



House of Commons  
CANADA

## Standing Committee on Health

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HESA • NUMBER 052 • 3rd SESSION • 40th PARLIAMENT

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EVIDENCE

**Tuesday, March 1, 2011**

—  
**Chair**

Mrs. Joy Smith



## Standing Committee on Health

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• (1530)

[English]

**The Acting Chair (Mr. Tim Uppal (Edmonton—Sherwood Park, CPC)):** I call the meeting to order.

Welcome, ladies and gentlemen, to the Standing Committee on Health, meeting number 52. Pursuant to Standing Order 108(2), we are carrying out a study on healthy living.

We have guests here today who will be providing testimony. As an individual we have Dr. Véronique Provencher, associate professor and scientific researcher, department of food science and nutrition. From Refreshments Canada we have Justin Sherwood, president. From the Canola Council of Canada we have Robert Hunter, vice-president for communications, and Shaunda Durance-Tod, program manager. From Dietitians of Canada we have Paul-Guy Duhamel, public affairs manager.

We will give each of you five to seven minutes for opening statements, and we will begin with Dr. Provencher.

[Translation]

**Ms. Véronique Provencher (Associate Professor, Scientific Researcher, Department of Food Science and Nutrition, Institute of Nutraceuticals and Functional Foods, As an Individual):** Good afternoon and thank you for inviting me.

To begin with, let me simply say that, in people's minds, healthy food is certainly one of the factors that are increasingly influencing people's dietary choices and that the food label is the source of information that people use to make their choices. Studies have shown that people who read food labels make better nutritional choices. However, does everyone really read food labels? This is the second question I want to raise.

Studies conducted in Canada show that 57% of people state that they regularly consult the food label. Why do people not consult labels enough? It is probably because we tend to purchase things in an automatic way. Also, people have little time when buying groceries, and it is not always easy for everyone to clearly understand all the information on a label. How do people finally make their choices? Following their perceptions, their knowledge and the appearance of the food, they evaluate and classifying different kinds of foods as good or bad. Often, we tend to classify food as healthy or less healthy.

This is what we have seen in the research done by my laboratory as well as in the work of other research teams. For instance, when a food item is perceived as being good for the health, its calorie content will often be underestimated, whereas if an item is perceived

as being bad for the health, people will tend to overestimate the calorie content. People often do this because they tend to associate health with weight loss. In other words, when food is good for the health, they think that it also helps them to lose weight.

How does that translate on the consumer's plate? In one study of women, one group was offered oatmeal-raisin cookies as a health snack, and another group was offered the same cookies as a simple snack containing sugar and butter. When the snack was described as healthy, women would eat 35% more than when it was described as a normal cookie.

Presenting food by giving an impression of a health advantage can also influence the consumer's behaviour. Why is this? It is because it can create a false feeling of security and it can also alter the norm. So people can tell themselves that they are justified in eating more of a food that is supposed to be good for the health.

All this indicates that we must carefully plan how we communicate with people, but we must also decide whether we want to choose complexity or simplicity. I believe that we also have those questions to consider. For example, regarding recommendations, we can consider the overall value of an item before making any specific claim. Moreover, the use of logos should be regulated and standardized. That is clear. Finally, we should also foster public education and awareness on nutrition.

[English]

**The Acting Chair (Mr. Tim Uppal):** Thank you very much. We will now hear from Refreshments Canada.

**Mr. Justin Sherwood (President, Refreshments Canada):** Good morning, Mr. Chair.

Thank you very much for providing me with the opportunity to speak with you today. My name is Justin Sherwood, and I am the president of Refreshments Canada.

Refreshments Canada, soon becoming the Canadian Beverage Association, is the national association representing the companies that manufacture and distribute non-alcoholic beverages consumed in Canada. Our members' products include soft drinks, sports drinks, iced teas, energy drinks, and several brands of bottled water.

Since the introduction of the first known low-calorie beverage in the early 1980s, the beverage sector has been very proactive in providing consumers with a range of product choices to meet diverse tastes and preferences. In fact, no other food or beverage category has been as active as the beverage sector in this regard.

I am aware that the beverage sector and its products have been repeatedly referred to in this committee by a number of delegations, and I'd like to take a few minutes to quickly address some of the facts regarding this category.

First, sweetened beverages are not uniquely linked to obesity. No single food or beverage, in fact, has been causally linked to obesity. Obesity is simply a function of consuming excess calories versus the body's need over a period of time. Since 2006 there have been 10 systematic reviews of the relationship between sweetened beverages and obesity: six found no relationship, two found a probable relationship, and two found a strong relationship. As such, the scientific findings are highly inconsistent, and to state that sweetened beverages are linked to obesity is unsupported, as no link has yet been established.

The relationship between soft drinks and BMI is not simple and can best be described as follows: some people who consume no soft drinks have a very high BMI, whereas some who consume a lot of soft drinks have a low BMI.

Soft drinks are a small and declining source of Canadians' caloric intake. According to the 2004 Canadian community health survey undertaken by Statistics Canada, soft drinks and other sweetened beverages such as fruit drinks account for only 4% of the calories in Canadians' diets. That means 96% of the calories come from other sources. Of that 4%, only 2.5% come from the consumption of soft drinks, and today, seven years later, due to lower consumption of soft drinks in general and the increased consumption of no-calorie and low-calorie beverages, that number is well below 2%.

The 2009 Statistics Canada report "Food Statistics 2009" identified that between 1999 and 2009 the consumption of soft drinks in Canada decreased by 28%, yet research during the same time period, again by Statistics Canada, shows that the percentage of Canadians who are obese has continued to rise.

Through the introduction of new no- and low-calorie beverages, Canadian beverage manufacturers have reduced the caloric content of their beverage portfolio by between 20% and 25%. In addition, the industry estimates that a full 33%, or one-third, of beverage choices made today are no- and low-calorie. This has removed billions of calories from Canadians' diets each year.

I'd like to take the opportunity before you today to profile some proactive solutions that the industry has undertaken. First of all, our sector does not market or advertise to children. In 2008 food and beverage companies committed to the Canadian children's food and beverage advertising initiative sponsored by Advertising Standards Canada, which further strengthened responsible marketing programs. Under this program, Refreshments Canada members do not advertise to children under the age of 12.

In 2006 we launched guidelines for the sale of beverages in schools, and by the end of the 2009-2010 school year we had fulfilled our commitment. We had voluntarily removed full-calorie

soft drinks, and we are now providing lower-calorie beverages in smaller portions to elementary, middle, and secondary schools nationwide. This voluntary initiative has dramatically led to a decrease in the beverage calories in schools serviced by Refreshments Canada members.

In February of this year the industry announced Clear on Calories, a new voluntary industry initiative that will put caloric information at consumers' fingertips at every point of purchase and on all packages, all company vending machines, and all company fountain dispensers. The industry will be placing the Clear on Calories tablets on the front of all beverage products, and this will let the consumers know the calorie count of their beverage choices quickly and easily.

Here's how it will work by pack size and beverage type. For all single-serve beverages, including soft drinks, iced teas, 100% juices, juice drinks, and beverage products up to and including the 591-millilitre package size, we will display the total calorie count on the front of the containers for the whole container.

All sports drinks and flavoured waters up to 750 millilitres will also be considered single serve, and we will display the total calorie count for the whole container.

• (1535)

In the case of multi-serve soft drinks larger than 591 millilitres, we will be labelling soft drinks, iced teas, and other beverage products in calories per 355 millilitres, which is a change from the current practice of labelling per 250 millilitres. All 100% juices, juice beverages, sports drinks, and bottled waters will be labelled as per Health Canada requirements at 250 millilitres for the multi-serve format.

In summary, the beverage sector is pleased to undertake meaningful actions to assist Canadian families in achieving balance and informed choices. We have a long track record of developing products and implementing programs to address challenging issues, be they environmental or health related. We believe that Canadians are entitled to accurate science-based information to help them make decisions for themselves and their families.

Thank you very much.

• (1540)

**The Acting Chair (Mr. Tim Uppal):** Thank you very much.

We will now hear from the Canola Council of Canada.

**Mr. Robert Hunter (Vice-President, Communications, Canola Council of Canada):** Thank you, and thank you to the committee for the invitation to the Canola Council of Canada to appear before you today. I would also like to introduce my colleague, Shaunda Durance-Tod. She is program manager at the Canola Council of Canada and is also a registered dietitian.

The Canola Council of Canada is a vertically integrated association that represents all sectors of the canola industry in Canada, from seed developers and farmers to oilseed processors and exporters. We are very happy to have the opportunity to speak to you about the future of healthy living in Canada. Our industry has a strong commitment to health and a very strong tie to Canada. Canola is the only made-in-Canada crop and was developed by plant breeders at the University of Manitoba and Agriculture Canada in Saskatoon. It has now become one of the most important agricultural commodities in Canada and it is the most profitable crop for farmers to grow.

