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Chair: Mr. Sean Casey



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• (1105)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order. Welcome to meeting number 59 of the House of Commons Standing Committee on Health.

Today we will consider Bill C-252 during the first hour, before proceeding to drafting instructions for the report on children's health in camera for the second half of the meeting.

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022.

In accordance with our routine motion, I'm informing the committee that all remote participants have completed the required connection tests in advance of the meeting. Today it was remarkably easy to do, because there are no remote participants.

I will now welcome Ms. Patricia Lattanzio, the member of Parliament from Saint-Léonard—Saint-Michel and sponsor of Bill C-252, an act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children).

We are also joined by two officials from Health Canada in case there are questions for the department about the legislation. They are David Lee, chief regulatory officer, health products and food branch, and Dr. Supriya Sharma, chief medical adviser and senior medical adviser, health products and food branch. They are in the room but not at the table. They are certainly available to you if you have questions for them, either after Ms. Lattanzio's presentation or as we go through clause-by-clause.

The plan, colleagues, is to have one round of questions from each party so that we can get through the clause-by-clause and on to committee business.

With that, Ms. Lattanzio, thank you so much for being here. You have up to five minutes for your opening statement.

[Translation]

Welcome to the committee.

You have the floor.

Ms. Patricia Lattanzio (Saint-Léonard—Saint-Michel, Lib.): Thank you, Mr. Chair.

[English]

Good morning to all committee members.

Thank you for giving me the opportunity to present and discuss my private member's bill, Bill C-252, an act to amend the Food and Drugs Act, also known as the child health protection act.

Bill C-252 aims to help the youngest and most impressionable Canadians maintain and improve their health by restricting their exposure to advertisements of food with excessive amounts of sugar, sodium and saturated fats.

I am confident that all members of this committee can agree on the harms that diets with excessive amounts of sugars, sodium and saturated fats can have on the health of Canadians and, more importantly, on that of our children. In fact, research has shown that unhealthy diets with excessive amounts of these nutrients are linked to a higher lifetime risk of high blood pressure, high levels of cholesterol, diabetes, and cardiovascular and other chronic diseases.

Despite the risks associated with these kinds of diets, Canadians remain the second-largest buyers in the world of ultra-processed foods and beverages, second only to the Americans. It is clear that things need to change.

That is why my bill is proposing to prohibit the advertisement to children of food with an excessive amount of sugars, sodium and saturated fats. This is based on the key fact—which we know from extensive research—that developing healthy eating habits early in life is important to help to protect children from suffering health problems in adulthood. We know perfectly well the high rate of publicity and advertisements that children are exposed to every day. From TV to billboards to the Internet, children are bombarded by hundreds of ads on a daily basis.

A 2017 report on the health of Canadians has shown that over 90% of food and beverage product advertisements viewed by children online and on TV have been for products that have a high content of sugars, sodium and saturated fats. Evidence shows that food advertising strongly influences children's food preferences and consumption patterns.

For example, a Yale University experiment demonstrated that 7- to 11-year-old children who watched a cartoon show that included food commercials ate 45% more snack foods while watching the show compared to children who watched the same cartoon show with non-food commercials. It is therefore not surprising to learn that kids aged 9 through 13 get more calories—almost 60%—from ultra-processed foods than any other age group.

Having had young children myself, I know just how difficult it can be to ensure our children develop good eating habits. Although we make sure that they get all the healthy nutrients they need, the reality is that our kids are constantly being exposed to and influenced by ads that are working very hard to entice them to products that we know contribute to a poor diet.

The food industry also has recently recognized and acknowledged the need to better regulate the advertising to children. That is probably why in 2022 some of the largest food and beverage companies in Canada adopted the code for the responsible advertising of food and beverage products to children, which Ad Standards will begin administering later in 2023.

Although the proposed code is a good effort, its voluntary nature is not enough to tackle and solve the issue. Relying on adhesion on a voluntary basis and on self-regulation will allow restaurants, food companies, food retailers and advertisers to abstain from signing on or to withdraw their membership in the code at their convenience. Furthermore, the code explicitly excludes key advertising techniques such as packaging and labels, which constitute tactics and sources of exposure that are known to appeal to or influence children. This exemption, therefore, showcases the important limits of the industry's self-declared criteria.

It is therefore imperative that a solid government policy and a framework are put in place to achieve the results that we must obtain and that our children deserve.

Honourable members, I ask that you seriously consider the positive impacts of this bill in order to ensure a healthier future for our children. I thank you in advance for your efforts in advancing Bill C-252 towards adoption and implementation.

• (1110)

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

We're going to proceed now with rounds of—

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): On a point of order, Mr. Chair, I appreciate this opening statement by Ms. Lattanzio. My understanding is that the general rule of this committee, up to this point, has been to have witnesses come when we are discussing private members' bills, in addition to the sponsor of the private member's bill. This was set up in such a way that we are going to have questions, not hear from any other witnesses and then go straight to clause-by-clause. That deviates from our traditional practice.

Can you confirm why that is? That wasn't a decision of the committee, from my remembrance.

The Chair: It was a decision of the committee.

Go ahead, Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): One of the few advantages of being a grizzled veteran is that I have some corporate memory of this issue.

In 2018 the Child Health Protection Act, which covered this issue, was introduced by Senator Nancy Greene Raine. That bill came to this committee. It was considered by HESA in 2018. At that time, we heard from 18 witnesses. We received 16 written briefs. The bill was also reviewed by the Standing Senate Committee on Social Affairs, Science and Technology. They heard from 22 witnesses and received 12 written briefs.

The bill had very strong support in the House of Commons and initially unanimous support in the Senate before it died on the Order Paper because of the 2019 election.

I just think it's important for all members of the committee to realize and note that we had this issue very well canvassed, and we heard from stakeholders as well. That might reassure my colleague.

The Chair: Mr. Jeneroux, is this on the same point of order?

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Yes, indeed. Thank you, Mr. Chair.

To my good friend Ms. Lattanzio, thank you for making the presentation here.

I don't want to belabour this point. Obviously, it's the will of the committee on where we go and what we do here. I just think in the time between the House and today, we have been inundated with a number of emails from people across Canada who would like to hear perhaps a bit more testimony. I don't think it necessarily needs to disrupt the day, if you will. If the committee seeks to add additional witnesses, I think it would probably be a reasonable idea to put forward.

Again, I don't want to belabour it, Chair, but I think it might be worthwhile hearing from a few other people at this stage.

The Chair: Go ahead, Dr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Chair. I appreciate it.

As my colleagues have indicated and as our colleague Mr. Davies has pointed out, there are issues that have been brought up, going back to Senator Raine's legislation, basically on the bill's being put forward. There have been a couple of changes to it. There aren't many, but there are some minor ones, because you can't re-submit the same piece of legislation. There are changes to it. As my colleague has indicated, a number of us have received emails from various groups looking for opportunities to speak.

I agree that a lot of this has been brought up in previous iterations of the bill, but ultimately, as we move forward, I think we need to also look at the procedural process that Canadians expect of the government, that when a PMB is brought forward, an opportunity is given for people to speak to it.

As to the length of it, I think it could be curtailed in the sense of the length of time and number of witnesses, but I think it behooves us as Canadians to at least have that opportunity and follow due process, as we normally do.

I would at least ask, respectfully, for consideration of this situation.

• (1115)

The Chair: Thank you, Dr. Kitchen.

It's Ms. Goodridge and then Mr. van Koeverden.

Mrs. Laila Goodridge: I appreciate that this bill came forward, in a similar format, back in 2018. However, parliamentarians have been elected since that point in time, such as me. While I have gone through and seen some of those concerns, we're not dealing with the same time frame or the same exact issues. I think it's incumbent upon us to make sure we're always looking at these bills and treating them in that new light.

Had there been a brief prepared for this committee with all of that previous information and every single witness, etc.... Had that been the answer, rather than having witnesses and conversations while we were in a meeting, perhaps I could have accepted that as an answer. However, to say, "Oh, because we studied this before, we're going to choose not to study it this time; just trust us"....

I don't think that's the best practice for any Parliament, quite frankly. That's not how we treat government bills, and I don't think that's how we should be treating private member's bills. I think it's incumbent upon us, after hearing from a number of stakeholders in the last few weeks. They have some minor concerns. It's valuable to make sure we're hearing from stakeholders on the actual substance of this particular bill, not applying the same arguments made to previous bills because it's easier and quicker to do.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

There's been a little ambiguity, this morning, about stakeholders out in Canada's ecosystem who would like to speak to this bill. It's also incumbent on us to be specific for the people who may be listening and interested in who, out there, has concerns about this bill. It will come as no surprise to anybody that it's the same group of people who opposed it before: the Canadian Beverage Association and people who have a vested interest in the advertising dollars behind the very profitable nature of encouraging children to drink very sugary beverages and eat snacks that are unhealthy.

We're faced with a quandary, here. Who are we here to stand up for? This is the health committee. What is our obligation, as members of the health committee? The obligation of the health committee is to stand up for kids and step forward to make sure.... This bill has been presented in the past. We heard from those organizations and recognize those companies have a vested interest and a very financial rationale for wanting to continue to market sugary drinks and unhealthy snacks to kids. Over the last couple of months, we've also heard from children's health advocates about the very significant impact those products have on children's health.

I'm of the opinion that we need to move forward. Frankly, we need to move quickly. We've heard from the organizations with concerns. Just because I wasn't elected prior to 2019, it doesn't mean that information is not available to me. It is, and quite thoroughly. I've had a look at some of those conversations. From my perspective—and I think my colleagues on this side would agree—I'm good to move forward. The reports are there. The former HESA studies were done. The opposition this bill encountered in the Senate a couple of years ago was very unfortunate. It really delayed progress on Canada's becoming a healthier country.

I'm not willing to debate this any further. It's already been too long. I know who I'm here for.

Thank you, Mr. Chair.

[*Translation*]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair.

I appreciate the opportunity to serve on the committee with my colleague Mr. Davies, who took part in the consideration of a similar bill in the past.

On the substance, I agree with Mr. van Koeverden. However, I have a quibble with something. The minister mentioned that the Association of Canadian Advertisers has a code and a guide with which advertisers will be expected to comply as of July 2023. It seems to me that this is a new factor that was not discussed in 2018. If we were to meet with the group to discuss a new factor, it seems to me that this would be it.

