

Our File/N/Réf. 03-07-96-0127
Your File/V/Réf.

DATE 3 May 1996

TO/DEST. Chair and Members of the Community Services Committee

FROM/EXP. Committee Co-ordinator

SUBJECT/OBJET **WARNING LABELS FOR ALCOHOLIC BEVERAGES**

REPORT RECOMMENDATION

WHEREAS the House of Commons is currently considering Bill C-222, an act to require a warning label on alcoholic beverage containers; and

WHEREAS this warning would read: "Consumption of alcoholic beverages impairs a person's ability to operate machinery or an automobile and may cause health problems or cause birth defects during pregnancy"; and

WHEREAS alcohol abuse presents a serious public health issue, particularly with respect to motor vehicle deaths, fetal alcohol syndrome, family violence, homicides and suicides; and

WHEREAS warning labels are one part of a broader public awareness strategy; and

WHEREAS warning labels have been mandatory in the United States since 1989;

BE IT RESOLVED THAT Regional Council endorse Bill C-222 and urge all Members of Parliament representing the Ottawa-Carleton region to vote in favour of it; and

THAT copies of this resolution be distributed to all local MP's.

BACKGROUND

Attached is a copy of Bill C-222, An Act to Amend the Food and Drug Act (warning on alcoholic beverage containers) which received first reading on March 5, 1996 and which is currently under consideration by the House of Commons.

This material is provided as supporting material for the above-noted Motion, put forward by Councillor A. Munter, for consideration by Committee and Council.

Approved by

*M. J. Beauregard on behalf of
Councillor A. Munter*

Attach: (1)

C-222

Second Session, Thirty-fifth Parliament,
45 Elizabeth II, 1996

THE HOUSE OF COMMONS OF CANADA

BILL C-222

An Act to amend the Food and Drugs Act (warning on
alcoholic beverage containers)

First reading, March 5, 1996

NOTE

Printed pursuant to order made March 4, 1996, in the same form
as Bill C-337 of the First Session of the Thirty-fifth Parliament.

MR. SZABO

C-222

Deuxième session, trente-cinquième législature,
45 Elizabeth II, 1996

CHAMBRE DES COMMUNES DU CANADA

PROJET DE LOI C-222

Loi modifiant la Loi sur les aliments et drogues (mise en
garde sur les contenants de boisson alcoolique)

Première lecture le 5 mars 1996

NOTE

Imprimé en vertu d'un ordre adopté le 4 mars 1996, dans le même
état qu'était le projet de loi C-337 de la Première session de
la trente-cinquième législature.

M. SZABO

2nd Session, 35th Parliament,
45 Elizabeth II, 1996

THE HOUSE OF COMMONS OF CANADA

BILL C-222

An Act to amend the Food and Drugs Act
(warning on alcoholic beverage
containers)

R.S., c. F-27;
R.S., cc. 27,
31 (1st
Suppl.), c. 27
(3rd Suppl.), c.
42 (4th
Suppl.); 1992,
c. 1; 1993, cc.
34, 37, 44;
1994, cc. 26,
38, 47; 1995, c. 1

Her Majesty, by and with the advice and
consent of the Senate and House of Commons
of Canada, enacts as follows:

1. *The Food and Drugs Act* is amended by
adding the following after section 5:

Warning label

5.1 (1) Notwithstanding section 30 or any
regulation made thereunder, no person shall
sell an alcoholic beverage in Canada unless
the container in which the beverage is sold
carries the following visible and clearly 10
printed warning:

Consumption of alcoholic beverages im-
pairs a person's ability to operate machin-
ery or an automobile, and may cause health
problems or cause birth defects during 15
pregnancy.

Published under authority of the Speaker of the House of Commons by
the Queen's Printer for Canada

Available from Canada Communication Group — Publishing, Public
Works and Government Services Canada, Ottawa, Canada K1A 0S9

2^e session, 35^e législature,
45 Elizabeth II, 1996

CHAMBRE DES COMMUNES DU CANADA

PROJET DE LOI C-222

Loi modifiant la Loi sur les aliments et
drogues (mise en garde sur les contenants
de boisson alcoolique)

Sa Majesté, sur l'avis et avec le consente-
ment du Sénat et de la Chambre des commu-
nes du Canada, édicte :

