Robert Reaume (Vice-President, Policy and Research, Association of Canadian Advertisers): Thank you.

[*Translation*]

Ms. Nicole Demers: Mr. Chairman, before we start, may I ask for unanimous consent to continue this meeting at least until we hear Mr. Reaume's presentation because otherwise nobody will have the time to ask questions. We have questions to ask these people. May I ask all my colleagues to agree to stay a little longer so that we can really ask all the questions we have?

[*English*]

The Chair: Yes. I'm certainly prepared to stay longer to add more questioning.

[*Translation*]

Ms. Nicole Demers: Thank you.

[*English*]

The Chair: The floor is yours.

Mr. Robert Reaume: Yes, thank you.

I, too, appreciate the opportunity this afternoon. I'll try to be as brief as possible, although I sympathize with Catherine. Trying to address such a complex issue in ten minutes is really quite difficult, but we'll do our best here.

I'm very pleased to have this opportunity. The Association of Canadian Advertisers is the only association solely representing the interests of advertisers in this country. Our members, over 200 companies and divisions, represent a wide range of industry sectors, including manufacturing, retail, packaged goods, financial services, and communications. They are the top advertisers in Canada, with estimated collective annual sales of close to \$350 billion. Our organization is concerned specifically with the advertising function in our economy and the many and different processes this can encompass.

Advertising is a significant economic force in the world. In virtually all developed countries, advertising is considered an important and necessary component of the communications infrastructure. It is estimated that the total world-wide disposable advertising expenditure approached \$2 trillion U.S. last year. Advertising is also a significant economic force in Canada. Advertising expenditures in 2005 were projected at about \$13 billion. Direct and indirect employment in this sector represents approximately 250,000, or about 2% of all jobs in Canada.

Importantly, approximately 79% of total advertising expenditures in Canada remain in the Canadian economy as value-added. Compared to most Canadian industries, this is a very high level of domestic content. Advertising also increases government revenues through the income tax derived from the jobs it creates and from the greater sales tax base that results from it. Clearly, advertising makes a significant economic contribution to our country. It is the fuel for Canada's economic engine.

The role of advertising is critical to a healthy and robust media system in Canada. Primarily, it is advertising that pays for the content, the news reports, the articles, and the programs that entertain, inform, and educate Canadians. Without advertising revenues, Canada's media system could not survive in its present configuration. But advertising is more than an economic stimulant, adding dollars and jobs to Canada's economy. Advertising, importantly, provides consumers with the information they need to make knowledgeable selections. It is a force that provides the connection between healthy competition among Canadian goods and services, ensuring the benefits of innovation, wider choice, lower prices, and better service.

The ACA is a very strong supporter of the excellent self-regulatory regime we have in Canada under the Canadian code of advertising standards and the broadcast code for advertising to children administered by Advertising Standards Canada. Our members believe that with the right to advertise freely in Canada comes the responsibility to do so truthfully and accurately. We are also strong supporters of the excellent work that concerned children's advertisers have undertaken over the last seventeen years. You have heard from both of these organizations already.

Obviously, advertising to children in Canada is not a free-for-all. Far from it. With its many built-in safeguards, self-regulation can and has worked very well for many years in Canada. Clearly, childhood obesity is an issue that requires attention. We all know the numbers by heart now. The important question is, what is to be done? It is a complex problem, to be sure, and will require a multi-sectoral response. Industry, governments, educators, parents, and, yes, even children themselves, all have our parts to play.

With our time parameters in mind, I would like to limit my comments to the following seven points. One, marketers realize that the status quo is not good enough. The effectiveness of Canada's advertising self-regulation system has been recognized as a model by numerous international organizations, but marketers realize the need to strengthen the codes in light of public health concerns is an ongoing matter at all times. This month the International Chamber of Commerce launched the framework for responsible food and beverage marketing communication. This raises the bar for food marketers operating in all markets world-wide, across all forms of marketing communications, including the Internet. Canadian marketers will be studying this new code closely to see where we go next on our codes.

Two, individual markets and companies are responding. Many food and drink companies have taken voluntary measures to change their marketing practices in line with the World Health Organization recommendations and as part of their commitments to the World Health Organization platform for action on diet, physical activity, and health. In addition to individual company initiatives, we have also witnessed commitments to change by whole sectors, and we are beginning to see how changes in products are being translated into changes in marketing.

