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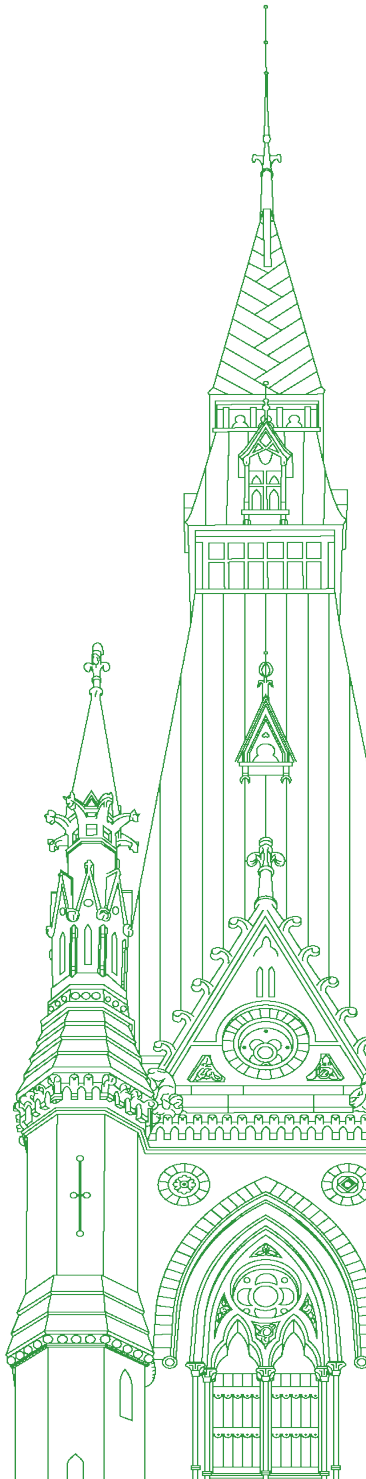

Chair: Mr. Sean Casey

# Standing Committee on Health

**Tuesday, November 19, 2024**

● (1105)

[*English*]

**The Chair (Mr. Sean Casey (Charlottetown, Lib.)):** I call this meeting to order. Welcome to meeting 139 of the House of Commons Standing Committee on Health.

Before we begin, I ask all in-person participants to read the guidelines written on the cards on the table. These measures are in place to help prevent audio and feedback incidents and to protect the health and safety of all participants, including the interpreters.

In accordance with our routine motion, I'm informing the committee that all remote participants, with the exception of Dr. Powlowski, have completed the required connection tests. We're going to proceed with the opening statements and check in with Dr. Powlowski at the end of that, just to try to move things along.

Pursuant to the order of reference of May 29, the committee will resume its study of Bill C-368, an act to amend the Food and Drugs Act (natural health products). Before we begin, I remind members that clause-by-clause consideration of the bill is this Thursday. The deadline to submit amendments is in 53 minutes from now. The amendment package will be circulated as soon as possible after the deadline.

I would now like to welcome our panel of witnesses.

[*Translation*]

From the Coalition québécoise pour le contrôle du tabac, we have Flory Doucas, co-director and spokesperson.

[*English*]

Representing the Institute for Safe Medication Practices Canada are Carolyn Hoffman, CEO, and Sylvia Hyland, vice-president, operations and privacy officer. On behalf of Physicians for a Smoke-Free Canada we have Cynthia Callard, executive director. Representing the Traditional Chinese Medicine Association of Canada is Pierre Chen, registered traditional Chinese medicine practitioner and registered acupuncturist. Mr. Chen is joining us via video conference. Thank you all for being with us.

We're going to begin with opening statements of up to five minutes in length.

[*Translation*]

We'll start with the Coalition québécoise pour le contrôle du tabac.

Welcome, Ms. Doucas. The floor is yours.

**Ms. Flory Doucas (Co-Director and Spokesperson, Coalition québécoise pour le contrôle du tabac):** Thank you, Mr. Chair.

Good morning, everyone.

I am Flory Doucas, co-director and spokesperson for the Coalition québécoise pour le contrôle du tabac. The mandate of the Quebec coalition for tobacco control is centred on reducing smoking and nicotine addiction. We therefore do not have a position on Bill C-368 as a whole.

However, if the bill were to be adopted as is, it would severely undermine current federal efforts to protect youth from nicotine addiction. Bill C-368 would cancel the supplementary rules respecting nicotine replacement therapies order, authorized last August under section 30.01 of the Food and Drugs Act, under which the Minister of Health can impose additional rules on therapeutic products by means of a ministerial order. This authority is what enabled the precise and tailored regulatory rules that address the potential harms resulting from the irresponsible promotion of nicotine-based therapeutic products that glamorizes and promotes their recreational use.

● (1110)

[*English*]

These measures were in response to the introduction to the Canadian market, in October 2023, of Zonnic, a nicotine pouch that was commercialized by Imperial Tobacco Canada and that was approved for sale by Health Canada as a natural product in July 2023. The promotion of Zonnic, with its brazen lifestyle advertising, bright colours and exotic flavours, such as Tropic Breeze and Berry Frost, clearly evoked themes like pleasure, lifestyle and youth. Images of young people in social settings populated these promotions, clearly painting aspirational lifestyles for youth.

Since the ministerial order issued last August, these nicotine replacement therapies, NRTs, remain available for smokers across the country, but across all provinces, they must be sold by a pharmacist and be kept behind the counter. They cannot be sold with flavours other than mint and menthol. They cannot be advertised in a way that is appealing to youth. They require a warning on addiction, and they cannot come in packaging that has youth appeal.

By amending the definition of therapeutic products in the Food and Drugs Act to exclude natural health products, Bill C-368 would eliminate the effect of these new regulations. The lack of federal measures would also serve to undermine stricter provincial regulations, such as those that exist in Quebec and in B.C., by creating enforcement challenges resulting from online interprovincial sales and promotions.

Should Bill C-368 be adopted without an amendment to carve out NRTs from its scope, Health Canada's current ability to enact mandatory recalls of NRT products when deemed necessary to prevent against injury would be eliminated. Health Canada would be prevented from vetting promotional materials before new products hit the market. Industry could roll out new NRTs with all kinds of flavours that could be enticing to youth.

The effects of adopting an unamended Bill C-368 would be felt beyond Zonnic pouches. There is actually a global corporate campaign to reframe nicotine as a more benign and ordinary consumer product akin to caffeine, with beneficial effects such as “helping adults to relax”, as Imperial Tobacco Canada states on its website.

Tobacco industry documents reveal that the introduction of novel nicotine products aims to compensate for decreasing smoking rates around the globe by creating addicts to new nicotine products. We've seen this with vaping. For this reason, the Quebec coalition, without endorsing either the adoption or the rejection of the proposed legislation, respectfully asks that, should Bill C-368 go forward, the Standing Committee on Health amend it to carve out nicotine products from its scope, as provided by the legislative text found on the first page of our written submission.

Nicotine is a drug that causes harm, not only through addiction, but also in terms of physical and mental health, especially among youth.

