House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 045 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, June 2, 2005

Chair

Ms. Bonnie Brown

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● (1105)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen. It is my pleasure to welcome you to the 45th meeting of the Standing Committee on Health.

We have our committee meeting divided into two sections today. We have a set of motions to deal with first, and then we have from Health Canada a report on fetal alcohol spectrum disorder. We'll begin with the first motion, which was submitted by Mr. Ménard and is on the subject of prescription drugs.

Mr. Ménard, would you like to introduce your motion, explain it, and then move it?

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Yes, Madam Chair, because as you and other committee members surely know, the American Congress might pass, between the month of June and the end of summer, a bill that will allow Americans to buy drugs in Canada. The bill does not only affect Canada; it also affects Europe, Australia and New Zealand. What is specific to Canada is the fact that as soon as it is enacted, nine months later, Americans would buy drugs here in Canada.

The pharmaceutical industry is very worried. I know that the minister has been working on this issue for a few months and I even believe that he expects to go to cabinet with this soon. I have no doubt that they are working on a strategy, but given the urgency of the matter, it seems to me that it would be helpful to the minister—and I believe it is our duty as parliamentarians—if we could make suggestions to him, give him some guidance and let him know what is the perception of the Standing Committee on Health.

I know that we do not have a lot of time, but we still could hear some 15 witnesses. I am thinking of pharmacists, physicians, representatives of brand name drug and generic drug makers, all those who already have an opinion on the matter. We could have three or four sittings and hear five witnesses per sitting. This is a real emergency.

If Americans start to buy their drugs here, all sorts of questions will be raised for which we do not have any answer right now. For example, representatives of the industry were telling me that the price of a given drug in Canada will not necessarily be the same if it is being sold in the United States. What do we do in such a situation?

I believe that this situation is quite urgent. I will leave it at that, Madam Chair. I know that our colleagues from the Conservative Party of Canada have tabled a motion requesting that it be prohibited. However, I believe that it is more complicated than that and that we should hear witnesses. I hope, Madam Chair, that I will have the support of my colleagues from the government majority and I do not despair about having the support of Conservatives. I of course can count on the support and the friendship of my friends the neobolcheviks.

[*English*]

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Yes.

The Chair: And you're moving it?

[*Translation*]

Mr. Réal Ménard: Yes.

[*English*]

The Chair: Are there any comments?

Mr. Thibault.

[*Translation*]

Hon. Robert Thibault (West Nova, Lib.): Madam Chair, could you tell members of the committee, in case we were to pass Mr. Ménard's motion, whether our schedule will allow us to hold these three or four meetings?

Mr. Réal Ménard: It remains to see how we could organize our schedule to hear some 15 witnesses, but I believe that this number would be sufficient for us to give specific indications to the minister. Would we sit one entire day? Would we hold three meetings? There are some technical issues to be considered.

[*English*]

The Chair: I am not dismayed by any part of this motion except these two phrases: “before any other business, undertake a study....”

When the minister came to speak to us in October or November about this, it seemed to me that the officials were undertaking a study and developing a plan. If in fact they have a plan, I don't know why we would undertake a concurrent study. Mr. Ménard has suggested that the minister is ready to move on this. I wonder if we should hear from the minister first, because if he has a plan he's ready to execute, why would we have 15 or 20 witnesses? I don't understand that.

[*Translation*]

Mr. Réal Ménard: Yes.

[*English*]

We start with the minister.

Mr. Rob Merrifield (Yellowhead, CPC): I would agree with the chair that the last time the department was here, if you remember that interesting meeting, they gave us three proposals that would all actually destroy the Internet pharmacy. We sent them back and said, listen, come back with some options that would be a little more comprehensive than those and would give this committee some leeway. I would agree that we were waiting to hear on those, as well as to pick up the continuation of our study on Internet pharmacies, which is just not appropriate to have completed by June 15.

So I believe my motion would address what we've seen so far in testimony from all sides and would deal with the bill that's coming down in the United States. We've talked to or heard witnesses from all of the Internet pharmaceutical companies, all of whom agree that this would be the appropriate thing to do on both sides of the border.

While I think the concern of Mr. Ménard is right, that we need to do something with urgency because of what's happening with the bill in the United States, the appropriate way to deal with it would be my motion. That's why I would have a hard time with this one, not that I disagree with the concept of it, but I disagree that we can undertake to complete a comprehensive study by June 15. If we're dealing with Internet pharmacies, that's a bigger issue than just bulk sales—and bulk sales will be the most damaging part of the piece of legislation coming in the United States.

● (1110)

The Chair: Thank you.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): I think it's important that we separate the Internet pharmacy issue from the bulk export issue. You may recall that this committee passed a motion asking the minister that before he made any decisions, the committee could look at the Internet pharmacy issue. However, the bulk export of drugs I think is an entirely different issue. I think there would be very strong support from all parties not to allow that to occur; I made statements in the House to that effect.

My concerns with Mr. Ménard's motion are all the aforementioned reasons, though I'm very sympathetic to what he's trying to do. Also, I'm just the rookie MP here, but it's been my experience that nothing around here happens quickly, and to have something like this done in two weeks seems profoundly optimistic.

Some hon. members: Oh, oh!

Mr. Steven Fletcher: Taking a more realistic point of view of our options, it would be better to support the following motion, Mr. Merrifield's motion, which addresses everyone's concerns in a timely manner. I would not support this one, but would support Mr. Merrifield's motion.

The Chair: In anticipation of these two motions, I asked the clerk at our organizational meeting on Tuesday to make inquiries as to whether the minister or his officials could come next week to explain to us where they're at on all of this. We gave them suggestions, etc., and it would seem to me that with both of these motions looming over their heads, they might be a little more forthright in explaining to us exactly what they're planning to do—which may incorporate everything being suggested in both motions. We don't have confirmation yet, but the invitation has gone out, and I'm hoping that we will hear something by the end of the day.

[*Translation*]

Mr. Réal Ménard: Madam Chair, let there be no misunderstanding. If the minister and his officials were to appear and told us that a bill was ready, that their strategy was established and that everything was to be tabled by the end of this session, I would withdraw my motion. I wish that there be no breakdown of supply in Canada and that there be no inflationary effect on prices. From what I understand, the minister—I know that it is not out of bad faith—is now working on a memorandum to cabinet. This means that the government has not completely made up its mind on this complex issue.

Unfortunately, the conservative motion does not say anything. It is all very well to ban the export of prescription drugs, but this does not mean anything. How would we do this? Are we withdrawing licences, are we introducing quotas? The conservative motion is not saying anything. It is merely expressing a wish. Once we adopt it, we will not have achieved anything. The minister does not have any tools. If we pass the conservative motion, we are expressing a general wish that does not give any tool to the government. I believe that it is not a good way to go about it. I do not mean that we must necessarily undertake a comprehensive study.

On the other hand, the House of Commons will not adjourn before June 17, because the government wants to pass, before the adjournment, Bill C-38 on same sex marriage, which pleases the Conservative Party of Canada to no end. The committee chair must report on this on June 17. Therefore, it is certain that the House of Commons will not adjourn before June 17. We potentially have three weeks left and we could hold two or three meetings per week, hearing five witnesses per meeting. Nothing prevents us from presenting to the minister a five-page report, telling him that the best way to go about it is A or B.

Now, if a plan does exist and if the minister and his officials tell us next week that they have made up their mind, that they will table a legislation and that they will propose a given solution, that's all for the best. However, I do not believe that this is the solution. This whole issue is much more complex that what the conservatives are telling us. I believe that our duty is to obtain more information and the conservative motion does not settle anything. It merely expresses a wish.

[*English*]

The Chair: Yes. I don't want to see these motions in competition, because they are different subjects, as Mr. Fletcher has pointed out.

I'm quite aware of what I call the energy level of parliamentarians at this time of the year. As I say, the only thing that concerns me about this is that before any other business we undertake a study, which Mr. Ménard has suggested would be three or four meetings with about 15 to 20 witnesses. I'm just wondering if there's enthusiasm around the table for that idea, or whether it might already be taken care of.

Mr. Thibault, go ahead, please.

● (1115)

[*Translation*]

Hon. Robert Thibault: I would like to give an answer to Mr. Ménard. The normal process, when a minister wants to introduce a legislation in Parliament, is that the minister must first present a memorandum to cabinet.

Mr. Réal Ménard: That's correct.

Hon. Robert Thibault: Such a memorandum would include various options, their cost and various issues. One cannot say that we are not moving forward because the minister is consulting his colleagues before introducing a legislation. I cannot speak on behalf of the minister, but I have had a brief discussion with him yesterday. I believe that he intends to act and that he has no objection to either one of these motions, given that he wishes exactly the same as is being expressed in Mr. Merrifield's motion.

We can all agree on the idea of hearing witnesses on these issues, not only in a general sense, but also by the calling of witnesses. However, we will have to take into consideration, as the Chair as said, the time that we have at our disposal and the usefulness of doing so. Given that it is possible that the minister will come forward and indicate what his action plan is and how he intends to proceed when he makes his presentation to cabinet, perhaps we could put aside these two motions until the minister appears before the committee. We should reflect on the necessity for us to proceed before that, because if the minister introduces a legislation, we will probably want to hear witnesses on the legislation.

Mr. Réal Ménard: Do you believe that we could do so by the end of this session?

Hon. Robert Thibault: Yes.

[*English*]

The Chair: Mr. Merrifield, go ahead, please.

Mr. Rob Merrifield: In addition to what Mr. Thibault just said, we as a committee asked the minister not to proceed with dealing with Internet pharmacy until we had, after a comprehensive study, actually issued a report giving him some direction. I don't know if you remember that motion that was made here.

