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Chair

Mrs. Joy Smith

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•(1105)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): I want to welcome you all to the health committee today.

We're pleased to have you here to present this morning, pursuant to Standing Order 108(2), the study of the examination of Health Canada's development of new regulations for tobacco packaging warning labels.

From the Department of Health, we have Paul Glover, assistant deputy minister. Welcome again, Paul. So nice to see you here. Cathy Sabiston is director general. Welcome, Cathy. And Jane Hazel is director general. Welcome.

From the Government of Nova Scotia, we have Dr. Robert Strang, chief public health officer. It's very nice to have you here at committee, Dr. Strang. And we have Steve Machat, manager of tobacco control, chronic disease and injury prevention. It's very nice to have you here. Welcome.

We will have 10-minute presentations, and we will begin with Mr. Glover.

Mr. Paul Glover (Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch, Department of Health): Thank you, Madam Chair.

[Translation]

I appreciate the invitation to speak to the Standing Committee on Health regarding the subject of Health Canada's warning messages on cigarette packages.

There has been much media attention to this recently.

As you are aware, the Minister of Health has indicated that the department continues to examine the renewal of health warning messages on tobacco packaging. I am pleased to outline for you today what has been done to date and what remains to be completed on the project.

[English]

Canada is a world leader in tobacco control. I know there are some who will argue that we have slipped a bit; however, no country in the world with a similar political and economic environment has a lower smoking rate than Canada. Only 18% of Canadians smoke, and 13% smoke daily. This is a substantial decline from the over 50% who smoked in 1965.

This did not happen accidentally. Successive tobacco control strategies and actions since the 1990s—a strong Tobacco Control

Act, collaborations with provinces, territories, non-governmental organizations, and community organizations, as well as the changing attitudes of Canadians towards smoking—have all contributed to the smoking rate of 18%.

These actions include measures such as taxing tobacco products, banning advertising in newspapers, magazines, television, and radio, ensuring that retailers do not sell to youth, banning smoking in workplaces and public places, making sure that tobacco products are not sold individually, putting health warning messages on tobacco products, creating smoking cessation programs, and legislating the ban on the display of tobacco products at retail venues, as most provinces have done.

[Translation]

This represents a comprehensive and integrated approach to tobacco control that has been undertaken across the country. Canada has a very strong tobacco control environment. We know this from our research that clearly demonstrates that 95% of Canadians know that smoking is bad for them.

[English]

It should come as no surprise that Canada has greatly influenced international tobacco control efforts. Aspects of the World Health Organization's framework convention on tobacco control, an international treaty that now involves 172 countries, was modelled upon Canada's tobacco control activities.

Canada continues to lead the way. The Cracking Down on Tobacco Marketing Aimed at Youth Act, which received royal assent last year, represents another first of its kind in the world and at the country level.

Canada's ban on flavours and additives in little cigars, cigarettes, and blunt wraps recently received acclaim from the 130 countries that participated at the conference of the parties to the framework convention on tobacco control, which was held in November in Uruguay. In fact, the conference of parties agreed to embed this idea as a key best practice for countries to adopt in the guidelines to support the regulation of tobacco contents and emissions, or smoke.

Regarding health warning messages, Canada was the world leader in implementing full-colour pictorial messages covering 50% of cigarette packages in 2000. Many countries have since followed suit.

Canada is also one of the few countries in the world to have rigorously tested the effectiveness of health warning messages. Our results indicate that the messages encourage smokers to quit and discourage youth from starting to smoke.

As an active player in international tobacco control efforts and a leading member of the WHO framework convention on tobacco control, we fully support any country's efforts to implement health warning messages. Where possible, we provide technical assistance as well as the rights to use our graphic health warning messages.

Health warning messages on tobacco packaging are an important tool, but they must be factored into the larger tobacco control strategy. Health Canada is of the view that hard-hitting health warning messages on the dangers of tobacco should not be treated as a stand-alone initiative. The social environment has changed significantly since health warning messages were introduced 10 years ago. Now is a good time to refocus our efforts to ensure the warnings reach the largest numbers of smokers possible, while remaining effective and cost efficient.

While the qualitative and quantitative research conducted in recent years on potential images for new health warning messages has allowed us to refine them and ensure they appeal to a wide spectrum of smokers, we recognize there are better and emerging social marketing techniques that could improve this project. As such, we are examining innovative ways to complement the health warning messages project by strengthening our Internet presence and extending it with social media, such as Twitter and Facebook, to reach more Canadians.

In 2009, 80% of Canadians aged 16 and older, or 21.7 million people, used the Internet. We have not asked smokers which of these channels, or a combination thereof, would be most beneficial to help them quit. We are engaged in policy development and research to determine the best path forward, recognizing that new forms of media offer new opportunities to reach smokers with effective health warning messages that will continue Canada's role as a world leader in tobacco control.

• (1110)

[Translation]

So, is Health Canada committed to revising the health warning messages? Yes. Absolutely. They are one very important and proven effective mechanism in providing information to help people stop smoking.

Health Canada will continue to seek innovative approaches to tobacco control and implement the necessary measures to reduce smoking rates and protect the health of Canadians.

[English]

Thank you. *Merci.*

We welcome your questions.

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

We'll now go to Dr. Strang.

Dr. Robert Strang (Chief Public Health Officer, Department of Health Promotion and Protection, Government of Nova Scotia): Thank you, Madam Chair, and thank you to the committee for the

invitation to appear today on this very important public health matter to Nova Scotians and to all Canadians.

I would like to take a moment to acknowledge my colleague, Steve Machat, manager of tobacco control for the Department of Health Promotion and Protection, who's attending these hearings with me today. Steve is Nova Scotia's representative on the F/P/T Tobacco Liaison Committee and has been directly involved in the discussions regarding health warnings that have taken place at that committee over the past two to three years.

Before speaking directly to the need to urgently renew health warning labels on tobacco products, I would like to provide some context for the committee.

Tobacco does remain the leading cause of illness and premature death in Canada. Despite common perception, the work in tobacco control is far from done.

Internationally, Canada has been a leader in tobacco control in general and health warning labels in particular, being the first country to require these in 2001. However, as has been outlined in a recent report from the Canadian Cancer Society, Canada has now fallen to 15th alongside 18 other countries when ranked on cigarette package health warnings.

In Canada, we've made substantial progress in tobacco control, reducing our overall smoking rate from 28% in 2000 to 17.5% in 2009, and our youth—which are 15- to 19-year-olds—smoking rate from 28% in 2000 to 13% in 2009. This progress has been the result of a comprehensive, multi-faceted approach with leadership at all three levels of government on critical policy areas such as pricing, advertising, and protection from exposure to second-hand smoke. Leadership from the federal government has been critical and much appreciated in the first two of these areas.

However, much of the decrease in smoking rates occurred from 2000 to 2005, with very little change in smoking rates since then. Tobacco control in Canada has stalled. As long as there's an industry with a mandate to make profits for shareholders from the sale of tobacco products, maintaining our progress to date, let alone achieving further reductions in smoking rates, will require a continuation of the comprehensive, multi-faceted approach with the renewal and change of tactics based on the latest evidence.

In Canada, tobacco product packaging is the key remaining source of tobacco advertising. Renewed health warnings comprising at least 75% of the package space will decrease this advertising, make the health warnings more effective, and provide smokers with a single 1-800-quit line. All this will play a major role in continuing to decrease our smoking rates. That's why the tobacco industry does not want these renewed health warnings and it is exactly why we need to do it now.

Provincial and territorial governments remain puzzled as to why the initiative to renew health warnings was stopped at the last minute, with no consultation. The background work on this initiative, which was shared through the F/P/T Tobacco Liaison Committee, had been completed, and there was no hint of concern or reluctance on the part of Health Canada officials as this work progressed.

It's also extremely disappointing to learn that the tobacco industry was informed about Health Canada's decision several months before provincial-territorial partners or the tobacco control community.

One has to wonder what role the tobacco industry played in the decision not to move ahead with the renewal of health warning labels on tobacco packages. After all, their historic tactics are delay, distract, and distort, and it is known they have access and influence. As was presented recently to this committee, Health Canada held four private meetings with the tobacco industry between November 2009 and May 2010.

The delay in the visual health warning and the toll-free number has only one beneficiary: the tobacco industry.

In addition, Health Canada's rationale for the delay does not stand up to scrutiny either. We do not need more study on the effectiveness of health warnings and the need for Canada's to be renewed. We just need to do it. We do not need more study to further restrict tobacco advertising on tobacco packaging. We just need to do it. We do not need to hold up the renewal of health warnings on cigarette packages while we work to find more effective ways to use the Internet and social media to communicate health warnings and other information about tobacco products. Implementing cigarette package changes can happen now and the remaining complementary approaches can be implemented as they are developed.

Lastly, as important as it is, we cannot focus just on contraband. Contrary to what the aggressive advertising campaign of the tobacco industry would have you believe, the vast majority of cigarettes smoked by young people across Canada are legal. As stated earlier, continued success in tobacco control will require a comprehensive, multi-faceted approach. The best way to prevent contraband use is to prevent people from smoking cigarettes, period, and that's through a comprehensive approach.

• (1115)

The tobacco industry wants and needs to distract us from such an approach because they know it will work to further reduce smoking rates. As an individual whose professional and legal responsibility is to work to protect the health of Nova Scotians, I need to ask why the interests of the tobacco industry are being placed above the health of Canadians and the interests of provincial and territorial governments.

The federal government has shown leadership in tobacco control over many years. Bill C-32 is a shining example. It prohibits flavoured tobacco and advertising of such products. Nova Scotia, along with all other provinces and territories, had urged the federal government to address this issue. I am fully aware that Bill C-32 was and continues to be a lightning rod for the global tobacco industry. We know they don't like it. And let me say to the federal government, thank you for staying steadfast and resisting calls to weaken the legislation.