In a January 2024 policy brief, the World Heart Federation wrote, “For decades, the tobacco industry has promoted the myth that nicotine is as harmless as caffeine. Nonetheless, evidence shows that nicotine is far from innocuous, even on its own. In fact, numerous studies have demonstrated that nicotine can harm multiple organs, including the respiratory and cardiovascular systems.”

Meanwhile, numerous other scientific publications have confirmed how because their brain is still maturing, nicotine exposure during adolescence alters cognitive function and attention performance in youth.

[*Translation*]

Should Bill C-368 go forward, it should be amended so as to carve out nicotine products.

● (1115)

**The Chair:** Thank you, Ms. Doucas.

[*English*]

Next we have the Institute for Safe Medication Practices Canada for five minutes in total.

Ms. Hoffman, you have the floor. Welcome.

**Ms. Carolyn Hoffman (Chief Executive Officer, Institute for Safe Medication Practices Canada):** Thank you, Chair.

On behalf of the Institute for Safe Medication Practices Canada, we appreciate the opportunity to provide our perspective regarding Bill C-368.

ISMP Canada is a pan-Canadian, not-for-profit and independent organization established in 2000 to improve the safety of drugs and health products for Canadians. Our key activities include expert analysis of error reports from consumers, providers and health care organizations to learn about the risks related to these products; to share evidence-informed recommendations for improved safety; and to work with consumers, care providers and other health system partners to reduce preventable harm.

We recognize that access to safe natural health products is important to Canadians. Through our work and that of others, we know that the manufacturing of NHPs and the use of NHP products are not without risk.

Many Canadians may not be aware that NHPs are a broad category and include more than vitamins, herbal remedies, traditional medicines and homeopathic medicines. For example, acceptable medicinal ingredients also include scopolamine, pseudoephedrine and methyl salicylate.

Consumers have shared with us that they believe that Health Canada has rigorously checked and approved all NHPs for safety. They also assume retailers will sell them only if they're approved by Health Canada and that they are safe for sale. Consumers said, “I trust what is on the shelf is good for you”, and that they are “safe since they are on the shelf.”

Over 700 incident reports related to NHPs have been reported to us, including 400 since 2019. Of these 400 reports, over 15% indicated some level of harm. Most were mild harm; however, two were reported as contributing to a death. Importantly, there is under-reporting of incidents to us.

We have two key areas of concern regarding Bill C-368. The first is that natural health products will be exempted from the important regulatory provisions under Vanessa's Law. We provide four specific examples of the impact.

Health Canada would no longer have the authority to recall a product from retail settings if there is an identified serious risk.

Health Canada would no longer have the authority to compel a label change if there is an identified serious risk.

Health Canada would no longer be able to advance new regulations that require licence-holders to conduct additional tests to help inform Health Canada's risk assessments.

Health Canada would no longer be able to advance new regulations that require that serious NHP adverse reactions be reported when a patient is seen in hospital. Reversing this capability is concerning because this information is essential to better understanding the magnitude and impact of the risks related to NHPs.

**Ms. Sylvia Hyland (Vice-President, Operations and Privacy Officer, Institute for Safe Medication Practices Canada):** The second key concern regarding Bill C-368 is the negative impact on the precision regulatory powers that are in place to address serious risks related to NHPs. These powers also depend on NHPs being defined as “therapeutic products” in the Food and Drugs Act.

An example is, as we heard just now, the recent ministerial order for requirements regarding the sale of nicotine pouches and the risk to kids. The order requires that nicotine pouches be kept behind the counter in a pharmacy and not sold in convenience stores.

To provide another example, serious risks related to pseudoephedrine were addressed by the May 2024 interim ministerial order. However, it will expire.

To be clear, these are only examples of where the ministerial order may be required to address emerging serious risks related to NHPs. Precision regulatory powers are needed when risks arise after a product has been approved to be marketed for an intended purpose and the product is being used in ways other than was intended and approved. We can anticipate that other serious risks related to NHPs will arise in the future.

Health Canada must have the authorities to conduct the post-market regulatory activities that will identify serious risks with NHPs and be able to take timely action to address these risks when needed in urgent situations.

In conclusion, the Vanessa's Law authorities and the precision regulatory powers that we have highlighted today should remain in place. Bill C-368 would reverse regulatory changes that are needed to protect the health and safety of Canadians.

Thank you.

● (1120)

**The Chair:** Thank you.

Next, we're going to go to Physicians for a Smoke-Free Canada.

Ms. Callard, welcome to the committee. You have the floor.

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

For those of you who are not familiar with us, our organization is a small health charity with a 39-year history of providing information and advice on tobacco policy. Our members are all physicians, but I am not. My comments today are based on a policy analysis, not on the clinical use or on the overall implications of this bill for the NHP category. For those more general perspectives, I refer you to the brief submitted by the Canadian Medical Association.

I want to say that Bill C-368 has implications for tobacco control that go beyond the Zonnic or nicotine pouch issue. That's because most stop-smoking medications are licensed as natural health products. There are two categories of drugs, bupropion and varenicline, which are prescription-only drugs, that are licensed under the drug product regime. There are about 100 authorizations for stop-smoking medications under NHPs. The largest category are nicotine replacement products. This can be gums, patches, pouches or inhalers. There's a large category and there are more on the horizon, like nicotine pearls.

Another category is cytisine, which is a drug that's derived from laburnum trees. It has a proven efficacy and is a new drug in Canada with largely an unknown impact in terms of its overall use.

Then there are homeopathic and herbal medicines that are licensed, even though they're not considered to be a particularly effective treatment.

One thing that's important to consider is how the NHP smoking cessation market is changing. There are new products and new players, and these are posing new regulatory challenges. Stop-smoking medications are no longer manufactured and sold by consumer health companies. They're sold by tobacco companies, nicotine companies and even cannabis companies. Zonnic is the most recent entry, but it's certainly not the only one.

This package of Sesh nicotine gum I picked up at a Circle K last week was sitting on the counter right beside Reese's Peanut Butter Cups—

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** I have a point of order, Chair.

**The Chair:** We have a point of order from Dr. Ellis.

**Mr. Stephen Ellis:** I apologize for interrupting the witness, but I think we've made it clear in this committee before that we don't use props. I would ask the witness not to do that.

**Ms. Cynthia Callard:** I apologize.

I will just tell you that there are other products on the market that are sold at convenience stores beside the candy counter. They don't look like a pill. They don't look like a treatment. They look like something interesting. The other products that are on the market, the gums, do not seem to be a problem, and we have not called for new precision regulations to be placed on them, but we need the power to intervene if they were, if children were experimenting with them or if they became an on-road to nicotine addiction instead of people using them in the bar or somewhere instead of smoking. If there were reasons to have concerns about them, we would like the government to have the authority to come in.

In the U.S., the same product made by the same company is sold with the disclaimer that it is not an FDA-approved smoking cessation aid and it's not intended to be used to quit smoking, but, in Canada, the same product is sold as a smoking cessation aid. In the United States, it's sold as a way to enhance focus, boost your energy or relax.