L.R., ch.
F-27; L.R.,
ch. 27, 31
(1^{er} suppl.),
ch. 27 (3^e
suppl.), ch.
42 (4^e
suppl.); 1992,
ch. 1; 1993,
ch. 34, 37,
44; 1994, ch.
26, 38, 47;
1995, ch. 1

1. La *Loi sur les aliments et drogues* est
5 modifiée par adjonction, après l'article 5, 5
de ce qui suit :

Étiquette de
mise en garde

5.1 (1) Par dérogation à l'article 30 et aux
règlements pris sous son régime, il est interdit
de vendre une boisson alcoolique au Canada
à moins que le contenant dans lequel elle est 10
vendue ne comporte, imprimée clairement et
visiblement, la mise en garde suivante :

La consommation de boissons alcooliques
réduit la capacité de faire fonctionner des
machines ou de conduire une automobile, et 15
elle peut être nuisible pour la santé ou
provoquer des malformations congénitales
au cours de la grossesse.

Publié avec l'autorisation du président de la Chambre des communes
par l'imprimeur de la Reine pour le Canada

En vente: Groupe Communication Canada — Édition, Travaux publics
et Services gouvernementaux Canada, Ottawa, Canada K1A 0S9

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PAUL SZABO, C.A., M.P.
MISSISSAUGA SOUTH

News Release

PAUL SZABO, C.A., M.P.

FOR IMMEDIATE RELEASE
March 5th, 1996

WARNING LABELS FOR ALCOHOLIC BEVERAGES

OTTAWA: On March 4th, 1996, the House of Commons passed a motion to permit reinstatement of certain Bills which died on the Order Paper at prorogation. Such Bills which had passed Second Reading could be reintroduced at the same stage of the legislative process provided they were in the identical form. In a precedent setting move, the House extended this privilege for the first time to Private Members' Bills.

On March 5th, 1996, Mississauga South M.P. Paul Szabo became the first Private Member to reintroduce a bill under these privileges. His Bill C-337 calls for health warning labels on the containers of alcoholic beverages, and had unanimously passed Second Reading on December 7th, 1995. It now is reinstated as Bill C-222 and has been referred to the Standing Committee on Health.

"This is a very important development for all M.P.s and I thank the House and particularly the Prime Minister for this recognition of the contribution to Parliament made by Private Members" said Mr. Szabo.

With regard to the Bill Mr. Szabo points out "Warning labels have been mandatory in the U.S. since 1989 and it's time Canada moved forward to bring greater attention to the risks of alcohol consumption, particularly as it relates to pregnant women".

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DEBATE IN THE HOUSE OF COMMONS



Private Members' Business

Some hon. members: No.

The Acting Speaker (Mr. Kilger): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Kilger): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Kilger): In my opinion the nays have it.

And more than five members having risen:

The Acting Speaker (Mr. Kilger): Pursuant to order made on Wednesday, December 6, 1995, the recorded division stands deferred until Monday, December 11, 1995 at 6.30 p.m.

SUSPENSION OF SITTING

The Acting Speaker (Mr. Kilger): I wonder if I might ask for some direction from members as to whether the Chair should see the clock as being 5.30 p.m. and pursue private members' hour, or suspend the sitting until 5.30 p.m.

Mr. Szabo: Mr. Speaker, it is my private member's Bill C-337 which is due to come forward at 5.30 p.m., but I see the other speakers who were scheduled to be here for 5.30 p.m. have not yet entered the House. Therefore, I would ask the Chair to please suspend the sitting until 5.30 p.m.

The Acting Speaker (Mr. Kilger): Is it agreed?

Some hon. members: Agreed.

(The sitting of the House was suspended at 5.20 p.m.)

SITTING RESUMED

The House resumed at 5.30 p.m.

The Acting Speaker (Mr. Kilger): It being 5.30 p.m., the House will now proceed to the consideration of Private Members' Business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[English]

FOOD AND DRUGS ACT

Mr. Paul Szabo (Mississauga South, Lib.) moved that Bill C-337, an act to amend the Food and Drugs Act (warning on alcoholic beverage containers) be read the second time and referred to a committee.

He said: Mr. Speaker, beverage alcohol is the only consumer product in Canada known to cause harm if misused that does not alert the consumer to this fact.