Quebec adopted the Consumer Protection Act a long time ago, but it's outdated. We won't be able to achieve the objective if the main stakeholders don't work hand in hand with us legislators. I was thinking that they might have some meaningful amendments to propose to us, and we might welcome them to improve Bill C-252.

My role is to improve this bill based on the objectives Mr. van Koeverden talked about. If we were to make a compromise in the discussion this morning, I feel that focusing specifically on this group, who seem to have the same objectives as we do, might be an acceptable compromise that wouldn't slow down our work very much.

• (1120)

The Chair: Thank you, Mr. Thériault.

[*English*]

We have Ms. Goodridge and then Dr. Kitchen.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I think much of what was brought up by Mr. Thériault is very pointed and important.

While Mr. van Koeverden has signalled a couple of the stakeholders who have made requests to appear, the Canadian Cancer Society has also reached out, as have other stakeholders I've heard from and just normal moms and dads.

I know who I'm here for. I'm here for regular, everyday, hard-working moms and dads. I frankly think that it is a slap in the face to say, "Oh, this was studied back in 2018. Things have changed, but that's fine; we don't have to look at that. Let's just put this forward," without giving it due consideration. Is this applicable? How can we put this in? What are the concerns of industry? How have they identified and addressed some of these concerns, and does this go too far or not far enough? I think these are all questions that we should be asking ourselves as legislators, to make sure we have the best possible legislation.

If this legislation is so perfect, then why does the government have so many amendments to the government piece of this private member's bill? I think that's another important question that we should be asking ourselves here. If this private member's bill was completely flawless, we wouldn't have a pile of amendments coming from the government to change it. We would be here with a handful of amendments from opposition parties.

I think that it's an important fact that we have to take into consideration. The government isn't even happy with the full contents of this bill. If it was, it wouldn't have put forward these amendments.

The Chair: Go ahead, Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

I appreciate that. I appreciate the member's comments and Mr. Thériault's comments. I think a lot of them are very astute and very wise.

I appreciate Mr. van Koeverden and his comments about standing up for kids, and I agree that we need to be there, standing up for kids. I'm a diabetic. I understand that aspect of things. I remember the days when I coached hockey and the challenges I had when I was coaching, back in the day when we used to call it squirt, pee-wee and these other levels. The reality was that we were there and we were watching kids running to the concession stands to buy these caffeinated drinks, sugar drinks or power drinks, because they saw the advertising that's out there. Those were huge challenges.

As a coach, it was extremely challenging. As a doctor, it was extremely challenging to try to rationalize that with these individuals. The other big challenge was also rationalizing with their parents. Ultimately, it is they who make that decision when it comes to looking after their children. They're the ones who make the decisions as to what their children see and what their children consume. Those are things I think definitely need to be discussed.

We have heard, as I've said, from individual constituents who might be concerned, as well as from other agencies that are putting their concerns in place.

Rightly or wrongly, the bottom line is that as a committee, we're here to hear both sides of the story. We're not to make assumptions based on one or the other. We should be hearing both sides of the story before we make that decision with our challenges as we move

forward. I believe it's something that we should at least consider as we move forward.

• (1125)

The Chair: Thank you, Dr. Kitchen.

Go ahead, Mr. Davies.

Mr. Don Davies: Thank you.

First of all, I don't doubt the bona fides of everybody at this committee. I think everybody wants to do the right thing.

I think a bit of a brief summary of its history is important.

In 2007, the food and beverage industry launched the Canadian children's food and beverage advertising initiative. That is basically a voluntary code that was limited to broadcast advertising. That's been in place for quite a while.

Health Canada has indicated for several years now that it intends to address the issue of the marketing of unhealthy food to children. Its 2016 healthy eating strategy—that's seven years ago—included the statement, "Health Canada will restrict the commercial marketing of unhealthy foods and beverages to kids."

In December 2017—about six years ago—the department released its consultation report, "Restricting Marketing of Unhealthy Food and Beverages to Children in Canada", which outlined stakeholder responses to the department's proposed approach to restricting such advertising.

The current mandate letter issued to the Minister of Health and the ones issued—I think every single one—since 2015, have included an instruction to either introduce or support restrictions on the commercial marketing of food and beverages to children. As my colleague, Mr. Thériault, has pointed out, Quebec has had legislation in this area for many years. In fact, it's much broader legislation.

There are a couple of things I want to say.

There's nothing new here. In fact, I would say we're much delayed in introducing legislation.

Second, I don't think it's a tenable statement to suggest that we haven't heard from people. Every stakeholder, every parent and every group have had multiple opportunities to have their input.

In terms of government amendments to this bill, I've reviewed every amendment from both sides of this room. I think the amendments from the government are more in the nature of administrative or honing amendments. They don't change the substance of the bill. They sort of shape the definitions to put it in more of a regulation-friendly way.

The last thing I'm going to say is that we're talking about the health of our children here, so I don't think it's unreasonable to raise whether we've canvassed this issue enough. I just think that the record is very clear: We have.

I agree with my colleagues who weren't on this committee in 2018, but that record is there, as Mr. van Koeverden pointed out. The Hansard record is there to read it all. If any member of this committee wants to find out what stakeholders have to say about this, it's there. We don't have to hear it in person again.

Now, I'll conclude that if we do hear it in person, there's one result of this. It is that we'll delay. We'll delay legislation that is geared at improving our children's health and that we've been waiting the better part of a decade to bring to this House.

The question I would ask is, for what purpose? What's gained? Are we going to hear something new? No. Are we going prevent people who wanted to have their say from doing so? No.

When I contrast that to the impact this will have on seven-year-old, nine-year-old, 11-year-old or 12-year-old children, who... We've heard in this committee many times that there is an epidemic of childhood obesity in this country. This goes to a very strong matter of public health.

I think we'll have an opportunity to question Ms. Lattanzio, who introduced this bill, but I think it's really time to act.

If I thought that we were going to hear anything new or if this bill were significantly different in any way from the bill that's been introduced in the past, then I would support my Conservative colleague's motion in this regard, but it's not. This is the same legislation on the same issue that's been much delayed, much studied and much heard from.

I think we, as parliamentarians, have a duty to the children of this country to act.

• (1130)

The Chair: Thank you, Mr. Davies.

Just to be clear, this discussion actually started on a point of order, and there isn't a motion on the floor. In fact, to bring a motion would be out of order until we're no longer dealing with a point of order.

The Conservatives will get the first speaking slot when we go to questions. That would be the time to bring a motion, if a motion is coming forward.

We're still on the point of order, and Dr. Ellis has the floor.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair, and thank you to my colleagues.

I know perhaps I missed some of this debate, but in my mind the one thing we need to be very clear about when we're talking about enacting legislation is what the science shows. I think the important point also to consider is, when you look at the bigger picture of the science with respect to creating change, whether it's a personal decision or whether it's a government decision to change your behaviour. We know the science with respect to that is not very supportive in terms of saying to people, you should change your behaviour. You should eat differently. You should exercise more. Those are things on which, when we ask people to do them, the likelihood of change is minimal.

The issue at hand is we've had an ongoing situation in Quebec, where similar and perhaps more widespread legislation has been enacted. What do the studies show there? What has the outcome been? Have we actually impacted childhood obesity? In my mind, we could talk about this for days, but if we're not going to make a difference in the lives of children, then why are we doing anything at all? That's the question.

I know my colleague from the NDP, Mr. Davies, is exceedingly convinced this is going to work. My question is, is there science out there to support the fact that this is actually going to work? Is it going to make a change in the lives of Canadian children? If it's not, then we need to look at something different, as opposed to continuing to do the same thing that's been tried in this committee, and perhaps in the House of Commons, for many years, over and over and over again.

That would be my biggest question: What is the science that is attached to this? If there has been another set of legislation that's been enacted in another jurisdiction, what are the outcomes of that change in legislation? If we're doing the right thing, great. I think in the spirit of what we've seen not every time in this committee, but many times in this committee, we should move forward for the benefit of the health of Canadians. If we're not, then that doesn't mean we should accept something and say it's the best we can do. Is it really the best we can do? If it's not, then we need to change it precipitously and make sure it is.

I agree with Mr. Davies wholeheartedly that there is an epidemic of obesity here. You don't need to be a physician to understand that there is. How can we actually change that, though? How do we make it different? How do we improve it? We all know that spending, as my colleagues across the aisle would say, \$200 billion on health care is not improving the outcomes of the health of people in this country. How do we do that? How do we go about creating good legislation? That's the question I have.

Also, the other issue is that, continuing on—I believe one of my colleagues said this already—the spirit of this committee is one of co-operation and one of saying, if we want to hear from stakeholders with respect to an issue, then we should. That is how we've operated in this committee over the 18 months that I've been here. If we deviate from that, does that mean we're now going to deviate from every other procedure we possibly have in this committee in terms of how we do things? In other committees I've been on, when the member wants to interrupt a witness, they do so. On this committee we do it differently. We say, we'll allow the witness to answer in the same amount of time as the question was asked. I think that's a reasonable way to do things. However, if we're going to have a wholesale change in how we do business in this committee, then I'm open to change with that.

There are lots of people I'd like to interrupt. In fact, I'm sure there are people who would like to interrupt me now. I will stop talking and turn it over to you, Mr. Chair.

The Chair: Ms. Sidhu, please.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

I know we all want to do good things for our children. As my colleague said, the obesity rate is going very high. I remember when we were talking about the calendar last week, we were planning that. As Mr. Davies said, in 2018 we heard from many witnesses, I think 18 witnesses. It's all there in Hansard. Today we can ask Mrs. Lattanzio questions, and then in the implementation phase there are going to be consultations and a lot of things are going to happen.

Let's work together. We are already working together on many things. This is a very important topic for our children. I think we should ask Mrs. Lattanzio questions. I really want to say thank you to her for bringing this bill. Without delay, I think we should all work together towards our children's health.

Thank you.

• (1135)

The Chair: Thank you.

Go ahead, Dr. Hanley.

Mr. Brendan Hanley (Yukon, Lib.): I wanted to reiterate a few points for the record.

One is that I think Mr. Davies and Mr. van Koeverden have both spoken eloquently. I won't reiterate their emphasis on the need to proceed with urgency, but it is important.

Because this is about the point of order and not the evidence, I think it would be useful to be able to listen to our witnesses, because the effect of marketing on children is clear. There is substantial evidence.

As a committee, although we have an obligation to hear from all sides of a question, we also have an obligation to build on knowledge that we have already accumulated, and there is an urgency to proceed with this bill after years of delay. To echo Ms. Sidhu's final point, there will be room for organizations to have a voice in this, both in the Senate and in the regulatory process, so this is not the last chance for organizations to provide input as to how this will ultimately be published in regulation.

