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Tuesday, June 8, 2010

Chair

Mrs. Joy Smith

Standing Committee on Health

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● (0900)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good morning, everybody. Welcome to the health committee this morning.

I'm so pleased that our witnesses are here with us this morning.

Today is going to be a very interesting day. I have to tell you that because of the number of witnesses we have this morning, we will have five-minute presentations, and you'll have to forgive me, but I will be paying very close attention to the time. I will have to leave briefly to go into the House to table a report at a quarter to 10, at which time Ms. Murray will be taking the chair until I return.

Following that, we do have committee business. We will be adjourning this part of the committee at a quarter to 11 to finish off our committee business, our housekeeping things like budgets and things like that.

So we welcome you today, pursuant to Standing Order 108(2), on the study of Health Canada's authorization of the broader use of caffeine as a food additive in all carbonated soft drinks.

First of all, I'd like to hear from the Department of Health.

Mr. Godefroy, please.

Dr. Samuel Godefroy (Director General, Food Directorate, Health Products and Food Branch, Department of Health): Good morning, Madam Chair and honourable members. Thank you for giving us the opportunity to come before the committee today to discuss Health Canada's recent authorization of the broader use of caffeine as a food additive in carbonated soft drinks.

As a food safety regulator, Health Canada is responsible for setting regulations, policies, and guidelines that help ensure the safety of Canada's food supply. The Food and Drug Regulations require certain substances used in food, such as food additives, to undergo a thorough safety and efficacy assessment before they can be added to foods allowed for sale in Canada.

It is only when Health Canada scientists are satisfied that food additives would not pose a risk to Canadians' health that Health Canada would recommend their use under specified conditions.

[*Translation*]

In parallel, the Department aims at providing Canadian consumers with the information they need to follow a balanced diet and make healthy food choices as part of its mandate to protect and maintain the health of Canadians.

Synthetic forms of caffeine used in some carbonated drinks are regulated as a food additive under the Food and Drug Regulations. This means that a new use would require a submission made to Health Canada and a thorough safety assessment by Health Canada scientists before it is permitted.

Until recently, synthetic caffeine could only be added to cola-type beverages up to a maximum of 200 mg/Litre under the Food and Drug Regulations.

[*English*]

Due to a number of food additive submissions received by Health Canada for the expansion of use of synthetic caffeine to non-cola soft drinks, Health Canada conducted a detailed safety assessment of caffeine in carbonated soft drinks. This assessment took several years and concluded that expanding the permitted use of caffeine as a food additive to non-cola carbonated soft drinks up to a maximum of 150 milligrams per litre would not pose a health risk to consumers.

In reviewing these food additive submissions, Health Canada scientists conducted a thorough assessment of the possible toxicological effects of caffeine as well as the various exposure scenarios that correspond to the Canadian context.

The toxicological assessment confirmed that caffeine exhibits a number of biological effects resulting from its diuretic and stimulant properties. Scientific research also has shown that some sensitive individuals experience side effects such as insomnia, headaches, irritability, and nervousness. These effects are, however, transient and would cease when caffeine consumption is stopped.

As a result of this assessment, Health Canada scientists established that the average adult can consume as much as 400 milligrams of caffeine per day without any adverse health effects. This would equate to approximately three to five cups of coffee per day—again, depending on the way it is made or brewed—or about eight cans of cola or diet cola per day—again, not that Health Canada would recommend that level of consumption of this type of beverage.

● (0905)

[*Translation*]

Health Canada's evaluation has also determined that children, adolescents and women of childbearing age may be at greater risk from caffeine intake. As a result, Health Canada developed specific recommendations for these individuals.

Our scientists continue to review new research findings to ensure that recommended daily caffeine intake levels are based on the results of the most up-to-date scientific evidence.

[*English*]

On the labelling front, it is currently a regulatory requirement for the label on most prepackaged foods to declare a list of ingredients, including food additives such as caffeine, in descending order of proportion. However, there is no regulatory provision for mandatory quantitative labelling of caffeine, that is, the number of milligrams of caffeine per stated serving size.

To mitigate any confusion this expanded use could create among consumers and to provide Canadian consumers with tools to enable them to make informed choices, Health Canada has recently issued a guidance document requesting that food manufacturers indicate on product labels the total caffeine from all sources that is contained in a product.

Quantitative labelling of caffeine—

The Chair: I have to ask you to please wrap up, because the time is going, Dr. Godefroy.

Dr. Samuel Godefroy: I'm actually almost done.

The quantitative labelling of caffeine will provide consumers with information they can use to more accurately determine daily caffeine consumption.

[*Translation*]

Health Canada will be monitoring the labelling practices of industry in this regard to assess whether regulatory action is required. After such an evaluation, the Department will examine the need to impose these labelling requirements through regulations.

Thank you, Madam Chair.

[*English*]

The Chair: Thank you, Dr. Godefroy.

We'll now go to Mr. Shepherd.

Mr. James Shepherd (As an Individual): Thank you.

Good morning.

I would like to thank the members of this committee for inviting me to follow up on the research paper into the questionable nature of energy drinks, which I sent in March 2010.

In one 12-hour period from 7:30 a.m. to 7:30 p.m. on January 6, 2008, I lost a vibrant, healthy, and much-loved 15-year-old son. My son, Brian, died from an unexplained arrhythmia several hours after being witnessed drinking a Red Bull energy drink given to him in a free handout by Red Bull representatives.

I buried him. And then I did some research. I learned. And I learned a lot. I learned that my late son's death is one of an ever-growing number of deaths for which no one can find a definitive cause of death.

But given the intake of an energy drink the day he died, I suspect that energy drinks were at least a contributing factor to his death, if not the whole cause. I'm disheartened by the information I've learned since Brian's death and I tried to distill the essence of my research in a paper that I submitted to this committee in March 2010.

Let me take you through some material by Refreshments Canada, an umbrella group for a wide variety of beverages, including some energy drinks. I will quote from the material.

Claim number one states, “Energy drinks are currently sold in every major regulatory jurisdiction and in more than 150 countries around the world”. It says, “Health authorities and scientific expert panels in these various jurisdictions around the world have assessed energy drinks and their ingredients and have concluded that energy drinks are beverages that can be safely consumed”. False.

Claim number two states, “Energy drinks are formulated and recommended for adults”. False.

Claim number three states, “...our members fully support the International Council of Beverages Association's guidelines regarding marketing and children that were adopted in 2008. The ICBA guidelines permit no marketing or advertising of beverages other than water, fruit juice, and berry-based beverages, to children less than 12 years of age”. False.

Claim number four states, “Energy drinks are non-alcoholic beverages and are not recommended to be mixed with alcohol”. Intentionally misleading.

You'll find an addendum at the end of these remarks that lists the sources I used for this section.

My main goal is to protect youth by keeping these products out of the hands of minors. How? By banning sales to minors, by placing restrictions on the advertising and marketing of energy products, and by creating regulations that allow regulators to take potentially unsafe products off the market immediately.

Recently, Health Canada allowed the further use of caffeine in more soft drinks, a drug that leads to addiction and dependence. I remember when, decades ago, some courageous and discerning individual started to examine cigarette smoking with regard to a possible link to cancer. I'm going out on a limb here; I predict that there is a parallel between the past questioning of cigarette smoking and the present challenge to an increased use of caffeine. We will never be wrong if we act with what is called “an abundance of caution”, especially where children are concerned.

The methods we used in the past have proven ineffective at making positive change in our society. What are these methods? Essentially, waiting until enough harm has occurred before we act.

Instead, let's act on what could be called the “just in case principle”. When something threatens harm, even though there's no definitive proof, we take precautions just in case.

I ask this committee to carefully consider my energy drink concerns and return to Parliament with strong recommendations: one, to stop the abusive marketing and advertising to youth; two, to ensure that mistaken regulations like allowing the injection of caffeine in more soft drinks than in the past be changed and that unenforceable regulations are replaced; and three, to inspire your provincial counterparts by taking the lead in banning the sale to minors.

Please work together regardless of party affiliation. Start by reversing the decision to allow the broader use of caffeine in all carbonated soft drinks. This can only lead to the further demise of health in our children. I promised my late son that I would continue to advocate for change until our youth are safe. I hope that you will make my promise your promise.

● (0910)

I'm available to this committee at any time. I thank you for your patience and your courtesy.

The Chair: Thank you, Mr. Shepherd, for giving us that presentation today. I know it must have been hard for you to do, but thank you for being here today.

We'll now go on to Dr. Lamont Sweet, deputy chief health officer of the Department of Health and Wellness.

Welcome, Dr. Sweet.

Dr. Lamont Sweet (Deputy Chief Health Officer, Department of Health and Wellness, Government of Prince Edward Island): Thank you very much.

I will summarize because of the time restrictions. Thank you for inviting me.

I am concerned about the so-called energy drinks being sold in Canada. I will focus mainly on what happened in Prince Edward Island in 2008, including the negative reaction and our attempts to address the issue, and I will make some overall comments.

On May 3, 2008, the P.E.I. government lifted the ban on the sale of canned soft drinks in the province and suddenly the energy drinks appeared across the province. Almost immediately, teachers in schools noted students becoming hyperactive, agitated, and unable to concentrate.

The beverage industry initiated a campaign by providing refrigerators to stores and pharmacy owners in return for their stocking them with energy drinks. A local wrestling match featured a lethargic wrestler who consumed a can of energy drink, was suddenly revitalized, and vigorously overcame his opponent.

A review was conducted by the public health division of the Department of Health and we found some disturbing items. The classification as “natural health products” seemed inappropriate. Their concentration of caffeine is enormous compared to the cola drinks, leading to possibly toxic amounts that would not be expected in a natural food.

They were sold as energy drinks. Is the sugar content or caffeine in these drinks safe? Could they be mistaken for hydration liquids? Will the sugar content lead to further problems in Canada with obesity and being overweight? Caffeine leads to dependency or is addictive. Does the industry now substitute the nicotine of the tobacco industry with the caffeine in these drinks?