The urgency of this one is to deal with a piece of legislation coming down in the United States. I think the committee needs to signal to the minister to act in the best interest of Canadians in light of what is coming at us. Mr. Ménard is suggesting that mine's not comprehensive enough in showing the actual vehicle. I don't think that's necessarily the big issue. The big issue is that we want the bulk sales of pharmaceuticals going into the United States curtailed.

However, and with whichever vehicle the department and the minister choose to use, I think we should leave some flexibility in, because I don't think as a committee we have the expertise in this or know which vehicle should be used. That's why I think it's appropriate for this committee to urge the government to act on this, and to give a signal to the minister, in light of the legislation that's coming down.

I think mine is asking for definitive action. The only thing I'd add to mine is to suggest that it be reported to the House so that it's not just a motion. We can report the motion to the House and give the signal to the House that with regard to pharmaceuticals we're dealing in the best interests of Canadians.

The Chair: I'm wondering if Mr. Ménard might consider changing the words “undertake a study” and leave that for a possible motion for next week, which he would submit, and instead change it to “invite the minister to come and explain the measures he feels he must take to ensure”, etc. And then when we get that update we would consider a second motion that we undertake a study.

[*Translation*]

Mr. Réal Ménard: Okay.

[*English*]

The Chair: You would agree with that?

[*Translation*]

Mr. Réal Ménard: Yes.

[*English*]

The Chair: How wonderful.

[*Translation*]

Mr. Réal Ménard: But, Madam Chair, the minister must come next week. Is it realistic?

[*English*]

The Chair: Yes, this being Thursday.

I think the invitation went lateTuesday or Wednesday.

The Clerk of the Committee (Mrs. Carmen DePape): Tuesday afternoon.

The Chair: Tuesday afternoon.

So I'll put pressure to make sure we can get him next week. Not that I have any power, but I'll try.

Hon. Robert Thibault: Kidnap him.

The Chair: Yes. I'll expect Mr. Thibault to make sure it happens.

With that amendment, people, a friendly amendment, that the mover has agreed to, this now reads: “before any other business, invite the minister to come and explain the measures that he feels he must take to ensure that reserves of prescription drugs...” etc.

If we support that motion, we're also making a little bit of a moral commitment to Mr. Ménard that if we're not satisfied with that explanation, we will come back to this idea of doing a study. Is that agreed upon?

[*Translation*]

Mr. Réal Ménard: Yes.

[*English*]

The Chair: I see.

Mr. Steven Fletcher: Madam Chair, if the minister does come to the committee, please let him know that the meeting is being recorded.

The Chair: All ready for the vote?

Mr. Rob Merrifield: No, actually, there's another. Maybe it's a small issue, but if you're going to isolate the Quebec health system, it should be the other provincial health systems, as well. That's referenced here a couple of times. And if we're going to be fair on this, it's a shared responsibility.

● (1120)

The Chair: Yes, it's provincial.

Mr. Rob Merrifield: Provincial systems, yes.

The Chair: We could say, "the federal and provincial health systems".

Mr. Rob Merrifield: That's right.

[*Translation*]

Mr. Réal Ménard: No, Madam Chair, because "provincial" comes from Latin and means "conquered" and we are not a conquered people. So Quebec should never be referred to in terms of "provincial". We are a nation and Albertans are not, whatever Mr. Merrifield may say about it.

[*English*]

Quebec is a nation.

The Chair: So are you making a—

Hon. Robert Thibault: Acadie is a nation, too, but we're not—

Mr. Réal Ménard: Acadie is a nation, but they don't want to have a separate country.

Mr. Rob Merrifield: That's right.

The Chair: No, they want to know that the Alberta health system has the same equivalency as the Quebec health system. I wonder if we could say "the central and the unit health systems".

Hon. Robert Thibault: My Quebec includes Canada—just "Canada".

Mr. Rob Merrifield: Just "Canada".

Mr. Réal Ménard: You have my motion.

The Chair: The question is whether you're going to indulge Mr. Ménard and let it say Canadian and—

Some hon. members: No, absolutely not.

The Chair: Okay, then somebody has to make an amendment.

Mr. Rob Merrifield: Or defeat it.

Hon. Robert Thibault: I move that we strike the words "and Quebec".

The Chair: Why don't we say "the integrity of our health systems", plural.

[*Translation*]

Mr. Réal Ménard: I agree with "our health systems". There is not only one health system, there are several. And Quebeckers are a nation.

[*English*]

The Chair: I'm looking for a job in the diplomatic corps, people.

[*Translation*]

Mr. Réal Ménard: Quebeckers are a nation. They do not want to admit that Quebec is a nation.

[*English*]

The Chair: No, we have a set of health systems in the country and we're just talking about them in general.

Mr. Steven Fletcher: On principle, with all due respect to my separatist colleagues, Quebec is part of Canada, and we should not shrug away from that one iota.

The Chair: Let me caution you, Mr. Fletcher, the mover has agreed to an amendment that just talks about the integrity of our health systems, and I don't think you want to go down the path of having a national unity debate at this point, when we're on the verge of passing a motion.

Mr. Merrifield.

Mr. Rob Merrifield: I can live with "the health systems", because that addresses the Quebec thing, but I can't live with "Canadian and Quebec patients", at the very end.

The Chair: "Our patients", yes.

Mr. Rob Merrifield: So if you're going to—

[*Translation*]

Mr. Réal Ménard: All patients. Madam Chair, I believe that we are in agreement in that we want the minister to appear. In any case, I do not believe that conservatives are in a good position to comment on what's going on in Quebec. Let's not get into these fine distinctions. They have 12 per cent support in Quebec.

[*English*]

The Chair: Enough already.

The researchers are suggesting we have to do something about "patients", as well. So we can just say "our patients" or "their patients", whatever's correct.

A voice: "For patients".

The Chair: "For patients", period.

Are we all ready for the vote?

Mr. Rob Merrifield: Is your motion to get rid of "patients" as well?

Hon. Robert Thibault: No, we're getting rid of "Quebec".

Mr. Rob Merrifield: No "Quebec". Yes.

The Chair: All those in favour?

Mr. Rob Merrifield: And this is on the amendment as amended, right?

The Chair: No, the amendments were all friendly and the mover agreed, so this is on the main motion.

All those in favour of the main motion as changed?

(Motion agreed to) [See *Minutes of Proceedings*]

The Chair: Thank you very much.

Now we come to the second motion, by Mr. Merrifield.

Mr. Merrifield, would you like to introduce it, explain it, and move it?

Mr. Rob Merrifield: I think it's been explained fairly well, but I will introduce it. It says:

> Whereas the U.S. Congress might adopt legislation within weeks to legalize bulk imports of prescription drugs from Canada; therefore, be it resolved that this Committee urges the government to immediately ban bulk exports of prescription drugs not produced in Canada.

I'll see a friendly amendment to this just to explain with....

The Chair: With the exception....

The Clerk: It's on the new version.

Mr. Rob Merrifield: Have you got it there?

The Chair: Okay, this is the new version.

● (1125)

Mr. Rob Merrifield: I move that "for export purposes" should be added to that motion and that it be reported to the House.

The Chair: Is there discussion on this?

As I see no hands, I assume no one has a problem with this.

(Motion agreed to) [See *Minutes of Proceedings*]

The Chair: The third motion is by Madame Demers. I'll ask her to introduce it, explain it, and move it. Then we'll have comments.

Madame Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Two weeks ago, after introducing another motion whose purpose was to ask Health Canada to remit to us the transcripts, I had the opportunity of talking with people from the Canadian Women's Health Network, from Option consommateurs and a number of other women groups. I was told that between 1999 and 2002, in spite of the moratorium prohibiting surgeons to use silicone gel-filled breast prostheses, 1,350 women had had this operation, even though it was neither an emergency nor a requirement in terms of health.

Even though it was discovered previously that 47 per cent of prostheses made by the Mentor Corporation were defective, the FDA agreed to grant a licence to that organization. I find that very worrying in terms of women's health, be they Canadians or Quebeckers. I would really like the committee to request that the moratorium be maintained, at least until we have had the opportunity to hold some consultations here, in the Standing Committee on Health. A public meeting is to be held around June 17. As you know, we will thereafter go on leave for the summer. I would be remiss if licences were to be granted while we are away.

After the moratorium was put in place in 1992, Health Canada was supposed to undertake two studies. We never heard about them. I don't know whatever happened to them. I would like this committee to obtain these studies, as well as all those that have been made on the subject. That is the purpose of my motion, Madam Chair.

[*English*]

The Chair: Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: Madam Chair, I do not disagree with the intent of this motion, but I have several reservations about the wording of it.

First, it must be understood that there is no moratorium in Canada. The product has been voluntarily withdrawn from the market. According to the notes that were provided to me—I regret that they are in English only—the situation is the following:

[*English*]

> —There is currently no regulatory moratorium on silicone-gel-filled breast implants. Based on safety concerns, silicone-gel-filled breast implants were voluntarily withdrawn from the market by the manufacturers in January 1992.
>
> —Silicone-gel-filled breast implants have not received medical device licences for general sale in Canada.
>
> —These products can be authorized for sale through the Special Access Programme in accordance with Part 2 of the *Medical Devices Regulations*.

[*Translation*]

Ms. Demers alluded to this.

[*English*]

> —Health Canada is currently reviewing general marketing applications for silicone-gel-filled breast implants from two manufacturers, Mentor Corporation and Inamed Corporation.
>
> —To support the review process, Health Canada is planning to hold a public forum to obtain input from Canadians with regard to specific questions. This is in keeping with our commitment to an open and transparent regulatory review process for therapeutic products. Silicone-gel-filled breast implants are available in the U.S. in an open clinical study, a process similar to the provisions of the Special Access Programme.
>
> —Silicone-gel-filled breast implants are sold openly without restrictions in most other countries in the world. Canada and the United States are two exceptions.
>
> Health Canada currently is not conducting any studies on silicone-gel-filled prosthesis. It has, however, recently completed a study of cancer incidence in women with silicone-gel breast implants. The study is currently under peer review for publication in a peer-reviewed scientific journal. As the study has not yet been accepted for publication, it would not be appropriate to release it at this time.

