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Chair

Mrs. Joy Smith

Standing Committee on Health

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● (1530)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): We have a quorum now, so I would like to get started because we have a lot to cover today.

I would like to greet the witnesses. It's absolutely wonderful to see you here today. We are quite looking forward to your presentations. We look to you for information and guidance in health.

I want you to know that your input is very important to us. Sometimes you'll see members doing a lot of things as they're listening to you, but they're doing things related to the committee, for the most part—99% of it.

Before we start, committee members, I want to give you this sheet that I'd like you to look over. It is our draft travel itinerary. I will leave that with you right now. I want to ask you also to hand in your Standing Committee on Health request for travel. You can either fax it in to Nathalie or you can give it to Georges, our clerk. Either way is good with him.

Let's start with our witnesses right now, because we're quite looking forward to hearing from them.

I would like to start with the Canadian Cancer Society. I believe it's Mr. Rob Cunningham, senior policy analyst for the national public issues office, who will be presenting.

You have 10 minutes for your presentation. We look forward to hearing from you.

Ms. Claire Checkland (Public Issues Analyst, National Public Issues Office, Canadian Cancer Society): Actually, I'm Claire Checkland, also with the Canadian Cancer Society, and we were hoping to split our time in two, if that's all right.

The Chair: Absolutely. It would be my pleasure. Usually people pick one, but it doesn't matter. It's whichever style you prefer.

Who wants to start?

Ms. Claire Checkland: I will start.

The Chair: Go right ahead, Claire.

Ms. Claire Checkland: Thank you very much.

As I mentioned, I'm Claire Checkland. I'm with the Canadian Cancer Society's public issues office here in Ottawa. I work on environmental and occupational exposure to carcinogens.

Thank you all so much for inviting us to present to this committee. We're very much looking forward to hearing more about this bill as it proceeds and to expressing to you our particular interests in this bill.

The Canadian Cancer Society is supportive of Bill C-6, and we're particularly pleased about its improved abilities to prevent unsafe products from entering our markets and the government's increased power to recall unsafe products. Of particular interest to the Canadian Cancer Society is the fact that this bill intends to address chronic health effects relating to consumer products as well as acute health effects.

I listened with interest on Tuesday as representatives from Health Canada described this bill, the proposed Canada Consumer Product Safety Act. Early on in their presentation, a representative from Health Canada highlighted that one of the general prohibitions from this bill is that no manufacturer or importer shall manufacture, import, advertise, or sell a consumer product that is dangerous to human health or safety. We all know, though, that there are many products on the market that pose a risk to human health and safety. We all have them in our own homes. And these products will continue to be on the market after this bill is passed.

Some products inherently pose a risk to human health and safety. Many of these products are currently dealt with by existing regulations, the consumer chemicals and containers regulations, from 2001. These regulations ensure that chemical products that pose an acute health risk to consumers are labelled so that consumers are warned of the acute risks associated with the use of the products and are informed of how to use those products as safely as possible. We see these acute health warning symbols on products on the market today, for example the skull and crossbones or the explosives symbol.

Leading up to the consumer chemicals and containers regulations being updated in 2001, extensive discussions occurred about the need for a consumer product labelling system for chronic health risks associated with products. Some chronic health risks that were considered include cancer risks or reproductive toxicity. The idea was that a chronic health risk labelling system could parallel the system that was being updated for acute health risks.

At this time, though, work was ongoing towards the implementation of a worldwide chronic and acute risk labelling system called the globally harmonized system, or GHS. It was decided that for chronic health warnings, we would wait for the GHS.

The Canadian Cancer Society proposes that we not continue to wait for the implementation of the GHS, for which we have already waited more than 10 years, as Bill C-6 poses an opportunity to move forward with chronic health risk labelling now. This could easily be done so that it would comply with and complement Canada's future implementation of the globally harmonized system.

On Tuesday, there were several references to the status of consumer legislation internationally. Several times, both the U.S.A. and the European Union were mentioned. What was not mentioned, however, is that in December, 2008 the European Union passed legislation exacting timelines for the implementation of chronic health risk labelling on consumer products. The European Union continues to corner an increasing share of the market for consumers who want to ensure safety of products that they purchase.

It is also important to mention that while we support the implementation of the GHS, we also recognize its limitations. In Canada, the globally harmonized system will appear only on consumer chemicals and will not appear on a multitude of other products, such as textiles, electronics, or children's toys. Bill C-6, however, would apply to all of those categories and more.

It probably goes without saying that the Canadian Cancer Society, first and foremost, calls for the elimination of cancer-causing substances in products. When elimination is not possible and a carcinogen remains in a product, we call for that substance, or those substances, to be identified through the presence of a hazard symbol as well as a clearly visible statement about the presence of the substance of concern. This statement must be visible to the consumer at point of sale.

● (1535)

The Canadian Cancer Society supports the principle of community right to know and asserts that Canadians have the right to be made aware of harmful substances in their food and consumer products, the air quality in their communities, as well as the health risks found in their workplaces. Community right to know empowers us all to make informed decisions, take action to improve our living conditions, and maintain our personal health and well-being. It enables us to act as informed consumers.

Thank you.

Mr. Rob Cunningham (Senior Policy Analyst, National Public Issues Office, Canadian Cancer Society): Thank you, Mr. Chair.

[*Translation*]

My name is Rob Cunningham. I'm a lawyer and Senior Policy Analyst at the Canadian Cancer Society.

[*English*]

I'm a lawyer specializing in tobacco legislation, and I have been involved in tobacco control for more than 20 years. Before turning to Bill C-6, I want to note with appreciation the motion unanimously adopted earlier today by the House of Commons urging action on tobacco contraband. Thank you to Ms. Wasylycia-Leis for sponsoring the motion, and to all parties for their support.

The Canadian Cancer Society recommends that Bill C-6 be amended to remove the permanent exclusion for tobacco products. The proposed amendment is short and simple but very important. Tobacco products cause more damage to public health than any other consumer product, killing 37,000 Canadians per year. It makes no sense that Bill C-6, in subclause 4(2), would permanently exclude tobacco products under virtually all circumstances from any of the bill's provisions.

I say respectfully that the current approach to tobacco in the bill is incoherent. Perhaps I could invite members to turn to our written brief circulated to you. In tab 1 you see schedule 1 of the bill. This schedule lists products for which there are separate statutes that regulate those products and are thus exempt from the bill. This includes explosives, cosmetics, prescription drugs, drugs, food, pesticides, and so on. However, clause 36 of the bill would allow a regulation to amend the schedule so that all or part of the act could apply to one of these products listed here—explosives or pesticides—should the need arise, should it be advisable in the public interest.

If you turn to tab 2, tobacco, the most damaging consumer product, is treated differently. You see highlighted there in subclause 4(2) a permanent exclusion that can never be modified by regulation. Our recommendation is to move the tobacco exemption from subclause 4(2) and put it in schedule 1 so it is treated similar to all of the other products for which there are separate statutes that regulate them.

I was present Tuesday for the testimony of officials concerning the tobacco provision in the bill. I listened carefully, but no persuasive reason against the amendment was presented, in my view. It is the case that the Tobacco Act was the subject of a constitutional challenge and was upheld as fully constitutional. But that is also true for some other products and statues in schedule 1. For example, the Food and Drugs Act was upheld as constitutional, as was the firearms legislation.

For the tobacco amendment, there is no legal or constitutional impediment to making the amendment. In making this statement, as a lawyer I represented the Canadian Cancer Society for 10 years as co-counsel in the intervention in court to successfully defend the constitutionality of the Tobacco Act, including before the Supreme Court of Canada. We appeared in court alongside the federal government.

It is the case that with the proposed amendment the wording for tobacco in the schedule will be different from other items listed, but that is fine in order to deal with the cigarette ignition propensity issue. Parliament can do that and should do that. Doing so would not undermine the schedule or the act. Doing so would in fact strengthen the potential ability of the act to protect Canadians.

On Tuesday, Assistant Deputy Minister Paul Glover explained that the objectives of the bill are active prevention, targeted oversight, and rapid response. These objectives are certainly relevant in the context of tobacco. The government should have the flexibility to deal with the tobacco epidemic in a rapid manner, should the need arise and the Tobacco Act be inadequate. There would be an escape valve available to protect the public interest.

On the other hand, maintaining the permanent exemption for tobacco products currently in subclause 4(2) would provide undesirable and unnecessary protection for the tobacco industry. There is no reason why pesticides, explosives, motor vehicles, cosmetics, and so on should receive more potential regulatory oversight than tobacco products.

During the second reading debate, Dr. Bennett, Ms. Wasylycia-Leis, and Mr. Thibault expressed support for our proposed amendment on tobacco. We are grateful. We urge all members of the committee to similarly support this amendment.

Thank you.

● (1540)

The Chair: Thank you very much, Mr. Cunningham. We appreciate your presentation very much.

We now go to the Canadian Paediatric Society, Marie Davis, the executive director. Thank you.

Ms. Marie Adèle Davis (Executive Director, Canadian Paediatric Society): A voluntary professional organization, the CPS represents more than 2,700 pediatricians, pediatric subspecialists, pediatric residents, and other people who work with and care for children and youth.

We are governed by an elected board of directors representing each province and territory. CPS members are committed to working together to advance the health and well-being of children and youth by nurturing excellence in health care, advocacy—which is why I am here today—education, research, and support of its membership.

We accomplish this mission in three ways. First, professional education ensures that those who care for children and youth have access to evidence-based research and clinical guidelines to provide the highest quality of health care to children and youth in Canada. Specifically around injury prevention, just to show you our dedication to this issue, at our upcoming annual conference to be held here in late June—and you're all welcome to come—we have at least two sessions on preventing injury, including one specifically concentrating on product safety for children under five. Pediatricians want to know what they can do to protect kids.

Second, we accomplish our mission through public education, providing parents and other caregivers with up-to-date information on disease prevention, health promotion, and injury prevention to support them in caring for their children and youth. Our parent website, Caring for Kids, for example, has over 150,000 visits per month. We also have an electronic parent newsletter, as well as a Facebook page. And as I will say later in my presentation, we would look forward to working with Health Canada and the Government of Canada to get the word out to both health care professionals and parents about Bill C-6.