The canola industry is a very healthy part of Canada's economy, generating approximately \$14 billion in economic activity. Canola oil is the most widely consumed vegetable oil in Canada, with approximately a 52% market share. Despite there being strong domestic demand for canola in Canada, exports from Canada account for about 85% of the canola crop. This is because canola has become a valued oil around the world due to its significant health benefits. It has the lowest amount of saturated fat of any common culinary oil and is high in omega-3 fats and monounsaturated fat. This well-balanced profile makes canola oil one of the most heart-healthy oils out there.

As our industry hangs our hat on health, we take the issue of healthy living very seriously and believe there is not really one single solution. Living a healthy lifestyle requires a holistic approach of eating the right food, becoming physically active, and having access to good information in order to make choices about health and nutrition.

The canola industry is very familiar with tackling issues about healthy eating head on. The trans fat debate, which has been a major issue over the last decade, is something that we have been directly involved in. We believe the trans fat issue is actually a good case study to use when trying to address other issues related to living a healthy lifestyle. Why? Because it is a good example of industry and government cooperation, innovation in the food supply, and effective consumer education.

In the early 2000s there was a lot of discussion in the fats and oils industry about trans fat and the need to eliminate these bad fats from the diet. From the development of Health Canada's trans fat task force to eventual monitoring of the Canadian food supply, an effective collaboration was formed between government and the food industry with one common objective: to remove trans fat from the diet, increase consumer understanding of good and bad fats, and encourage the food industry to make changes. Although the issue prompted many heated discussions about the ability to make these changes, in the end a reduction in trans fat in the food supply was achieved. This was done without regulation. It was the collaboration between government and the food industry to make this change, and that was clearly obvious.

We will agree that the process was not perfect or painless, but it was able to achieve a considerable outcome. At the same time that the trans fat debate was taking place, there was also consumer awareness about the negative health implications of consuming trans fats. In a 2010 consumer study conducted by Nielsen, the majority of those surveyed stated they were trying to avoid or reduce the amount of trans fat they were consuming. This type of mass consumer

awareness and education about one particular food ingredient should be seen as a positive example of the consumer's behaviour when provided the right information.

The other aspect about the trans fat issue that I would like to address is innovation—not your typical food science innovation, but innovation in agriculture. When we were faced with the need to remove hydrogenated oils from the food supply, it was actually the development of new canola seed varieties and the interest of farmers to plant these varieties that provided the solution. One of the biggest opportunities to eliminate trans fat from the food supply was the ability of the food industry to source healthier oil profiles that performed as well at the processing point, such as high-oleic canola oil. High-oleic canola oil is more stable than classic canola oil, allowing for greater heat tolerance and a longer shelf life for processed products. Today, major food companies like Frito-Lay, McDonald's, and Boston Pizza are able to offer their customers healthier products because they are using innovative products like high-oleic canola oil, and it is only through the commitment of Canadian farmers that food companies have an ample supply from which to source.

• (1545)

What this example highlights is that the agriculture industry has a vital role to play in improving the health of this country and in providing healthier food options to consumers. I often look at the average western Canadian farm and see the wide variety of healthy food crops a single farmer is growing: wheat, oats, canola, flax, pulses. That is one very healthy granola bar growing off of one family farm.

Often we forget the role that agriculture plays in providing the fundamentals of our healthy food supply. The example of high-oleic canola oil shows that when given the challenge, farmers will respond to the health needs of the consumer and the functional needs of the food industry. That is why it is critical for the agriculture industry to continue to play an active role in the discussion of the future of healthy living in Canada. This commitment to a healthier world is definitely alive in the canola industry. Every farmer knows their canola is making consumers healthier, one tablespoon at a time. In fact, an Alberta canola grower once said that the success of the canola industry would be measured by the number of heart attacks reduced per acre, a very powerful statement that directly links our industry's commitment to the health of Canadians.

In summary, I'd like to highlight the key points that I'd like to leave the committee with. First of all, we believe that healthy living is a combination of consuming the right food, living an active lifestyle, and having access to good information about health and nutrition. Second, the trans fat issue is a good Canadian case study on how collaboration between key stakeholders such as government, the food industry, and health professionals can make a big change. Finally, innovation to find solutions to living a healthier lifestyle can come directly from a farmer's field. From big skies and big fields of yellow canola can come some pretty big ideas for a healthier tomorrow.

Thank you very much for your time and attention.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

Now we have Dietitians of Canada.

[Translation]

**Mr. Paul-Guy Duhamel (Public Affairs Manager, Dietitians of Canada):** Good afternoon, everyone. I am Paul-Guy Duhamel, the Public Affairs Manager for Dietitians of Canada. I want to thank the members of this committee for inviting us to share our vision of food labelling with them.

[English]

Dietitians of Canada is the national professional association representing over 6,000 dietitians across the country. Dietitians are a regulated health profession in all provinces of Canada. We are university trained and recognized as a credible and reliable source of food and nutrition information. The Canadian Council of Food and Nutrition's survey, "Tracking Nutrition Trends", confirms this. We serve the public as educators, public policy-makers, researchers, and managers. We work in a variety of sectors, including health care, industry, academia, government, and non-governmental organizations. We support and advance ethical, evidence-based best practices in dietetics and the profession's unique body of knowledge of food and nutrition. Promotion and support for the healthy lives of all Canadians through positive eating habits is one of DC's priorities.

The nutrition label is one of the key tools consumers use to make informed food choices, including the nutrition fact table, the list of ingredients, health claims, and allergy warnings. In fact, over two-thirds of Canadians read food labels to help them decide which food to buy and eat. Helping consumers choose healthier foods using the food label is important to dietitians. Labelling information must be highly visible, clear, consistent, and easy to find by consumers. The key concerns we present to you today are about consistency: consistency in using criteria used for point-of-purchase nutrition programs, consistency in portion size used in nutrition fact tables, and consistency in the way foods are regulated in Canada.

There has been a proliferation of point-of-purchase nutrition programs, including front-of-package programs and those in supermarkets, restaurants, and school cafeterias. Although the intent of many programs is to make the job of consumers a little easier when choosing healthier foods, for many it has added to the confusion and could lead to mistrust among consumers. Unlike the nutrition fact table, ingredient lists, and the nutrition claims on food products, these programs are not regulated; furthermore, unpackaged food products such as fresh fruits and vegetables, which we are encouraging Canadians to eat more of, are generally not included.

• (1550)

[Translation]

If we look at these programs more closely, we can see that there's a lack of consistency. Some standards emphasize nutrients such as vitamins and minerals whereas other standards are focused on the absence of nutrients such as fats, sugar or salt. The symbols and logos used by agrifood companies vary a great deal, from simple checkmarks to a rainbow of colours.

[English]

Dietitians of Canada's opinion on point-of-purchase nutrition programs is very similar to the recommendation this committee made in 2007. All point-of-purchase private nutrition programs would be even more beneficial to Canadian consumers if it was mandatory for them to use the same criteria and claims. Dietitians have a unique skill set to inform this process and are interested in working with other key stakeholders, with federal government leadership, to develop these criteria.

The nutrition facts table on pre-packaged food products is regulated and is a tool that is valued and used by many Canadians, but it is a challenge to use this information effectively, especially for those with lower reading levels or education. The recent joint Health Canada and Food and Consumer Products of Canada initiative to help Canadians understand the percentage of daily value information on the label may help, and we support this effort. However, it remains a challenge for consumers to compare products based on the percentage DV—daily value—when the portion size for similar food products varies.

[Translation]

I prepared three examples for you. Here are three cereals that my children eat. A serving of the first cereal is one cup or 58 grams, the second cereal is three-quarters of a cup or 29 grams and a serving of the third cereal is 20 biscuits or 54 grams. This is inconsistent to say the least and it makes things more difficult for Canadians.

To compare products with others, we need to have a calculator, to be familiar with the famous rule of three and to repeat the operation for each of the 13 nutrients included in the chart of nutritional values. You can understand that, both for professionals who are called upon to teach the use of food labels and for the Canadians who refer to them on a daily basis to be able to make educated choices, it would be good to have standard servings. Then it would be possible to compare products.

[English]

The percentage DV is calculated using recommended nutrient daily intake recommendations issued 20 years ago. Nutrition knowledge has advanced and recommendations for nutrient intakes have evolved. Percentage DV needs to reflect this evolution.

Let's move on to another category of foods: natural health products in food format. I have a few examples here.

These products look like other foods and beverages on the market that are regulated as foods. They look like foods and beverages that are regulated under the current law, but they're not. They're regulated as natural health products, and standards for the product formulation and labelling are very different. You can recognize these foods on the shelf or in vending machines as they are without nutrition fact tables and sometimes carry an NHP, natural health product, number. There are hundreds of these products available alongside similar foods and beverages that are regulated as foods under the Food and Drugs Act. The consumer cannot compare calories, saturated fat, trans fat or sodium content of these foods. The inconsistency in labelling is but one of our concerns with natural health products. Our view on this has been outlined in our paper called "Position on Discretionary Fortification of Foods with Vitamins and Minerals and the Natural Health Products/Food Interface", which is available on our website. It has been supported by the Heart and Stroke Foundation of Canada and the Canadian Public Health Association.