• (1710)

Three, consumers drive markets. There is an unprecedented shift under way as product portfolios of major food and drink companies are moving away from products high in fat, sugar, and salt and

towards products with higher micronutrient content. Companies are jostling for competitive advantage in response to the rapidly increasing consumer demand for healthy products. Research data from the U.S. and the U.K. demonstrate that the size, scope, and pace of change is currently greater than ever.

Four, reformulation and marketing go hand in hand. Product development and reformulation of food and beverage marketing are inextricably linked. On the one hand, changes in the nature of products are a prerequisite of changes in marketing practices. On the other hand, marketing is essential to communicate product changes. This, in turn, changes the nature and balance of foods promoted. Marketing is necessary for communicating change, building awareness, and encouraging consumer acceptance. Marketing restrictions would be counterproductive, potentially blocking new entrants to the market and freezing existing market shares.

Five, marketing restrictions will not fix health problems. There is absolutely no correlation between the number of ads viewed, ads banned, and obesity. In a number of jurisdictions, such as Sweden, Norway, and Quebec, where child ad bans or restrictions have been in place for some time—almost twenty years in Sweden and over twenty years in Quebec—and where children are exposed to significantly less marketing communications, the incidence of childhood overweight or obesity is equal to or higher than in adjoining jurisdictions with no marketing restrictions in place. The bans are a simplistic, ineffectual response.

Six, children must be given the skills necessary to interact with media. Ongoing efforts of concerned children's advertisers help to equip children with the faculties necessary to be able to interact with the reality of a media-filled world. Paid for by the advertising industry, developed by independent media literacy experts, and endorsed by educators, TV&ME and other programs have already been copied all over Europe and launched with great success in the U.K., Belgium, the Netherlands, Denmark, Sweden, and Finland. This is Canada leading the way and showing the world how to do this right. We cannot afford to think we can just build a fence around the ocean. We must instead teach our children to swim.

Seven, there are no quick-fix solutions to obesity. Obesity is a multifactor issue requiring complex solutions. Industry understands the challenge and it's responding. Fundamental change is taking place in the food industry, but investment, time, and consumer acceptance are required to bring about change, since consumer acceptance is the prerequisite of any effective change strategy. We are beginning to see tangible benefits.

In summary, a holistic response is required for this multifactorial problem. We all have a part to play, and our industry has been active in this area for many years. We are committed to taking and promoting a responsible approach to food and beverage advertising to children. Advertising bans are simplistic and miss the mark. Regulations should be able to achieve the stated public policy objectives without imposing unnecessary or disproportionate regulatory burdens. Companies are responding, and it is important that media literacy campaigns continue to better equip children with the skills needed to interact with a modern commercial world. More than anything, there is a need for some proportionality in this debate.

I thank you again for the opportunity to be heard, and my apologies for being unavoidably late today. Thank you.

●(1715)

The Chair: Thank you very much, and thank you to all the panellists.

We'll now open it up for questions.

Ms. Davidson, the floor is yours. You have five minutes.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Mr. Chairman, and thank you very much to each of our presenters. It has certainly been an interesting afternoon.

One question that comes first and foremost to my mind is, what is covered by the advertising? We've heard from the different areas about the regulations, and that we do have the systems in place to regulate what is in the ads and we have the systems in place to enforce those advertising standards. We've also heard that there are concerns about online advertising. We've heard concerns about cable TV. In this day and age, I would gather that the majority of people either watch cable TV or satellite TV, so what is covered under the regulations that are in place today? Is cable TV covered? Is online advertising covered? Is satellite TV covered? If it isn't, what would be the percentage of viewing time that is covered by regulation?

Ms. Martine Vallee: From the regulation of the CRTC, we do regulate all broadcasting licensees in Canada. That's all television and radio broadcasters to whom we grant a licence who are operating in Canada. That includes—

Mrs. Patricia Davidson: So it's those that originate in Canada.

Ms. Martine Vallee: Yes, those that originate in Canada, and that's the key there. We do not have jurisdiction over the content of stations that are originating in the U.S. or in other countries. However, regarding the Canadian broadcasters, it's important to understand that all the content they broadcast they are responsible for. Whether it's foreign programming or Canadian programming, the Canadian broadcaster is responsible for it, and the majority of stations that are carried by cable or by DTH satellite distribution are Canadian services. But you're right that the foreign services that are carried are not within our jurisdiction as far as the content goes.

Mrs. Patricia Davidson: And what about online?

Ms. Martine Vallee: The commission does not currently regulate online. It looked at online, at the Internet, in 1999 to determine whether the commission had a role in regulating it, and the commission determined at that time to exempt broadcasting activities on the Internet.