The renewal of health warning labels on tobacco products needs similar political will and leadership. The rationale is clear, the background work has been done, and there are no valid reasons to not move ahead now. Failure to act will weaken the tobacco control efforts of other levels of governments and society, it will create avoidable cost utilization of already stressed provincial and territorial health care systems, and, above all, it will cost lives.

Thank you. We welcome your questions.

The Chair: Thank you, Dr. Strang.

We'll now go to our first round of seven minutes, Qs and As, and we will begin with Mr. Dosanjh.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you very much.

Thank you all for coming here.

And thank you, Dr. Strang, for actually providing all of the reasons that the move by this government to stop this project dead in its tracks is a dumb move. I need say no more.

Mr. Glover, you're a civil servant and you're doing your job, but I found your presentation rather intriguing. Dr. Strang said that we are falling behind and you said we're doing fine. Sir, we're not doing fine.

I have some questions for you.

Let me just first say that children or youth or other people don't draw cigarettes out of the computer screen by watching the Internet or BlackBerry screens. They go and buy them, and they need to be presented with those startling images when they purchase those things. So my biases are pretty clear.

I understand that as far back as 2009, Mr. Glover, you were ready to start drafting the regulations. You had, in fact, all of the refreshed and renewed images ready to go.

First of all, I'd ask you to produce, at the earliest possible time, the October 2009 version of those images to this committee and any other later version that you may have prepared.

Secondly, I'd ask you whether or not you did share with the NGOs and other people who worked with you over the years that you were ready to draft the regulations. In fact, I'm told you were actually encouraging those people who work on this issue to start working on the plain packaging as well and removing the brands. Is that true or not?

• (1120)

The Chair: Who was that question directed at?

Hon. Ujjal Dosanjh: To Mr. Glover.

Mr. Paul Glover: Thank you, Madam Chair, for the member's questions.

There are a number of points to respond to.

First off, the honourable member indicated that this project was stopped dead in its tracks. I believe the minister was eminently clear that this is not the case. She has instructed the department to do further work to actually continue to improve this package, as she was not satisfied with the package as presented to her. That is not stopped dead in its tracks. The department is actively working to respond to the concerns expressed by the minister so that we can continue to be a world leader in this area.

Hon. Ujjal Dosanjh: And what were those concerns, sir?

Mr. Paul Glover: Furthermore, with respect to the notion that youth buy these cigarettes, that is absolutely correct. We do have research that shows these images, these health warnings that are on current packages, do work for youth, because they are not stale. This is the first time they are seeing these images, and they continue to be effective for new smokers.

While we recognize that and continue to work to improve the images, to suggest that they are ineffective for everybody would not be consistent with the research that shows that youth who do buy these cigarettes are exposed for the first time to these images and they do have an impact.

With respect to the images we have, those have all been filed with Library and Archives Canada, so all of the public opinion research and all of the archives are already available on that website. We would be happy to provide the link to it. Those are the images that we have been working with, that we continue to work with, and they were part of our briefings to the minister and her staff as we moved forward.

With respect to plain packaging, the department looks at all options, from 50% to 75% to 90%—and plain packaging. That was part of the analysis we did with respect to potential options for the government in our advice as we moved forward.

I believe I've responded to all of the member's questions.

Hon. Ujjal Dosanjh: Let me present to you, Mr. Glover, what was given to me as the tobacco product labelling renewable project stakeholders meeting log from the department. The last entry on it says, "Imperial Tobacco Canada, May 26, 2010", and there is a notation that says "Federal Strategy, Contraband, Suspended regulatory projects".

That implies to me that this was when they were informed that the drafting of the regulations was suspended.

The question I have for you is why the public was not informed. Why did the tobacco industry know on May 26, 2010? Why did the people of Canada not know what you had done?

Mr. Paul Glover: We have been involved, Madam Chair, in ongoing work with health NGOs, which had expressed concerns about some of the images available on the public opinion research website. They had been involved in various working groups with us. We had indicated that further work was being done to refine all of those images and that we continued to consult with all stakeholders. So there was never an attempt to provide one group with information in advance of the others. Health Canada was working with all stakeholders in a transparent manner.

Hon. Ujjal Dosanjh: Did you tell other stakeholders, on or around May 2010, that the regulatory project had been suspended? Did you tell anyone other than the tobacco industry?

Mr. Paul Glover: We were, at that point, as I said, Madam Chair, working with all stakeholders to indicate that further work was necessary on the package to refine the images.

Hon. Ujjal Dosanjh: Did you tell them, sir? Did you tell anyone else, other than the tobacco industry, that the regulatory project was suspended? Yes or no.

Mr. Paul Glover: I believe I've answered the question.

Hon. Ujjal Dosanjh: No you haven't, sir.

The Chair: Excuse me, Mr. Dosanjh.

Hon. Ujjal Dosanjh: No, I'm sorry. I'm asking a question. He is not answering, and he is saying that he has answered it.

The Chair: I'll turn off your mike, Mr. Dosanjh, if you're going to keep this up. He said he answered the question.

Hon. Ujjal Dosanjh: No, he has not, Madam. I have the right to ask the question.

The Chair: He does have a right to say that.

Hon. Ujjal Dosanjh: I have the right to ask the question again, Madam.

The Chair: You've asked it twice.

Mr. Glover—

Mr. Dosanjh: I can ask 10 times in my time.

The Chair: Don't interrupt me, please.

Mr. Glover, I'm asking you if this is all you can answer on that question.

Mr. Paul Glover: Perhaps, given that the member is not satisfied with the language I'm using, I'll turn to my director general, who can further elaborate.

• (1125)

The Chair: Okay. Go ahead, Ms. Sabiston.

Ms. Cathy Sabiston (Director General, Controlled Substances and Tobacco Directorate, Department of Health): My director of regulations, as this is a regulatory project, and I often work with all stakeholders. We accept all meetings. We listen to all concerns and advice. And my comment, my verbal comment to the industry, was that this option was still under consideration and that no decision had been made.

Hon. Ujjal Dosanjh: Madam, this is—

Ms. Cathy Sabiston: There is an unfortunate word on that page that says "suspended"; it is a translation error, and I apologize for that. But it was *suspendu, en français*, and that means delayed or on hold.

The Chair: Thank you, Madam Sabiston.

We'll go to Mr. Dufour.

[Translation]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chair.

Mr. Glover, I know that you are not in an easy position. You have to defend a very controversial position. You have to defend the minister's position. People still fail to understand.

If I am not mistaken, the minister said that she wanted to fight contraband tobacco. You said in your opening remarks that warnings on packaging are one tool in the strategy and not the only tool. By the same token, the fight against contraband tobacco is one tool but not the only tool.

When you want to come to grips with a problem as major as tobacco addiction, you have to use all the means at your disposal, from warnings to the fight against contraband. I have real trouble believing that such a huge machine as the Government of Canada is incapable of walking and chewing gum in the same time. That doesn't even occur to me.

Mr. Dosanjh asked the question...and I will take it even further. We can see that, since November 19, the only interest groups that you have met with are those from the tobacco industry. They wanted to meet with you to discuss advertising. They include Small Guys Tobacco Group, Scandinavian Tobacco Group, Imperial Tobacco, Japan Tobacco.

It is astonishing to see that the most recent stakeholders you have met with come from the tobacco industry and now, suddenly, you are cancelling—or at least postponing, as they are saying over at the department—the placement of new warnings on cigarette packaging.

At the very start of your presentation, you told us that Canada is a world leader in warning messages. But, as Mr. Strang mentioned—and I thank him for doing so—we are now ranked 15th out of 18 countries in warnings on packaging.

How can you come to the committee and tell us that Canada is still a world leader?

[English]

Mr. Paul Glover: I thank the member for the question.

There are a number of elements to it. I'll try to deal with all of those in the order that they were presented.

Contraband is an issue that Health Canada is concerned about. But more to the point, Health Canada is concerned about all cigarettes being consumed, legal or contraband, and the impacts they have on health. We wanted to ensure that a strategy we used was integrated, multi-faceted, and realized, in putting the package together, that different vehicles were necessary to reach those who don't use traditional means to purchase their cigarettes.

[Translation]

Mr. Nicolas Dufour: Mr. Glover, you tell us that you want to implement a number of measures in the fight against tobacco use. But here you are putting one of them to one side, specifically the warning labels on cigarette packaging.

Mr. Paul Glover: Yes, certainly that is one measure. That said, Internet use is skyrocketing at the moment. At the time, that was not one of the measures in the plan. So we have since realized that it is possible to improve our action plan in order to better meet all the challenges that tobacco poses.

[English]

We are addressing legal tobacco and contraband tobacco.

We realized, with the explosion of the Internet.... That's further supported by some of our national anti-drug strategies, where we have comprehensive approaches, with images in movie theatres and posters, including television ads. We have an Internet site and a Facebook site, where youth are now posting their own stories and starting discussions. We have fans. We have different vehicles available to us than there were 10 years ago.

While we've certainly recognized that we were a leader 10 years ago, we're the first to get to this issue. We wanted to make sure we continued to be a world leader, as we were with Bill C-32, the first country to ban flavours in tobacco. Simply renewing health warning messages, which was world-leading 10 years ago, would not be world-leading today.

But more to the point, our objective is not to be world-leading; our objective is to be successful in helping Canadians quit smoking or stop smoking.

• (1130)

[Translation]

Mr. Nicolas Dufour: Mr. Glover, why—

[English]

Mr. Paul Glover: Furthermore, with respect to the number of meetings we had—there's an impression by the committee that we only met with industry. We had 15 face-to-face meetings with industry groups and 16 health groups during the same period.

[Translation]

Mr. Nicolas Dufour: Madam Chair. You know that we have limited time.

I am sorry, Mr. Glover.

