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Chair: Mr. Sean Casey



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• (1205)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 60 of the House of Commons Standing Committee on Health. Today we will consider Bill C-252, before proceeding to drafting instructions for the report on children's health and to committee business, in camera.

I'd like to, first of all, indicate to the committee that, in accordance with our routine motion—and as you know first-hand—all remote participants have completed the required connection tests in advance of the meeting.

I will now welcome back Ms. Lattanzio, the sponsor of Bill C-252, and our two officials from Health Canada. Thank you for coming back to be with us.

They are here, of course, in case there are questions for the department about the bill. They are Dr. Supriya Sharma, chief medical adviser and senior medical adviser, health products and food branch; and David Lee, chief regulatory officer, health products and food branch.

(On clause 4)

The Chair: When we left off on Tuesday, we were discussing amendment G-2, which is an amendment to clause 4, so I would suggest that we pick up where we left off.

I recognize Mrs. Goodridge.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

I would like to propose a subamendment, which I provided in advance to the clerk. I believe everyone should have a copy, or they will soon. It's that after "prescribed foods" we add a comma and "excluding unprocessed foods,".

It's just a simple subamendment to clarify that unprocessed, single-ingredient foods would explicitly not be allowed to be on that prescribed list. I think that achieves some of the conversation we were having in the meeting prior to this.

The Chair: Thank you, Mrs. Goodridge, and thank you for providing the subamendment in advance. It allowed for me to be able to consult with the legislative clerk and to be advised that the amendment is admissible and in order.

The debate is now on the subamendment.

Mr. van Koeverden.

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

Thank you, MP Goodridge, for the subamendment.

Without getting into the weeds too much—because I think that's where we ended off at our last meeting, talking about very specific foods and various ingredients—I just want to turn to the officials to see if this is a something we should be concerned about. Without going into examples—because I think we got into yogourt and apples and stuff last time—is this something we've considered already, and is it a concern for this legislation?

Dr. Supriya Sharma (Chief Medical Adviser and Senior Medical Adviser, Health Products and Food Branch, Department of Health): It is. I think that's one way to define it. I have just a couple of points to make. Not all processed foods would have added sodium, sugars or saturated fats. Also, some types of processing actually contribute to food safety. For example, milk would be considered a processed product because pasteurization is a process.

Those are some of the challenges around saying there should be no processing at all. It would potentially not necessarily capture all of the products that you might want to consider. It might actually inadvertently capture some other products as well.

The Chair: We'll go to Mr. Davies and then Mrs. Goodridge.

Mr. Don Davies (Vancouver Kingsway, NDP): Just following that line, is there a definition in the Food and Drugs Act of what "processed" or "unprocessed" foods are? That's my first question.

Maybe I'll have you answer that, and then I'll ask my second question.

Mr. David Lee (Chief Regulatory Officer, Health Products and Food Branch, Department of Health): There's not one in the act. The wording does occur in the regulations, but there's not that definition in the act.

Mr. Don Davies: Okay.

Second, Dr. Sharma, you maybe alluded to this a little bit, but are there any unprocessed foods you can think of that may be something that may contribute to excess sugar or trans fats or sodium?

Dr. Supriya Sharma: I would have to think about that one. I'm sorry. I don't want to misspeak here, but we can check and see.

Mr. Don Davies: Thanks.

The Chair: Go ahead, Mrs. Goodridge.

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

The intent that we wanted was to exclude single-item food products, but in working with the legislative clerk, they recommended “unprocessed foods” as the language.

My concern is eggs, as a very good example. We've gone through phases where people have said that eggs are bad. We've gone through phases where they've said that eggs are good. I think we're back to the “eggs are good” piece, but I think it's important to give some clarity because a lot of our agricultural products—whether it be avocados or almonds—have very high saturated fats, but in moderation, they're considered to be good, healthy fats.

Dr. Supriya Sharma: Absolutely. The way the food policy is structured.... For example, we wouldn't see something that would be limited in this category but also recommended as part of the food guide, because it's the same basis of data we go by. Things like that—fruits, vegetables and whole foods—are recommended as part of your daily intake. It is definitely not the intent of any policy to exclude all of those.

Again, as for the definitions of what would be included or not included, we would put those in the regulations. I can understand the desire to have it a bit higher, but if it's in the act, it has to be defined somewhere as well. If down the road terminology changes, or something else changes, it makes it that much more difficult to then go back to the act to try to make those revisions. That's just the technical part of it.

Certainly, in terms of the process to develop the regulations and to define the foods that would be included in that prohibition, again, we're looking at that body of evidence. It would be in line with the food guide. There are other policies. The WHO has policies as well in terms of how to define those products. There is a process there to develop the products.

I think David wanted to add to that.

• (1210)

Mr. David Lee: Yes. If it's any help, we had a recent policy on front-of-package labelling, where there was a prohibition referring to high in sodium, sugars and saturated fat. We did use the exemption power for some types of foods—milk and other whole foods—and that worked quite well. It was based on the science, but it was at the regulation level. It is something we have done before.

The Chair: Thank you.

Dr. Hanley.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Mr. Chair.

I certainly understand where Mrs. Goodridge is coming from and the intent. Echoing what the officials just have told us, as this is enabling legislation, we need to leave that kind of content to the regulations and trust the process.

The Chair: Next, I have Dr. Powlowski, and then Dr. Kitchen.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I have two things. I don't think it's that simple a change. As previous-

ly mentioned, you would have to put a definition of what is “unprocessed foods”. That would mean amending it again.

However, I would also say that it's not the kind of thing we should do at the last minute, without much consideration. I, too, am thinking of whether there is any unprocessed food that might fit into that category. I don't know. It just seems like it's not a good idea, introducing something like this at the last minute, without the time to properly consider it and talk to all the experts about these things.

I do agree, though, that I would not like to see eggs and milk on that. I, too, have farmers in my riding, and I want that on the record.

The Chair: Thank you, Dr. Powlowski.

Next, I have Dr. Kitchen, and then Mrs. Goodridge.

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

Dr. Sharma, your comments about the food guide are eye-opening. We realize the food guide changes quite regularly, or it can. It doesn't go through the regulatory and, particularly, the parliamentary process of setting legislation.