Mixing alcohol and energy drinks is a concern. Alcohol is a depressant and causes drowsiness, while caffeine is a stimulant and keeps people awake. The result is obvious: people can stay awake to consume more alcohol up to the time when they can have injury or toxic effects.

As I said, school performance is decreased with these energy drinks. Also, sudden unexplained death is a major concern, because caffeine can cause heart irregularities both in normal hearts and in abnormal hearts. Upon autopsy, there are no specific findings as to whether the heart rate has been the cause of death. It is very difficult to measure caffeine levels after death and to come to any definite conclusions. The peak levels can occur 30 minutes after ingestion of caffeine, but as for when the heart rate becomes abnormal, that is something we don't know.

We have a major concern about these fatalities. We are trying to establish a system to get some reliable means of correlating them. In our province, we have to send out tests for levels of caffeine. In P.E.I. the school boards have prohibited the sale of energy drinks in the school and prohibited their being brought onto the property. The medical society has called for a ban on these energy drinks for children and youth. The coroner is asking about energy drink consumption in any unexplained death of a child or young adult, and we are trying to get caffeine levels done after unexplained deaths.

Our recommendations to Health Canada follow.

The monitoring of energy drinks and their classification as a natural health product have provided virtually no assessment of the safety of these beverages, particularly in the high concentrations that are being consumed. The small labelling wording is not of any help in keeping energy drinks out of the hands of children.

With regard to the Public Health Agency of Canada and medical health officers of Canada, we would recommend that there be wider health involvement and input into the regulations for energy drinks, that the dieticians and the nutritionists of Canada be involved, and that the Public Health Agency of Canada coordinate an effort to facilitate communications to the relevant divisions of Health Canada.

● (0915)

Coroners across the country need to be aware of the possibility of sudden death and ask about the consumption of these energy drinks, and there needs to be a national monitoring program.

The Chair: Dr. Sweet, I'm sorry, but your time is up.

Dr. Lamont Sweet: Thank you.

The Chair: A closing sentence would be fine, if you choose to do that, one sentence.

Dr. Lamont Sweet: Yes. That would be fine.

We are saying that we think it's a major problem, that serious effects can possibly occur because of these drinks, and that we have major concerns. We need help in order to control the sale of these energy drinks in Canada.

The Chair: Thank you.

We'll now go to Ms. Lyse Lefebvre, pharmacist and scientific consultant, environmental health and toxicology, Institut national de santé publique du Québec.

● (0920)

[*Translation*]

Ms. Lyse Lefebvre (Pharmacist and Scientific Consultant, Environmental Health and Toxicology, Institut national de santé publique du Québec): Madam Chair, Members of the House of Commons, thank you for having me.

Caffeine is an alkaloid methylxanthine, which is probably the most consumed psychostimulant in the world today. It is found everywhere: in tea leaves, in coffee beans, in yerba mate leaves and in guarana seeds. Caffeine is contained in many natural substances, but it is mainly found in consumer products, such as carbonated drinks, energy drinks, chocolate and candy. Last week, I even read that caffeinated flavoured water will be released soon. Caffeine is the main active ingredient in energy drinks. Supposedly, it is added for its stimulant properties.

The amount of caffeine found in food varies widely. People who choose to consume caffeine should not exceed the maximum daily intake recommended by Health Canada, whose main responsibility is the health of Canadians. The recommended maximum intake is 400 mg for adults and 2.5 mg per kilogram for children, that is, very small doses. For children from 1 to 5 years of age, the maximum intake is 45 mg, which is barely more than what a bottle of cola contains.

Consumption statistics show that most Canadian adults do not exceed the recommended maximum intake of 400 mg. The caffeine they consume comes from diverse sources: 60% from coffee, 30% from tea and 10% from various sources, such as cola beverages, chocolate, and so on. However, we already know that children aged 1 to 5 get 55% of their total caffeine intake from cola beverages. That is to say, cola drinks are their main source of caffeine.

The effects of caffeine consumption are numerous. Caffeine improves mental alertness, concentration, reaction time and energy levels. We also know that it raises a person's fatigue threshold and lowers their reaction time. We know that it increases catecholamine secretion, that it improves free fatty acid mobilization and that it increases triglyceride use. We also know that it has cholesterol-related effects and that it improves muscle fibre contraction.

However, we are unable to show that doses found in drinks have systematic effects, aside from that of stimulating the central nervous system. Even moderate consumption can have undesirable effects. Even the caffeine contained in beverages can cause side effects, such as sinus tachycardia, increased heart rate, palpitations, insomnia, restlessness, nervousness, shaking, headaches and abdominal pains, depending on the quantities consumed.

Caffeine is a known, albeit mild, diuretic. By consuming 250 mg of caffeine, a person can experience a significant increase in diuresis. However, caffeine is not a powerful diuretic.

As for caffeine consumption increasing the risk of coronary disease, the available data is still very contradictory. A number of studies on the subject were conducted using coffee that contained substances other than caffeine. Therefore, we cannot rule out the effects of, for instance, diterpenes or chlorogenic acids on heart rate increase.

Hypertension is a major coronary disease risk factor, as are stroke and heart failure. We know that when very high doses of caffeine are consumed, blood pressure can rise, but it then becomes stable with chronic consumption. So, no study has demonstrated a significant difference in blood pressure or an increase in blood pressure in chronic coffee consumers.

Current data shows that moderate caffeine consumption, that is less than 400 mg a day, should not adversely affect the cardiovascular health of the general population. However, we do not possess sufficient epidemiological data to come to any firm conclusions as to the risk of coronary disease or mortality associated with caffeine consumption in excess of 1,000 mg.

Clearly, we are not talking here about acute intoxication. The consumption of carbonated drinks is not expected to cause acute intoxication, since these beverages contain only 15 mg of caffeine per kilogram. Regarding chronic intoxication, we know that chronic caffeine consumption can cause, among other things, a syndrome called caffeinism, which is quite different from caffeine withdrawal syndrome. Caffeinism develops through caffeine consumption.

[*English*]

The Chair: Your time is just about up, Ms. Lefebvre. Can you wrap it up now, please?

● (0925)

[*Translation*]

Ms. Lyse Lefebvre: To sum things up, the addition of caffeine in carbonated drinks, other than colas, at a rate of 150 parts per million, does not pose a health risk from a strictly scientific point of view, as long as users' total caffeine consumption does not exceed the recommended maximum. However...

[*English*]

The Chair: Thank you so much.

Keep in mind that during the questions and answers, if there's some point you want to get across—

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Excuse me, Madam Chair, but Ms. Lefebvre said "however." So, we would like to hear the end of the sentence, if possible.

[*English*]

The Chair: I'm sorry. She's way over time.

If you want to quickly do it for Mr. Dufour, go ahead, but we are running out of time and it takes away from others.

Go ahead.

[*Translation*]

Ms. Lyse Lefebvre: I just wanted to say that it is important to clearly indicate the presence and quantity of caffeine in drinks or food on their labels to help people calculate their daily intake.

[*English*]

The Chair: Monsieur Dufour, are you happy today? That's good.

Voices: Oh, oh!

The Chair: Thank you so much.

We will now go on to Refreshments Canada and Justin Sherwood.

Mr. Justin Sherwood (President, Refreshments Canada): Good morning, Madam Chair and members of the committee. Thank you for having me here today.

My name is Justin Sherwood. I'm the president of Refreshments Canada. Refreshments Canada is the national association representing the non-alcoholic beverage sector in Canada. Our members produce a variety of beverages, including soft drinks, juices, sports drinks, iced teas, energy drinks, and several brands of bottled water.

Refreshments Canada would like to reaffirm our sector's commitment to producing safe, effective, quality products that meet or exceed all regulatory requirements. No one—not the consumer, not the government, and not the beverage sector—stands to gain through the production of unsafe products.

According to Health Canada, Canadians get an estimated 90% of their caffeine from coffee and tea. The remaining 10% comes from other beverages, chocolate products, and medicines.

The beverage sector utilizes caffeine in two key product categories: in all energy drinks and in some soft drinks.

Caffeine has been used in soft drinks in Canada since the introduction of cola and cola-type beverages. Caffeine levels are regulated and are generally in the marketplace at levels between 25 and 30 milligrams per 250 millilitres. This is roughly a quarter of the caffeine of a 237-millilitre serving of filter-dripped coffee. Caffeine is used in colas and cola-like beverages as a flavouring agent that imparts a certain degree of bitterness within the overall flavour profile of the product.

Prior to March of this year, provisions of the Food and Drugs Act and regulations permitted caffeine in cola-like carbonated soft drinks at levels of 200 parts per million. Following the March decision by Health Canada, caffeine will now also be permitted in other non-cola carbonated beverages at a reduced level of 150 parts per million. Health Canada has asked manufacturers of these beverages to voluntarily declare quantity of caffeine on their labels, and Refreshments Canada and our members are committed to that transparency.

Refreshments Canada is also prepared to partner with Health Canada in a communications strategy to educate consumers on responsible consumption of caffeine and caffeine-containing products, something that we have communicated to Health Canada.

The other product category in which the beverage sector utilizes caffeine in the ingredient profile is energy drinks. Energy drinks are a relatively new product in Canada, entering the market in 2004. Like any new product category, growth rates in percentage terms appear high. However, in absolute terms, the market is very small. In volume terms, in litres, the energy drink segment in Canada is just 0.46% of all commercial non-alcoholic beverages sold in Canada.

Mainstream energy drinks contain approximately 80 milligrams of caffeine per 250-millilitre serving, compared to a cup of coffee that contains anywhere from 118 milligrams to 179 milligrams per 237-millilitre serving. There is a small number of products with higher levels, but they still fall within the caffeine levels of one to two cups of coffee.

Energy drinks are subject to tight controls in Canada relative to the efficacy, safety, and quality of these products, as set out by the NHP regulations. As a matter of law, these products are regulated as drugs. Claims relative to efficacy must be clearly substantiated, safety must be thoroughly investigated, and the quality must be highly controlled, all of which is subject to regulatory review by Health Canada.

