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Chair

Mrs. Joy Smith

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● (1535)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, everybody. It's so nice to see you here today. Welcome.

Before I start, I want to welcome Madame Josée Beaudin to our committee officially. I understand you're a new member. We're so pleased to have you here.

Of course, Tilly O'Neill-Gordon, it's a delight to have you here officially.

We also have a couple of other people, Ms. Sgro and Mr. Calandra, who are so graciously filling in for some others who cannot make it right now.

Today, pursuant to Standing Order 108(2), we have our study on healthy living. We're very pleased today to have a myriad of different people to give us some very insightful comments and information.

We have, from the Canadian Diabetes Association, Glen Doucet, vice-president, office of public policy and government relations; and Aileen Leo, associate director, office of public policy and government relations. Welcome, both of you.

We also have, from the Canadian Sugar Institute, Sandra Marsden, president; and Nancy Gavin, manager, brand development, Redpath Sugar Ltd. Welcome.

From the Centre for Science in the Public Interest, we have Bill Jeffery, the national coordinator. We welcome you.

From the Québec Coalition on Weight-Related Problems, we have Suzie Pellerin, director, and Marion Saucet, analyst-researcher. Thank you so much.

From the University of Saskatchewan, we have Dr. Barbara von Tigerstrom, associate professor from the college of law. Welcome.

We certainly have a very prestigious and informative group here.

Glen Doucet from the Canadian Diabetes Association, I think I'll start with you. Are you ready to go?

You each have five minutes for presentations.

Thank you.

Ms. Aileen Leo (Associate Director, Public Policy and Government Relations, Canadian Diabetes Association): Good afternoon. I'll be making the presentation on behalf of the association.

The Chair: Oh, okay. That's fine.

Mr. Glen Doucet (Vice-President, Public Policy and Government Relations, Canadian Diabetes Association): I'm just here for good luck.

Voices: Oh, oh!

The Chair: I stand to be corrected.

Please go ahead. Thank you.

Ms. Aileen Leo: Thank you very much.

The Canadian Diabetes Association appreciates the opportunity to appear before the standing committee in your study on healthy living. We wish we had better news about the fight against diabetes; however, that's not the case.

In 2009, the Canadian Diabetes Association released *An Economic Tsunami: The Cost of Diabetes in Canada*, a report that outlined the estimated current and projected prevalence and cost of diabetes in Canada based on the Canadian diabetes cost model.

The findings of this model are indeed shocking. Today, more than three million Canadians are living with diabetes. Diabetes prevalence in Canada has almost doubled over the past decade and will continue to rise over the next decade.

No region of Canada is immune to diabetes. Atlantic Canada bears the greatest burden. Newfoundland and Labrador's prevalence is over 9% today and will rise to over 14% by 2020. In Alberta and British Columbia, where diabetes rates are below the national average, prevalence will grow by 67% and 62% respectively; the highest growth rate in Canada.

In Atlantic Canada, over 30% of the population will have diabetes or pre-diabetes by 2020. Pre-diabetes exists when blood glucose levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. Over 50% of the people living with pre-diabetes will develop diabetes.

The impact of diabetes on our health care system and our economy are equally staggering. The cost of diabetes in Canada currently stands at $12.2 billion annually and is estimated to grow to almost $17 billion annually by the end of this decade. By 2020, the economic impact of diabetes in Canada will have increased by over 130% from the year 2000. So it is clear: Canada has a diabetes epidemic, which is getting worse.

Our diabetes cost model shows that 80% of diabetes-related costs are due to treating the serious complications associated with diabetes, not for treatment and management of diabetes itself. These complications include kidney failure, heart attack, and stroke. Therefore, to address the economic impact of diabetes, we need to focus on keeping those living with diabetes healthy to avoid or at least delay these complications.

Our brief to the committee contains three recommendations, calling upon the federal government to enhance support for a pan-Canadian healthy weights strategy; a comprehensive secondary prevention strategy for people with diabetes and pre-diabetes; and thirdly, potential regulatory changes to promote healthy eating and physical activity.

For today's presentation we will focus our remarks on our first recommendation of a pan-Canadian healthy weights strategy.

According to Statistics Canada, 61% of Canadians are either overweight or obese. Among children and youth, more than 17% are overweight and 9% are obese.

The link between excess weight and type 2 diabetes is clear, given that 80% to 90% of the people with type 2 diabetes are either overweight or obese. While obese persons have the highest individual diabetes risk, it is those who are overweight who will drive the largest increase in diabetes prevalence rates over the next decade.

So while a focus on obesity is certainly important, it is clearly not sufficient. If we are to combat this diabetes epidemic, we also need to focus on Canadians who are overweight but not obese.

More than 50% of cases of type 2 diabetes could be prevented or delayed with healthier eating and increased activity. Even a moderate weight loss of 5% to 10% can significantly reduce the risk of developing diabetes.

For those living with diabetes, maintaining a health weight is the best defence for preventing serious, life-threatening complications. For those living with pre-diabetes, achieving a healthy weight not only reduces their likelihood of developing diabetes but may also result in their blood glucose levels returning to normal.

Given the costs associated with diabetes complications, investing in a pan-Canadian healthy weights strategy makes sense in terms of better health outcomes for those Canadians with diabetes as well as making good economic sense. Therefore, we urge the federal government, in partnership with provincial and territorial governments, to move forward in their framework to promote healthy weights. But we must also ensure that this framework includes those Canadians who are overweight in addition to those Canadians who are obese.

● (1540)

A pan-Canadian healthy weights strategy would increase the percentage of Canadians at a healthy weight through five main goals: identifying and understanding the underlying societal causes of unhealthy weights; setting targets to increase the number of Canadians achieving healthy weights, specifically within high-risk populations; improving access to programs and services for high-risk populations; initiating a public education campaign across all sectors of society; and incorporating a multisectoral approach involving governments, non-governmental organizations, the private sector, and all Canadians as individuals.

The Chair: Excuse me, Ms. Leo, could you wrap up shortly? I've given you extra time.

Ms. Aileen Leo: Yes. I have just one more paragraph. Thank you.

Increasing the percentage of Canadians achieving a healthy weight will not be easy. In fact, it will require widespread personal and societal change as well as significant shifts in the approach by governments and the private sector.

Thank you very much.

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

We'll now go to the Canadian Sugar Institute. Who would like to present? Is it Ms. Gavin or Ms. Marsden?

Ms. Marsden, go ahead.

Ms. Sandra Marsden (President, Canadian Sugar Institute): Madam Chair, members of the committee, thank you very much for the opportunity to be here today.

The Canadian Sugar Institute is the national, non-profit association representing sugar manufacturers in Canada on nutrition and international trade affairs. The institute provides a science-based nutrition information service that is staffed by professional dietitians —in fact, I'm a registered dietitian—and a nutrition scientist. We are also guided by a scientific advisory council and work collaboratively with professional and voluntary health associations, such as the Canadian Diabetes Association, Dietitians of Canada, and others. Most importantly, the institute does not market or advertise sugar.

My remarks today will focus on two issues relevant to the committee's study: government promotion of healthy eating and food labelling. All of our communications at the institute are science-based, and most often we are addressing misinformation. We have commissioned consumer studies since 1985, which have shown that consumer understanding is not consistent with science. For example, only 30% of Canadians understand that sugar has half the calories of fat. Like all carbohydrates, it has four calories per gram. Among Canadians, the median estimate of the number of calories in a teaspoon of sugar is 67. The correct answer is 16.

Let me give you a very brief background on the science of sugar. Sugar is the common name for sucrose. Sugar is produced naturally through photosynthesis in all green plants, including all fruits and vegetables. The pure sucrose crystals, sugar crystals, are separated from sugar cane and sugar beet to meet the Canadian food standard, which is 99.8% sucrose. I think that's probably enough science.

Sugar consumption in Canada has been declining, mostly due to the substitution of high-fructose corn syrup in sweetened beverages and some food products.