Thank you, Madam Chair. You know that the time is—

[English]

The Chair: I think Mr. Glover's just trying to answer your question.

[Translation]

Mr. Nicolas Dufour: I am well aware of that, Madam Chair. But unfortunately, we have very little time. This is a very complex issue and we are getting the same arguments repeated.

[English]

The Chair: So you're satisfied that you've had the answer you need, Monsieur Dufour?

[Translation]

Mr. Nicolas Dufour: I am satisfied with the answer. Thank you very much, Madam Chair.

Why spend almost \$3 million on public opinion research? You had contracts starting to prepare the warnings. Then suddenly, we hear that you are meeting with the tobacco lobby and deciding to pull the plug.

Can you explain to me the logic in spending \$3 million if the ultimate decision was to pull the plug? Could you not have thought about that before you spent the \$3 million?

[English]

Mr. Paul Glover: In response to the member's question, absolutely, \$3.1 million has been invested. We've made that publicly available. That was to both acquire rights to images that we felt would be appropriate, to test those with different audiences in cities across the country, with different age groups, and to make sure we had images that were effective.

I would again point people to the wide number of images that were tested and are available—when we published our public opinion research. The money that goes into this is to acquire images, to shoot images, and to test them.

We continue to feel that it is useful information, and it will, in all likelihood, be a wise investment that will be part of the final package we'll present to the minister for her consideration.

The Chair: Ms. Sabiston, do you have something you would like to say?

Ms. Cathy Sabiston: Yes. Thank you very much.

The POR that we conducted also.... We're very interested in reaching the broadest number of age groups, the broadest literacy groups, etc. This allows us to reshoot the images, to redo the text, to make sure people understand it and it is impactful.

The POR is absolutely essential because it's designed to shift behaviours and inform about the health risk. There's much fine tuning that's done as a result of the POR.

[Translation]

Mr. Nicolas Dufour: Thank you very much. I understand perfectly.

My question was not about the way in which the \$3 million was spent—

[English]

The Chair: I'm sorry, Monsieur Dufour, your time is up.

We now go to Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Thank you, Madam Chair, and thank you all for being here.

Mr. Glover, in January the minister said the labelling project was being pulled. She said there was going to be a focus on contraband and she said that was her decision.

At committee last week, when she appeared here, she said she was going to look at social media and emerging media, and you've affirmed this today. But the scrutiny of these two responses makes me think that the minister is just looking for some answer that we'll all buy.

My first question is, is there actually any evidence, are there any studies, or is there any research out there that shows the impact that social media has on smoking?

Mr. Paul Glover: I'll turn to my colleague, Jane Hazel, who is an expert in this area, Madam Chair.

Ms. Jane Hazel (Director General, Marketing and Communications Services Directorate, Department of Health): That's a very tough question. Social media, as you know, are very new tools, so there isn't the body of evidence that would link that to changes in behaviour.

Ms. Megan Leslie: I'll ask the leading question: there isn't much evidence out there, is there?

Ms. Jane Hazel: We've used it in some of our other campaigns, which we're doing now, and we're seeing positive results.

Ms. Megan Leslie: And there is a lot of evidence out there that labelling works. Is that correct?

Ms. Jane Hazel: I'll turn to my colleague to answer that.

The Chair: Ms. Sabiston.

Ms. Cathy Sabiston: Thank you.

Yes, there's significant evidence, both in Canada and worldwide, that health warning messages work. In the POR, to go back to that, it was very important that we appeal to all age groups. For those in the younger youth groups who smoke, the 18- to 24-year-olds, we actually tried to develop messages that would reach them and touch them.

Ms. Megan Leslie: And we could do that by starting a Facebook page. We could leave this meeting and we could all start a Facebook page.

Ms. Cathy Sabiston: No. I was actually talking about the health warning messages themselves, the ones we focus-tested. They did not resonate with that age group. They found it very difficult. Their perspective on health warning messages is very different from that of older age groups, who are very touched by health messages and disease. They're more interested in—

Ms. Megan Leslie: There was evidence that they were touched by certain photos. Is that correct?

Ms. Cathy Sabiston: Not so much, no. They weren't successful with that age group, and that's why we have to continue to refine them. That's why I really strongly believe that we need to link it with other media and mechanisms to make sure it resonates with that group.

Ms. Megan Leslie: Sure. And it could all be done at the same time, as Dr. Strang has pointed out.

Dr. Strang, MPs here on the Hill were approached by tobacco companies with this idea that contraband is the way to go. This is where we need to focus our attention. You see it on their websites. You see the briefing documents.

Is this what you understand, that tobacco companies are the main proponents of dealing with contraband?

• (1135)

Dr. Robert Strang: That's certainly an issue they have raised. In the health community, contraband is one of a number of issues. As I said in my remarks, tobacco control, to be effective, requires a multi-faceted approach. While we need to be paying attention to contraband, we need to be paying attention to all the other things that we know will actually help people quit smoking and help prevent young people from starting to smoke.

The best way to deal with contraband is to help people not smoke in the first place or to quit smoking; therefore, they're not using cigarettes, contraband or legal. That requires a comprehensive approach of controlling advertising, pricing, access, and a whole range of things.

Again, I think moving ahead on health warning labels is important to do while we look at other things. It's important to communicate with young people while we move ahead on what's appropriate on contraband and while we continue to make sure that the taxation on cigarettes is appropriate. It's a comprehensive, multi-faceted approach.

Ms. Megan Leslie: And that's a good point, that if we can reduce smoking, it will actually have an impact on contraband.

Can you tell us a little bit about how the quit line would be part of a multi-faceted approach? What were you told in terms of whether or not the quit line would be on packaging? How would that be rolled out, and do you think that would be effective?

Dr. Robert Strang: Certainly. Part of the whole proposal around renewing health warning labels was the development of a single quit line. There are now a number of quit lines out there in different jurisdictions. It would be much more efficient and effective if we had one single quit line that was used across the country and we could drive people in all provinces and territories through that.

We know that for many people, all they need to help them quit smoking is some very brief intervention that could be done on a line like that, and they could be directed to some online resources, so it would be a very effective tool. Certainly our current approach could be made more efficient by having a single line. So we were really looking to have that as part of the renewed packaging on tobacco moving ahead.

Ms. Megan Leslie: Thank you.

This is my last question for you. You mentioned that in your role as an officer of health, you had an ethical obligation to uphold when it came to smoking and tobacco.

Can you tell us what the ethical obligation of a health department or a public health agency is?

Dr. Robert Strang: I agree that I have an ethical obligation as a health care professional. My remarks were actually that I have a professional and a legal responsibility. The Health Protection Act in Nova Scotia makes me accountable for taking action to protect the health of Nova Scotians. My professional training makes me, like any health professional, adhere to taking appropriate action. That's why part of my role is to then work on issues that are going to be effective in protecting the health of Nova Scotians. It's in the face of that responsibility that I raise my concerns about the interests of the tobacco industry being placed ahead of the health of Canadians and the needs of provinces and territories to have action taken that will help them control health costs so we can create a sustainable health care system.

Ms. Megan Leslie: Thank you.

I have one small question for Mr. Glover.

Did the warnings that were developed and recommended by the department feature Barb Tarbox?

Mr. Paul Glover: Yes. There were a number of images that we worked on with her estate. So there were several images that included Barb Tarbox in the work we did and had tested through POR.

Ms. Megan Leslie: Was there actually a quit line number? Was a number decided on?

Mr. Paul Glover: As part of our overall advice and research, as Mr. Strang said, we have been working with provinces and territories to try to find a way to leverage the various quit lines that exist in all jurisdictions. We have not fully resolved the issue. There are a number of outstanding concerns with a number of jurisdictions, but we continue to work on the feasibility of having one national quit line to be included as part of the proposed package.

Ms. Megan Leslie: Thank you.

The Chair: Thank you, Mr. Glover.

We'll now go to Dr. Carrie and Mr. Uppal. I understand you're sharing your time.

Dr. Carrie.

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

I want to thank everyone for being here and for the good work you have done on our tobacco strategy.

Mr. Glover, you mentioned in your opening statement how Canada compares to other industrialized nations. I think we should be commended on the results, because at the end of the day we're all on the same page in that regard.

But I want to get back to the multimedia strategies—you were interrupted there. I understand that some innovative approaches have been taken. There's an anti-smoking ad that was done in the territories that is quite effective, and I would encourage members around the table to take a look at that. In fact, I'll try to circulate it.

Would the best practices uncovered during H1N1 and the national anti-drug strategy assist in developing ideas to combat smoking?

• (1140)

Mr. Paul Glover: The short answer is absolutely. That's part of why the minister, in her remarks at this committee, said it was appropriate to step back at this time and learn from other large public health initiatives with respect to their success, the level of interjurisdictional cooperation, and the explosive use of new media and new technologies.

If you look at the date of the public opinion research on what we did, it quite frankly predated some of the explosions with respect to public opinion research.

I'll turn to Jane Hazel, the director general in this area, to further elaborate.

Ms. Jane Hazel: At Health Canada we've traditionally used mass media—TV, radio, and print—to reach our target audiences, and those campaigns have been very effective.

Now we're looking at a whole new world with Web 2.0, where we see that 17.5 million Canadians are current users of Facebook and 21 million Canadians a month are going on YouTube to see online videos. That kind of reach in engagement is phenomenal, and I think it has really expanded the tools we have available to reach Canadians.

As Paul mentioned, at Health Canada we're already using some of those tools in our anti-drug campaign, for example, aimed at youth 13 to 15. We have a Facebook page that has over 22,000 fans. There are ways that youth can give us their own testimonials and other youth can watch them. Those are exciting new things we've been doing that have been showing success.