Thank you for that.

[*Translation*]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: Mr. Chair, I suggested a compromise earlier. I didn't turn it into a motion because I wanted to give my colleagues a chance to speak and hear where everyone stood. Now I'm going to turn into a motion.

We have a right to undertake focused consultations. In my opinion, there is a new factor, and it's the only one. For me, it's going to be this compromise or nothing.

Therefore, I move that the Association of Canadian Broadcasters be called to testify before the committee.

The Chair: Thank you, Mr. Thériault.

This discussion began with a point of order. According to procedure, we aren't allowed to introduce a motion during a discussion like this. The committee has not yet finished the discussion.

It's entirely appropriate to introduce a motion when you have the floor, Mr. Thériault, but you may not do so at this time while we are discussing a point of order.

When someone rises on point of order, I really prefer to have a focused discussion. I regret that the current discussion has gone much further than it should have. Normally, this kind of discussion is over very quickly, but in this case, a lot of people want to say something.

You have the floor, Mr. van Koeverden.

[*English*]

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I wasn't going to say anything, because I already put my two cents in, but we veered out of the lane of saying we should hear from everybody. We haven't yet heard from some folks who are on the record speaking on this issue not that long ago.

To Dr. Ellis, outright challenging the science on this, we have Dr. Sharma here. Questioning whether or not it's efficacious to move forward with this type of legislation, and whether or not this will actually lead to healthier outcomes, is counterproductive to why we're here today.

We're not here today to challenge the science or to suggest that maybe the science is unclear on whether or not marketing to kids leads to unhealthy outcomes for them. Hearing from all sides is different from challenging the very well-documented facts that are out there if one chooses to look.

I would ask that if we have any questions on the science, Dr. Sharma is here.... She happens to be an expert on the issue and can speak to the science on it. Otherwise, I think we should move forward, because this is, quite frankly, a waste of time, and we've already been through this. We've already decided that we were going to come here today to listen to the sponsor and move forward on the bill.

• (1140)

The Chair: We've also veered a long way from the original point of order, but I'm quite reluctant to cut this discussion off when people still want to speak on it.

I think it would probably be better to proceed formally with the commencement of the meeting and introduce a motion, along the lines of what Mr. Thériault suggested—or otherwise. However, I didn't seize control sooner, and this is where we're stuck.

Dr. Kitchen, you're next.

Mr. Robert Kitchen: Thank you, Mr. Chair.

I appreciate Mr. Thériault's opportunity to present a motion and, perhaps, a compromise. That's a great thing. I was initially going to suggest we suspend for about five minutes, so we can discuss it, but that was purely at the time. I think I'll defer, at this point in time.

I am done. Thanks.

The Chair: There are no further speakers on the list. We will now—

There is now a speaker on the list.

[*Translation*]

Do you wish to speak, Mr. Thériault?

Mr. Luc Thériault: I'd like to introduce my motion, Mr. Chair.

Have we finished discussing the point of order?

The Chair: You will be able to introduce your motion when it's your turn to speak. You will be the third person to ask questions. At that time, you will be allowed to speak.

For now, Ms. Goodridge has the floor for the next six minutes.

[*English*]

Mrs. Laila Goodridge: Thank you, Mr. Chair.

Hearing some of the conversations around the table, I respect and appreciate the compromise brought forward by Monsieur Thériault.

I would like to move a motion that the committee hold a one-hour witness meeting for Bill C-252 prior to clause-by-clause, to be held this Thursday, March 30, so as not to delay any further. I think that's a very reasonable compromise. It allows people to bring forward a very limited number of witnesses. This is not about delaying the bill, as was suggested by the opposition and the Liberals.

A voice: He's not the opposition. He's part of the government.

Mrs. Laila Goodridge: Well, sometimes, you can just wait your turn and interject when you have the floor, quite frankly.

I think this is something quite reasonable. This is a space where we can find some compromise on this and make sure it's going towards the space it is, hear from witnesses on some of the amendments, and see whether there are other, very simple amendments that could be made, possibly, to strengthen the bill to ensure we're bringing forward the best possible legislation for Canadians and our kids.

This is something critically important. As a young mom.... This is something pressing. This is a conversation that happens in all the "mom" Facebook groups, on a regular basis. I think it's incumbent upon us, as legislators, to ensure we're doing the work and hearing from the witnesses to make sure it's meeting the standards.

Thank you.

The Chair: Thank you, Mrs. Goodridge.

The motion is in order. The debate is on the motion.

Go ahead, Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: Thank you, Mr. Chair.

As I said earlier, in my opinion, there's only one new factor. This would not delay our work, and it would help us along if we could ask questions to Association of Canadian Advertisers representatives. The minister did mention the association, among others, in her speech.

Therefore, I move that an amendment be made so that the only group the committee calls to testify for one hour be the Association of Canadian Advertisers.

[*English*]

The Chair: We have an amendment to the motion, which is in order: that the only witness be the Association of Canadian Advertisers. I believe it's the sector council for that.

The debate is now on the amendment.

Go ahead, Dr. Powlowski.

• (1145)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): My concern with that is that you're going to get one side of the story. You're going to get advertisers who are primarily concerned about limiting advertising, without hearing all the evidence in support of limiting that advertising. I think you'll get quite a biased hour, which observers.... Looking at what happens subsequently, they may be overly influenced by having just one speaker beforehand. It seems to me as if....

I agree about not reopening this can of worms at all, and to open it a little just so the advertisers can get their objections in doesn't seem fair to me.

The Chair: Mr. van Koeverden, go ahead on the amendment.

Mr. Adam van Koeverden: I was reticent to entertain even the idea of more meetings on this. If we're going to hear from only one side, then I'm completely against it.

It took me one second on google to find that advertisers have already come here and spoken to this. The Honourable Nancy Greene Raine was an amazing senator and awesome Olympic champion too. She was a Conservative senator, I might add. This has been done—been there, done that. It takes 10 seconds to google it.

Actually, the chair of HESA at the time was also the MP for Cumberland—Colchester. It's pretty easy to find on the Internet, and I would encourage anybody who is interested in the position of any advertisers, marketers and the Canadian Beverage Association to do so. Their position hasn't changed.

[*Translation*]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: It's one thing to know that these individuals have already testified; it's another to be able to ask them questions about the code and guide they have developed. They take effect in July and the minister talked about them.

This bill will limit advertising, so it's very topical that this group appear, because we will be able to ask them all our questions about the code and its purpose.

Personally, I feel we need this bill. However, those we hear from may point us in some directions to improve the bill, because they claim to share our goal.

I believe we would need more than 10 minutes to hear these individuals. On the eve of passing a bill, when we're on a fast track, it's entirely democratic that we at least hear from the key stakeholders, so that they can become partners in achieving the goals.

That's what I had to say in response to Mr. van Koeverden, who is kind of insulting everyone's intelligence.

[*English*]

The Chair: Ms. Goodridge, please.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

[*Translation*]

I appreciate everything Mr. Thériault said. It's extremely important that we refrain from insulting the intelligence of the people here on the committee. It's truly preposterous; it's an insult. At my age, I know how to use Google, and I've used it before today. However, the realities out there have changed since the last time we talked about a similar bill. It's important that we have the highlights today, not from five years ago. To say that we don't need to hear from witnesses because it's already been done ignores the possibility that things have changed. I feel they have changed, because there is a code now. Changes have been made and I feel it's very important that we hear from people about all of this to make sure that we have the best possible bill for Canadians.

[*English*]

The Chair: Go ahead, Mr. Davies.

Mr. Don Davies: Thank you.

Again, if this wasn't a bill that had been introduced before and if we hadn't had extensive consultations before, then I would agree with my colleagues.

The other thing that I think is important is that we as MPs bring a lot of information and knowledge that we acquire through the course of our interactions to this committee. Not everything that we know is heard here. Here's what we know. I'm going to repeat this.

In 2007, 16 years ago, the food and beverage industry launched the Canadian children's food and beverage advertising initiative. That's what brought in the voluntary code. That's been in place for 16 years.

As Dr. Ellis already acknowledged, and we all acknowledge—you don't have to be a doctor to know this—there's an epidemic of

childhood obesity in this country. I don't think you have to be Sherlock Holmes to put those two things together. The voluntary code ain't working.

Do we need to hear from witnesses to cement that fact? No, we do not.

When Bill S-228, the Child Health Protection Act—I think it's same title that Ms. Lattanzio has put to this bill—died on the Order Paper in 2019, researchers at the University of Toronto found that food industry interactions with government outnumbered non-industry interactions on that bill. They looked at 3,800 interactions, including meetings, correspondence and lobbying, in the three years before that bill failed. They found that 80% of those interactions were from industry, not public health or not-for-profit organizations.

Let's just name the elephant in the room. This bill has been studied to death. It has been consulted to death. Every single stakeholder entity who has wanted to have a say in it has had their say in it. We know what their positions are. The bill has not changed significantly. The bill introduced today is substantially the same as the one introduced by Senator Nancy Greene Raine. There is no difference in the general public, except for one thing: The childhood obesity epidemic has probably gotten worse.

What's to hear?

I'll tell you, the advertisers are going to come say they don't like the bill. I'm curious to hear it if anybody is going to seriously contend that it's otherwise. They don't like it. That's why they proposed a voluntary code of conduct.

Again, if we didn't have 16 years of evidence of what the impact of a voluntary code of conduct was, then I'm sure Mrs. Lattanzio wouldn't have sought to use her order of precedence to introduced this very important bill. We don't need to hear from anybody. There's an opportunity for every member of this committee to question Mrs. Lattanzio, to question the ministry staff and also to introduce amendments.

If anybody thinks the bill is not strong enough or feels that it needs to be improved, they can introduce amendments. In fact, everybody has had that opportunity. I would just propose that we defeat this motion. There's nothing to be gained from hearing from one witness next week, or this week, or frankly any other time.

Do you know what? At the end of the day, if you don't like the bill, vote against it. It's everybody's democratic right in this room. If the Conservatives don't like this bill, if they think that the evidence isn't strong enough or if they think the bill isn't appropriate, they can vote against the bill.

• (1150)

The Chair: Mr. van Koeverden.

Mr. Adam van Koeverden: Thanks.