I would like to make a few key points on energy drinks. The caffeine levels in energy drinks from all sources, natural or synthesized, are quantitatively listed on the label, as are usage and precautionary statements.

The category has been subjected to extensive review and analysis by regulatory authorities worldwide, including the European Food Safety Authority and Australia. Without exception, these reviews have all confirmed the safety of these products. In fact, in all other jurisdictions, they are regulated as food or food supplements.

The industry takes consumer complaints and spontaneously reported adverse events very seriously. It is for that reason that we recommended to Health Canada and to the minister that a thorough science-based "pharmacovigilance" analysis be undertaken. The industry has already retained independent pharmacovigilance experts to examine the information very recently provided to us by Health Canada. Their preliminary analysis is as follows.

There is no evidence of a causal relationship in any cases that can be used to draw any conclusions. Detection of a safety signal requires a rigorous assessment of evidence that goes well beyond spontaneously reported events to include, for example, background incidences in unexposed populations to put the events into perspective.

In fact, based on the information provided to us, in many cases it cannot even be confirmed that energy drinks were actually consumed; if so, how much; and additionally, the temporal relationship to any event.

My last sentence—

● (0930)

The Chair: Mr. Sherwood, your time is up, so please, very quickly.

Monsieur Dufour, is that okay...?

Mr. Justin Sherwood: My last point is that there is no evidence based on these spontaneous reported events that the risks of these events are any greater than the background rate of the general population. In fact, the available evidence in reviews by authoritative regulatory bodies around the world would suggest otherwise.

The Chair: Thank you, Mr. Sherwood.

We'll now go to Dr. Kadi, chief science officer for Red Bull.

Dr. Kadi.

[*Translation*]

Mr. Andreas Kadi (Chief Science Officer, Red Bull GmbH): Thank you, Madam Chair, members of the committee. On behalf of Red Bull, I thank the members of the committee for the invitation and I am glad to participate in this study on the use of caffeine as a food additive.

[*English*]

My name is Andreas Kadi. It is my pleasure to appear before this committee today in my capacity as the chief science officer of Red Bull to address scientific issues about the safe use of caffeine in beverages

Red Bull is an Austrian company with headquarters near Salzburg. The company has almost 7,000 employees worldwide and about 300 employees and contractors in Canada.

Red Bull energy drink was launched in 1987 as the first carbonated energy drink in Austria. Red Bull is now widely and safely consumed around the world in 160 countries. Health authorities across the world have concluded that Red Bull is safe.

Last year alone, close to 4 billion cans and bottles were consumed across the world, and over 3 million in Canada. Since the launch of Red Bull in 1987, a total of 21 billion cans and bottles have been consumed in Canada and around the world.

Red Bull shares Health Canada's commitment to ensuring that Canadians have access to safe, effective, and quality natural health products and is proud to say that in 2004 Red Bull was the first energy drink approved by Health Canada.

Red Bull supports a science-based approach on the overall objectives of this committee towards safe and responsible use by Canadians of caffeine in foods and beverages.

Red Bull contains a moderate level of caffeine: 80 milligrams per 250-millilitre can. This is equal to the amount of caffeine contained in one cup of instant coffee and it is less than the amount of caffeine in a medium-sized coffee or in an iced cappuccino from the most popular coffee chain in Canada.

The label on the Red Bull 250-millilitre can in Canada clearly limits the recommended consumption of Red Bull to two cans per day. Two cans of Red Bull contain 160 milligrams of caffeine in total. The label also recommends against the use of Red Bull by children, by pregnant and breast-feeding women, and by caffeine-sensitive persons. The label also warns against mixing Red Bull with alcohol.

The Canadian label statements represent the most stringent requirements for energy drinks anywhere in the world. In addition, Canada has the most stringent requirements for licensing the Red Bull product and for its quality.

Caffeine, in its natural and added forms, is found in a variety of consumer products, including coffee, tea, cola beverages, energy drinks, chocolate, and even some medicines. According to Health Canada, Canadian adults get an estimated 60% of their caffeine from coffee and about 30% from tea, with the remaining 10% coming from other beverages, chocolate products, and medicines.

Health Canada, in their web publication, which was updated in March 2010, confirmed that healthy adults should limit their caffeine intake to 400 milligrams per day. For children, Health Canada recommends a maximum daily intake of no more than 2.5 milligrams per kilogram of body weight. For children aged 10 to 12 years, this translates into a maximum of 85 milligrams. For women of childbearing age, the recommendation is a maximum daily caffeine intake of no more than 300 milligrams.

For healthy adults, Health Canada advises a daily intake of no more than 500 milligrams. This is five times the amount of caffeine in a 250-millilitre can of Red Bull. Two cans, as advised for daily consumption, would contribute only 160 milligrams, which is less than 50% of Health Canada's maximum daily recommendation for healthy adults.

Red Bull urges this committee to ensure that the assessment and regulation of caffeinated beverages is based on sound science. Red Bull is fully prepared to partner with Health Canada and other stakeholders to achieve these ends. Health authorities in various countries and scientific expert panels in the European Union, Australia, New Zealand, and the United States have unanimously concluded that Red Bull and its ingredients are safe.

As recently as 2009, the European Food Safety Authority reviewed more than 70 of the most recent scientific articles, review papers, and safety studies on energy drinks and their ingredients. EFSA confirmed the safety of the active ingredients found in energy drinks at the concentrations used and found that there is no harmful interaction from the combination of these ingredients, and that neither alcohol nor physical exercise altered the way in which the ingredients combined.

● (0935)

The Chair: Thank you, Mr. Kadi. I'm sorry, but your time is up. Can you quickly wrap up?

Mr. Andreas Kadi: I have one sentence left.

This EFSA opinion concludes a history of more than 10 years of safety assessment of energy drinks and their ingredients in Europe.

[*Translation*]

Madam Chair, thank you again for giving me the opportunity to make this presentation. I will gladly answer any questions.

[*English*]

The Chair: Thank you, Mr. Kadi.

We're going to be going into our first round of seven minutes. I must say to all the witnesses that I'm sorry, but we have to keep very close track of time so everyone gets a chance. If there's anything in your presentations that you wanted to put forward and that you didn't get an opportunity to say, when questions are put to you, you can slip it in. You have seven minutes to do that.

We will begin with the lovely Dr. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Thank you to all the witnesses.

Before I begin, I would just like to tell you, Mr. Shepherd, how very sorry I am. I thank you for having the courage to come here today.

Dr. Godefroy, I'm wondering how many different brands of caffeinated energy drinks are now marketed in Canada. What is the range of caffeine and taurine content, please?

Dr. Samuel Godefroy: Thank you, Madam Chair.

Energy drinks are currently regulated as natural health products. Therefore, I'm going to ask my colleague, Michelle Boudreau, who is the director general of the natural health products directorate, to take any questions on the subject.

The Chair: Ms. Boudreau.

Ms. Michelle Boudreau (Director General, Natural Health Products Directorate, Department of Health): *Merci.*

The number of energy drinks currently licensed in Canada is 18. We've issued 9 product licences, and that equates to 18 different products. What this means is that you can have one licence for a few different formats, for example, or for flavours. There are 18 licensed products.

As far as the range of caffeine within those products is concerned, I can certainly provide this in writing as well if you'd like. We'd be happy to do that for the committee.

As you can see, I have it here. The range of caffeine is from 50 milligrams per unit, so in this case that I'm looking at, per a 150-millilitre unit, to about 150 milligrams per unit, and which case we're talking about a unit about the size of 473 millilitres.

With respect to taurine, the range of the amount of taurine in these products that have been licensed to date by the natural health products directorate is approximately 1,892 milligrams per unit at the higher end, and about 1,000 milligrams per unit at the lower end. Again, the unit size varies between 150 millilitres to 473 millilitres.

● (0940)

Ms. Kirsty Duncan: Thank you.

In the scientific literature, have there been any changes in the reports of caffeine intoxication from energy drinks? Are we seeing changes in dependence and withdrawal?

Ms. Michelle Boudreau: I'm not quite sure how to answer your question. If you're speaking more about adverse reactions, I would probably call on my colleague to give you a much more complete answer to that. My colleague, Dr. Chris Turner, is here from the marketed health products directorate. If the committee would permit me, I would invite him to take my chair. I think he could give you a much more complete answer, if that's okay with the chair.

Ms. Kirsty Duncan: In order not to waste time, I will ask another question.

What pre-existing health conditions might make adolescents more susceptible or at risk to caffeinated energy drinks?

Dr. Chris Turner (Director General, Marketed Health Products Directorate, Department of Health): I think she wants me to take that, too.

Ms. Michelle Boudreau: Yes. I think Dr. Turner will take that, too, so you may have to repeat it.

Ms. Kirsty Duncan: These are the two questions. In the scientific literature, have we seen any changes, for example, regarding reports of caffeine intoxication from energy drinks, of dependence, or of withdrawal? Have there been increases seen in the scientific literature? Second, what pre-existing health conditions might make adolescents more susceptible or at risk to caffeinated energy drinks?

The Vice-Chair (Ms. Joyce Murray (Vancouver Quadra, Lib.)): Dr. Turner.

Dr. Chris Turner: First of all, we want to acknowledge Mr. Shepherd's testimony as well, because it's bringing forward information from individual cases on which we can base early signals and trends to start doing research.

In answer to your basic question, there really isn't good information collected in the literature to date that would support any ban on energy drinks based on intoxication, dependence, or those kinds of things.

But we do have case reports. We receive case reports that are spontaneous adverse reaction reports, because in Canada we regulate these products as drugs. In other countries, where they're regulated as food and food supplements, there are perhaps less well organized systems, although, as was testified, there have been reports that have been looked at by various other agencies.