Last, we accomplish our mission through advocacy. We want to work with governments to support legislative programs that protect children and youth from harm and promote healthy development. We are very active on the injury prevention front, especially at the provincial and territorial level. Injury prevention has been central to the mission of the Canadian Paediatric Society since its inception in 1922. However, even though many of us—CPS and Safe Kids, to name two—have been advocating for a national approach to prevent injury, we have a long way to go. As many of you know, the recent World Health Organization report entitled *World report on child injury prevention* gives a very disturbing picture of how many children and youth die needlessly or are injured every year. And this is something that is 100% preventable.

While Canada has made significant strides in reducing unintentional childhood mortalities and injury in recent years, we should not be smug about our progress, as the OECD still ranks us a dismal 22nd out of 29 developed countries in the prevention of such injury. We need to do more as a nation.

Therefore, the Canadian Paediatric Society welcomes the introduction of Bill C-6, as we strongly believe it will protect children and youth from injury. As just stated, we have long advocated for a Canadian injury prevention strategy. While Bill C-6 does not answer all the needs that would be met through the establishment of such a strategy—so we will continue to advocate for it—it is a vital component of what we envisioned: the federal government taking a leadership role within its powers to protect Canada's youngest citizens.

Perhaps one of the most useful roles I can play today is to tell you what the Canadian Paediatric Society has learned about product safety over the past few years. We have a joint program with the Public Health Agency of Canada, named the Canadian pediatric surveillance program, where every month we ask every pediatrician in Canada whether they have seen a child with a rare childhood condition or injury. In the last five years we have had the opportunity to study three injuries caused by commonly used infant products: wheeled baby walkers, which thankfully are now banned; infant bath seats; and magnets in toys.

So what did we learn? In light of the time available, I'm just going to speak about baby walkers and magnets today.

● (1545)

In the case of baby walkers, which we looked at in 2002, a voluntary ban had been in place for years on wheeled baby walkers, but children were still suffering injuries. We asked every pediatrician if they had seen an injury caused by a baby walker within the last 12 months. Eighty-four pediatricians had reported seeing a child with an injury they could remember, so it was serious enough that they could remember it. They reported seeing a total of 132 injured kids. Given that there is absolutely no development benefit to infants from wheeled baby walkers, one really must ask oneself, why did the product continue to be available in Canada?

When Health Canada righty initiated the process for a complete ban, one of the importers objected. This led to a long and costly review process, not only for government but the actual health care professionals who took their time to prepare for the hearings and to give up a day of clinical care to come to Ottawa and present. And at the actual hearings, the company that had asked for a review actually did not even bother to appear. So all of the witnesses in front of the review panel were organizations, like the Canadian Paediatric Society, that agreed with the complete ban.

What we would look forward to is the inclusion of the new general prohibition in Bill C-6, so the Minister of Health can now quickly act to remove dangerous products from the marketplace.

Turning to magnets ingested by children, when the CPS first started to hear from our members about their concern regarding the ingestion of small magnets, we were able to work with both Health Canada and the Public Health Agency of Canada to determine what pediatricians were seeing in their practices. Thirty-nine of the respondents to our survey were not even aware of the risk to children and youth—well, hopefully youth aren't swallowing them—from the magnets. There were 19 reported cases where children had swallowed the magnets, including a case of a perforated bowel, which is a very serious medical condition.

The information collected through this survey allowed us to better inform health care providers and the public about the risk of these toys and completely complemented the work of Health Canada and their risk communication efforts.

For CPS, one of the advantages of Bill C-6 is the mandatory reporting provision by the manufacturers. As Health Canada learns of risk associated with products used by children and youth, we can work together with them and with partners, such as Safe Kids, to get the word out quickly to health care providers and, through them, to the parents they serve.

Pediatricians are very committed to something we call anticipatory guidance—providing parents with the information they need to do the best they can. A large portion of the anticipatory guidance we encourage our member to do is around injury prevention. The more information child and youth health professionals have that they can share with families or that we can include in our public education pamphlets and handouts and on our web, the better. By providing very current evidence-based information, we can protect our kids from senseless injury.

Allow me to share with you another incident that occurred during the last six years. It demonstrates the importance of Bill C-6, specifically clauses 9 and 10.

As I'm sure you are aware, the CPS recommends that babies sleep on their back. We discovered that a product was being sold at a major Canadian retailer claiming to position the child for sleep in the position recommended by the Canadian Paediatric Society. The problem with that is that if you actually go and read our statement on safe sleep, it specifically says there is no need for any product or cushions to keep the baby on his or her back. In fact, we state that the crib should be free of all pillows, toys, etc.

At that point in time, we had little recourse to change the packaging, other than to file a complaint with the company, inform the retailer of the misleading claim, and then hope they would listen to us. With the new provision in Bill C-6, we can contact Health Canada, people with whom we share our value of protecting children and youth, and allow them to work with us to ensure that products are not being marketed to parents under false pretense.

In closing, we would like to urge that Bill C-6 be passed into law as soon as possible. The Canadian Paediatric Society looks forward to working with Health Canada to inform physicians of the new legislation to encourage them to actively report incidents due to a consumer product. Now there will be even more incentive for them to do so, because they will feel that something can happen quickly to protect the kids they serve. We look forward to using our channels to inform and educate parents of the enhancements to the safety of products intended for use by their children and youth.

● (1550)

I would also hope that as part of the action plan, as it's considered and finalized, there are funds to support Canadian surveillance to examine product safety for children and youth, as well as funds to support parents to obtain replacements for recalled essential equipment, such as cribs. We would hate to have a parent respond immediately to the recall and then put their child in an unsafe sleeping position. So we need to make sure we support parents in that way.

Thank you. *Merci*.

The Chair: Thank you very much.

We're now going to go on to Pamela Fuselli with Safe Kids Canada. Thank you so much.

Ms. Pamela Fuselli (Executive Director, Safe Kids Canada): Thank you.

Safe Kids Canada is the national injury prevention program of Toronto's Hospital for Sick Children, or SickKids, as it's known. As a knowledge broker, Safe Kids builds bridges between researchers, practitioners, policy-makers, and the public so that activities, messaging, and tools can be based on the best evidence available and make the best use of scarce resources.

Our vision is fewer injuries, healthier children, and a safer Canada. To achieve this vision, our mission is to lead and inspire a culture of safety across the country using a comprehensive and innovative approach. In pursuit of these goals, Safe Kids raises awareness, develops strategic partnerships, brokers knowledge, and advocates to prevent serious injuries among children, youth, and their families.

So why is children's injury prevention important to us? In our 2006 injury trend report, we found that on average 390 children and youth are killed every year, and another 25,500 are hospitalized for serious injuries in Canada. Unintentional injuries are the leading cause of death for those between the ages of 1 and 14 years.

Preventable injuries to children cost Canadians approximately $5 million per year. Many of those who survive are left with lifelong disabilities, increasing the impact of injuries on both individuals and families. What may be more surprising, which Marie Adèle referred to, is that the majority of these injuries are predictable and preventable. In addition, many effective interventions that are already known have not been widely implemented.

Injuries specifically from the use of consumer products are common, frequently serious, and sometimes fatal. Between 1990 and 2007, over 1.6 million children and youth visited emergency departments across Canada for the treatment of injuries. In recent years, almost half of those injuries involved consumer products such as furniture, toys, and window coverings.

There appears to be a disconnection between product safety realities and consumers' expectations. Recent survey results from Safe Kids Canada have shown that even though more than half of parents knew that injuries were the leading cause of death for children, and 70% of them believed injuries were preventable, the majority of Canadians believe that if a product is available for sale on the market in Canada, it is safe or has been tested for safety. Children are particularly vulnerable to product-related injuries due to their age, physical attributes, cognitive abilities, and developmental stage.

In Canada, a variety of consumer products have no regulations, particularly children's products such as bunk beds and trampolines. The current Hazardous Products Act, which is over 40 years old, is limited in scope and lacks the government's recall powers and the ability to be proactive.

While Safe Kids Canada acknowledges that the consumer product landscape is complex and global, there is the ability to renew and modernize current legislation to address these challenges. This is an essential component of a comprehensive approach to injury prevention. The Canadian consumer product safety legislation is a positive step forward, as its three main principles—active prevention, targeted oversight, and rapid response—enhance consumer product safety through the renewal and modernization of Canadian legislation. It is proactive and seeks to address issues before they happen.

The active prevention pillar of Bill C-6 outlines a new general prohibition against the manufacture, importation, advertisement, and sale of consumer products that are, or are likely to, pose an unreasonable danger to the health and safety of the public. An important component in this pillar is the inclusion of “manufacture”, as previous bans under the Hazardous Products Act only prohibited importation, advertisement, and sale. This puts the onus on industry to develop and keep in mind the target audience they have for their product when they're designing it.

Injury surveillance systems need to be enhanced to include the ability to monitor product interactions and outcomes, including tracking injury, product data, and product use. The targeted oversight pillar in Bill C-6 gives the government authority to require industry to report health and safety issues concerning their products. It also requires companies to conduct safety tests and be responsible for the products that are brought into Canada.

Investments are required for response and enforcement through increased inspectors. The rapid response pillar of Bill C-6 gives the government authority to issue mandatory recalls of dangerous products. Currently under the Hazardous Products Act, the government can only issue public advisories or warnings, and it relies on industry to voluntarily recall a dangerous product. This makes the process long, resulting in delays in removing dangerous products.

● (1555)

Safe Kids Canada would also like to see increased public access to consumer product safety information through effective communication strategies. Since 2003 Safe Kids has worked with the federal government on legislative renewal to strengthen consumer product safety legislation and ensure that products available for sale in Canada are safe. We've participated in consultations along with other organizations and support enhancing the consumer product safety program's capacity for injury surveillance, reporting, and consumer education.

Safe Kids Canada has partnered with Health Canada and the Public Health Agency extensively on various injury-related issues, including consumer product safety. We have participated in consultations like the baby bath seats, and in partnership with Health Canada we communicate important information to professionals and the public. In addition, as Safe Kids Canada's executive director, I am the co-director of the Canadian hospitals injury reporting and prevention program, or CHIRPP, as it is well known, and I do that at the site located at Sick Kids.