[*Translation*]

As soon as the study is ready for publication, it will be made public.

[*English*]

> It is recommended that the Standing Committee on Health await the anticipated publication of the data in the coming months when it will be widely available to both the general public and the scientific community-at-large. Health Canada would gladly provide the information to the committee at that time.

[*Translation*]

The motion has some problems as to the form. However, if I understand the member's intention, she would like the minister to abstain from making any final decision before this committee is consulted in some way or other.

● (1130)

Ms. Nicole Demers: Thank you, Mr. Thibault. We really want to prevent the granting of licences to companies that make silicone gel-filled prostheses. I was really under the impression that there was a moratorium. In fact, all documents that I have read talk about a moratorium in 1992, both in Canada and in the United States. Perhaps our information does not come from the same source.

In spite of the moratorium, some surgeons take advantage of the fact that under the act, they can use these implants in specific circumstances. That worries me enormously. I want to prevent the granting of licences. We must undertake a study. Health Canada was supposed to make one as soon as 1996, but nothing has been done. You have confirmed that to me yourself.

Hon. Robert Thibault: The study dealt with cancer.

[*English*]

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: This is a problem we've been concerned about for a number of years. I had a question on the order paper about what happened to that study. I think it was initiated in 1996 and promised by 2000. Where is it, and why is it not here?

I would like to make a friendly amendment: that instead of referring vaguely to the studies, we ask for that study and include in your second bullet, after ten years, "including the Breast Implant Cohort Study, launched in 1996 and promised by the end of 2000." If you'd see that as a friendly amendment, I could live with it.

The Chair: That study only is about cancer, and there are lots of other—

Mr. Rob Merrifield: It's a breast implant study.

The Chair: It's about everything?

[*Translation*]

Ms. Nicole Demers: Yes, Madam Chair.

[*English*]

The Chair: Okay, I'm sorry.

Mr. Rob Merrifield: I believe it was the "Breast Implant Cohort Study".

The problem I have with the first bullet is that I feel uneasy, being on a health committee, making a determination on the risk of these products. I'm uncomfortable with the first bullet and have difficulty supporting it. I would like to see the study and get that information. It hasn't been forthcoming and I don't know why.

Hon. Robert Thibault: May I answer?

The Chair: Go ahead.

Hon. Robert Thibault: I believe you're referring to the study on cancer. As I mentioned, it's now under peer review for publication. It should be done in the coming months. As soon as it's done, it will be made available to the general public and the committee.

Mr. Rob Merrifield: It was promised in 2000.

Hon. Robert Thibault: I don't know about that.

Mr. Rob Merrifield: That's a long way back.

Hon. Robert Thibault: I don't know. I don't have the information to answer that. I don't know if it's the same one or not, but I know that the one on cancer is under peer review right now.

We'll have that information. Health Canada has already agreed to provide all the information from the EAP and the public forums to the committee. It's going to be posted on the website anyway, so all that information will be there.

I only wanted to say that I agree with Mr. Merrifield on the question of the first bullet. The first bullet supposes that if it was a moratorium, the committee would have to agree to the lifting of the moratorium. If it was licensing, it would be on licensing. We don't have that expertise.

There is a process in place to decide those things, and we're informed additionally by the public and the expert advisory panel. So I'm a little concerned about that first bullet.

The Chair: Mrs. Crowder.

Ms. Jean Crowder: Thank you.

I'd like to propose a friendly amendment. I think the big concern is that many Canadian women don't want to see any expansion whatsoever until we have a better understanding of the issues. So I'd like to propose a friendly amendment that we ask the minister to refrain from making any decisions about licensing until the committee has had an opportunity to examine all of the information.

Hon. Robert Thibault: Madam Chair, could I ask a question for clarification?

The Chair: Yes.

Hon. Robert Thibault: For all the information, would you be referring to the study I referred to, as well as the results of the public inquiry and the export advisory process that the minister has agreed to provide to the committee?

Ms. Jean Crowder: Yes. I think the committee would also like to ask the researchers, as would I, to take a look at any other studies that may have been conducted by Health Canada or other organizations in Canada over the past ten years so that we have a full range of information before us.

● (1135)

Mr. Rob Merrifield: I have a question on that, Madam Chair.

The Chair: The committee would ask the minister to refrain from making a decision on this issue until we've had a chance to review it. Is that the idea?

Ms. Jean Crowder: Yes.

The Chair: Okay.

Go ahead, Mr. Merrifield.

Mr. Rob Merrifield: Can you read that again?

The Chair: The committee would ask the minister to refrain from making a decision on these applications until we've had a chance to examine them.

Mr. Rob Merrifield: Are we asking the minister to maintain the status quo?

The Chair: It is supposedly a voluntary withdrawal. It's interesting. The researchers have told me that the voluntary withdrawal was agreed to by the manufacturers, probably under threat of a moratorium. They often say that they'll pull a product, but it was apparently something like reproductive technology, for those of you who were around here at that time. Despite this voluntary restraint, certain unethical people supposedly ignored it.

That's what's going on now. There are surgeons who are doing it. I don't know where they're getting these implants, but it's happening. We heard that there was a type of voluntary moratorium on reproductive technology. It was not imposed. It was voluntary, but there were people going around it.

In my view, I agree with Madam Demers that the firmer the language, the better. We know that Health Canada is reviewing applications right now from businesses that want to make money on this. It seems to me that we'd better get our foot in the door as to our participation in this decision.

However, the other side of this is that if we have the minister coming next week, we can also ask him about this.

Mr. Rob Merrifield: On the motion, are we changing the status quo or are we asking the minister to leave the status quo as it is until we get the information?

I want to see the information, and I think everyone on the committee does, but I would want to reserve my judgment on it until that time. I would be for leaving the status quo until that time. If this motion changes the status quo, then I'm a little uncomfortable making that decision now.

The Chair: Is it to refrain from making a decision or to refrain from issuing licences? Which is it, Mrs. Crowder?

Ms. Jean Crowder: It's on issuing licences. It would be to refrain from issuing licences until we have enough information.

Mr. Rob Merrifield: So it's keeping the status quo.

The Chair: No, he's not issuing licences now.

Mr. Rob Merrifield: You can, though, can't you?

Hon. Robert Thibault: You are both saying the same thing: maintain the status quo.

The Chair: Refrain from issuing licences until this committee has examined this issue. That would be the first bullet.

Are we getting rid of the moratorium idea?

[*Translation*]

Ms. Nicole Demers: Yes, Madam Chair.

[*English*]

The Chair: Then we're keeping the middle bullet, which is the production of all studies on breast prostheses done by Health Canada in the last ten years, including the breast implant cohort study.

So we have only two bullets: that the minister refrain from issuing licences, and that we get all studies.

Ms. Nicole Demers: All studies, including those not made by Health Canada.

The Chair: We do say all studies. Oh, it says “done by Health Canada”. Do you want the researchers to do a literature search?

Ms. Nicole Demers: Yes.

The Chair: Why don't we get rid of “done by Health Canada” and just say “all studies available in the last ten years”?

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): I'm just trying to clarify this issue about moratorium versus voluntary withdrawal. I think the parliamentary secretary might be able to clarify.

I thought you mentioned in your remarks earlier that there was a special permit for these things to be implanted. Did I hear that language go by, and is that how this is being done?

Hon. Robert Thibault: I don't know the details—Health Canada could give them to you—but for all sorts of drugs there are special access permits for the importation of drugs and devices that aren't licensed in Canada. If the doctor can make the proper argument, he can get the permit. I understand there are implants being carried out under that program.

Mr. Rob Merrifield: But this motion would stop that.

Hon. Robert Thibault: No.

Ms. Nicole Demers: It wouldn't stop what's being done right now.

The Chair: Are there any other comments on this?

Mr. Thibault.

Hon. Robert Thibault: I don't have a huge problem with what we're doing here with this motion, but I want to remind the committee that if we go one step further than this we'll be going over the precipice.

As a member of the health committee, I don't want to be deciding on the safety or efficacy of any drug, procedure, or device. I'm not qualified to do that. As members of the health committee, we have to make sure that the systems work that are in place to do that, and are proper, transparent, and secure.

So if we look at the question of the breast implants and what has been done now, which is completely above and beyond what was done in the past, we have the expert advisory panel. Other people are now being added to that panel to create a public process that is going to make a recommendation to the minister, who's going to advise the process on the application. That is expert-based.

If we go a step beyond that and say at this committee that the minister should not be able to license products, devices, procedures, or drugs until the committee has reviewed all the information, are we saying we have to authorize these? Are we saying that all of a sudden I have to decide—not having medical expertise—which drugs, devices, and procedures are on the market?

I think we have to be careful how far we tread.

● (1140)

The Chair: Mrs. Crowder.

Ms. Jean Crowder: Part of the reason why this motion came forward was because those initial hearings on breast implants were not open and transparent. So I certainly have less confidence around the process, and I think what's really important is that we bring this process to the committee.

I agree I'm not going to make recommendations on efficacy, but I think it's very important that the committee have an opportunity to examine what's been done, and the process, so we can take a look at what's happening.

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: I had the same concern that we not cross that line. If the minister is proposing to do something on this file, let's say some time over the summer—whether he is or not I don't know—this motion, as I interpret it, would hold the minister away from being able to do that. Is that fair?

The Chair: Yes...until we have a chance to look at what the process is, etc.

Mr. Rob Merrifield: We're reviewing the process, not the expertise of what is actually happening.