What are the consequences in Canada due to the misuse of alcohol? Based on the most recent data available from Health Canada, the Canadian Centre on Substance Abuse and from the Addiction Research Foundation, the facts are as follows: 38,261 psychiatric and general hospital admissions; 17,080 cases of alcohol dependence syndrome; 966 cases of toxic poisoning; 19,163 deaths directly or indirectly caused by alcohol misuse; 10 per cent of all neoplasms or tumours; 5 per cent of all diseases of the circulatory system; 15 per cent of all diseases of the respiratory system; 5 per cent of all fetal defects; 45 per cent of all motor vehicle accidents; 48 per cent of all drivers killed in accidents are killed as a result of alcohol consumption, which means that 2,000 have been killed and over 10,000 injured in only one year; 40 per cent of all accidental falls; 30 per cent of accidents due to fire; 30 per cent of all suicides; 60 per cent of all homicides; 50 per cent of incidents of family violence and one in six divorces are all caused by alcohol consumption.

It is indeed tragic that one in ten deaths in Canada, or the deaths of about 19,000 Canadians are from alcohol related causes each year. All of this is due to the irresponsible use of alcoholic beverages. It is costing Canada an estimated \$15 billion each year in higher health, social, justice and lost productivity costs, not to mention the devastating impact on family, friends and society as a whole.

I know the effect that this can have on a family. My own father abused alcohol most of his adult life, but we are not afraid of him anymore. Years ago following one of his violent rages, he lost touch with reality and is living out the rest of his life in a home. I have not seen my father for more than 10 years because he no longer could recognize who I was. Today he has a new family: three bottles of vodka, one for each meal.

Bill C-337 seeks to require that containers of all alcoholic beverages sold in Canada display the following message: Consumption of alcoholic beverages impairs a person's ability to operate machinery or an automobile and may cause health problems or cause birth defects during pregnancy.

There are many reasons that we should have health warning labels on alcoholic beverages. The costs and other impacts of the irresponsible use of alcohol are far too great to ignore. At a time when all governments are seeking to reduce the costs of health, social, justice and lost productivity, we need to pursue, and I stress preventative, rather than remedial strategies. We need to let the consumers know that health experts recognize the hazards of alcohol use. We need to inform consumers about the risks of alcohol use.

Failure to label alcohol when medical drugs, foods, cleaners, solvents and other dangerous products all carry health warnings falsely assures consumers that alcoholic beverages are safe at all times. All levels of governments and the alcoholic beverage industry itself have a social, moral and societal responsibility to reduce the misuse of alcohol. Labelling is a reaffirmation in the ability of consumers to make responsible decisions. Labelling will

also promote consumer consistency and indeed will lead to changes in drinking behaviour.

• (1735)

Labels in themselves are an integral part of any comprehensive strategy to promote the responsible use of alcoholic beverages. Any prevention program would be incomplete without these health warnings. In the words of Denny Boyd, columnist for the *Vancouver Sun*: "The intended purpose of warning labels on alcoholic containers is to act as a consumer lighthouse sending a signal of impending danger".

Labels represent an efficient way to continually remind consumers of the need to drink responsibly. As one element of our overall preventative strategy, it could be implemented quickly and efficiently with the potential of reaching all consumers and with a repeated effect.

I will take a moment to talk about fetal alcohol syndrome. All Canadians are well familiar with the problems associated with drinking and driving and that is due to the relentless education of consumers. But there is another problem virtually unknown yet far more tragic. It is called fetal alcohol syndrome, otherwise known as FAS.

In 1992 there was a study called "Fetal Alcohol Syndrome, A Preventable Tragedy" produced by the House of Commons standing committee on health and welfare. The report states:

There is no question that maternal alcohol consumption can have devastating impacts on the fetus. The basic fact is that when a pregnant woman drinks, her unborn child drinks also; that is, the alcohol in the mother's bloodstream circulates through the placenta into the bloodstream of the fetus. It is possible the blood alcohol level in the fetus will remain at an elevated level for a longer period than that of the mother because the immature fetal liver metabolizes the alcohol more slowly.

Research shows that 5 per cent of all fetal defects are due to alcohol consumption during pregnancy. According to Health Canada, FAS occurs in about one in 500 live births. Therefore, it is in fact more prevalent than Down's Syndrome which occurs in about one in 600 live births. FAS children can reflect the following: severe neurological disorders, social dysfunction, permanent behavioural problems, reduced lifespan, restricted brain development, learning disorders, hyperactivity, mental retardation, pre and post natal growth retardation, speech and vision impairment and physical deformities.

In addition to retarded growth, FAS children usually display facial distortions, including a small head, small close-set eyes, flattened cheekbones, a very thin upper lip and no groove between the upper lip and nose.