The Canadian Sugar Institute supports government strategies that are positive and enabling, not negative or targeted at individual foods. We support government frameworks such as the pan-Canadian healthy living strategy to promote healthy weights and those that build on a foundation of science and positive guidance, including Canada's Food Guide and physical activity guidelines. We do not support short-term, costly initiatives that target individual foods, such as the recent Government of Canada ad stating that sugar-sweetened drinks are linked to childhood obesity. Obviously this is of concern to our industry, because in fact the vast majority of sweetened drinks in Canada do not contain sugar; they are sweetened with high-fructose corn syrup. However, this messaging also implies a relationship between an individual food and its alleged ingredient —sugar—and obesity, which is not supported by the evidence. Scientific studies consistently find an inverse relationship between sugar consumption and being overweight, likely because low-sugar diets tend to be higher in fat. Fat has nine calories per gram, relative to carbohydrates at four calories per gram. Negative and inaccurate messaging about the ingredient sugar is not assisting consumers in making healthy choices.

We would like to draw your attention to the issue of food labelling and the ingredient list. This issue is very important to consumer decision-making in food choices. The Canadian Council of Food and Nutrition, in its “Tracking Nutrition Trends” report of 2008, which was a report giving a 20-year history, stated that when reading food labels, 80% of Canadians identify the ingredient list as the most important source of information. The ingredient list on food labels, as you probably know, must list all ingredients in descending order by weight. The common name must be used if it is prescribed in regulation. For sugar, that means 99.8% sucrose. Otherwise, it must use the common name of the food as it would be known in the marketplace.

We have had an increasing number of consumer inquiries regarding the labelling of high-fructose corn syrup in foods in Canada. Consumers are confused. There are two reasons for this. First, in Canada, high-fructose corn syrup is labelled as “glucose-fructose”, a term Canadians do not understand. Secondly, there is a collective term, “sugar/glucose-fructose”, which is permitted when either or both of the ingredients are used. All other sweetening agents must be labelled separately. This confusion may arise because the U.S. label uses the common term “high-fructose corn syrup”, as it is known to consumers, health professionals, and the media. Sugar and high-fructose corn syrup are not the same ingredient. High-fructose corn syrup is a sweetening agent made from cornstarch.

We feel the ingredient labelling of glucose-fructose in Canada is confusing and misleading to consumers.

I'd like to end by telling you a little bit about a survey that we conducted. We were interested in knowing how confusing the labelling was. First, we did an informal survey of dietitians. Only 12% of dietitians stated that glucose-fructose referred to the ingredient, high-fructose corn syrup. Given this poor level of understanding among dietitians, we decided to seek a nationwide online survey.

● (1545)

An Ipsos Reid poll conducted between January 28 and 31, 2011, found that when presented with a list of ingredients, including glucose-fructose, just one-quarter of Canadians correctly identified that as high-fructose corn syrup.

When given an ingredient list with the collective term, “sugar/glucose-fructose”, most thought that was another name for sugar, or sucrose. Three-quarters of Canadians indicated that they would prefer to see the term “high-fructose corn syrup” on the ingredient list, and nine in 10 agreed that sugar and high-fructose corn syrup should be labelled separately.

Members of the committee, consumers in Canada are confused and misinformed. We propose the following with respect to the ingredient list—

The Chair: We're running out of time and I have to cut you off. I would ask that people watch a little bit for the time. Could you end with a sentence? I hate to be rude.

Ms. Sandra Marsden: Change the term “glucose fructose” to “high-fructose corn syrup” and label these ingredients separately.

Thank you.

The Chair: Thank you so much.

Now we'll go to the Centre for Science in the Public Interest, and Mr. Bill Jeffery.

Mr. Bill Jeffery (National Coordinator, Centre for Science in the Public Interest): Thank you, Madam Chair.

The Centre for Science in the Public Interest is a non-profit consumer health advocacy organization specializing in nutrition issues, with offices in Ottawa and Washington, D.C. We don’t accept funding from government or industry. The 100,000 Canadian subscribers to our advertisement-free *Nutrition Action Healthletter*, which you have all received, funds our health policy reform advocacy. On average, we have one subscribing household within a one-block radius of every Canadian street corner, and that's rural and urban.

The World Health Organization estimates that nutrition-related disease and, to a much lesser extent, physical inactivity in countries like Canada are responsible for one-quarter of all premature deaths, or approximately 57,000 deaths annually in Canada.

Provincial governments pay the lion's share of health costs for nutrition-related illness. For example, by 2030, health care costs alone are projected to rise from 46% to 80% of the entire Ontario government budget, if policy changes are not implemented.

The national and international character of the food supply, Health Canada's nutrition science expertise, and the federal government's constitutional authority make it better situated to use its regulatory and spending levers to help curb nutrition-related diseases. However, the federal government still postpones nutrition-improving regulations as if Canada has tens of thousands of lives to spare every year and as if governments preside over full treasuries and double-digit economic growth.

Recently, the UN Secretary-General Ban Ki-moon invited Prime Minister Harper, President Barack Obama, and other world leaders to a high-level summit on the prevention and control of non-communicable chronic diseases on September 19 to 20, 2011, in New York City to draft a global approach to curbing NCDs that may include policy commitments, disease reduction targets, and accountability reporting mechanisms.

We recommend the following specific federal government policy reforms.

One, commit to fully implement Canada's strategy for sodium reduction, which is now six months old, to ensure that salt is used judiciously by manufacturers, not gratuitously, and, at an absolute minimum, that consumers get better objective information to facilitate healthy choices.

Two, promulgate regulations restricting the use of trans-fat-laden partially hydrogenated oils to permanently prevent at least 1,800 heart attack deaths annually in Canada. Provincial regulations were promulgated to rid such oils from Ontario's and Manitoba's school food services in 2008 and British Columbia's restaurants in 2009.

In 2009, federal government scientists also concluded that trans fatty acid levels in Canadian foods are nowhere near as low as those of foods sold in Denmark, where a regulatory ban is in place. A scientific update commissioned by the World Health Organization and published in 2009 concluded that:

> The evidence on the effects of TFA and disease outcomes strongly supports the need to remove PHVO from the human food supply.

Three, mandate disclosure of calorie counts and notices about the amounts of sodium for menu items at outlets of large chain restaurants to close a nutrition labelling exemption affecting $60 billion worth of food annually in Canada, which is one-fifth of all food consumed.

While Health Canada continues to discuss menu labelling, as you heard two days ago, governments in New York City, California, and elsewhere have required calorie labelling on menus, at least, and soon regulations made possible by the Obama health care bill will require menu labelling in chain restaurants throughout the U.S.

● (1550)

Fourth, strengthen food labelling regulations, including mandatory front-of-pack nutrition labelling. In practice, nutrition facts tables are very useful to interested and educated shoppers, but might be more aptly named "back of pack complicated nutrition facts". A grocery shopper trying to home in on the lowest-sodium soups or lowest-sugar breakfast cereals from any source would have to physically pick up, turn around, and keep tabs on dozens of packages for each product being considered for purchase. Likewise, finding the pasta with the most tomatoes or berry juice with the most berries remains a guessing game, no matter where one looks on the labels.

The Chair: Thank you, Mr. Jeffery. You are over time. Can you wrap it up?

Mr. Bill Jeffery: Madam Chair, I was told I had five to seven minutes when I was preparing my testimony.

The Chair: Yes, and you've gone over your time. I have a timer right here. Thank you, Mr. Jeffery.

We'll now go to the Québec Coalition on Weight-Related Problems.

Who would like to give that presentation?

Ms. Suzie Pellerin (Director, Québec Coalition on Weight-Related Problems): Thank you.

[*Translation*]

On behalf of the Quebec Coalition on Weight-Related Problems, thank you very much for hearing us. The coalition is made up of over 100 partners from various spheres such as the municipal, school and health sectors, who all feel it is important to put in place environments where it will be easier to eat well and to move more.

Today, it is our pleasure to contribute to your reflection for various reasons. Firstly, we all think it is important to curb the current obesity epidemic. This is a complex and costly phenomenon. The cost of obesity is estimated to be $30 billion per year in Canada. Several factors have contributed to the collective deterioration of our health, but our intervention today will focus primarily on sugar-sweetened beverages, whose troubling high level of consumption is concerning. It is blamed by the scientific community and directly identified as a factor in the obesity epidemic.

It is also the only dietary habit that is constantly linked to excess weight in children. Also, it is a cause we can easily target to take action. As members of the Standing Committee on Health, you may give direction to federal government policies, and certain tax or legislative measures could reduce the drawing power of sugar-sweetened beverages and energy drinks. How? By taking action with regard to product composition and packaging, restricting the distribution of these products, prohibiting marketing directed at children, and imposing a tax on soft drinks or energy drinks.