The Chair: When we reviewed reproductive technology.... I would disagree with Mr. Thibault on this. I would agree with him if I had complete faith that all these panels were totally untainted by the smell of money, but we only have to think about the three fired scientists and Dr. Michelle Brill-Edwards to know that business puts tremendous pressure on Health Canada. So it isn't just the process.

I would like to know, if they have an expert panel and they're now adding to it, who they are adding to it. Are they adding other scientists, people representing women, or manufacturers of breast implants? That's what I want to know.

Hon. Robert Thibault: The minister will be here and can make that clearer next week, if he accepts our invitation, but I can tell you that what is being added is that the EAP is being used. That expert advisory process will be the core of that panel. Added to that will be user groups, people representing the community and all that, a wider circle to give confidence. And the people who have been very fearful about breast implants and who have been lobbying on behalf of not having breast implants are part of that process, informing that.

I take objection to the chair on what you say about the three scientists who are no longer with Health Canada. You're making an assumption that their side of the argument isn't necessarily correct, and I'm not sure that this is true. We haven't proved that there's a process to inform about that, a legal process that they're following now.

The Chair: Let's just say I think maybe the women are a little more suspicious of this and the men are more accepting of it because there's no chance they're going to have breast implants.

Mr. Rob Merrifield: No, no. That's a sexist comment.

The Chair: I'm sure it is, but there are times—

Mr. Rob Merrifield: I find that repugnant that you would be so sexist.

The Chair: You'll remember in the reproductive technologies study that I was very protective of men's interests in that whole thing.

Ms. Crowder.

Ms. Jean Crowder: In terms of the sexist comment, I do need to remind committee members that it's almost exclusively women who have breast implants, and if it appears that we're being gender-biased around this, well, we are, and we should be.

The Chair: Exactly, and I'm not making any apology for that statement, because I feel the same way. Women are inclined to come to women parliamentarians with these kinds of worries.

Mr. Fletcher.

● (1145)

Mr. Steven Fletcher: I take exception to that. Yes, it's a women's issue, but guys care about women, and you can just ask your husband and his view about that. Just because you're a part of one group doesn't mean another group can't....

The Chair: I agree, and I stand corrected by you, Mr. Fletcher. You're absolutely right. Let's just say that the emotional tie to certain issues might be a little more full of angst for people who might be affected by the outcome.

Mr. Rob Merrifield: Can you reread the motion as amended, so that we get a clear understanding of it?

The Chair: It is that the committee ask the minister to refrain from issuing licences for gel-filled breast implants until this committee has had a chance to examine the issue; and secondly, that we ask for the production of all studies on breast prostheses of the last ten years, including the breast implant cohort study.

It just has two points now, and those are the two points.

Are people ready for the question?

Mr. Rob Merrifield: And your interpretation is that a special licence still can be granted, that it's just not a licence.

An hon. member: A special access permit.

Mr. Rob Merrifield: Yes.

(Motion as amended agreed to) [See *Minutes of Proceedings*]

The Chair: Thank you very much.

We're going to take a two-minute pause here so people can come to the table, but while you're doing that, if the minister cannot come on Monday but can come on Thursday, I'm wondering if we should then cancel the meeting on Monday.

The Clerk: He's invited for Thursday.

The Chair: Is that okay if we don't have a meeting on Monday, if our next meeting is Thursday, hopefully with the minister or his officials?

Some hon. members: Agreed.

The Chair: Thank you very much.

● (1147)

(Pause)

● (1154)

The Chair: I'm calling the meeting back to order, ladies and gentlemen, and on your behalf welcoming Dr. David Butler-Jones, our Chief Public Health Officer. I love saying that, because we didn't have one last year at this time, I think. Eighteen months ago, anyway, we didn't have one. We now have one, so we want to make a fuss over him when he comes.

Dr. Butler-Jones, you have the floor.

● (1155)

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Thank you, *madame la présidente*.

It really is a pleasure once again to be here and to bring you an update. Also , since I was not before the committee on this topic previously, I would just like to say thank you to the committee for your interest in this topic and for focusing attention on it. It is one among a number that often get lost in the big agendas that groups have to deal with. So bringing a focus to this I think is actually very hopeful.

Second, I would like to make just a quick apology in terms of it being a "walk-in". There were contributions to it right up until last night. So it is as current as you could be in terms of where we are in this process.

I know I don't need to convince any of you of the importance of this issue. The report before you is one that has had input from all the federal partners working across these issues to address FASD, and it highlights the government's activities and the planned road ahead.

This morning we also handed out the framework, which hopefully you would have seen previously. Following the committee's motion, we went back to the processes that have gone on to this point, recognizing that the framework was developed with a broad consultation and contribution of stakeholders and experts across the country. That framework was reviewed just a couple months ago by those stakeholders to determine whether these in fact are appropriate roles for the various jurisdictions and players to play. We've been continuing with that, but I think this new impetus, supplementing that, will certainly help us.

[*Translation*]

Madam Chair, the government of Canada is at the forefront of FASD prevention. The document that I am tabling in front of the committee today begins with an introduction of the history of the federal government's efforts and achievements in preventing prenatal exposure to alcohol and in dealing with congenital defects related to alcohol.

[*English*]

You have my notes. I'm not going to read through them. I will speak to a couple of things, and then speak more generally to some of the activities that are going on and that have moved and are starting to move much more quickly since representatives of the portfolio first met with you.

I am presenting on behalf of the portfolio, so for both Health Canada and the Public Health Agency. This is an area that we share interest in and are obviously constantly in communication about. It really is critical that we work collaboratively with the various partners.

One of the challenges with FASD, though not unique to FASD, is that when you look around the world, nobody has it right yet. We still don't understand a great deal about this disorder. We don't understand why some people with the same amount of alcohol consumption have children who are heavily affected while others are not. We don't know what stage of pregnancy is most important. We don't know whether it's a dose issue, how much is genetic, how much is in the interrelationship between alcohol, diet, and other activities. So there is a great deal of work to do.

Much of the impetus is on better understanding and developing, for example, the guidelines for diagnosis, as well as on the education around this and the screening criteria. We are working with the provinces and territories so that we can develop better information to know what it is we're dealing with, and who it is. That then helps to guide programs.

Clearly, I think the one thing we have learned is that it will require complex approaches to a complex problem, in the sense that while some of it seems fairly simple—you don't drink, you don't have the problem—the underlying nature, the various determinants that have an impact on people's consumption of alcohol, whether it's in pregnancy or not, really have a number of factors underlying them. We need to work across parts of government, at different levels of government, with the private and voluntary sectors, and with the public themselves in addressing it.

While we know that service delivery and social support are primarily provincial responsibilities, the expectation from the provinces and territories is that we would be engaged in developing tools, providing expertise, facilitating the sharing of expertise and resources, and doing the kinds of strategic things that are outlined in the framework or strategy.

● (1200)

[*Translation*]

The framework should serve as a guide for the implementation of concerted efforts in the fight against FASD.

[*English*]

It's the fruit of the consultations, as I described previously.

Some of the other things that are going and moving forward actually fairly quickly include the development of a committee under the broader drug strategy, a committee focused on alcohol, including FASD, working with industry, stakeholders, and others to develop over a period of six months a comprehensive alcohol strategy. Those letters will be going out this month, with the intent being that there will be a very quick turnaround to move that broader strategy forward.

In addition, there have been intensive ongoing meetings with first nations. The expectation is that the fetal alcohol syndrome mentoring programs can be extended through maternal and child services to first nations. That will roll out in the fall.

We now have feedback from a number of projects and learning events and are about to embark on the next phase of that in terms of tools development that facilitate work. As you referenced back to the framework and strategy, these are things that are part of our commitment to the process.

In addition, you may have seen—and we have copies, if you're interested—the physicians survey, which then identifies the issues of needs, and the subsequent screening and diagnosis guidelines, which are now being promulgated, and we're working with the provinces about how they can be most effectively implemented.

I'm not sure whether it was raised or not, but there's a memorandum of understanding with Indian Health Service in the United States that, this fall, we will bring together the First Nations and Inuit Health Branch with Indian Health Service in the United States. We'll be bringing together researchers and community representatives to look at fetal alcohol syndrome, the research needs, the kinds of areas that we need to do more work in and understand.

As well, there is work that is ongoing and intensifying with the Centers for Disease Control, the Australians, and others in terms of their approaches, because we do recognize that what appears to be the most effective, in the evidence from Manitoba and a little bit from elsewhere.... With intensive one-on-one, we are finding that, in programs such as through first nations and Inuit health in northern Saskatchewan and in other places, this is a way to go. So I think that rollout in the fall in the maternal and child health services will offer some new benefits as well as an ability to evaluate it more effectively.

The final thing is that we're working with stakeholders, in particular the Canadian Centre on Substance Abuse, which is a key partner in this, in engaging government and others, but not just simply being a government-focused approach to these issues.

I'll leave it at that, in terms of the introductory remarks, and leave time for questions and comment.

I have with me here Kelly Stone, who's part of chronic disease prevention and health promotion in the Public Health Agency; Kathy Langlois, who is with the First Nations and Inuit Health Branch, in community programs; and Beth Peiterson, who's the director general in consumer safety and addictions, and so on, within the healthy environments part of Health Canada.

So thank you again. I think we are certainly on the road. We're not there yet, but there are a number of things that are currently happening and will happen over the next few months that will leave us a year from now in a much better position.

The Chair: Thank you, Dr. Butler-Jones.

We'll begin with Mr. Merrifield.

Mr. Rob Merrifield: Thank you for coming in. If you understand the history, and I'm sure you do, of exactly why you're before us today, it's because of a bill that I think Mr. Szabo put forward, Bill C-206, on labelling of alcohol, which this committee said wasn't comprehensive enough. So we're looking for a comprehensive plan and how to deal with alcohol abuse.