I 100% support Mr. Davies. I agree 100%. The industries have been consulted, and they have been consulting on this bill for the last five years. They have not been left out of this process whatsoever. I just point out that in 2018, the last time this bill was studied, the main thing that the CMA, the Canadian Marketing Association, was asking for was a reduction of the age threshold from 17 to 13. By some accounts, unfortunately, I think this bill is actually weaker as a result of that. You can make the argument that if you can drive a car, you can probably choose to have a Coca-Cola. Fine. Everybody can still choose to have a Coca-Cola; it's just whether or not you can market to them.

We are talking about youth under 13. The process to bend a bit, to break a bit, to make the bill a bit more industry friendly...we've already done that. The evidence is clear. We're talking about kids under 13, not 17 anymore, as they asked for in 2018.

• (1155)

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

I guess the message is clear here, that we don't need this committee anymore. All we need is Mr. Davies and Mr. van Koeverden to give us all the information so that we can simply allow the costly coalition to figure out how we should do things here. I'm not a fan of that.

Again, I'll point back to the fact that we have always had witnesses. I wasn't here in 2018. Quite frankly, I don't have the time to read five years of Hansard to figure out exactly what was said. I understand that Mr. van Koeverden can sit around reading five years of Hansard, obviously.

That being said, I think the issue here is what's fair. If it's fair, then let's do it. If it's not, let's move on and let's vote. I don't particularly want to have Mr. Davies and Mr. van Koeverden telling this committee how to work. I think we need to hear from witnesses. If people don't agree, let's vote. Let's move on. Guess who's been talking out the clock? It's not this side of the House; it's that side. Let's move forward.

The Chair: The question is on the amendment: that the witness list be limited to the Association of Canadian Advertisers.

All those in favour of the amendment that the only witness to be called at this Thursday's meeting be the Association of Canadian Advertisers.

(Amendment negated on division)

The Chair: Is there any debate on the main motion?

Seeing none, we're ready for the question.

The main motion is that we hear from witnesses this Thursday, for one hour prior to clause by clause, on Bill C-252.

Do I have it right, Ms. Goodridge?

Mrs. Laila Goodridge: We'd like a recorded division.

(Motion negated: nays 7; yeas 4)

The Chair: We'll now proceed with rounds of questions, starting with Ms. Goodridge, please, for six minutes.

Mrs. Laila Goodridge: Thank you, Mr. Chair. I appreciate the work that has gone into this, and I think this is very important for the health of our children and for society as a whole, but I think it's disappointing that we weren't able to hear from witnesses.

My question for Ms. Lattanzio is, which witnesses did you consult, and did you hear directly from the advertisers and have meetings with them prior to bringing forward this private member's bill?

Ms. Patricia Lattanzio: I met with la Coalitions Poids, in Quebec. I met with several senators. I met with one representative of.... I believe it was the person who is behind Ad Standards with regard to the code. I also read the transcripts and Hansard in terms of what transpired in previous years, both in the House and the Senate. I read every single record of every witness in previous years before bringing forth this bill.

Of course, in communities, parents in my community....

• (1200)

Mrs. Laila Goodridge: You didn't think it was important to talk to stakeholders who might be against this bill. You decided to cherry-pick and meet proactively only with stakeholders who you knew would be in favour of this bill.

Ms. Patricia Lattanzio: First, let me clarify. I did not cherry-pick. I spoke with the individuals I told you about before. When you look at the transcripts in the years that have transpired, you will see that all stakeholders were able to submit—

Mrs. Laila Goodridge: I—

Ms. Patricia Lattanzio: Are you going to wait for me to finish?

Mrs. Laila Goodridge: No. In this committee, we actually have a precedent whereby if someone asks a question, the presenter gets to answer with approximately the same amount of time. In the first answer, I let you go on, because I did ask you a question that required you to actually finish, but I'm not going to let you continue talking out the clock, because that is not the precedent in this committee.

Frankly, I'm concerned to hear that rather than talk one on one with concerned stakeholders, you decided to cherry-pick, based on previous evidence that was presented for previous bills under a previous context, and not actually to meet with a variety of stakeholders. That is concerning, and that should be concerning for all Canadians.

Ms. Patricia Lattanzio: I think your question is biased, and you are putting words in my mouth, because I did not cherry-pick.

Mrs. Laila Goodridge: Did you decide to just not meet with organizations like the food and beverage association, or the Canadian marketing...?

Ms. Patricia Lattanzio: I met with the stakeholders that I announced previously. I read testimonies that had been transcribed and filed into the records of both the House of Commons and the Senate.

Mrs. Laila Goodridge: On my side, my office has received correspondence from a number of different groups and people who are concerned, wanting to appear as witnesses on this bill.

Have you had people reach out to your office, similarly, about this bill with their concerns?

Ms. Patricia Lattanzio: I have.

Mrs. Laila Goodridge: Have you met with them?

Ms. Patricia Lattanzio: Via Zoom, I have.

Mrs. Laila Goodridge: I just think that it's a space where this has good intentions, but if it's not put forward in a way that's actually enforceable and doable, it could end up being a whole bunch of regulations without actually having impacts on what we're trying to achieve, which is healthy kids. That is very important.

You brought forward this bill. It has been well studied, and the work of Senator Nancy Greene Raine was exceptional. I'm not trying to disparage any of the previous work, but the context has changed. The reality on the ground has changed. We can't just read transcripts from five years ago and say this is good enough. That's not how my constituents and people in Fort McMurray—Cold Lake are expecting me to bring things forward.

Ms. Patricia Lattanzio: I can tell you what has changed. The rate of obesity has increased over the years. As was mentioned previously, a voluntary code has been put forward, but it has done very little to reverse the trend in the increase of obesity. Therefore, the issue is a very pressing one. I would hope that committee members would support moving this bill along to tackle this very important issue affecting our children.

Mrs. Laila Goodridge: I'll cede my remaining time to the committee.

The Chair: Thank you very much, Mrs. Goodridge.

Next, we have Mr. van Koeverden, for six minutes, please.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I'm going to try to share some time with my colleague, Dr. Hanley, but I'd also like to know if it's possible to invite Dr. Sharma up, so we could ask some questions on the science?

The Chair: Yes, of course. That's why they're here.

Dr. Sharma, if you could please take your place by Ms. Lattanzio, that would be helpful.

Mr. Adam van Koeverden: Thank you very much.

Ms. Lattanzio, thank you for your work on this bill. It's extraordinarily important. Thank you for picking up where other parliaments have left off. You've been an extraordinary ambassador for this. Not having any questions for you does not mean I don't think you've done an impressive job.

I have two very short questions for Dr. Sharma before I pass it over to my colleague, Dr. Hanley. One, do you feel there's been adequate and thorough industry consultation on this bill over the last five years?

● (1205)

Dr. Supriya Sharma (Chief Medical Advisor and Senior Medical Advisor, Health Products and Food Branch, Department of Health): I can speak to the consultations we've done, because in parallel to the process that's going on with the private member's bill, we at the department are also working on regulations and policies in this area.

In terms of the Canadian Beverage Association in particular, we've met at least three or four times in the last four months. Obviously, when there's a policy development, we work with stakeholders. As regulations come forward, there's a full consultation process as well. Even in policy development, we always consult with a wide range of stakeholders to make sure we have the information to best develop the policy.

Mr. Adam van Koeverden: That's fantastic. Past, present and future sectors have been consulted. That's great.

I have one other question, Dr. Sharma.

Is the science ambiguous about whether or not marketing to kids leads to negative health outcomes when we're talking about sugary drinks and unhealthy snacks?

Dr. Supriya Sharma: What we know about the science is that exposure to advertising for children really is different based on their developmental stages. We know that, for example, the youngest of children cannot even differentiate between what advertising is and what a television program or a YouTube video might be. As they get older, they have the ability to differentiate, but they don't necessarily understand how that might be influencing their behaviour. That's one part of it.

We know that exposure to advertising also affects attitudes in children's preferences, food choices and consumption patterns. That's part of the exposure part of it.

Obviously, obesity, healthy eating and healthy living are multi-factorial. That's why we have a suite of policies to make sure that children are able to get the nutrition that they need and that they're not overly influenced or exposed to advertising that potentially could lead them to making poor food choices.

Then there's what we call the “pester power” of children, whereby they are being directly marketed to and that translates into specific requests to parents or caregivers.

The Chair: I'd be most interested to hear the French translation for “pester power”.

Voices: Oh, oh!

The Chair: Go ahead, Dr. Hanley.

Mr. Brendan Hanley: Thanks. I'll continue the line of questioning.

Dr. Sharma, I think you mentioned other pillars. To my mind, this is the missing pillar of the healthy eating strategy for Canadians.

Can you very briefly say how this complements existing policies?

Dr. Supriya Sharma: To be clear, we don't have regulations or a policy that's been brought forward at this point in time. Obviously, the bill is dealing with legislation, which is enabling legislation. Under that would come regulations to be able to better define the scope of the intent, what it would apply to and all of that. That's just to say that all of that's being developed.

As you said, the Government of Canada has been working very hard on an overall healthy eating strategy. That includes updates to Canada's food guide and work on front-of-pack labelling as well. Nutritional labelling has been improved.

This is really talking about something that's very focused. This is talking about advertising directly to children, frankly, in the hope of helping to sell product to make profits. Again, they're a unique group, because they are vulnerable to that sort of exposure.

Certainly something like front-of-pack labelling is very useful, but that's really designed for adults or people who are making those purchases. It's not specifically for children.

Mr. Brendan Hanley: Ms. Lattanzio, I want to thank you for being the champion of this really important bill. I think part of the reason you've become involved is through your experience as a Quebec MP.

I wonder if you could speak about the Quebec experience with a similar law around marketing to kids.

Ms. Patricia Lattanzio: In fact, yes, I am an MP from Quebec. As mentioned previously, we have the Consumer Protection Act.

Over the years, we've had a law in Quebec that states that we cannot market to children. This goes a bit further, because it specifically targets marketing food and beverages that are, as we say in French, *malsains*, or not healthy. This is a great opportunity to have a policy and a framework throughout the country.

Of course, Quebec has been my inspiration.

The Chair: You have about 15 seconds, if you have a really short question there, Doc.

• (1210)

Mr. Brendan Hanley: Thanks, I'm good.

The Chair: Thank you, Dr. Hanley.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Ms. Lattanzio, have you met with representatives from the Association of Canadian Advertisers?

Ms. Patricia Lattanzio: No, I haven't met with any.