**The Acting Chair (Mr. Tim Uppal):** Thank you, Mr. Duhamel. I have to ask you to stop there.

We will go to questions from our members. We'll begin with a seven-minute round, starting with Mr. Dosanjh.

**Hon. Ujjal Dosanjh (Vancouver South, Lib.):** Thank you all for being here and making your presentations.

I have a couple of questions. Then, if there is time left, my colleague can share it.

My question is specifically addressed to Mr. Sherwood, but you can all answer it if you so choose.

During my elected political life, which is somewhat long, I have come to understand that when people make presentations, they want to put their best foot forward in terms of whatever they're presenting on. Sometimes it is not the best-informed foot or best-informing foot. I'm not accusing you, sir, of anything; I just want to tell you where I'm coming from.

In the paragraph of your presentation that begins, "Sweetened beverages are not uniquely linked to obesity", I sense a bit of that, because what we have heard before this committee is that sugar is one of the serious issues linked to obesity. There's no question there are others, but this paragraph causes me confusion. I want you to tell me how you can say that no single food or beverage has been causally linked to obesity. How can you say that sugar per se—excessive amounts of sugar, or continued consumption of excessive amounts of sugar—is not linked to obesity? It's pretty hard to prove a negative.

• (1555)

**Mr. Justin Sherwood:** Allow me to shed some light on that comment and hopefully answer your question.

Obesity is a matter of calories. Calories come from many sources—fat, sugar, and energy-dense products or ingredients. It involves the overconsumption of calories over time. Some people who are obese consume no soft drinks. Some people who are obese consume some soft drinks. Some very thin people—from a BMI perspective—consume a lot of soft drinks.

The challenge in working through obesity is that it's a complex issue. It is multifaceted. It is possible to say that overconsumption of calories over a period of time leads to obesity, but it is not possible to identify any one food or beverage. Diets are different, physical activities are different, and sources of calories are different. It is possible to become obese by drinking nothing but milk, which most folks would consider one of the healthful beverages out there.

I hope I've answered your question. As to the science behind causally linking one food or beverage to obesity, I think I've been fairly transparent. I've said that you will find some studies that suggest that there is a link. You will also find a wide variety of studies that suggest there is no link. What I'm saying is that no causal link has yet been established. To establish that link, further scientific work is required to make this link clear from a preponderance of the evidence.

**Hon. Ujjal Dosanjh:** With respect to energy drinks, I'm looking at a story out of Washington on November 17, 2010, stating that Senator Charles Schumer says that the Food and Drug Administration is poised to rule that caffeine "is an unsafe food additive to alcoholic beverages". I'm talking about energy drinks now. He believes that this would effectively ban drinks that combine the two. You represent energy drinks that do this.

**Mr. Justin Sherwood:** No, I don't. I represent the non-alcoholic category. Our sector's position is, categorically, that energy drinks should not be mixed with alcohol.

**Hon. Ujjal Dosanjh:** But they can have large dosages of caffeine.

**Mr. Justin Sherwood:** That can have the caffeine levels that are permitted under the natural health products regulations. If you want to know how much caffeine that is, it's typically about a half of a cup of coffee. That's what you'll find in an energy drink.

**Hon. Ujjal Dosanjh:** These are sold to children.

**Mr. Justin Sherwood:** The target market for energy drinks is young adults. It is not children. They're not marketed to children. They're not advertised to children.

• (1600)

**Hon. Ujjal Dosanjh:** If an 11-year-old goes into a corner store and you have energy drinks being sold, what's the mechanism—

**Mr. Justin Sherwood:** There is no mechanism to prevent that purchase, aside from parental observation, nor is there a mechanism to prevent their going into any number of locations and purchasing coffee, which has double the caffeine, or a mocha frappuccino, which also has double the caffeine, or any other type of caffeinated product that is widely available.

**Hon. Ujjal Dosanjh:** I don't know many children aged 9 or 10 who buy coffee, but I know some who buy soft drinks or energy drinks.

**Mr. Justin Sherwood:** They also purchase mocha frappuccinos from your local coffee shop.

**Hon. Ujjal Dosanjh:** They could, but I don't know how many children of 10 or 11 who would. Do you?

I have a granddaughter who's four years old. She runs to the soft drinks when she enters a store.

**Mr. Justin Sherwood:** Iced cappuccinos....

**The Acting Chair (Mr. Tim Uppal):** Thank you, Mr. Dosanjh.

We will go now to Monsieur Malo.

[*Translation*]

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

Good afternoon to all our guests today at this committee meeting studying healthy living.

Ms. Provencher, in your presentation, you said that it is important to do a comprehensive evaluation of food items before putting a logo on them. In Great Britain, this is more or less how they evaluate food. They use what they call a traffic light with green, yellow and red colours. However, witnesses have come before this committee and told us that it may be risky to use this technique, because it would make it difficult to evaluate a food item comprehensively.

Could you tell me how we do this without being too biased and without distorting reality?

**Ms. Véronique Provencher:** This is a good question. Actually, it is true that it is difficult because, once again, we are classifying food by dividing what is good for our health from what is not. To some extent, that is actually the danger in wanting to put too many labels on things, to put foods that seem to be healthy on a pedestal, while completely banishing or banning other foods. So that is something we have to pay specific attention to.

Up to now, the studies that we are beginning to conduct on the traffic light method are suggesting that the practice helps to inform people about the benefits of food for their health and to determine if one item is nutritionally better than another. But the practice still does not seem to influence people's ultimate choices or to have any direct impact on the buying behaviour of consumers.

People will not necessarily automatically choose food that they perceive as being better for their health. We also have to take into account issues such as price, taste and purchasing habits. The decision to buy is a complex one and the same applies to consumption because many other factors also come into play.

**Mr. Luc Malo:** In your opinion, do we see the same thing here, with the various logos and health claims that we see on products? When all is said and done, does that really influence the consumer?

**Ms. Véronique Provencher:** In fact, I think that that could create confusion in a way. For example, when we mention "low fat" or "no trans fats", it basically indicates a positive quality in the food. However, if we put the same label on food that is higher in calorie content, such as cookies or other kinds of snacks, it could give the impression that, since there are no trans fats or saturated fats, we can eat as much as we want because it is good for the health. This skews the accepted standard, and people tell themselves that, because it's healthier, they can afford to eat a little more of it.

This is more or less the idea that has come out of our work. It is possible to objectively denote the food value of one kind of food as compared to another, but we must be careful with making inferences about the claims. This is not ill will on the part of people and it does not mean that they are not intelligent, it is simply because we have 50,000 decisions to make on a daily basis and we must sometimes make very quick choices. So that can be an influencing factor.

● (1605)

**Mr. Luc Malo:** Mr. Duhamel, you mentioned criteria that could be compared, systematic criteria, if you will. How can we establish criteria like that? Would it be easy to do? How much time would it take to sit people down around a table and come to an agreement on standards?

We have seen think tanks on trans fats—Mr. Hunter referred to them—and think tanks on salt. All this takes time, because we have the industry, we have consumers and we have experts. Various points of view must be considered when it comes to establishing comparable standards.

Is it possible to do that? If it is, how do you think we could go about it?

**Mr. Paul-Guy Duhamel:** Regarding the "how" of it, I would rather let the Health Canada officials give you the proper answer, because they are generally the ones who have to deal with the problem.

**Mr. Luc Malo:** Give us some clues.

**Mr. Paul-Guy Duhamel:** The beauty of this problem is its relative simplicity. We have agreed to some extent about standard servings for certain kinds of comparable products. For people suffering from diabetes, there are standard servings according to the type of food. So we already have precedents we could rely on to find and identify standard servings. Making sure that everyone agrees is an extra step, but, as I was saying, there is already a precedent. All we would have to do afterwards would be to agree to implement standard servings. This is very different from the problem with trans fats when we had to find substitute products, or with other types of products where we absolutely must find another alternative. This is not a situation where an alternative must be found. We just have to agree on how to implement the precedent.

**Mr. Luc Malo:** For example, could it take a week to change the servings shown on the cereal containers that you brought?

**Mr. Paul-Guy Duhamel:** I do not want to speak for the agrifood industry or about any imperatives they have.

**Mr. Luc Malo:** No, but if everyone agrees to say a cup, then we go with the cup.



**Mr. Paul-Guy Duhamel:** It would be interesting to use what is currently being done with other groups. I come back to the example of the diabetics because, for them, it is really important to have a basis for comparison. They already have their concept of a standard serving. The Canadian Food Guide already provides the size of a standard serving, a standard serving of cereal, for example. It should be enough to bring everyone around the table and to agree that we are going to use the same standard servings. This is not a scientific issue, far from it. Everyone just needs to have the will to agree.

**Mr. Luc Malo:** For example, Mr. Sherwood, would it be...  
[English]

**The Acting Chair (Mr. Tim Uppal):** Thank you, Mr. Malo.  
[Translation]

**Mr. Luc Malo:** Would it be easy to establish a standard serving for...  
[English]

**The Acting Chair (Mr. Tim Uppal):** That's it. Thank you.

Ms. Leslie, you have seven minutes.

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

Thank you very much to all the witnesses for being here.