Last week the minister launched our children's health and safety campaign aimed at giving parents health and safety information. We're really excited by some of the new technology we've been using there. For the first time ever we have QR codes in our print and brochure material. In addition to Facebook, we've launched our first widget and our first mobile application, so now people can have all of our recalls and advisories at hand. So that's quite exciting.

We've developed an electronic handbook that parents can tailor to the needs of their own families and children. So if a parent is worried about bullying, nutrition, obesity, or food allergies, they can tailor this handbook to their own needs.

The Chair: Dr. Carrie, half the time is there. Do you have another question?

Mr. Colin Carrie: If you don't mind, I would like something clarified.

The Chair: Is that okay, Mr. Uppal?

Mr. Colin Carrie: Several news outlets have alleged that the tobacco industry somehow caused the government to shelve the project. As you are aware, the minister was in front of the committee and said that warning labels have not been shelved and a decision has not been made.

Would you confirm that, so it's clear for our members and the Canadian public who may be watching this?

Mr. Paul Glover: Absolutely. While it is acknowledged and has been pointed out through public disclosure that the department and my officials take meetings with health NGOs and industry, those meetings were always with respect to the project, the pace of the project, an attempt to further improve the project. We were working with the minister on a range of options, and it was the minister, on seeing the package and looking at it, who felt that further room for improvement was possible. It was her instructions to us to go back and look at further, more comprehensive activities to better address the needs of youth—Web 2.0, as my colleague has said—that led to us putting a pause on this to do further research and analysis to further improve the project.

Mr. Colin Carrie: Thank you very much. I'm sure you're aware too that a motion was passed at this committee by opposition members calling for an enormous amount of information going back six years, and I know some of this has been provided. A letter was sent to the committee indicating that it would take a couple of months to finish compiling the rest of the information that the opposition requested.

I was wondering, while we know the timeline, we don't know the cost. Could you provide us with an estimate as to what it would cost to fulfill this opposition request? I'm curious.

An hon. member: It's a good question.

• (1145)

The Chair: Order, please.

Mr. Glover.

Mr. Paul Glover: Thank you, Madam Chair.

We have two estimates, a high and a low, given that we had provided what information we could given the seven-day response to the request from the committee. To fully satisfy the committee, the timelines have been furnished. We believe the low estimate is around \$312,000 and the upper end would be around \$475,000 to gather all of that information, have it vetted, reviewed, translated, and have copies made available to the committee.

Mr. Colin Carrie: Thank you very much.

Mr. Uppal, would you like to speak?

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Yes. I think we have just a little bit of time left.

I was actually interested because you got cut off on the multimedia side. Was there anything else you would like to expand on?

Ms. Jane Hazel: Sure. I think this responds a little bit to Ms. Leslie's question. I think these new social media tools are especially useful in the area of tobacco, because what the research shows us in tobacco is that quitting is very contagious. If someone in your social network quits, you're much more likely to quit. In the past, maybe 10 years ago, you'd have to go to a support group in your community; you'd have to find some sort of clinic. Now these social networks are available to us at the touch of a button.

We've been looking at what other jurisdictions have already been doing. In Florida, for example, they've developed a Twitter-based cessation aid called Qtwitter, which has been quite successful and they have had good results with that. New York City has a Facebook community, I Quit Because, where people go on and give their reasons and share their support. Here in Canada, even, the Canadian Lung Association has used social media and e-cards that you can send to your friends to ask them to quit with you, and they've had quite a lot of success with that. We've also looked at other jurisdictions, such as Australia. When they've launched their health warning messages, they've found that using a multimedia approach to support that has increased the calls to their quit line.

The Chair: Thank you, Ms. Hazel.

I'm sorry, your time is up now. We want to get in as many questions as possible.

Ms. Duncan.

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

And thank you to the witnesses.

I think the point is that we have evidence that warnings work. We know they reduce tobacco use. We know they communicate the health effects of smoking. They increase the number of people who disapprove of smoking. They discourage people from starting to smoke, and they increase the number of people who quit smoking. And with labels, those package warnings reach smokers every day. That evidence does not exist for social media at this point. We're hearing anecdotal evidence of it, but we need evidence-based medicine in Canada.

I would ask if you could please table all of the health warnings prepared by the department. How many warnings were there? We want to see the content. I don't want to be sent to a website; I'd like them tabled, please, with the committee.

I would also ask if you could table with the committee a comprehensive timeline of the discussions with the provinces and territories regarding the quit line and the recommendations concerning the quit line number, including when the provinces were to be ready for an increase in calls and whether the provinces were told to be ready for the quit line number to appear on packs by now, that is, by December 2010.

I would ask if you could table with the committee how and when the decision not to proceed with the new warnings was communicated to departmental staff and to provincial and territorial health ministers, and what reasons were given.

Now, if I may, I would like to ask the officials from Nova Scotia the following. Based on your discussions with Health Canada and prior to the warnings being delayed, when were you told to expect the quit line number to appear on packages and thus of the need to prepare for an increase in calls?

Dr. Robert Strang: I'm going to defer that question to Mr. Machat, who was directly involved in those discussions.

Mr. Steve Machat (Manager, Tobacco Control, Chronic Disease and Injury Prevention, Department of Health Promotion and Protection, Government of Nova Scotia): A definite go-date would be right about now.

I'd have to look at the records of the decisions and conversations we've had in the past at FPT committee meetings, but I can say with much certainty that we should actually be seeing, by this time, our efforts being ramped up and our being ready to go with our quit line operations.

• (1150)

Ms. Kirsty Duncan: Thank you.

Could you table that information, please, with the committee? Thank you.

And from your perspective, Dr. Strang, what would be the benefits of having that new set of picture warnings covering 75% of the package, the front and back?

Dr. Robert Strang: I think it's twofold.

We know from a lot of focus group testing over the years that the impact of the current health warnings has greatly faded. As it is with any product, Nike doesn't sit and use the same advertising for 10 years. If this is going to be effective, we need to continue to develop new images. That's one piece of it.

The other piece is that the more space there is on a tobacco package for health warnings, the less space there is for product labelling and imagery, etc. We know that tobacco packaging is the last and main way remaining for the tobacco industry to advertise to and attract new customers. So the less space they have, the less ability they have to advertise.

So in both ways, that will actually prevent people from smoking and help current smokers to quit.

Ms. Kirsty Duncan: Thank you, Dr. Strang.

Dr. Dhalla, I know, has a question.

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

I have a chance to go out to schools in my riding on an almost weekly basis, and I can tell you, just building upon what my colleague, Mr. Dosanjh, said, the only thing deterring young people from purchasing these cigarettes is actually going to be the warning labels. Evidence produces that. We've seen that, and we've also learned, from talking to young people themselves, that that is what the reality is.

We have Physicians for a Smoke-Free Canada stating that they feel the industry threatens, that it bullies, that it cajoles, that it seduces—

The Chair: Dr. Dhalla, your time is up, so please ask him the question quickly.

Ms. Ruby Dhalla: You had mentioned, Mr. Glover, that you had face-to-face meetings with the NGOs 15 times, I believe. We have records that show the lobbying groups from the three big companies met 53 times over a two-year period. Why is there such a discrepancy in the number of times Health Canada met with health NGOs versus the number of times they met with these three big companies?

Mr. Paul Glover: Thank you.

Very briefly, in response to the member's question, we've tabled... and I will reiterate that we had 15 meetings with health NGOs and 16 with industry. We take all meetings.

With respect to lobbying, I'm not able to speak to the number of times various people were lobbied. I can report the number of times my staff and I took meetings with health and industry NGOs.

The Chair: Thank you, Mr. Glover.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I wanted to get back, Ms. Hazel, to some of the things you were talking about. I have three small kids. The oldest is 17. As a parent, I don't want my kids to start, because I believe if kids don't start by age 18, they won't become smokers. We know it's down to 18%, but how many out of that 18% are the younger people, the 18- to 25-year-olds?

You did mention that what we found in that age group and younger is that peer pressure, things along those lines, with the Facebook interaction.... I know my kids spend a lot of time on that type of multimedia. What do we know about that with these new multimedia things that we have available for our kids? How does that affect behaviour?

Ms. Jane Hazel: Thank you for the question.

I can link it back to the anti-drug campaign, which is what we're active on right now with the younger group, and prevention. We're seeing our multimedia approaches are having phenomenal results.

We've just done some survey work to see what kind of impact we're having, and using a combination of social media plus other traditional social marketing impacts, we're seeing that 25% of youth who either saw our ads or went to the Facebook page—a huge majority who saw the ad were driven to the Facebook page. They engaged, and one out of every four said as a result they were going to take some sort of action, whether it be to talk to their parents, look up some information, or consider saying no.

So those are some of the tangible, real results we're seeing when we launch these multimedia campaigns. Certainly the peer-to-peer interactions that we can make happen through social media are greatly impacting and I think improving the sort of impact we're having.

• (1155)

Mr. Colin Carrie: Do you have the numbers? I did give you a couple of questions. Out of that 18%, what percentage of the 18 to 25 group are smoking, the younger Canadians?

Ms. Cathy Sabiston: Do you mean percentages? I have percentages, not raw numbers, of the population. It's 18 to 24?

Mr. Colin Carrie: Yes, 18 to 24.

Ms. Cathy Sabiston: In Canada, 23% of 20- to 24-year-olds are smokers, and within that population you would find the breakdown is 26% male and 20% female. That is above the norm in Canada, which is 18%. So it is a key target group for us.

Ms. Jane Hazel: Interestingly, that corresponds to the highest users of Facebook and social media.

Mr. Colin Carrie: The approach makes a lot of sense to me. I know in Canada we have been leaders around the world. I don't know if any countries are taking this integrated, big-picture approach. I know there will be criticism about it, but it makes a lot of sense to me now that we've got the numbers down to 18%. Who is that 18%, where are the biggest numbers, and how will we best get the message out?