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FAS is estimated to cost \$1.5 million during the lifetime of an FAS child. FAS is estimated to cost Canadians \$2.7 billion each year in terms of increased health, special education and social services costs.

There is another aspect to this. Fetal alcohol effects or FAE is very similar to FAS, with the same range of problems in a less severe form, but without the characteristic facial abnormalities. FAE occurs two to three times more frequently than does FAS.

With regard to the alcohol industry, there is little dispute in the medical profession that alcohol consumption during pregnancy can have harmful effects to the fetus. The message they are trying to get out is that there is no recommended safe level of alcohol consumption during pregnancy and that drinking during pregnancy can cause alcohol related birth defects, including FAS and FAE. Both these diseases are totally preventable. I want to repeat that, both FAS and FAE are totally preventable. In the words of the alcohol beverage industry itself, drinking responsibly could mean not drinking at all.

As part of my research, I took the opportunity to speak with representatives of the Association of Canadian Distillers, the Brewers Association of Canada and the Canadian Wine Institute. I found that their position was very close.

They all support and promote responsible use of their products, to their credit. Industry representatives also note that alcohol has been shown to have health benefits in certain circumstances. I was given examples of programs they already fund and which they felt had better value in terms of the effectiveness of warning labels. They express concern however that warning labels may alarm pregnant women who may have consumed some alcohol and that the resulting fear or stress would result in consequential and negative health problems or even miscarriage.

• (1740)

They all hold the same view that they did not think that warning labels would work and that there was no evidence that could prove that they would work.

Finally, they all specifically stated that they would not voluntarily comply with any recommendation to have warning labels on the containers of alcoholic beverages. Indeed they said it would have to be legislated.

The industry's position is clear. It fundamentally rests on the argument that health warning labels will not work. I believe this argument is fundamentally flawed primarily because the proof of effectiveness is indeed in the precedents of Canada, the U.S. and the entire world. Warning or caution labels directly on the packaging of products have been used for years for virtually every potentially harmful product except alcoholic beverages. Research

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and long term monitoring have proven the effectiveness time and time again. That is why this element of every preventative strategy continues to be used today. Why? Simply because it works.

This is the common sense and practical reasoning. It appears that the industry insists on empirical evidence which it says does not exist. In fact the evidence does exist.

In 1988 the U.S. government passed legislation requiring health warning labels to be placed on the containers of alcoholic beverages. Implemented in 1989, a series of studies have been conducted to detect the impacts on knowledge, attitude and behavioural changes. Although early studies showed little effects, as the years went by literally dozens of research studies have started to show progressively improving results. Here are some examples:

In December 1993 the *Journal of Public Policy and Marketing* in a report on public attitudes toward alcohol control since the warning labels were mandated in 1988 said: "It is concluded that the label is serving the goal set out for it, to inform the public of the hazards associated with alcohol consumption".

In 1993-94 the *International Quarterly of Community Health Education* in a report on the awareness and knowledge of alcohol beverage warning labels among homeless persons stated: "Age and level of alcohol consumption were each associated with label awareness and content familiarity suggesting that alcohol beverage warning labels may be reaching homeless persons".

The final example comes from the March 1994 International Conference on the Reduction of Drug Related Harm. In the research paper "Mandated Container Warnings as an Alcohol Related Harm Reduction Policy" it finds: "Within the U.S. results indicate an association between seeing the label and displaying behaviours relevant to limited drunk driving. Limited drinking before driving, 68 per cent, was associated with seeing the label in the last 12 months; limited driving after drinking was even more significantly associated".

The evidence is mounting and very powerful. That is why the U.S. started to use warning labels in 1989. That is why indeed in Canada, the Yukon and Northwest Territories started to use warning labels in 1991. That is why 77.5 per cent of Canadians surveyed by the Addiction Research Foundation in 1994 said they would support health warning labels on alcohol beverage containers. Why? Because Canadians know that warning labels work.

This initiative of having health warning labels on the containers of alcoholic beverages is not a recent subject in Canada. It was first raised in 1976 by the then Minister of Health, the hon. Marc Lalonde. In 1992, as I mentioned earlier the House of Commons standing committee on health and welfare recommended warning labels to the government.