[Translation]

My questions are for Mr. Duhamel and Mr. Provencher.

[English]

First, Monsieur Duhamel, I heard you say at the end of your presentation that your position on natural health products and beverages is.... Actually, that's what I have written down here: "is...".

**Voices:** Oh, oh!

**Ms. Megan Leslie:** Can you tell me what your position is? Perhaps you can take this chance to explain it a little more fully.

**Mr. Paul-Guy Duhamel:** Our position is quite clear on that, so thank you for giving me the opportunity to answer that question and to provide the committee with our statement on it. We would like to see natural health products that are sold as food to be labelled as food and evaluated as food. They are food products and are sold as food products, and it's very hard for the consumer to see the difference between a bottle like this one—

**Ms. Megan Leslie:** That's a natural health product.

**Mr. Paul-Guy Duhamel:** No, it's considered food and beverage; it has a nutritional label on it.

This one here doesn't.

**Ms. Megan Leslie:** So that's a natural health product. All right.

**Mr. Paul-Guy Duhamel:** Let's take this one here, so that we have two comparables. They are sold in the same vending machines. It's very difficult to rate the difference and to make a comparison. If you want to know what you're having or what you're drinking, it's very hard to make the comparison; it's hard even for a health professional, so we're asking for everything that is sold as food and meant to be consumed as food to be labelled under and subjected to the same law, which is the Food and Drugs Act in Canada.

**Ms. Megan Leslie:** Just so I understand, you're saying that it's for things that are sold as food. Beverages, for example, are clearly sold as food—

**Mr. Paul-Guy Duhamel:** Well, these are the examples that I have here.

**Ms. Megan Leslie:** Right, but you don't mean, say, pills. When I take my allergy pills—

**Mr. Paul-Guy Duhamel:** No, no, not pills; pills obviously are not consumed—or I hope not—as foods.

**Ms. Megan Leslie:** No.

**Mr. Paul-Guy Duhamel:** Any kind of food item that is sold, any NHP sold as food and consumed as food, should be regulated under the same law.

• (1610)

**Ms. Megan Leslie:** Of course.

Thank you.

**Mr. Paul-Guy Duhamel:** You're welcome.

**Ms. Megan Leslie:** My next questions are really a continuation from those of Monsieur Malo. They are about labelling and how to change labelling.

I'm thinking about things that should be minimized—sugar, fat, salt. I read labels. I'm a nutrition freak. I'm careful about fat. I'm careful to get enough vitamin C. Little did I know that I'm poisoning myself with salt just by eating breakfast cereal. It's insane.

For things that need to be minimized, such as sugar or fat or sodium, how can we change the labels so that they work for consumers?

[Translation]

**Ms. Véronique Provencher:** My impression is that this change goes beyond labels. It is more of a change in the product itself. The industry needs new ways to reformulate food. We can also work on the quantity of salt already in food. We can see that the salt content is extremely high, but what other choices do we have? We can see that this is a high content, but we still have to eat. I believe that we have to focus on reformulating food. This is hard because, for example, salt has an impact on taste. It changes the taste of food. It is certainly hard, but when you mentioned innovation, these are examples of innovations that can be put in place.

[English]

**Ms. Megan Leslie:** When we were studying salt, a dietitian told us that it would take about three weeks for the palate to change and adjust to salt. It's not decades. It's not that long.

[Translation]

**Ms. Véronique Provencher:** The food label serves to inform consumers, but, when we want to decrease or increase the consumption of certain nutrients, dietary fibre, for example, I believe that this issue is the formulation of the products. I agree that we should put all these things clearly on the label, but, in my opinion, it must be done in a standardized way and not focus on one class of product.

You said, for example, that there was an attempt to increase the daily consumption of foods and vegetables. But let me point out that there are no labels on fruits and vegetables. Labels are generally placed on processed food. We give a great deal of information to people on processed food, but we give very little on staples. So we must try to put the different foods on an equal footing and to reduce the gap between what is good and what is bad.

[English]

**Ms. Megan Leslie:** *Merci.*

Mr. Duhamel, would you comment?

**Mr. Paul-Guy Duhamel:** Véronique just told us very nicely that reformulation of food labels is something we could certainly work on. Just to have a comparable, when you look at different products.... If we had a nutrition label that allowed products to be compared, it would be easier. For instance, in your case you could choose the one that had less sodium in the cereal of your liking. If you go to the supermarket and use the nutritional label as it is right now, you would have a hell of a time doing that. Just having a nutrition label that allows you to compare easily would make that choice so much easier.

**Ms. Megan Leslie:** Does either of you have research that shows that the nutrition labels are working?

[Translation]

**Ms. Véronique Provencher:** In fact, current studies show that people who say they read food labels also say that they have better food habits. However, I want to emphasize the word "say". They say that they are concerned with their food and that they read the labels, but when they draw up a list of what they eat, we see that there is a bias toward desirability. People often tend to make things appear rosier than they really are. We have not conducted any observational studies. Currently, direct observations of the effect of a claim or a label on behaviour is something that is not found in the literature. If I recall correctly, one study showed that it did not necessarily have a significant impact. This was a specific case where a label was associated with a food item. When people did not know that the nutritional value was being measured, the label was ineffective. This is the important point. However, when people know that things will be measured, there is a bias towards the measurement.

•(1615)

[English]

**The Acting Chair (Mr. Tim Uppal):** Thank you very much.

Go ahead, Dr. Carrie.

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

I want to thank the witnesses for being here today. My background is that I am very much into healthy living. I'm one of these guys who also reads labels, tries to get exercise, and looks at a balanced lifestyle. We've seen from our testimony that people are trying to label foods as healthy versus non-healthy. I think Véronique just said that we have to get away from the good and the bad and look more at informed choices. It seems that some people like to look at diets just in silos.

Mr. Hunter, you represent canola, which is a fat. In other words, we've heard a lot of people saying fat is bad, but every cell of your body needs fat. Fat is necessary. Fat is something that every human being needs to survive.

Could you comment on the role that research and education needs to play in encouraging nutrition, instead of having these silos of good and bad type of thing? Could you comment on the work that you're doing with research and education?

**Mr. Robert Hunter:** You've pointed out a very good point. The oils and fats industry has gone through the roller coaster of no-fat diets, low-fat diets, good fats, and bad fats. It's really come down to educating consumers about understanding that fats are different. Not every fat is the same, and you need to consume more of the good fats and less of the bad fats.

I'll use an example of labelling playing a very important role in that. That's in the United States, where canola oil actually has a food label claim about its ability to reduce the risk of heart disease when used in place of other fats. It specifically lays out to a consumer the benefit of consuming a healthy fat, but not increasing the consumption of that fat. That health claim has been a very key part for our industry. We've experienced considerable growth in the United States as a sector, and that health claim has been a very good area for us to point to. It shows where education is working among consumers, because they're starting to understand the difference that saturated fat is bad fat, so they need to use or consume less. Canola oil is a great oil because it's low in saturated fat. They're making that connection.

**Mr. Colin Carrie:** I myself have noticed things over the years. It used to be butter versus margarine, and eat this or eat that, and there was a lot of misinformation. You mentioned that in the States you can label it and make a claim like that. For the committee's information, can you make that claim in Canada?

**Mr. Robert Hunter:** We cannot make specific claims about canola oil in a product here in Canada. We are actually working with Health Canada to build the case for canola. To make a health claim here actually requires a lot more research than doing so in the United States requires. We're in the process of getting more of that research put together for Health Canada in order to be able to make that claim in Canada, because we feel that such a claim should be able to be made for canola oil.

**Mr. Colin Carrie:** In other words, sometimes fats can be a good thing.

**Mr. Robert Hunter:** They definitely can.

**Mr. Colin Carrie:** I wanted to ask Mr. Sherwood a question too.

First of all, thank you for your presentation. I looked over your statement that Canadian soft drink consumption is down but obesity continues to rise. In a way it contradicts other testimony or suggestions we've heard about innovations in marketing to kids and reduced-calorie beverages in schools.

On the last point you talked about—informed choices for Canadian families—I think you know that last fall the government announced a nutrition facts education campaign in partnership with Food and Consumer Products of Canada. I was wondering if you could comment on the role of consumer education in helping consumers take more responsibility for their own health, and on what role that plays both in encouraging healthy living and in understanding these nutrition labels as your industry is putting forth this labelling change.

**Mr. Justin Sherwood:** First of all, let me start and address the “Clear on Calories” initiative. I know Food and Consumer Products will be appearing before you later this week. Obviously, we think that's a great initiative. Any information you can put in the hands of consumers, quite frankly, is the tool most often used for making informed decisions.

Clear on Calories is really threefold, and it addresses a number of the points that were brought up by the dieticians, the first of which was standardized serving sizes. As I indicated—and there is pamphlet in the document I circulated, which says this—we are treating the whole bottle as a serving size. That is a market departure from the industry's previous position, which was that larger bottles, like some of those being consumed just down the road, were typically considered by our sector to have multiple servings and were labelled on a 250-millilitre basis. If the consumer actually consumed the whole thing, they would be getting two or three times the caloric content, so, number one, we're changing how we position our serving sizes.