Other tobacco companies that are licensed to sell NHP nicotine in Canada include Swisher Sweets Cigar Company and a Philip Morris International subsidiary. Turning Point Brands is a cannabis-focused company that has a licence also to sell NHP nicotine in Canada.

The ingredients of a drug product are only part of the risk. From a clinical perspective, nicotine replacement is a well-established treatment for tobacco addiction. It doesn't seem to make much difference how that nicotine is delivered to the body but, from a public health perspective, it makes a world of difference how the product is delivered to the market. The business model of those who make it and distribute it, how it's advertised, who sees the advertisements, whether influencers are promoting it, etc. are the aspects that make the product risky. The supplementary rules that were adopted for Zonnic are mostly about marketing; they're not about the product itself.

One reason these supplementary rules took months to prepare is that new legislative powers were required. These powers were part of the spring budget. Bill C-368 would take those legislative powers away, not only for Zonnic but for all the other smoking cessation products manufactured by tobacco companies or others for whom the clinical benefits risk being overshadowed by the overall health risks to Canadians.

The Food and Drugs Act was not designed to manage tobacco companies. Last week, I heard other witnesses being asked about consultation on the authorization. There is no consultation with any outside group when the department decides on whether to authorize an NHP. As I understand it, each application is confidentially reviewed against established clinical criteria, not public health criteria, and is decided on without input from other stakeholders or any public health impact analysis.

Canada is lacking an overall nicotine regulatory framework. The regulation and management of tobacco products and vaping products are in one branch of the department under one law and under a different minister than is NHP nicotine. This is a problem.

I think it would be wonderful if the committee could suggest to Health Canada that they start working on an integrated nicotine framework. The precision regulation was a bit of a band-aid solution, but it's a band-aid solution we urgently needed. It's a band-aid solution we continue to need. Until there's a more permanent solution in place, we implore you to not remove that and put Canadian children at additional risk.

Thank you.

● (1125)

**The Chair:** Thank you, Ms. Callard.

Finally, we have the Traditional Chinese Medical Association of Canada.

Mr. Chen, welcome to the committee. You have the floor.

**Mr. Pierre Chen (Registered Traditional Chinese Medicine Practitioner and Registered Acupuncturist, Traditional Chinese Medicine Association of Canada):** Thank you so much for having me. Today we're talking about Bill C-368.

I am an importer of Chinese medicine. I'm also the founder of the Canadian College of Traditional Chinese Medicine. I have a master's in Chinese and integrative medicine. I'm also a Harvard medical educator. In non-profit, I set the standard at the Standards Council of Canada for TC 215 and TC 249 in Chinese medicine.

What we're looking at today is a regulatory mismatch for natural health products—putting them into a drug model and into Vanessa's Law, and treating food items and herb items as pharmaceutical items, which they are not. Do you have the package I sent out on food safety in Chinese medicine? If you go to see a Chinese medicine practitioner with kidney problems, they might prescribe you kelp or seaweed. If you have lung problems, they'll prescribe cinnamon, ginger, onions, etc. These are the natural health products we are using.

In Ontario, there are 2,700 Chinese medicine practitioners and acupuncturists. In Quebec, there are about 1,000. In B.C., there are 2,000. If you move down through the slides, out of these practitioners in Ontario, 65% are female. On direct job impact, the Job Bank of Canada record for 2021 shows that there are 66,000 Chinese medicine and acupuncturist natural practitioners in Canada. On indirect job impact, we have herbal farmers in Canada. There are over 2,000 individuals under the Good Agricultural Collection Practice. In Saskatchewan alone, there are 30,000 acres. In Ontario, there are about 150 ginseng growers. We are the purchasers and users of these natural health products, so all of those farmers would be out of business if we didn't support them.

We need something tailor-designed for natural health products. Right now, what we have works. It's going to affect us greatly if we don't pass Bill C-368.

Under the 60,000 practitioners, most patients are women, seniors and minorities. Most of us have hundreds, if not thousands, of patients. All of these patients would be affected without access to natural health products.

If you move down, there's the proposed amended fee. These are some of the companies we're looking at. Most of these companies annually renew. It's very common for us to have around 1,000 licences. We don't use all of the licences simultaneously—only if we need them. We need the licence to have access to herbs. For upkeep, you're looking at $130,000 to $200,000 annually just to keep the licence. That's not including the application fee, which is another $100,000 to $200,000.

This means that most households, especially lower-income households, would not have access. It would push us, as importers, into the black market. To avoid the $100,000 to $200,000 fee, people will sell online. They would not apply. That means the food items we want to have health claims for.... We're trying to do the right thing. We're going to be forced to sell them as food items, and we're going to say, “It has no effect.” All these practitioners would not have health claims on the items they're prescribing.

On the next slide, you'll see the example of Jia Wei Xiao Yao Wan. It's a pretty standard formula. Right now, on the market in Canada, it's about $9 or $10. With the proposed fee, we're looking at close to a $50 to $100 increase per product, because we use a lot of these licences. To keep those licences, we're going to look at $50, plus the $10. It would make it hard for people to purchase and use these products.

The purpose of natural health products is so food items and herbs that we're prescribing, as practitioners, have a health claim. It's not so drug items can escape responsibility as a drug. I saw previous experts talking about nicotine. I totally agree with them. Nicotine is highly addictive, and in a lot of countries—Australia, Japan and Thailand—it is considered a drug. They have a separate regulation, like our tobacco act in Canada. We use it to protect our public. A natural health product is not an escape to avoid the necessary law.

● (1130)

We also talked about evidence-based medicine. We want to have that in natural medicine, too. We hope to have grants and research funding, which we don't have. However, adding an additional law—Vanessa's Law—to this would only push us to the black market, to the other side of the border. We're going to have to sell from the U.S. where these $10,000 to $100,000 regulation fees are not realistic, and we're going to have to sell from other countries to Canada where people can have access from illegal markets, avoiding these costs.

Thank you so much.

**The Chair:** Thank you, Mr. Chen.

We're now going to proceed with rounds of questions, beginning with the Conservatives for six minutes.

We have Dr. Ellis, please.

**Mr. Stephen Ellis:** Thanks very much, Chair.

Thanks to the witnesses for being here.

I once again find it interesting that many witnesses have come here to talk about a single issue at the expense of a $13-billion Canadian industry.

Ms. Doucas, you talked about nicotine, of course. I don't think you mentioned anything about natural health products, again, which is a $13-billion industry. I think we've heard from many other witnesses, and I think everybody around this table agrees that nicotine is dangerous. That being said, would it not make sense to create another framework to deal with nicotine products? I think some of the other witnesses explained that as well.

**Ms. Flory Doucas:** Sure, it would be great if we had a framework, but we don't, and we just can't afford to wait for a framework. Nicotine is highly addictive, and that's what the ministerial order tried to tackle in a prompt way.

I think the idea here, should BillC-368 go ahead, is just to carve out nicotine products.