Mr. Luc Thériault: In your opening marks, you stated that the very fact that the code and the guide this association is implementing are voluntary is reason enough to require legislation, in your opinion.

Have you read the code and guide?

What association practices will be improved as a result of the guide and code?

Ms. Patricia Lattanzio: I'd say that the voluntary aspect of this code is perhaps the most important factor, because it doesn't come close to strict legislation. You know that when people or industries are given a choice, they have no obligation to go with either option. That's the first point I wanted to make.

My second point is self-regulation. There's no mechanism framing this code in a strict and rigid way to reduce unhealthy eating that stems from advertising to children. So it's—

Mr. Luc Thériault: There must still be some benefits to advertisers having a code and best practices guide aligned with the objectives of our bill. One doesn't preclude the other.

Don't you feel it's a good thing that these people have decided to adopt responsible advertising practices in light of health issues like obesity?

Ms. Patricia Lattanzio: I said it up front in my opening remarks, this is a step in the right direction. Now, have we achieved the right goals? I don't think so.

In years past, we've taken steps that have led to the code, but we're still only acknowledging that we need to do more or that there should be some guidance. Because of the voluntary aspect, we haven't reached our objective to reduce child obesity. On the contrary, the obesity rate continues to grow. Therefore, we have no proof that the voluntary measures are effective. As long as actions are only voluntary, we won't achieve the objective, which is to ensure that we have no harmful advertising geared to children.

Mr. Luc Thériault: I really understood that.

Did you support the amendments the government wants to make to your bill?

Ms. Patricia Lattanzio: Not at all.

Mr. Luc Thériault: In that case, there's no use asking you questions about some of the amendments. I could, however, ask them to the experts we have here. I imagine they advised the government.

I'm concerned about the amendment that asks for definitions of "sugars" and "saturated fats". Can you tell the committee why it's important to define them?

[*English*]

Mr. David Lee (Chief Regulatory Officer, Health Products and Food Branch, Department of Health): The reason we're proposing to look at the prohibition language to include the nutrients—sugar, saturated fat and sodium—is to add a lot of clarity to the prohibition. This is so people know very clearly when they're offside the law and not.

We're trying to add precision and make sure we're getting to what we want to block from the advertising.

• (1215)

[*Translation*]

Mr. Luc Thériault: What kind of definitions will be in the regulations? I would imagine that it will all be defined in regulations, right?

What distinction would be made there? We can talk about the sugar level, but there are different types of sugars or fats, including trans fats.

What are you looking to clarify in the bill with this amendment?

[*English*]

Mr. David Lee: This is where, in making the regulations, they'd fill out the levels of those ingredients and which foods to define in the regulation. We'll be consulting and making sure that we refine that. This will also serve the prohibition up above.

It will be in the regulations that you get that form of precision.

[*Translation*]

Mr. Luc Thériault: You're going to specify the levels, but you also want to define them. I'm asking about the definition, not the level. The level is quite obvious, but how about the definition?

Take trans fats, for example. What do you seek to prevent by not defining their prohibition?

[*English*]

Mr. David Lee: The problem with defining them at the level of the act—and this is the same with children—is that once it's at the level of the act, it will affect all the instances of that word down in the regulations.

For this policy, we will refine which foods—which nutrients in those foods—the prohibition will apply to.

The Chair: Thank you, Mr. Lee and Mr. Thériault.

Finally, we have Mr. Davies for six minutes, please.

Mr. Don Davies: Thank you, Mr. Chair, and thank you to the witnesses.

Congratulations, Ms. Lattanzio. It's always a special day in the life of any parliamentarian when they can actually introduce legislation. I'm very proud to support this legislation. I think it's overdue and will make a real difference in terms of the health of children over time.

This is for you, Ms. Lattanzio, or maybe for Dr. Sharma—I'm not sure. You mentioned Quebec. I'm wondering if there are any other jurisdictions that have introduced similar bans on the marketing of unhealthy foods to children. If so, is there any evidence of what the impact of that measure has been?

Ms. Patricia Lattanzio: Thank you, Mr. Davies.

There have been a few European countries, as well as the U.K., Chile and Spain, that have introduced similar legislation. Mexico did in 2014 and Chile in 2016.

It's called the M2K, the marketing to kids legislation. They have gone back and reported success in terms of the positive aspects of limiting marketing to kids.

I can tell you that the U.K.'s legislation focuses on restrictions for television between 5:30 a.m. and 9:00 p.m. and a total ban on paid ads online.

Spain and the U.K. are also developing the M2K legislation after not observing positive impacts from industry self-regulation. Spain's legislation is still being developed.

Mr. Don Davies: Thank you.

You've anticipated where I'm going next, Ms. Lattanzio, which is to a peer-reviewed article from August 2022 on food marketing to children. It concluded "that unhealthy food marketing to children and adolescents is extensive and that current self-regulatory policies are insufficient at reducing the presence of such marketing." Is that correct?

Dr. Sharma, do you have anything to add to that?

Dr. Supriya Sharma: I have an example. You referred to a nutrition initiative that was already there, the Canadian children's food and beverage advertising initiative, which is a self-regulatory measure that's already in place.

When we looked at the ads that were directed to children and teens for foods that were high in salt, sugar and fat, three-quarters of those ads were from industry members that were signatories to that initiative.

When we look at voluntary measures, they are that. They are voluntary. They are limited to the signatories, but as I just noted, even if you are a signatory it may not necessarily influence that behaviour.

In terms of the proposal that we've seen for the self-guide, there are also challenges in terms of the advertising criteria that are defined. They don't have the nutrient criteria for products; that's incomplete as well. The review process is not an independent process, so if something happens on the compliance enforcement side, there's no independent process to deal with that.

Mr. Don Davies: Can I just zero in on one thing?

Since 2007, since that industry-launched voluntary code has come into place, what has happened in that time period—it's about 16 years—in terms of the health of children or the obesity rates in Canada? Have they gone up, gone down or stayed the same?

• (1220)

Dr. Supriya Sharma: They've gone up. At this point in time, one in three children in Canada is defined as either overweight or obese. For indigenous children, it's two out of three children meeting those criteria. Those criteria are based on your body mass index and the charts. It's been increasing.

Mr. Don Davies: I'm going to ask a technical question.

According to Health Canada's consultation report, some stakeholders indicated that there should be exemptions from the ban, in particular the sponsorship of sports teams, community events, and school events and activities.

The Food and Drugs Act defines advertisement as “any representation by any means whatever for the purpose of promoting directly or indirectly the sale or disposal of any food, drug, cosmetic or device”.

Under this bill, would the prohibition on advertising extend to sponsorship, the use of brand elements—such as cartoon characters—on packaging, labelling, sales promotions and endorsements? In other words, are there exemptions in this bill that would permit that kind of advertising?

Mr. David Lee: You will see in the bill that there is a placeholder for regulation to define which advertising would attract the prohibition. That's for our policy discussion to talk about sponsorship and other things, to see what would be within scope. That would be refined.

Mr. Don Davies: Do you know if, internally, it is the desire of the department to use that definition in the Food and Drugs Act of “advertisement”?

Mr. David Lee: Yes, advertising is already in the act. It's very broad, but there's a cue in this particular proposal to be able to refine that in the regulations.

Mr. Don Davies: To refine it in what way? Would it make it broader or narrower? What's the thinking behind having that exemption?

Mr. David Lee: It couldn't be broader, because you can't broaden something that's in the act, but it can certainly be refined to make sure that we're all very clear about which activities in advertising would apply under the prohibition.

Mr. Don Davies: Ms. Lattanzio, do you want to see any narrowing of that definition?

Ms. Patricia Lattanzio: I definitely do. I'm very cognizant of the fact that there are activities that happen in our parks in the sum-

mer. There's soccer and there are exhibitions. It's part of community life, if you want.

I think what I would like to see is that if there is a sponsor that we limit, like we do in Quebec.... If there is a particular company and we have only the name of the company—it's not attached to a cartoon character that's next to it or a series of colours and colour patterns, or something that would drive or entice the child to make the connection between the two—that is where I would set the fine line. I will leave that up to consultation, when that takes place, in terms of it being defined and refined in the regulations.

Mr. Don Davies: Thank you.

The Chair: Thank you, Ms. Lattanzio and Mr. Davies.

That concludes the questions from each of the parties. We are now going to move to clause-by-clause consideration of the bill.

Pursuant to Standing Order 75(1), consideration of clause 1, the short title, and of the preamble are postponed. Therefore, the chair calls clause 2.

(On clause 2)

The Chair: Is there any discussion in connection with clause 2?

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: We would propose to delete clause 2 entirely.

The Chair: The best course of action, then, is to simply vote against clause 2, as opposed to calling for its deletion.

Other than Mr. van Koeverden's wish to vote against it, is there any other discussion on clause 2?

Go ahead, Mr. Davies.

Mr. Don Davies: This is a point of clarification, Mr. Chair. When we say clause 2, do we mean section 2? Are we using that interchangeably?

The Chair: Yes.

Mr. Don Davies: Okay. Thanks.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

To be clear here, what Mr. van Koeverden is proposing is that the words “Food and Drugs Act”, “2 Section 2...” are all deleted. Is that correct?

• (1225)

The Chair: That's precisely my understanding. Clause 2 would not carry, and therefore would not be included in the bill. We're going to put it to a vote here as soon as the discussion is concluded.

Go ahead, Mr. Davies.

Mr. Don Davies: Can I hear briefly what the rationale for that is? This would remove the words “Food and Drugs Act” and then remove the words “Section 2 of the Food and Drugs Act is amended by adding the following in alphabetical order”. There's then a definition of children.

What is the purpose of that, and then what is the impact of it?

The Chair: Mr. van Koeverden, would you like to explain why you're going to vote against clause 2?

Mr. Adam van Koeverden: The proposed deletion of clause 2 under the FDA regarding children's ages.... They continue to operate effectively. Defining "children" as people "under 13 years of age" under section 2 would contradict regulations that use the term "children" in reference to different age groups. There are already specific regulations for food intended for children one year of age or older, but less than four years of age.

If there are any other points of clarification, I would turn to the officials. That's about where my level of knowledge on this gets to.

The Chair: Do the officials have anything to add as to why one might be inclined to vote against clause 2?

Mr. David Lee: Just to support that idea, once the term is defined at the level of the act, you don't want to see a lot of variance in the regulation. We do have the mention of children quite often in the food and drug regulations, for things like children's dosing for medication. They're very important, and they don't resemble the "under 13".