As we have also heard, countries like the United States and the European Union have passed new consumer product safety legislation, and Bill C-6 would bring Canada in line with these global changes.

The ban on wheeled baby walkers is one of the best examples of why new legislation is required. For many years, over 10 in fact, major distributors in Canada voluntarily stopped selling wheeled baby walkers. Regardless of this, the product continued to be sold at second-hand stores, on street corners, through garage sales, and was handed down to friends and family.

For one of our campaigns, Safe Kids Week, in 2003, we launched a major national media campaign to raise awareness of the dangers associated with baby walkers. This campaign's message, to wipe out walkers, supported Health Canada's efforts to ban the sale, importation, and advertisement of baby walkers. With nearly 300 parents, doctors, and public health professionals participating in the advocacy campaign, Health Canada was able to make Canada the first country, and currently the only country in the world, to ban baby walkers.

Even with the industry challenge that was upheld, in 2007 the government concluded that wheeled baby walkers pose an unreasonable risk of injury and death. If the provisions in Bill C-6 had been in place this dangerous product would have been removed from the Canadian marketplace years before it actually was.

In another case, the case of yo-yo balls, Health Canada issued two public advisories to warn parents of the dangers of the yo-yo ball and sought voluntary compliance from suppliers and manufacturers, and importers and retailers, to not make these products available. Unfortunately, this approach did little to deter the toys from being found in stores and continuing to make their way into the hands of children. At least 20 cases of near-miss strangulation from yo-yo balls were reported to Health Canada. This did not account for the many incidents that occurred but are not reported. A number of countries, including France, the United Kingdom, Australia, and Brazil, banned the toy. Quickly thereafter, Health Canada issued a ban on this product and sent a clear message that this toy should not be imported, advertised, or sold in Canada. Again, recall powers would have allowed Health Canada to remove this product.

There are more recent examples, like magnets, that have followed a similar process.

The complex supply chain for these types of products, many of which are manufactured overseas and distributed through numerous channels, makes voluntary banning even more difficult and ineffective.

While current legislation prohibits the advertising, sale, and importation of dangerous products such as wheeled baby walkers and yo-yo balls, there are other products on the market that still require regulation in the interest of child and youth safety, such as infant bath seats, which have been associated with unintentional drowning and provide parents with a false sense of security.

Examples of product regulations that have led to injury reduction include childproof lighters, fire-resistant clothing, blind cords, and product packaging.

Every year Safe Kids Canada, in partnership with communities across Canada, launches a national public awareness campaign focused on a particular injury issue. On May 25 of this year we will launch this year's campaign with a focus on consumer product safety.

The campaign messages, activities, and tools are based on best practices, and over 600 partners will be distributing valuable information to parents and caregivers about how to purchase, assess, and report issues with products, conducting activities like unsafe product roundup events, as well as encouraging partners to write letters urging the new consumer product safety legislation to be passed. In addition, Safe Kids Canada has worked with Health Canada and the Public Health Agency on a CHIRPP report , *Child and Youth Injury in Review - 2009 Edition Spotlight on Consumer Product Safety*, which will be released during this week.

● (1600)

Unintentional injury remains the leading cause of death to Canadian children. In fact, it's a leading cause of death worldwide, as reported in the recent WHO/UNICEF report released in December 2008.

Bill C-6 will provide an important foundation upon which products brought into Canada will be measured. Safe Kids Canada, together with our partners in injury prevention, has called for a national injury prevention strategy that would include leadership, policy coordination, research, surveillance, and public information and education. Renewals of existing product safety legislation would be in keeping with the policy coordination pillar of the strategy. Research and surveillance are also needed across injury problems, including on product-related injuries. Public education is another pillar of the strategy that applies to product safety.

Safe Kids Canada's goal is to keep Canadian children healthy, active, and safe. Product safety is in everyone's best interest, and everyone has a role to play—Canadians, industry, and government.

Thank you.

The Chair: Thank you so much, Pamela. Your presentation was very insightful and quite thought provoking, particularly when I hear about things that one doesn't realize are a danger every day but that one takes for granted. So thank you so much for that.

I'll turn to the Physicians for a Smoke-Free Canada and Cynthia Callard, please.

Ms. Cynthia Callard (Executive Director, Physicians for a Smoke-Free Canada): Thank you very much.

I see Bill C-6 as a bit of an historic opportunity. It's not very often that Parliament receives legislation as powerful as this: legislation that creates a whole new framework for corporate responsibility and removes some of the leg irons from health inspectors and allows them to respond to product-based health threats as they are happening.

I'm a fan of this bill, but I'm here to encourage you to amend the bill to ensure that it achieves its objectives and doesn't allow harmful compounds or products to remain improperly regulated.

As a start, I urge you to begin with the recommendation of the Canadian Cancer Society to delete subclause 4(2). Unless amended, this bill will put stronger legal obligations on the manufacturers of floor polish than it will on tobacco manufacturers. I think this is not consistent with our usual approach to targeting the most harmful products.

I hope you'll go further, however, than just changing a statutory exemption into a regulatory exemption, and that you'll see the value of amending the bill to bring tobacco companies' responsibilities in line with those of other manufacturers. We've circulated an amendment that proposes to do this. This amendment would narrow any regulatory exemption for tobacco products to only those products that were on the market on the day that Bill C-6 was introduced in the House.

Tobacco is a historic mistake. We inherited it as a problem. Our parents inherited it as a problem. Unless we do things differently, our children will inherit it as a problem. But the mistakes of the past don't have to be repeated in the future, and they don't have to be repeated in Bill C-6.

The amendment we propose would make 2009 the year when the special exemptions for tobacco companies come to an end. It would not remove the legal supply of cigarettes; it would draw a line in time that accepts the mistakes of the past by exempting existing products but refuses to continue that mistake into the indefinite future.

I'd like to illustrate the need for this approach by presenting the novelty tobacco products that I brought with me today. The clerk, I believe, has circulated one or two. I have a box of others.

About four years ago, tobacco companies exploited some loopholes in the Tobacco Act to launch kid-friendly flavoured tobacco products. With no health warnings, bright colours, and affordable packaging, they look innocuous. These products are inherently harmful, as are all tobacco products, but they are also unreasonably harmful because they're packaged and designed to lure non-smokers into smoking, and because they're packaged in ways to defeat health regulations.

Health Canada would have been the first to know about these products, and the first to receive the survey results showing that the marketing of these products had reached one in three Canadian kids aged one to 19, and that half of the kids who smoked these products never smoked cigarettes. Yet Health Canada did not have the tools to get these products off the market in a timely way. They still don't.

I'm hopeful that Parliament will soon address this serious problem. Bill C-348, introduced by Ms. Wasylycia-Leis earlier this spring, will do the trick and deserves your active support. The Prime Minister has also promised to bring in a government bill that will hopefully also receive strong support from all sides of the House. One way or another, we need a law soon.

Bill C-6 will not solve the problem of these products. It's too late for that. That barn door is open and the horse is gone. But these products exhibit the general problem that Bill C-6 would fix in the future.

The inventiveness of tobacco product companies has not been exhausted. Since Parliament passed the Tobacco Act in 1997, more than 80 patents and 100 trademarks have been filed. The trademarks and patents of today are the products of tomorrow. Traditional laws like the Tobacco Act are not up to the task. They can't pull products off the shelves.

We are told that these products, even when they're banned, will have to stay on the shelves until the supply is exhausted. They are dangerous enough to be taken off the market, yet curiously, we expect consumers—in this case consumers we know to be children—to buy and smoke every last one. The Ontario government banned these products in December, yet on Tuesday I bought the ones I've provided today for you—five months later.

In contrast, Bill C-6, if adopted, could see future products of this type taken off the shelves immediately if a company tried to market them. But its biggest strength would be in the general prohibition clauses of the law. Companies would stop marketing new products unless they could make their products safe enough to satisfy clause 7 of the law, which is the general obligation to not sell products that are a danger to human health or safety.

I see Bill C-6 as an excellent complement to the aging Tobacco Act. The two acts together will, for the first time, make it possible to effectively prevent product marketing for tobacco.

On Tuesday, I listened carefully to the rationale given for the statutory exemption for tobacco products. If I heard correctly, the department's reasons were twofold. First, they felt the Tobacco Act was sufficient. Second, they didn't want to be taken to court by tobacco companies. I don't share their view that the Tobacco Act is sufficient. Also, I find it revealing of the continuing power of tobacco companies to bully the government into inaction that the department would even cite concerns about going to court.

● (1605)

Parliament made an understandable mistake in 1969 when it failed to include tobacco products in the first Hazardous Products Act. But there have been several subsequent attempts by parliamentarians to fix that mistake. On at least two occasions, the House of Commons and Senate have worked independently of government officials to include tobacco in the Hazardous Products Act. Once was in 1988 with Bill C-204, which had advertising restrictions, and the second time was in 2004 with Bill C-260, on flammability standards. Tellingly, both times, elected members worked across party lines to create a law within Parliament, not just use Parliament to pass a law drafted elsewhere.

Twice before, this House has worked together to insert tobacco products into consumer product safety law, where I think it properly belongs. I hope you will see the merits of doing so a third time.

Thank you.

● (1610)

The Chair: Thank you very much.

Now we have Mr. Aaron Freeman from Environmental Defence.

Mr. Aaron Freeman (Policy Director, Environmental Defence): Thank you, Madam Chair and members of the committee, for the opportunity to speak to this bill.

We think this legislation is an important step in bringing Canada up to the standards of other countries in terms of consumer protection from toxic chemicals. We feel this legislation could be greatly strengthened, however, to place Canada among the global leaders in consumer protection and to promote clean technology and jobs in the new economy.

I'd like to propose some possible amendments that we, along with other organizations, believe would significantly improve the bill while still addressing many of the concerns you heard from departmental officials earlier this week. I've submitted to the committee a more comprehensive list of recommendations, which I believe you have before you. They were distributed by the clerk.

I'd like to focus my comments on those dealing specifically with the phase-out of toxic chemicals and a labelling provision to ensure that consumers are made aware that a toxic chemical is contained in a consumer product. The idea here is that if a chemical causes cancer or is a reproductive toxin, there's really no reason it should be used in a consumer product. It was argued here earlier this week that you can't eliminate some chemicals from a product, given the technologies available to detect chemicals at smaller and smaller levels. However, in virtually all cases, including here in Canada, when government bans a chemical, a *de minimis* threshold is established.