Currently, sugar-sweetened beverages are targeted among others by the World Health Organization and the Government of Canada, as one of the major contributors to the current obesity epidemic. In fact, I want to take this opportunity to praise Health Canada's recent advertising campaign—through it the federal government really took up a position—which finally publicly associated sugar-sweetened beverages and obesity.

Sugar-sweetened beverages are mainly composed of water, sugar or its substitutes, and sometimes of natural or synthetic caffeine. Since you were given the mandate of studying caffeine additives in certain drinks, we have difficulty understanding the government's March 2010 decision to allow the addition of caffeine to non-cola soft drinks in response to pressures from bottlers. We believe that the regulatory framework should be more rigid rather than more flexible with regard to the composition of the product and its packaging, so as to make sure that the consumer is not misled.

Soft and energy drinks are available everywhere. You need only extend a hand to reach for a can. All measures, therefore, aiming to restrict their distribution in the places particularly popular among young people will be beneficial. In order to set an example, we ask the federal government to prohibit the sale of soft and energy drinks in its buildings.

The impressive top line generated by soft drink companies is highly driven by their advertising and promotion. Last May, in Geneva, the WHO promoted the adoption of recommendations to guide the efforts made by member states for the development of new policies or the strengthening of existing policies to prohibit publicity aimed at children.

We now encourage the Canadian government to go further by prohibiting marketing aimed at children, as is the case currently in Quebec. We also ask the government to make its intention clear in preparation for the upcoming United Nations Summit, next September in New York, which will also no doubt address this issue.

We all know that price is an essential factor in the decision process of a purchase. Soft and energy drinks are commonly sold at a low price or with a discount. As opposed to the price of basic products which have greatly increased over the years, the price of soft drinks has remained relatively stable. The evolution of theses prices demonstrates the profit margin these products generate, as well as the low production cost of these beverages.

● (1555)

Many governments have already identified the implementation of a tax as a measure to prevent problems associated with obesity. They have identified it as one of the most promising strategies for governments and a profitable one in terms of cost-health benefits.

Therefore, we propose the implementation in Canada...

[*English*]

The Chair: Thank you, Ms. Pellerin. I've given everybody extra time. Could you wind up?

Ms. Suzie Pellerin: Sure. It's my last paragraph.

The Chair: You know, the thing to remember is that we have Qs and As, so I want to make sure that all sides get a chance. You can put in things that you feel you need to.

[*Translation*]

Ms. Suzie Pellerin: Thank you. We propose the implementation in Canada of an excise tax on soft and energy drinks, so that the revenue generated by this tax may be invested in prevention.

[*English*]

The Chair: Okay. Thank you.

Now we'll go to Dr. Barbara von Tigerstrom from the University of Saskatchewan, please.

Ms. Barbara von Tigerstrom (Associate Professor, College of Law, University of Saskatchewan): Thank you.

Thank you for inviting me to attend this meeting on healthy living and nutrition. Over the last few years, I have studied the regulation of food labelling, which I will be speaking about today. I have also done some work on food taxes and subsidies, and I would be happy to try to answer your questions on that subject as well.

The prevention of chronic disease is an urgent public health challenge in Canada, but it can be difficult to predict which preventive measures will be effective. Chronic diseases are often the result of a complex matrix of factors that interact in ways that are sometimes unpredictable. Given the serious public health problems we face, we should move forward with measures that seem promising, based on the best evidence currently available, and then monitor those measures and adapt them as needed. Available evidence suggests that changes to our food labelling regulations could help to better protect public health and consumers' rights.

First is menu labelling. There are now city, county, and state menu labelling laws in the United States, and national regulations are expected within a few months. Most of these laws require calorie amounts to be posted on menus or menu boards, with other nutrition information also available in each outlet.

Surveys have consistently found high levels of public support for menu labelling. Without disclosure, people find it very difficult to estimate the nutritional content of restaurant meals. Many restaurant chains already make some nutrition information available in various forms, but these voluntary efforts are still too limited to fully realize the benefits that could be achieved through mandatory regulations.

The evidence that menu labelling will influence people's eating habits is not conclusive, but most recent studies have found significant, though modest, effects. The impact of calorie information on product choices is greater for some groups and where calorie amounts are higher than people expect. Research also suggests that this information can influence future purchase intentions as well as the consumption of other food that same day.

At a minimum, it should be mandatory for chain restaurants to have nutrition information readily accessible to consumers in each outlet. We should also seriously consider requiring that calorie information be posted on menus and menu boards. Having menu labelling laws in place in the United States makes it more feasible and less costly to have similar laws in Canada.

In the United States, industry representatives supported federal legislation that would create consistent national standards.

Second is front-of-package labelling. Simple nutrition labels on the front of food packages can be useful, but right now there are many different types of front-of-package labels, each with their own format and criteria. This leads to confusion and mistrust among consumers.

Some front-of-package labels are said to be misleading if they suggest that foods that are high in sodium, fat, or sugar are healthy choices. In addition to enforcing laws that prohibit false or misleading labelling, we should move ahead with the nutrient profiling approach used in other countries, where health and nutrition claims, or any labels suggesting that foods are healthy, can only be used if the product meets basic minimum nutritional criteria.

A standardized front-of-package label would provide consumers with consistent and reliable information. The U.K., and more recently the U.S., have been working to develop criteria and formats for front-of-package labels, initially to be promoted on a voluntary basis. If a purely voluntary approach doesn't achieve enough consistency, the official scheme could then be made exclusive—meaning that it would be the only type of front-of-package label that could be used—or mandatory.

A recent report of the U.S. Institute of Medicine made recommendations on what information to include on front-of-package labels. The second phase of their study, expected later this year, will examine the effectiveness of different label formats. We could use this, along with other available research, to choose a national front-of-package labelling scheme for Canada that would be promoted along with education and public awareness initiatives.

● (1600)

The Chair: Thank you very much.

We'll now go into our first round of questions and answers. We'll have seven minutes for questions and answers.

We'll begin with Mr. Dosanjh, please.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): I thank all of you for presenting your views here today. I'm going to start with the last presentation and go backwards.

Ms. Tigerstrom, you said you're recommending menu labelling for restaurant meals. Also, you're talking about front-of-package labelling and some regulations to standardize them. Do you know what work is being done within Health Canada on that?

Ms. Barbara von Tigerstrom: I'm aware that both of those are under consideration. I haven't been privy to any of the details of their discussions, unfortunately.

Hon. Ujjal Dosanjh: Turning to the Québec Coalition and the Canadian Sugar Institute, we heard contradictory testimony. The Canadian Sugar Institute said that it's not true that obesity is related to these drinks that are promoted. The Québec Coalition is saying yes, it is. Whom should I believe and why?

You can both have a crack at it briefly.

● (1605)

[*Translation*]

Ms. Suzie Pellerin: In fact, it is not Quebec that you must believe, but rather the WHO, the Institute of Medicine, the CDC and the Ruth Centre, who have all concluded that sugar-sweetened beverages are an important contributing factor in obesity. I think that these are references that are solid and well recognized. There is clearly conclusive data.

[*English*]

Ms. Sandra Marsden: We have a nutrition scientist who has actually looked at the studies. Certainly, if you decrease consumption of sweetened beverages it could help you lose weight, just as decreasing consumption of other caloric sources does, but there is not strong evidence linking sweetened beverages in particular to obesity. It's part of a complex set of behaviours and lifestyle patterns, including screen time, frequent consumption of fast foods, and physical inactivity. It's very difficult to disentangle any individual factors linked to obesity.

Hon. Ujjal Dosanjh: Let me ask if you are funded by the industry.

Ms. Sandra Marsden: As I mentioned, we are not here to defend soft drinks. Ninety per cent of soft drinks in Canada are not sweetened with sugar.

Hon. Ujjal Dosanjh: Bill Jeffery, I have two questions for you.

One is with respect to sodium. This is a question regarding our government's most recent announcement with respect to voluntary work on lowering sodium. Can you comment on that?

Mr. Bill Jeffery: First of all, I can't speak on behalf of the Sodium Working Group, although I was a member of that.

The recommendations in the Sodium Working Group report were consensus recommendations in that we all kind of grinned and bore it. They recommended sodium reduction limits on a voluntary basis. That approach was contradicted by a report that was published last April by the U.S. Institute of Medicine, which is a highly respected scientific organization that Health Canada relies upon quite a lot for designing nutrition policy. They were dismissive of the idea of using voluntary targets. They didn't think they would work very well.