As a parent I don't want my kids to smoke. I think most people don't. We don't want them to engage in behaviours that we know down the road are going to be very difficult for them to quit. I do acknowledge you're cooperating with the provinces in a wonderful

way, even as to how people buy cigarettes, as you said. I've never bought cigarettes, but I notice they're way behind the counter in Ontario now. It's not an easy thing to bring forward.

Thank you very much for your information today to the questions I had.

The Chair: Thank you very much.

Monsieur Dufour.

[*Translation*]

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

I want to go back to the question that Mr. Kerry asked earlier.

I know that his government does not have the same position on public access to information as we do. For us, it is important. Unfortunately, we know what kind of politics the government is playing.

Mr. Glover, I still do not understand. That said, I understand that you want to have an integrated approach and put ads on Facebook, YouTube and such.

How does that prevent you from renewing warnings on cigarette packaging? It's a simple question.

[*English*]

The Chair: Go ahead, Mr. Glover.

Mr. Paul Glover: Thank you, Madam Chair, for the member's question.

[*Translation*]

The answer is simple too: an integrated plan is a more effective plan.

[*English*]

Simply put, a plan that is more integrated, that uses different multimedia technologies, as we've seen from Australia and others, is more effective.

While the member is correct that we could simply renew health warning messages, the impact those have over time and their reach is less than if we're able to go out with a larger, more integrated, more multimedia strategy that not only has images on packages but that drives people to the web and other content.

There was some suggestion that these images are very effective for youth. There is actual research—

[*Translation*]

Mr. Nicolas Dufour: I am sorry, Mr. Glover. Thank you, you have answered my question. I do not have a lot of time left.

I am going to ask you a series of quick questions.

Do you think that the warnings must be part of the strategy? If so, why spend \$3 million if you weren't going to renew them?

Do the department and its minister intend to renew them? Yes or no.

[English]

Mr. Paul Glover: The government, as I understand it, through the minister's statement, has every intention of directing the department to continue to do further work on this, and health warning messages will be part of an integrated strategy. She has asked us to refine those. I believe that was the minister's response, and it still stands.

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

I want to thank the witnesses for coming today, and I thank the panel for their questions.

I will suspend the committee for two minutes to allow the second panel to come forward, please.

- _____ (Pause) _____
-
- (1200)

The Chair: We need to convene now to allow us to get through our agenda.

We have our second committee in front of us. From the Canadian Cancer Society, we have Rob Cunningham, senior policy analyst. Welcome. From the Non-Smokers' Rights Association, we have Garfield Mahood, executive director. Welcome, Mr. Mahood. From Physicians for a Smoke-Free Canada, we have Cynthia Callard, executive director. Welcome, Cynthia. From the University of Waterloo, we have Dr. Geoffrey Fong.

I am very pleased to have you here today. We will have a five- to seven-minute presentation from each person.

We will begin with Mr. Garfield Mahood, please.

Mr. Garfield Mahood (Executive Director, Non-Smokers' Rights Association): Thank you, Madam Chair, and thank you to members of the committee for the opportunity to address you in relation to your inquiry into the government's decision not to proceed with implementation of Health Canada's tobacco package warnings—the new ones.

I'm the executive director of the Non-Smokers' Rights Association, founded 35 years ago. We are one of only three national organizations that work exclusively in the field of tobacco control.

For members of the committee who are not familiar with our association, we have a small staff of nine people located in offices in Ottawa, Toronto, and Montreal. We have members across Canada. I am proud to say that our association played a significant role in encouraging Parliament to introduce its landmark tobacco advertising ban in 1988 and its two generations of world precedent-setting warnings. We hope the discussion under way here today will now lead to the government revisiting its decision about the refreshed warnings.

As background to my presentation, I was privileged to have been asked by the World Health Organization to write an expert report on tobacco package warnings for that organization. I was deeply involved in the consultations over the refreshed warnings. Along with other members of this panel, I was involved in those consultations. Consequently, we know what has been blocked.

I wish to stress that tobacco warnings are a critical component of any comprehensive tobacco control plan. It is simply wrong to suggest that the utilization of social media, or any other tobacco control strategy, can substitute for an effective, revitalized tobacco package warning system. Tobacco warnings are the core of any comprehensive response to the tobacco epidemic.

Let me explain why risk messages on the package in particular are so important and at the same time reveal why the tobacco industry will use almost any means to stop them coming forward.

First, the tobacco package is the core of all tobacco promotion. Everything the industry does to sell its products is centred on the package. All advertising, sponsorships, point-of-purchase displays, billboards—everything is tied to the package design. This is the hub of the wheel. With most of these promotional tools banned in Canada, the package takes on even greater importance. The package design is the industry's principal marketing tool in this country. But also important, what Canada does to warn consumers, especially kids, and to reduce the power of the package to promote sales will influence tobacco policy in countries around the world. That's why the industry will go to any length to block it.

I have told you about the marketing power of the package overall. Here is why the warnings on the package are so important and cannot be replaced by social media, or anything else for that matter.

There are 1.5 billion cigarette packages sold in Canada each year. These packages, even many contraband packages, carry the required warnings. Advertising experts will tell you that each package is a mini billboard. Each package produces what these experts call an advertising impression, just like a roadside billboard produces an advertising impression.

On average, a cigarette package is pulled out of a shirt pocket or a purse 20 times a day, the beautiful package design producing a positive, legitimizing image each time it appears. Conversely, and critically, on average, risk messages warn consumers and deter adolescent smokers or starters 20 times a day. With 1.5 billion packages in circulation each year, the package warning system creates an estimated 30 billion advertising impressions every year. About 30 to 40 billion times a year, the warnings undermine the image that the beautiful package tries to produce, a message that says the product inside the package is legitimate, even though it will kill a whopping one out of two of its long-term users. The package is critical.

- (1205)

In short, the package is the cornerstone of everything the industry does, and because the importance of the package is maintaining normalcy and legitimacy for the product, the industry will threaten litigation, threaten the closure of factories, offer to assist government with its contraband problems, or to withhold that help. It will do whatever it takes to delay, stall, or block improvement to the warning system.

In my statement that's been tabled with the committee, I've reviewed some of the things they've done in the past. I won't go into that now because of time restrictions. The point of reviewing the history of how they've tried to block warnings in the past is to show that effective warnings never materialize without a struggle, and we've seen this.

Once again, members of Parliament are being asked by health interests that are supported by millions of Canadians to work in a non-partisan way to encourage the government to implement these warnings. Because of tobacco industry-caused illness and death that can be prevented, this reform rises above party politics and above the pseudo and often dishonest arguments that tobacco lobbyists have put before well-intentioned legislators.

Our association's position is this. The existing warnings are extremely stale. The refreshed warnings were essentially finished months ago—not perfect, but a significant step forward. Over \$3 million will be wasted if they sit on a Health Canada shelf, and if they do, kids will be addicted and they will later die. There is no—

• (1210)

The Chair: Mr. Mahood, your time is up.

Mr. Garfield Mahood: Two sentences, Madam Chair.

There is no credible reason for these warnings to be blocked. We are asking you to do whatever you can to bring the new warnings forward.

I know everybody on this panel would like to see these warnings, no matter what's said, and I encourage you. Thank you.

The Chair: We will now go to Dr. Geoffrey Fong from the University of Waterloo.

Dr. Geoffrey Fong (Professor, Ontario Institute for Cancer Research, University of Waterloo): Thank you, Madam Chair and members of the committee. My name is Geoffrey Fong. I am a professor of psychology at the University of Waterloo. I am also senior investigator of the Ontario Institute for Cancer Research. Eight years ago, I and my colleagues created the international tobacco control policy evaluation project, or the ITC project, to evaluate the impact of tobacco control policies of the WHO Framework Convention on Tobacco Control. Since 2003, 172 countries, including Canada, have become parties to the FCTC.

The ITC project is currently evaluating the impact of FCTC policies, such as health warning labels, smoke-free laws, higher taxes, and policies to reduce contraband across 20 countries using state-of-the-art longitudinal surveys of adult smokers. In Canada we have conducted the ITC survey for seven annual survey waves since 2002. The ITC project is recognized throughout the world as a leading source for evidence on the effectiveness of tobacco control policies. Last year the ITC project was honoured by CIHR and the CMAJ with a top Canadian achievement in health research award.

I am grateful for the opportunity to speak to you today about health warnings and to present evidence from our ITC project, showing definitively that the Canadian warnings have become less effective over time and that there is an urgent need to revise them now.

The overall objective of health warnings is to inform and educate people about the harms of tobacco products to inspire smokers to quit and to convince non-smokers, especially youth, not to start. The health warning is a health communication very much like an advertisement for public health, and as Gar has mentioned, a potentially powerful one, given the number of exposures, all in the right place, that is, on the pack.

Therefore, governments should endeavour to make the health warnings as strong as possible and to follow the principles of good communication and advertising in their design and implementation. I would like to highlight two such principles.

First, it is clear from many studies, including those conducted by Health Canada itself, that when it comes to warnings, size matters. Warnings will have more impact if they occupy 75% of the pack than if they occupy 50%. In fact, even from Health Canada's own studies, they looked at 90% warnings, and those were significantly more effective than the 75%.

Second, health warnings, like any other communication or advertisement, become less effective over time. This phenomenon—a very intuitive phenomenon—is known as “wear-out”. Thus, health warnings, like any other advertisement, must be revised on a regular basis to maintain their effectiveness. FCTC guidelines suggest that warnings be revised every one to three years. But 10 years, by any stretch of the imagination, is way too long. What would a marketing expert say about an ad campaign that was running unchanged for 10 years straight?

In October 2002, about two years after Canada introduced the graphic warnings, we began the ITC Canada survey, a nationally representative sample of 2,000 adult smokers throughout Canada.