How do current legislators feel? On May 23, 1995 the B.C. Minister of Health wrote the following to the federal Minister of Health: "I am writing to you in regards to alcohol warning labels. This was a topic of our discussion at the provincial, territorial ministers of health meeting held in Vancouver April 10 and 11, 1995. There was unanimous agreement that warning labels should be pursued by the federal government".

• (1745)

I repeat, the provincial ministers of health unanimously agreed that warning labels should be pursued by the federal government. In addition, the federal Minister of Health has clearly stated her strong support for health warning labels for the containers of alcoholic beverages.

The alcoholic beverage industry feels the consumer has the burden of proof that health warning labels work. I believe the burden of proof that they do not work must fall on the industry. If it cannot provide that burden of proof, then today I call on the industry to discharge its social, moral and business responsibility and voluntarily comply with this labelling recommendation.

Bill C-337 is the first piece of legislation on warning labels that has ever reached this point in our legislative system. The bill no longer belongs to me. It now belongs to all the members of Parliament.

We cannot afford to miss the opportunity to do the right thing. I humbly ask for members' support to pass Bill C-337 today at second reading so that we may more rigorously pursue the facts through public hearings before the Standing Committee on Health. In this way, members of Parliament who are not in the cabinet can once again demonstrate to Canadians that we can and do make a positive contribution to the well-being of all Canadians.

[Translation]

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, I am pleased to rise to speak in this House to Bill C-337, which amends the Food and Drugs Act. This bill, tabled by my colleague for Mississauga South, is aimed at warning pregnant women and the public at large about the health risks involved in the consumption of alcohol. It also serves to draw attention to the fact that alcohol consumption reduces a person's ability to operate machinery or an automobile.

We agree with the principle behind this bill. It is now recognized, even by the manufacturers of alcoholic beverages, that alcohol abuse can lead to a variety of health problems, impair an individual's faculties and limit their ability to perform certain tasks requiring concentration.

In recent years, society has recognized the danger of impaired driving. This awareness has caused lawmakers to strengthen legislation covering driving while impaired and to provide harsher

penalties for offenders. Governments have run public awareness campaigns with the participation of the manufacturers and distributors of alcoholic beverages.

People are also increasingly aware of the risks inherent in the operation of machinery or equipment following the consumption of alcohol. Excessive alcohol consumption over long periods may also cause health problems.

According to the Addiction Research Foundation, alcohol is involved in 19,000 deaths a year through heart and liver disease, certain forms of cancer, suicide and traffic or other types of accidents.

Excessive alcohol consumption also plays a part in vandalism, acts of violence and family problems. The use of alcohol consumption as an extenuating circumstance in the courts recently led to Parliament's legislating against self-inflicted intoxication as an excuse for illegal behaviour.

This said, we cannot generalize and say that alcohol is responsible for all of society's ills.

Most of the members of this House doubtless take a drink in moderation from time to time and enjoy it. It is not the consumption of alcohol that is dangerous or harmful, it is the abuse of it.

• (1750)

According to recent studies, limited consumption of alcohol may even be beneficial to certain individuals, particularly those who may be candidates for coronary or circulatory problems. I am not trying to say that alcohol consumption is totally beneficial, but I would like to point out that the alcohol problems we often hear about are primarily the result of abuse and over consumption.

The sole exception applies to pregnant women. Recent studies on foetal alcohol syndrome have shown that even moderate consumption of alcohol may involve risk to the foetus, by altering the breathing of the foetus and reducing the flow of blood to its brain.

Negative effects observed after birth include lower birth weight and delays in the child's physical and mental development.

We have just listed many reasons for warning the public against the various problems that may be caused by or related to alcohol consumption. What form should the warning take? Will the bill before us be a solution or a step in the right direction? Should other ways be developed as well to warn people about the effects of alcohol abuse?

Currently there are a number of advertising campaigns aimed at increasing public awareness. In Quebec, for instance, the campaign against drinking and driving has been successful to some extent in reducing the number of automobile accidents related to alcohol

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consumption. The Société des alcools du Québec launched a campaign under the now well known slogan "La modération a bien meilleur goût", a phrase that has become very popular. During the holiday season, some companies include in their advertising a warning to their customers to drink with moderation.

In addition to the examples I just mentioned, many other ways to increase public awareness have been suggested by various intervenors in the business of selling alcohol. For instance, some licensed establishments now stock non-alcoholic beverages and list these on the menu. Some municipalities may consider posting warnings, in establishments that serve alcohol, against the potentially harmful effects on the foetus of consumption of alcohol during pregnancy.