Second, a few weeks after the Sodium Working Group report came out, the provincial and territorial ministers of health issued a communiqué saying that they thought the federal government should develop mandatory targets from the outset and should at least be prepared to go the mandatory route if it becomes clear that there won't be compliance.

Hon. Ujjal Dosanjh: On the trans fats question, I remember there was a group started on trans fats during my brief time, but I lost track of what's happened. Do you know what's happened? You said Denmark has regulated trans fats out essentially.

Mr. Bill Jeffery: Yes, that's right.

You know, I think the trans fat experience was a useful learning experience for me. I was part of that task force as well, and we recommended, along with the Heart and Stroke Foundation and others, including industry, that there be regulations restricting the amount of trans fat that can be used in foods from the partially hydrogenated sources, the synthetic.

We sort of assumed, with such broad consensus that this was the way to go, that it would just happen within weeks or months that the regulations would be promulgated, the draft regulations. That didn't happen. A year passed. Then the minister said, well, let's wait another two years. Now it's almost four years. I kind of regret that as health advocates we weren't more vigilant about pressing the government's feet to the fire on implementing those recommendations.

I feel the same way about sodium. The Sodium Working Group, as far as I know, doesn't exist anymore. We were thanked for our service in December, and Health Canada started referring to it in the past tense. I don't know what's going to happen now.

Hon. Ujjal Dosanjh: Do I have more time?

The Chair: You have about a minute and a half.

Hon. Ujjal Dosanjh: Going back to soft drinks, I'm an immigrant, and when I came to England, and then, more importantly, to Canada in 1968, Coke was a godsend. It used to be so expensive when I was growing up as a little kid. Now I'm told that Coke is almost poison when you drink it, with the amount of sugar it has.

I have five grandchildren, and I'm worried about them. I'm South Asian, and there's a higher incidence of diabetes among South Asians.

Do you want to say anything with respect to what I just said, Ms. Marsden?

● (1610)

Ms. Sandra Marsden: I'll give you a couple of facts with respect to Canada.

First of all, diabetes is not caused by sugar or soft drinks. It is related to obesity, and obesity is a complex problem related to a lot of the behaviours I've mentioned.

Just in terms of facts—

Hon. Ujjal Dosanjh: Let me ask you a brief question. Is sugar, among other things, at all related to obesity?

Ms. Sandra Marsden: Sugar is not. I mentioned that in my remarks. Scientific studies that look at sugar—

Hon. Ujjal Dosanjh: Let me ask you this. You answered the question—

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

I'm sorry, Ms. Marsden.

We now have Mr. Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair.

I thank the witnesses for being here this afternoon.

Ms. Pellerin, you consider both soft drinks and energy drinks to be a factor in childhood obesity. You in fact used the word “children”.

I would like to remind you of two statements made in committee here, at a hearing held on June 8, 2010. Firstly, the senior scientific officer at Red Bull, Mr. Andreas Kadi, said the following: “When you look at the events we are supporting [...] these are clearly events that are targeted at adults. When you look at the marketing activities we perform, when you look at the universities, for example, starting with students who are 18, yes, this is where we are. When you look at high schools, where students are younger, then this is where we are not.”

Mr. Justin Sherwood, president of Refreshments Canada, added the following: “The target market is young adults who are 18 to 34 years old.”

In light of that, how can you say that energy drinks contribute to childhood obesity?

Ms. Suzie Pellerin: First of all, there has been a change in consumption habits. Soft drinks used to be consumed, but that sector is now losing popularity. Energy drinks are spurting ahead and gaining market share at an exponential rate. As I said earlier, they are available everywhere. I invite all of you to go and see to what extent these brands are prevalent. If you walk into a convenience store, you may trip over them, and you may well see their trademark as you walk in.

Children are also attracted by extreme sports, an activity that is clearly sponsored by the producers of energy drinks. And so I have trouble believing that they are neither exposed nor influenced. In addition, I have myself seen that in places that are popular with children, energy drinks are sold in vending machines.

Mr. Luc Malo: Where, precisely?

Ms. Suzie Pellerin: In fact, in sports centres. The distributor's argument was that the can was attractive. It was clear that the composition of the product had not been taken into account at all before that choice was made.

Mr. Luc Malo: Mr. Jeffery, you are aware of what was said by the Health Canada representatives who were here two days ago. You alluded to this in your presentation. Can you tell us whether like Mr. Godefroy, you are to some extent satisfied by the decrease in the daily consumption of trans fats? We have gone from 5 grams to 3.4 grams a day, but we must remember that the quantity recommended by the WHO is 2 grams per day. Do you think that the gradual strategy proposed by Health Canada is sufficient to reach that objective?

[*English*]

Mr. Bill Jeffery: By Health Canada's own admission it hasn't been successful enough. In my testimony I referred to an estimated 1,800 premature deaths due to trans fat consumption—heart attack deaths, on average—using as a basis the current 3.4 grams of consumption per day. That's not something we pulled out of a hat. It's from working with numbers the U.S. Food and Drug Administration used to assess the risk in the United States.

It's true that if you accept the evidence Health Canada has provided, it seems that trans fat is coming down a little bit, although I'm even suspicious of some of that. They looked at 45 categories of foods, and only 11 of them were compared at more than one point in time. So it's not very convincing.

● (1615)

[*Translation*]

Mr. Luc Malo: Do you think we should adopt the trans-fat reduction strategy that was submitted to this committee last Tuesday, or should we be a little more aggressive?

[*English*]

Mr. Bill Jeffery: My recollection is that he referred to a bunch of hypothetical additional strategies.

In 2006, the Trans Fat Task Force, after almost two years of deliberations, said, regulations: here's what they should look at. A lot of public health authorities across the country took that seriously—Ontario, Manitoba, and British Columbia. They did what they could within their constitutional powers.

I think it's incumbent on the federal government to take a decision that will have a permanent public health benefit.

[*Translation*]

Mr. Luc Malo: Like Ms. von Tigerstrom, you suggested that labelling be made easier to read so as to better inform consumers of product content. I remember that in 2007 when we studied obesity among young people, we had considered a system of red, green and orange lights. This idea was set aside, because it seemed a little simplistic. What do you think?

[*English*]

Ms. Barbara von Tigerstrom: There has been criticism that the traffic light style of label is too simplistic. There are a number of competing styles of labels, or formats of labels, but none of them is perfect. I think we have to admit that. They all have strengths and weaknesses.

The strength of the traffic light format is that it gives people a very quick picture of the strict facts, but also an overall assessment. They can see at a glance, if they're concerned about fat or salt and it has a red light, that it's something they should stay away from. That format also usually gives objective information on the amount of each nutrient. Just having that amount alone doesn't seem to add much to what we already have.

The Chair: Thank you, Ms. von Tigerstrom.

We'll now go to Ms. Hughes.

[*Translation*]

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Thank you.

Ms. Leo, we are talking about labelling. I would like to know whether your organization has any comments or suggestions regarding changes to be made to labelling as such.

I would also like to make a comment. At Christmastime, my husband gave me a new deep fryer that only requires one tablespoon of oil. I saw that you were a partner in the company that developed this fryer. It is really a good thing.

[*English*]

Ms. Aileen Leo: Thank you very much for the question.

With regard to your first question, in terms of labelling, to my knowledge we don't have an official position on labelling for packaged foods over and above what we said leading up to the regulations in 2005. We were supportive of those regulations. I'm not aware of subsequent positions by CDA since that time.

In terms of menu labelling for large restaurant chains, we did support Madam Gélinas' private member's bill in the legislature of Ontario last year—I believe it was May of 2010—that required specific calorie labels for large restaurant chains.

With regard to your second question, personally I don't know if we were involved in that. I don't think so. I wish we had been. I think it's a great idea. Anything that lessens the burden of obesity is a wonderful idea, given the stats we just heard earlier about the percentage of Canadians who are overweight and obese.

● (1620)

Mrs. Carol Hughes: The book that was included did actually have recipes from the Diabetes Association, so it was really good.

But just to go back—and it's unfortunate we don't have a lot of time, because we have a big panel and I think we have lots of questions for everybody—I do want to touch base, though. My husband is diabetic and he's not obese, and he wasn't obese when he became diabetic. There are different types of diabetes, and some people can actually have sugar and others have to avoid it a little bit more.