In Canada, we have to date 60 serious adverse reaction reports involving energy drinks across all the different product types. Of these, 15 are cardiac, which is a matter of concern, but then you have to go down to what the level of precision is in the report, and unfortunately—for example, we use a World Health Organization classification system as "probable, possible, or unassessable"—we have had two reports of death as an outcome. These are suspicions; they're not proven. The reports on the deaths, both of which were said to be associated with arrhythmia, are incomplete in terms of definitely assigning causality, or in other words, in saying that it's certain that the product caused the reaction.

That's part of the early days of this, but what it does do is push us towards more research and allows us to focus the research, and then to build scientific evidence on which we can take better decisions. We started in 2005 with "It's Your Health", which identified that there are reports; we're trying to communicate this to Canadians so they can make choices.

Ms. Kirsty Duncan: Thank you.

I would suggest that there are increasing reports of caffeine intoxication from energy drinks, and there is concern that problems with caffeine dependence and withdrawal will also increase. I think the fact that there have been deaths really needs to be paid attention to.

What is the safe daily amount of caffeine, and caffeine and taurine together, for adolescents aged 12 to 18 years?

The Vice-Chair (Ms. Joyce Murray): There's just half a minute left.

Ms. Michelle Boudreau: To some extent, the answer to that has been referred to by the other witnesses, although I think primarily what you've heard about to date is the amount of caffeine that is looked at, has been well examined, and is cited in the "It's Your Health" letter as far as safe amounts of caffeine are concerned. You've heard various references from the perspective of milligrams per kilogram, as well as an overall daily consumption of approximately 400 milligrams.

I can tell you, though, that one of the things we look at when we are assessing natural health products of all types is the safety. This was also referred to by other witnesses: that a natural health product, when it is examined as to whether it should be licensed, undergoes a complete safety review, so the precise question you're asking would be looked at in every single application we receive.

● (0945)

Ms. Kirsty Duncan: Okay.

The Vice-Chair (Ms. Joyce Murray): Thank you. The time is up.

Ms. Kirsty Duncan: Can I just comment?

I didn't get an answer as to what the safe daily amount is of caffeine and of caffeine and taurine together for adolescents of that specific age group, who are the ones consuming this.

The Vice-Chair (Ms. Joyce Murray): Thank you.

Mr. Malo.

Ms. Michelle Boudreau: That is something I would be happy to provide, but I'm not sure we have looked at what you're referring to as a safe level of caffeine and taurine together for that age group—

The Vice-Chair (Ms. Joyce Murray): Thank you, Madam Boudreau.

Ms. Michelle Boudreau: May I just finish?

That's because, in fact, the age group is not within the recommended conditions of use that you're referring to.

Ms. Kirsty Duncan: And I think that's my point.

The Vice-Chair (Ms. Joyce Murray): Thank you very much. If there are further comments about this, there may be other questions that it fits into appropriately.

Thank you.

Mr. Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair. I understand, based on this morning's testimony, that adding caffeine to carbonated drinks subject to the new regulations does not cause health problems, as adults do not consume caffeine in excess of the acceptable limit.

However, young people are already exceeding that limit in many categories of caffeine consumption, whether we are talking about natural or synthetic caffeine. Quite aside from the issue of whether of not caffeine is being added to other products, the problem involving young people remains unresolved. That is my understanding of what was said.

I also understand that, in response to Health Canada's suggestion to label all products containing natural or synthetic caffeine, the producers and distributors have agreed to label their products to help consumers in determining which ones contain caffeine and in what quantities. That way, they can decide whether a particular product fits into their daily diets.

I am wondering about something, and I would like to ask the producers a question. When will the new labelling policy be introduced? My understanding is also that you intend to put an information campaign together. I would like to know when it will be launched and how you mean to roll out the campaign to directly target the client base that is currently consuming too much caffeine.

Mr. Justin Sherwood: If you don't mind, I will answer in English.

[*English*]

I am not aware, at this point, of any new non-cola types of caffeinated beverages that are going to be coming into the marketplace as a result of this change.

If I look to the U.S., I can think of one or two other products that are non-cola caffeinated beverages that don't exist in Canada. As far as I'm aware, there are no plans to bring those products to market here.

To answer your question, if those products do come to market, they will come to market with the labelling on the can.

[*Translation*]

Mr. Luc Malo: So, if my understanding is correct, the labelling you suggest be adopted would not apply to products already containing natural or synthetic caffeine?

[*English*]

Mr. Justin Sherwood: Energy drinks are already quantitatively labelled. One of the manufacturers of cola-type products already voluntarily declares it, and I'm having discussions with the other one as well at this point.

[*Translation*]

Mr. Luc Malo: Mr. Godefroy, what is the best way to inform Canadians? I am convinced that parents don't know that their children are currently ingesting too much caffeine.

How can we clearly indicate the maximum amount of caffeine that their children can safely consume on a daily basis?

● (0950)

Dr. Samuel Godefroy: In fact, you put your finger on the main element related to the inappropriate use of certain food products containing caffeine. The key element consists in informing consumers, especially parents, so that they can opt for caffeine-free products.

In its new Food Guide, Health Canada provides a consumption indicator suggesting that carbonated drinks not be the general population's, and especially children's, beverages of choice. It is recommended that Canadians instead opt for water and other beverages, especially those containing protein. Milk and juices are also recommended as beverages of choice.

So, we will continue to educate consumers, whether they be adults or children, about monitoring their daily caffeine intake from all food sources. It is not about focusing on one particular food category, but rather about dealing with the daily caffeine intake issue as a whole. So, we would not only focus on products where caffeine is used as a flavouring agent, extracted from guarana and other sources, but also on caffeine in its natural form, as it is found in coffee, tea, and even chocolate, or in other products that may contain caffeine.

We have already issued—I believe you have already received some documents published by Health Canada over the last few years—a document informing Canadian consumers about caffeine sources. This document provides information on the amounts of caffeine in products where caffeine is naturally occurring, indicates the daily maximum caffeine intake—400 mg for adults—and indicates which groups of individuals could be more sensitive, or more at risk from caffeine consumption, namely pregnant women, women of childbearing age and children.

Labelling is another way of providing this information, especially when it comes to letting consumers know if and how much caffeine a product contains. Labelling is already mandatory for products where caffeine is used as a food additive, and we want to go beyond the food labeling requirements. It is for this reason that, when Health Canada authorized expanding caffeine use to other carbonated drinks, we recommended quantitative labelling for caffeine in those beverages.

Mr. Luc Malo: Dr. Kadi...

[*English*]

The Vice-Chair (Ms. Joyce Murray): Monsieur Malo, that's the end of your time.

[*Translation*]

Mr. Luc Malo: Don't tell me that my time is already up, Madam Chair.

[*English*]

The Vice-Chair (Ms. Joyce Murray): Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Thank you, Madam Chair.

Thank you very much to all the witnesses.

My name is Megan Leslie. I'm the member of Parliament for Halifax.

Mr. Godefroy, I just need to understand one thing about your briefing. On page 3, you say, “Until recently, synthetic caffeine could only be added to cola-type beverages up to a maximum of 200 mg/Litre under the Food and Drug Regulations”. Then you talk about non-colas. Is this 200 milligrams caffeine that is added on top of naturally occurring caffeine? Or is it 200 milligrams total?

Dr. Samuel Godefroy: The way the regulation works, essentially, it is the total amount of pure added caffeine to cola-based beverages, simply because caffeine has historically been regulated as a food additive in Canada.

Ms. Megan Leslie: Okay. So it's the same for non-cola...?

Dr. Samuel Godefroy: The same would apply for non-cola.

Ms. Megan Leslie: So caffeine is coming from other products in non-cola beverages like...?

Dr. Samuel Godefroy: Well, essentially we're talking about other carbonated soft drinks, the non-brown soft drinks, if you will.

Ms. Megan Leslie: Where is the naturally occurring caffeine coming from in those drinks?

Dr. Samuel Godefroy: Essentially, the way the formulation of these products works, it is a pure addition of caffeine. That caffeine can be either pure extract or synthetic. It depends essentially on how the supply chain works.

Ms. Megan Leslie: Thanks.

I find the potential impacts on youth and children to be very, very concerning. They are the category most at risk, as you just said, but they're very much absent from the brief from Health Canada.

I don't need the answer verbally, but I'm wondering if you could table information for us, first answering Ms. Duncan's question about what the pre-existing health conditions are in adolescents where caffeine may complicate those pre-existing health conditions.

I'm hoping you can also provide us with information about which medications, when mixed with caffeine, pose potential health risks, in particular to the high-risk groups of adolescents and pregnant women.

Also, could you actually table the list of reported cases that Dr. Turner referred to? Thank you.

Madame Lefebvre, you didn't get a chance to talk about acute toxicity and chronic toxicity. I was hoping you could do that now. What are the dangers? Are the dangers different for children? What would you recommend as a way to avoid acute toxicity and chronic toxicity?

● (0955)

[*Translation*]

Ms. Lyse Lefebvre: As I was saying, in the case of energy drinks or carbonated drinks, the possibility of acute intoxication is very low. Such intoxication is generally caused by consuming caffeine-containing medications. This phenomenon is rarely observed in children.

However, the poison control centre's reports indicate that the number of cases has increased substantially since 2004. There were four reports of intoxication caused by energy drink ingestion in 2004, and 104 such cases were reported in 2008. The reported effects were fairly mild, such as palpitations, nausea, and so on.

The issue at hand is caffeine's chronic toxicity, and I was telling you earlier about caffeinism, which develops through caffeine consumption. Its symptoms include irritability, shaking, muscle twitching, palpitations, hot flashes, and other effects associated with long-term caffeine overconsumption.

Another related issue is caffeine withdrawal syndrome, which is the exact opposite of caffeinism and is associated with fatigue, depression, poor concentration, and especially with headaches that ensue when a person stops consuming caffeine. These effects are usually experienced in the 12- to 24-hour period after people cease consuming caffeine and are remedied by caffeine ingestion.

So, there are two different phenomena related to caffeine use: caffeinism and caffeine withdrawal syndrome. The latter can last for a few days.

[*English*]

Ms. Megan Leslie: And those effects are more acute in young people: is that fair to say?