Second, the nutrition facts panel on the back will be modified to reflect that, and then the icon will be put clearly on the front. It won't show a pronouncement of healthy versus unhealthy, but simply the caloric information for that container. We believe that will provide Canadians with the ability to make informed choices relative to caloric content when they are going down the line in the beverage aisle without even having to actually turn bottles around.

• (1620)

**Mr. Colin Carrie:** I have another question, which is about technology. Around here you see everybody playing with their BlackBerrys and things like that.

I've heard a lot about healthy foods. I believe in healthy diets, because you have to have a balance, and there is a lot of room in an individual's diet to have a lot of different things. I was wondering if you had heard of technology to provide additional in-store information on nutritional labelling.

For example, if I had a smart phone, could I scan the bar code of a product, or if I had it in a cupboard, could I scan it and say, “Colin wants to take in this many calories and this amount of fat and everything into the diet”? Are you aware of technologies that will allow the consumer to look at these things?

I see two people who want to comment on that.

**Mr. Justin Sherwood:** Very quickly, I believe there are some technologies like that, but I'm not aware to what extent they are standardized and verifiable.

**Mr. Paul-Guy Duhamel:** I have a few on my iPhone, but unfortunately they don't work in Canada. They only work in the U.S.

**Mr. Colin Carrie:** Okay, so it is starting, then. Thank you.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

We'll go into our second round now.

For a five-minute round, please begin, Dr. Dhalla.

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** Thank you very much for coming before the panel today and providing some interesting information.

Mr. Sherwood, you spoke about Clear on Calories and provided us with some information as well. What kind of reception did you receive from all of your stakeholders with regard to the buy-in to put this together, and how long did it take for your stakeholders, which are the companies themselves, to want to become more transparent and perhaps accountable to the consumer regarding caloric information?

**Mr. Justin Sherwood:** It's not as easy as you'd think when you have a diverse group of stakeholders around the table. I think anybody who has been in that process will understand that. I could bore you with five-week conversations on square tablets versus round tablets; however, the buy-in and the reception were almost immediate.

It is an initiative that is also paralleled in the U.S. It was announced by Michelle Obama under her “Let's Move!” campaign. There was quite a prolonged discussion on how to adapt it for the Canadian context, but to give you an indication, the U.S. announced it last February, and they are just now in the field; we announced it this February, and we'll be in the field in May of this year.

**Ms. Ruby Dhalla:** Will this be mandatory for every one of your stakeholders that produces—

**Mr. Justin Sherwood:** It will be mandatory for all of our members.

**Ms. Ruby Dhalla:** What else do you think could have been done? This is an initial stepping stone; what do you think the next steps will be to provide greater information to the consumer?

**Mr. Justin Sherwood:** I'm not convinced that a lot of Canadians really know what their caloric requirements are or how to select products to ensure they are not exceeding their caloric requirements on a consistent basis. If we're specifically talking about weight management and obesity, I think there's an opportunity for educating Canadian consumers on what their caloric requirements should be and on how to count calories appropriately.

**Ms. Ruby Dhalla:** That goes to my next question. Your written brief states that you are working with the children's advertising initiative to ensure that Refreshments Canada and your members do not advertise to children under the age of 12. Then the next paragraph talks about reducing beverage calories in schools and says that you've voluntarily removed full-calorie soft drinks and are now providing lower-calorie and smaller-portion beverage options to elementary, middle, and secondary schools.

From what I recollect in going into schools on a weekly basis, you see the actual vending machines within the schools, and there are these massive logos that say "Coca-Cola" or promote a particular beverage company. Wouldn't that constitute advertising? How is it that on the one hand you say you're not advertising, and on the other hand—

• (1625)

**Mr. Justin Sherwood:** Advertising is paid promotional advertising, whether it's on TV, on the radio, or through those types of media. Vending machines are branded as vending machines. We have not had—and I don't know if we ever would have—that discussion relative to the presence of those particular logos.

I think that's the best answer I have for that one.

**Ms. Ruby Dhalla:** You're saying there haven't been any conversations around taking a look at the actual vending machines themselves to not promote particular soft drinks. More often than not in a vending machine, even if there is water available—

**Mr. Justin Sherwood:** Yes, there is.

**Ms. Ruby Dhalla:** —it talks about the pop.

**Mr. Justin Sherwood:** There has not been that discussion, and this is the first time someone has brought it up.

I can tell you that under the guidelines we have developed for elementary schools, for water and juice—we don't produce milk—there is a smaller package format for juice, a 250-millilitre size. That's in elementary and middle schools. For upper schools or secondary schools, it is broadened to a range of no- and low-calorie products, water, and juice. There are now provincial regulations that exceed that in a number of jurisdictions; that fact notwithstanding, in the provinces where there are no regulations relative to that, we have gone through and completed our commitment to remove those products.

**The Acting Chair (Mr. Tim Uppal):** Thank you very much, Dr. Dhalla.

We will now go to Mr. Brown.

**Mr. Patrick Brown (Barrie, CPC):** Thank you, Chairman. We have interesting comments on this topic.

We had a discussion on caffeine levels about a year ago, but it's good to have an opportunity to discuss this issue again. One comment I heard was about lots of young people having energy drinks. I don't think there are a lot of young people having energy drinks. I think everything in moderation is okay.

Ice caps are very popular among high school students. In Barrie, as I drove to some of the recreation centres in the spring, I saw advertisements for ice caps. I don't think Tim Hortons is doing anything wrong in trying to build their market share and I think

caffeine in moderation is okay, but I think it would be misrepresentation to suggest more kids are having energy drinks than are having ice caps. I think ice caps are dominating the marketplace, if you look at caffeine intake. I think Parliament needs to be working on much more important things than declaring a war on Tim Hortons or caffeine. I think Canadians enjoy their caffeine and I think there's nothing wrong with having caffeine in moderation.

Justin, how does Canada compare to other countries when it comes to the regulation of soft drinks and caffeine? Does there tend to be more regulation in Canada?

**Mr. Justin Sherwood:** Absolutely. Let's focus on soft drinks first, and then I'll come back to energy drinks and caffeine in general.

The amount of caffeine that can be used in a soft drink in Canada is regulated by the Food and Drugs Act and regulations and should not exceed 60 milligrams, I believe, which is the equivalent of a third of what you'd find in an average cup of coffee. Interestingly enough, Health Canada will tell you—and you can look it up on their website—that if you take a look at Canadians' sources of caffeine, 60% comes from coffee, 30% comes from tea, and 10% from all other sources. That's in adults. When you get down into the younger categories, I believe it's 30% from cola and cola-type beverages. It might be slightly higher than that. The point is that you can get those statistics, and caffeine comes from a wide variety of sources.

Again, it's fairly regulated. The Food and Drugs Act and regulations are fairly specific in the application, and recently it was expanded to allow for the use of caffeine in non-cola beverages. To my knowledge, I don't think a non-cola soft drink that is using caffeine has come onto the market in the year since the change. I'm not aware of it.

Energy drinks in Canada are the most highly regulated market for energy drinks. In 160 countries worldwide, they are regulated as food. I think we and the dietitians can agree on one point: we'd like them to be regulated as food too. However, the route to market in Canada has been the Natural Health Products Regulations. The caffeine content is declared on the can in terms of the total quantitative declaration of caffeine from all sources. The formulation, the safety, the efficacy, and all of the other requirements are very onerous in Canada, much more so than in any other country.

• (1630)

**Mr. Patrick Brown:** Wasn't there a big study in the EU on energy drinks? What was the result of that?

**Mr. Justin Sherwood:** There have been a number of studies of energy drinks worldwide. It's a high-profile category. The EU was asked to consider higher labelling standards similar to what we have in Canada, and they found there was absolutely no need for them and that they were perfectly safe and fine.

**Mr. Patrick Brown:** When we're looking at healthy living, I think, obviously, there are a wide variety of things you look at. If you look at high-calorie drinks, I'm just as concerned about the chocolate bars and junk food that are everywhere, so I think it would be unfair to look at only one item. Right now I'm having a Diet Pepsi, and that's certainly not a high-calorie drink. Is this one of your products?

**Mr. Justin Sherwood:** Yes. Enjoy it.

**Mr. Patrick Brown:** I'll do my best. I intend to have one at every committee meeting.

**The Acting Chair (Mr. Tim Uppal):** Thank you, Mr. Brown.

Go ahead, Monsieur Malo.

[*Translation*]

**Mr. Luc Malo:** Mr. Chair, let me continue along the same lines as my previous comments.

We hear that using identical servings in order to compare products could be accomplished quite rapidly. I asked Mr. Sherwood if that kind of thing was possible in his industry. He nodded, meaning that it is in fact possible.

However, from the answer he gave to Ms. Dhalla, it seems that things are perhaps a bit more complicated. Many negotiations have taken place and many emails have been exchanged. It has taken a lot of time to achieve anything. I see that Refreshments Canada has given itself until the end of 2013, almost three years, to standardize the labeling on all its products. Don't you find that three years is a long time to apply a little logo that indicates the number of calories in a bottle?