The motion and the initiative was, first of all, fetal alcohol syndrome, because we thought it was too broad to ask you in a short time period to come up with a comprehensive plan on all of it. But I'm really looking forward to a comprehensive plan on fetal alcohol syndrome in this time period, because your own department said you've been working on this for a couple of years.

I understand there has been about $20 million plus going into fetal alcohol syndrome alone in the last short while. Is that accurate?

● (1205)

Dr. David Butler-Jones: Much of it in first nations.

Mr. Rob Merrifield: So it's $17 million in first nations, and $4 million a year after that, right?

That's a significant amount of money. It strikes me that if you have those millions of dollars going into it, a comprehensive plan should have preceded that, actually.

I haven't looked through it. We got this just a few minutes ago. So I'll be sitting down and looking through it in more detail, but I want to know, where are we with outreach groups, with special education in schools, with participation in community groups, with warning labels—which was all part of it—with prevention groups, with surveillance improvements, with research work? Is that all in there?

Dr. David Butler-Jones: What's in there is where we are at this point and where we anticipate going. There is the framework, in essence a plan that was established with stakeholders. That consultation is continuing. Some of the specifics you're talking about are part of it; some of them still need to be developed with the various stakeholders.

In terms of the timeframe, we have a broader committee that's going to be shortly established—six months—for the whole picture, not just FASD, as well as the next steps in the FASD implementation of the activities and recommendations that were outlined there.

That's where we are. We expecting this will modify with time, as those consultations progress.

Mr. Rob Merrifield: Is this a final, end stage—everything you could ever want to do in FASD?

Dr. David Butler-Jones: No. We're not at that point. Part of the challenge is to get the right information so we know what it is that's going to be working. It is an iterative process between the science, the programs, the evaluation of programs, the application of the strategy, and the moneys that are put to it.

Mr. Rob Merrifield: Let's cut to the chase on this one. Are you saying the $17 million and the $4 million a year for the fetal alcohol side did not have a comprehensive plan as those moneys rolled out initially?

Dr. David Butler-Jones: I don't know if Kathy wants to speak to that more, but there is a plan around what the focus of the money will be, which is what we recognize is important in terms of the maternal child stuff.

Kathy, do you want to add to that?

Ms. Kathy Langlois (Director General, Community Programs Directorate, First Nations and Inuit Health Branch, Department of Health): Yes, I can.

Underneath the document, David, that you were showing, the blue one, is *It Takes a Community*, which is the first nations and Inuit framework that was developed in 1999-2000. That document is very popular. It's out of print right now in English, and we are getting some reprinted. We will send them to the committee. I can give you the French one today.

We worked with first nations and Inuit community members, the AFN, the Inuit Tapiriit Kanatami, to develop that framework, and it is what has guided the first phase of the program, which was a small amount of money of $1.7 million, and what has guided the expansion—the additional $15 million—to get us close to the $17 million number today. I can speak more about that, but....

Mr. Rob Merrifield: Looking ahead, you're saying you have this panel over the summer, and six months from now we'll have more comprehensive work done on this? Is that what you were saying?

Dr. David Butler-Jones: Yes, on alcohol more broadly, of which fetal alcohol is a part.

Mr. Rob Merrifield: On alcohol more broadly, there's been $100 million put in. Is that accurate?

Dr. David Butler-Jones: I'm not sure what the number is. I'm sorry.

Ms. Kathy Langlois: There's about $100 million—

Mr. Rob Merrifield: A hundred million is FASD only?

Ms. Kathy Langlois: No.

Mr. Rob Merrifield: No. That's all, right? Twenty million is fetal alcohol.

Ms. Kathy Langlois: Yes. I think the number we discussed last time was in the $70 million range, I believe, for the alcohol more broadly, of which $58 million was the national native alcohol and drug abuse program.

Mr. Rob Merrifield: It astounds me when we put $100 million into alcohol prevention work without a comprehensive plan. I suppose we're going backwards. Mr. Jones, you're new in the office, and fair enough, you're going to pick the ball up from where we are.

First of all, what is specifically done on prevention, then? Let's zero in on that. Where are we on prevention?

● (1210)

Dr. David Butler-Jones: To be fair, moneys get allocated. Part of those moneys is for the development of the plan, etc. You need resources. In terms of money flowing, the plans are developed, then the money flows. At least that has been my experience, short-term, in government—at least in the things I deal with.

Going back to the framework and the strategy for fetal alcohol, there are a number of milestones in our role. One is the establishment of the partnership-building across the country. That has taken place. On the collaborative and common approaches, we're working with the provinces so that we have similar approaches everywhere in the country for how to most effectively address it.

The diagnostic guidelines for the survey that has been done of health professionals have been published. The building of the surveillance system is in process now. For the community best practices—and there are a number of them in the different aspects of this disease—the learnings have just come from the first round. That's now being worked on with the provinces by being applied to their programs in each province. Then the next round will add to those tools and learning. That's where we are in that whole preventive thing.

As for prevention generally, one of the things that is recognized is that just messaging is not sufficient, that you need the messaging coupled with the other activities that will then allow a context that will be more successful.

Mr. Rob Merrifield: I'm sitting here wrestling with the whole idea. We had zeroed in on one issue, which was putting labels on alcohol. We said we needed it comprehensive, and we said we'd give the department a couple of months to come forward with a strategy on one part of that, which was the fetal alcohol spectrum disorder. Now I see this thing and I'm wondering, what's new here? Is there anything you're laying before this committee we didn't have before, any new initiatives?

Dr. David Butler-Jones: The development of this committee is new, for example, with the timeframe for the six months. Those seven or eight things I outlined are either new or modifications of activities that are going on.

Again, because of the complexity of this, even two months seems like a lot of time, but as the federal government, we can't do that in isolation.

Mr. Rob Merrifield: I understand that.

Dr. David Butler-Jones: We're continuing to work through that, so in six to nine months we should have something more comprehensive.

Mr. Rob Merrifield: I understand the two months was short, but I also understand, from the testimony of your department, that you've been working on it for two years. That you're taking $20 million out of the taxpayer's pocket to deal with this thing without a plan seems really odd and inappropriate.

We can get on and debate that, but what part does industry play in this new panel we are setting up? Are they going to have a seat at the table, and how are you going to involve them?

Dr. David Butler-Jones: The answer is yes.

Going back to the previous thing, I can say there is a plan. We've laid out a plan for that money. It may not be in the language you were expecting, but the consultation, the work that's gone on, which is what led to this and which we have implemented and are continuing to build on in terms of the implementation.... So I don't think it's fair to say there isn't a plan. There is a plan and there is a strategy. It may not necessarily be in the terms.... Maybe I'm disconnecting in terms of how I use the language.

Mr. Rob Merrifield: So is this the plan?

Dr. David Butler-Jones: This is the plan, where we're at now; exactly.

Mr. Rob Merrifield: I suppose in fairness I'll admit I've only had a few minutes to look at this, and I'm a little reluctant to challenge you on the plan other than on these specific things. Are they in there or are they not? Six months from now, are we going to be sitting around with this same plan?

Maybe, more specifically, you could answer this question before you get to Mr. Szabo, because I know he's going to ask it. Where does labelling fit into your plan?

Dr. David Butler-Jones: Labelling is one potential strategy. What the framework does is establish the overarching goals. It guides the work across Canada of all the groups, and what this report now really lays out is the road map for action, which is a plan.

But in terms of the answers to all the little pieces of it, you're not going to find that in there. You're not going to find in there whether we will or will not do labelling, because that requires a process of working with the evidence, looking at the programs that have worked—or not—and then developing next steps. The next steps are to examine these kinds of things.

We're not at a position at this point, as a system, to be able to say it's only these things we'll do or not do those things, but where we are able to say that, such as with the expansion of the mentoring program, etc., we know that makes a difference. We are able to implement that.

● (1215)

The Chair: Thank you, Mr. Merrifield.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: Good morning. I have read what appears to me to be the essential part. If I understood correctly, there is a difference between the plan and the framework. There is a document that presents a summary of what existed previously, because efforts to prevent the fetal alcohol syndrome have been in existence for several decades, and there is now a framework that is proposing five stages in terms of prevention and information. Is my analysis of the situation correct?

I am interested in these five general objectives that you have set. There is one concerning information for professionals and another one concerning intervention in communities.

There is a link between this syndrome and the poverty rate. You indicate yourself in your document that family violence, poverty and stress are underlying factors. Today, we would call them determinants of health.

Concretely, how will you reach women in disadvantaged communities who are likely to be affected by this problem? That is the only issue that I am interested in. Honestly, I do not really believe in labelling, which has not yielded a lot of meaningful results; in any case, it is not even part of your framework and is not one of your objectives. Concretely, how will you reach the persons who live in disadvantaged communities and on whom we should be able to diagnose the syndrome in order to prevent its effects, if at all possible?

Dr. David Butler-Jones: Your analysis is correct. I will answer you in English because it will be easier for me.

[*English*]

There are a number of things it fits directly into. Recognizing that the provinces have to direct program activities, we also contribute to the national children's program, which has a thousand projects across 7,000 communities, and the network that's linked now to the provinces and territories—the prenatal nutrition program and the CAPC program—all of which are mechanisms to get at other aspects of the determinants. That's why it's so important that we're working with the provinces and territories, because they are largely the doers in this area.

[*Translation*]

Mr. Réal Ménard: You have given exactly the answer that I was hoping for.

Don't you believe that there is something somewhat artificial and completely abnormal in asking the federal government to establish a strategy on the fetal alcohol syndrome, when this is part of a clinical reality, a diagnostic reality, the reality of health care services?

Yesterday, I read a document on all services offered to families and children by the federal government. I believe that we have all received it in our member offices. It was published by Social Development Canada.

In fact, you are not the appropriate actor to establish a strategy, because you cannot intervene, except for natives, who have their own reality. I have never believed that this role was for the federal government to play.