Recently, there has been a trend towards more emphasis on providing information through health professionals. For instance, urging physicians who treat pregnant women to stress the harmful effects of alcohol during pregnancy. Social workers are also being asked to increase the public's awareness of the potential effects of drinking alcoholic beverages.

Briefly, we must be aware of the important role of prevention, education and other forms of social intervention in making the public aware of problems that may be related to alcohol consumption.

We should also consider the practical aspect. First of all, we would have to estimate the additional cost to producers and distributors and see whether it would penalize smaller producers, especially the micro-breweries and brewers of local beers which are a recent development.

It would also be necessary to find out if this measure would make the industry less competitive or violate international free trade agreements signed by Canada.

Of course the money aspect should not cause us to forget our main concern which remains the health of Canadians. However, before implementing a labelling directive like the one provided in the bill, we must be certain this kind of measure would be effective.

Of course, as is often the case, where public health is concerned, it is difficult to argue against the merits of virtue, and that is why we welcome the bill proposed by the hon. member for Mississauga South.

[English]

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, in speaking today on Bill C-337, I would like to start by telling a story about Johnny. Johnny was a little fellow who was adopted into a family. This family had enough resources to take on Johnny's responsibilities. They welcomed him with love and care into their home. He had come from a family that had some problems, a broken family.

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• (1755)

As Johnny grew he was different from the natural children in this family. His growth was somewhat stunted. He was smaller than the other kids. They thought perhaps it was heredity. When he was old enough to start learning things he seemed to fall behind the other children in the home. He was a very active boy. He had a very strange habit in that he could climb the door frame right to top of the door. He got himself into most peculiar spots in the home. He would climb up on top of the cupboards.

As he got a little older Johnny was hard to control in the sense that he would run away from home and the family would have the police out looking for him. He could be gone for three or four hours and be impossible to find. One day he left home, crawled into a camper down the laneway and found some matches. He built a little bonfire in the camper and lit the camper on fire. This was a neighbour's camper, a most unpopular item.

Johnny loved wildlife. When he was outdoors he was extremely interested in the frogs, the turtles and the insects. He was really happy when he was outdoors.

I am going through his life now. As he got older and became a young teenager it was quite obvious Johnny did not have the mental capabilities of a normal teen. He was stuck somewhere back in preschool in terms of his educational capabilities. He became somewhat aggressive and difficult to handle. He ended up having to become a ward of the government, a ward of the province in which he lived. He had to leave the home that had provided him with love and attention. He had to be looked after by other individuals.

Johnny is now old enough to recognize that he will never hold a productive job. He will always be a responsibility of the government, a responsibility of the province, a responsibility of the individuals who care for him.

It turns out that Johnny's natural mom drank heavily. Johnny was a victim of fetal alcohol syndrome. His mom had so many problems that her life was not complete without alcohol so she drank heavily. Johnny has an incurable problem. His life is completely affected by that early childhood, the time when he was in the womb.

Fetal alcohol syndrome is totally preventable. Early development with alcohol presents birth defects, retardation, hyperactivity, all the things we saw in Johnny. It is totally preventable. All we need to do is make certain that young moms and even older moms when they are pregnant do not drink heavily.

I would like to compare fetal alcohol syndrome to German measles, rubella. How do we treat German measles? We inoculate all women who will become pregnant or could become pregnant. We warn pregnant moms during the first trimester of their pregnancy not to come in contact with German measles. We do rubella

tests on them to make certain they have immunity to rubella. We educate and in the instance of rubella we do not have to legislate.

Is legislation necessary in this instance? Bill C-337 calls for putting a warning label on all alcoholic beverages, a warning label that says that consumption of alcoholic beverages can impair a person's ability to operate machinery or an automobile and may cause health problems or birth defects during pregnancies. When should we legislate personal behaviour? When should we legislate what an individual may do in society? We should legislate when there is a third party who has no choice. In this case, with foetal alcohol syndrome, there is a third party with no choice. The infant in the womb has no choice. Legislation in this instance has merit.

• (1807)

I compare this issue to smoking in a public place. In an enclosed place where others are affected by the smoke of a smoker there is a place for legislation.

Reformers generally want to have as small a government and the least intrusive legislation possible. However, in the case of foetal alcohol syndrome legislation may be warranted.