I want to go to Mr. Jeffery. You didn't get a chance to finish your speech there. You talk about nutrition-based food tax reform, which you didn't get to. You talk about healthy breakfast programs. That's the one that I kind of want to touch base on at this point.

At our meeting on Tuesday we talked about the fact that the government should actually move forward on this, and how important it would be for children to have these breakfast programs. I'm just wondering if you want to elaborate a little bit on that with respect to the importance of that.

Mr. Bill Jeffery: Yes.

Unfortunately, this is an issue where you get insight into seeing what governments in Canada are doing by looking to what they're doing in the United States. The United States last month proposed relatively strict nutrition standards for their school meals. They've had a long history of subsidizing school meals. Their subsidies are now up to about $14 billion a year—billion—which works out to about $1.27 for every child per day, on average, who is enrolled in school. By contrast to that $1.27, in Canada it's about 3.5¢ or 4¢, which is really a pittance. What that means is that school meal programs are very few and far between, and sometimes it's just one class in one school or a school in the neighbourhood or something. This is an opportunity where public funds really could be used to help kids consume more fruits and vegetables and whole grains.

Mrs. Carol Hughes: The other one I have, because it's been mentioned a couple of times, was with respect to nutrition information on restaurant menus. The U.S. has actually started that. I was just wondering if there has been any pushback from the restaurants themselves or if they have found that this has been a positive thing. Is it actually attracting consumers?

It's quite interesting, because MPP France Gélinas has been trying to push this through Queen's Park as well, but it's national and not just provincial. So maybe we could have a couple of comments on that from you, Mr. Jeffery, and from Barbara.

Mr. Bill Jeffery: In the United States, the national restaurant industry association has been categorically in favour of it, although probably not for altruistic reasons. They saw a proliferation of menu labelling standards, which were all a little bit different in various municipalities—New York City in particular, Seattle, and others—and states, including California, and they were concerned that their members would have difficulty trying to comply with a bunch of different standards, so they were fully in support of it when it came time to supporting the Obama bill.

In Canada, the Canadian Restaurant and Foodservices Association is nominally in favour of it. They were members of the Sodium Working Group, and there was a recommendation about this there. But I know that in response to Madam Gélinas' bill in the Ontario legislature, they were opposed to it. There was a bill in Parliament a few years ago that they were categorically opposed to, and lobbied vigorously to kill, and were successful, unfortunately.

Ms. Barbara von Tigerstrom: I have just a couple of quick comments.

In the U.K., they also did a trial on a voluntary basis—it was a voluntary but official program; it is different from what we have here. The experiences from both the consumer and the restaurant side were very positive in terms of the consumers' response, and the restaurants found that it wasn't as burdensome or as costly as they had feared.

The other point is that from all of the studies that I have looked at, they suggest that once you introduce nutrition disclosure, it generally is revenue neutral. Even though it does tend to shift people's preferences, choosing one product over another, it doesn't overall result in a loss of revenue for the food outlets.

● (1625)

Mrs. Carol Hughes: What about the cost on that—

The Chair: Thank you.

Thanks so much, Ms. von Tigerstrom.

We'll now go to Dr. Carrie.

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

I want to thank all the witnesses for being here today. I'll let you know that I'm one of the those guys who like to eat a lot. I like to eat a lot of different things. I'm thinking about my Christmas holidays. I come from a multicultural family, and a lot of Canadians do. Some of the foods I ate over the holiday I think some people would judge as being unhealthy foods. But if you look at the history of these diets, people who eat these diets can overall have a very healthy diet.

We hear of people trying to judge foods sometimes as being healthy foods or not healthy foods. There was an interesting article—I think it was the *Ottawa Citizen* or the *Toronto Star*—and they asked what can Canadians do? There are all these diets out there—the Ornish diet, the Zone diet. One of the comments they made was about one gentleman who had a diet of Twinkies and Doritos, I think, and he looked at caloric restriction. At the end, he lost weight, sure enough, and his cholesterol levels went down.

For me, there is a lot of confusion out there. If I could live on Twinkies and Doritos, maybe that's something I would look at.

Maybe I can ask the Sugar Institute. You did mention that you work with dietitians and nutritionists. With all the confusion out there, what are some of the recommendations you could make so that Canadians could improve their eating habits?

Ms. Sandra Marsden: With respect to the Government of Canada, I think more could be invested in education and promotion of healthy eating and physical activity, and collaborating. I think a lot of this is written into the pan-Canadian healthy living strategy and other strategies and recommendations, but certainly more could be done to facilitate and foster that collaboration with associations, with industry. It's a combination of having good information on labels, education, and promotion. The consumer needs to be enabled to make good decisions, and that includes schools and healthy eating programs and policy and education in schools.

There's no one approach; it's multi-faceted.

Mr. Colin Carrie: Is it wise to label foods as healthy foods or not healthy foods in general, would you say?

Ms. Sandra Marsden: As a dietitian, my view is that food should not be labelled as good or bad. Diets are good or bad. It's the pattern of eating. Among 33 million Canadians, there are 33 million patterns of eating.

It's enabling consumers to, in many cases, lower their caloric intake. There is no one individual food that is going to solve that. Of course, you will lose weight on Doritos and...I forgot what the other one was—

Mr. Colin Carrie: I think it was Twinkies.

Ms. Sandra Marsden: —because you're going to lose interest in those foods. But you're also not meeting your nutrient requirements. It's a lot of common sense. However, our lifestyles are such that it's not always easy to make the right choices at the right time.

Mr. Colin Carrie: You mentioned engagement too in education and the government role in that.

Maybe I can ask the Canadian Diabetes Association. In the fall, the minister was out in Newfoundland and made a historic declaration, I think in partnership with the provinces, about an obesity framework.

I was wondering, what did your organization do to contribute to that? Could you let us know in committee how that worked?

Ms. Aileen Leo: Certainly, we were very pleased to see that declaration.

There is an epidemic of obesity in this country, as well as people who are overweight. I think it's important to include both of those things. While we were certainly pleased to see a commitment to reduce obesity, particularly childhood obesity, following up on the report from this committee almost four years ago, in terms of its study on childhood obesity, we would strongly urge provincial and territorial governments, as well as the federal government, to broaden that focus and approach to include people who are overweight, both children and adults. Unless we do that, the incidence of chronic disease associated with being overweight and obese will continue to increase.

Yes, we were pleased, but we'd like to see a broader, more targeted focus.

Mr. Colin Carrie: Thank you.

I am pleased to see we have somebody from the University of Saskatchewan here, in that we're talking about educating the public and giving the facts.

I remember, when visiting Saskatchewan with the industry committee a few years ago, there was something that really impressed me. I met with some researchers at the university. They had come up with an innovative product. It was a biscuit filled with flaxseed and fibre and all this really good stuff. I think it could lower cholesterol levels.

You mention in one of your recommendations about labelling and health claims, things along those lines.

What can the industry and educators do to help get that message out so that Canadians can make choices? My background is in natural health care. I think perhaps instead of taking medication, there may be dietary things that people could do. What can we do to get that message out in a better way?

● (1630)

Ms. Barbara von Tigerstrom: Certainly there is a lot of potential for that. It has to be a two-pronged approach of education and public awareness. It is also a matter of getting the labelling regulations right. By getting them right, I mean making them strict enough that consumers can have confidence in them and trust that if there is something on the label indicating that it is a healthy product, they have some confidence that what is advertised isn't undermined by some other risk. That's the nutrient profiling approach I was talking about. Also, it is about being open to new and innovative products, provided there is sufficient evidence behind them.

Mr. Colin Carrie: What have been some of the successful policies and practices that you've seen implemented so far that help that?

Ms. Barbara von Tigerstrom: In Canada, we have the regulations around health claims and nutrient content claims, which I think are helpful. We've been open to considering new claims. Some people would say we haven't been open enough and others would argue that we've been too open, so I guess you have to find a happy medium.

The key piece that's missing is that we do have to be very careful about the supporting evidence for each claim that's made, but also ensure that those claims aren't being used to market foods that have other characteristics that could create health risks at the same time as they are helping with another problem.

The Chair: Thank you so much, Ms. von Tigerstrom.

We'll now go into our second round of questions and answers. It's a five-minute round. We'll begin with Ms. Sgro.

Hon. Judy Sgro (York West, Lib.): It's great to have you all here. Like the other panellists, I think we need a whole afternoon to discuss such an important topic as this one.