It is quite unfair to ask you to devise an action plan, because the real action plan should be implemented by family doctors, by those who are doing diagnostics. It cannot be the role of the federal government.

Apart from publishing brochures and collecting national data, I believe that you cannot intervene in terms of a national strategy, because you are not linked with service providers.

I am not trying to persuade you to become a sovereigntist, but it seems to me that... If you want to do so, you are always welcome, obviously.

● (1220)

[*English*]

Dr. David Butler-Jones: It's sort of Welsh separatism.

[*Translation*]

Mr. Réal Ménard: I beg your pardon?

[*English*]

Dr. David Butler-Jones: I said it was Welsh. My family was Welsh.

Mr. Réal Ménard: I love you.

Voices: Oh, oh!

Dr. David Butler-Jones: This has been asked of the federal government. While much of this, as you identify, is clearly local activity, a provincial responsibility, if we can do it together, we can likely do it better in terms of the evidence, the tools, etc. So there is a role, clearly, I think, for the federal government, for the agency, for Health Canada and others to be working as partners in this process. As part of that, this framework is a collective strategy. Our work, I think, is one that will be and needs to be a collective strategy, recognizing that there are pieces that are more appropriate for us and those that are more appropriate, for example, at the provincial or regional level. If they don't work together, then people are not well served.

[*Translation*]

Mr. Réal Ménard: [*Inaudible*]... reporting to you.

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Thank you, Mr. Ménard.

Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: Thank you, Mr. Chair. Thank you very much for being here.

In your new role, you will have the opportunity to visit us often.

[*English*]

One of the questions that came up, I think, when we first started looking at this whole thing was the question of labelling. You pointed out, as we heard from many witnesses, that it's stand-alone, that you have to know whether it works, whether it's a good element as part of the strategy, or whether it is.... Are we advancing in that direction? Are you looking at the question of labelling? Is it in your plans to deal with that?

Dr. David Butler-Jones: Yes, that is being done now. Perhaps Beth can elaborate.

Ms. Beth Pieterson (Director General, Drug Strategy and Controlled Substances Programme, Healthy Environments and Consumer Safety Branch, Department of Health): We are looking at the labelling issue further. For example, we will be doing an evaluation of the effect of labelling in the two territories where they have had mandatory labelling—the Yukon and the Northwest Territories—and that study will be started in the near future.

We'll also be looking at other research that can be done around the labelling issue, such as what is the best message to give, and how.

Hon. Robert Thibault: Thank you.

When I was looking at the documents you had given to the committee some time ago and the one you brought today, the framework seems to me to be the strategy on FASD, the global strategy, which includes all levels of government and community organizations, and the role everybody plays. I haven't had a chance to review the document that you brought today, the report to the Standing Committee on Health. Is this a modification of your framework? Is it a report on the framework, an update on meeting your commitments to the framework? Could you explain a bit what you're presenting to us?

Dr. David Butler-Jones: It's a mixture. It's an elaboration, and it also lays out the road map for the future directions and actions that are being taken. So it's the next evolution of the strategy, as it were. What I would expect to see is that following the work of this new committee or task force that's going to be set up, there will be an additional elaboration based on the context of FASD within the broader alcohol strategies and the broader drug strategy.

So I think one of the things with FASD is that people are finally starting to get interested in addressing this issue and they recognize the complexity of it. Evidence, tools, practices are evolving all the time, and the programs are evolving as well, so we need to be able to reflect, in this strategy, that evolution and those new learnings. And we need to make sure this is disseminated so that people are using it at the regional level or at the provincial level.

Hon. Robert Thibault: One of the elements we hear a lot about is the prevalence of this disorder in the native communities—and I should say not just this disorder, but of alcohol abuse or drug abuse there generally. Part of the agreement with the first nations on health care was looking at all these questions.

How is this coming along? Is it being integrated? Is that coming out of the strategy? Is it part of the comprehensive alcohol strategy or drug strategy for Canada? Have we moved the marks? Are we coming forward?

Dr. David Butler-Jones: The short answer is yes.

Back to Mr. Ménard's comments about the underlying factors, for many first nations people, it's not simply an issue of genetics. It's also the social determinants, the life situation, all of these things that interreact and cause it. So ultimately we need to figure out ways to better address the causes with these strategies.

I don't know if Kathy has an additional comment on this.

Ms. Kathy Langlois: Yes. I think what I might just add is that in the $700-million announcement last September for investments in aboriginal health, one of the components was an investment for maternal and child health. What that will see is the beginning of putting in place the systems of services that exist in provinces for citizens who do not live on reserve, bringing those kinds of services on reserve.

So we'll see things like family visitors going in, when a woman is pregnant and post-pregnancy, to ensure that the home is stable and to work with the family to prepare for the baby, and then to make sure that this continues after the baby is born. We expect that this could be an interesting avenue to support our mentoring program and our FASD prevention, because women at risk may be able to be identified through that process and connected with supports and services to help them in the situation.

● (1225)

The Vice-Chair (Mr. Rob Merrifield): Thank you, Mr. Thibault.

Ms. Crowder.

Ms. Jean Crowder: Thank you.

Dr. Butler-Jones, I just want to ask you what you meant when you said genetics when we were talking about first nations.

Dr. David Butler-Jones: In terms of our genetic predisposition for disease, there are some differences that relate to the metabolism of alcohol. So first nations people, as well as people of Asian descent, metabolize alcohol differently from northern Europeans, for example. It may have an impact on how the effects manifest.

Ms. Jean Crowder: I just wanted to ensure that we weren't perpetuating any stereotypes.

I didn't have an opportunity to look at this document in any detail, obviously, since it arrived today, but I noticed in the outset that we've been doing something with FASD since the 1980s. It's 24 years later, and we now have another generation of children who have grown up with FASD.

And when I look quickly at the goals outlined in here—and of course, without closer study I can't tell how specific they are in terms of timeframes, in terms of benchmarks, in terms of performance measurements, in terms of actual outcomes that are going to make a difference in people's lives in their communities.... I congratulate a broad-based strategy that looks at a number of issues, because far too often government policy operates in silos. This appears to have crossed a broad range of departments and organizations, so I congratulate you for that, but I'm a little concerned that it's another example of something that's gone on for years and years and years without seeing the kind of significant change that we would hope for.

I live in an area that has the largest on-reserve first nations population in British Columbia, and we see the impacts of FASD daily on our streets, in our courts, in our schools. I'm just really concerned about how long it takes us to make any measurable difference.

Dr. David Butler-Jones: With the many factors that underlie it, it is a tremendous challenge.

In terms of the specificity of those, part of the question is, which of those? Again, at the provincial or regional level, they develop their own specific strategies to address their populations within a broader frame. One of the challenges is, do you develop a very specific goal at the national level? In order to do that, there has to be some consensus across the FPTs. That's one of the things we can help to facilitate and coordinate, but it's not a direct federal.... We can't dictate what particular goals Ontario, Quebec, or whatever have in terms of that level of specificity. But the guidelines or standards have proven to be of assistance to the provinces, and to the professionals, in doing their work.

There's no question that there's still a ways to go. I know it's been a long time, but with the amount of interest now, compared with when I trained 25 years ago, or whenever, people are actually starting to pay attention to this. So we're moving—but not as fast as most of us would hope.

Ms. Jean Crowder: I'll ask another question.

I do understand the direct deliveries within provincial jurisdiction; I absolutely understand that issue. It doesn't prevent the federal government, though, from setting its own goals and timeframes for things within your control. I just don't see that in this document.

Dr. David Butler-Jones: No. That's a good point.

Ms. Jean Crowder: I did note that in this document you're talking about developing or ensuring there's a way to get this message out broadly. One of the things we've heard from some women in northern communities, for example, is that the information that becomes available isn't accessible to them, either because of language or literacy.

At the federal level in areas you're responsible for, such as first nations communities, I wonder if there is going to be some work around broadly based, accessible information, because it is an issue.

● (1230)

Dr. David Butler-Jones: Health literacy is something we work on with the facilitating stuff for the provinces, which we provide different activities in support of.

If I can just step back in terms of the goals, that point is well taken. In fact, as part of discussion on the goals process, which is now ongoing across the country collectively, we in the federal departments will be looking at those in terms of what strategies, targets, and activities we will undertake. So that fits very well within that context.

Ms. Jean Crowder: Then we would get access to that.

Dr. David Butler-Jones: Yes, absolutely.

The Chair: Thank you, Mrs. Crowder.

Mr. Szabo.

Mr. Paul Szabo (Mississauga South, Lib.): I can tell you, Madam Chair, that I am very disappointed in the report. I received it two days ago and was asked to have a look at it, and I've talked to the minister about it and told him I was disappointed.

Dr. Butler-Jones is quite correct. He said this document says where we have been and where we are going. What it doesn't say is how we get there.

What this committee asked for was a strategy. This is not a strategy. This is an excellent document for anybody who is an insomniac—you will fall asleep immediately.

I'm sorry, Dr. Jones, I'm insulted that you would suggest that people are finally taking an interest or getting interested in this subject. The Parliament of Canada was interested in this subject in 1992. The health committee recommended health warning labels, and identified the problem of fetal alcohol syndrome and that it should be a priority. It came back again in 1995-96. Parliament unanimously passed the bill at second reading, brought it here, and there was extensive study. And it got hung up because of the same kind of stuff—they wanted to review it with their overall drug strategy. Then an election was called, and it died.

We just had yet again 90% of parliamentarians voting for the bill for health warning labels and sending it here. We heard all these witnesses. I can tell you, not one of them had anything to do with aboriginal health and aboriginal concerns, even though 75% of the spending has been going to aboriginal programs. We recognize that it's not just an aboriginal problem. There's a disconnect between who has to be there.