**Mr. Stephen Ellis:** Thanks very much.

Through you, Chair, so what you're telling me is this federal Liberal government is suggesting that it's too difficult to deal with nicotine products so we should destroy a $13-billion industry to do it. They don't have any idea, no clue, of how to create a new framework. Is that what you're suggesting? Have you had those discussions with them?

**Ms. Flory Doucas:** Dr. Ellis, we've suggested an amendment. That's part of our brief, on page one, and I think that—

**Mr. Stephen Ellis:** No, I get that. I asked you a very specific question, though. Have you talked about another nicotine framework with the federal Liberal government?

**Ms. Flory Doucas:** We've been dealing with an industry that has outpaced regulation. It's happened all over the world. Governments are struggling to keep up with the new products that are being put on the market.

**Mr. Stephen Ellis:** Thanks very much.

I'm going to struggle with your answer in the sense that that is what the House of Commons does—it creates laws and regulations. Obviously, if we have a government that refuses or doesn't know how to do that, it creates a problem for Canadians.

However, what I'm saying to you is great, an amendment, that's super. I just find it difficult that we have a government that doesn't have any other way to do this besides having folks like you come here with a single agenda to talk about something that is a tiny part of a $13-billion industry. For Canadians, and especially for Canadians who use natural health products, I think that's very distressing. However, thank you for that anyway.

Ms. Hoffman, I'll move on to you, through you, Chair. You talk about 700 incidents or reports—I can't remember your exact wording—of difficulties with natural health products. Can you tell me where you found that information?

● (1135)

**Ms. Carolyn Hoffman:** ISMP Canada directly receives reports from consumers, individual practitioners and health care organizations. Within that, it crosses all of the continuum of possible products. We looked into our database, and we had a total of 700—400 of those since 2019.

Now, these can be errors or issues. There are consumers saying that the label was confusing. They bought the wrong thing, and then were out the money and didn't get what they needed. This goes right up to an incident report where an NHP was overused and resulted in, or contributed to, in the cases that we talked about, the death of someone. We take those in and analyze them.

**Mr. Stephen Ellis:** Great. Thanks for that.

Can you tell us how many reports you had of rodent droppings and urine in the products?

**Ms. Carolyn Hoffman:** I don't have that level of detail about each and every report. We have a summary for you today.

**Mr. Stephen Ellis:** Could you table the entire report with this committee as well?

**Ms. Carolyn Hoffman:** We could undertake to compile and provide a report.

**Mr. Stephen Ellis:** You made it seem like you have these 700 different incidents of problems with natural health products, as you mentioned, from something like somebody reading the label incorrectly or making a mistake to your egregious claim of death. That being said, I would like to see all 700 of those reports.

This is a very serious issue. We have a government that said previously that hundreds of people have died at the hands of these products. It was never able to provide that information. That is why I'm telling you, on behalf of Canadians, to provide those details of these 700 reports. It's because it's very important information.

Will you do that?

**Ms. Carolyn Hoffman:** Thank you very much, Dr. Ellis. I should say that we regularly update and issue bulletins and newsletters on this topic.

**Mr. Stephen Ellis:** I'm sorry. I'm going to interrupt you because I didn't ask you about that.

I want you to provide those reports. This is a very serious issue. Will your group, which has made these claims, provide those reports to this committee? Answer yes or no. It's a simple answer.

**Ms. Carolyn Hoffman:** Thank you, Dr. Ellis. We have a commitment and requirement around the privacy of personal information, so the specific copy—

**Mr. Stephen Ellis:** I'm sorry, Ms. Hoffman. I'm going to interrupt you once again.

You have made a very serious claim against a $13-billion, often women-led industry. On behalf of Canadians—from whom we have received more information on this and more complaints about this egregious overreach than any other situation—I am asking you one more time. Will you provide the 700 incidents, or is that not a true statement?

**Ms. Carolyn Hoffman:** Thanks, Dr. Ellis. To be factual, we have received 700 reports.

I'm going to have my colleague, our privacy officer, speak to the legislative requirements that we live and work under. That makes it very important for people to trust us.

**Mr. Stephen Ellis:** I'm sorry, Chair. This is ridiculous. People are making ridiculous claims and are unable to provide evidence of them. This is unacceptable in front of a committee, Chair.

**The Chair:** We're also out of time, so if Ms. Hyland is going to be able to speak to this, it will be at the request of one of the other members.

We're going now to Mr. Naqvi, please, for six minutes.

**Mr. Yasir Naqvi (Ottawa Centre, Lib.):** Thank you very much, Chair.

I want to thank the witnesses for being present today.

Before I ask them questions, I would like to move a motion. The motion was submitted to the committee on Friday in both official languages. It reads:

> That, upon the tabling of the Supplementary Estimates (B) for the fiscal year 2024-25, the committee invite the Minister of Health and the Minister of Mental Health and Addictions to testify on the Supplementary Estimates (B) at the first meeting following the adoption of this motion.

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** I have a point of order, Mr. Chair.

● (1140)

**The Chair:** Mr. Thériault, you have the floor.

**Mr. Luc Thériault:** I have always spoken out against this practice when my Conservative colleagues use it, and I will object to it now.

I don't think it is acceptable for Mr. Naqvi to move his motion at this point in the meeting. We have serious questions to ask the witnesses, and the member's proposing this motion could lead to a discussion that completely overlooks the fact that we have witnesses here.

Mr. Chair, I therefore ask that the debate on this motion be adjourned.

**The Chair:** You can't move a motion when raising a point of order. Mr. Naqvi's motion has been moved in accordance with procedure and is in order.

I accept your criticism, but—

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** I have a point of order, Mr. Chair.

[*English*]

**The Chair:** I have a point of order from Mr. Julian.

[*Translation*]

**Mr. Peter Julian:** Thank you, Mr. Chair.

I agree with Mr. Thériault. We have witnesses and we are studying a bill that will have a significant impact, but that also has shortcomings that need to be addressed.

I would therefore ask my colleague to withdraw his motion for the time being. We can come back to it at the end of the meeting. We have two hours, and I'm afraid we won't have time to question the witnesses if we deal with the motion that has been put forward.

**The Chair:** You proposed exactly the same thing as Mr. Thériault. My ruling has not changed. It's not proper procedure to move a motion as part of a point of order.

The motion is on the floor. We'll start with that.

[*English*]

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** They have no interpretation.

[*Translation*]

**The Chair:** Is there a problem with the interpretation?

**Ms. Lisa Hepfner (Hamilton Mountain, Lib.):** Can you hear the interpretation when I speak in French?

**The Chair:** Mr. Julian and Mr. Thériault, I suggest that you raise your hands to move motions. When you have the floor, you can move a motion to adjourn, if you wish, but now I have Ms. Sidhu and Ms. Goodridge ahead of you on the list.

[*English*]

Ms. Sidhu, go ahead, please.

**Ms. Sonia Sidhu (Brampton South, Lib.):** Thank you, Mr. Chair.

Mr. Chair, I want to make an amendment to Mr. Naqvi's motion. Allow me to read it: “The committee invites witnesses, including but not limited to kids helpline, Brain Canada Foundation and U15 Canada, to testify on the supplementary estimates section (B), by no later than the end of the current supply period.”