I will go to Dr. von Tigerstrom. On the issue of menu laws and getting more information on the menu as far as sodium content, calorie content, and so on, where would you think Canada is in comparison to the U.S. and the United Kingdom?

Ms. Barbara von Tigerstrom: We have some catching up to do, I would say. Right now we have a purely voluntary approach. The only time nutrition information is required is when some kind of claim is made, which is not that unusual, but that's not the majority of cases.

The U.S. has legislation in place in many different places and soon will have it nationally. The U.K. is using a voluntary approach, but it has been promoted by the government. The companies sign on and make a commitment to use the official government scheme, which again gives consumers confidence that they know it has the government's backing.

We need to think also not just about what's on the menu itself or the menu board, such as the calorie disclosure, but about that extra piece, which I would say is just as important, that of ensuring that nutrition information is readily accessible in the outlets. That would include things like sodium and fat and trans fat, as well as the calorie count that might be on the menu board itself.

Hon. Judy Sgro: The whole discussion of voluntary versus mandatory—and I would invite anyone who would like to comment on that issue to do so—was talked about a lot in Parliament as we went through that process. Now that we've had a voluntary plan for a while and the world hasn't fallen apart, what do you think about taking the next step and moving into mandatory food labelling?

Mr. Jeffery.

Mr. Bill Jeffery: Are you talking about menu labelling?

Hon. Judy Sgro: Menu labelling.

Mr. Bill Jeffery: Well, on the mandatory system that was in place since before it came up in Parliament in 2005, I'm aware of only one restaurant—Extreme Pita—that provides nutrition information, and it's not even on the menu; it's on a kind of separate menu.

For the vast majority of restaurants, you have to go to a website to find out the information. That turns a simple trip to a restaurant into a research project, if you want to get some useful information out of it.

There was an interesting study done by the Rudd institute in the United States. Some industrious grad students monitored about 4,000 people going into restaurants to see who among them looked for the nutrition information—at the brochures or the posters. Of the 4,300 or so, only six did, so it's an extremely low usage rate, and that's not going to lead to any kind of dietary changes.

A good study done by an economist at Stanford University showed that the mandatory system in New York City actually led to some pretty significant changes: a reduction of 14% in the calorie count for foods purchased at the Starbucks chain.

● (1635)

Hon. Judy Sgro: Are there any other comments on that?

Ms. Aileen Leo: In terms of people who live with diabetes, especially people who use insulin to manage their diabetes, it's actually quite important for people to be able to see the carbohydrate content of the food they're about to consume. So certainly, measures that would make it easier for people living with diabetes to do that would certainly be welcome.

Hon. Judy Sgro: I have a further question for Ms. Leo. You mention obesity a lot when it comes to diabetes. It seems a day doesn't go by that I don't run into somebody who's a diabetic, so clearly it's increasing immensely. But they're not all overweight—

Ms. Aileen Leo: No—

Hon. Judy Sgro: —so where is the correlation? Even though we always lead on the issue of weight, some of these people don't appear to have any kind of weight problem.

Ms. Aileen Leo: No. As we mentioned in our presentation, about 80% to 90% of people with type 2 diabetes, which includes an increasing incidence of children with type 2 diabetes—it was previously diagnosed only in adults—are either overweight or obese.

But certainly, there are other high-risk groups: people who are aboriginal, South Asian, Southeast Asian, of Hispanic cultural descent, or of African Canadian descent, and people who have low socio-economic status. We see a number of high-risk clusters. Interestingly, recent research indicates that women are among the high-risk groups. As a percentage of the population, more men than women have diabetes, but women within high-risk groups bear a far greater disproportionate burden of diabetes.

So you're right when you say that there are people who are not overweight or obese, but the majority of them are.

The Chair: Thank you so much.

Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you very much to each of you for being here this afternoon. Certainly, as others have stated, we could have a very long session and a lot of questions on this.

Ms. Leo, I wanted to ask you one in particular. I think you indicated that there was a difference across this country in the incidence of diabetes, with the east coast having a higher incidence than B.C. and Alberta. Is there a reason for that?

Am I correct? Is that what you indicated?

Ms. Aileen Leo: Yes. You are correct. We're going to be releasing a report in about two months that will show provincial breakdowns across the country. We've released a lot of that data already, and we'll be releasing further data next week in the prairies about specific prevalence in those jurisdictions.

But there's a distinct difference from east to west. Unfortunately, Atlantic Canada does bear a far greater prevalence of diabetes, with rates approaching 10% in places like Newfoundland. The national average is just over 7%.

The reason for this is that people in Atlantic Canada, unfortunately, have a lower income, by and large, and as I mentioned a moment ago, people with lower incomes have a greater risk of incurring obesity. On average, they are older, and people who are older—especially over 40—have a higher chance of incurring diabetes. Also, unfortunately, people in Atlantic Canada on average tend to be heavier than people in other jurisdictions, although, unlike patterns for age and income, that's more of a mixed bag across the country. So yes, they have a higher number of risk factors for incurring diabetes.

● (1640)

Mr. Glen Doucet: I'd just add that in our presentation you will note that Alberta and B.C., which traditionally have lower rates, are going to have the highest increase in diabetes. That's because their population is aging. I say to all my cohorts from Nova Scotia who moved to Alberta 20 years ago to work in the oil field that it's catching up to them.

The reality is that a lot of these rates are locked in for the next 10 years. I know a lot of the focus here is in terms of primary prevention, but as a country we really need to start focusing on secondary prevention, keeping those folks who are going to be developing diabetes healthy and keeping them from developing the serious complications.

I know a lot of the focus here is on primary prevention and how we prevent obesity and such, but maintaining healthy weights in people with diabetes is probably the best thing we can do to improve the overall health of that large segment of population. In Newfoundland that will be one in three people by the end of this decade, and it will be a tremendous burden on their health care system, and on Canada as a whole.

I'd really like to start thinking about putting the emphasis not only on primary prevention. Really, where the rubber hits the road is secondary prevention for the people living with chronic diseases, and preventing them from getting more serious complications.

Mrs. Patricia Davidson: Do these statistics include childhood diabetes as well, or are they adult diabetes statistics?

Mr. Glen Doucet: They do include type 1 and type 2. What they don't include is gestational, and we're seeing a marked increase in gestational diabetes across the country. In fact our association is looking at lowering the threshold for that because of certain factors. It also doesn't include the people who haven't been diagnosed with diabetes but we know they are living with diabetes. And that's almost a million people.

Our estimates that we've presented today are extremely conservative; we know the incidence rates are actually much higher.

Mrs. Patricia Davidson: I think in your presentation you talked about—and I can't just pick it out of the literature—borderline or.... What's the definition of a diabetic or an almost diabetic? How do they determine that?

Ms. Aileen Leo: You have to have what's called an A1C level. It's a measurement of basically the amount of sugar in your blood over a period of time. It has to be above or below a certain threshold, and once it's above a certain threshold you will probably be diagnosed with what's called pre-diabetes. In other words, your ability to manufacture insulin is impaired to lower the amount of sugar in your blood, and as that sugar builds up you incur things like heart attacks, stroke, kidney failure, and diabetic-related blindness. Those are the major complications.

It's critically important. You must lower your level of blood glucose, because those complications can start in people, not just with diabetes but with pre-diabetes as well.

Mrs. Patricia Davidson: The medical association—

The Chair: I'm sorry, Ms. Davidson, we have to go on to the next speaker.

Ms. Beaudin.

[*Translation*]

Mrs. Josée Beaudin (Saint-Lambert, BQ): Thank you very much, Madam Chair. Welcome to all of you.

First, I would like to put a question to Ms. Pellerin. I also sit on the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, and there is a lot of discussion there about poverty, about low-income families who sometimes have to make certain choices.

What interests me a great deal are your ideas for solutions and your recommendations. You referred among other things to taxing soft drinks and energy drinks. Mr. Jeffery also suggested abolishing taxes on healthy products. In both cases, this would encourage people to make healthy food purchases. For having worked in a previous life with these low-income families, I remember very clearly that they often made specific choices. For instance, if a soft drink brand was on sale—let's say, two bottles for the price of one—whereas a litre of milk cost much more, those families chose to purchase the soft drinks, even if they knew that the milk was healthier. They put Coke on the table, because it cost less.