[*English*]

**Mr. Justin Sherwood:** You will forgive me if I respond in English.

It is not simply a question of putting a little logo on a bottle. If it were that easy, I think we would have probably done it a long time ago. There's reformulation that is required so that no- and low-calorie products, or specifically no-calorie products, can remain no-calorie products under rounding rules. There are nutritional facts panels. There are thousands of products, and both the primary package and the secondary package would have to be changed. Then we're talking about, I would estimate, approximately 100,000 vending machines in the country on which we have to physically change the buttons, as well as God knows how many pieces of fountain equipment we have to get to.

We're taking a tiered approach. You'll start seeing it on packaged products first. Hopefully we'll get to the packaged product, and then once that's done, we'll go out to fountain equipment, etc. Implementation is a significant undertaking that is costing many tens of millions of dollars.

That having been said, arriving at common serving sizes is a relatively short discussion in my sector, because we're a very homogeneous group. You asked me how quickly we could agree on a common serving size; that was a short conversation. It's all the other things that take the time.

• (1635)

[*Translation*]

**Mr. Luc Malo:** Mr. Duhamel, it will not happen overnight, but discussions should get underway and the industry as a whole should be invited to act quickly. That is how I see it.

**Mr. Paul-Guy Duhamel:** Exactly. There are precedents. When Health Canada decided six years ago to change nutritional labelling, the government gave two years. Certainly some preliminary work

took a little time, but, in less than three years, it was done. So we are not talking about something outside the realm of possibility. It is a question of whether the will exists.

**Mr. Luc Malo:** Mr. Sherwood, I want to come back to you.

A group appeared here before the committee to defend the use of sugar. The representatives told us that companies in your group were indicating on their labelling that products contained sugar. They pointed out that the labelling should be changed by replacing the word "sugar" by "high-fructose corn syrup," as is the practise in the United States. What do you think of that idea?

[*English*]

**Mr. Justin Sherwood:** First of all, we use a variety of sweeteners. There is sugar product and there are also non-nutritive sweeteners—ace-K, aspartame, etc.

I believe the nomenclature, the choice of words that you can put on the label, is dictated by Health Canada, and that would be a discussion you would have to have with them.

[*Translation*]

**Mr. Luc Malo:** But what is your opinion? Do you think it is a problem for people in the industry?

[*English*]

**Mr. Justin Sherwood:** I don't know if it would pose a problem or not. I've never asked.

Sugar and high-fructose corn syrup are, for all intents and purposes, identical. One is coming from—

[*Translation*]

**Mr. Luc Malo:** Great. Thank you for that clarification.

[*English*]

**Mr. Justin Sherwood:** Yes. The answer is that I don't know.

[*Translation*]

**Mr. Luc Malo:** But you are telling me that the two products are basically identical. That is what I understand from your answer.

[*English*]

**The Acting Chair (Mr. Tim Uppal):** Monsieur Malo, you have 10 seconds.

[*Translation*]

**Mr. Luc Malo:** Mr. Hunter, I am told that your Internet site is not in French and I would like to know why.

[*English*]

**The Acting Chair (Mr. Tim Uppal):** I'm sorry, but we won't have time for the answer.

We'll go to Ms. Davidson.

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thanks very much, Mr. Chair, and thanks very much to each of you for being here this afternoon.

I gather that you've determined that we've heard a lot of witnesses on this subject and related subjects and that there are still a lot of things causing confusion. One of the questions I get asked most often by people in my riding, because they know I sit on the health committee, is about labelling and the fact that there never seems to be anything that's consistent. Many of you have referred to this today.

I will put my question out, and then anyone who wants to can answer. If you all want to comment on it, that would be fine.

We've been told over and over again that we need to look at the entire picture. We need to look at a balanced diet, we need to look at exercise, we need to look at everything, but how does the average Canadian know what to choose for the overall healthy diet? If you're diabetic, you choose low sugar, so you read the label for that. If you're on a fat-free diet, you choose the low-fat foods. If you're on low sodium, you choose the lower sodium. However, if you choose the low-fat one, you're often getting a high sodium choice or a high caloric choice. How does the average Canadian ever get through that, and how do we change the labelling process to promote healthy living?

Second, are any of you aware of any research on potential health hazards caused by poor comprehension of these nutrition labels?

I'll throw that out. Ms. Provencher, do you want to start?

[*Translation*]

**Ms. Véronique Provencher:** I think that the Canada Food Guide is the basic tool that provides consumers with the information to make balanced food choices.

[*English*]

I'm sorry for answering in French.

**Mrs. Patricia Davidson:** No, that's fine.

[*Translation*]

**Ms. Véronique Provencher:** We also need to consider frequency. And consumers need to be educated to a certain extent. That said, I think that food is being increasingly intellectualized: everything is being calculated and people are trying to control everything. Generally speaking, people have a good idea of what helps them be healthier and what is less nutritious. I think that they should feel confident about their food choices.

• (1640)

[*English*]

**Mrs. Patricia Davidson:** Go ahead, Monsieur Duhamel.

**Mr. Paul-Guy Duhamel:** The conversation we're having right now is quite symptomatic of what you're explaining. People talk a lot about nutrients and not exactly about nutrition. Talking about nutrients is one thing; talking about nutrition is another. When we're focusing very much on sodium, on fat, and on specific nutrients, as I said earlier, we're forgetting the ballpark figure.

When we look at the Canadian diet, there are a few things we need to address. Canadians are not eating enough fruits and vegetables. They are not being labelled right now. This is an issue. Canadians are not getting enough milk and milk product substitutes. That's another

big issue. It's not the sugar. It's not a fat issue. There are just basic categories of food they are not having enough of.

There are a number of issues like these. When we're focusing on nutrients, we're forgetting that ballpark figure, and as my colleague Madame Provencher said, we need to come back to tools that enable Canadians to learn how to eat food from a larger perspective.

There are some initiatives. I like to refer to what has come out of Quebec, *La Vision de la saine alimentation*, the vision of healthy eating, which the Government of Quebec came out with last year. It actually has a nice focus on resetting food in terms of perspective, on looking at food from a food perspective and not a nutrient perspective. People eat food, not nutrients. This actually has been recognized by the recent USDA guidelines, which were made public at the end of January.

We really need to stop putting the focus on nutrients and put more focus on the food itself and label accordingly. Right now, labelling is oriented towards nutrients, and that confuses everyone.

**Mrs. Patricia Davidson:** Do I have more time?

**The Acting Chair (Mr. Tim Uppal):** You have about 10 seconds.

**Mrs. Patricia Davidson:** Okay.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

Go ahead, Mr. Lamoureux.

**Mr. Kevin Lamoureux (Winnipeg North, Lib.):** Thank you, Mr. Chair.

I want to pick up on what Mr. Duhamel and Mr. Sherwood were referring to in regard to sugar and pop. Whether the issues are related to obesity, diabetes, or heart disease, issues of that nature are becoming a greater portion of health care budgets across Canada.

One of the issues in Manitoba, for example, particularly in northern Manitoba, is that it's considerably cheaper to buy a two-litre pop than it is to buy milk, sadly. There is a great deal of concern in terms of the sugar content, and you seem to be of the opinion that it's something we don't necessarily need to be concerned about.

I look to you, as the industry, to give me an indication of this. Do you believe there is a recommended number of cans of pop—I think 255 millilitres is how much there is in a can of pop—for a 10-year-old to be drinking per week?

**Mr. Justin Sherwood:** I think that is a very personal question. Parents have to address that as they're looking at providing guidance to their children in terms of proper nutrition.

If you're asking me, I have two boys; one of them is four, and he doesn't drink pop at all. The other is seven, and he gets a half can a week.

I think there is a broad recognition from a number of stakeholders that there's a challenge in northern communities. I would argue that in every jurisdiction in the world, soft drinks are less expensive than milk. The general reason is that with milk there is an animal involved, which has to be cared for. Additionally, in Canada there are pricing schemas that dictate how milk is priced. That is compounded by the complication of getting fresh produce into remote and northern communities. I don't think anyone disputes that it's an issue that needs to be looked at.

Do I have a recommended amount for a parent to consider for how much pop or soda their children should have? No, I don't, but I think it behooves parents to understand. Canada's Food Guide is a great example; it has a number of limit statements within it. There are alternatives out there in terms of no-calorie and low-calorie alternatives that have no sugar in them whatsoever.

The objective is that parents need to be equipped in order to make informed purchasing choices.

• (1645)

**Mr. Kevin Lamoureux:** Mr. Duhamel, maybe you could provide comment from your perspective, or Ms. Provencher, on a recommended amount. I believe there was a BBC report that made reference to three 255-millitre cans potentially being an excessive amount of pop to be drinking in a given week.

**Mr. Paul-Guy Duhamel:** Please allow me not to jump in on that. As I said earlier, the problem right now is that we're focusing too much on nutrients and forgetting the ball park figure. Right now Canadians are not consuming certain types of foods, mainly fruits and vegetables and milk products. Talking about the amount of soft drinks the kid may or may not drink will not solve that problem. It will not improve their global nutrition and enable them to have a healthy life later on. We have to promote the other foods, not necessarily ban the bad ones. We really need to make these other foods available.