When you have a food guide that can change, yet we're putting wording in here that can't be changed, there are some concerns about that. The reality is that, if that food guide all of a sudden changes, the wording becomes out of place.

How do we solve that? How do we avoid that issue?

Dr. Supriya Sharma: The food guide takes years to change each time we make revisions to it. It is a very intensive process. I hope I wasn't giving the impression that it would be referenced. I was just underscoring the point that it would be aligned with that.

Take, for example, the consumption of whole foods, like fresh fruits and vegetables, milk and dairy, and nutritious products like whole grains. It's all something that we recommend people have as part of their daily intake. Those products would not be included in something that we would prevent advertising for.

Conversely, as I noted, if we say “unprocessed”, milk would not be included in that. Frozen vegetables and canned vegetables that have no added sugar, salt or fat would not be included in that. I wanted to underscore that the “unprocessed” term may not necessarily capture what people intend to capture.

Again, the food guide is another source document that has a lot of evidence that's supported. What we propose is that it be a nutrient-based model, so you would have types of products and then you would have nutrient levels. If they were beyond those nutrient levels, because they would be the ones that are deemed to potentially contribute to a diet that would not be healthy, they would be the products that are included.

There would be a science-based process to go along with that. There's a cost-benefit analysis that goes with that. There's the consultation process.

I'll offer one option that we consulted on previously on this side of things. We were looking at whether or not "added"—as in "added to foods"—would be the terminology. It would be "products without added X, Y and Z", and you could define those in the other terms.

However, the science changes, and wiring things in at the act level makes it very complicated to change. There's a process for regulations. They are not quick either. They usually take a couple of years, but at least, if something changes, there is a way to modify them.

• (1215)

The Chair: Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: [*Technical difficulty—Editor*] the wording that was suggested to me by the legislative drafters was perhaps not going to accomplish what I was hoping it would accomplish. My intent was to have those whole food items included in that.

As a result, I think I will remove my subamendment, with unanimous consent.

The Chair: Do we have unanimous consent for the subamendment to be withdrawn? I see heads nodding all around and on the screen.

Some hon. members: Agreed.

(Subamendment withdrawn)

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

We're now back to debate on the amendment, which is G-2. I recognize Monsieur Thériault.

[*Translation*]

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

I would like to go back to my last statement, to clarify the first use of the word "prescribed" in the amendment. The amendment refers to prescribed foods and prescribed levels.

Why is the first "prescribed" used? In the simplest, most concise way possible, explain to me what it would mean if we removed it.

[*English*]

Mr. David Lee: The use of the term "prescribed" is the grant of authority to make a regulation about which foods the prohibition would apply to. It indicates that the minister, through the Governor in Council, can specify foods through regulations that will be subject to this prohibition.

[*Translation*]

Mr. Luc Thériault: If foods are covered by the regulation, they are certainly prescribed. Why would this need to be specified in the act? Is it because the second "prescribed" is not sufficient?

It says "advertising of prescribed foods that contain more than the prescribed levels of sugars, saturated fat or sodium in a manner [...]". However, saying "prohibit the advertising of foods that contain more than the prescribed levels of sugars, fats" would be completely correct, right?

Isn't it enough to say it like that and just take out the first "prescribed"? What am I not understanding? Can someone explain this to me in a different way?

[*English*]

Mr. David Lee: Again, in the act, "prescribed", when you use it in this kind of context, means "prescribed by regulation". You would read that whole phrase just before "foods" as "food prescribed by regulation". It's a convention. It's also in the act, in section 2. It means "prescribed by the regulations". It just leaves it for the regulations to define.

I will turn to Dr. Sharma regarding how we would do that, but that's certainly the convention.

Dr. Supriya Sharma: Perhaps I will add this: If we left the word as just "foods", that "no person shall advertise foods". Then, the question is, "Which foods?" The way it's worded in the original clause, there's some vagueness to it. We don't know what "contribute" means. "Excess" would have a whole definition as well. "Excess", depending on the way you look at it, can be an amount or a percentage. It changes for different groups. How do we say which foods would be included?

The way we would usually do that is that we would have something to point to—a regulation—to help define which foods those were.

• (1220)

[*Translation*]

Mr. Luc Thériault: I understood the difference between the amendment and the original wording. As for the words "contribute to an excess", I do understand that prescribed levels will be defined in the amendment and that is important. My question was simply this. Why use "prescribed foods" and why use the term "prescribed" twice?

I am told that this is a convention, that this is what we call foods that are going to exceed the permitted levels.

However, nothing is known at this time about either the levels or the foods that make up the list.

Will there be such a list? Will the levels ultimately define what will be listed as proscribed?

Dr. Supriya Sharma: I don't know if this answers your question, but it gives us an opportunity to define a type of food and a level. So the word "prescribed" is used once to define a food category, and a second time to qualify the levels of fat, salt, or any other component of the food.

Mr. Luc Thériault: The term "prescribed" is therefore used to define the category of foods to which we will assign prescribed or non-prescribed levels. Is that how it should be understood?

Dr. Supriya Sharma: Yes, that's right.

Mr. Luc Thériault: All right.

[English]

The Chair: Mr. Davies, you had your hand up when we were discussing the subamendment. Do you still wish to intervene?

Mr. Don Davies: I did, but when the subamendment was withdrawn, I no longer did at that point.

I do have a follow-up question to Mr. Thériault's questions, just to make sure I understand.

The reason I think we have the double prescription is that there are, really, two tests to be met for an advertiser to be prohibited from advertising to children under 13. It has to be food that's listed that also contains more than the prescribed level of sugars. The reason I understood this was necessary, after our last meeting, is that, if you didn't have the first "prescribed"—if you just had "foods that contain more than the prescribed level of sugars"—that may capture things we don't want to capture, because they may have more than the prescribed sugars. I'm sorry about my bad science, but it could be like an orange or an apple. It may have higher than the prescribed levels of sugar, but it's not something we want to prohibit in advertising. I think the reverse is true as well. It wouldn't just be....

I guess you could just have "prescribed foods". If you did the homework in advance and only put "prescribed foods that meet the prescribed levels of sugars, saturated fat or sodium", which were predetermined, you would not necessarily need the second "prescribed". That's kind of where.... I understand the first "prescribed", but why is the second one necessary? Could you not do that work in advance and simply put, on the prescribed list of foods that can't be advertised, prescribed foods that don't meet the level of sugar, saturated fat or sodium? Why do we need that second part?