Have you assessed this idea of reducing the cost of certain products? Is it a factor that would encourage people to make the right choice in greater numbers? Have you done any studies or surveys to verify that?

● (1645)

Ms. Suzie Pellerin: In fact, the impact of such a tax on a vulnerable clientele is a source of great concern. Kelly Brownell, from the Rudd Center, indicates that we should also question the fact that the marketing of these companies often targets lower-income clients and thus creates a need. However, that is another issue.

We propose that the revenue from that tax be used to improve access to healthy foods. Thus, in Quebec, we suggested to Minister Bachand that he invest in schools in order to improve the quality of meals and facilitate access to the school cafeteria for children who may not be eating well.

The idea is really to create a fund. We must not forget that for each cent per litre, Canada would obtain $35.8 million more, a sum that could be invested in prevention. We are talking about the creation of wealth that would undoubtedly improve access to healthy food products.

Mrs. Josée Beaudin: Mr. Jeffery, what do you think of that?

[*English*]

Mr. Bill Jeffery: First of all, I'd like to say I agree with Madam Pellerin.

If I could just add, one of the central rules in economics is that price affects consumption. You increase the price and consumption goes down; you reduce it and consumption goes up. And this is one of the reasons why taxes on tobacco products were such an important tool for reducing tobacco consumption in Canada.

We're not proposing radical increases to taxes on food; we're just saying don't tax fruits and vegetables.

I think Ms. Davidson asked me a question about this in 2006 or 2007, whenever you were doing the obesity study, and my point was the same. Don't tax fruits and vegetables, and for heaven's sake, reconsider the exemption for bacon, chicken wings, lard, and sweetened breakfast cereals. It just doesn't make any sense.

The federal government collects between $3 billion and $4 billion a year from GST, and provincial governments get around the same from their portion. It just doesn't make any sense.

[*Translation*]

Mrs. Josée Beaudin: Ms. Pellerin, are you in a position to tell us whether what has been done in Quebec up till now—in particular with the Consumer Protection Act—has produced results? Certain families even told me that we should think about where these products are placed in supermarkets.

Have you done this sort of thing in Quebec? Has anyone? Are there results? Have you managed to eliminate certain products that get children's attention, and even that of parents?

[*English*]

The Chair: Can we have the answer? You're running out of time.

[*Translation*]

Mrs. Josée Beaudin: You were talking about marketing. Is this marketing also directed to the parents? We must also concern ourselves with the parents.

[*English*]

The Chair: Ms. Beaudin, did you want an answer? You have 30 seconds.

[*Translation*]

Ms. Suzie Pellerin: It is a complex phenomenon. The marketing aimed at children is everywhere and it is extremely powerful. You have only to think of the McDonald's brand, which is recognized by 93% of children from 3 to 5 years of age, who don't even know how to read and write yet. You can imagine the power of the exposure to those brands and the impact this has on their demands. You have only to go to the grocery store on the weekend to see mothers and fathers being irritated by their children's incessant demands.

As for the Quebec law, displays were excluded from it. It focuses much more on traditional advertising and we know that Quebec has a lower obesity rate than other Canadian provinces. As the lady was saying, various factors explain our collective weight gain, but that probably is a contributing factor.

[*English*]

The Chair: Thank you so much. I gave you quite a bit of extra time to try to get that in, so thank you for doing that so eloquently.

Ms. O'Neill-Gordon.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you, Madam Chair.

Welcome here this afternoon.

It's my second day on this committee and I want to hear all these interesting facts. When I look at myself in the mirror, I think they should have put me here when I came two years ago, and maybe got me straightened out a long time ago. But I have to say how interesting it is.

One point I was going to mention is that, over the years, that is all I heard all my life: having a mother and a grandmother with diabetes, I should be very careful. So I'm just wondering what percentage of diabetes has the hereditary factor.

● (1650)

Ms. Aileen Leo: Certainly having a family history of diabetes is a distinct risk factor that people should be made aware of.

This is particularly for people who have family members with undiagnosed diabetes. As my colleague mentioned a moment ago, approximately a million Canadians are living with undiagnosed diabetes. In other words, they don't know they have it. That's critically important in terms of ameliorating such things as screening programs across the country.

So that's a very important, critical factor to consider.

Mr. Glen Doucet: Out of interest, we had a diabetes screening booth on the Hill in December. We had about 140 of your colleagues come through. I can't disclose how it went, obviously, but we provided a lot of important information to a lot of people who came through that booth and who were unaware of their risk.

The best thing you can do is to have your risk assessed annually, and to follow up on it. As we said, a simple 5% to 10% reduction in a person's average weight can reduce their risk by over 50%. Not knowing can kill.

That's not to scare....

Mrs. Tilly O'Neill-Gordon: No, no, but maybe it will straighten me out.

As well, can you discuss the different types of sugar and whether any can be described as healthier than others?

Ms. Sandra Marsden: I wouldn't say that one sugar is healthier than another. There are different types of sugar: sucrose, glucose, fructose. Ultimately, all sugars and carbohydrates break down to glucose, and that's what's used by the body.

Mrs. Tilly O'Neill-Gordon: But is there one sugar that promotes or causes weight gain more than others?

Ms. Sandra Marsden: No, they're treated like carbohydrate, which is what they are.

Mrs. Tilly O'Neill-Gordon: Yes.

As a teacher, I certainly would shiver when I would see the little ones coming in with those energy drinks. What's in those drinks that's really helpful to kids such that we allow them to be out there for them? I've read the labelling, and I don't see anything that I would want to promote to children, but there must be something in them that helps them, or....

That's one thing that I think should be labelled.

Mr. Bill Jeffery: I don't think there's anything in there that helps children. In fact, one of the concerns with energy drinks is that they mostly have sugar in them, and some electrolytes, and also stimulants. A lot of them have caffeine in them, and guarana, and some other substances.

There's a culture among particularly young boys that you drink these and maybe it will make you perform better in sports or whatever. It's kind of a “tough guy” thing. That's a really unfortunate culture. I know that some school boards, and certainly other countries, are very concerned about kids consuming these energy drinks. They're concerned about the stimulant effect. Some of the ingredients are associated with heart arrhythmia. I think you've heard testimony—it was before your time on this committee—from a father who was concerned about his teenage boy dying prematurely from consuming energy drinks.

Certainly the high calorie consumption—the excess sugar or other caloric sweeteners—is a problem.

[*Translation*]

Ms. Suzie Pellerin: Various organizations are members of the coalition. For instance, the Réseau du sport étudiant du Québec. It also exerted strong pressure on us to include energy drinks in our tax proposal, because they are witnessing a phenomenon. Student sports teams will in fact attribute victory or defeat to the consumption or non-consumption of energy drinks. So you have these young athletes, role models, who are consuming these beverages thinking that this could have an impact on their athletic performance.

We received calls also from high schools, where energy drinks were being sold across the street. We are talking about 12 cans for $10. Thus, in the afternoon, in school, the children were impossibly agitated because they drank this at lunch hour.

Also, a cardiologist who is a member of the coalition told us that unfortunately this is an emerging phenomenon and there is not much knowledge on it at this time. However, in the emergency department where he works, he sees 20-year-old young men turning up with heart problems.

I think a great deal of research is going to have to be done on the issue so that we have a good grasp of the effects of those products.

● (1655)

[*English*]

The Chair: Thank you very much.

Mr. Dosanjh, I understand you don't have any more questions? Okay.

Now we'll go to Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): I just want to start off with the Diabetes Association. How does Canada compare with other similar countries in terms of obesity and diabetes?

Ms. Aileen Leo: Unfortunately, in terms of peer countries, OECD countries, we have a very high rate of diabetes, and we also have the third-highest rate of mortality from diabetes amongst those countries. We have a significant problem in terms of prevalence and also diabetes-related mortality.

In developing countries, the rates of diabetes are higher, but that's not really a fair standard by which to judge. We should be judging Canada against more developed countries. Despite the fact that we are a wealthy developed country, our rates of diabetes are high, and our rates of diabetes-related mortality are also high, unfortunately.

Mr. Tim Uppal: I have a question that I will open up to whoever would like to answer. What role can industry play in making healthy choices attractive, especially to children? There was the example of McDonald's now having apples and milk as options. Instead of drinking pop, you can have milk with your meal. That's a choice they provide.

Are there other things that industry can do?

Ms. Sandra Marsden: As I mentioned, we don't specifically market or advertise, but we're certainly aware of initiatives such as the children's food and beverage advertising initiative. I'm sure more can be done.