The reason for that is really twofold. One is that our primary reason for regulating in the broadcasting arena is to ensure that there's a predominance of Canadian programming in the system, and the evidence showed that there was no lack of Canadian content on the Internet at that time. Two, the broadcasting activities on the Internet did not have a significant impact on the traditional broadcasting activities, so the commission exempted it at that time.

That said, all alphanumeric text on the Internet would not be included under the broadcasting activities, regardless.

●(1720)

Ms. Linda Nagel: However, in terms of a course, Canada's Food and Drugs Act and regulations apply to all advertising in Canada, whether it's Internet or not. Internet would also be encompassed there. In cases where the advertising was Canadian, again it's the same offshore issue, where, if somebody were accessing perhaps a service from Sweden, it would not apply, but Canada's Food and Drugs Act would apply to food advertising messages that appeared on the Internet.

As well, for Advertising Standards Canada, also encompassed in the definition of the Canadian code of advertising standards is Canadian Internet advertising, and we would accept complaints about Internet advertising. We have an interpretation guideline on that as well, which gives them additional guidance in this area.

Mrs. Patricia Davidson: Do I have more time?

The Chair: There's very little more time, but go ahead.

Mrs. Patricia Davidson: I'll be brief.

In talking about the children's clearance committee functions, in general, how often are ads found not to be in compliance?

Ms. Linda Nagel: A lot, but the way it works is that in most cases, because creating commercials is a costly endeavour, advertisers will come, at the staff level, and seek a consultation. Then they will create the commercial after the consultation has been deemed to be consistent with the children's code. The finished commercial then goes to the committee. If the committee identifies any breach, if it's fixable, there are recommendations on how to fix it, and then it would have to get resubmitted and approved if the fix worked, or if it couldn't be fixed, it would just be rejected.

The Chair: For the committee, as a point of clarification on the last question, are you saying, then, that any American advertising that would go against the Canadian Food and Drugs Act would not be allowed in Canada?

Ms. Linda Nagel: No. I'm saying—

The Chair: Okay. That's what I thought you said.

Ms. Linda Nagel: No. It applies to Canadian advertising. But Canadian advertising that appears on the Internet would certainly be encompassed by both the Canadian code and of course the Food and Drugs Act.

The Chair: Fair enough.

Ms. Keeper, you have five minutes.

Ms. Tina Keeper (Churchill, Lib.): I'd like to follow up on this. So for clarification as well, then, the CRTC has no impact in terms of advertising from the U.S. stations, or anybody here in Canada. We don't? So their advertising can violate all of our standards. Is that right?

Ms. Martine Vallee: That's true. It's true if it's originating from a U.S. station or a station from another country. That's right.

Ms. Tina Keeper: Okay.

I also want to ask this, because I'm a little confused. There is a broadcast code for advertising to children. In the presentation by Advertising Standards Canada it was mentioned that there were no complaints about food and nutrition issues in advertising. A couple of presenters have also mentioned that in Sweden and Quebec there's been no impact from advertising upon the obesity in children.

So I don't know really what the argument is about having codes. Why have codes? Do you know what I mean? If you're saying there's no effect of what children are watching impacting upon their behaviours relative to this issue, then how do you support having them?

• (1725)

Mrs. Cathy Loblaw: I don't think we're saying it has no impact. What we're saying is that when we look at the data in the two markets where there has been a prohibition on advertising to children, it hasn't protected them from this issue.

As to why we have codes and standards, it's because we all respect the inherent vulnerability of the child audience, and we need—

Ms. Tina Keeper: So how would you approach this issue of obesity? We've been told by our presenters across the board that the issue is that it's becoming a public health challenge, that between 36% and 60% of children are overweight in Canada and 26% are obese. What's your role in it, then?

Mrs. Cathy Loblaw: I think our role is multi-fold. From the perspective of Concerned Children's Advertisers, our role is to make sure the codes and standards we have keep pace with health and social issues, of which this is a very important and dominant one. It's to go back to those mechanisms and systems we have to see whether there are places where they need to work more strongly, where they need to be advanced—

Ms. Tina Keeper: Right. You've mentioned that Quebec and Sweden haven't seen an impact. Have you evaluated why they haven't worked and how you can move forward?

Mrs. Cathy Loblaw: Not only have we not done that, but I don't know that such research exists. I think we come to the challenge that because of the multidimensional aspect of this issue, it's hard to isolate any single factor. So you look at Quebec—

Ms. Tina Keeper: But you've obviously done it on the issue of bullying, right? That's been mentioned, that bullying is an issue that has been addressed in terms of how you proceed or what mechanisms would work in advertising terms.