[*Translation*]

Ms. Lyse Lefebvre: I would not say that the effects are more acute in young people. Youths usually react to smaller quantities, but there are also people who are more sensitive to caffeine. You spoke about drug interactions, which are very important to consider. I do not have any information with me, but the report on energy drinks we are currently drafting for the Government of Quebec covers interactions with caffeine. Many medications react with caffeine.

Among other things to consider, there is the case of hyperactive children who are on drugs like Ritalin. Problems can arise if they mix caffeine with their medication.

[*English*]

Ms. Megan Leslie: Now, do either you or Mr. Godefroy know if the consumption of caffeinated beverages is lower in Quebec because of the ban on advertising to children? Do you know if there are lower rates of consumption?

Dr. Samuel Godefroy: I actually don't have the specific consumption levels in Quebec.

Ms. Megan Leslie: Okay.

Mr. Sherwood, after page 4 of your submission, there is a chart. Where is this information from?

Mr. Justin Sherwood: It's taken from the websites of all the available companies. I think we've listed the brand names there.

Ms. Megan Leslie: So you've compiled that from...?

Mr. Justin Sherwood: We've compiled it from.... For example, the American brand, I believe, is Starbucks; the well-known Canadian brand is Tim's; and for the energy drink, I think the brands are listed right there—

Ms. Megan Leslie: Yes, they are.

Mr. Justin Sherwood: —as well as the quantity in terms of the most common sizes they're sold in.

Ms. Megan Leslie: Okay. Thank you.

If I still have time, Mr. Godefroy, is Health Canada reconsidering caffeinated beverages, non-cola caffeinated beverages, being designated natural health products. Is that something Health Canada is looking at right now?

● (1000)

Dr. Samuel Godefroy: We're talking about carbonated soft drinks, right?

Ms. Megan Leslie: Yes.

Dr. Samuel Godefroy: Carbonated soft drinks are considered to be foods and will continue to be regulated as such. They are represented to consumers as foods and they have been consumed mostly in order to quench thirst.

Ms. Megan Leslie: I have to be honest. I don't even know if things like Red Bull are carbonated.

A voice: They are.

Ms. Megan Leslie: They are? Okay. I didn't even know that.

Dr. Samuel Godefroy: Red Bull is carbonated, but that's a different category of product. That's the typical energy drink and that's what is regulated currently as a natural health product.

Ms. Megan Leslie: The fact that they are designated as natural health products concerns a lot of Canadians—just that labelling—so is there any discussion at Health Canada about a different way of labelling or a different way of dealing with these energy drinks?

Dr. Samuel Godefroy: There's actually constant discussion about that. Essentially, our objective is to look at the most effective regulatory framework that would allow the safe use of these products, so it is under consideration.

Ms. Megan Leslie: Thank you.

The Vice-Chair (Ms. Joyce Murray): Thank you.

Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Madam Chair.

I have several questions to get in, so I hope to get concise answers from the witnesses.

I'll start with our focus on caffeine. I found it interesting to hear from Health Canada that 60% of the caffeine comes from coffee, so obviously that's a major source of caffeine, and how it affects Canadians. So I want to know if there have been similar studies on caffeine levels in coffee or tea undertaken by Health Canada in terms of adverse effects that might have been caused.

Dr. Samuel Godefroy: Not necessarily on adverse effects, but we have information about the levels of caffeine in those beverages. Those were taken into consideration in the overall assessment to look at the caffeine intake.

Mr. Patrick Brown: Obviously it's important to look at the largest source of caffeine for Canadians; other products, whether they are chocolate, Red Bull, or medicines, are obviously a much smaller aspect of the market.

In terms of spontaneous reports, obviously, to reach hard conclusions, I imagine it would be important to have access to lab tests or medical records. Do you have any access to information like that?

Dr. Samuel Godefroy: My colleague Chris Turner would probably be the better one to answer this question. There is a protocol that needs to be followed in order to consider the adverse reports. There is actually a stringent requirement about the way this information is collected and then subsequently assessed.

Mr. Patrick Brown: Is there any information, or are there any medical records, or is it just a report?

Maybe Ms. Boudreau can answer that.

Ms. Michelle Boudreau: Yes, I'll try my best. Certainly, as Dr. Godefroy mentioned, Dr. Turner would probably give you a more complete answer. We can supply things in writing as well, if you'd like.

Part of the assessment is to go beyond the report. Certainly when the marketed health products directorate looks at a spontaneous report or a case report, there are a lot of questions asked around that.

You referred to medical records and whether there were there tests done. That is all part of the assessment: what exactly was consumed, other medications or other products that may have been consumed around the same time, and the proximity of when the product might have been consumed compared with when the reaction may have occurred.

All those precise questions, in accordance with guidelines from WHO and some very specific standard operating procedures within MHPD, are done in order to complete a proper assessment.

Mr. Patrick Brown: So Health Canada does have access to medical records when they look at the adverse reports...?

Ms. Michelle Boudreau: I think it's fair to say to a certain extent.

Maybe Dr. Turner will just nod his head here, but—

Dr. Chris Turner: Not medical records.

Ms. Michelle Boudreau: Not records per se, but the information we might ask directly of the person who reported the adverse reaction.

Mr. Patrick Brown: If you don't have access to medical records, would you have access to lab tests?

Ms. Michelle Boudreau: We have access to the lab tests that may have been done on a person who reports. If the individuals themselves report, or if a physician reports, then at times that information will be available. It certainly would be requested if there were any lab tests or other things done at the time.

Mr. Patrick Brown: The next question I have is for Mr. Kadi.

It was mentioned before, I think in Ms. Duncan's question, about mixing caffeine and taurine. I thought I read somewhere that the EU looked at the safety of taurine. Maybe you could comment a little about the safety of taurine. I understand that taurine comes from meat.

If we're concerned about mixing caffeine and taurine, wouldn't anyone who goes to Tim Hortons to have one of their sausage breakfast sandwiches and a coffee be mixing caffeine and taurine?

● (1005)

Mr. Andreas Kadi: Yes, they would be mixing them. I think it would be an interesting mix for breakfast.

As you say, taurine is a substance that occurs in the food we eat, so you will find it in meat products like beef and chicken. You will find it in larger quantities in seafood. It is what nutritionists call a non-essential amino acid. It is also a substance found in the human body. A person weighting 60 to 70 kilograms will have about 60 to 70 grams of taurine in their body, so this is not a substance that is new to the organism or to the diet.

I may take the opportunity to shed light on a question Mrs. Duncan asked about safe levels of taurine. This is what the European Food Safety Authority looked at in the 2009 opinion. As I mentioned in my opening statement, the safety assessment of energy drinks in Europe has a 10-year history. The European Food Safety Authority asked several questions and asked for studies, which were provided, so they could come up with a final conclusion.

For taurine they established what is called a “no observed adverse effect level” of 1,000 milligrams per kilogram of body weight per day. They said that this was respectively 120-fold higher than the estimated mean and 43-fold higher than the estimated 95th percentile exposure to taurine from energy drinks when calculated for a 60-kilogram person.

If I do a rough calculation and divide this by two, you may be in the area of children, so you have a factor of 60, or about 21 respectively, when you look at the very high uses. But of course we do not expect children to be high users of energy drinks, so this is just hypothetically for consideration.

Mr. Patrick Brown: How many milligrams of taurine are in a Red Bull?

Mr. Andreas Kadi: A can of Red Bull contains 1 gram or 1,000 milligrams.

Mr. Patrick Brown: And in Europe it was 1,000?

Mr. Andreas Kadi: Yes, and that is per kilogram of body weight to no observed effect level. So if you did a scientific calculation—not a fully justified calculation, but at least to get the magnitude—this would correspond to 120 cans of Red Bull per day, which of course nobody would seriously consume.

Mr. Patrick Brown: Obviously it doesn't appear that there's a concern there. I know that on a can of Red Bull it says that the recommended dose is two per day. But the Health Canada figures—

The Vice-Chair (Ms. Joyce Murray): It will have to be a very quick question, Mr. Brown.

Mr. Patrick Brown: —show 400 milligrams a day. So technically, following the Health Canada's levels, you could have five a day, but you recommend two. Why have you taken a more conservative approach?

Mr. Andreas Kadi: As was mentioned by Health Canada, there's range of sources for caffeine intake. The main source is coffee. Then you have tea and other products contributing to the daily caffeine intake. So advising consumers to not have more than two cans, which is 160 milligrams, is a reasonable approach to allow for other sources of caffeine in the diet.

Mr. Patrick Brown: Thank you.

Mr. Andreas Kadi: On the interaction of caffeine and taurine, I owe you an answer in a nutshell. The European Food Safety Authority has looked at that, and I recall one sentence from the summary report, to answer your question. They said that "...it was unlikely that d-glucuronolactone would have any interaction with caffeine, taurine, alcohol or the effects of exercise". So they looked at potential interactions with all the substances, plus alcohol and physical exercise.

Mr. Patrick Brown: Thank you.

The Vice-Chair (Ms. Joyce Murray): Thank you.

Dr. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much.

First I want to say, Mr. Shepherd, please accept my condolences on what has happened to your child.

I want to ask a couple of questions.

If Red Bull is not supposed to be good for children, and you say that children should not take it, why is it that Red Bull, up until adverse reporting occurred, had been marketing to children? That's the first question I need to ask.

Secondly, if Red Bull or very highly caffeinated energy drinks are not supposed to be used with alcohol, surely when a product is marketed with vodka in most bars you should know that this is marketing with alcohol. Due diligence would ensure that it should be said very clearly to people who buy Red Bull for use in a bar that they should not mix it with alcohol. Has either of those things happened?

Also, we talk about labelling and everyone says what the labelling is, but what if labelling is not clear? If a child cannot read a label that says they should not be taking this, or if an adult cannot read a label that says they should not be taking this when they've had five cups of coffee because of the cumulative effect of caffeine, why is that labelling not absolutely clear?