In the packages we sent you last week, I believe there is a document on our position on soft drinks. We do believe that taxing these soft drinks in order to make them equal to other beverages that are healthier choices would help Canadians to achieve the goals we want, which is to eat more of the foods they need to sustain their health.

**Mr. Kevin Lamoureux:** Government wants to promote healthy living and send a consistent message. When you look at a container of milk with the same liquid amount as a non-diet can of cola, you might have the same calorie count. Which one would you recommend, and why?

**Mr. Paul-Guy Duhamel:** I would say milk would be the first choice because of all the other nutrients that come with that food. Should we exclude the other ones? I would not say to exclude the other ones.

**The Acting Chair (Mr. Tim Uppal):** Thank you very much.

Mrs. O'Neill-Gordon is next.

**Mrs. Tilly O'Neill-Gordon (Miramichi, CPC):** Thank you, Mr. Chair. I'd like to thank you all for being here this afternoon. Your presentations certainly are all very worthwhile to all of us.

As we know, the labelling on food helps consumers to make informed choices about the foods they buy and what they eat. We need to become, as I think we'd all say, more and more educated about the healthy facts. We are probably doing this by reading the labels a lot more now. I know I am myself. There is also the Heart and Stroke Foundation, which has their check logo to designate heart-friendly foods.

Is this a technique that you would recommend for similar groups to employ as well? Do you know of any other groups that are going to start doing that? We just know that the Heart and Stroke Foundation has its logo on certain foods. Are there going to be other means that are going to have other things?

Also, back home we have a restaurant that has the mango symbol on it, which gives us an idea that the meal is healthy. Do you know of any other means that are coming along the way that will be promoting such ideas?

[Translation]

**Ms. Véronique Provencher:** Those initiatives may be useful because they provide information. However, the problem is that there is no standardization. It is done on a voluntary basis. Some may decide to use a logo and others not, which can create disparities between certain foods.

A food item with a logo might appear healthier than the one beside it which has no logo. But the one without a logo may be just as nutritious. If a logo had to be adopted, it would need to be applied systematically to all foods, rather than everyone having the choice of whether to use it or not.

So it may be a useful tool, but the process would require some thought and some oversight using standards. The labelling would have to be systematic and standardized.

• (1650)

**Mr. Paul-Guy Duhamel:** As it now stands, our biggest problem is not that there are several healthy standardization and promotion systems for nutrition, such as the Heart and Stroke Foundation program, but those initiatives are often drowned in a sea of similar ones, which is very confusing for consumers. What is worse, too often today consumers do not trust the labelling and they tell us so. Which do they believe? The yellow logo, the blue one or the red one? It becomes extremely difficult to sort them out. So best not to trust any of them at all.

This is why Dietitians of Canada would like to see all claims and labelling systems standardized in order to help consumers understand them, and to develop a level of trust that they need to make informed food choices that will keep them healthy.

[English]

**Mrs. Tilly O'Neill-Gordon:** Does anybody else want to come in?

My other question relates to your mention of how you could take your scanner and scan a product if you were in the United States. I'm wondering how Canada's nutrition labelling has had an impact on the purchasing habits of Canadians and how it compares to other countries for labelling.

**Mr. Paul-Guy Duhamel:** I don't have any data on that.

[Translation]

**Ms. Véronique Provencher:** Few studies have specifically addressed this issue. There were some studies in the United States, or perhaps it was in Germany; it does not matter. If I recall correctly, one study in particular showed that adding a health claim to a product influenced the decision for about 10% of consumers. Making a claim can therefore have some effect on a purchasing decision. But we have no specific data on actual consumption. There are almost no studies evaluating the impact that claims or labels have on the actual consumption.

[English]

**Mr. Paul-Guy Duhamel:** There's another problem that we're not addressing enough, which is that a substantial number of Canadian people are not able to read and understand that basic information. Approximately 40% of the Canadian population do not have sufficient reading skills to understand the labels. We need to address that aspect as well. We must stop believing that just labelling will solve the problem. We need other efforts as well to bring that nutrition message out there.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

Go ahead, Ms. Leslie.

**Ms. Megan Leslie:** I have no questions, Mr. Chair.

**The Acting Chair (Mr. Tim Uppal):** All right.

We will now go to Mr. Stanton.

**Mr. Bruce Stanton (Simcoe North, CPC):** Thank you, Mr. Chair, and my compliments to all of the witnesses here today.

I spent the first 10 years of my life after university in the kitchen preparing and purchasing food, so I have great admiration for the work you do. At this stage of my life, to see the strides that have been made in the quality of food, nutrition, and packaging is something that I find very encouraging.

I want to come back to this question about the standardizing of portions. Some of you spoke as if this would be fairly easy to achieve, yet as I looked at it, I wondered how you would do it in light of the many choices involved. Mr. Duhamel made some references to different cereal products. Some consumers will use them by weight or perhaps by size. It is difficult to take even one of those steps, realizing there are many more to take, but perhaps one of those steps could be readily undertaken. These are the kinds of things that a committee can regard as a practical measure. I would like a brief comment from each of you on this.

Go ahead, Mr. Sherwood.

**Mr. Justin Sherwood:** I think there are some product categories in which that type of standardization is probably a little easier. There are other product categories in which it is next to impossible, either because it's a variable-weight product or because it's sold by weight and consumed in a different manner. With restaurant meals, I think

you're inviting a nightmare. It depends on the product category. I was asked by Mr. Malo how easy it was. Well, in our category it was fairly easy, but in other categories it's a complete and utter nightmare.

• (1655)

**Mr. Paul-Guy Duhamel:** I would like to be precise about that: I didn't say it would be easy; I said there was a precedent out there. Canada's Food Guide suggests portion sizes, and we have tools for diabetics that suggest portion sizes as well, so there are some precedents out there.

**Mr. Bruce Stanton:** Then there are some norms you could use as a basis.

**Mr. Paul-Guy Duhamel:** Yes, indeed.

**Mr. Bruce Stanton:** Do you think there's an interest in accepting that kind of trend within the packaging industry for these types of retail foods? What is the willingness to move forward with such a venture?

**Mr. Justin Sherwood:** I think you'd have to ask the packaged goods sector when they are here later this week.

**Mr. Paul-Guy Duhamel:** I would hope so. It builds trust between the consumers and the food offered. If we want to be able to work to have a healthier Canada, we need to build on trust. Having simple tools, simple things like those, helps to build trust.

**Mr. Bruce Stanton:** Mr. Hunter, it's a great Canadian product, canola, but often when we're talking about less healthy foods, we hear the deep-fried products getting a bad rap. I know this is more on the food-service side of the coin, but has there been any health improvement as a result of using that kind of fat item for fried products across the spectrum?

**Mr. Robert Hunter:** Yes, there is the adoption of high oleic canola in place of hydrogenated oils. One of the food service companies out there has a figure saying they not only removed the transfat, but they also removed  $x$  amount of saturated fat from the diet. Moving from a soybean oil to a canola oil will actually cut the amount of saturated fat in half.

**Mr. Bruce Stanton:** How common is that across the industry now?

**Mr. Robert Hunter:** We're seeing considerable growth in the canola oil sector, not only in Canada but also in the United States, where canola oil consumption has gone from about 10% to about 13%. It's a small move, but it's having a benefit in removing trans fats as well as saturated fats from the diet.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

We're going to go into a makeshift mini-round. I'm going to allow Mr. Malo to get an answer to his question, and we'll have a couple of other small questions, so keep them short.

[Translation]

**Mr. Luc Malo:** Mr. Hunter, why is your website available only in English and Spanish, but not in French?



I have another question for you. When representatives from the baking industry appeared before the committee, they said how difficult it was for them to substitute some of their ingredients, such as trans fats, used in the production and manufacture of their products, which are then sold to consumers. They talked about stabilization. What they said is that they cannot find substitute ingredients that act as stabilizers. Could canola be used as a stabilizer, perhaps, or be used to develop substitute stabilizers?

[English]

**Mr. Robert Hunter:** I think that's where the industry has really looked to innovation. Again, forgive me for answering in English. That's one of the areas where food solutions have needed time to develop. In 2006 we were sitting here saying we need more time to develop solutions for trans fats. Over the last four years more and more products that have been developed using canola oil have actually been solutions to some of the problems related to shortenings or to some baked goods. It takes time for those solutions to be developed, but the industry has been very active in developing those solutions and has come forward with many options for the entire food sector.

• (1700)

[Translation]

**Mr. Luc Malo:** You still did not answer my question about your website.

[English]

**Mr. Robert Hunter:** I'm sorry; our corporate website is available in English only, but our consumer website, which is [canolainfo.org](http://canolainfo.org), is available in English, French, and Spanish.

[Translation]

**Mr. Luc Malo:** Why is your corporate site not available in French?

[English]

**Mr. Robert Hunter:** It's something we're working on, but it's not available at this time.

**The Acting Chair (Mr. Tim Uppal):** Thank you, Mr. Malo.

Dr. Carrie, it's your turn.