Mr. David Lee: It's for interpretability, and to have very clear authority to set levels as well. We'll have categories for, perhaps, "prepackaged". That's a category you see a lot in the regulations. Then, for the levels, we would need regulatory authority to set those. Hypothetically, if it was just for prescribed foods, you could try to build that in, but it's to have the grant of both, because both parameters are going to be very important. Companies will need to know when they are at that level and have it very clearly specified.

For enforceability and clarity, it's good to have both the food and the level.

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

(Amendment agreed to [See Minutes of Proceedings])

The Chair: That brings us to CPC-1.

We need someone to move CPC-1.

Thank you, Ms. Goodridge.

• (1225)

Mrs. Laila Goodridge: Should I read it into the record?

The Chair: It's not necessary, but you can if you wish.

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

I will speak very briefly to this amendment. This is as a result of feedback we heard from a variety of stakeholders with concerns that things like Timbits soccer or Timbits hockey wouldn't be able to continue, or that youth wouldn't be able to play in a hockey arena that had a scoreboard sponsored by Pepsi or Coca-Cola. We just wanted to have that exclusion.

Perhaps we could hear from our witnesses whether this would actually achieve that goal and if there were any possible problems in it.

The Chair: Just before we get there, Ms. Goodridge, now that the amendment has been moved, I have to rule on its admissibility. That may dispense with the need for a response to your question.

Bill C-252 amends the Food and Drugs Act to prohibit food and beverage marketing to persons under 13 years of age. CPC-1 seeks to promote a healthy lifestyle in children through sports and athletic programs, which is not contemplated in the bill. As *House of Commons Procedure and Practice*, third edition, states on page 770, "An amendment to a bill that was referred to a committee after second reading is out of order if it is beyond the scope and principle of the bill."

In the opinion of the chair, the amendment introduces a new concept to the bill that goes beyond the scope of the bill. Therefore, I rule the amendment inadmissible.

Given that CPC-1 is inadmissible, it brings us now to CPC-2.

Mr. Jeneroux.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): I don't want it to be as dramatic as challenging the chair—

The Chair: That's kind of your only option, but go ahead.

Voices: Oh, oh!

Mr. Matt Jeneroux: I guess I'm softly challenging the chair, if that's a thing.

If you don't mind, Mr. Chair, maybe you could read your ruling again. I guess I'm a little confused as to whether or not it's because of the advertising-specific piece that it's outside of the Food and Drugs Act, or if it's the reference to kids. It kind of seems as though we talked about some of this stuff. Part of Ms. Lattanzio's presentation was on that.

Maybe if you read it again it might click. A soft ruling back would be helpful, but....

Thank you.

The Chair: Bill C-252 amends the Food and Drugs Act to prohibit food and beverage marketing to persons under 13 years of age. Amendment CPC-1 seeks to promote a healthy lifestyle in children through sports and athletic programs, which is not contemplated in the bill. As *House of Commons Procedure and Practice*, third edition, states on page 770, "An amendment to a bill that was referred to a committee after second reading is out of order if it is beyond the scope and principle of the bill."

In the opinion of the chair, the amendment introduces a new concept to the bill that goes beyond the scope of the bill. That's why I ruled the amendment inadmissible.

Mr. Matt Jeneroux: To be clear, it's the promoting of the healthy lifestyle that's ruled out of order.

The Chair: Which is not contemplated in the bill...yes.

Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I want to make sure I understand one thing.

If the amendment goes beyond the scope of the bill, then the answer to the question that was asked to introduce the amendment is "no". In other words, there will be no problem, since that is not what the bill is about. If the answer is yes, then the amendment should be discussed.

Do you understand?

• (1230)

The Chair: I think I understand.

Mr. Luc Thériault: If the amendment is beyond the scope of the bill, in response to the question of whether, for example, a digital sign with a sponsor's name on it would be prohibited, the answer would be no, because that's beyond the scope of the bill; but if the answer is yes, the amendment would have to be discussed, since we would have to know, indeed, in what context it would be allowed or not.

I'm asking the question. There are clerks here, so I'm asking the question.

The Chair: I have just received the following notice: a ruling was made, and the only option available to the committee is to challenge the chair's decision. If that ruling is overturned, it will be possible to debate the amendment and complete the process.

Ms. Goodridge, you have the floor.

[*English*]

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

In light of that answer, and in light of the very serious piece that I brought up while moving this amendment, I will respectfully challenge the chair, because I think there's value in having the conversation as to whether those types of activities would be banned.

I would urge all colleagues from all political parties to consider at least allowing us to have this conversation, because I think it's critical. In many of our small towns, there are no other options for arenas that don't have a sponsorship from someone else. That could be very problematic and limit the choice for children to play organized hockey and a variety of different organized sports. That is something we shouldn't be preventing.

The Chair: A motion to challenge the chair is not debatable. The decision of the chair is that CPC-1 is not admissible.

Shall the ruling of the chair be sustained?

We need to take a standing vote on that, Mr. Clerk.

(Ruling of the chair sustained: yeas 6; nays 5)

The Chair: Mr. van Koeverden.

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

I think it's an important conversation. I'm glad we touched on it. I want to add that this conversation was had at previous meetings of HESA with the Honourable Senator Nancy Greene Raine. I believe if anybody goes back through HESA, it was meeting 100. It's easy to find in HESA 42-1. There was a fulsome discussion on the issue, and where it landed was that things like Timbits hockey and Coca-Cola scoreboards would not be impacted. It would be up to regulatory decisions.

The senator at the time was insistent, as a former athlete, as I would be, that children's sports not be impacted.

• (1235)

The Chair: Go ahead, Mrs. Goodridge.

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

With all due respect, while that was the conversation at the time nearly five years ago, that also leaves a lot for us to trust to the regulations, because that means that could explicitly be banned by not having that clearly stated in the act. That is problematic and could impact the health and well-being of children long term. I don't understand why members, who are such proponents of children's healthy living and children's activity, would not want to see this explicitly protected in this piece of legislation.

Perhaps, it's because they come from a large centre where there are many options for many training—

Mr. Adam van Koeverden: I have a point of order, Mr. Chair.

This personal stuff is just really not necessary. I've lived in rural parts of Canada, and that's totally unnecessary.