So, Madam Chair, I would just like to suggest that since there are already 20 countries in the world that do this and five others that are actively dealing with it at a legislative level right now, there's a lot of information there that should have already been assembled. The WHO has just announced that its major preoccupation right now, its major study, is going to be what? Binge drinking, which is absolutely critical in the FASD file—critical. To suggest that somehow we don't know why some women are affected versus others.... We've heard all of the medical stuff. We know about metabolism; we know about the highest risk in the early stages. This is history. Some people from Health Canada may be back there, but we're not.

Parliament has made this a priority for a long time, and I'm sorry, but I don't believe this report responds to the questions that were asked. To have more studies.... A national advisory committee on fetal alcohol syndrome was set up, and I appeared before them. That was several years ago. Then the funding was cut, yet even in here we continue to suggest that it exists. To say we're looking at homelessness programs....

You've touched on every issue that FAS can directly or indirectly affect down the line. But if you go back to Health Canada's requisition study by Environics that was published and delivered in January 2000, there is a strategy to deal with the most at-risk groups. The first point of contact for public education and awareness for each one of the at-risk groups was doctors' offices.

Do you know where Health Canada was at the time? Health Canada was working on getting the joint statement, the 18 NGOs, etc., giving a joint statement in which the first line was that fetal alcohol syndrome is the leading known cause of mental retardation in Canada. That's where Health Canada was. Do you know what? It's wrong. Fetal alcohol syndrome is not the leading known cause of anything. It is the result.

The culture within Health Canada with regard to FASD right now is still ten years behind the thinking. There is not a will to deal with this. I'm absolutely convinced of that. I'm sorry, but unless something changes, we'll have to look for another strategy to make it a priority.

I just wanted you to know that this is not something that people are just getting interested in. Labelling, for instance, has been in the States since 1989. A lot of countries have come onside since.

Ms. Langlois suggests we study the mandatory labelling in the territories and the Yukon. Well, I'm sorry, that's not the labelling that we're talking about, because when they do labelling there, they have volunteers who stick the labels on a beer case. It doesn't go on the bottle; it goes on the beer case. It is not the same. So don't go and study that, the effectiveness there.

We know everything about the ineffectiveness of the U.S. labelling that's been in place since 1989. Go and look at the 1992 study by this health committee. It will say they're not readable; they're not noticeable. Why would you study it to see if it's effective?

● (1235)

So I'm sorry, I don't think you're up to speed with the committee on this thing. If Health Canada is going to be serious about this, it's time to reel back some of those resources and understand that a decision has to be taken. About 4,000 kids each year suffer from alcohol-related birth defects. It's going to cost millions of dollars over their lifetime to care for them, and the ripple effect through the system will cost the Canadian taxpayer at least $15 billion a year. What other evidence do you need that this is a priority?

I hope you're going to get onside. I'm sorry I have to take this posture, but you know what? I don't have another ten years here to continue to fight this battle. I want to see something done. I don't want more studies, I want strategies. That's what this committee asked for, but that's not what you delivered.

The Chair: Thank you, Mr. Szabo.

Mr. Merrifield.

Mr. Rob Merrifield: On a point of order, Madam Chair, Mr. Szabo said he received this report and study....

Was it two days ago, really?

Mr. Paul Szabo: Yes.

Mr. Rob Merrifield: My problem is that we have to respond to this study when we only received it two minutes before the presenter presented this morning. I have a problem with that, because we, this committee, moved the motion to have this study here.

I think there's something wrong here.

The Chair: Dr. Butler-Jones said it was still being amended last night. So maybe Mr. Szabo's version is not complete—

Dr. David Butler-Jones: That's correct.

The Chair: —but it's pretty close.

Dr. David Butler-Jones: My understanding is that this was a draft shared with him, for his comments, because of his particular work in this area. There wasn't a final report until late last night.

Mr. Rob Merrifield: I would agree with Mr. Szabo, it's not a final report now—or at least I hope it's not.

Dr. David Butler-Jones: May I just say one thing? What I hadn't mentioned is that there is in fact a plan for developing a public education program around reducing youth binge-drinking. That is in process now, and I expect we'll see it before long.

The Chair: Thank you very much.

Mr. Paul Szabo: I might also mention, Madam Chair, that warning labels are not even mentioned in this document.

The Chair: Yes. Thank you.

Next is Mr. Fletcher.

Mr. Steven Fletcher: Thank you, Madam Chair.

Dr. Butler-Jones, it's a pleasure to see you again in front of this committee. I think some of these committee members may see you more than they see their own family members, given the number of times you've been here.

I'd like to just underscore some of Mr. Szabo's comments. I think all parties feel fetal alcohol syndrome is a priority and that there should be all-party support for initiatives. My understanding is that Parliament has been pushing for this and members from all parties have been pushing for it for a long time.

I'd also like to comment on Mr. Merrifield's comment that even a draft of this report would have been helpful for the other committee members to see beforehand. If you say it's a draft, we understand it's a draft, but at least it gives us something to prepare for. I see nods from other members—even from the Liberal party as well—on this. Given that it was Mr. Merrifield's motion that has ultimately brought you to the committee, it would have been helpful indeed for us to get the report, so I would ask the chair, and maybe Health Canada and Dr. Butler-Jones to ensure that we get the material in a manner that's timely.

I've looked over the brochure during the meeting. I've only had 43 minutes to look at it. It's a very pretty brochure, but it seems to be a strategy to come up with a strategy. In fact, you could almost fit any disease or disorder into the content where it says "fetal alcohol syndrome", and yes, all the points would be valid. It seems to be a lot of platitudes, but little substance.

The original motion that Mr. Merrifield brought forward to the committee and the committee approved dealt with prevention. This booklet we have in front of us seems to deal very little with prevention.

Maybe I'll just get all my questions out on the floor, and then you can answer.

One is whether you can address the issue of prevention—why so little focus seems to be dealing with prevention. A lot of money seems to be put into the strategy to come up with a strategy. I wonder if the resources are being utilized in the most efficient manner, given that this has been on the table for years.

Also, there is no set timeline even to come up with the strategy for the suggested strategy. This suggests that this could go on forever. I hate to go into stereotypes, but that would be a typical stereotype people have of a lot of the bureaucracy: there's just a committee to study another committee's report, and nothing actually happens.

At least Mr. Szabo's bill had a concrete measure that was tangible. I don't see that in this report. I think, given the situation, the time that has been invested, and the amount of money that is available, specific details on what we can do is a very reasonable expectation of this committee. We don't have them.

I wonder if you could address each of those issues.

● (1240)

Dr. David Butler-Jones: First, the strategy or the working through of prevention is to have the professionals who engage with these people, the people who visit—whether it's their doctors, or the worker in the shelter, or whoever it is—making sure it is a preventive approach; as well as part of the national children's programs, as well as the small community demonstration projects, looking at tools that people use, ways and strategies and programs, which then get disseminated. That's all part of the prevention side of it.

A lot of this was generated out of the issue of alcohol labelling. There are a number of countries that do it, but there's a dearth of evidence to suggest it actually changes behaviour. So that can't be it alone. It may be part of a broader strategy, but it can't be it alone.

That's part of it. The second piece is over on the broader committee that will develop the overall strategy this fits into. That's at a six-months timeframe. So in seven months there should be.... In spring they should have something.

The Chair: Thank you, Mr. Fletcher.

Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you, Madam Chair.

Welcome to the panellists.

I was also a little disappointed with this, but I think that some of it had to do with the timelines we had provided more than anything else. We seem to have more of a précis of what we've been working on for the past couple of years.

I want to follow up on a point of Mr. Szabo's, which was that parliamentarians, by large margins, have indicated support for labelling. It's in your comments here. I think that it's actually in the strategy.

I would have been supportive of labelling, but I wasn't in the House for that particular vote. It's the one vote that I missed. I would have supported it in the House.

It was when I came to this committee that I became convinced that labelling is not the answer. I want to make sure that, as a response to criticism and a lack of concrete action, labelling doesn't become an easy thing to do to pretend to solve the problem. Large numbers of witnesses who came to this committee, a balanced representation, told us that labelling wasn't necessarily the answer. So I want to urge caution on that.

Have you had any discussions with industry since we've had our hearings? The brewing companies, vintners, and others had indicated that they were prepared to step up a lot more. We have to hold their feet to the fire on that. Have they been part of your discussions to date?

● (1245)

Dr. David Butler-Jones: The shorter answer is yes, they have been, and they will continue to do so. It's really a matter of the various groups. Industry is clearly a key player in all of this and has to be engaged, but at the same time, we have to respect that they have a particular interest, which may not necessarily be the public's interest.

Mr. Michael Savage: But it would be foolish not to take advantage of the fact that they have resources that they have indicated publicly they are prepared to expand on.

Dr. David Butler-Jones: Absolutely.

Mr. Michael Savage: I think that some of the programs they've talked about would surely be incorporated into any national strategy that's being formulated. The one that comes to mind is Motherisk in Toronto.

Dr. David Butler-Jones: Yes, that's right.

Mr. Michael Savage: The other question I'm going to ask is on behalf of my colleague, Ms. Dhalla, who had to leave. She asked if this brochure was available in languages other than English and French.

Dr. David Butler-Jones: I do not believe so.

Mr. Michael Savage: It might be something that you might consider doing. I think she was specifically thinking of Punjabi. There may be other languages of populations in Canada that would benefit as well.

Thank you.

The Chair: Thank you.

Mr. Lunney.

Hon. Robert Thibault: Could I have his last minute?

Mr. Michael Savage: I'll give my last minute to Mr. Thibault.

The Chair: Mr. Lunney hasn't had a turn yet, so let's give Mr. Lunney a go.Then you can have one minute.

Mr. James Lunney: Thank you, Madam Chair.