Under California's Proposition 65 law, for example—this is a law that has been in place for more than two decades—the government establishes safe use thresholds that allow well-accepted *de minimis* thresholds for each substance. Even in Canada's own Hazardous Products Act we allow for background levels of lead under what we call a ban on lead in children's jewellery. These levels are in line with background levels of these substances. This is a well-accepted regulatory practice.

Some may argue that if the level of a chemical is safe, there's no reason to restrict it from a product. However, for many carcinogens, there is no known safe level, and for many developmental toxins it's been shown that low doses may actually be more hazardous than higher doses.

Even beyond these examples, to say that the concentration of a toxic chemical falls below a risk threshold is not the same as saying that it's safe. This approach also seems to ignore the effects of cancer-causing agents in our environment and the need to reduce harmful chemical exposure population-wide.

By focusing on the individual effects resulting from each product use, the department is ignoring the cumulative and synergistic effects of exposure. While exposure from a single product may fall below a risk threshold, there is still a need to reduce overall exposure for many chemicals that have multiple sources and to reduce those sources wherever possible. This is consistent with the precautionary approach, the specific principle of Bill C-6, as well as with international environmental law. The department's approach would appear to be directly contrary to this principle, demanding full scientific certainty before acting to prevent adverse effects.

This is all the more important with regard to environmental exposure. Addressing broader environmental harm caused by consumer products is embedded in the preamble of Bill C-6, yet the department's risk threshold approach—examining one chemical's risk for one person from one product—would often preclude a broader analysis of environmental harm.

For these reasons, we propose a five-year phase-out of chemicals that are known to be potentially carcinogenic or that are reproductive toxins. We've included an exemption provision for the small number of cases in which a chemical can be shown to be harmless and for cases that would involve severe economic hardship. The general prohibition in the bill should also explicitly make reference to exposure via the environment.

Second, I'd like to deal with the labelling issue that came up in testimony earlier this week and that my colleague Ms. Checkland mentioned in her testimony today. As Ms. Checkland has pointed out, there is no assurance that the globally harmonized system will be in place any time soon. However, if a GHS labelling provision is indeed just around the corner, a statutory backstop that provides a legal requirement for labelling within one or two years should only help the department to focus its discussions with stakeholders.

● (1615)

There are some key elements that this legal requirement for labelling must include.

The first is that the list of products covered by the labelling requirement must be comprehensive. As Ms. Checkland pointed out, the current range of products being considered by the department under the GHS system is quite narrow. It does not include the vast majority of household items, including toys, consumer electronics, household furnishings, clothing and textiles, and many other products. The labelling provisions should cover all products that fall under the proposed new Consumer Product Safety Act.

Second, the chemicals on the labelling requirement list should include all chemicals that have been identified as health toxins under CEPA, the Canadian Environmental Protection Act. The list should also include internationally listed carcinogens and developmental toxins. Departmental officials raised a number of examples of where such chemicals are in substances such as coffee. That was one of the examples they gave. However, these examples are mainly in the food and drug sector and are well beyond the scope of this bill. Even in the smaller number of cases where the chemical poses no significant health risk in a particular product, the committee can easily put in place an exemption provision.

Third, the label itself should be crafted with a clear hazard label, with the particular health hazard readily apparent to the consumer.

This approach, with these three elements, is consistent with the department's current intentions under the GHS, but their approach would have to be broadened to include far more sectors and more specified chemicals.

Bill C-6 does provide the authority for the minister to require labelling, but such discretionary provisions already exist in CEPA and other legislation and are not being significantly used. Clearly, without a legal requirement, this sort of labelling is very unlikely to happen.

Other jurisdictions globally have moved ahead of Canada on reducing the risks from toxic chemicals in consumer products. Since 1987, the California Safe Drinking Water and Toxic Enforcement Act of 1986, what I referred to earlier as Proposition 65, has required warning labels for approximately 775 carcinogenic and reproductive toxins. Other jurisdictions, such as the European Union, Massachusetts, and now Ontario, have employed a regulatory approach of eliminating toxic chemicals in the production process and requiring substitution of safer alternatives. These approaches go well beyond the safe threshold approach the department advocates.

We hope the committee will consider bringing Canada up to the standards of these leading jurisdictions and increasing the level of protection afforded to Canadian consumers by providing much-needed information and phasing out toxic chemicals from consumer products.

Thank you.

The Chair: Very good.

Now we'll go to Dr. Duncan.

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

And thank you to everyone. That was thought-provoking and factual. Thank you.

Like you, I am concerned that the bill does not phase out or ban known carcinogens and other toxic chemicals in consumer products. I know the response to why that's not being done will include some of the following questions. How do you identify which carcinogens? How do you identify which chemicals? What system do you use? Do you use IRARC? Do you use PIC? What content or concentration is harmful in the product? How do you look at the release of the carcinogen or the chemical, and how do you look at cumulative impacts?

As Mr. Freeman mentioned, this is being done elsewhere. In Europe they don't allow carcinogens in makeup. In California there can't be a carcinogen or something that's damaging to the reproductive system.

I'm wondering if you can comment on those challenges. Do you think they can be overcome? What model would you suggest? I just feel we have a real opportunity here to do something that will make a real difference to Canadians going forward.

Thank you.

● (1620)

The Chair: Who would like to begin with that question?

Ms. Claire Checkland: I would, and I actually was allowed to bring this upstairs, so I'll use it as an example.

This is a product I found in my own office at the Canadian Cancer Society. Our administrative staff had been using it to clean our whiteboards for a while. As I grew familiar with this file and started looking at different carcinogens, I became more familiar with the names of carcinogens and what they all meant, so now of course I'm a little bit obsessed with looking at product labels.

First, I was shocked at seeing how many different labels are on this one. You can't see from here, but there's a flammable symbol, there's a skull and crossbones, and there's an explosive symbol. Below that it says “extreme danger”. If you turn it around, in small print—it makes me feel as if I'm getting old too—you can read why it has the skull and crossbones symbol on there. It's because it contains tetrachloroethylene. Under IARC, the International Agency for Research on Cancer, that is categorized as a 2A carcinogen, which means it probably causes cancer.

If IARC were able to do more research on humans, which of course it can't, ethically, it probably and very likely would be categorized as a known. Because there are ethical conditions and restrictions around doing research on humans, the evidence is restricted, so they often end up being 2A, which means there's sufficient research that it's cancer-causing in animals and some evidence that it's cancer-causing for humans.

To get full circle to answer your question, when a consumer has purchased this product, decided they're concerned, gone on the Internet, researched, they can finally—sometimes, not always—find what's called a material safety data sheet. On that sheet, they can then read more about that chemical. For this specific chemical, if you have the Internet and if you have the time and everything else, you can read about the fact that this product contains a probable carcinogen, and you can even read about the types of cancers that might develop because you've been exposed to this product.

To summarize, it's not that the data are not out there. The data are available in many, many cases on these material safety data sheets. If you're in an occupational exposure, you can read—although even with that there are big, big, big problems—and find out more about what you're being exposed to. So I would refute the claim that it's as difficult as people claim it would be to tell us about what we're being exposed to and what it potentially might lead to in our futures.

The Chair: You still have time.

Ms. Kirsty Duncan: Okay, terrific.

The Chair: I think Mr. Freeman wanted to make a comment. Are you directing your question to him?

Ms. Kirsty Duncan: I'd like to hear from Mr. Freeman, and then I will ask about labelling.

The Chair: Okay, Mr. Freeman, you have about two and a half minutes.

Mr. Aaron Freeman: The first element of your question was, essentially, how you populate the list. If you create what we sometimes refer to as a hot list of chemicals, how do you populate that list? Probably the easiest place to start is where the Canadian government has already assessed a chemical as being health toxic. We have that list under the Canadian Environmental Protection Act. Under schedule 1 of that law, we've assessed a number of chemicals, and we do both an environmental assessment and a health assessment. You could look at those chemicals, both on that list and off that list, which we've assessed to be toxic on health standards.

Now, there's some overlap here, but there are a number of other lists. Ms. Checkland mentioned the IARC list. There's the national toxicology program in the U.S. Particularly with regard to reproductive toxins, there's the Proposition 65 list in California. Those are all jurisdictions that have dealt with the exact question you're dealing with. We can easily import a lot of that information here to Canada.

Each of these jurisdictions, including Canada, establishes a safe use threshold. What we would consider to be a background level is fairly well established for most chemicals. When you ban a chemical, you're not really banning it, you're banning it to background levels, essentially.

The Chair: There is just a minute left, if you could quickly finish.

Mr. Aaron Freeman: Actually, I'll defer back to the member, if that's okay.

Ms. Kirsty Duncan: Okay, thank you both.

Really, I'm also very concerned about mandatory labelling. As you mentioned, in California, products that contain chemicals that are known or suspected to cause cancer or disrupt normal reproductive function must have a warning label. In Europe, a product cannot carry an eco-label if it contains a cancer-causing substance.

I'd really like to hear your suggestions on what you think a good model would be for labelling in Canada.

● (1625)

Mr. Aaron Freeman: Both the California model and the European model provide good instruction for Canada, and we could easily adopt a similar system here. But they've adopted a much more precautionary approach to risk management than the traditional approach Canada generally takes.

The Chair: Thank you, Mr. Freeman.

Mr. Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thanks to the witnesses for being here this afternoon.

I'd like to talk about labelling. Looking at Ms. Checkland's bottle, you can see that the labelling isn't right. A number of notations appear on the bottle, and I wonder where information could be added. How could this labelling be adapted to make it clearer for the consumer?

I'll put my question first to Mr. Cunningham, from the Canadian Cancer Society. You can answer me later.

[*English*]

The Chair: Monsieur Malo, if you don't mind my interrupting for just a moment, I'll be sure to give you the time.

This is to let the witnesses know that when I go into overtime, it's not because I'm trying to be rude to you. It's just that when it really starts to go into overtime, others don't get their questions in. Sometimes a member will pick up on that last question and continue it so you can answer it. So I try to be fair and equitable, and I really don't want the witnesses to think I'm trying to be rude.