Industry is cooperating to try to work with guidelines. There are industry supporters of the organization Concerned Children's Advertisers. I think work like that can continue in order to promote healthy choices.

Mr. Bill Jeffery: It's an interesting question, and certainly there have been some companies over the years that have done some useful things. I think putting nutritional information on your website is a good thing for people who have the energy, enthusiasm, and savvy to get it.

There's kind of a limit to what industry can do without regulations. They're not going to do something that's going to hurt their bottom line. I don't think any amount of educating the McDonald's CEOs will convince them to switch to whole wheat buns, for instance. That would be important.

Some companies have done some important things recently, or at least have announced plans to. Walmart in the United States, which is a much bigger player in the grocery market there, has said they're going to set specifications for their suppliers to reduce the amount of sodium and trans fat in those products if they want them to be sold in their stores. I don't know who's going to monitor that. One of the distinctive things about that chain is that they don't share their sales data with ACNielsen, so it would be difficult for anybody on the outside to evaluate whether they're succeeding. However, at least it's a positive sentiment.

[*Translation*]

Ms. Suzie Pellerin: The agrifood industry has a part of the solution in its hands. What we would like to see is more responsible marketing. For instance, the labelling on this bottle of Coke says that it contains 110 calories. You might be forgiven for thinking that the total content has 110 calories. However, in very small print, down below, it says “per 250 ml”. This bottle contains 591 ml. We need more transparent labelling, where all of the calories are indicated, rather than only a part of them. The consumer must not be misled in this way. If we did even that much, that would be an important gain.

[*English*]

The Chair: Mr. Doucet, and then Mr. Jeffery.

Mr. Glen Doucet: It's a very good question. Unfortunately, necessity is becoming the motherhood of invention. Given the increasing rates of diabetes, the food industry has had to be more reactive to the community.

We're partnering with the food community to try to develop diabetes-friendly options in food. I think talking about good and bad food is not the right way to approach it. There's nutrient-poor, high-calorie food, and there's not.

I think folks living in Canada are looking for practical solutions, not sort of philosophical debates on this. I think there's a responsibility for us to work with that industry to create healthy options for people and to provide them with the information they need.

As an association, we're trying to develop that and work with the food industry to provide that. Unfortunately, given the rise in prevalence, it's become almost a demand.

● (1700)

The Chair: Thank you.

Mr. Jeffery, did you want to comment?

Mr. Bill Jeffery: I think Coca-Cola provides a good example to illustrate your point. I remember being in a debate in another building on Parliament Hill six years ago. The chair had a can of Coke with her and she pointed out to me that it had 39 grams of sugar in the 355 millilitre can. It stuck in my mind.

I noticed recently that those cans of Coke now have 42 or 43 grams, so they have a little bit more sugar in them than they did five years ago.

I don't think anybody at Coca-Cola could have imagined that sugar would help people's health prospects, but they're making their drinks with lower-sugar sugars.

The Chair: Thank you so much.

Now we'll go to Ms. Hughes.

Mrs. Carol Hughes: Thank you.

I want to comment again on Mr. Jeffery's documentation. He indicated a while ago how Canada's sodium reduction strategy really needs to be implemented. When we were at committee on sodium, the industry was saying that the taste of Canadians is different from the taste of those in the United States, and that's why they were reducing the sodium intake slowly over time. I certainly would be interested in hearing some of your views on that. We know the sodium in certain products in the United States is much lower than what it is here.

There was some mention a while ago about the voluntary sign-on in the U.K. I'm wondering if there was an incentive attached to that when it was implemented. Then I go back to Mr. Jeffery's document that speaks about the school nutrition programs, and I know those have been dear to our hearts with the NDP, because Olivia Chow was one who started this in the city of Toronto when she was on council there. She spoke to you at a recent conference in Ottawa on that.

But when I look at the document on page 10, it says “Last month, the U.S. Department of Agriculture proposed strict binding new nutrition standards for foods to qualify for the more than $14 billion in federal government subsidies for school foods.” I'm just wondering if you could elaborate on that as well.

I'm going to leave you with three questions. I think that's going to probably do my time.

I think it's important to talk about the school programs, and it's important to talk about whether there are incentives and how these incentives promote the fact that we have companies that will probably buy in as well.

Mr. Bill Jeffery: In terms of using the traffic light system in the United Kingdom, there really weren't any incentives. One of the situations that arose is some food companies were using their own monochrome system—just one colour—and they're called GDAs, guideline daily amounts, while other companies were using the traffic lights, so it created a situation where they could test to see which is more effective. I think the evidence showed that the traffic light was more effective.

In terms of sodium and whether Canadians like saltier food than Americans, I don't think there's any evidence to demonstrate that. Some of their products are saltier than ours, some of ours are saltier than theirs, and we have roughly the same sodium intake, which is too high. It needs to come down, and we need a comprehensive strategy, or regulations, to bring it down.

I wanted to touch on the point about the food tax reform. One of the things that's not well known among people who aren't low-income is that the Canada Revenue Agency has a system whereby they issue rebates to low-income people. The idea is to compensate for the financial burden of paying GST. If you're a single person and you have a $20,000 annual income, you get something like $600 a year to compensate you for the GST we've been paying. It works out to about $95 for food, but you have to pay it on other things too. The formula for that low-income tax credit could easily be changed to offset the effect of reforms to food taxes. It could even be reformed dramatically to help reduce poverty, reduce food insecurity.

The bottom line, it seems to me, is that there's a chronic problem with the way foods are taxed. Sometimes we're taxing fruit and vegetables while exempting bacon and lard, and it just doesn't make sense to me.

● (1705)

The Chair: Thank you.

We have a very short period of time. Go ahead.

Ms. Barbara von Tigerstrom: On this question of incentives, in the U.K. there was a traffic light labelling initiative that was voluntary and the more recent restaurant nutrition disclosure. The main incentive in both was publicity. Essentially the government had a large public awareness campaign and publicized the names of the restaurant chains that came on board. There was a lot of positive consumer response along with that.

In the background they have been stating that they would try the voluntary approach first, and if not they would move to mandatory regulation. So it goes to that dynamic between regulation and voluntary efforts for trying this first. There is an incentive to cooperate.

The Chair: Thank you very much.

Thank you, Ms. Hughes.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Madam Chair, I would simply like to go back to part of a reply that Dr. von Tigerstrom gave earlier. It's not that I want to point to a contradiction, but I'd like to know how this fits in with something we heard here in Parliament.

As you know, we studied a bill that sought to add more nutritional information to menus. In your testimony, you stated that the negative impact on restaurant owners who used more detailed menus was approximately nil or completely nil. But when we studied the bill, restaurant owners were fiercely opposed to additional constraints that would force them to provide more detailed menus with nutritional information. So, can you explain this apparent contradiction to me?

[*English*]

Ms. Barbara von Tigerstrom: It is perhaps a bit of a contradiction, in the sense that restaurant owners have expressed fear that there will be an impact on their revenues. The evidence I've seen doesn't support that. Of course, the evidence is partial, so it's possible that some types of restaurants will be affected and not those that were studied, but there doesn't appear to be strong support for that fear.

Rather than affecting overall revenue, it will likely shift it to different types of products. That's what the studies I have seen suggest.

[*Translation*]

Mr. Luc Malo: Thank you. I have no further questions.

Excuse me, go ahead Mr. Jeffery.

[*English*]

Mr. Bill Jeffery: Sometimes companies are just resistant to any regulation, and no matter what it is they just line up against it. In the United States they will be mandating this type of labelling for all restaurants. Some studies have demonstrated that the impact was very small in some neighbourhoods. But the real reason for objecting is because those companies essentially don't want to respond to informed consumer choice if they don't have to.

If you go to a restaurant, care about calories, and don't see anything you want to buy on the menu, you'll go to another restaurant. It's really about having informed choice, and they are often resistant to informed choice.

● (1710)

[*Translation*]

Mr. Luc Malo: Thank you.

[*English*]

The Chair: Thank you so much, Monsieur Malo.

I would like to thank the committee for being here today and giving your very insightful comments. We decided to do this in committee because of childhood obesity and the concerns we have about that.

I will ask my colleagues to remain at committee. We'll go in camera for just two minutes, and I will dismiss the presenters now with our grateful thanks.

[*Proceedings continue in camera*]

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