The Chair: Are there further interventions?

Seeing none, shall clause 2 carry?

(Clause 2 negated on division)

Mrs. Laila Goodridge: I apologize, Mr. Chair, but I just want to clarify this. Were we voting to keep clause 2 or get rid of clause 2? We were not voting on what was suggested by Mr. van Koeverden, to just remove....

Mr. Stephen Ellis: That was an amendment.

Mrs. Laila Goodridge: I thought he had made an amendment, so I thought we were voting for the amendment.

The Chair: You're right, Ms. Goodridge, in that he said he'd like clause 2 to be deleted. I said to him that he should vote against it, and then the debate continued on clause 2 and we just voted against it.

Mr. Majid Jowhari (Richmond Hill, Lib.): We were voting to eliminate clause 2, or in support of eliminating clause 2. Okay.

Mr. Stephen Ellis: I think there are too many negatives in there.

Voices: Oh, oh!

The Chair: Just for clarity, colleagues, we have defeated clause 2. That's what just happened.

Is there any discussion on clause 3?

(Clause 3 negated on division)

(On clause 4)

The Chair: I see that a few amendments have been proposed for clause 4. The first one that I will call is G-1.

Is there any discussion on G-1, which would amend clause 4?

I'm advised that the proper procedure requires that someone move G-1, and that someone can't be me. Do we have a mover?

Mr. van Koeverden is moving G-1.

Would you like to speak to it, Mr. van Koeverden?

• (1230)

Mr. Adam van Koeverden: No.

The Chair: Is there any discussion on G-1?

Dr. Kitchen, go ahead, and then Ms. Goodridge.

Mr. Robert Kitchen: Just as a point of clarification, I'm taking this to mean that we're taking out "Advertising directed at children". Is that correct? Is that what the motion is?

The Chair: I would turn to Mr. van Koeverden or the officials to answer that.

Mr. Adam van Koeverden: That's correct.

Mr. Robert Kitchen: Thank you.

Why was it put in here in the first place?

Mr. David Lee: There's more than just that wording. That wording is just changed around. It goes from "directed primarily" to "primarily directed". The government drafters have phrased it that way, but it's the same intent. The prohibition is really aimed at advertising that is targeting the child, so that carries the meaning.

The other point to make is that we're tightening up the language of the prohibition. Terms like "children's diets" are a bit vague for a prohibition to be able to enforce and interpret. It's just tightening those aspects up.

The Chair: Mr. Davies.

Mr. Don Davies: I just want to make sure I understand the proposed amendment.

I thought it was proposed that we delete it because it's redundant. When I'm looking at the draft act, I see in larger font, "Advertising Directed at Children", and then underneath that, in smaller font but bolded, "Advertising directed at children". I thought we were just talking about deleting the part in bold because it's redundant. Are you talking about deleting all reference to advertising directed at children?

Mr. David Lee: I apologize. If we're just talking about the subtitle, that's just a technical issue. The act is organized with certain subtitles, and we don't usually put in a subtitle under a provision such as "general" or "food". It's just tidying up and keeping the integrity of the statute.

I'm sorry. I was speaking to the next motion.

The Chair: This is for Mr. Davies and Mr. Lee.

We have a couple of experts here from legislative counsel. They are also here to assist us and to answer questions of a technical nature.

Mr. Lee, if you're comfortable with the questions, that's fine. If anyone would prefer to direct questions to the lawyers in the front of the room, then they're welcome to do that, as well.

It's back to Mr. Davies.

Mr. Don Davies: To make sure I understand it, it would delete both references. There would be no reference to advertising directed at children. If I understand the rationale, it's because the actual section says "primarily at persons who are under 13", and you don't want confusion. If you had the title "Directed at Children", the reader would be unclear if that meant under 18 or under 13. Is that the—

Mr. David Lee: Again, it's just a subtitle. There is "primarily directed" still in the text of the provision. That's still there, that concept. That's not being eliminated. It's just that the subtitle is being taken out so that the integrity, the way the act works, is preserved. We're not losing the concept from the prohibition.

Mr. Don Davies: Could we not amend the title to read "Advertising Primarily Directed at Children", or would that still leave the issue of the age?

Mr. David Lee: If I may, I think the issue is that there's a title at all. The act just works by.... In terms of segmenting the parts of the act, we'll know what this provision is by the way it operates.

We don't put in subtitles like that in the rest of the act. We're just urging that this be like all the other provisions.

Mr. Don Davies: Thank you.

The Chair: Mrs. Goodridge.

Mrs. Laila Goodridge: For a rare change of pace, Mr. Davies basically covered all my questions in a very succinct way, so I will pass.

The Chair: Is there any further discussion on amendment G-1?

Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

Maybe I'm missing something here, but the amendment seems pretty clear. All we're doing, as Mr. Davies said, is getting rid of the bold words. It's very clear. Are we getting rid of the words above it, as well?

• (1235)

Mrs. Laila Goodridge: They don't actually exist.

Mr. Stephen Ellis: This is insanity. They don't exist?

Mrs. Laila Goodridge: No.

The Chair: I'm advised that its exactly the opposite. The import of the amendment is to get rid of the title that reads "Advertising Directed at Children" and to retain the part in bold.

You're going to hear from the legislative counsel.

Mr. Vaive, go ahead.

Mr. Justin Vaive (Legislative Clerk): Thank you, Mr. Chair.

What's being proposed here is to remove the first reference, "Advertising Directed at Children", in the bigger case. As Mr. Lee was indicating, it's really just a header, a subtitle that, if this were to be

adopted, once it fits into the amending statute wouldn't need to appear again.

The smaller reference, the second reference, "Advertising directed at children", would remain. It's what we would call a "marginal note". It provides the basis for what the subject matter is of that section right there.

The proposal here would be to leave the second one and remove the first reference to it, as it's redundant.

The Chair: Mrs. Goodridge and then Dr. Kitchen.

Mrs. Laila Goodridge: If I'm using the lines from the text.... We're deleting the one, but that isn't line 18. It screws everything else up, and it makes amendment G-2 problematic, as well.

The Chair: Mr. Vaive, please.

Mr. Justin Vaive: It's because of the numbering sequence. The marginal note, which is the second reference, isn't actually counted as one of the lines, so line 18 is the text above, which is the first instance of "Advertising Directed at Children".

I don't make the rules.

Mr. Stephen Ellis: Line 18 is actually line 17.

The Chair: I won't get into that debate.

Dr. Kitchen.

Mr. Robert Kitchen: That was my issue, as my colleague just said. Counting back from line 20, line 18 would be the smaller point, "Advertising directed at children", not the bigger one. If that's the case, we have "Short Title" and "Short title". Is "Short title" a line or not a line?

How do you count these lines?

Mr. Justin Vaive: Mr. Kitchen, it's the exact opposite of what you just suggested. Line 18 would be the first instance of "Advertising Directed at Children"—the heading with the bigger font. The second, lowercase one—"Advertising directed at children"—is what we call a marginal note, and we don't count that as one of the lines for the purposes of counting lines in legislation.

The Chair: Is there any further discussion? Are there any questions in connection with amendment G-1?

(Amendment agreed to on division)

The Chair: That brings us to G-2.

We need someone to move G-2, please.

Mr. van Koeverden: I so move.

The Chair: Is there any discussion on amendment G-2?

We have Dr. Kitchen, and then Dr. Ellis.

Mr. Robert Kitchen: Just for clarification, therefore, this would say, "Subject to the regulations, no person shall advertise prescribed foods that contain more than the prescribed level of sugars...." Is that correct?

The Chair: Mr. Vaive, that's what I see. Is that what you see?

Mr. Justin Vaive: Yes, that's correct.

The Chair: That's correct.

Dr. Ellis is next. Go ahead.

Mr. Stephen Ellis: I'm sorry, Chair. Thank you very much. Regarding "prescribed foods", is that going to come by regulation? Where is it coming from? What about "prescribed level of sugars"? Where's the answer to that?

The Chair: Mr. Lee or Dr. Sharma, can you help us with that?

Dr. Supriya Sharma: Yes. The challenge with the way it's currently worded is in things like "children's diets" not being defined. It's a bit vague. Adding "prescribed" in those two areas then allows the Governor in Council to make regulations to define the scope of that. It's important to do that for children compared to other people, because they have different nutrient requirements, so it would have to be tailored. Depending on what the overall scope of the regulations would be, it would need to correspond with that.

As an example, for front-of-pack labelling, we use certain percentages for that labelling, but those are really designed for adults and may not necessarily apply to children. It's to allow that to happen through regulation.

• (1240)

Mr. Stephen Ellis: Doesn't that then mean you're going to have to have one...? Are they going to be weight-based? Are they going to be age-based? This is complicated if we're talking about infants all the way to at least age 13, and in some instances, according to some of the other amendments, up to age 17. Those children would perhaps be as big as adults.

What is the plan? Is it going to be weight-based or...? How is this going to work?

Dr. Supriya Sharma: Part of this is that it would apply only to children up to the age of 13 in the way it is framed. Then, yes, there would be a process to define how best to do that. Depending on how broad or narrow those parameters are, we would do that either based on age or based on weight, or there may be parameters that would apply to that whole group—from the age of 0 to 13—that may be applicable.

Again, it's something that we would work on through policy and then through regulations. Of course, all of that would be consulted on.

The Chair: Dr. Powlowski.

Mr. Marcus Powlowski: Is "prescribed" in the definition section of the Food and Drugs Act, or is that required? Is it automatic—to "prescribe" means by regulation?

Is it defined in the act?

The Chair: This is for Mr. Lee or Dr. Sharma. Who wants that one?

Go ahead, Mr. Lee.

Mr. David Lee: "Prescribe" is not prescribed in the sense that a prescriber would administer; it means by regulation. This is a food identified by regulation, and it's not defined in the act.

Mr. Marcus Powlowski: Is that in the definition section of the act, or is it automatically assumed that "prescribed" means by regulation?

Mr. David Lee: The use of "prescribed" before whatever it defines points to ones defined by regulation. It's a convention that you'll see throughout the act.

The Chair: Go ahead, Ms. Goodridge.

Mrs. Laila Goodridge: Effectively, by changing the word from "excess" to "prescribed", we are giving... Who will decide on which foods make that prescribed list? Is it something that is set out by the Governor in Council? Is it something that can be at the whim of any government, or is this something that Health Canada, perhaps, sets?

Mr. David Lee: This would be by Governor in Council. It would be a full regulatory package that would go through the usual process.