Ms. Linda Nagel: Advertising Standards Canada evaluates its codes all the time. We try to keep the code current; we try to keep pace with changing needs. The code had a major rewrite several years ago and, unintended, it appeared that bullying was not clearly covered. When this was discovered, an amendment was made to the code to include it.

Food advertising has more and more become a topic of interest, and whereas in the children's code, broadcast advertising is very well regulated in Canada because of the two pre-clearances, we wanted to provide additional guidance on food advertising, which is why the interpretation guideline was added. We continue to look at the environment. The world continues to change. Obviously we have a multi-sectoral, a multi-faceted, complex problem, and we're going to look again too.

Ms. Tina Keeper: At what your role is.

The Chair: Thank you very much.

Mr. Lunney, five minutes.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you, Mr. Chair. I want to go back to Catherine Thurm. You made an interesting remark earlier, that babies as young as six months, I believe, can recognize logos. You went on to make a statement about young children at a certain age recognizing...and you gave a number. Could you just repeat that for us? We don't have that in print, and I thought it was interesting.

Ms. Catherine Thurm: I said that children as young as six months can form mental images of corporate logos and mascots. Brand loyalties can be established as early as age two, and by the time children go off to school—by school age—they can recognize hundreds of brand logos.

Mr. James Lunney: That's very interesting.

Now, we're talking about evidence here, and I've heard the comments about there being no evidence that advertising is influencing things. I just want to make reference to the presentation we had from the CMA earlier, as follows:

The average North American child is exposed to some 40,000 food advertisements a year, most of them for high-calorie, nutrient-poor "junk food".

Billions of dollars are spent each year in North America on junk-food advertising specifically directed at children.

Recently, researchers in the US concluded that fast-food ads on television contribute significantly to this childhood obesity epidemic.

I take it that presenters here would disagree with that remark.

Mrs. Cathy Loblaw: From the perspective of Concerned Children's Advertisers, we absolutely recognize that advertising has influence. It has influence on choice and on preference. That's why the systems are in place, to make sure that when you're talking to children, that influence is not taken advantage of, is not exaggerated, and is not misleading.

So we have not said that there isn't an influence; we've said that because there is an influence we have a very rigorous system in place, with very rigorous checks and balances and codes against it.

• (1730)

Mr. James Lunney: I'll give you a chance in a second, but I want to put this on the table. It is a study by Labelle and colleagues, Laval University, with respect to Quebec. It examined the food advertising content on six French channels in the province of Quebec during a week in March 2002. The study found that 18% of the ads used familiar characters of children and showed that 75% of the foods most often advertised were high-calorie, low-nutrient foods, thereby not promoting healthier, balanced diets. They found several of the food advertisements were directly targeting children, given the time they took place, and so on.

Their conclusion? The so-called ban on children's advertising is too flexible and needs to be revisited.

You know, we can sometimes have regulations in effect that are called a ban, but when you examine them, they're not effective. For instance, this committee heard about fetal alcohol syndrome and labelling on wine bottles and alcoholic beverages. The labelling didn't make any difference anywhere. The labels are in micro print, and nobody can read them without a microscope, or with the colour, etc., they just don't appear. So there is a concern here.

It seems to me the consensus from at least three different presenters here is that the answer seems to be media literacy skills, teaching kids how to discern when highly deceptive advertising is coming their way. Asking a young child to see through that with their x-ray eyes, to see that they're being targeted, is sort of like child-proofing your kid on the street. Rather than get the bad guys off the street, we'll just teach kids how to recognize the good guys and the bad guys.

I have to say that I'm a little bit cynical about that kind of approach. Obviously there is a role here, and what we're doing doesn't seem to be effective.

Mrs. Cathy Loblaw: I think it's important to note that it's not an either/or approach. We need to have, and to continue with, the regulation and the self-regulation, and we need to continue to look at ways to make it work smarter, whether that be in content or in mechanism. We also need media literacy education.

It's not an either/or. Absolutely industry has to take the first line of responsibility in terms of how we communicate, what we communicate, and where we communicate. We are very committed to doing that on an ongoing basis against all issues, against certainly the issue before us. Media literacy is also an important and very real part of how we have to educate children today. Even without advertising, children are exposed to so much in a rich media world today. There is a very important role for media literacy education, for giving them tools to be informed, to be critical thinkers, to construct and deconstruct.

So either/or, absolutely not. Together, as part of a strategy, absolutely.