Because I have to tell you, Red Bull is marketed a lot. And I think the issue of exercise is an important one when combined with it, and yet whenever you go to any parade, any athletic event, there is Red Bull, marketing to everyone.

I think the issue of the precautionary principle is extremely important, so I'm going to ask this question of Health Canada. As a result of some of this, given that children are using this product freely, given that it is being sold with alcohol, given that it is being marketed to children who are not told they shouldn't take it, have you begun or do you intend to start adverse reporting mechanisms?

● (1010)

Dr. Samuel Godefroy: Again, this question is about Red Bull and energy drinks, so I'm going to ask my colleague, Michelle Boudreau, the director general of the natural health products directorate, to answer your question.

Hon. Hedy Fry: Usually a letter about adverse reporting mechanisms goes out to physicians and others. I would say to you that most physicians don't know to tell children they should not be consuming certain energy drinks, and therefore it should be factored in when a child becomes toxic, or ill, or when something adverse happens.

Some letter should go out from Health Canada. In my years as a physician, it used to suggest adverse reporting mechanisms with a particular product. That's what I'm asking. It's a simple answer, yes or no, and then I'd like to hear from the Red Bull people and the Refreshments Canada people.

Ms. Michelle Boudreau: Certainly. I guess the simple answer would be yes. In the context of promoting and encouraging adverse reaction reports generally, not just for energy drinks but for any product that may be a drug, we have done a great deal to promote that. Some of you may have even read some of the ads that were in *The Globe and Mail* sometime back.

In January 2006, and then again in 2009, we also issued a "Canadian Adverse Reaction Newsletter", distributed widely to the health professional community, which reported adverse reactions related to energy drink consumption.

Hon. Hedy Fry: Thank you.

I only have five minutes, so I want to get the answers, please.

Dr. Kadi.

Mr. Andreas Kadi: I'll try really quickly. Thank you.

Starting with marketing to children, I have to clearly say here that we do not market to children. When you look at our marketing activities, and this hasn't changed over the years—

Hon. Hedy Fry: Mr. Kadi, you do market to children, I'm sorry. We have enough reports that Red Bull is there at community centres, etc. You may not wish to market to children, but whoever is getting your products is marketing to children. So what are you going to do? I understand that you no longer do it.

Mr. Andreas Kadi: When you look at the events we are supporting, be it Formula One, be it Air Race, be it Crashed Ice, these are clearly events that are targeted at adults. When you look at the marketing activities we perform, when you look at the universities, for example, starting with students who are 18, yes, this is where we are. When you look at high schools, where students are younger, then this is where we are not. When you look at the advertising we're doing, part of the—

Hon. Hedy Fry: Please answer the rest of the question.

The Chair: Dr. Fry, Mr. Shepherd might want to try to get in a response.

Hon. Hedy Fry: Yes, I know. I just wanted Mr. Kadi to answer the second part of the question. We have enough letters from people who have seen Red Bull being marketed at high school events and recreation centres. I didn't get your other answer on alcohol.

Mr. Andreas Kadi: On alcohol, this clearly also has to do with labelling. The label clearly indicates that this product is not for children and the label also clearly indicates that the product is not to be consumed with alcohol.

The Chair: Your time is up.

Hon. Hedy Fry: So you are not aware that it is being sold with alcohol in bars?

The Chair: Dr. Fry, I'm sorry. Your time is up.

Hon. Hedy Fry: Thank you.

Mr. Shepherd.

The Chair: I'm sorry, Mr. Shepherd. Did you want to say something?

Mr. James Shepherd: As far as marketing to children goes, I was at the Iroquois Park recreation centre, a city-run facility, watching the 13-year-olds' hockey game. That's primarily what's taking place in that facility: children's games and teenagers' games. That was on February 6 of this year.

I believe you were a member of Refreshments Canada then as well.

Leaving the parking lot, I saw a Red Bull Mini with the big can—very attractive to children as well—sitting in the parking lot. I approached. I got out of my car to get a drink. The teenager in front of me took a drink and I took a drink, so I could report the sampling. That was my prime goal: to put everything together.

So I phoned—

A voice: You can write it down—

Mr. James Shepherd: Yes, you can write it down, but it doesn't matter because there are a lot of them.

I phoned the manager of the facility and he said he was surprised that Red Bull was there, because two weeks previously he had to kick them out of the inside of the facility after they were sampling there. Now, apparently they were giving it to people 18 years and over at that point, but he did have to kick them out. He said an employee went to another facility a few kilometres north and found Red Bull there after they'd kicked them out of that facility.

Further to that is the report that she speaks of, a nutritionist, a mother of an 8-year-old and an 11-year-old, in the Aurora Recreation Centre in December of 2008. She filed a complaint alleging that her 8-year-old and 11-year-old children were offered drinks inside the recreation centre.

Coming in here today, I overheard someone saying, “I wonder if they're giving out free samples”. So I don't think these are isolated cases.

Further to that, it is against the Food and Drugs Act, and I can read it to you. I don't need a lawyer to interpret the obvious intent.

● (1015)

The Chair: Thank you, Mr. Shepherd.

Dr. Carrie.

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

Again, Mr. Shepherd, my condolences on the loss of your son.

I have basically two questions and I want Health Canada and the industry to answer them.

First, Mr. Sherwood, you mentioned in your last statement that there is no evidence, based on these reports of spontaneous adverse events, that the risk of these events is any greater than the background rate in the general population. In fact, the available evidence and reviews by authoritative regulatory bodies around the world suggest otherwise.

We've heard that there have been 21 billion cans consumed, so I would think there should be a lot of information out there. I was wondering if I could ask you, Dr. Kadi, and maybe Madame Boudreau what measures you take to monitor these potential associations of the products.

My second question is this. We know that Health Canada is the most stringent around the world in regulating these products. Could you comment on how caffeine is regulated in other countries?

I did notice on your handout as well, Mr. Sherwood, that even an average Tim Hortons product appears to have more caffeine than your products. I'll admit a conflict here. I drink probably at least two cups of coffee a day. Do you know if there are there any places in the world where they regulate or label coffee and products such as tea and how would they do that?

Those are my questions. Maybe Mr. Sherwood could start.

Mr. Justin Sherwood: Sure. If you'll allow me, I'll start.

Because as a matter of law energy drinks are regulated as drugs in Canada, Health Canada has a tool at its disposal that probably no one else in the world has when it comes to energy drinks, and that is the spontaneous events reporting mechanism that has been spoken about ad nauseam.

I think the key, when you take a look at those spontaneous events, is that because you are starting to apply a drug-like framework to those products, you have to go the whole way and assess the products with a pharmacovigilance analysis that looks at, amongst other things, background events in the unexposed population. We have indicated that to Health Canada, we're undertaking that work, and we will be happy to provide that work to Health Canada, because, quite frankly, we take these events and consumer complaints very seriously. So there is a tool there.

The second question you asked was relative to how caffeine is regulated elsewhere in the world. It is generally regulated when you are talking about soft drinks as a flavouring agent, because it imparts a bitterness up to a certain level. I think it's a very similar level generally—and I'm generalizing here—to the one being proposed by Health Canada. Then, after that, it becomes more of an additive—is that correct?—a physiologically active substance. Lastly, I'm not aware of anywhere in the world where there is quantitative labelling on coffee or tea and I think it would be very difficult to do.

Andreas, perhaps you could tell us if there are any.

● (1020)

Mr. Andreas Kadi: Actually, Mr. Chair, the way the European Union approached it in 2002 was to issue a directive on the labelling of caffeine-containing beverages that exempted products with “coffee” or “tea” in the name from this quantitative labelling.

This is actually where consumers run into the problem. They may have very accurate information about the caffeine content in energy drinks, or in Europe with products containing more than 150 milligrams of caffeine per litre, but when they buy these products, they do not have the information on coffee and tea at hand, which I agree won't be easy.

This is because coffee, for example, has a caffeine content that depends a lot on the method of preparation and how you make your coffee. When you go to the big coffee chains, for example, the production is more or less standardized, and they also will not have this information. I think that in order to see how much caffeine you get from different sources over the day, this information should be available to consumers.

Mr. Colin Carrie: I don't think I'm that unusual as a Canadian, but I am looking at your numbers here, and if the issue is caffeine, maybe Madame Boudreau.... Like I said, Health Canada has the most stringent regulations and we know people who think they're far too stringent. But if the issue is caffeine—

The Chair: I'm sorry, Doctor Carrie. Your time is up.

Mr. Colin Carrie: —should we be looking at coffee in other drinks, too? How would we do that?

The Chair: Please be very quick.

Ms. Michelle Boudreau: I would like to highlight something to the committee, or perhaps even make a correction. It was stated by one of the witnesses that under the NHP regulations, there was no assessment done of these products. I want to assure you that this is not correct.

In fact, there's a full assessment done, a pre-market assessment, which would not be done in any other country where these products are regulated as food. The fact that they are regulated as drugs gives these products a stricter or more complete regulatory oversight. The safety, quality, and efficacy are all looked at prior to a licence being issued.

As well, the surveillance mechanism was referred to. Yes, we do continue to look at the adverse reaction reports, and we promote the consideration of those reports by medical professionals and others through mechanisms that I mentioned before. We will continue to do that.

The Chair: Thank you, Ms. Boudreau.

Now we'll have Monsieur Dufour.

[*Translation*]

Mr. Nicolas Dufour: Thank you very much, Madam Chair.

Ms. Boudreau, thank you as well. I just wanted to quickly add, continuing in the same vein as Mr. Carie, that people seem to think that the monitoring of caffeine-containing products was perhaps where Health Canada failed. If I understood correctly, studies are being conducted on an international scale. For instance, the Red Bull company sells its products in many countries, including those of the European Union.

I know my question is along the same lines as Ms. Boudreau's comments, but I would like to know, Mr. Godefroy, what you think of the evaluation done of these products.