Mrs. Laila Goodridge: I'm curious on this point now. Would something like ground beef be considered to be prescribed in excess and therefore unable to be marketed to children?

Mr. David Lee: Again, I think the policy goes by nutrient, so it's really looking at which foods contain a certain nutrient at a certain level. That's really what the regulations will get at. The regulations will say the levels of the ingredients, and there are the three ingredients here: sodium, sugar and saturated fat. Those are the ones we'll assess and then put a level on.

Dr. Supriya Sharma: Perhaps I'll add that it would just be focused on the "advertising primarily directed at children" part of that. It wouldn't affect any of these products' abilities to be sold or to be advertised to adults or in a variety of other places. It's really very narrowly focused on advertising of certain products directed towards children.

The Chair: We have Mr. Davies and then Dr. Ellis.

Mr. Don Davies: Thanks.

I see the pros and cons of both. The original text speaks broadly of foods and beverages that contribute to excess sugar. What I like about that is that it's very broad. I suppose it would be difficult for advertisers to know precisely what that is.

The new text has the advantage of being certain. A person could go to the regulations, and they'll see exactly what is prescribed that they can't advertise, but it will be narrower.

I guess the proof is in the pudding. Whether this act is effective or not is going to depend on how comprehensive and accurate the prescribed list is. Can you give us any comfort as to how broad that list will be?

The second part of that question is this: Could there not be a bit of catch-up in that, as industry develops new products that are not on the prescribed list? Will this be an endless attempt by government to catch up to clever advertisers who come up with a new product, and then you have to amend the regulations? Is there any concern about that?

• (1245)

Mr. David Lee: On the first part, we can't anticipate what the Governor in Council will say yes to, but certainly the department has been looking into the policy to make sure we give effect to the important prohibition, basically, because that's what this refines.

To your point, there may be some changes, but again, we're trying to focus on the nutrients, so if the food contains a certain amount of something, that really triggers us to say that the prohibition applies, and that's what the regulations will do.

Dr. Supriya Sharma: I'll perhaps add that this is at the legislative level, so broad is good in one respect. Vague and subject to interpretation can often be a bit problematic, so again, it's excess to how we're defining what a children's diet is. That's why it gets a bit more complicated.

Absolutely, I think what we've seen is that, when you put measures in place, industry shifts to move around them, but having the flexibility to make those changes in regulations is certainly much easier than having it be something that's wired into legislation.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

I guess I'll direct this to Dr. Sharma and Mr. Lee.

Am I confused here, or is this going to try to create an exhaustive list of foods? Is milk going to be a part of this?

I see you shaking your heads.

If we're not making a list of prescribed foods, why do we need that in there? Why can't this simply be based on sugars, fat or sodium? I don't understand why "prescribed foods" needs to be in there. As I said, eggs can form an important part of the diet of children. As we know, cow's milk does.

I guess my concern would be that this is going to certainly capture some foods unfairly. It seem duplicitous to put "foods", and then talk about the levels of nutrients.

Could someone explain that to me, how that's going to work?

In this instance, to me it sounds like you're going to try to make a list of foods, and every sugary candy is going to be on this list. The chance of missing something is significant.

Mr. David Lee: What we're trying to get at here is not a list of foods. That would be very hard to enforce and keep up with.

It's really the level of nutrients that's going to be the first part of the policy discussion.

To your point, there may be some foods that can have a beneficial effect. That's what we need to see as the regulations go forward—I would turn to Dr. Sharma about that kind of discussion coming in—so that we're really focusing the advertising prohibition on the right set of foods.

We wouldn't be naming foods on a list. That's not the intention.

The Chair: Dr. Ellis.

Mr. Stephen Ellis: I'm sorry, Mr. Lee, but if we're saying that some foods might be good for children, which I think we can agree

upon, there's no way, in this particular piece of legislation, to capture those foods that might be good for children if they are over the recommended amount of fat, for instance.

You mentioned that briefly, but I don't understand how this legislation is going to capture those things that may be unduly prescribed to be on your list.

Mr. David Lee: If the design was just to say that these are the nutrients we're looking at and here are the levels, that might be true. Because we have "prescribed foods", that gives us some work to do in the regulations about foods that may not be attracted here, but also the levels.

Those, again, will be the main activities in the regulations.

Dr. Supriya Sharma: I'll just add, that's part of the need to clarify the language.

For example, in the proposed language, if it says something "contributes to" increased sugars, that could be almost anything that has sugar in it.

The idea of being able to prescribe them, as Mr. Lee has said, is not that it's going to be a list of chocolate bars and things like that, but it's to put it into categories. Those categories are informed by the nutrition science and what should be in that category. Even beyond those categories, if products are unnecessarily scoped in, there are processes to do exemptions as well.

It's challenging to have the debate without seeing the regulations or the policy developed. That's the notion of having legislation that's enabling and then having a regulatory process that defines those.

Again, it has to speak to the intent of the legislation and the regulations. What you're intending to do in this case is to stop the marketing of products that could potentially contribute to unhealthy lifestyles in children.

• (1250)

The Chair: Dr. Ellis.

Mr. Stephen Ellis: Thanks very much.

I guess part of it is that there's no definition that says there could possibly be exemptions to the list. That causes me to pause and to understand that maybe that needs to be better defined in the legislation, to say there is a process that's ongoing.

If we're going to talk about exemptions, then I think it really behooves the members of this committee to understand that there could possibly be exemptions to this and, if so, what the process for determining that is. Who's the arbiter thereof, to say there are exemptions? Is there going to be an opportunity for people such as the Dairy Farmers of Canada to make an application to the arbiters thereof?

I think the reason it's germane to bring this up and perhaps belabour something that seems to be small is that we all know that milk, historically, was a significant part of diets in school programs. We've seen that substance banned from certain schools, where it's said children shouldn't have it. However, we all know the protein in milk can form a very important part of a child's diet, even though the fat content may be a cause for concern—I don't know why the discontent or malcontent with milk came about.

I guess that is a modern-day example of what would give me pause. We know there are examples where this has occurred before. There's no mention of how to get an exemption and there's no mention of who the final arbiter and decision-maker is. To me, those are causes for concern.

Perhaps the legal experts will be able to say how we can better rectify that—or not.

The Chair: Is that one for the legislative counsel or for the officials?

Dr. Sharma or Mr. Lee can respond.

Mr. David Lee: In the act, there is a specific way to do exemptions. It's in paragraph 30(1)(j), which is our regulation-making powers. We can make an exemption, but that's always by regulation. The arbiter is always the Governor in Council on those.

With this language, I think it points to our also specifying in regulations which foods would be under the provisions. It wouldn't be a classic exemption, but it helps us sort through which foods would be appropriate.

Dr. Supriya Sharma: To add to that, that's the process that's been used for all the healthy eating strategy initiatives. Food labelling goes through that process. Front-of-pack labelling goes through that process.

Where there is a pathway to make those regulations, it's understood that there's then a pathway to potentially entertain exemptions from that, if that needs to happen.

The Chair: Dr. Powlowski, the floor is yours.

Mr. Marcus Powlowski: I think my question might get to the same source of confusion.

The legislation is the bones. The meat—the specifics—is in the regulations. However, here, within these amendments, there's no reference to the power of the minister to make certain regulations. That's in the Food and Drugs Act itself. Do you have that section? That may clarify some of these things.

The minister, in the act, has the power to make regulations with respect to paragraphs 30(1)(a), (b), (c), (d) and (e), and that's what they're going to use in making these regulations to fill in the substance of this act.

Do you have those sections to tell us what the minister may regulate, or is it a vast, long list?

The Chair: It's over to you, Mr. Lee and Dr. Sharma.

Mr. David Lee: There are several regulation-making powers in the act. Some of them are given to the minister, but it's usually for things like emergencies.

There's a list of Governor in Council regulations in section 30 of the act. That lists pretty exhaustively what the minister can prompt to make regulations about through the process of the Governor in Council.

The exemption power, as I mentioned, is in the Governor in Council. It's not something that the minister has the power to do. The minister can prompt that by making a proposal to the Governor in Council.

• (1255)

The Chair: On the speakers list, we have Ms. Goodridge next, and then Dr. Kitchen and Mr. Davies.

Go ahead, Ms. Goodridge, please.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I think that this has opened as many questions as it's answered.

I don't think this is the right time to do this, but I'd like to bring forward an amendment to have exclusions directly clarified, so that single-item food products could be excluded, like eggs or milk. Some of our produce could very clearly be excluded right off the hop, because I think that would clarify some things for our agricultural producers, which produce some of the best agriculture in the world right here. They direct to children.

It is healthy and it is important to signal that it's "all things in moderation". I go back to what my grandma used to always tell us. Things in moderation are important. If you feed your child all eggs, that's not healthy. If you feed them all milk, that's not healthy. Eggs and milk contribute to a healthy diet for many children.

I think that's a piece. I'm sure the legal counsel is saying that it's not an appropriate time to bring forward this amendment.

I'm wondering if you could clarify whether something like that would be appropriate in this section of the bill.

The Chair: Ms. Goodridge, you've made reference to a further amendment. The debate is presently on an amendment.

It's abundantly clear that we're not going to get all of the way through clause-by-clause today. I might suggest that after today's meeting and before the continuation, you could consult with the legislative counsel to get the wording, details and all of the legalities of what should come forward to encapsulate what you want to do. That's probably the most efficient way to proceed.

With that friendly suggestion, do you still have a question that you want answered?

Mrs. Laila Goodridge: Well, I guess it still stands as to whether this is the right section to put in an exclusion such as that.

Mr. David Lee: It's a little hard to comment in the abstract, but I point to the exemption power already in place in the Food and Drugs Act, so you wouldn't need to duplicate that. That's available across the act.

Having said that, I think the intent of being able to prescribe foods points to a regulatory discussion about what's included and what's not included.

The Chair: Go ahead, Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Again, as we go into it more, I'm getting more and more confused. I hate to say that, but the conversation of "prescribed" is there, and who's making that prescription aspect? I think part of my thoughts may be solved by what Dr. Powlowski suggested. If you can provide for us those parameters, because we're not going to get through this today, we could at least have a chance to review that and understand that a lot better.

There are obviously concerns in the sense that I get this is on advertising, and it's dealing and looking at advertising as we look at it, but my colleagues have mentioned our milk products and what great value they are for our youth, for bone structure from the multiple vitamins that are provided by it. Then we look historically. We've seen butter, which at one point was said to be bad, and now we're realizing that science is saying that's not the case anymore, and everyone has jumped from margarine to butter.