**The Chair:** Has the amendment been circulated?

[*Translation*]

**Mr. Luc Thériault:** I have a point of order, Mr. Chair.

**The Chair:** Go ahead, Mr. Thériault.

**Mr. Luc Thériault:** The interpreters don't have the motions, and that's a problem.

Could they be provided to them?

**The Chair:** Thank you, Mr. Thériault.

We're fixing the problem.

[*English*]

**Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC):** Can we suspend while we have a discussion?

**The Chair:** Ms. Sidhu, can you have the amendment circulated?

Are you ready to speak to the amendment, Ms. Goodridge?

● (1145)

**Mrs. Laila Goodridge:** Yes, thank you, Mr. Chair.

I think it's rather frustrating that here we have witnesses who have made time to come to this committee. We're having this conversation on important legislation, as my colleague has stated.

This is a $13.5-billion industry for which the health minister is looking to completely change the rules of the game because he made a mistake and allowed a nicotine pouch to be approved. That was a decision Health Canada made. He has other tools in his tool box that he could use, but instead he's deciding to destroy an entire $13.5-billion industry.

They also know that they have made mistakes. Instead of actually having these conversations and being able to ask witnesses questions, they're deciding to interrupt the very first round of questions to these witnesses with this—which I think is absolutely disrespectful and something that is better than them. We have endeavoured to put motions forward at the very end of a meeting rather than at the very beginning of a meeting, to prevent time being wasted.

With that, I will move to adjourn debate.

**The Chair:** A motion to adjourn debate is not itself debatable. We're going to go straight to a vote on a motion to adjourn debate.

Are we okay to do it by show of hands, or do you want a recorded division?

**Mr. Todd Doherty:** No. Just do a show of hands.

(Motion agreed to)

**The Chair:** The debate on the motion is adjourned, and we are back to rounds of questions.

Dr. Hanley, go ahead please, you have just under six minutes.

**Mr. Brendan Hanley (Yukon, Lib.):** I first want to thank all of the witnesses for attending and for their testimony.

Ms. Callard, I'd like to start with you on your recommendation. We can take note of it, although it's not specifically related to this bill. You said that Canada lacks a tobacco regulatory framework. Could you briefly expand on how you would see that helping advance the multiple causes that you've described with regard to nicotine and dispersal of nicotine?

**Ms. Cynthia Callard:** I worked in Parliament in 1985 when we passed the first Tobacco Products Control Act, and that was amended, was passed again, in 1997 after being defeated. Then it was amended in 2018 and became the Tobacco and Vaping Products Act. That change reflected the fact that, all of a sudden, vaping products were sold—at that time illegally and for a long time illegally. It legalized, essentially, a grey market.

However, tobacco companies continued to evolve the products they sell. As my friend Flory pointed out, smoking rates have fallen. In 1989, when the first law was passed, half of Canadians smoked cigarettes. Now we've made a lot of progress, and it's down to about 12% or 13%. Tobacco companies have found that they no longer can get kids to smoke cigarettes, so they've looked for other products. It's just taken a long time to get laws to reflect what the market really looks like.

We started seeing vaping products on the market around 2009. It wasn't until 2018, until after this committee had hearings on it, and until after a long delay, a few ministers and a few different stripes of governments—it took nine years before we got a law that way. Those of us who've been in this game for a while know that it takes a long time to get new laws in place. We're not talking about, you know, one year or two years. It takes a lot longer than that.

As my friend pointed out, governments have just not been able to catch up to the industry, so we really need a deep think about what we're going to do, what types of nicotine we tolerate the use of, what types we encourage the use of, what types we discourage the use of and what types we forbid.

That's a difficult question. I'm sorry to take up your time.

**Mr. Brendan Hanley:** Thank you. Yes, I only have limited time.

This is for Ms. Hoffman or Ms. Hyland.

Thank you for your testimony. I'm curious. You mentioned the reliability of the data that you do have, and I'm just wondering if there could potentially be under-reporting of adverse effects because we don't really have a reliable data collection system. Could you comment on that?

● (1150)

**Ms. Carolyn Hoffman:** Yes, I'll briefly start and then ask my colleague to jump in.

Our position is that there is significant under-reporting. Many consumers, providers and health care organizations do not know the reporting mechanisms to report and share this information.

**Ms. Sylvia Hyland:** I'll add that Vanessa's Law is an excellent law. A lot of work was done to bring that law into place in Canada, and we believe that NHPs should be under Vanessa's Law. We believe that reporting and identifying serious harms with natural health products is important. Without that, we do not know the harms that are occurring. If we knew more, we would be able to inform consumers better and empower them better with warnings about the products they are buying so that they are aware and can make choices as informed, empowered consumers.

**Mr. Brendan Hanley:** So, you would recommend better data collection, and the enactment of Vanessa's Law would actually relate to consumer confidence because you mentioned that if you see something on the shelf, you assume that it's safe. This would actually reinforce what the consumer's perception is.

Therefore, it should be beneficial for businesses.

**Ms. Sylvia Hyland:** It absolutely would be beneficial for business, especially made-in-Canada business.

**Mr. Brendan Hanley:** Thank you.

[*Translation*]

Ms. Doucas, thank you for your opening remarks.

[*English*]

There was a line where you referred to undermining stricter provincial regulations. Presumably you were referring to Quebec or perhaps elsewhere.

I wonder if you could briefly elaborate on that.

**Ms. Flory Doucas:** Quebec has only allowed sales of NRTs in pharmacies for the past 20 years. Initially, it was the only province to do so. They were not behind the counter, they were in the main space under the supervision of a pharmacist. At this point, the order of pharmacists felt that this wasn't enough. It saw that the Zonnic products were being bought up by young people walking into their store.

It's not illegal to sell NRTs to minors but there was no interaction between the pharmacist and the youth. The order of pharmacists has asked its members to now place the products behind the counter. The ministerial order followed suit and has expanded that to all of Canada. B.C. did the same before the ministerial order.

Should we have this patchwork of regulations or protocols? In Quebec it's not a regulation, it's the order of pharmacists that has dictated that. We would see that being undermined by provinces that would still allow, should the ministerial order fall, products to be sold online, or in convenience stores. They could be shipped to places where those products would be uncompliant.

**The Chair:** Thank you.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

**Mr. Luc Thériault:** Which natural health products are you referring to?

**Ms. Flory Doucas:** I'm referring to nicotine products such as patches.

**Mr. Luc Thériault:** Okay. It's important to clarify that, because you know we're going to make an amendment to Bill C-368.

My understanding is that you haven't explored all the problems surrounding the intent of the bill. Based on what you're telling us today, the current wording of the bill has the adverse consequence of cancelling the ministerial order, which made it possible to better control nicotine products.

Did I understand you correctly?