The Chair: Go ahead, Ms. Goodridge. It's a point of debate.

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

I was pointing out the fact that the reality is very different on the ground in some parts of rural Canada compared to urban centres, and that reality needs to be pointed out. It's a situation where I think it is absolutely shameful that we are not doing what we can to make sure that this is protected long term, because, frankly, this is problematic. If we aren't allowed to have our children playing sports in an arena because the scoreboard 25 years ago was sponsored by Coca-Cola, that could have a major impact on children's healthy living. I'll leave it at that, but I do think that this is a mistake and I want the record to reflect that.

The Chair: Go ahead, Mr. Jeneroux.

Mr. Matt Jeneroux: Thanks, Mr. Chair.

What we're doing right now is referring back to the previous meetings in 42-1 regularly. If we could perhaps get the two witnesses to weigh in on this again, I think that would probably add a little bit of comfort on our end. We know that it has been five years since then, so there might be some wording we could look back at, or perhaps there will be another committee here in five years that looks at a similar aspect of this.

I'd ask you, Chair, if we could hear from them.

The Chair: I wonder if our witnesses might be prepared to respond to Mr. Jeneroux's inquiry.

Do you want to restate the question? I guess the answer is, go ahead and ask. I mean, we're to be doing clause-by-clause, but I do, indeed, think that this is a valuable discussion. I'm not sure that the middle of clause-by-clause is the place for it, but hopefully you'll be able to ask your question and get your answer, and we'll be able to get moving here. Go ahead.

Mr. Matt Jeneroux: I don't want to belabour it. I think the question was, as previously, about Timbits, Pepsi and Coca-Cola advertising to kids in hockey arenas and gymnasiums. Could we get it on record that this particular bill isn't planning to impact those areas?

Mr. David Lee: I think the most we can say is that we are aware of the past discussion in the department, and the time to consider this would be as the regulations move forward. This would be a very important issue to note and discuss to see what's appropriate. Again, should it be the case, through that consultation of youth forums, then it would be in the regulatory development cycle. There would definitely, I expect, be comments on that and a willingness to take a look. Obviously, healthy lifestyles are important to the department.

I think that's as much as we can say at this point.

● (1240)

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

Mr. Don Davies: In furtherance of the debate that's not a debate, I would just say this.

First of all, I would refer all of my colleagues to the preamble, if people need any guidance. I have rarely seen a preamble this long and this detailed. It sets out in, frankly, unusual detail precisely what the bill is for, what it's targeted at and what its purpose is. That purpose is to prevent the marketing of unhealthy foods to children.

Following from our previous discussion about prescribed foods, this bill is not aimed at a particular advertiser. It's aimed at the advertising of a particular food. If Tim Hortons was advertising a great big drippy chocolate sugared donut on a board in a hockey arena, I presume that might be on the prescribed foods list that exceeds the prescribed sugar. I don't think anybody in this room would want that advertisement to be seen by children under 13. That's the purpose of this.

Now, Tim Hortons serves lots of healthy food. They could advertise coffee. I presume coffee is not going to be on this list. By the way, coffee is probably not being targeted at children under 13. There are healthy sandwiches that they sell.

With Coca-Cola, I'm not quite sure because I'm not sure that Coca-Cola.... I mean, Coca-Cola may sell water. Coca-Cola is not being prevented from sponsoring or advertising in an arena. It's what we are permitting them to advertise to children under 13. It's the prescribed foods that we're prohibiting, so I would imagine that a bottle of Coke probably will be prescribed and, frankly, shouldn't be targeted to children even if it's masqueraded in a sports arena. Frankly, I think that's incongruous when kids are engaged in a healthy activity like skating or hockey. Why would we counter that by advertising a sugar beverage to them that is completely counter to that activity?

I just want to conclude by reminding us that there was some pretty devastating testimony on this subject. Dr. Tom Warshawski said:

I'm not disparaging the role of physical activity. As the speakers from Jumpstart and Participaction said, physical activity is so important for mental health and fitness, but it's not the major lever to affect unhealthy weights.

The other part of it is this. He said:

The budget for marketing unhealthy foods and beverages to kids is over \$1 billion per year. It uses sophisticated marketing spokespersons, sportspeople, cartoon characters. It's pervasive. It's all the way through the Internet and social media. There are billions of views per year in social media. It's a cannon compared to the popgun of media literacy.

I think we have to send a clear message. If we want to protect our kids from the very effective and sophisticated advertising techniques and billions of dollars spent to try to attract children to products that will harm their health, then I think that has to be the dominant goal of this bill.

I'm comforted and I'm satisfied that this bill is targeting the prescribed foods that exceed the prescribed fat, sodium and sugar capacities. That will be carefully and surgically listed so that this is the goal.

That's why I'm not concerned about, frankly, the interests of advertisers who want to peddle unhealthy food. I'm concerned about protecting our children from that. I think that this bill clearly, through the preamble and through the actual wording of it, makes that distinction very well.

I don't think that any advertiser who wishes to support sports or athletic programs is prohibited from doing so. We're just not letting them use that as a vehicle to push unhealthy products on kids.

The Chair: We'll have Mr. Thériault and then Mrs. Goodridge.

• (1245)

[Translation]

Mr. Luc Thériault: Mr. Chair, I have little to add, as my colleague Mr. Davies gave a detailed statement.

In my view, it would be interesting to have the response of the witnesses. In fact, that is why I provided my support and asked the question.

The bill is about food and advertising directed to children. As far as I know, an arena is a public place with people of different age groups moving around in it. In that sense, I do not see a problem with an arena being called the Coca-Cola Arena, because it is not strictly aimed at children. It is not an advertisement that causes children to consume or overconsume the product.

However, if there was a swimming competition, for example, and the primary sponsor was distributing related products that promote the consumption of their product, we would have to intervene. I think that's important.

When a law is challenged, people go back to see what the intent of the legislator was. When we have to comment, even if it's been done in the past, it's important that things be said again and that it be possible to find, in the discussions we had, what the intent of the legislator was.

That is strictly what my interventions were intended to do. I am in favour of the bill. However, just because a legislator is in favour of a bill does not mean that he or she does not have the task... There are several subsequent steps and, as we know, the devil is in the details. When we discuss the regulatory frameworks, I imagine we will be consulting with industry stakeholders and advertisers. The clearer we are in our deliberations, the more it will help people understand our intent.