**Mr. Colin Carrie:** Thank you, Mr. Chair.

This is just a quick question. We've heard a few issues about cost between, say, milk and pop. It's been phrased as an either-or thing, but nobody has mentioned water. Water is free. Water is good for you.

My question is quite simple. We haven't really talked about water. Mr. Duhamel or Mr. Sherwood, if you wanted to take the question, I would like a comment on the record. Are Canadians drinking enough water, and is it important for healthy living?

**Mr. Paul-Guy Duhamel:** Definitely, water is important for healthy living.

The important thing to remember is that when we look at the Canadian diet per se, there are probably too many calories coming from liquids. We're forgetting about water. You're right in saying that. We should promote calories coming from other kinds of foods, rather than only liquids. We should be looking at fruits, vegetables,

and whole grain products—the other foods—and stop focusing on the foods we don't want.

**Mr. Colin Carrie:** So parents don't have to choose between milk and pop. There's another good alternative out there, right?

**Mr. Paul-Guy Duhamel:** I would say in a healthy diet there's a place for everything. To be able to say that, you have to have the other products first.

**Mr. Colin Carrie:** Thank you very much.

Are there any other comments on that?

**Mr. Justin Sherwood:** I would suggest that the average adult human requires between 2.5 and 3 litres of fluid a day. That fluid can come from fruits and vegetables and foods. It can come from soft drinks. It can come from milk. It can also come from tap water, which runs freely and in Canada is of excellent quality.

**Mr. Colin Carrie:** Thank you very much.

**The Acting Chair (Mr. Tim Uppal):** Thank you very much.

Just before I get to Mr. Lamoureux, if it's okay with the committee, I have a quick observation.

You mentioned, Mr. Duhamel, the possibility of taxing pop to the level of juices. When I was talking to somebody when I was back in Sherwood Park over constituency week, they were saying that in a movie theatre, pop is priced at the level of juice. A movie theatre is one place where they sell a lot of pop. They price it artificially high, but pop still outsells juice and probably outdoes the free water fountain too.

At the end of the day is it more about education, or is that the answer?

**Mr. Paul-Guy Duhamel:** Thank you for giving me back the opportunity to talk about this.

What we're saying in the position statement that came out and in the current issue that we published, which we made available to the members, is that taxation can be a tool used to make foods more equally priced in the hope of making the healthy choices more available, or at least more accessible. That's one thing.

Is that the only thing we need to do? I don't believe so. Data are not there to support that necessarily. Of course, if a healthy choice is much more expensive than the other one, we can understand and agree that it makes that other choice much easier to make. We just wanted to make sure that taxation can be considered as a tool to level the prices of these foods.

**The Acting Chair (Mr. Tim Uppal):** Mr. Sherwood, do you wish to speak?

**Mr. Justin Sherwood:** I think it's naive to think that way when we're talking about obesity, as you've heard, and health issues, as you've heard. If you take one message away, it's an incredibly complex subject. There are multiple factors that come into play, including it's screen time, lack of exercise, and the types of foods you eat. You're going to hear it over and over. I think it's naive to think that by taxing one single food or beverage you're going to make a dent in anything as complex as obesity. That's number one.

Number two, there are two states in the U.S., West Virginia and Arkansas, that have had soda taxes for a period of time, and they rank second and ninth in terms of obesity in the U.S.

**The Acting Chair (Mr. Tim Uppal):** Thank you.

Go ahead, Ms. Provencher, quickly.

[*Translation*]

**Ms. Véronique Provencher:** The example you gave really shows that food behaviour is social behaviour. When you go to the movies, you do not necessarily think of drinking a big glass of water. When you go to the movies, you usually end up buying popcorn and a soft drink. They go together. It is important to point out that the food we eat varies depending on the occasion. A lot of it is based on social, emotional or family factors. It is important to point that out.

•(1705)

[*English*]

**The Acting Chair (Mr. Tim Uppal):** Very good. Thank you.

Go ahead, Mr. Lamoureux.

**Mr. Kevin Lamoureux:** Mr. Chair, I appreciate the comments, and it would be a very interesting debate to be able to continue along that line of education, healthy living, the different roles, and the impact.

Having said that, I want to go back to the nutritional facts that we see on the labels. I have seen more and more people looking at them, which is a good thing, I believe, but I don't have anything to support that. It's just a general observation. I do feel that it is complicated at best. Some would point out the very small font.

I'm wondering if there are recommendations or ideas that come from individuals or studies or anything of that nature that can shed some light on what we could be doing in order to make labels more consumer-friendly, if I can use those words, so that a wider public would actually be able to benefit from looking at these labels. Are there any studies? Is anything being done on that?

**Mr. Paul-Guy Duhamel:** Maybe Dr. Provencher will be able to complete what I'm going to say, but as we stated earlier, the major problem with food labelling is that it's not consistent from one product to another, so it makes comparisons very difficult. Just having a standard portion size would make comparisons so much easier and also make the labels easier to use.

As well, there's probably a limit to simplifying nutrition. Nutrition is not rocket science; it's much harder than rocket science. There's a limit to oversimplifying things. Nutrition is what it is, and it's complicated. Nevertheless, we need to have the data presented simply so that people can at least make the comparison simply as well.

[*Translation*]

**Ms. Véronique Provencher:** I agree. The information must be as objective as possible. A table containing nutritional values is objective. If we want to compare different foods, you need to work from a baseline.

I was reading a recent article that said that, when you give people time to understand labels and to do the math, they are generally able to do so fairly easily and to distinguish between different kinds of

foods. But people do not always have the time to do that when they are buying their groceries. They make their choices based on habit. So just because the information is available, it does not mean that people will actually read it, or that they will use or interpret it correctly.

[*English*]

**The Acting Chair (Mr. Tim Uppal):** Thank you very much.

That will conclude the questions from our members.

**Mr. Colin Carrie:** Mr. Chair, just after you dismiss the witnesses, I have one comment I want to ask.

**The Acting Chair (Mr. Tim Uppal):** Sure.

Thank you, witnesses, for your contribution to our study on health living.

We'll suspend for a minute or two and then we'll get to you. Is that okay?

•(1705)

\_\_\_\_\_ (Pause) \_\_\_\_\_

•(1705)

**The Acting Chair (Mr. Tim Uppal):** Members, we will get back to business here. We have one thing to discuss.

Go ahead, Dr. Carrie.

•(1710)

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

**The Acting Chair (Mr. Tim Uppal):** It's a little noisy. Could we have the conversation taken outside? Thank you very much.

Dr. Carrie, you have the floor.

**Mr. Colin Carrie:** This is a quick comment. I was looking at the calendar that you handed out. The minister is here on the 10th, and it has the supplementary estimates there, but the main estimates have also been tabled. I just wanted to confirm that we could talk about both the main and the supplementary estimates at that meeting.

**The Acting Chair (Mr. Tim Uppal):** If that's the will of the committee, but it makes sense.

For how long will the minister be here?

**Mr. Colin Carrie:** I'm not sure. In the next day or so we'll be able to confirm that.

**The Acting Chair (Mr. Tim Uppal):** Would we be discussing the main estimates and the supplementary estimates that day?

**An hon. member:** Yes.

**The Acting Chair (Mr. Tim Uppal):** Is there discussion from the committee? Is there anything to discuss?

That's fine. They've been tabled today, so we can do both that day. Is everybody okay with that?

Go ahead, Ms. Leslie.

**Ms. Megan Leslie:** Can we wait to make a decision until we find out how long the minister can be here?

**Mr. Colin Carrie:** We can do anything we want.

**The Acting Chair (Mr. Tim Uppal):** Do you want to decide on Thursday, then?

**Hon. Ujjal Dosanjh:** Excuse me; when are the estimates?

**The Acting Chair (Mr. Tim Uppal):** It is the supplementary estimates, but the main estimates were tabled today as well, so the question is whether we could discuss the supplementary estimates and the main estimates in that one day.

**Mr. Colin Carrie:** Can I make a suggestion? Megan, if the minister can be here for one and a half hours or for the full amount of time, would you be amenable to doing both?

**Ms. Megan Leslie:** I would be.

**Mr. Colin Carrie:** You would be. How about everybody else?

Okay, that's fine. *D'accord?*

**Mr. Luc Malo:** I know where you're going.

**The Acting Chair (Mr. Tim Uppal):** Go ahead, Mr. Malo.

[*Translation*]

**Mr. Luc Malo:** I really want to finish my thought. I simply want the Parliamentary Secretary to the Minister of Health to be aware that if, by the end of June, we wish to see the minister again for the purposes of our work, we can invite her. She will be delighted to appear before the committee once again, if that is what we wish.

[*English*]

**Mr. Colin Carrie:** I think the minister has always come when she's been invited, so....

**The Acting Chair (Mr. Tim Uppal):** Okay. If we have agreement that the minister will be here for an hour and a half, then we will discuss both the supplementary estimates and the main estimates. That's fair enough.

Thank you.

The meeting is adjourned.

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