**Ms. Flory Doucas:** That's correct, Mr. Thériault.

**Mr. Luc Thériault:** Is it an exaggeration to say that nicotine is a hard drug in terms of its addictiveness?

**Ms. Flory Doucas:** It is not an exaggeration in current practices.

**Mr. Luc Thériault:** Okay.

We know that nicotine is highly addictive and that tobacco replacement products, which are available to young people, are as addictive as smoking tobacco, if not more so. Would you consider the bill acceptable if these products were removed from it?

● (1155)

**Ms. Flory Doucas:** I want to make sure I understand. Are you talking about excluding nicotine products from the scope of Bill C-368 ?

**Mr. Luc Thériault:** Yes, exactly.

Nicotine products would fall under Vanessa's Law again. That way, they could be regulated, as was proposed in the ministerial order.

**Ms. Flory Doucas:** As long as the measures remain in the ministerial order, that's fine. That's what we're trying to protect.

**Mr. Luc Thériault:** Okay.

I personally appreciate hearing your points of view, ladies. They are important. Earlier, we talked about the fact that we need to have a serious discussion about a $13-billion industry. The global tobacco industry was worth $694 billion in 2021, but that did not stop us from introducing regulations and controls for the industry. It took a lot of energy and a lot of litigation to get there.

When it comes to natural health products in the broadest sense of the term, it became clear that the industry itself did not want to side with the bad actors. It wanted to protect its reputation.

With that in mind, we could make two other amendments, which would give the minister the authority to recall and ensure that the fines were appropriate, as permitted by the natural health products regulations. The legislative context is completely different from that of pharmaceutical products. As it happens, natural health product companies are not multinationals with 20-year patents whose products are not taxed. We're not talking about the same industry. However, we have to make sure that these products are safe for the public.

In short, the minister would have the authority to recall; there would be appropriate fines based on the legislative framework that we are trying to define; and the industry would be more strictly regulated, not harmed.

In fact, the reason we are here—and no one has said this—is that Health Canada didn't do its work until 2018.

The industry is already regulated. There are already voluntary recalls. The minister will be given the authority to recall, but that authority does not relieve Health Canada of its obligation to carry out the necessary inspections and checks, which the industry was not subject to for a long time. There should be no confusing those things or thinking that bringing in a law necessarily means we're protecting the public.

Health Canada has a duty to educate. It will be the duty of Health Canada to talk about the interactions between natural health products and pharmaceutical products, as well as between pharmaceutical products themselves.

Ladies, your comments are relevant. We heard you, and we are going to propose amendments to Bill C-368 to lessen the adverse consequences and respect everyone's interests including those of consumers. They must have easy access to products and be assured of their safety when they buy them.

**The Chair:** Thank you, Mr. Thériault.

Mr. Julian, you have the floor for six minutes.

**Mr. Peter Julian:** Thank you, Mr. Chair.

Thank you to our witnesses.

We passed this bill in the House, and then it was sent to the committee. Our committee's intention is always to improve bills. There are probably some gaps in the natural health products bill. We know very well that it is essential for these products to be accessible and for the industry to continue to prosper. All of these things are important, but we have to look at the gaps.

You all mentioned problems, especially with nicotine products. That needs to be taken into consideration, as Mr. Thériault said. He raised the fact that we were considering making amendments to improve the bill.

Ms. Doucas, I would like to come back to two points you raised in your remarks. Thank you, by the way, for being here today.

You mentioned the approval of Zonnic in July 2023. Could you tell me if there was any consultation before the product was approved?

You also mentioned that the tobacco industry often says that nicotine is not problematic. Could you briefly talk about all the negative health effects of nicotine?

● (1200)

**Ms. Flory Doucas:** Thank you for your question.

As my colleague said, the Health Canada approval process essentially takes place behind closed doors. No group is consulted. Companies don't want competition and don't want anything divulged to competitors. The process is based on clinical data, not public health. Nicotine raises public health issues that go beyond the clinical aspect.

We see it in the case of vaping products. It's not about demonizing nicotine products. The important thing is to know who the product is for and how it is promoted in order to avoid unintended consequences.

Very few studies have been done on nicotine pouches. The product is relatively new in Canada and other markets. Before it got to Canada, it had been around in the United States for a few years. The fact remains that there isn't an abundance of research on the product because it's relatively new.

The effects of nicotine pose many risks. It has long been hard to distinguish the effects of smoking tobacco from those caused by nicotine alone. Now, with the new product varieties, the studies are starting to draw clearer conclusions.

I know that people from the Heart and Stroke Foundation of Canada appeared before the committee. It is clear that nicotine increases the risk of cardiovascular disease. It also affects all precursors, including cholesterol. There are also emerging concerns about the damage nicotine causes to organs such as the liver. The science is evolving.

**Mr. Peter Julian:** Thank you.

[*English*]

Ms. Hoffman and Ms. Hyland, I am looking through the figures. As we look to improve the bill, we want to ensure that natural health products continue to do the good work they do across the country. We have an industry that is virtually 100% compliant. I'm just looking at your figures and the figures that were presented by the Minister of Health when he came before this committee. They are very similar. The government talked about 350 voluntary recalls. You talked about 400 incidents in 2019. I believe the definition you're using is a little looser.

The Minister of Health talked about the fact that in virtually every one of those voluntary recalls, except three cases, there was compliance by the companies. In those three cases where the companies were non-compliant, those companies no longer exist.

What do you think of the argument that has been put to us, which I find very valid, that a wide variety of tools can be used now by the government to ensure that companies are compliant and that they conform with voluntary recalls when there is risk?

**Ms. Carolyn Hoffman:** It's important to clarify initially that, clearly, the data the minister presented is separate from the data that I just presented. There will be some interrelationships, but those are two different data streams.

In terms of the discussion about any changes and possibly any detail around the three cases that the minister spoke to, we're not in a position to speak to those details. We are not privy to the specific details around those cases.

I'll just check with my colleague on whether or not she has anything else to add.

● (1205)

**Ms. Sylvia Hyland:** I want to get clarity on the question again.

**Mr. Peter Julian:** The question is on—

**Ms. Sylvia Hyland:** Oh, yes—it's on what we think about the tools and authorities that Health Canada has now.

**Mr. Peter Julian:** Yes. It's about what the government has now.

The Minister of Health, I believe, admitted that of 350 voluntary recalls, only three companies were non-compliant.

**Ms. Sylvia Hyland:** Right now, I think Health Canada is positioned to have authorities and tools through Vanessa's Law. They've designed it carefully and made a decision that it works well, that it's very good and that NHPs should fall under it. By doing that, Health Canada could compel a label change to add a warning to inform the consumer. Health Canada could—with consultation, as they always do—develop regulations for the reporting of serious adverse reactions by hospitals.

Those are the things that they have now and that this bill will remove.

**Mr. Peter Julian:** I think we're talking at cross-purposes. These are voluntary recalls.

**The Chair:** Thank you, Mr. Julian.

**Mr. Peter Julian:** The legislation was not needed in almost all of these cases.

**Ms. Sylvia Hyland:** The legislation is needed when a voluntary recall doesn't work.

**The Chair:** Thank you. That's your time.

Mrs. Goodridge, go ahead for five minutes.

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

I'd like to thank all our witnesses for being here.