That is my sole purpose at this table. I urge my colleagues to have a lot of deference to each other in terms of the prior work that they did to understand the bill before they sat around this table.

[English]

The Chair: Thank you.

Go ahead, Ms. Goodridge.

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

The points that have been brought up by my colleague Mr. Thériault were very poignant because, while in many cases we're referring to debates that happened in the previous Parliament, if this was ever challenged, the judges would not be looking at those conversations. They would only be looking at these conversations, when we skipped having witnesses, we skipped having these pieces and we skipped having these very conversations.

I don't want to belabour the point, but I think it's incumbent upon us to make sure that we're actually having these conversations, because.... Perhaps this concern is a non sequitur, but maybe it isn't. I don't understand why there's so much fear from the government to have that conversation, so that we can hear if it's actually a problem. Is it yes or no? If it's not a problem, I would have no problem pulling that amendment away. I understand we're beyond that point in the conversation, so that's not possible.

I think that's the very crux of this issue. Fundamentally, I have a hard time sitting here when the government says, "Don't worry. Just trust us." My job isn't to just trust the government. My job is to make sure that we have the best possible legislation for Canadians—always.

This is why I'm asking these questions. This is why I'm doing this. This is why I wanted some clarification, and this is why I wanted to have witnesses.

The Chair: Go ahead, Mr. van Koeverden.

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

Can I move an amendment?

The Chair: Yes, you can move an amendment.

Mr. Adam van Koeverden: Great.

I'll move amendment G-3. Everybody will have it there.

• (1250)

The Chair: Mr. van Koeverden, I am advised that we need to deal with the amendments in the order in which they've come forward. The reason for that is that, if we consider G-3, it would render CPC-2 and CPC-3 effectively defunct. We wouldn't be able to deal with those if we dealt with them in the order you are proposing.

Yes, you're within your rights to move an amendment, but unless we move them in the order that they are seeking to amend sections in the bill, we will not be in a position to consider these amendments that have been properly put forward to the committee.

No, we're not going to move to G-3 until we hear whether CPC-2 and CPC-3 are going to be moved. Then we can go to G-3.

Do we have a mover for CPC-2?

Go ahead, Mr. Jeneroux.

Mr. Matt Jeneroux: I want to close a loop, first. I'm happy to move this, but I want to close a loop on the conversation that we started—I guess I started this.

I think this has been helpful and, in my opinion, again, there will be people who will come back and will look at this. I only disagree a little bit with my colleague Mr. Davies when it comes to the advertising of the drippy doughnut and that at the rink. I think he's right. There won't be a big chocolate doughnut there at the rink, but there will be other aspects, and I'm worried that will start creeping into some of the regulations.

It would have been nice to have a yes-or-no answer on some of this, but, that being said, you didn't have to allow the conversation, Mr. Chair, so I appreciate your allowing the conversation to happen.

That being said, I'll move CPC-2.

The Chair: Thank you.

CPC-2 is now before the committee, and it is in order and admissible.

Is there any discussion on CPC-2?

Do you have a question, Mr. Thériault?

[Translation]

Mr. Luc Thériault: Could you please tell me where you are at? I didn't follow.

The Chair: The adoption of amendment CPC-2 has been moved and I asked if there were any comments or debate on it. Would you like to speak? No? Fine.

As no one wishes to speak, we will now proceed to the vote.

[English]

(Amendment negated [See Minutes of Proceedings])

The Chair: That brings us to CPC-3.

• (1255)

Mr. Robert Kitchen: Mr. Chair, I move CPC-3, please.

The Chair: Thank you. I'm now going to rule on the admissibility of CPC-3.

Bill C-252 amends the Food and Drugs Act to prohibit food and beverage marketing to persons under 13 years of age. CPC-3 proposes to direct the content of advertising, which is not contemplated in the bill. As *House of Commons Procedure and Practice*, 3rd edition, states on page 770, "An amendment to a bill that was referred to Committee after second reading is out of order if it is beyond the scope and principle of the Bill."

In the opinion of the chair, the amendment introduces a new concept to the bill that goes beyond the scope of the bill; therefore, I rule the amendment inadmissible.

Unless there is a challenge to the chair, that brings us to G-3.

I believe that Mr. van Koeverden was interested in moving that. It is moved.

The debate is now on amendment G-3.

Are there any interventions? Does anyone wish to speak to G-3?

Go ahead, Ms. Goodridge.

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

The original piece of legislation was very clear that this was for people under age 13. This is now adding a conversation around "or older but less than 18 years of age", which goes against some of the conversation we were having earlier.

Could we get some clarification from our witnesses as to what the impact of this would be?

Mr. David Lee: To clarify, if it's helpful, the original proposal was "at 18" in the earlier round of discussions on Bill S-228. There was a motion to bring it down to 13, but in doing so, there was a discussion that the department really wanted to be careful to make sure that advertisers didn't move from 13 years old up into that range of just below 18, which is still a vulnerable population. That's where the range comes from of up to 18. It's just to keep that monitoring and making sure the advertising doesn't turn around to target that group.

Dr. Supriya Sharma: To add from experience in other international jurisdictions, for example, when limitations were made on advertising during certain hours, there were then increases of advertising just outside of those hours as well. We know that teenagers are also vulnerable to advertising. As Mr. Lee has said, this isn't for a prohibition, but it's to make sure there's a marker there that we continue to monitor for any unintended effects of the restrictions on the younger age group.

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: Maybe this question might be out of scope of what you guys can answer, and just say so if it is.

Is it targeted, because of the high school age. Are we looking at primarily high schools? In most provinces, 18 is still the age of high school kids, so that would then be targeted to the education system more so with gymnasiums and whatnot.

Is that how you see the intent of this?

Dr. Supriya Sharma: The intent at the level of the act is not really speaking to place. It's really about directed advertising, targeting certain age groups.

Certainly, in the teenage population, the bulk of what teenagers would see in that type of advertising tends to be television or online. That's really the intent. There may be other places, but, certainly, when you're looking at the focus of the types of information that they consume, 95% to 97% of the foods that are advertised in those venues to teenagers specifically are in the category of added salt, fat or sugar.