I have prepared a document here—there will be a test on this later—showing how seven key indicators of health warning effectiveness have changed from 2002 to 2008. The ITC survey shows that every indicator of label effectiveness has declined dramatically.

Chart 2, on the first page, shows that the percentage of Canadian adult smokers noticing the warnings labels a lot declined from 60% in 2002 to 42% in 2008.

Chart 4, on the first page, shows that the percentage of smokers reporting that the warnings made them think about the health risks of smoking dropped from 17% to 12%.

On the second page, on the last row, chart 7 shows that the percentage of smokers reporting that the warnings made them forgo a cigarette fell from 18% to 13%. This is an important indicator because it is linked to future quit attempts.

Finally, chart 8, which summarizes all of the seven key indicators of label effectiveness, displays, of course, the steep decline.

These findings show clearly that the effectiveness of what once were the world-leading warnings labels from Canada have declined dramatically. In terms of odds ratios, I would say the effectiveness of the Canadian warnings has declined by 30% to 60% over the past six to seven years.

But it's not just the decline in effectiveness that has occurred. Today we know a lot more about the health consequences of cigarettes and how to communicate those risks. In 2000, many of the images that are still on the packs were of disembodied brains and hearts and lungs.

• (1215)

There are other effective ways of creating warnings that could create powerful emotions, which is a key ingredient of label effectiveness. For example, Health Canada has considered using the photo of Barb Tarbox as a way of depicting the human tragedy of cigarette use. By doing so, Canada would reassert its claim to be a world leader in health warnings.

As the ITC findings show, Health Canada's delay is having a pronounced detrimental effect on the tobacco control policy that is the key to informing the Canadian people. From these ITC charts I have presented, we can estimate that over three-quarters of a million Canadian smokers are no longer reading the warnings closely. From these results, we know that for over a quarter of a million smokers, the warnings are no longer making them think about the health risks of smoking.

If the warnings are not revised, fewer smokers will be inspired to quit, and greater numbers of youth will start smoking, undeterred by the stale 10-year-old warning labels. And in the future, the consequences of today's inaction and delay will result in many additional Canadian deaths from tobacco, which still, of course, is the number one preventable cause of death and morbidity in our country.

From the evidence, from state-of-the art longitudinal surveys of the evaluation of the Canadian warnings, there is no justification for delaying the revision of the health warnings and there is every reason for moving ahead quickly on the revision process.

I would like to thank the committee for this opportunity to speak on this matter.

The Chair: Thank you, Dr. Fong, and I'm sure you're going to be available for questions shortly, too.

We'll now go to Rob Cunningham from the Canadian Cancer Society.

[Translation]

Mr. Rob Cunningham (Senior Policy Analyst, Canadian Cancer Society): Good afternoon. My name is Rob Cunningham. I am a lawyer and senior policy analyst at the Canadian Cancer Society.

[English]

Health Canada has completed excellent research on new package health warnings, a crucial pillar of Canada's comprehensive tobacco control strategy. The Canadian Cancer Society recommends that the government introduce as soon as possible a new series of warnings

covering 75% of the package, front and back, as well as a series of improved messages inside packages.

Before continuing, I would like to extend praise to Minister Aglukkaq and to the Prime Minister for bringing forward Bill C-32 last year, and to express appreciation to all political parties for their support of the bill, including the MPs here today who were on the health committee at that time. The legislation banning flavours in cigarettes and little cigars is the best of its kind in the world. Bill C-32 recently proved influential in the adoption of new international guidelines on flavoured tobacco products.

This newly released Canadian Cancer Society report, "Cigarette Package Health Warnings: International Status Report", shows that Canada is increasingly falling behind other countries. In 2001, Canada was the first country with picture warnings, and Canada had the largest warnings, at 50%. Now 39 countries and territories have picture warnings, and many of the countries requiring picture warnings after Canada are now on their second, third, or fourth round of pictures. For size, Canada has fallen from first to fifteenth in the international rankings, with more countries leap-frogging over Canada all the time. Uruguay has the largest warnings at 80%, with Honduras also about to have 80%. That's Uruguay and Honduras.

Australia has decided to go even further and require plain packaging. That is, maintaining health warnings but removing all brand colours and logos from packages. Warning size is crucial. The larger the size, the larger the impact. As a bilingual country, Canada needs more space than most other countries.

The tobacco industry will undoubtedly bring forward legal arguments against larger warnings. But such arguments would be entirely without merit. As a lawyer focusing in this area, I know the tobacco industry always attempts to bring forward legal arguments to block legislation. For the existing 50% package warnings, when they were brought forward a decade ago, the industry claimed that the warnings could not be justified legally. However, in 2007, the Supreme Court of Canada soundly and unanimously rejected the industry's claims. The industry simply cannot be believed.

When picture warnings were initially considered in 2000, incredibly the industry argued that it was technically impossible in Canada to print colour pictures on cigarette packages. Imagine! But of course the impossible proved possible and picture warnings were easily printed, as we see today.

We join with provincial health ministers in supporting the inclusion of a quit line number on every package as part of warning messaging. This toll-free number would make it easier for smokers, including residents of rural and remote areas, to get help in quitting from trained specialists. The experience in other countries is that quit line calls increase substantially once the number is on the package.

Contraband is an important issue, and governments should take action. But as newspaper editorials have stated, the government should take action on both contraband as well as new warnings. It's also worth noting that contraband volumes in Canada have decreased dramatically over the last 18 months, and that cigarettes with required package warnings represent the overwhelming volume of sales in Canada. Tobacco products are the leading preventable killer of Canadians. We need a multifaceted approach.

Last week the minister identified social media as a means to reach youth. There is potential here. Indeed the Canadian Cancer Society's smoking cessation services already use social media: Facebook, Twitter, text messaging, and web-based messaging. Social media, however, should be used in addition to warnings. It should not be a substitute. Social media should not delay warnings. Both social media and warnings should be used, and each could enhance the impact of the other. A web address on the package could provide a link to and increase the impact of social media.

It must be emphasized that package warnings have credible and unparalleled exposure, reaching every smoker every day, as well as individuals around smokers: friends, family, co-workers.

• (1220)

Tobacco companies oppose larger 75% warnings knowing full well that warnings will reduce tobacco sales. But that is exactly the point.

[Translation]

Well-designed warnings increase awareness of the health effects of tobacco and decrease consumption, among both adults and youth.

In conclusion, we reiterate our considered recommendation that the government proceed on a pressing basis with new, improved 75% picture warnings that include a toll-free (1-800) quit line number and a web address, as well as with improved interior messages.

Merci. Thank you.

[English]

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

We'll now go to Ms. Callard.

Ms. Cynthia Callard (Executive Director, Physicians for a Smoke-Free Canada): When I was listening to the testimony in the last hour, I was reminded of what I remember, as I'm getting older, of the situation in the sixties, seventies, and early eighties, when there wasn't political will to support tobacco control or clamp down on tobacco marketing. Health ministers were left kind of twisting in the wind, so they would latch on to what there was political will to do, which in those days was to educate young people. The results for public health were disastrous, because many people started smoking. It took decades to prove that these other systems—school-based programs and so forth—were ineffective, and a whole generation was lost.

It's ineffective and wrong-headed to put the burden of responsibility on the shoulders of young people to access information and use it properly. The responsibility should be on the shoulders of the adults in the system—the governments and the companies that have

the responsibility to regulate and to be regulated. Let's be clear: the government can't Twitter or Facebook its way out of its regulatory responsibilities.

Focusing on youth is not a very good public health strategy, as 94% of smokers are over 20 years old and four out of five smokers are over 24 years old. Adult smokers are the ones looking to quit who need information and help. They deserve to have renewal as well.

Reference was made that 21,000 kids, due to the drug strategy, are latching on to Facebook. Well, that's less than 1% of Canadians between 12 and 19 years old. Health Canada doesn't have a good track record in reaching young Canadians. There's no research basis for suspending proven methods to go to an undeveloped, unresearched, unknown quantity. I think I heard reference to the fact that they might even want to abandon the work they developed over the years and take time to rework images and text. That would result in a delay of three or four years before we'd be in a position....

There are many ways of saying no, and I think today we are being told "not yet", and we'll wait one more year, two more years, or three more years before the department is ready to come forward with something. But we know they're actually ready to go now, because they shared things with us last year. What they shared with us last year are not things that were tabled in the committee and they are not available in the public archives.

Delaying to use social media will not protect youth; it will harm youth, because it will delay putting on package warnings. Health Canada did pioneering research. They took the existing warnings and moved them from 50% to 75% to 90% to 100% of the package. These were familiar warnings. They found that just increasing the size made young people and young adults say they were more likely to reduce tobacco use. They were better at communicating the health effects of smoking, and they increased the number of people who disapproved of smoking—and that goes back to the social networking. They discouraged people from starting to smoke and increased the number of people who quit smoking. They also found that plain packaging was an equally effective way with young people.

So the government knows what to do. They know they should increase the size of the warnings and take the branding off. Other research recently published from New Zealand with young adult smokers shows exactly the same thing.

I think there are two issues at play here. One is the health warnings—why they were delayed and what should happen now. But the other is perhaps a bigger issue: the integrity of the health regulation and the protection of public health and safety from commercial interference.

The problems, at least until last year, were not with Health Canada. They did a very good job of consulting with us and others and doing the research. There were delays. This work was done under five health ministers between 2003 and 2005. Much of the research had to be suspended during election periods, when they couldn't do public opinion research. But they soldiered on in an excellent way. I may have had some frustrations, but I had no major complaints about the way the file was treated then. But something happened after this file left Health Canada, and that has been our challenge.

Health Canada manages the development of regulations for many other products in addition to tobacco: therapeutic drugs and devices, foods, pesticides, cosmetics, consumer products, and others. What happens when Health Canada scientists recommend a regulatory action and it's overruled outside of Health Canada? This should be a major concern to the committee, and it should be a major concern to parliamentarians and all Canadians.