Perhaps some of those industries might want to advertise for youth. I just want to make certain that they aren't being restricted in that manner. I think that if we can maybe get that provided, it would be of assistance to us.

Dr. Supriya Sharma: Certainly we can do that, and the intent is not to confuse anyone through the process, but obviously in clause-by-clause the details can be re-detailed.

What we're saying is that the proposal is to put something in at the level of legislation that's enabling the restriction of the marketing of certain products to children. There are already provisions at the level of the act to make exemptions. All of those would be defined by the Governor in Council through the regulation-making process.

What is in and what might be out, what the parameters are and how things are defined are all operational questions. Again, there's a very well-defined process for regulation-making, as we all know, that involves all of the considerations to make sure not only that you can have the health rationale for this, but also that there is a cost-benefit analysis done, and we look at intended and unintended consequences. There has to be a very rigorous and fulsome consultation process that's open to everyone, so the guardrails are up on that in that process, but certainly, if there's a desire to have parts of the act support the development of the exemptions, we can provide that.

• (1300)

The Chair: We have Mr. Davies and then Mr. Thériault.

Mr. Don Davies: Thank you, Mr. Chair.

I'm having a bit of difficulty over exemptions, because of the wording. It says that the proposed text would be:

Subject to the regulations, no person shall advertise prescribed foods that contain more than....

Everything is going to be allowed, except what is prescribed not to be. I'll just put that out there. I'm not quite sure what exemption we meet other than when it comes to exemptions to the definition of advertising.

In terms of the foods, there should be no exemptions, because we're going to be listing a positive list. I'm envisioning a schedule of prescribed foods that you can't advertise. If it's not on the list, you can advertise it.

My question really is to help us understand what the prescribed foods would be. You've made an indication like we're not going to have KitKat or Coca-Cola, etc. Can you give us an example? You must have some idea. What will we see on this list, when we say "prescribed foods"? I think you've said, Dr. Sharma, that they are categories, so give us a flavour of what that list may look like.

Dr. Supriya Sharma: Again, obviously a policy would have to be developed and the regulations would have to be developed, but, as an example, it's something that we use in front-of-pack labelling. We define what "high in" is for products, and there's a percentage of those nutrients in those products. Again, we want to take a look at it to make sure that whatever those categories might be, they are appropriate for children, because this is focused specifically on children.

Again, it's the advertising, so butter is an example. I'm not sure how many butter advertisements directed specifically at kids there might be, but if there is, for some reason, a product that's captured in that and there's a case to be made for why that should not be included, there are provisions for exemptions.

Mr. Don Davies: Perhaps I could fill it in a bit. Are we talking about "prescribed foods that contain more than the prescribed level of sugar"? It said "prescribed" twice—"prescribed foods that contain more than the prescribed level". Or, are we talking about foods that contain more than the prescribed level of sugars?

In the latter you don't need to have the "prescribed foods". You're just going to be setting levels—no food that contains more than "blank" amount of sodium, or whatever, shall be advertised for children. In this case the "prescribed" is said twice. You have a list of foods and the amount of prescribed....

Again, I want to know what's in your mind when we say what kinds of foods will be prescribed. It's not just the constituents; it's both.

Mr. David Lee: Yes, that's correct. It's a double "prescribe", and that's intentional. "Prescribed" ingredients means we go to the levels, and the regulations can do that now. That's the operation of that word.

In terms of foods, it's exactly what Dr. Sharma just said. The policy envisages that it would not be appropriate for all foods to fall under this policy. It invites the Governor in Council, when we make regulations, to study which those are, but it entitles the Governor in Council to make those regulations.

Mr. Don Davies: I see it now. There could be foods that would otherwise exceed the prescribed levels of sugars or saturated fats that the government chooses not to list, because of some of the reasons referred to by my colleagues.

I understand. Thank you.

• (1305)

[Translation]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: Mr. Chair, I thought I had understood. I wanted to ask the same questions as Mr. Davies, but now I believe I didn't understand at all.

Voices: Oh, oh!

Mr. Luc Thériault: The legislature's greatest fear is that regulations never be subject to its review.

I've been listening very carefully to witnesses. I understand very well that we want to prevent advertising that would have a negative impact on children's eating habits. I get that. That said, I would have liked some examples, but none were given. I think there should be examples.

You use the word "foods", but to us, foods are not a component. You use the word "regulatory" twice. The first time I read it, what I understood was that foods that are allowed on the market will not be prohibited, but those exceeding the level defined by the regulations will not be allowed in advertising to children. That was my initial understanding. However, after hearing your explanation, I no longer understand what I thought was simple to understand.

You introduced a list of nutrients that would be part of a regulation. In addition to the list of nutrients that, depending on the regulation, would be acceptable or not, these would have levels that would need to be regulated. In other words, I'm being asked to really go in blind in my role as legislator. I wouldn't want to face the foods that end up there.

For example, in Quebec, there was a milk commercial aimed at kids. I guess the consumer protection agency got no complaints about it. That's how the system works in Quebec: You need to file a complaint. Under Bill C-252, things would not work that way, which would be a step forward compared to our system in Quebec.

Be that as it may, at one point, we had a milk commercial aimed at children. Are you telling me that a commercial like that would not be allowed?

Give us some concrete examples so we can relate. You're being too theoretical, too abstract right now. Reassure the legislators a little bit.

I, for one, was very satisfied with the original wording. Why isn't the government satisfied with that wording and why are they now introducing this amendment, among others?

I'd like to understand that first. Then you could try to answer my questions, if they were clear.

We're trying to figure this out.

[English]

Mr. David Lee: First of all, on the issues with the current wording, we're concerned about being able to enforce it with wording around children's diets, for example, that will be hard for us to understand. There's a lot of interpretative room in there. That was some of the original concern.

In terms of the way the prohibition will work as we add regulations, there are clear categories we have talked about in public, like salty snacks and sugary drinks. There will be very broad categories whereby the whole intent of the policy is that you're not trying to get children to tell their parents to buy these. Those would be laid out.

It may be that there are some exceptional foods that we don't consider suitable for the policy. From broad categories, we do have quite a bit of definition around the main foods we want to target.

[Translation]

Mr. Luc Thériault: Do you have any examples?

[English]

Mr. David Lee: Salty snacks and sweet candies all tend to be high in sugar or sodium. We'll go by the ingredient, but we can also see the categories that we are really concerned about.

[Translation]

Mr. Luc Thériault: Wouldn't those foods, for example, be a problem?

[English]

Mr. David Lee: I would offer those as examples.

[Translation]

Mr. Luc Thériault: Let's consider a food in which one of the three components, saturated fat, sodium or sugar, exceeds the established level, but there's an acceptable level of the others. Would that food be prohibited?

• (1310)

[English]

Mr. David Lee: Potato snacks for children with a high amount of salt may be a very strong example. There are many examples of those.

[Translation]

Mr. Luc Thériault: Okay.

[English]

Dr. Supriya Sharma: An example would be where you would have a very small quantity of something. Let's say if you have a type of jam, it might actually be high in natural sugars, but you have only a very small portion of that. You normally don't eat a tub of jam. That might be something.... That's just an example.

The idea is that you would be able to define what the product categories are and what the levels are. Certainly, with nutritional science changing, those also change. As science develops.... If you put something in at the level of the act that says “high in”, what that “high in” is would have to be defined at the level of the act.

This enables us to make regulations to define what those products are for advertising directly to children.

The idea is not to have a whole series of exemptions. The idea is to have categories of foods and then levels of nutrients that this would apply to across the board. An exception would just be an exception. It would be a rare instance where there is something you would have to exclude from the prohibition.

[*Translation*]

Mr. Luc Thériault: What about a snack size yogurt, for example? Would you consider yogurt with 15 to 18 grams of sugar acceptable or not?

[*English*]

Dr. Supriya Sharma: Yogurt is an excellent example of exactly this. When you go into the grocery store, half an entire aisle is yogurt. Some of those might be suitable to be part of a child's regular diet. Some of them may be very high in fat and very high in sugars as well, so maybe they would not be.

Again, it's not to identify one product; it's to put categories in place. The categories are not things that couldn't be sold, but those that shouldn't be directed at children. What we're trying to get at is preventing children from being susceptible to marketing where they would then ask for, demand or look for these specific products that could potentially, on their face, look healthy, but when you actually look at the nutrition label, are not healthy for them.

[*Translation*]

Mr. Luc Thériault: So the most important thing is to establish the acceptable level. Once that level is set, I would imagine that we have products that would not exceed it. In any case, that's what I would do if I were producing them. I imagine that businesses will then offer more acceptably healthy products if they want to be able to market them through advertising.

I understand the argument and the benefit of that.

We are moving forward.

Thank you.

[*English*]

The Chair: I believe Dr. Ellis has a motion.

Mr. Stephen Ellis: No, I don't.

Mrs. Laila Goodridge: Move to adjourn.

The Chair: Dr. Powlowski.

Mr. Don Davies: Mr. Chair, I have a point of order.

Mr. Marcus Powlowski: If I'm understanding this correctly, the two prescribed...so I would have thought an example of—

The Chair: Give us just a second, Dr. Powlowski.

Do you have a point of order, Mr. Davies?

Mr. Don Davies: I'm sorry. I didn't mean to interrupt, Dr. Powlowski.

It's just a point of order. It's 1:15 and the meeting is supposed to end at 1:00 p.m. I don't know about other people, but I have appointments. How long is this meeting going to go? We're clearly not going to finish—

The Chair: It's going to go until somebody moves adjournment.

Dr. Powlowski has the floor.

Mr. Marcus Powlowski: I'll make my point quickly. I think an example of foods that might exceed the prescribed levels of sugars, but which you may not want to make prescribed foods, are apples or mangos. They probably have a lot of sugar in them that is over a prescribed level. On the other hand, you're not going to ban the advertising of apples or mangos.

Dr. Supriya Sharma: Absolutely. The first part of the “prescribed” also allows for that. If you wanted to define “processed foods” or “whole foods” or other categories of foods up front and then look at nutrient levels, it gives the flexibility to do that as well. That's a very good example.

The Chair: Dr. Powlowski, do you have a motion?

• (1315)

Mr. Marcus Powlowski: It's a motion to adjourn.

The Chair: Is it the will of the committee to adjourn the meeting?

(Motion agreed to)

The Chair: We're adjourned.

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