Of course, Dr. Butler-Jones has been in his new post for less than a year and has taken a fair bit of the heat today for what the committee senses is inertia on the part of Health Canada, which precedes his presence by quite a bit. You hear the frustration from Mr. Szabo, who has worked very hard on this for a long time.

In terms of prevention, it was mentioned by a few members, but you talked about how, with the same amount of alcohol, some women's children will have a severe response and others may not.

We heard evidence at this committee from one doctor. I think it was Dr. Trevithick from Guelph. About 10 to 12 studies of animals and rats show that antioxidant vitamins given to the mother during pregnancy can have a protective effect on the offspring. CIHR now has at least three studies going on in this realm.

Because we have a scientist and a clinician here, Dr. Butler-Jones, do you think that a low-risk intervention, such as providing antioxidant vitamins to the at-risk population in the hope of reducing some of these 3,000 or 4,000 cases a year, might be a strategy to be considered as a preventative measure, even while these studies are ongoing?

Dr. David Butler-Jones: A lot of the evidence generally on antioxidants is in the context of food. Unfortunately, there are a few instances when there is a paradoxical effect and taking antioxidants as supplements, as opposed to through food, may actually increase the risk of some things. We don't understand that fully.

I'm not so sure that I would be in a position to push supplementation, but at the same time, it could be small amounts, plus an appropriate diet. For other aspects of alcohol influence, we know that diet makes a big difference. I'm not sure whether supplements per se would do the same thing that an improved diet would, but it's something we certainly need to look at.

I'm really looking forward to the results of the research.

Mr. James Lunney: Well, I would find that answer is actually a little bit disappointing, because the overwhelming evidence, in spite of a little bit of evidence out there about antioxidants with some diseases—I think the one that was mentioned was heart disease and vitamin E.... I think that—

Dr. David Butler-Jones: That's particularly in smokers. Many of the people who end up with this are also smokers.

Mr. James Lunney: But there's a very small amount of evidence that there could be a problem there—and rather spurious, probably—compared to the overwhelming amount of evidence that antioxidant vitamins have a huge role to play in preventing disease in a wide range of issues. It wouldn't seem to be a very safe strategy to make sure many of these women—and of course, disadvantaged people, which is quite reasonable, in that their diets are also deficient, especially when they've been involved with binge drinking and so on...that it might be a strategy to consider. I'll leave that for your consideration.

Moving along, we had some discussion about the national advisory committee, which has been there since something like May 2000 and has some 18 appointed members now. You mentioned a new group that's going to be a consultative group. Is this the same group, or a modified group? Is it an addition to the national advisory council, or is it an independent group? How do these groups relate?

● (1250)

Dr. David Butler-Jones: This is a new group, and it's for the alcohol strategy more broadly, not just fetal alcohol. It would be a different group.

The Chair: Thank you, Mr. Lunney.

Two minutes to Mr. Thibault, which is the final two minutes of Mr. Savage's time, and then Madame Demers. Let's try to keep it tight, because we only have six minutes total.

Hon. Robert Thibault: Thank you, Madam Chair.

In the interest of saving time, I'll put two quick questions to you. If you can only answer one, answer the second one, so answer it first, please.

First, how is it coordinated? Who leads in the implementation of your framework? There are a lot of partners, provincial and non-governmental organizations. How is that coordinated?

And the second one I'd ask is, what are the concrete actions we've done to address FASD? Can you point to concrete actions?

Dr. David Butler-Jones: The second answer will actually be much longer. We've spent a fair bit of the time actually talking about it, and it is in the report. We work very closely with the Canadian Centre on Substance Abuse, the Public Health Agency, and others around, and they've offered leadership in this initiative, working with us.

In terms of the specifics, this has been a very useful conversation from my perspective and very helpful; I was not part of the previous conversation. I think we'll continue to build on that and modify it. I take very clearly the issues around whether there are some specific things we can identify collectively with our partners that are even more specific than the things we're working on, applying the knowledge as it develops. I think there are some real opportunities there. While I would never say it's been enough, there have been a number of things, and it does build on the existing capacities and strategies. I think in general terms it is the way to go, but it needs continued refinement.

Hon. Robert Thibault: Thank you.

The Chair: Thank you.

Madame Demers.

[*Translation*]

Ms. Nicole Demers: Thank you, Madam Chair.

Dr. Butler-Jones, I am sorry, but the reality is such that I completely agree with my colleagues. I do not understand. A study was made between the fall of 2002 and the fall of 2003. This left more than enough time to undertake a program, a strategy. We are now in June 2005. Witnesses have appeared before our committee for several weeks. Now, everything that is written in this document is the same as what we have been hearing here. It is the strategy that we had in mind and that we were considering important. However, we have not included specific figures or details about the implementation because we thought that it was up to you to do so.

After two months, you are coming to us with this neat little document. I wonder how much it has cost. The information that is contained in it is the same as that contained in studies that have been made on the subject matter, in the testimonies that we have heard or in the facts that we have already established. I would like to know what is the real timeframe for meeting the challenges that you are up to. When do you think you will be able to do so? These children continue to be born and these women continue to suffer.

Regarding your vision for the future, you talk about increasing the interest and the commitment, about establishing objectives that could be measured as well as creating and reinforcing partnerships. The Quebec's vision in terms of the future consist among others in imagining a sovereign country. When I see how our money is being spent, I am even more tempted to imagine my country as a sovereign country. I am sorry, but I was expecting much more than this.

[*English*]

The Chair: Thank you, Mrs. Demers.

Do you want to answer, Dr. Butler-Jones?

Dr. David Butler-Jones: It's an ongoing process. The detail gets developed. In terms of the framework, a number of things now have been accomplished that we set for ourselves two years ago.

Are there still things yet to identify and to develop in the strategy? I think we need to do that. This committee that's going to be meeting over the next six months is going to set the context for the rest of that, and in a year's time or nine months, or whenever the committee would like me to come back, we can do so to report on where we're making further progress.

● (1255)

The Chair: Thank you very much.

There's a new book out called *Blink*, and it talks about how some things are obvious and people can in ten seconds think of things and actually accomplish something. There was actually a study done in the U.S. military of a commander of a battle situation who went through an exercise that would probably have filled this book, analyzing every flow chart, asking every person his or her opinion. And there was another commander who responded based on his own experience and his will to respond, and in the battle, the person who operated under the “blink” mentality managed to demolish twenty battle ships and hundreds of thousands of enemy soldiers—this was all virtual—whereas the other people were still having consultations.

It seems to me that the people involved on this file need to read that book called *Blink*.

Usually I can see a connection between political will, money funded, and energy of the officials asked to implement something. Mr. Szabo has pointed out the political will around this issue, and I don't think it's just fetal alcohol syndrome. I think it's addictions in general. Most of us know there's not half enough money in this country spent on the rehabilitation of addicts, be they alcohol or drug addicts, and this becomes a repetitive process.

So I see the political will. If you need more money to do it, we want you to ask us for it. But what we see here in this book is more and more analysis and no action. I see people who look kind of beaten up on this file, and we're not trying to beat you up. We're trying to energize you. If you need money, tell us. If you need more people, tell us. But don't accept the status quo that suggests that ten years of Mr. Szabo's work is resulting now in the beginning of a committee—ten years later, the beginning of a committee. Then I worry about who is on that committee, if it's going to be the pathological approach of medical professionals always pointing out what's wrong instead of looking at some things that have worked. That worries me too, because we could be a year from now getting another analysis and another analysis and no action, and meanwhile, these kids' bodies are stacking up.

I like a couple of things I read in there about treating all people in this field with compassion and understanding because of the various factors that have been at work, and I'd like you to proceed with that attitude and that set of values about people. But I also hear the other side of it when I hear that $17 million out of $20 million is spent on one particular ethnic group, and I hear people referred to as “these people” in shelters. I come from one of the most affluent constituencies in Canada, and I can tell you, there are kids there affected by this. A lot of rich people drink a lot of alcohol. It isn't just aboriginals, and it isn't just poor people.

I find this distribution of money to be odd. This is a huge social problem that penetrates the whole country, and we need to be energized and aggressive about it. If you need things to accomplish that, please come to us, but I think you can sense the tremendous disappointment around the table on this file. And I'm not saying you aren't doing your best. Maybe you're doing your best with the number of people you have to work with, the number of dollars you have to spend. But we want action.

So thank you very much for coming.

Dr. Butler-Jones, did you want to make a comment?

Dr. David Butler-Jones: On further direction from the committee, we have these processes in place. I think the message is clear around the detail, the strategy, and those kinds of things. We are depending on our partners for a lot of that. In the short timeframe we had, it was really a consolidation of those.

You're asking us to dream even bigger than those who've been soldiering on this for a long time. I understand there's been a good history of people raising the issue, but in the broad sense that this is an issue we have to tackle as a society, I see a difference today from three or five years ago in my observations of society, and among professions and communities, etc.

So I think there is an opportunity here. Whatever timeframe makes sense toward the end of the deliberations of this committee to come back with the next iteration of this work, we would be pleased to do so. Hopefully next time you'll be more happy with us.

● (1300)

The Chair: Thank you.

I realize you're hampered by this being all federal-provincial and.... Who knows how energized those people are. But I really feel the federal government and people who are in the know here can be the leaders of those discussions. If we don't have a vision of where we want to go and what actions we want to take, who is going to lead these discussions? Is everybody just going to boast about what they've already done?

Dr. David Butler-Jones: We were sort of in the development of the collaborative networks. I recognize that this is not just federal, but would it be helpful to have a bit of a visioning document that was simply our perspective on it, which would then become part of—

The Chair: We would like that.

Dr. David Butler-Jones: Okay. Then we'll be back to you on that, and we'll have a conversation with this committee around what that will look like.

The Chair: Thank you very much for coming.

To my colleagues, thank you for your patience. We've gone over a few minutes.

This meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

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