In many ways this file exposes the vulnerability of the health protection system to commercial pressure. We urge you to support the government to protect health and accelerate the implementation of the warnings that have been developed.

Thank you.

• (1225)

The Chair: Thank you so much

We're going to go directly to our first round of seven minutes of Q and A with Mr. Dosanjh.

• (1230)

Hon. Ujjal Dosanjh: Thank you.

Thank you very much to all of you for coming here and sharing your thoughts with us.

Ms. Callard and others, including Mr. Mahood, you received documentation or material from Health Canada in your consultations, including possibly what was called a resource book, planned as early as October 2009, with images. I would urge you, as a member of the committee, to table those documents here. Once these are requested, you then have the obligation and the right to be able to do that. So I would urge you to provide the committee with all of the materials you may have received over the years as the research was going on and your conversations with the committee were continuing, including the images you might have in your possession that they developed. Thank you.

I only have three or four questions, and I'd like to have some brief answers.

I understand from the log that we received with respect to lobbying that on May 26, 2010, at least one of the big tobacco companies was advised that the regulations were suspended, or the regulatory project was suspended.

I'd like to know whether any of you, in your subsequent conversations with Health Canada or with anyone else related to Health Canada, including the PCO and PMO, had ever been advised that this work had been suspended, until the minister said so at the health ministers' meeting.

The Chair: Mr. Mahood.

Mr. Garfield Mahood: To my knowledge, no one in the health community was advised that the whole process had been suspended until it came out in *The Globe and Mail* or came out of the provinces. We certainly were not given that information.

Ms. Cynthia Callard: I don't know the exact date—it's on the record of communications—but I met with someone in the section after May 26, I believe, and at that time, the impression I had was that the file was in trouble and there was lots of correspondence, but I did not get the feeling they'd given up, but were fighting hard against those who wanted to suspend it.

Hon. Ujjal Dosanjh: Thank you.

I understand there may have been discussions between various officials, including some who appeared here today, and yourselves with respect to the fact that the regulations were ready to be drafted sometime in the fall of 2009, and that because of the ongoing research they were doing, the officials were excited about removing branding as well and going to plain packages.

Are any of you at liberty to tell us that you were told that?

Mr. Garfield Mahood: An honest answer would be that the department knows full well the importance of plain and standardized packaging, but the enthusiasm was especially significant for standardized packaging, because the multitude of packages in the marketplace makes it very, very difficult to draft regulations for regulating this industry when it comes to packaging.

One package that I believe may be here today has eight sides. I'm not a lawyer—Rob is a lawyer—but I wouldn't want to draft that particular regulation.

But more than that, what happens, of course, is that by having an eight- or six-sided package, you reduce the size of the major face, so you can in fact very artfully decrease the size and impact of the warning and increase the beauty and allure of the package, because there's more space then going to the other five or six or seven sides of the package—or four or six sides. You see, it's so complicated, I can't even get the numbers out properly relating to the sides of the packages.

But the fact is that standardized packaging is absolutely critical and meshes perfectly with plain packages, which is where the whole world is going. And Health Canada will have to go there, but we first have to get rid of the stale packages and get these out.

I must say, I echo what Cynthia Callard said, that the department, in my opinion, was completely committed to doing a good job on this. I believe there are all kinds of members of the government who would like to see this come forward. That's why it should be non-partisan and we should get this out in a heck of a hurry.

• (1235)

Mr. Rob Cunningham: Just on your question, we were advised in September 2009 that they hoped to make an announcement in January 2010 with respect to new warnings, as the regulatory process would be complete by May 31, 2010.

Hon. Ujjal Dosanjh: Thank you.

I have a very general question as my last question.

Mr. Mahood, you actually told me this morning, with respect to breast implants, that when 1 in 5,000 people were at risk in California, the state declared an emergency and actually—

Mr. Garfield Mahood: Took the product off the market.

Hon. Ujjal Dosanjh: Yes, they recalled the product.

We have 37,000 people dying as a result of tobacco-related diseases in Canada—37,000 a year. You say that one out of every two long-term smokers actually falls prey to tobacco-related diseases. This is a national emergency, and in view of that—

The Chair: Your time is just about to end, Mr. Dosanjh.

Hon. Ujjal Dosanjh: Thank you.

Why is there no royal commission on this evil disaster?

Mr. Garfield Mahood: Frankly, there's been a royal commission on the steel industry, the pharmaceutical industry, the marine industry, and virtually every industry, including the potato industry. There has never been a royal commission on the tobacco industry. This situation is almost inexplicable, but it's true.

In the case of the—

The Chair: Thank you, Mr. Mahood. We'll have to end it there, as we want to make sure everyone gets to their questions.

Monsieur Dufour.

[*Translation*]

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

I would like to thank the witnesses here today. It is very helpful for the committee.

Ms. Callard, you said earlier that, some years ago, there was no political will to solve this problem. That is perhaps what you are sensing at the moment. I share your indignation with the situation. Let me remind you that there are members of Parliament who do have the political will.

Mr. Fong, you made an extremely interesting comment that is very relevant to the committee. You said that, like any communication, health warnings become less effective over time. I must say that you do not need to be a psychology professor or an eminent economics professor to understand that. What surprises me is that the government doesn't seem to understand.

However, in a final report prepared for Health Canada by the firm Corporate Research Associates Inc, it says that, although some health warning messages stand out, their impact decreases and, sometimes, they are completely ignored. Let me read a passage from the report to you: "A major factor is the novelty of warnings against health hazards, since messages have a greater effect when they are new."

Can you comment on that for us?

[*English*]

Dr. Geoffrey Fong: Thank you for the opportunity to comment on this.

Yes, novelty is important, because when messages are repeated over and over again, naturally, they are going to lose their effectiveness.

The evidence shows very clearly, and it's one of the basic principles of communication, that you have to change your message over time. It's so basic that it's hardly even worth mentioning. I'm sure, of course, Health Canada knows about the importance of "wear-out" and the decline in the message's effectiveness, and that's why they should be moving forward with these warnings.

So it's a very powerful principle, and it's realized in the ITC data, which show there's no other explanation for this than "wear-out". Yes, the warnings have become significantly less effective.

• (1240)

[*Translation*]

Mr. Nicolas Dufour: Thank you very much.

Mr. Mahood, just now, Mr. Carrie told us that it cost the government almost \$400,000 to produce information documents for witnesses. But you mentioned something very interesting. If Health Canada does not renew the warnings, it stands to lose \$3 million. There's kind of an imbalance there.

Could you quickly tell us how we encourage the government to put the renewal program into effect? And what should it be doing in the next few months?

[*English*]

Mr. Garfield Mahood: A strong recommendation from the committee to move on the warnings would be extremely helpful. I think the complete production of the documents.... It's true that it might cost something to produce the documents, but on the other hand, it's going to cost a lot more to leave them wasting on a shelf.

So the production of the documents and telling the full story about the lobbying and the various interactions that led to the decision...I think the fact that those documents are going to come out in the future will create an incentive for them to do what I believe virtually everybody in Health Canada knows must be done.

And when you produce that motion, I wish you'd add as an addendum my apologies for not being able to answer you in French.

Mr. Nicolas Dufour: No problem.

Mr. Garfield Mahood: I'm a unilingual anglophone and handicapped.

[*Translation*]

Mr. Nicolas Dufour: From the outset, we have talked a lot about young people and the desire to target those young people in the fight against tobacco. According to Mr. Glover's answer just now, the government intends to try its hand at Facebook, YouTube and so on.

Regrettably, I have heard less about measures for adults who have been smoking for a number of years. It is all very well to plan strategies for young people, but we also have to come to grips with the problem of people who have been smoking for 10, 20 or 30 years.

Do you think that just getting on Facebook and YouTube could be of any use in fighting tobacco use in adults?

[English]

Mr. Rob Cunningham: Not as a stand-alone strategy, no. We need a comprehensive strategy.

[Translation]

Young adults have these new media, perhaps, but we need regulations and programs. We feel that we must move ahead immediately with the new warnings.

If that announcement were made today, it would take another six months for the regulatory process and maybe another three, five or six months before the warnings appeared on the packaging. So we need nine to twelve months to develop a new communications system.

We could do both. We could in fact move forward with the new warnings immediately.

Mr. Nicolas Dufour: What do you think about the government's side of the story? The government says that it wants to set the warnings on packaging aside so that it can really concentrate on the fight against contraband cigarettes.

Isn't there a way to do both at the same time.

Mr. Rob Cunningham: Yes, of course both can be done.

Actually, we are already seeing the federal and provincial governments moving forward. There is progress in that the volume of contraband is on the decrease. Various departments are involved in that.

But the war on contraband is not going to be waged by the Department of Health.

Mr. Nicolas Dufour: Not in the front lines, anyway.

[English]

Mr. Garfield Mahood: There's no credible reason the warnings can't come forward while they continue to work on social media, if they believe there is a strategy there that might work. But the fact is, at the moment there is no credible evidence that social media would even come close to replacing the warnings. It simply is not justified.

The Chair: Thank you so much, Mr. Mahood.

Now we will go to Ms. Leslie, please.

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

And thank you all for being here and for speaking the truth about this.

You were approached about labelling. You weren't actually told that the labelling project was *suspendue*, but my question is, have you been approached about social media and its impact on smoking?

I see shaking heads.

• (1245)

Mr. Garfield Mahood: No.

Mr. Rob Cunningham: The Canadian Cancer Society has been approached. We operate several smokers help lines, and as a substitute for the quit line number appearing on the package, we've been approached with respect to social media integration.

Ms. Megan Leslie: Well, that's good. One of you has.

Have you been approached about tackling contraband?

Mr. Garfield Mahood: I'll let my colleagues address this because this is not my file. But I know that in my organization there have been discussions about contraband.