Thank you.

[*Translation*]

Mr. Luc Malo: Thank you very much, Madam Chair.

I understand that the amendment proposed by Physicians for a Smoke-Free Canada and yours are different. The purpose of the amendment by Physicians for a Smoke-Free Canada is to create two classes of tobacco products: those before and those after January 2009. For that reason, I won't go back to it for the moment.

I'm going to come back to your proposed amendment. Subclause 4 (1) of Bill C-6 reads as follows:

> 4.(1) This Act applies to consumer products with the exception of those listed in Schedule 1.

So there's a list. As for subclause 4(2), it reads as follows:

> 4.(2) This Act applies to tobacco products as defined in section 2 of the Tobacco Act but only in respect of their ignition propensity.

I wonder why you want to put this item in the schedule since it's already excluded. I want to understand the nuance. You seem to be telling me that it isn't the same thing as if this element were in Schedule 1. And yet you word it exactly the same in the schedule. I want to understand why it's different in your mind.

Mr. Rob Cunningham: Thank you, Mr. Malo.

Clause 36(1)(c) of the bill grants regulatory authority to amend the schedule. With respect to clause 4, it is impossible to make an amendment by regulation in future. However, if it's in the schedule, it can eventually be decided that the act or part of the act will henceforth apply to tobacco or other drugs. So the difference is that there is regulatory potential to use it in the future.

Mr. Luc Malo: All right.

Why do you think the government has decided to exclude tobacco products from a potential subsequent amendment? I'm trying to understand why you want to put an end once and for all to all debate on tobacco products with respect to the application of Bill C-6.

Mr. Rob Cunningham: They gave two reasons for that on Tuesday. First, tobacco is already regulated by another act, but that's not convincing because the same is true of a number of other classes of products.

● (1630)

Mr. Luc Malo: Absolutely. The same is true for other items. That's why I don't want to go back to those products.

Mr. Rob Cunningham: Second, they indicated that this will undermine the integrity of the schedule. I don't agree because there's no legal or constitutional problem with including tobacco. The situation is somewhat different in the case of cigarettes, because they can cause a fire if dropped on a carpet or something like that.

In Schedule 1, for example, there are aspects of a vehicle that are regulated, but not all.

Mr. Luc Malo: If you consider that the government's arguments are invalid, what are the real reasons, in your view?

Mr. Rob Cunningham: My colleague Ms. Callard testified on that point today. In fact, it's a good question to put to the officials. In my opinion, there's no good reason. I know that a lot of elements traditionally relate to tobacco manufacturers. In my view, there's no legal reason preventing this amendment.

Tobacco is normally exempted from this kind of act, but that should no longer be the case.

Mr. Luc Malo: On the other hand, since this appears in Schedule 1, and because of the manner in which it's drafted, it would nevertheless be exempted since we have the Tobacco Act.

Mr. Rob Cunningham: Except that there would be potential flexibility in the future, if necessary. Action should be taken quickly because there could be other activities by manufacturers.

Mr. Luc Malo: Mr. Checkland, could you speak to the labelling issue?

[*English*]

Ms. Claire Checkland: Sure. It's a bit of an interesting thing for me, because working for a non-governmental organization, where they put the label is really not hugely of concern to me. It's just that the consumers be warned. But as I mentioned, this particular bottle has a label for flammability, skull and crossbones for toxicity, and an explosive logo. Should the product have also been corrosive, they would have found space to include that logo too. We now have full ingredient disclosure on cosmetics in Canada, and they've found lots of ways to fit that in. Sometimes you peel the label back to find it.

The industry can figure that out, so I'm not too worried about it.

[*Translation*]

Mr. Luc Malo: Would it be a pictogram or something written?

[*English*]

Ms. Claire Checkland: The globally harmonized system we've apparently been pursuing for 10 to 15 years, which Europe is moving on, is a symbol. In that case, it's one symbol that depicts chronic health risk as a whole. It's an interesting symbol. It's a silhouette of a man with bubbles coming up through him. Below that, just like for these ones, it says why. So it will say “extreme danger”, “very flammable”, “poison”, “irritant”, or “contents under pressure”. In the case of cancer, it would say “warning, cancer risk” or something like that. If you turn it around, you can maybe see what trigger chemical has merited that label.

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

Mr. Malo, just for the record, I gave you extra time.

Now we'll go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chair, and thanks to all of you.

On tobacco, based on the dialogue we had with the officials on Tuesday, it seems that the only reason for not including tobacco under this bill—the way you've described it or wished for—is fear of another legal battle. It almost seems that tobacco has the upper hand. As a country we fight tobacco, take it on in big court cases, and win. Now we have a government that's afraid. It's almost like it's being blackmailed or something by tobacco and it's afraid to take it on again.

Is there another reason, other than fear of another battle with big tobacco?

Mr. Rob Cunningham: I can't articulate any further reasons than have already been expressed. I can reiterate my view that there wouldn't be any legal impediment if this amendment were adopted. I can't conceive what legal argument tobacco could bring to court.

Would they challenge this bill on the grounds that they've been exempted because of the schedule? If at a certain point regulations were adopted to say that part of the act would apply to tobacco, of course the government would have to ensure that any such regulations were consistent with the Charter of Rights and Freedoms. But to simply have the amendment made at this stage, there should be no impediment.

● (1635)

Ms. Judy Wasylycia-Leis: For the whole panel, I would like to make a suggestion or a hypothesis. I think the fact that we've had absolutely no desire shown by the toy manufacturers or the consumer products industry to appear before this committee says that they're quite happy with this bill, which tells me that they're not too worried about any punitive directions from this government.

The more I look at this bill, the more I think that what in fact we have is a bit of a smoke and mirrors effort that will only serve, if we're talking about magnets in toys or walkers with wheels—visible whole products that are obviously a danger—to move industry a little faster than they would be moved by public opinion, keeping in mind that without any recall legislation we had 240 recalls last year, 90 recalls in 2007, and so on.

I'm not sure we're any further ahead with this bill in terms of dangerous products, because we're not dealing with anything other than the obvious, visible, easy stuff that has to go off the market. What we're having trouble with in this bill is that there's no way we can get the government to move quickly on compound products, on products that have toxic substances. We were told two days ago that even if this bill passed tomorrow, we're going to have to wait for however long the government wants to take to develop standards on lead. So the story in the paper about doctors and parents and children being concerned about heavy metals in kids' face paint has to wait, because there's no strategy.

It seems to me the government can do this as long as they want. There is nothing in this bill that forces the government to do anything. It's full of “mays”; there are no requirements. I think this is really a smoke and mirrors exercise and that we have to really be tough in terms of some amendments.

I would like to ask Marie Adèle, are you really that happy with this legislation from the point of view of pediatricians? Wouldn't you want to see some legislation that requires the government to actually use the tools that are listed here; that actually requires the government to inform consumers, if there is any kind of danger on site; that requires the government to remove or restrict a product; that requires information be made available to consumers; that requires labelling, if nothing else works? Wouldn't you want that as a pediatrician, as a mother, as a parent?

Ms. Marie Adèle Davis: Thank you very much.

To respond to your first comment about the timeliness, I think timeliness does matter. The quicker products found to be dangerous to children and youth are off the market, the better. For me, if in that period of time even one child is saved an operation for a perforated bowel, then it was worth getting that product off the market.

Certainly we would look forward to working with Health Canada around the regulations to make sure that speed is of the essence in taking action, but more importantly in informing parents. We would look at all the different mechanisms that are available out there to inform parents about products that are unsafe for their children. As I said in my closing remarks—and I'm trying to go relatively quickly, to give my colleagues a chance to speak—there should absolutely be money in the action plan for surveillance.

We have not heard from our members that they are seeing cases of lead toxicity in children and youth. But on the flip side, we have had a proposal to do surveillance, to look at heavy metal toxicity in children and youth through our surveillance program, and we have not been able to find the funds to do it. So for me a very important component of the action plan, the regulations, is that we have money to do surveillance quickly and effectively, to be able to feed into the system.

Ms. Judy Wasylycia-Leis: Let me interrupt you there, on that particular point.

In fact, we know that Health Canada has already, through its own research, found heavy metals in children's face paints exceeding the government's own proposed impurity limit. So here's a case where we have the surveillance, but we don't have anybody willing to act on it, because they won't do what Aaron Freeman and others are recommending, which is to look at the substances within products, to look at those carcinogens and products that cause trouble in terms of reproduction and all the rest—phthalates, cadmium, lead, bisphenol A, whatever—products for which we already know there's enough science to say there's a problem.

Why wouldn't we take some steps in this bill either to list them outright as prohibited or to put in place a mechanism to get at them a lot more quickly than leaving it up to government to take its merry time, whenever it gets around to it? Don't you think we should be a little more assertive at this time?

● (1640)

Ms. Marie Adèle Davis: Just by way of correction, when I talk about surveillance, I am talking about surveillance in the children and youth, looking at actual health effects rather than the product. The Canadian Paediatric Society is not an expert in products; we're experts in child and youth health care. Anything that can take products that are unsafe for children and youth off the market more quickly and inform parents would be welcome.

The Chair: Thank you, Ms. Davis.

I'm sorry, Ms. Wasylycia-Leis.

We'll now go to Mr. Uppal.

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

Thank you, witnesses, for coming, and thank you for your overall support of this very important bill.

As a new father for fourteen months, I've been out looking at all the different products and buying some things and also trying to do some research here and there where I can. However, you rely on the big stores to help you out on that as well.

I'm going to start off with Safe Kids Canada. How will Bill C-6 promote the objective of safety of children, for children of today and tomorrow?

Ms. Pamela Fuselli: Unlike what is currently available, the new bill takes a precautionary approach overall. But the general prohibition component of the bill is also very useful for us. The power to recall products, as in the example of the baby walkers, is fine for larger manufacturers who are willing to engage and voluntarily recall products from the shelves. That doesn't take the product out of circulation altogether, because there are other mechanisms.

The power to recall from the government is one thing we were very pleased to see in the bill. In addition to that is the inclusion of the manufacturer in the bill; it puts the onus on them when the product is being designed to think about the safety of the people who are going to be using the product. Right now, it's simply the advertising, importation, and sale.