Ms. Hoffman, I want to follow up a bit. You used the number 700, and then, when my colleague was asking questions in regard to allowing us to see this documentation, you skirted around the issue, saying that you couldn't give us an exact list. Well, the number 700 clearly comes from somewhere.

I understand privacy. Each and every one of us is bound by freedom of information in our offices and is used to dealing with sensitive information on a regular basis. Parliamentary privilege does give us some immunity and space to actually ask witnesses to provide us with this information. Depending on the sensitivity of the information that is given to us, there are a variety of checks and balances that go into determining how that information can be used. If you're coming here and giving us a specific number, 700, and we ask you for that number, we expect you to show your work.

Are you telling us that you can't show your work?

**Ms. Carolyn Hoffman:** Thank you for the opportunity. We can definitely show our work.

I'd like our privacy officer to speak to what we can provide.

**Ms. Sylvia Hyland:** There's nuance here. Can we show our work? Yes. Can we table a report to this committee? With pleasure. Will it be, as was originally suggested, each and every report copy just handed over? No. It will—

**Mrs. Laila Goodridge:** No, no. At no point did we say, “Hand over every single document from everything.” Frankly, we have a pretty busy course load and a pretty large amount of stuff. We want to see the list of 700 so we can determine whether these are people reading a label wrong or actually getting hurt. A number of 700, in a country as large as Canada.... We need to see how severe these are.

**Ms. Sylvia Hyland:** Thank you for that. We heard something different.

A list is possible in terms of de-identified information, which product is involved and what information we might have on how those instances—

**Mrs. Laila Goodridge:** Thank you. Can you please provide that to the committee, ideally, before Thursday? We have to go into clause-by-clause, and having that information will be helpful to make sure that we are dealing with the right information before we head into doing clause-by-clause and making amendments. The deadline for amendments is by the end of this meeting, but this will be helpful, so the sooner, the better.

To go to the next piece, Mr. Chen, I really appreciate your coming here today. How many practitioners are in your industry here in Canada?

**Mr. Pierre Chen:** I have in my report that, in Ontario, there are about 2,700 acupuncturists and Chinese medicine practitioners; in B.C., there are around 2,000, and in Quebec around 1,000. Across Canada, as I said, in the job bank there are around 60,000 practitioners caring for Canadians.

**Mrs. Laila Goodridge:** That's 60,000 across this country who depend on natural health products to conduct their business and care for Canadians.

What is the economic impact of this business on Canada?

● (1210)

**Mr. Pierre Chen:** I don't have the exact amount in terms of the economic impact, but that 60,000 does not include the farmers. In Chinese medicine, we really emphasize eating where you live, so a lot of us purchase products locally. Canadian farmers—ginseng and herb farmers—are all people who will be directly or indirectly affected in Canada.

**Mrs. Laila Goodridge:** Do you believe that the policies that have been put forward by this Liberal government will have an impact on the day-to-day operation of these practitioners and farmers?

**Mr. Pierre Chen:** Yes, definitely. When people come in for a consultation and I prescribe these herbs, they see that it used to cost $5, $7 or $10, but now it's going to cost $50 or $100 for a bottle that will last maybe two weeks, so now it's a financial burden.

Also, Vanessa's Law is based on a pharmaceutical model, so it's based on high-risk products, like prescription drugs. This risk profile is very important. When you're doing a product profile, what we prescribe—pepper, ginseng or onions—is not the same as warfarin, nicotine or these kinds of products. It's not the same.

**The Chair:** Thank you. That's your time.

Ms. Sidhu, go ahead, please. You have five minutes.

**Ms. Sonia Sidhu:** Thank you, Mr. Chair.

Thank you to all the witnesses for being with us.

Ms. Hoffman, most of us use natural health products regularly. We know that NHPs are generally safer than other health products, and yet they are not without risk. We heard there were 700 cases, which is a lot.

What are the most common safety concerns your organization has been seeing?

**Ms. Carolyn Hoffman:** Thank you for the opportunity to speak about the fact that NHPs are low-risk but there is some risk there. I'll start, and then I'll ask my colleague to finish up.

One of the biggest risks is around the dose or the amount of an NHP. In some cases, taking a large amount, or taking the dose that's ordered too often, can create a significant risk. We have seen that in previous cases.

Do you have other examples?

**Ms. Sylvia Hyland:** Another example would be when the person providing their own care or seeking their own care is not aware of potential interactions with other products they're taking. They can be pharmaceutical or other NHPs. They're also not well aware of contraindications. If they have liver, heart, kidney or eye disease, maybe this is not the right product for them and they don't know it. Those, then, are preventable harms. Had they known, they wouldn't have used that NHP.

Then there are the warnings, and not having clear warnings on the package or having difficulty finding them until they get home or until after they've taken the medication. Had they known about that warning, they actually wouldn't have used this product, or they would have chosen a different product for their care or their family's care.

**Ms. Sonia Sidhu:** Thank you.

Ms. Hoffman, you said that Health Canada, if this bill passes, would no longer order a label change if there was a serious adverse...or something. Can you elaborate on that?

**Ms. Carolyn Hoffman:** This falls under Vanessa's Law provisions. We gave four examples. One of them was that the bill would result in Health Canada no longer having the authority to compel—that's the important thing—a label change if there was an identified serious risk.

**Ms. Sonia Sidhu:** Thank you.

Ms. Callard, in a brief to this committee, your organization pointed to tobacco as an example of a natural product that is also harmful. “The lesson from tobacco”, your group wrote, “is that health authorities need the power to prevent harm.” Could you expand on how the lessons from tobacco apply to dealing with NHPs today?

**Ms. Cynthia Callard:** I think it's probably used as the most historic example: If we'd only known how dangerous it was, it would never have been allowed on the market. But things get on the market. Only later do you find out the nature of the danger. Sometimes it might not be anything. Sometimes it might be significant.

You know, some of the most dangerous products, or some of the products that cause the most harm, are in fact natural products. Opioids are natural products. Morphine is a natural product. Tobacco is a natural product. Cannabis is a natural product. We've chosen, generally speaking, to regulate these not as medicines, although they're used for medical purposes in many cases.

I think the reason we made that submission is that, too often, people associate “natural” with “benign”. We have this kind of thinking where if it's a natural health product, it's therefore benign. There's some confusion when it comes to the common understanding of “natural”—that if it's naturally derived, it's therefore okay, and if it's chemically produced in a factory, then it's harmful.

I think that's an education gap we have with the general public. I think that's an education gap we sometimes have in terms of a regulatory construct as well. Maybe we need a different term for some. Maybe the catch-all “natural health products” is too big a basket.

Anyway, thank you for drawing attention to that point.

● (1215)

**Ms. Sonia Sidhu:** You mentioned that a business model is risky for marketing. I want you to explain that business model. Public health is an important analysis. What kind of analysis do you think we should do?

**Ms. Cynthia Callard:** If you think of a company that's based on consumer health, they have a reputation to maintain, that their products are safe and reliable. But if you have an alcohol company or a tobacco company or someone who's already not dealing with or not worried about their public reputation—they're worried about their return to stockholders—their activities will be aimed at maximizing sales, maximizing profits and maximizing use.