The Chair: Next, we have Mr. Davies and then Dr. Kitchen.

Mr. Don Davies: Thank you.

It's a good moment, I think, to focus on this clause, because this is the review clause that compels the government to do a review of the impact of this legislation in five years. For a lot of the concerns that were expressed today, including from my Conservative colleagues, there will be an opportunity at that point to determine whether or not this legislation has missed the mark, has over-sprayed its effect or has been applied in a way that is concerning to people.

On this one, as well, the specific amendment here, which I support, is calculated at drawing the department's attention to see whether or not these marketers—again, I'm going to emphasize that these are sophisticated marketers with a lot of money—adapt to this legislation by instead focusing their targeted advertising to children who are 14 and up. By the way, they are still children.

I personally think that 13 is too young for this. I would have liked to see the age be higher, because I don't know that there is a whole lot of difference between marketing to a 13-year-old and to a 14-year-old.

What this amendment would do is.... It just says let's make sure that we look and see whether the advertising industry and the manufacturers of unhealthy foods are shifting in their advertising instead, not just to kids aged 13 to 16, but actually up to 18, which I think is smart.

I want to conclude by saying there was specific testimony on this that I wanted to read. Again, it's from Dr. Tom Warshawski. I asked him whether or not, with this legislation, we should be thinking about kids older than 13. He said:

You're right about the unique vulnerabilities of adolescents. They have discretionary income, they have less supervision, and they have unique drivers in terms of their social relationships. With adolescence comes a shift in affiliation from the parents to peers. Peers become very important. There is also a need for immediate gratification, which adolescents demonstrate, so they are particularly vulnerable to marketing....

We would, again, like to see the protection expanded to this group. One of the things we discussed with Health Canada is that if and when—and hopefully it's going to be soon—we get the protection for kids under the age of 13, we look to see how marketing has shifted. It could be sort of a game of whack-a-mole: You inhibit marketing to kids under the age of 12 or 13, and then all of a sudden it increases toward adolescents. What happens to that marketing? What does it do to the purchasing behaviours?

The first step is to get it for the younger children, and the next step is to really keep an eye on what's happening with adolescents.

I think this is a really good amendment, because it carries the age up from 16 to 18. Let's carefully monitor it to see what happens.

• (1300)

The Chair: Go ahead, Dr. Kitchen.

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

I apologize, because I wasn't here initially when there were discussions on this earlier.

What I've heard today is talk about how this legislation is there to deal with advertising to children under 13. I've heard a lot talk today about how great the preamble is, how expansive it is and how it touches on so many things. However, the preamble only talks about 13- to 16-year-olds. It doesn't talk about 18-year-olds.

The reality is that, as doctors, we recognize that age level. At 16.... Every child is different. I get that aspect of things. Everyone is different. However, in all my years of practice dealing with adolescents, at what point in time do you declare someone mature enough to make decisions?

We've had a number of motions that have basically been taken away because the chair feels they aren't part of the committee and it's new information.

We're looking to increasing this to the age of 18. That is not what the parameters of this legislation were about, but now we're looking at expanding it to look at an aspect of the advertising that may come about along those lines.

My concerns are that, if we're going to stay within the parameters, if anything, in this legislation it should be "older but less than 16 years of age". Otherwise, we are expanding into an age group which, at 16, can drive. There's an argument by many colleagues in the House of Commons that they should be able to vote, yet we turn around and we want to see what's being advertised to them.

The confusion is there. If we want to be consistent in the legislation and we want to have Canadians turn around and start to get trust back in us, as parliamentarians and the government, we need to be concise in what we do and not leave it open so that somebody down the road can come in and, using a regulation, make a change in the legislation.

I'm wondering if you can expand on why that is. Why are we going to that 16 to 18 category? Why is there the need for that?

• (1305)

Mr. David Lee: Eighteen was originally stated in the first proposal, Bill S-228, and at that time, the frame, I think, was established really on who would be susceptible to advertising. When it was proposed to be brought down to 13, the monitoring became very important because we didn't want to see the dynamic that the advertising would turn around and....

This is just monitoring, and I take it the outcome is that Health Canada comes to committee, to Parliament, and gives the results so that you can see the trends and see if there needs to be any kind of adjustment at that time. The value of the monitoring is just to report in on what the advertising trends will be for those age groups. It wouldn't be determinative of any further change. It would really provide more evidence.

Dr. Supriya Sharma: Perhaps, Mr. Chair, if I could also add....

Some of it is also based on the logistics of the datasets and the surveillance that is being done. A lot of the categories do include, when you're looking at the monitoring of advertising, the group between 13 and 17. It also helps, in terms of the parliamentary review process that will happen in five years, to collect data that then is comparable to data that we have as well, if we include 13-year-olds to 17-year-olds. Again, it's part of the monitoring process. It's not making a judgment call on a 17-year-old versus a 16-year-old, but it's saying that we would be interested in what would happen to all advertising for anybody who would be a child.

The Chair: Thank you.

Mrs. Goodridge.

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

Thank you to the witnesses for that clarification.

I think that this is a concerning piece because it adds and introduces another concept in that we have not been able to hear directly from witnesses on this particular piece of the legislation, because it is part of an amendment and not part of the original bill. I do understand that this was discussed when it was in its previous iteration, but it was changed in its previous iteration. We're getting into this unique space where sometimes we hold up the previous iteration of this bill as the gold standard, but at other times it was changed. We're not comparing like to like; therefore, we're adding in some complications.

I question whether this is necessarily something that should be in there going forward. How doable is it to have that, and what's the difference between advertising to a 17-year-old and to a 19-year-old? It might not be much different, so that's part of the piece where I think we get into a bit of a challenge. With regard to marketing to kids, a 17-year-old single mom or single dad is probably going to be looking at different advertising and have different algorithms by which advertising is directed to them than a 17-year-old who is primarily concerned about finding Slurpees at 7-Eleven and finding out what the \$2 day is so that they can bring their four-litre milk jug—that they've hopefully cleaned out—for the \$2-Slurpee day.

Yes, it was a big social media trend. You could fill up any container you wanted with Slurpee. It wasn't directed at kids. It was directed at people in general, but primarily what I saw on social media was teenagers filling up four-litre milk jugs. It was not an Ontario thing. This was probably just an Alberta thing because we have jugs of milk rather than the weird bags, but I digress.