Mr. Tim Uppal: Can you tell us a little bit about your working relationship with Health Canada? Were you involved in consultations on this bill?

Ms. Pamela Fuselli: Yes. As I said, we've been working with Health Canada and the federal government since about 2003—Safe Kids Canada has, not me personally. The organization has a good working relationship with Health Canada and the Public Health Agency of Canada around injury prevention issues. We were involved with the consultation on legislative renewal, as well as with the two different bills that have come before this. As I say, we've been involved with baby bath seat consultations.

With this year's Safe Kids Week campaign, we are working with Health Canada and the Public Health Agency of Canada to look at how we can coordinate and collaborate on the information we put out to parents, but also to professionals, so that when they're dealing with the public, if we are not getting to them directly, the professionals who are dealing with the community have the information they need.

Mr. Tim Uppal: That's great.

Turning to the Canadian Paediatric Society, I know you also mentioned the magnets and the walkers. How does Bill C-6 help to ban those products faster than the current regime?

Ms. Marie Adèle Davis: Pam mentioned the case of baby walkers, which the Wal-Marts, the Zellers, and the Bay banned, but for which there was a whole sub-market, if you will, on the corner of the street, through garage sales and so on. Having legislation that will lead to more information being in the media and more information being on our website or the Safe Kids Canada website will just help to alert people who may sell them that it is illegal to sell them, and as I said before, it will alert parents that these are products that are not safe.

I can't emphasize enough my agreement with what Pam said during her presentation: that parents will believe that if something is for sale in Canada, it is safe. In the case of the people who were selling that back-to-sleep product and saying, right on their box, “will keep your baby in the position recommended by the Canadian Paediatric Society”, they are going to believe it's safe.

For me, what Bill C-6 does, especially by giving the government the power to pull things off the market very quickly and then to work with us to inform consumers, to inform health care professionals, is just get the word out.

● (1645)

Mr. Tim Uppal: How is your relationship with Health Canada, and have you been involved in consultations?

Ms. Marie Adèle Davis: We have been. As opposed to me, we've been sending our actual experts in injury prevention, people who work in pediatric emergency departments and actually have to treat children who are injured because of these products and, in some cases, inform parents that their child has passed away because of an injury sustained due to one of these products.

Mr. Tim Uppal: As a new parent, I know you mentioned a couple of times making sure that parents are aware of which products are safe or not safe. Is there a way right now that would be simple for parents to look around their house, see some toys or some products, and find out if they're on a banned list of some sort?

Ms. Pamela Fuselli: Yes and no. On the second part of your question, how parents can look around their own homes to see if things are safe, we recommend that parents get down at the level of the child and see the environment from their world perspective. Kids are living in environments that are built for adults' use, not their own, necessarily. As a result, we really need to be cognizant, as parents, of the cognitive and physical developmental stage of our children and what they are most likely to get into, or what kind of abilities they have.

Looking at recalls, obviously Health Canada puts out advisories. We in fact do the same thing with the Health Canada advisories. We try to get that out, by and large, on websites, media advisories, or any kind of tool that will reach the broadest number of the population to spread that information.

Ms. Marie Adèle Davis: One of the things we would do, for example, because we know physicians are very well listened to, especially by new parents, is to work collaboratively with the College of Family Physicians of Canada on something called the *Rourke Baby Record*. It actually prompts people who are providing primary care to children to ask parents, "Do you have a wheeled baby walker in your house? You should get rid of it." We do this because we know the doctor will be listened to. We have them ask questions—and I know this bill doesn't cover it—around things such as car seats, around strollers, and to reinforce the safety message.

As well, we've recently published a book called *Well Beings*. It's a health care guide for day cares, because 70% of children in Canada spend at least part of their preschool time in day care. There are extensive chapters in there around injury prevention, as well as what child care providers can do to ensure a safe environment in their child care facility.

We also published a parent book and have lots of brochures, as does Safe Kids Canada, so there are a lot of mechanisms to get the information out. As I said before, we have a Facebook page now, and that's because we figure that's where a lot of young parents are going for their information.

The Chair: Thank you, Ms. Davis.

We can now go to Dr. Bennett. We'll go now into the five-minute round, our second round; five minutes for questions and answers.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thanks very much.

Thanks to you all. It's always such a pleasure having such pros appearing before us who already have the amendments written, so we can't thank you enough.

I want to follow up a little bit on what Aaron was saying in terms of what it takes to be green, green labelling. In terms of banning labelling, all of those things, and in terms of what we want consumers to know, I wonder whether you think there should be something in the bill that actually bears a proper green light, a "This is okay" kind of labelling that allows people to very quickly go to the shelf and pick what's safe.

Is that what you were referring to, Aaron, that is in California and Europe? And that would need a committee that would decide what is allowed to carry this green light kind of thing.

We've talked about bringing traffic light symbols in for food—stuff that's good, stuff that's bad, stuff that's debatable. Is there a way we could move to something simpler, like to what Claire has seen on her eraser board stuff? Do we have good evidence that if two or three things come together, it could be that two and two makes five in terms of the way it affects the body? Do we have a process for saying, if you have this and this and this, it goes tilt in the body, as opposed to simply listing all the mean and nasty things that are in it?

● (1650)

Mr. Aaron Freeman: The kind of green light, red light labelling you're talking about with respect to a global harmonized system is more a product warning than a green or red light for the product. We haven't really talked about a "Good Housekeeping seal of approval" label.

I think the move toward a global system of labelling makes a lot of sense. Following Europe's interpretation of GHS, this would make a lot of sense for Canada. Having one label instead of three or four would help matters. You'd have one label saying there was a problem, and then you'd describe it—reproductive toxin, carcinogen, whatever.

As to the other part of your question, I think what you're talking about is synergistic effects. We understand what one chemical or another does, but we don't really understand what they do together. Our understanding of that is very poor. We have some isolated examples, some isolated studies, but part of the problem is that government's not really in the testing business. Since about 1995, we've gotten out of that business, and we rely primarily on industry data on a per chemical basis.

Hon. Carolyn Bennett: In the global system, if they're not yet working on the green light piece, is that something Canada could do? Could we experiment with a system where people could go into a store and know from the label—say, a green maple leaf—whether it was safe? This way you wouldn't have to read all the fine print and add up all the micrograms.

Mr. Aaron Freeman: Absolutely. That's California's approach.

In respect of the GHS, first of all, we need a deadline. Second, we need a much broader range of chemicals and products covered.

Hon. Carolyn Bennett: All these things have various definitions. But is there any process in Canada that now allows people to call their product green?

Mr. Aaron Freeman: There's eco-labelling. There's a whole range of eco-labels out there.

Hon. Carolyn Bennett: Is it enforced?

Ms. Claire Checkland: It's fairly restricted. The products that have eco-labelling are available to government employees and offices of that type. They're not widely available to the average consumer. The program could expand, of course. But in respect of the types of labelling that we're recommending, if we had more information about what was in products, we might be pleasantly surprised. At present, industry doesn't need to tell us what's in any products, except foods and cosmetics.

I've been trying to tell industry for a long time that they should let us know what's in their products—especially if there's something we need to be worried about. We're all going to have loved ones who come down with an illness—loved ones who never smoked, who ate well and exercised. We're going to wonder what caused it.

Eco-labelling is an interesting system, and it can work in some cases. I think this system, though, is a better one, and there is global action to adopt it. Canada is just waiting for the United States. If the United States was moving faster, we would be moving faster too. Europe has moved on it. Europe has established timelines—they will put a label on products so that people will know about them. In most cases, we hope the label won't even be on products, because the products will be safe.

The Chair: Thank you, Ms. Checkland.

Ms. McLeod.

● (1655)

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

Thank you, everyone. Your organizations do a lot to protect Canadians of all ages.

There are two areas I'd like to focus on. First, this labelling thing is getting a bit confusing. I'm hearing talk about the system in California. Has there been some peer review? How long has it been in operation? Is it having any impacts? I look at adding more and more, and I think there will come a time when people just won't pay any attention to the labels, period.

Can you help me with this labelling issue?

Ms. Claire Checkland: When I was younger and in school, home economics was still a class that you got to learn. They taught you how to do your laundry. They showed you different symbols of green, yellow, and red. Some things meant you were to hang-dry a garment, and so on. To this day I still remember it, and I actually didn't pay much attention in that class. I was more of a tomboy and was interested in other things.

Industry people and others definitely do talk about over-labelling sometimes. When we decided to make sure that language on products was in both French and English, it meant that it would take up a lot of room on a label, but we still do it because it's important. I would say the same if there's something in a product that causes cancer. I would be surprised if anybody could argue why we shouldn't find out about that or why we shouldn't find the space for it and educate people about what it means.

Mrs. Cathy McLeod: If there are any peer-reviewed journals or articles, it would be great to see them.

Actually, I'm hoping to squeeze in two more quick questions.

Ringing in my ears is our local tobacco prevention coordinator for our area. She was always hugely important in terms of where our particular community was going in terms of knowledge and understanding. I'm not actually particularly convinced. We know that we have a framework, an act that tobacco is under. We know that our government is committed to looking at issues such as this one here, and I don't perceive that it's anything about lawsuits. I perceive that we have a regulation, and that is probably the appropriate place. If there are some gaps in that legislation, then that will be the appropriate place to deal with the gaps, rather than having previous products here and new products there.

Do you have a quick comment?

Ms. Cynthia Callard: Thank you very much for the opportunity to explain again, or more clearly, what a difference it would make.

The responsibilities on manufacturers under the Tobacco Act and those under the proposed Bill C-6 are vastly different.

Under the Tobacco Act, you can put anything on the market. There is no restriction. You just have to put a label on it. You have to meet the packaging requirements, you have to pay the tax on it, you have to test it, and you have to report it, but there's no pre-clearance or anything. Any product can go on the market. The result is that there's always post-market surveillance, which is exactly the problem that was explained to the committee earlier this week.