Is this label the way to go? If I were thinking how best to warn women most likely to be affected by foetal alcohol syndrome I would not put a worded label on the bottle, I would put the profile of a pregnant woman on the bottle with a big red X across it. I would direct my efforts toward those women most likely to drink heavily, some of whom are illiterate. In many cases native women are affected by this problem. Some of them would not understand a worded label.

How would I implement such a change? I would first say to the alcoholic beverage companies that legislation would not be necessary if they would comply voluntarily. There is a strong public sentiment for good corporate relationships. I challenge those companies to listen carefully to this debate. Legislation would not be necessary with the proper labelling for foetal alcohol syndrome on bottles. They have shown some willingness to comply by their anti-drinking and driving campaigns. It would be profoundly reasonable to comply on this campaign.

This bill is some evidence that Parliament can co-operate. Reform members are quite keen to see health measures of a preventive nature promoted in Canada. Consequently we will support this bill to the committee stage at this level quite strongly. We are supporting it on my behalf because of my wish for little Johnny to be happy.

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, it is my pleasure to have the opportunity to speak to this problem. I am also pleased that all three parties of the House agree on this issue.

Private Members' Business

For the last 15 years it has been an issue with which I have been involved as a physician, as an advocate for my patients and as a member of the British Columbia Medical Association lobbying to change public policy.

Canadians from all walks of life in every region have been concerned over the years about alcohol consumption and especially about the abuse of alcohol, not only its effects on society but its effects on the health of individuals. Canadians have always looked to governments to reduce the risks associated with this drug.

These concerns have taken various forms at different times. In the 1980s the major concern was drinking and driving. Governments have acted at the provincial level and at the federal level to take into consideration this issue. The companies that make and market alcohol have been fairly responsible with respect to drinking and driving. Together we have managed to see in this decade that the issue of drinking and driving has begun to take root in the minds of the public and in the minds of the young people who are the most affected.

• (1805)

More recently the major alcohol related concern has shifted to foetal alcohol syndrome and foetal alcohol effect. A parliamentary committee reviewed this topic in great detail and came down with a large number of recommendations, not the least of which was labelling. This was a stakeholder conference. There were three conferences in a row. At the conference were makers and marketers of alcohol who basically had a sense of responsibility toward the issue, although they did not seem interested in going as far as the labelling issue.

FAS is foetal alcohol syndrome, a medical diagnosis that refers to a set of alcohol related disabilities associated with the use of alcohol during pregnancy. It is used to describe a set of physical, mental and behavioural changes in young children who have been born with this syndrome.

Exposure of the foetus to alcohol has a great deal of effect specifically on the foetal brain and brain tissue. It is because of this that we see foetal alcohol syndrome. Different levels of drinking can produce foetal alcohol syndrome. Lower levels of drinking can produce foetal alcohol effect, which is not as full blown a syndrome in that there are not usually physical disabilities associated with it, but the behavioural components are clear.

There are some surveys and information now that are leading us to believe that a lot of people who exhibit anti-social behaviour, who have behavioural problems in school and who fill many of the jails in this country have foetal alcohol effect. We can curb this problem and stop it. It is preventable. One or three in every one thousand children in industrialized countries has foetal alcohol syndrome or foetal alcohol effect. This is a terrible issue that we must deal with.

This is not the only thing I want to talk about because I do not want people to believe that here we are again hitting on any particular social enjoyment we all have. Alcohol is not, unlike tobacco, a dangerous drug if taken according to instructions. We now know there is a level of hazardous drinking that results in the acute effects we see in terms of drinking and driving or using machinery or acts of violence when one is acutely drunk. There is also a certain level of hazardous drinking if done over a period of time. It can lead to hypertension, cirrhosis of the liver and some alcohol induced psychosis in the long term.

We are talking about a drug that has an effect on humans and on the health status of humans. It is time we did something about it, specifically because alcohol is such a socially acceptable drug and specifically because it is a substance we can use appropriately and enjoy in a way that is not dangerous, except of course with the one exception, when one is pregnant. A pregnant woman should not have any alcohol whatsoever.

What we are talking about is a substance we could make safe. How do we make anything safe? When we buy antihistamines across the counter there is a warning not to drink alcohol while taking them; do not operate machinery. On a bottle of Drano there is a warning not to ingest it internally. We know certain things are hazardous when used inappropriately.

Alcohol lends itself specifically to labelling because it is a way we can send a clear message that tells everyone they can use this substance in a safe way or in an unsafe way, and these are the unsafe ways. Warnings on products lead to their safe use. That is what we are talking about.