I think it's worth noting because at no point was that advertisement, from my recollection, specifically geared towards kids. It didn't look kid-like. It was very much in words, and it was advertised inside a convenience store—from the advertisements that I saw. This becomes a question of whether advertising works on that age versus what the intention is. It can be very different at that age.

• (1310)

The Chair: Do you want to respond to that?

Were you looking for a response, Mrs. Goodridge?

Mrs. Laila Goodridge: I don't really know if what I was saying is.... I don't think there was actually a question in there.

The Chair: Okay. Thank you for that intervention.

Are there any further interventions? If not, are we now ready for the question on amendment G-3?

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

The Chair: That brings us to CPC-4. Do we have a mover for CPC-4?

Mr. Jeneroux.

Mr. Matt Jeneroux: Mr. Chair, I will move CPC-4. I move that Bill C-252, in clause 4, be amended by adding after line 22 on page 4 the following:

(2) The review shall also examine whether, since their coming into force, sections 7.1 and 7.2 have been effective having regard to rates of obesity, high cholesterol, diabetes, sleep apnea, mental health issues, cancer and high blood pressure in children.

Essentially, Mr. Chair, this is getting at the metrics and results of this bill.

Thank you.

The Chair: Thank you, Mr. Jeneroux.

Is there any discussion with respect to CPC-4?

Mr. Jowhari, the floor is yours.

Mr. Majid Jowhari (Richmond Hill, Lib.): Fundamentally, I don't have any issue. I always support having measures so that we can effectively look at the end result. However, I'd like to hear from our witnesses on whether they have any concerns around specifically mentioning these indicators.

Dr. Supriya Sharma: As with everyone else, of course, any time there's new legislation and regulations put in place we want to make sure that we have a review process and measurable outcomes we can look at. In the longer term, absolutely, things like obesity, hypertension and chronic disease are things that we would want to monitor. However, five years, which is when the parliamentary review process would kick in, is actually too short a time to look at those sorts of trends. Those trends are things that evolve over a much longer time period.

In other jurisdictions where they put restrictions like this in place, they have measured outcomes, such as the numbers or the amount of advertising directed at these groups. Again, to substantially see a change in obesity rates, chronic disease or something like cancer, which is also a risk factor for exposure to these products, those latency periods for something like cancer are much longer. It would be impractical to be able to see those sorts of changes in a five-year period.

Mr. Majid Jowhari: On a point of clarification, I know that it says they "have been effective having regard to rates". Rather than look at the rates, I'm wondering if there is a way in which we could effectively look at the trend and say, for instance, that the benchmark right now is at x%, and over the last five years we've seen a 2% downward trend, rather than saying, our our target is 2% from 10%, and, therefore, this bill hasn't met its....

Would wording like that make a difference?

Dr. Supriya Sharma: It would still be challenging. Again, all those things that we're looking at in that list are multifactorial. There are lots of different things that can affect them. Those trends will continue and they'll move on.

The question would be... For this intervention, which we would measure from the time that it would be put in place to five years after, you have time for implementation and those things to take effect and then be able to see those trends in children. It would be really difficult to then be able to make a link from this intervention to that outcome in this time period. You could see trends, as I said, but again, it's more likely that those trends would be affected by other factors rather than this specific intervention.

Again, that's why it's focused on the bill itself and the parliamentary review of these measures and the effectiveness of these measures. It's just not practical to be able to see that effect in this short period of time.

• (1315)

Mr. Majid Jowhari: Thank you.

I'm a Tim Hortons double-double guy. What I am understanding from what you're telling me is that, by the time we pass this bill, develop the regulations, implement the regulations and put the monitoring in place, we may well be in the second or third year of the bill. Whatever remains for us to monitor, it's not going to be long enough, within that five years when the first review comes, to show us the true effect of the bill. Am I right to understand that?

Dr. Supriya Sharma: It's that, and I would even go a step further and say that, if we are putting aside the implementation time and magically putting all of these interventions in tomorrow and starting to measure from that time period, even if we did that in five years, given the types of outcomes from a public health perspective, it would be really challenging to be able to demonstrate that in that period of time.

Mr. Majid Jowhari: Thank you, Mr. Chair.

Thank you, Madam Sharma.

The Chair: Thank you.

Mr. Davies, you have the floor.

Mr. Don Davies: I'll pass.

The Chair: Go ahead, Mrs. Goodridge.

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

In hearing that argument, I understand and I think that is valid for the very first piece. However, if you don't start, you'll never get the trend. Therefore, if you don't measure it, it often doesn't get done.

I would argue that argument actually makes it more important that we have this amendment accepted, because this will establish a baseline of where we're at, so that, five, 10 or 15 years from now, we can see how effective it is in certain spaces and places, and whether this perhaps needs to be tweaked. If we don't set the baseline of what we're going to consider... Whether this is successful or not, that review is going to be one that doesn't actually have any metrics as to how to judge success.

I'm going to try to urge all of my colleagues to vote in favour of this, so we can set that benchmark and those guidelines and so we can find those trends. Without this, there is no capacity within the bill, as it's currently written, to have that trend space.

The Chair: Thank you.

Go ahead, Mrs. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you very much, Mr. Chair.

I would concur with my colleague on that. My thinking is the same. You want to set a benchmark as early as you can, regardless of... I understand there's the need for implementation. I think it would be great to ensure this takes place in a speedy fashion.

I can certainly attest to the fact that—and I do believe—the impact of these foods on our children is significant. I am of a generation with children and grandchildren. My children made decisions around a number of products. It did not take long, at all, to begin to see a significant change in their children's sleep patterns, exercise and a lot of health issues.

I would absolutely agree that we need to move forward with this.

The Chair: Go ahead, Dr. Kitchen.

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

Thank you for your comments, Doctor.

Do we have parameters, at this present time, on these levels at all?

Dr. Supriya Sharma: Yes, there are a number of avenues we use to collect that data, the children's health survey being one of them. All of these parameters—illnesses, health outcomes, obesity, etc.—are being measured.

I think the issue here is specifically saying that a review of the bill and the parameters, in this short period of time, for these types of things, would not be effective. I think we absolutely agree 100% that these measures, in and of themselves, are very important—that there should be ongoing measurement—but wiring in measures that can't be effectively put in place, or are not meaningful for these interventions, is a bit of a challenge.