Dr. Samuel Godefroy: Are you talking about the presence of caffeine in food in general? The presence of caffeine in food in general is addressed in consumption studies. It was taken into consideration when we conducted our exposure analysis. Before permitting caffeine to be added to carbonated drinks other than cola beverages, we estimated the overall exposure to caffeine from all sources, and especially from carbonated drinks. This information is derived mainly from consumption data we have collected.

Mr. Nicolas Dufour: That is when you set the limit to five cans. Companies like Red Bull, for instance, took it one step further by recommending that consumers not exceed two cans a day. Is my understanding correct?

Dr. Samuel Godefroy: Health Canada did not recommend that carbonated drinks be consumed...

Mr. Nicolas Dufour: I understand, but—

Dr. Samuel Godefroy: I am repeating Health Canada's recommendation. The Canada Food Guide recommends that we opt for other drinks as our beverages of choice. That being said, those who choose to consume carbonated drinks containing caffeine should monitor their daily caffeine dietary intake.

The idea here is that a healthy adult should not exceed 400 mg of caffeine a day. For a pregnant woman or a woman of childbearing age, the limit drops to 300 mg. Children's intake should be monitored even more carefully, as they are more sensitive to caffeine. As we said earlier, the maximum recommended intake for children can be as low as 40 mg or 45 mg.

Mr. Nicolas Dufour: Mr. Sherwood, you made an interesting comment at the beginning of your presentation. You said that it was not to the advantage of any of the parties involved to refuse to cooperate in ensuring that the information is provided.

Can you elaborate on this thought regarding industry? I know that industry had to cooperate with Health Canada, so that the agency could collect information. Do you have any other ideas that could be of interest?

● (1025)

[*English*]

Mr. Justin Sherwood: Things that we have done in the past include partnering with our retail partners to distribute point-of-sale information based on Health Canada's fact sheets on the appropriate use of energy drinks. We have provided guidance to clerks and store owners on the appropriate use of these products.

Another component is encouraging consumers to factor in their caffeine from all sources. As Andreas from Red Bull said, the challenge is not the 10% of caffeine that comes from other beverages such as soft drinks or energy drinks, but the vast array of caffeine that occurs in other food sources.

[*Translation*]

Mr. Nicolas Dufour: I would like to know which age group accounts for the majority of energy drink users. You must have conducted market studies.

[*English*]

Mr. Justin Sherwood: The target market is young adults who are 18 to 34 years old.

[*Translation*]

Mr. Nicolas Dufour: This particular age group buys your products the most.

[*English*]

Mr. Justin Sherwood: That's the target market.

[*Translation*]

Mr. Nicolas Dufour: Okay, thank you.

Mr. Kadi, you talked about studies conducted on an international scale. I would like to know if, in your opinion—this question is also for Mr. Godefroy—Canadian regulations are more or less stringent compared with international regulations. Are there things we could improve on? Otherwise, are there any major differences between Canada and the European Union?

[*English*]

Mr. Andreas Kadi: Yes, you are more stringent. I think this was explained already.

In Canada, these products fall under the category of natural health products; they are not foods, as they are in all the other countries where we sell. I understand that there were good reasons for putting these products in there in 2004. This made it possible to sell them under the regulatory environment in Canada.

It is important to do safety assessments in Canada, but it is also important to see what is available in other parts of the world, to see what has been done. I have mentioned the safety assessment done by —

The Chair: Thank you, Mr. Kadi. You're way over time right now so you're going to have to wrap up.

Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

First, I would like to thank all the witnesses for coming here today.

I believe the national reality is probably not unlike the reality in my household. We adults drank coffee, and then all of a sudden when my children were about 14, these cans started arriving. I assumed they were safe because they were buying them in convenience stores. We talk about 80% of the consumption being from coffee, but I think that among young people from 12 to 20 most caffeine is coming from these energy drinks.

I did some quick calculations and I want to know if I'm understanding this right. If the recommended dose is no more than 2.5 milligrams per kilo, between 12 and 20 years of age, let's say, you can have young girls that are probably in that range. The other thing I've heard is that energy drinks can range from 50 milligrams to 150 milligrams in that 473-millilitre can.

If you do the first calculation, you have a young girl between 13 and 20 who perhaps weighs 80 or 90 pounds and maybe a little more and her recommended level should be no more than 100 milligrams a day. If you have a 150-milligram can even by consuming one can, never mind putting in alcohol or anything else, she has exceeded what is appropriate. I'll leave that open for general conversation.

● (1030)

The Chair: Ms. Boudreau.

Ms. Michelle Boudreau: Thank you.

Yes, I think what you have pointed out is the difficulty in arriving at a dose or a recommended dose. In fact, that is why the current labelling for these products is that the products are not recommended for children.

One of the things we're looking at, because we do get that question—and I'm sure all of us will sometimes ask ourselves that question—is this: what are children? That is precisely what I think you are pointing out. A child who may be my size, is that a child? Or even though they may be 16 or 17.... Or if it's a person with some significant weight and stature, even though they might be 14, does that make a difference?

What you have pointed out is some of the difficulty that we have in the labelling around these products. In fact, that is why we've taken the broad approach of simply saying that these products are not recommended for children.

One of the things we are looking at now within the directorate is ways to clarify what is meant by “children” to better enable parents to read that information and know whether it is appropriate for the young girl or a larger person, depending on their age.

Mrs. Cathy McLeod: I have a quick comment there. As a mother, I probably had no idea that it was not recommended for my 14-year-old or 15-year-old daughter, and I think my daughter, given the sort of psyche of the adolescent, probably wouldn't have thought twice about it. So how are we going to deal with this issue? Because it is an issue.

Ms. Michelle Boudreau: Again, I think you have raised something we are quite aware of at Health Canada, particularly within the directorate. There have been a few comments made that I would just bring back to you. There was a suggestion made by Dr. Sweet regarding involving others in what he referred to as the regulation of these products.

In fact, one of the things we are looking at in the directorate is bringing people around the table to ask how we do get to properly communicating the safe use of these products, precisely as you've set out. How do we educate people to be more aware of their caffeine consumption generally, whether it is within this type of product or all product classes? This is something that we're looking at and, very much has been suggested here today, we're looking at bringing in others in order to be able to have that discussion, so that we're not having it in a vacuum.

Similarly, Refreshments Canada referred to an awareness campaign or something that they would like to do to, again, promote safe use, and that is something we have also begun to discuss with Refreshments Canada, only as one body, because again, there may be others that would be very helpful.

I think that what we have done at Health Canada to date is that we have created some information that is helpful. When you look at the “It's Your Health” letters and the “Canadian Adverse Reaction Newsletters”, the question now is, how do we further disseminate that information? How do we put it in the hands of parents, consumers, and young individuals, etc., so that they can make those choices appropriately? That is some of the discussion that we're beginning to have.

The Chair: Thank you, Ms. Boudreau.

We'll now go to Dr. Duncan.

Ms. Kirsty Duncan: Thank you, Madam Chair.

I think we need to pay attention. This is more than education. As Ms. McLeod has rightly pointed out, when you look at the numbers, one drink sometimes puts a child over the recommended dose. If we look at Mr. Shepherd's son, it was his first drink, and ultimately he died.

There is a problem with a lack of research. I can go through numerous research questions for which there are no answers.

This is the extreme, but I'm wondering if you can tell us how many deaths have been linked or linked in part to consumption of energy drinks in Australia, Canada, the European Union, and the United States. In each case, what was the drink, the content, and the concentration of caffeine, and what was the number of drinks consumed? Because my time ran out before, I will leave you to answer that.

For my other question, you've told us that our regulations are much stricter than those of other countries. I'd like to know how Canada's regulation of energy drinks compares with, for example, that of Denmark, France, and Norway. I'll start with that.

Mr. Andreas Kadi: If I may take that, Denmark, France, and Norway approach the energy drinks as all the member states of the European Union do. There is a common framework for foods in Europe, which is decided on the European level and then implemented on the national level.

In the case of energy drinks, in many member states of the European Union these products have to be approved on a case-by-case basis because of their composition. After looking at the safety information, which is available on these products, and also looking at the EFSA opinion, which came out last year, all these countries you mentioned, Norway, France, and Denmark, authorized these products to be marketed.

What is interesting to know is that there is also no legal requirement to look at adverse reactions. Some countries, because of an interest in the subject and concerns, have actually done that. France is one country that did it. Following the authorization in 2008 —

● (1035)

Ms. Kirsty Duncan: You're talking about what's happening now. What was the original? How did we compare with Denmark, France, and Norway?

Mr. Andreas Kadi: It's different. As I said, in Europe, these products are foods. In Canada, you not only have to get authorization for the product, where you have to confirm the safety and the efficacy of the product, but you also have to confirm the quality, you have to license the production sites, and you have to license the product, which is not required in Europe.

Ms. Kirsty Duncan: Do some countries require that these be sold in a pharmacy? And have there been bans on these drinks?

Mr. Andreas Kadi: No. There is not a single country where the sales are limited to pharmacies. This is something I hear very often, but it is not the case. In Norway, France, and Denmark, these products can be marketed freely, also in retail. And there is not a single country where the products have been banned.

Ms. Kirsty Duncan: I think there is a challenge regarding aggressive marketing of energy drinks.

The Chair: Dr. Duncan, Mr. Godefroy would like to make a comment. Is that okay with you?

Ms. Kirsty Duncan: Yes.

The Chair: Mr. Godefroy.

Dr. Samuel Godefroy: I would just mention that the information Health Canada has is that there were previously some restrictions in some jurisdictions, specifically Norway, around the sales of these products. Our understanding is that more recently those restrictions were lifted.

Ms. Kirsty Duncan: Thank you for clarifying that.

Concerning these recommendations that we might have, is it possible that the analyst could pull them together?

The Chair: Absolutely.

Ms. Kirsty Duncan: Thank you, Madam Chair.

In regard to measures, what measures have been taken to warn the public of the possible adverse health effects from caffeine intoxication, dependence, or withdrawal? Specifically, what measures have been taken to warn children and adolescents who do not use caffeine regularly of possible adverse health effects as well as the interaction with certain medical conditions and certain medications?