Health Canada spends a great deal of money on programs for native people and the Inuit people especially, community based programs, to support parents and children who have FAS and IAF.

• (1810)

We also have lots of programs that deal, as any healthy public policy should, with education and awareness because public awareness is the key. We cannot say someone is doing something wrong when they do not have any knowledge it is wrong. Therefore public awareness is the key and this is where labelling comes in.

Labelling clearly says do and do not. It gives a clear, defined parameter within which to work in a safe way to use a substance as in the case of alcohol. While we see that there are a lot of remedial services and support programs, and while we are at the moment increasing awareness and doing education programs in the schools and in communities, working at all levels, federal governments, provincial governments and community based groups are all working hard to stop the abuse of alcohol and the inappropriate use of alcohol.

Adjournment Debate

We have not used one tool sitting in our little box of tools. Many people have said this will be expensive. I do not understand why this will be any more expensive because the alcohol industry, in order to export alcohol to the United States, must put a label that warns of the dangers of alcohol because labelling is mandatory in the United States. Yet we have on one side of a room a whole lot of bottles sitting there with no labels. People are busy sticking labels on them just to send them across the border.

Are the children in the United States any less important than our children? I say no. This is not a major burden we will be putting on the alcohol industry. It is an industry that has shown to be very supportive and very accountable in terms of how it deals with alcohol.

I am pleased the member brought this to the fore because it is an opportunity for us to talk about this issue. Doubters say look at what happened with the tobacco industry. The Supreme Court ruled we should not ban advertising and sponsorship because we have not proven it will make a difference to youth. Whenever members talk to manufacturers and to advertising agencies they always say package labelling confers a great deal of information about the product, and that manufacturers use labels to send us many messages about the image of their product.

If one wants to buy detergent it has to be the kind of detergent that speaks of grandma using it; a nice clean wash with sea breezes blowing through it, one that smells good with lemon and lime and all these things. We always use images to sell our product. Soup labels convey the down home quality. It is always something hearty and the sort of thing we were used to in the old days.

We talk about cigarette manufacturers. They have brought this to a fine art. They are the most expert at turning a product. They talk about youth and vigour. They show how many friends one can make if one smokes. They show how socially acceptable one will be, how great at sport, how wonderful a lifestyle one will gain from smoking.

What is crucial here is the recognition that in many areas no distinction can be drawn between the product as conceived by the maker and the packaging. The product and the packaging are almost the same. That is why manufacturers are often so very resistant to labelling or to putting anything on their product that says the product is not as good as it should be.

I hope everyone here will support the bill. We support it very strongly at Health Canada. We believe if we are ever to prevent the preventable diseases that create a great deal of tragedy in our lives, this is one sure step. We are already half way there. We do it for the United States. Let us do it for Canada.

MESSAGE FROM THE SENATE

The Acting Speaker (Mr. Kilger): I have the honour to inform the House that a message has been received from the Senate informing this House that the Senate has passed the following bill, to which the concurrence of this House is desired: Bill S-12, an act to amalgamate the Alberta corporation known as the Missionary Church with the Canada corporation known as the Evangelical Missionary Church, Canada, West District.

Pursuant to Standing Order 135, the bill is deemed to have been read the first time and ordered for second reading at the next sitting of the House.

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FOOD AND DRUGS ACT

The House resumed consideration of the motion that Bill C-337, and act to amend the Food and Drugs Act (warning on alcoholic beverages), be read the second time and referred to a committee.

The Acting Speaker (Mr. Kilger): Is the House ready for the question?

Some hon. members: Question.

The Acting Speaker (Mr. Kilger): Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

• (1815)

(Motion agreed to, bill read the second time and referred to a committee.)

Mr. Boudrias: I rise on a point of order, Mr. Speaker. I note that members seem to be ready for the adjournment debate. Perhaps we could call it 6.30 p.m.

The Acting Speaker (Mr. Kilger): Is that agreed?

Some hon. members: Agreed.

ADJOURNMENT PROCEEDINGS

[English]

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

DEPARTMENT OF NATIONAL DEFENCE

Mr. Jim Hart (Okanagan—Similkameen—Merritt, Ref.): Mr. Speaker, on October 6, 1995 I asked the Minister of National Defence a question pertaining to the week of revelations at the Department of National Defence. During the week of revelations it had been discovered that senior officials at NDHQ altered