I must point out that in the six years of consultations that went on over the warnings, social media was never on the agenda. It was never discussed.

Ms. Megan Leslie: With respect to contraband, have you been given any indications from the government about a rollout for a contraband campaign?

Mr. Rob Cunningham: The government had an announcement on May 28, 2010. Some of those steps that were announced have not yet been implemented.

Ms. Megan Leslie: Mr. Mahood said that everything is tied to the package. I understand that some tobacco companies have actual departments within their companies that focus on innovation. I think it is a pretty twisted version of the word "innovation", because I understand that to be innovative means packaging to skirt regulations when it comes to labelling.

You talked about eight-sided packaging. Could you share with us some of the ways the tobacco industry is trying to skirt the rules as they are now? What are some of their innovative strategies when it comes to their packaging? I see you have quite a few samples in front of you.

Mr. Garfield Mahood: I'll just do a brief introduction. When we go for plain packaging, the most effective packaging, which we will without question encourage, is a shell and slide package, because it has an interior warning system. One of the things they are trying to do, to be frank, is switch the market away from the shell-and-slide package to the flip-top box. The advantage of that, of course, is that the interior warning system is disposable. It can just be discarded. With the interior warning system on this particular package, it is permanent. Every time that package is opened, the 20 times that package is opened, that interior system is there. And it's even more powerful, in some ways, than the exterior warning, because it can be made to be a surprise. A smoker might not like the impotence warning, for example. Males will say that they don't want that one, and they'll reject it at purchase. But they can't reject a message on the inside that they are surprised with. For example, you could put a warning about gangrene on the inside that they might reject if it were on the outside of the package.

What they are trying to do is switch the market away from this packaging to the flip-top boxes. That is just one innovation.

Ms. Megan Leslie: I've seen quite elegant lipstick cases, almost. I can't even tell what that picture is on the front.

Mr. Rob Cunningham: I have an example of a purse pack super slim cigarette targeted at women. It's outrageous. And it really undermines the impact of the warning. They use the package format or clever designs. In Quebec, Macdonald Special Mild has a fleur-de-lys and in the rest of Canada it has a maple leaf. They are very different emotional appeals, but they take away from the warning.

There are examples of metal packs, a special edition, in Canada. In Germany, they had World Cup soccer feature packs with very nice, big images of soccer fans with national flags painted on their cheeks. They know that the pictures work to promote products. And that's why we're supportive, of course, of having pictures as a means of discouraging smoking.

Ms. Megan Leslie: Do you know about labelling right on the cigarette?

Mr. Rob Cunningham: They often have their brand name or logo around a cigarette. One country, Singapore, has a tax-paid marking directly on the cigarette to prevent contraband. It is to help identify what is legitimate and what is not. No country has yet required a health warning directly on the cigarette.

Ms. Megan Leslie: As far as the industry branding the cigarette itself...

Mr. Rob Cunningham: Yes.

• (1250)

Ms. Cynthia Callard: Innovations to find a novelty for novelty marketing, which is increasingly part of their marketing, is a significant issue and one that needs a fast government response. One of the proposals made, in fact, to this committee earlier, when they were looking at a prior version of the Consumer Product Safety Act, which exempts, as you know—there's a statutory exemption—tobacco products, was that a de facto moratorium be put on new tobacco products so that we could prevent innovations and market novelties from coming onto the market. Eventually, governments will realize that this is a measure they have to take in addition to standardizing packaging.

Ms. Megan Leslie: Thank you.

You have all talked about contraband being an aspect. It's not the way to go, but the tobacco industry would lead us to believe that this is going to solve the problem when it comes to smoking-related illness and disease and death. Is this true?

Ms. Cynthia Callard: I would like to say that what I read in the media about the level of contraband does not fit with what I read from others. There are a number of indicators that show that the contraband problem is getting less and less.... Philip Morris International I don't think misleads its shareholders. It told its shareholders just last month that contraband in Canada was in the same range as in the United Kingdom, France, and Germany, which is between 10% and 20%. The *Convenience Store News* magazine has boasted about an increase in legal sales. Health Canada's survey of smokers reports that fewer Canadians report going to first nations territories or buying smuggled cigarettes. All the indicators suggest that the contraband problem is getting under control.

Ms. Megan Leslie: Thank you. That's very helpful.

The Chair: Thank you so much.

We'll now go to Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks very much, Madam Chair. I'm going to be sharing my time with Mr. Brown. If I natter on too long, perhaps you can stop me so he has a couple of minutes.

Thanks to our witnesses for being here this afternoon. Certainly you've brought some interesting perspectives to the table, and we appreciate the time you've taken to bring that forward.

I expect that most of you were in the room during the first panel of presentations, although I'm not quite sure. Yes, I see lots of nods there.

I just want to quote from Mr. Paul Glover's presentation. He said, "As you are aware, the Minister of Health has indicated that the department continues to examine the renewal of health warning messages on tobacco packaging." Then he also says, "Is Health Canada committed to revising the health warning messages? Yes. Absolutely. They are one very important and proven effective mechanism in providing information to help people stop smoking."

So I think it's been very clear from what the officials have said here today and from what the minister has told us at a previous meeting that this definitely is not an issue that has been put to bed. This is an issue that is very much still under review. Certainly they're working on it.

Some of the questions that came up at the previous panel talked a bit about consultation from the department. A couple of you here today have indicated that—I don't know if they were in working groups specifically—you were working with Health Canada.

Could you confirm that you had been helping out, and to what extent you had been working with them, please?

Mr. Mahood.

Mr. Garfield Mahood: Certainly. From my perspective, I'd be glad to clarify.

We were consulted on the warnings. At no time was I or my organization consulted about the introduction of, the replacement of, or the slowing down of the process for social media. At no time were we offered the opportunity to talk about whether or not a focus on contraband would in fact require that the department not proceed with the warnings.

The key aspects of the issue that the tobacco lobbyists apparently were engaged in...we were not privy to the fact that it was going on or offered the opportunity to comment on it. Because of that, frankly, we in the health community were sideswiped by this decision.

Mrs. Patricia Davidson: Mr. Mahood, when you say that you were in conversations with Health Canada, does that mean you helped develop the new warnings?

• (1255)

Mr. Garfield Mahood: I think there were about a dozen people. Four or five of us—all of the people at this table—were involved in the consultations on a regular basis over several years.

So there's no question that the exchange, the interaction, between the health organizations and Health Canada improved the warnings from where they were in the beginning.

Ms. Cynthia Callard: I'd just like to add that this was a very transparent process. The government put out its proposals in a public discussion process. There were private meetings held with us, but for the most part it was done through the standard government consultation process.

Mr. Rob Cunningham: I'd just add that I was also involved, and I thought we had a meaningful opportunity to provide input as warnings were being developed.

Dr. Geoffrey Fong: I, too, was part of some of the consultations.

Mrs. Patricia Davidson: Thank you.

One of the other comments that was made earlier in the first panel was that there needed to be more research done because it was determined, after doing some outreach, that the suggested new labelling was not going to reach all the age groups, particularly the one that was specified, the 18- to 24-year-olds, which proved to be 26% use, which is certainly above the normal of 18% use.

Were you aware of that?

Mr. Garfield Mahood: There is a term that has been used in the past in the public health business about hard-to-reach groups. Kids are a hard-to-reach group, and when you put a lot of resources into reaching a hard-to-reach group, you in fact can increase your morbidity and mortality, because resources are being taken away from the groups that you can influence.

There's no evidence to suggest that introducing something like social media would do anything to affect this hard-to-reach group in a lasting way. Cynthia Callard was extremely eloquent when she explained this. When you delay the warnings in order to introduce the social media, you take resources from the new warnings away from the easier-to-reach adults and the relapsed smokers. We must not forget relapsed smokers. These are the people who can be influenced to come back into the market—and that's millions of Canadians.

The Chair: I'm sorry, Mr. Mahood, but Ms. Davidson wanted to split her time.

Mrs. Patricia Davidson: Thank you, Madam Chair.

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

There are two things I want to get into with the remaining time. I'm happy that Rob mentioned we need to have a multifaceted approach. I think there's merit in having synergies between the labelling approach and the social media approach. Take the example

of the soccer players. Wouldn't it be amazing to orchestrate a social media approach trying to fight products like that? I realize that's in Germany, but you could have a link to a YouTube video showing a soccer player who can no longer run because of the effects of smoking.

Whatever the latest strategies of the tobacco industry may be, it would be great to counter them with social media. You talk about the hard-to-reach groups, and I'm sure those are the groups being targeted by the tobacco industry. I'm sure that young Canadians are particularly vulnerable to these approaches. I don't know anyone under the age of 30 who isn't on Facebook, and most are also on Twitter. So there are some amazing mechanisms available to reach that demographic.

Rob, you mentioned a tax marking in a different country for contraband. That's something that would be interesting to look into. I had an event in Barrie with convenience store owners, who told me that the lost revenue for government is \$2 billion. Are there things we can do through labelling to deal with contraband? What was the example you cited? What country was that from? Maybe we could look into it.

The Chair: Mr. Cunningham.

Mr. Rob Cunningham: It was Singapore, and we made that recommendation to the Ontario and Quebec governments. So that one might be best for provinces.

Mr. Patrick Brown: We can't do that on a federal level?

Mr. Rob Cunningham: It could be done federally. If the federal government could do it, that would be great.

The Chair: Thank you.

We're happy that you came today and gave us an insightful presentation. We can hear your passion. We want to stop kids from smoking. Once they start, they don't have a tendency to stop. Right Mr. Dufour?

Ms. Duncan, we're out of time. But what is it?

• (1300)

Ms. Kirsty Duncan: I would like to make a motion based on the testimony we've heard today.

The Chair: We've run out of time. We'll attend to that at another meeting.

The committee is adjourned.

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