Under Bill C-6, manufacturers have a responsibility. They can't put something on the market if it's going to harm human health or safety. The effect of putting tobacco products under Bill C-6 would be that only tobacco products that are safe could go on the market. Are there safe tobacco products? Some people say yes; some people feel that some of the new tobacco gums or various other tobacco products can be ingested without too much difficulty. I think there's a good case to have those aspects explored. I think it's conceivable that there could be safe products.

The circumstance we have now is that by not putting it in this framework.... I should hasten to say that tobacco is a consumer product. The government admits it's a consumer product, and they've said in court that it's a consumer product, but the result of this is that tobacco manufacturers, as producers of a consumer product, don't have to meet that general obligation in Bill C-6 that I think is such an advance over previous existing law.

Mrs. Cathy McLeod: Thank you for that.

Again, I have concerns. We have chemical management plans, and I'm not sure if it quite makes sense to put everything into this particular plan when we do have other mechanisms—

● (1700)

The Chair: I'm sorry. Our time is over, Ms. McLeod.

Can I go to Monsieur Dufour?

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chair. Thanks to the witnesses for being here today.

I would like to continue along the same lines as Ms. McLoed. You haven't had the time to answer certain questions on the Tobacco Act. Why did you choose to draw a distinction between products before January 1, 2009 and those after that date? Why did you not feel the need to include all tobacco products?

[*English*]

Ms. Cynthia Callard: This takes us back to the beginning of the Hazardous Products Act. In 1969 when it was brought in, another committee was going on at the same time, called the Isabelle committee. They were receiving all the information about the health hazards of smoking and they were trying to figure out what to do.

At that time it wouldn't have made sense to put tobacco in the Hazardous Products Act because people really didn't know what to think about it. The concern was that it was so dangerous it couldn't be made safe. So if you put all products under the Consumer Product Safety Act, then all tobacco sales would be illegal. For many decades, the health community has been strongly of the view that they don't want to make tobacco products illegal. Putting them underground is not the solution. The solution is to work within a legal system and encourage people to stop smoking.

Virtually all the people who smoke now started smoking after 1969, in fact a good number of them started smoking after the most recent Tobacco Act was passed in 1997, or the first Tobacco Act was passed in 1988.

Another historic example is that between 1986 and 1988, for two years, a committee just like this considered putting tobacco under the Hazardous Products Act and in fact decided to do so. That was Bill C-204. The government introduced another bill, called Bill C-51, which replaced it. In fact, it was written so that if one bill passed, the other one would die.

We've gone this route before of where to put it. We don't want to make tobacco products illegal, but we don't want to continue generation after generation.

So my proposal is that this is the moment we're going to cut the time. We're going to say yes, we'll live with that. People can continue to sell the ones they've got on the market. They can continue to be sold the way they're sold and be governed that way. But from this day forward, we won't have little novelties like a new pack, or a new brand that opens in a fancy way that are all trying to get people to try to use the products. We'll say there will be no more of that stuff. We're only going to live with yesterday's mistakes; we're not going to make more. We don't want to make it illegal, but we don't want to continue the problem.

This is the solution I am proposing to the committee as a way of using the opportunity of Bill C-6 to achieve justice in the manufacturing sector so that all consumer product manufacturers are treated the same at some point, and to achieve public health by reducing the amount of product-based tobacco promotion that will take place.

Thank you.

[*Translation*]

Mr. Nicolas Dufour: That question has been asked a number of times since the start, but don't you think, still in the context of the fight against tobacco, that it would be better to give the present Tobacco Act more teeth than to include this part in Bill C-6? How could this help you in concrete terms? A little later earlier you talked about blocking certain new products that might be toxic. In Quebec, those products are already hidden; it's extremely difficult to advertise them. It is increasingly difficult for young people to obtain those products, despite the attempts by the tobacco companies to promote them. It's increasingly complicated for them. Don't you think that giving an anti-tobacco act more teeth would be more useful to you in fighting smoking?

[*English*]

Ms. Cynthia Callard: A stronger Tobacco Act is something I think we would all love to see. What we can tell you is that there's no inkling that there's one in development.

The current Tobacco Act falls short of our international obligations under the Framework Convention on Tobacco Control. It falls short of the measures in other countries. It falls short, I think, of health needs.

It's true that, mostly due to provincial actions, tobacco has been put under the counter, smoking has been removed from bars, and so forth. We've made great progress, and I don't want to deny that. But in many ways what has happened now is that the problem has gone underground. It's possible you've never seen the products I showed you today, and yet one-third of Canadian kids have smoked them. How can they be using products adults don't even see? It's because we're dealing with a new type of problem than we had before, and the old law is not adequate, in my view.

● (1705)

The Chair: Thank you so much, Ms. Callard.

We'll now go to Mr. Brown.

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

And thank you for the comments and examples. I've seen this before, and certainly it is why I think there is so much interest in trying to ban these. I think it's just a question of what the most efficient way to do that is. I certainly agree with your sentiments.

A few people have referenced Proposition 65. I have read that the Canadian Cancer Society or Environmental Defence could reference success where it has been used in California. Has there been any peer review of it, or any academic references that show support for the labelling?

Mr. Aaron Freeman: I can track down for you some of the research that has been done on Proposition 65. Proposition 65 was introduced in 1987, so this act has a long history. It has been around a long time. It hasn't been without controversy. It's fair to say that certain elements of the industry are not wild about it.

But I think it's been a very sensible approach, and it's been a very popular approach, because many of the chemicals that they deal with are problematic and they recognize that programs.... Your colleague mentioned the chemicals management plan, which we've been strongly supportive of and which is a good way to deal with priority chemicals that require in-depth assessment and a regulatory approach. The problem is that it only can deal with about 65 chemicals a year, and even then, it takes about five years to regulate those chemicals.

This is a much more proactive way of alerting consumers and giving them a choice around products that contain harmful chemicals, as a baseline, as a default. It's not to the exclusion of programs like the chemicals management plan, but it certainly would augment those programs and provide a much more proactive way to do it, with much more information provided to the consumer.

Mr. Patrick Brown: Are there any additional comments?

Ms. Claire Checkland: I think that was a pretty good summary. We all have aspects of Proposition 65 that we like and aspects that we don't like. The warning is actually not directly on the product where you can see it when you purchase the product. That's definitely of concern to the Canadian Cancer Society. In our case, the label we advocate would be something you can see when you purchase the product. That's all I would have to say.

Mr. Patrick Brown: I guess what I'm pondering is if there's any information you come across that you could share on the effectiveness, in the sense that you see the labelling on cigarettes and clearly it's effective. But I wonder, when you get into chemicals, if it's a little too complicated to get the broad comprehension that you'd wish to have.

Ms. Claire Checkland: It's definitely a much more complicated thing for chemicals. On tobacco, the research since 1969 has caught up, and now everybody does understand that it's very cancer-causing and extremely risky, but there is research out there to show that different things are cancer-causing and so on.

As for research on its successes, one thing that it's definitely been very successful with is getting industry to change its practices, to substitute safer chemicals, and to at least reduce the use of the more toxic chemicals they use. There's definitely a lot of research about that in Europe. California has a lot of research, and Massachusetts does too, as do many other places.

● (1710)

Mr. Patrick Brown: Going back to the kids' products, are there any other things like this that might be of interest to the committee, or examples you've seen that are pretty blatant attempts to target kids?

Ms. Cynthia Callard: How about banana splits? These are actually designed not to smoke directly, but to use to smoke your marijuana joint. I'll open one and pass them around—

The Chair: You're not going to demonstrate, are you?

Voices: Oh, oh!

The Chair: I was just checking.

Ms. Cynthia Callard: I'm not smoking. I'll pass it around to you. Who'd have thought? It's marketed for people to roll their joint in and smoke. The danger is that about the same number of people are—

The Chair: Pass it on, Mr. Dufour.

Voices: Oh, oh!

Ms. Cynthia Callard: About the same number of kids are smoking dope as are smoking cigarettes, and it's a terrible thing to put smoke in your lungs. It does enormous amounts of damage, even forgetting the psychological effects.

The danger with this, of course, is that you get cross-addiction, so that people are playing around with joints and then they become addicted to nicotine. It's transferred. But it's also an example of the inventiveness. Who would have thought? Why would someone bother? But they do.

So I hope, I hope, and I hope that these laws will be captured in a new law to be passed that's specifically designed for this purpose. But there'll be something next week.

The Chair: Thank you, Ms. Callard. We're all recovering from your sample right now.

Now we'll go to Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you for your concern on these issues. There are very different approaches to this bill by each of the groups. It's a different lens they are seeing through, but all are important lenses.

The one I want to find out a bit more about is yours, Aaron. Is it the chemicals management plan where the federal government decides which chemicals should be taken out of use?

Mr. Aaron Freeman: Yes. Without going into too much of the history, I'll say that after we categorized the 24,000 substances in circulation back in the eighties, the question was, what do we do with this now? We've got a list of priority substances. So the government chose about 200 to challenge industry with and basically said to industry, give us the data showing these products are safe, and if you can't, we're going to regulate those products.

So that's the idea behind that program.

Ms. Joyce Murray: Okay, but my understanding is that there is a great deal of frustration in the provincial environment ministries about the glacially slow pace of federal government in assessing the danger of chemicals in general use, and in taking them out of the market, and at the same time, in doing the regulatory hurdles that allow the chemicals known to be less dangerous and less toxic to be used to replace them. Is this the term for that process: the chemical management plan?

Mr. Aaron Freeman: I'm not sure of the example you're thinking of. I know Ontario is moving forward with a toxic reduction act, placing a priority on substitution and getting cleaner production processes.

Ms. Joyce Murray: I don't want to get hung up on the title, but the function of the federal government to regulate which chemicals can and cannot be used appears to be a big barrier to what the provinces want to do in reducing toxins in the environment.

I am curious that you would want to put your energy into Bill C-6 to accomplish some of that, as opposed to.... In getting to the goal of having fewer toxic compounds in the environment, do you see that being as effective as making the regulations more effective, whether it means more resources or assessment and amendments to the legislation CEPA is dealing with? I ask because we just aren't moving fast enough to identify and get rid of them.

Mr. Aaron Freeman: Well, CEPA has the authority to deal with consumer products, but it generally deals with environmental emissions. With the chemicals management plan, they've inched a little bit more toward consumer products, and we saw that a little with bisphenol A.