Ms. Michelle Boudreau: Thank you. I'll take that question.

A number of things have been done to date, as I mentioned, with regard to the "It's Your Health" letters, some of those being general to caffeine and some of them being more specific to energy drinks.

I think what we're hearing, and certainly what I've heard today—and I thank everyone for their input—is that it really is about the dissemination of this information. So that is what we're looking at: how do we more properly disseminate this information so that it is before people to make those choices?

But we have put a number of information pieces out there.

The Chair: Thank you, Ms. Boudreau.

We'll now go to Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you.

Thank you, witnesses, for coming here today.

What we're hearing today is an obvious concern about children consuming caffeine. One of the things that comes to my mind immediately is whether we know what the levels of caffeine are in some of these slush types of drinks, whether it's an iced cappuccino or whatever; I'm sure they're under different names with different chains. Do we know what the caffeine levels are in those types of products? Because they're very popular in the summer, and you see even younger people consuming those.

Mr. Justin Sherwood: I believe that in my submission I provided an answer to that. I don't know it off the top of my head, but I think it is reasonably high, a Frappuccino type of product. If it's pure, coffee-based Frappuccino, it's going to have a level similar to that of coffee—

Mr. Tim Uppal: And coffee having a similar level to energy drinks.

Mr. Justin Sherwood: Yes.

Mr. Tim Uppal: At Health Canada, is there thought or concern about this as well, about children consuming those products?

Dr. Samuel Godefroy: Yes, definitely. When we look at the potential effects of caffeine, we're looking at this issue more holistically, and really, at all the different sources of caffeine, and definitely those sources, as you indicated, some of those drinks that are based on coffee or on tea. Iced tea would be another potential source of caffeine as well.

So what we're looking at, really, is having all the tools that we can contribute, whether it be labelling or dissemination of information, for providing information to parents, to caregivers, and so on, so that there is the understanding about those sources of caffeine, the amounts of caffeine that may be present in those products, and, where required, add some labelling requirements that would help that information to be provided to consumers.

● (1040)

Mr. Tim Uppal: So when you're talking about labelling caffeine, you would also be considering those types of products.

Dr. Samuel Godefroy: In the overall policy direction, that's definitely one of the considerations we have, yes.

Mr. Tim Uppal: I know that a can of Red Bull already has some labelling on it. It has some warnings. Can you explain further what is on a can of Red Bull? What types of warnings are on it? How does that differ from a can of Red Bull sold in the United States?

Mr. Andreas Kadi: What you find on a can of Red Bull is a description of the product and the statements we mentioned before. The product is not recommended for children, for pregnant and breast-feeding women, or for people sensitive to caffeine. It should not be mixed with alcohol. The recommended dose for a 250-millilitre can, for example, is not more than two cans. This is followed by a list of what are called the medicinal ingredients, which I would describe as the physiologically active ingredients, followed by the non-medicinal ingredients.

I may add a personal note here, I personally believe that this is not always easy for the consumer to understand compared to the presentation on a regular food product. I don't necessarily mean that it has to be same, because they are different products, but when it comes to caffeine content in particular, there may be options of moving the caffeine statement up. We're happy to do that, to make it more visible to consumers, to say as we do in Europe, that this is the product, this is the caffeine content, and then have the other ingredients following, which probably would be, at a glance, better available to the consumers than it is now.

Mr. Tim Uppal: As for advertising in general, is the advertising of energy drinks regulated in any way? Can you explain some of the regulations?

Mr. Justin Sherwood: The marketing of the product in Canada, including sampling—and the law is very clear in terms of sampling—is all under the guidelines that accompany the NHP regulations. I believe, again, that I'm being reasonably accurate with that. The product must be advertised consistent with its intended use.

Perhaps Red Bull can comment in terms of how they purchase their advertising?

Mr. Andreas Kadi: When it comes to the products being sold, from the little I know about the standards here in Canada when it comes to advertising.... For example, when we do TV advertising, the commercials have to be cleared by Advertising Standards Canada. Among other things, they look at the target group for the commercial to ensure that it is really targeted at adults and does not go in the wrong direction—for example, that it is not targeted at children.

Mr. Tim Uppal: Who is monitoring this advertising? Is it Health Canada or...?

The Chair: Very quickly, Ms. Boudreau.

Ms. Michelle Boudreau: Very quickly, it was referred to already: the Advertising Standards Council. We have an arrangement with them, that is, Health Canada does. They are some of the people who monitor, but it is very much a relationship, so we are also looking at this, and so is the marketed health products directorate of the branch.

The Chair: I would like to thank our witnesses for coming and sharing their very insightful information with us today. It has been very useful to all of us. I'm now going to suspend the committee for two minutes and then we're going into committee business.

Ms. Megan Leslie: Before we suspend, and just to make it easier with regard to clearing the room, if the first thing we're dealing is my motions and then committee business, I request that it not be in camera. Then we actually don't need to worry about quickly getting everybody out as well.

The Chair: Oh yes, certainly. Sure, we could do that.

We'll do your motions first, and then we'll suspend, because the budgets have to be in camera.

Ms. Megan Leslie: Thanks.

The Chair: We will suspend this part of it right now, but Ms. Leslie, could you please go into your motion?

The witnesses may depart.

We'll give you a minute to leave.

I'm going to go right into it because we're going to run out of time. We have neurological disorders today....

I would ask that the conversations.... Ms. Boudreau and Ms. Lefebvre, if you don't want to sit and listen to the motions, do you mind holding the conversations outside? If the rest of you would be so kind, if you don't want to sit and listen to the motions, I would ask you to please.... We need to start the business part.

Ms. Leslie, would you read your motions into the minutes, please?

● (1045)

Ms. Megan Leslie: Thank you, Madam Chair.

I have two motions to present to committee today. I'll explain whether or not I feel urgency about each one.

The first is:

> That the Committee study the issue of the Assisted Human Reproduction Agency of Canada and request that the following witnesses appear before the Committee as soon as possible: Irene Ryll, Barbara Slater, Françoise Baylis, and John Hamm, and that the findings be reported back to the House.

I have the language “as soon as possible” in there; I expect when we discuss this there will be considerable resistance to doing it this spring since we do have a very tight schedule that we've discussed many times in committee. I'm open to any suggestions from fellow committee members about when this could be done.

The second motion—

The Chair: Could we just deal with the first one first, Ms. Leslie?

Ms. Megan Leslie: Sure.

The one thing I will mention about the second is I don't feel urgency about this one, so we—

The Chair: Good.

Ms. Megan Leslie: —don't need to worry about my bringing it up for the spring.

The Chair: Thank you.

Just to let you know, Elinor Wilson, president of the AHRA, has been invited to come June 15.

Ms. Megan Leslie: On June 15?

The Chair: Yes. That's the day of supplementary estimates and that's when you requested.

Ms. Megan Leslie: Oh. Great.

The Chair: Is there discussion on this motion?

Mr. Colin Carrie: The first or the second?

The Chair: Number one is what we're dealing with.

Mr. Colin Carrie: I think we could agree to that. As my colleague said, though, it's when, because we only have four meetings left. But I guess at some time in the fall....

The Chair: Yes.

Do we all agree with that, committee?

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you, Madam Chair.

Yes, I totally agree that we should invite representatives of other countries to appear before the committee, so that we can hear about their experiences. However, you'll recall that when we set our calendar for March, April, May and June at the beginning of the study, we wondered if we should proceed by motion in setting the calendar, or whether we should just refer to the list of topics on which each party was interested in having a study.

I see that members have already started introducing motions for studies in September. I just wanted my colleagues to clearly indicate what they want to do. Regardless, I am favourable to the principle of the motion.

[*English*]

The Chair: Yes, you're very correct in that, Monsieur Malo. I think this committee has worked very collaboratively, so when we do our business plan in the fall.... That's a good point.

Dr. Carrie.

Mr. Colin Carrie: I was going to agree with my colleague. In our fall calendar, maybe we should put this forward as one of the priorities for fall.

The Chair: We'll do that in the fall. We won't make those decisions today, but because there was a request for Ms. Wilson, she will be coming on June 15.

Is there any other discussion?

Dr. Carrie.

Mr. Colin Carrie: So we'll just say that for the first part of the motion we will make that a priority for the fall, is that what we're...?

The Chair: As Monsieur Malo said, it's my understanding that we meet in the fall and do our calendar, not with motions but with discussion among ourselves, and it seems to me that everybody around the table is quite amenable to this. We've even had Ms. Wilson come on June 15, so there is a beginning.

"As soon as possible" is what Ms. Leslie put in her motion.

Are you ready for the vote?

● (1050)

Ms. Megan Leslie: Yes.

The Chair: Would everyone in favour of this motion raise your hands, please?

(Motion agreed to)

Now, number two, Ms. Leslie, please.

Ms. Megan Leslie: Thank you, Madam Chair.

I appreciate the background from Monsieur Malo about how we move forward on issues at this committee. I felt that I did want to bring the first one as a motion. The second one, I'm quite comfortable not having it as a motion. This one I'm quite happy to withdraw and just have it on the list of things to discuss in the fall.

The Chair: So is it agreed you're withdrawing it at this time?

Ms. Megan Leslie: If that's how the committee sets the agenda, then yes.

The Chair: You're not moving it, then?

Dr. Carrie.

Mr. Colin Carrie: I was just going to suggest, because we're going to be here on June 15, that you might want to ask a few questions then.

Ms. Megan Leslie: Absolutely, so long as that's not it, just because we are looking at the supplementary—

The Chair: But you are withdrawing the motion, are you, Ms. Leslie?

You haven't moved it.

Ms. Megan Leslie: I haven't moved it.

Can I ask the clerk, then, to add this to the list of items?

The Chair: Yes.

Ms. Megan Leslie: Perfect.

The Chair: Thank you.

Ms. Megan Leslie: Thank you very much, everybody.

The Chair: We're going in camera for committee business.

[*Proceedings continue in camera*]

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