However, 100%, on all of the other food and nutrition files we have, this is an ongoing issue we are continuing to monitor—both health outcomes and dietary patterns in all age groups, including children.

Mr. Robert Kitchen: We have those parameters today.

Don't get me wrong. I recognize that the reality is that we need longitudinal studies to determine the validity of any of the research we do. Oftentimes, the problem we have today is that people don't understand we need these longitudinal studies. It's like when we looked at issues such as polio and the reality of the value of the polio vaccination. It took 10 years before we actually knew how valuable that was.

The reality, here, is that we're talking five years and making decisions on advertising. We're assuming that advertising is the only parameter impacting over these five years, when there are so many other variables that could be impacting that person. We're making an assumption—this legislation is making an assumption—that it's the advertising causing the changes, when it could be so many things.

When we don't have that value.... By knowing the fact that we look at children with diabetes and we recognize that a 15-year-old is tested for diabetes, and then, we find out, through steps being taken, over those five years, that, perhaps, their diabetic issue has gone down.... They're not necessarily taking the metformin they need to take, their diet has changed or their cholesterol level has changed—it's gone up or down. Those are parameters that I think, if you don't have those values in that time frame.... Yes, five years is a short term and you need the long term, but it is a step for people to recognize, "Here we are. We can see the trends that are happening."

Would you not agree we need those trends and should be pointing them out?

• (1320)

Dr. Supriya Sharma: One thousand per cent I agree that we need to have those trends, and I could not agree with you more with respect to the importance of monitoring those and that this is one factor. We have a healthy living strategy. We have a healthy eating strategy. Absolutely even dietary preferences and scope are...it's multifactorial.

I think the issue on the amendment specifically is the wording that talks about seeing if proposed sections 7.1 and 7.2 "have been effective having regard to" these rates. What we're saying is that in this time period there is no way to be making that determination that this intervention specifically could show effectiveness on those rates because of, as you said, the nature of these diseases or how long these take to develop. It gets even more complicated in children, because children zero to 13 are not one homogeneous group. They each have different developmental stages. They have different parameters. When you're studying that, those groups are even smaller, so then it gets down to statistics. How much would you have to see in this group to be able to demonstrate that there's a difference? That's the thing.

I don't at all want to give the impression that we do not want to be doing all the monitoring in terms of children's health. That's absolutely the case. It's just the ability of this provision to show the effectiveness of this intervention is not possible in this time frame.

Mr. Robert Kitchen: You're suggesting—I'm sorry if I'm misinterpreting you here—that we're looking at epidemiologists and biostatisticians making decisions or taking those parameters or not being able to take that information. Is that correct?

Dr. Supriya Sharma: Is there clarity in terms of which decisions you're asking about?

Mr. Robert Kitchen: No, just in recognizing the parameters that are there, we're making decisions, because the review would be to take a look at this down the road and ask if the advertising is part of the process.

Dr. Supriya Sharma: There are definitely parameters that have been used for these types of interventions before. If you have something that's targeted to advertising these certain foods to this age group, and then you measure from now how much of that advertising is there that's targeted to that age group, it's something that's measurable that's directly related to the intervention. All of these other things are important. They're important to be monitored, but for this specific intervention, looking at it as part of that parliamentary review in five years, it wouldn't be possible to determine this just because of the nature of these illnesses. It takes time for those trends to be able to evolve.

Mr. Robert Kitchen: You would be able to see a suggestion that maybe they're going up or maybe they're going down.

Dr. Supriya Sharma: By doing monitoring, absolutely, we're looking at trends. The question is how you point to something, one specific thing, and say is that.... Again, the way that it's phrased is for proposed sections 7.1 and 7.2, have they been effective? These measures in five years will not be able to tell you that.

• (1325)

Mr. Robert Kitchen: Would you have a suggestion on a better wording for it?

Dr. Supriya Sharma: Chair, I'm not sure we're here to propose alternatives to amendments, but I'll ask that as a process question.

The Chair: We'll go to Dr. Powlowski, then Mr. Davies and Mrs. Wagantall.

Mr. Marcus Powlowski: The question is whether measuring these parameters shows whether this intervention has been effective, and no, it won't, because there are a lot of other things that happen besides the change in advertising. For example, with respect to diabetes, you're going to have changes perhaps in behaviour in terms of kids becoming more active or less active. That's also going to be affecting the rates of diabetes. A change in the rate of diabetes is not going to solely reflect this change. Similarly, with respect to rates of cancer, rates of cancer are going to change according to exposure to other forms of carcinogens, so whether people smoke, for example, or other kinds of carcinogenic exposure. That's going to affect the rates.

To be able to say you're going to look at these rates to determine whether or not this legislation is effective, measuring those rates isn't going to tell us if they are or aren't effective. That's a problem in public health in general in terms of determining causality. There are so many things influencing people's behaviour and health outcomes, to say this particular intervention causes this or that is very difficult to do. I can sympathize with the Conservatives wanting to have a measure of success, but I don't think that's possible with this kind of public health intervention.

The Chair: Mr. Davies.

Mr. Don Davies: I agree with everything Dr. Powlowski said and I think Dr. Sharma said it perfectly. As laudatory as this amendment may be, it's simply impossible. That's what we're hearing. It's just not possible to do what it says, so that's the end of the matter for me.

I would say that maybe all members should take comfort in the wording that's there, which would say:

Before the fifth anniversary of the day on which sections 7.1 and 7.2 come into force, those sections are to be referred to the committee of the Senate, of the House of Commons or of both Houses of Parliament that may be designated or established for the purpose of reviewing their effect.

What I would argue is that the amendment before us is redundant because it's already in the section that those committees will be empowered to examine the effect. It's broadly speaking there, and at that time, we'll be able to take a look at the lay of the land and determine what impact, if any, could be determined and maybe check into some of these issues. Again, the way this amendment is written, it says to determine where those sections have been effective, "having regard to rates of obesity, high cholesterol, diabetes".

That's too prescriptive and specific and can't be done, but certainly, we'll be able to look at any effect there is.

I just note the time, Mr. Chair. It's 1:30. Some of us have to be in the House soon, and I would move that we adjourn the meeting.

The Chair: A motion to adjourn is not debatable.

Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: We're adjourned.

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