Certainly some provinces—and Ontario is certainly one of them, and B.C. is another—want to move further ahead, but they tend to look to the feds to take action first, because you don't want to have all of these different jurisdictions with different regulatory systems functioning in the same economic market.

This bill, though, deals with consumer products. From an environmental perspective and from a health perspective, that's a very important aspect of the regulatory system we've been neglecting. In a lot of cases, these are the new "PCBs". When you look at things like perfluorinated compounds, flame retardants, bisphenol A, and lead, it's from consumer products that we are getting a lot of human exposure.

● (1715)

Ms. Joyce Murray: So you're saying yes, this is a way into this that will be equally effective; or since we're working on it now, why not?

Mr. Aaron Freeman: It's a critical piece of the pie.

Ms. Joyce Murray: Some of the things you're advocating here, I think, are really important—and also very difficult. So when you talk about cumulative impacts or impacts via exposure to the environment, I would be quite interested in whether you or your organization have thought through amendments that would address exactly how we would do that. How do you assess the chronic exposure or potential harm, and how do you write that into legislation? Or how do you assess the cumulative impact in a way that you can actually regulate it?

I am interested in your ideas as to what the text would look like.

Mr. Aaron Freeman: We can certainly provide you with that text.

To give you one quick example, in the general prohibition in the bill, when you state that no consumer product can be imported or marketed if it's a danger to human health or safety, you could add the words, "either through direct exposure or exposure via the environment".

The Chair: Thank you, Mr. Freeman.

We'll now go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thanks, Madam Chairperson.

Let me follow up with Aaron in terms of what that would mean from my vantage point. There seems to be nothing in this bill, after all these years, that would allow us to get off the market and off the shelves kids' toys that have lead, cadmium, and phthalates. Let's start with those three.

It was ten years ago that I had a private member's bill to try to get rid of such toys. I would have thought that at least, at a bare minimum, a bill like this, which is focused on safe toys, would do something along those lines. Is your amendment to the general prohibition going to make that happen?

Mr. Aaron Freeman: It would, and it would take those products out of the market.

Lead is an interesting example. Under the Hazardous Products Act, which this bill amends, we ban lead, but we ban it in children's jewellery, not in other products—not in keychains, for example. We tested keychains and found very high, more than 50%, lead content in some of them. Think about parents who give their keys to their kids to play with. Your kid is crying, your infant is crying, and you hand it to them, and of course it goes straight into the mouth. These amendments would focus on getting those kinds of products off the market, starting with the ones that don't belong in consumer products. Lead doesn't belong in a consumer product. It doesn't belong in the paint on a consumer product. Bisphenol A is another example.

Ms. Judy Wasylycia-Leis: What about baby bottles?

Mr. Aaron Freeman: We're working on getting those out of baby bottles. The government has moved on that front. But probably half of our exposure is through food cans. This bill doesn't deal with food either.

It goes to the labelling issue. Never mind getting it off the shelves. There are safe and viable alternatives to bisphenol A. But we can't even provide consumers with the information to know which products contain bisphenol A, whether that's a CD case or a water bottle. There's no way of knowing. There's no label on that whatsoever.

Ms. Judy Wasylycia-Leis: What about with respect to phthalates? Have we ever banned these plastic toys with phthalates?

Mr. Aaron Freeman: No, we haven't.

● (1720)

Ms. Judy Wasylycia-Leis: Kids are still being exposed to the rubber duckies, vinyl shower curtains, and things you put in your mouth all the time that are full of hormone-disrupting things.

Ms. Marie Adèle Davis: There are voluntary measures in some parts of the industry to get phthalates out of children's toys, for example. But our overall approach—and this bill doesn't change this approach—is discretionary. We give the authority to the minister to act, but there's almost nothing to require the minister to act in those situations.

Ms. Judy Wasylycia-Leis: It seems to make sense to me.

Marie Adèle and Pamela, would you support such an amendment?

Ms. Marie Adèle Davis: Could I ask for clarification on exactly which amendment you would be proposing?

Ms. Judy Wasylycia-Leis: It would add to the general prohibition. In fact, children's toys and products that contain already identified carcinogens and endocrine disrupters, such as lead, cadmium, and phthalates, would be prohibited from being on the shelves.

Ms. Marie Adèle Davis: Yes, I think we should do everything we can to protect our youngest Canadians.

Ms. Judy Wasylycia-Leis: Thanks.

There's another issue I've been working on, and that has to do with noisy toys. I was hoping this bill would have something that would change the decibel level. It's now 100. It's way out of line with other countries. Do you think there's a place in this bill to actually standardize this or bring in levels of noise that are more in line with what's reasonable and won't lead to deafness or hearing problems in kids?

Ms. Marie Adèle Davis: I'm not an expert, but I'd be happy to put you in touch with an expert. What is interesting is that we are giving a prize at our upcoming annual conference for what was considered the most useful article in our peer-reviewed journal, *Paediatrics & Child Health* , last year. It is actually on overexposure to loud noises. It doesn't necessarily deal with toys as much as with video games. If you would like, I would be happy to put you in touch with the author of that journal article as well as with any of our experts on environmental exposures in things like children's toys. But I'm not an expert.

Ms. Judy Wasylycia-Leis: Thanks very much.

Rob and Cynthia, you both have different amendments dealing with the same topic area. What's the difference between your two approaches?

The Chair: We only have 30 seconds, so you'd better decide who's going to quickly answer that.

Ms. Cynthia Callard: I'd say that the one proposal of the Cancer Society is vitally important, because it gives the government a belt and suspenders approach for the future. I'd say the one I'm proposing is vitally important because it'll change the tobacco products on the market tomorrow.

The Chair: Thank you very much, Ms. Callard. I'm sorry about that.

Dr. Carrie.

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

I wanted to go into this general prohibition a little bit further. Perhaps, Mr. Freeman, you could answer here because my NDP colleague has been talking about these dangerous chemicals in kids' products. I have a copy of the bill in front of me, and I'm looking at clauses 7 and 8. It actually says:

> No manufacturer or importer shall manufacture, import, advertise or sell a consumer product that
>
> (a) is a danger to human health or safety;

And then we have paragraphs (b) and (c), and clause 8 says:

> No person shall advertise or sell a consumer product that they know
>
> (a) is a danger to human health or safety;

My understanding is that if that's the case, it's an immediate prohibition and there's no government discretion involved. So why would we have to add or change it? My reading of that would cover what you've been talking about here.

Perhaps I could have Mr. Freeman answer that.

The Chair: Mr. Freeman.

Mr. Aaron Freeman: Thank you.

There are a couple of issues around the general prohibition. I haven't gotten a clear answer on this, but we don't actually know how far beyond the general duty of care in common law this goes. This may simply be a restatement of the duty of care that manufacturers already owe under negligence law.

Let me assume for the moment that it goes beyond that. If it does, it doesn't answer the question about what happens when the duty is.... Well, there are a couple of questions unanswered. The first is how do we know, and we don't have mandatory testing requirements under this bill. So that would be a very important element to add, if you wanted to check whether manufacturers or retailers were actually complying with that duty.

Mr. Colin Carrie: One of the things with mandatory testing—and simply to play devil's advocate with you right here—is that Health Canada was here and they said they could get down to the nanoparticles now. I had a cup of coffee and I know that at a certain level there are carcinogens in coffee; there are carcinogens in all kinds of things. I'm coming from industry—that was my last committee, and I did talk to industry, and they talked about these different labels and the cost to industry to start testing everything, because a government's not going to do it, if something has been generally found to be safe. I think there is a general understanding of most of these things.

If there are unusual chemicals in the product, as Ms. Wasylycia-Leis stated, it appears there's no government discretion—boom, it's gone. And that's where it changes from the old act to what we're moving toward, for that specific reason.

Even the labelling idea.... Again, I was on a committee where we did alcohol labelling, and if somebody's an addict.... We all assume labels are effective, but my understanding with smoking is that the public education part of it is a part of it as well. Somebody's who's addicted to smoking—and I have friends who are smoking—looks at the label, which is a huge label, and they say “Oh, what's this?” and they make a little bit of a joke out of it.

So how much should we put on industry to force them to do all this testing and labelling? That's why I think one of my colleagues from California wanted to know if we had any peer-reviewed evidence that it actually works, because as a government we're creating a new law. If labelling works, that's great, if you have evidence of that. But if not, maybe these other public educational things might be more worthwhile to put the resources into.

Perhaps you could comment. I know I said a lot there, but do your best.

● (1725)

Mr. Aaron Freeman: Sure.

In terms of the effectiveness of labelling, you might want to talk to some of the folks from the tobacco groups on this panel, where labelling has been very effective. And it has been quite effective in California. Does a label convince someone to do what they're supposed to do 100% of the time, or even 50% of the time? Probably not. The point is to give consumers enough information to make an informed choice, and I think consumers deserve that.

In terms of the thresholds, yes, we can detect at a nano level. Any prohibition that's regulated pretty much anywhere that I've seen, including Canada, has a safe use threshold, which is essentially.... In California, it's called a safe use threshold. Here, under the Hazardous Products Act, we simply define the level below which we're not going to be concerned about. It's a diminished threshold—

Mr. Colin Carrie: Have you figured out the cost to industry, though? I'm going to be the devil's advocate here, because there are all kinds of products on the market. Just speaking from my history, some of these costs can be very prohibitive for mandatory testing for these things.

Do you have any data on what that would cost Canadian industry?

Mr. Aaron Freeman: We ourselves do testing of products and of chemicals in people's blood. I can give you the costs, but the costs are low. You can test a product for metals for well under $1,000, or a few hundred dollars.

The point here is that for most products they're not going to have to worry about the testing. Only products that contain carcinogens or reproductive toxins or CEPA toxins are—

The Chair: Excuse me, Mr. Freeman, but some people need to catch planes. Thank you.

I just want to have a minute to be able to thank every single one of the witnesses and presenters today. You're absolutely fabulous.

Ms. Callard, this is the first time anyone has *ever* brought such a product to my health committee.

Voices: Oh, oh!

The Chair: Having said that, what you've said is very important to us. We look forward to seeing you sometime in the future.

To the committee, I just have to tell you that we're dismissed. You can catch your planes.

We are adjourned.

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