Mr. Robert Reaume: May I just add something?

If you believe there are deceptive ads being run anywhere in the country, there are several actions you can take. We certainly don't endorse or encourage deceptive advertising of any sort. That's why we have a complaint mechanism with our self-regulatory code. That's why we have a competition law that prohibits misleading advertising.

So I have to take exception to your characterization of certain ads. I'd love to see them.

The Chair: Thank you very much.

Madame Demers.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chairman.

I shall start with a comment, Ms. Loblaw. You said that childhood obesity in Quebec had increased threefold in the last years since the prohibition of publicity directed to children. It might be because they are still exposed during prime time hours to many commercial ads

from the companies you represent: Cadbury, Coca-Cola, McDonald's, Nestlé and Pepsi. There are many advertisements from those companies during prime time hours. You should be careful when you say that publicity directed to children has been eliminated. It is not directly aimed at them, but they are still reached by those commercial ads when they see them.

Ms. Thurm, I have a question for you. I would like to know who is financing your work and your research.

My last question is for Ms. Nagel.

Ms. Nagel, you told me that Canadian publicity standards were approved by the CRTC. If I am not mistaken, the last time they were approved by the CRTC was in June 1993. I would like you to send to this Committee the date, the place and the subject of the discussions that took place before the last amended document was approved in 1993.

• (1735)

[*English*]

Ms. Linda Nagel: Forgive me, but I'm not quite sure which document you are referring to.

[*Translation*]

Ms. Nicole Demers: It is the last amended document. I am referring to the public notice issued on June 30, 1993 by Mr. Allan Darling which approved the amendments to the Broadcast Code for Advertising to Children proposed by your group, Ms. Nagel.

I would like to know when the public hearings took place and who approved those amendments.

[*English*]

Ms. Linda Nagel: Martine, can you help? I have no idea.

[*Translation*]

Mr. Denis Carmel (Director, Public Affairs, Canadian Radio-television and Telecommunications Commission): The CRTC has some of those documents; we could certainly send them to you.

Ms. Nicole Demers: Please, I would like you to send us the dates and the subject matter of those meetings. Thank you.

Ms. Thurm?

[*English*]

Ms. Martine Vallee: CRTC asked for the revisions you're referring to in 1991, because there had been a number of problems with compliance with the code. The commission had looked at the code and asked for certain revisions. As Mr. Carmel said, we can provide the documentation to you. As it turns out, there was a provision in the code that was not clear—I just don't know it off the top of my head—which was the cause of the non-compliance problems.

[*Translation*]

Ms. Nicole Demers: If I understand this correctly it was never reviewed since the year it was agreed to, except for one part. It is even worse!

[English]

Ms. Martine Vallee: It was a technical issue concerning the duration of the ad; it wasn't clear. So that was the revision made to the code. It was an example of the commission having seen that there might be some problems with the code or the compliance of broadcasters in adhering to the code. We brought it to the attention of the Association of Canadian Broadcasters and Advertising Standards Canada to make revisions for the commission to review. We approved them.

[Translation]

Ms. Nicole Demers: However, I suppose that you could still tell us about the dates and the subject matter of the hearings that led to the approval of that code?

Mr. Denis Carmel: We are certainly going to send you all the information available.

Ms. Nicole Demers: Thank you.

[English]

The Chair: Okay, if you could attach the survey, that should be fine.

[Translation]

Ms. Nicole Demers: I didn't get an answer from Ms. Thurm, Mr. Chairman.

[English]

The Chair: Yes, go ahead.

Ms. Nicole Demers: Ms. Thurm, I didn't get your answer.

Ms. Catherine Thurm: I'm sorry, but I didn't get the translation of the question.

Ms. Nicole Demers: I asked who was financing your research and work.

Ms. Catherine Thurm: "Young Canadians in a Wired World" was supported by a contribution agreement from Industry Canada. We also have private sponsors.

Ms. Nicole Demers: Such as?

Ms. Catherine Thurm: We have CHUM, CTV, media industry sponsors. As well we have the Canadian Teachers' Federation, whom we partnered with on their study, "Kids' Take on Media". We also have private sector partnerships with the Canadian Paediatric Society and other private organizations in Quebec.

[Translation]

Ms. Nicole Demers: Thank you.

[English]

The Chair: Thank you very much.

Thank you very much for coming in. We had a very interesting session. Your presentations were very well done and will be valuable to us as we proceed with this study.

Thank you to the committee for your time. We've just gone over a little bit.

The meeting is adjourned.

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