In terms of NHPs, the Food and Drugs Act was really designed with a certain kind of manufacturer in mind. The Tobacco Act—alcohol kind of falls into it—and the Cannabis Act were designed with a very different understanding, that there's a different motivation to that manufacturing.

**The Chair:** Thank you, Ms. Callard.

Thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

**Mr. Luc Thériault:** Ms. Hyland, you seem to be implying that Vanessa's Law is the be-all and end-all. However, section 16 of the natural health products regulations allows Health Canada to ask a company to change its labelling, including adding warnings, if the minister has reasonable grounds to believe that a natural health product is no longer safe even under the recommended conditions of use.

There are two possible scenarios. On the one hand, if the label is not compliant, Health Canada can use enforcement measures and powers such as seizure and detention of the product. It can also stop the sale of the product or suspend its licence. On the other hand, if the label is compliant but Health Canada wants the company to modify it for safety reasons, Health Canada can require the company to make the change or discontinue the product. If the company does not comply with these requirements, Health Canada has the authority to issue a notice to stop the sale of the product or suspend its licence.

The industry is already regulated. However, you talk as if there were no oversight. I think we have to be rigorous. I imagine you're familiar with Vanessa's Law in terms of pharmaceuticals, but I get the feeling you have a poor understanding of the natural health products regulations and their application.

[*English*]

**Ms. Carolyn Hoffman:** We can speak to our position today on Bill C-368 and be clear that, to our understanding—it's what we can speak to—if the bill does go through, the important, very focused provisions under Vanessa's Law will be reversed. One of them is to compel. Wording is very important with all these legislative mechanisms, and in this case, we understand and believe, and it's our position, that this would be lost—a “compel” provision around labelling. Although there is a regulatory framework, these regulatory provisions under Vanessa's Law are at risk.

[*Translation*]

**Mr. Luc Thériault:** What you're saying implies that people aren't protected and that the industry can do whatever it wants. However, Health Canada already has powers under the regulations. Since we are now going to add a recall authority that the minister can exercise, I imagine that will allay your concerns.

● (1220)

**The Chair:** Give a brief answer, please.

[*English*]

**Ms. Sylvia Hyland:** We understand that there are regulations for NHPs, and they're different from those for pharmaceutical medications and are designed differently, and we support that.

Also, Vanessa's Law brought in new tools and new authorities that would benefit NHPs. One of them is the reporting of serious adverse reactions, and the other is a label change such that maybe you don't need a recall. I agree that many recalls are voluntary and many label changes are voluntary, but it's not always the case. Imagine that Health Canada can't say, “We've learned about this and this needs to be added to the label” or—

**The Chair:** Thank you, Ms. Hyland.

[*Translation*]

**Mr. Luc Thériault:** With the recall authority, then, you'll be satisfied.

[*English*]

**The Chair:** Mr. Julian, please go ahead for two and a half minutes.

**Mr. Peter Julian:** I think it's important to stress for the record that of 350 cases, 347 were voluntary recalls, and three were companies that were non-compliant with the voluntary recall and essentially are no longer in business. I think it's important for the record to state that.

I want to come back to you, Ms. Callard. There were two things you said in your testimony that I thought were very interesting.

First, similar products in the United States have the label that they are not FDA-approved. In Canada, they seem to be approved by Health Canada, and the Zonnic example is one of them. Is there anything we can learn from the U.S. example?

Second, you talked about an integrated nicotine framework, which, as we go through the witness testimony, is something that is clearly lacking. What do you think that would look like at the national level?

**Ms. Cynthia Callard:** I think it would be a shift of the responsibility for dealing with.... It would be an expansion of tobacco, vaping and all other nicotine products. It would be integrating the protection of public health from inducements to non-users to use the products and regulating them as cessation or harm reduction products at the same time, so that there is consistency in how they're dealt with. It would essentially be a way of regulating the industry, as opposed to regulating the product.

Fundamentally, it could look very much the same as it does now, with a similar approach to regulation, but we also need to modernize our regulations. The precision regulation approach, to me, as someone who is used to the fact that it takes years and months to get a new idea across.... The idea of being able to move swiftly with interim regulations or precision regulations is very important.

I don't have time to go into all those things, but the fundamental change would be bringing all aspects of nicotine into one regulatory basket with the same decision-makers responsible.

**Mr. Peter Julian:** Could you come back to my first question, about the U.S.?

**Ms. Cynthia Callard:** It's interesting. Zonnic products are sold as Velo products in other parts of the world by British American Tobacco. They're sold as a recreational nicotine product. They're sold to youth. They're advertised on Formula One racing cars. They're advertised on social media. They receive very much the same kind of heavy promotion that cigarettes did in the last century.

The only reason they're sold as smoking cessation products in Canada is that it was the only route to the market available to the company. British American Tobacco could not sell them legally in Canada unless it could convince Health Canada they should be approved as an NHP. This happened not under the current health minister, but the previous one. When we asked the department why it let this go through, it was explained to us that the whole process of approval is very depoliticized, that there is very little potential for the minister to intervene, and that these are scientific assessments done by a board that looks only at the evidence.

Truthfully, this is not my area. I'm just reporting this as hearsay—

**The Chair:** Thank you.

**Ms. Cynthia Callard:** It was not one where those other policies and things came in. It's just a very discrete checklist: “Does this meet this test?” and so on.

**The Chair:** Thank you, Ms. Callard.

Next, we have Mr. Moore, please, for five minutes.

**Hon. Rob Moore (Fundy Royal, CPC):** Thank you, Mr. Chair.

Mr. Chen, we had the Minister of Health here some time ago, and we were talking about the mobility of those who are small business owners in the natural health field. He seemed to minimize the impact of this legislation and not recognize the impact, perhaps, on the Canadian economy of Chinese medicine practitioners. As you pointed out in your comments, there are 60,000. Virtually all of them represent what we would call a small business in Canada.

Can you speak a bit to how investment could flow out of our country and into other jurisdictions, where there is even less regulation and less safety, should this bill not pass?

● (1225)

**Mr. Pierre Chen:** As I mentioned, if this bill doesn't pass, that means higher economic costs, and it will be harder for us to apply for NHP licences. A couple of us importers—these are all mom-and-pop shops that are importing these herbs—have already talked about how we're going to have to go south and we're going to have to sell on eBay and Amazon, and they're not regulated. There will be more of us. There are already people selling. If you go on Amazon right now, there are already Americans selling health products across the border.

Because we are here, it's easier for Canadian consumers to buy NHPD-regulated products that have labelling and a voluntary recall process. It's harder for them to buy online, but if we're not here, the only option is online, where none of these regulations are in place.

The U.S. FDA requirement right now is just a nutrition label. That's all we need. There's nothing else. It's cheaper and it's easier, and we don't need to go through the NHPD.

Remember, we're selling herbs here, so we could just not apply and not make any health claims. That's another option. That means even less regulation.

**Hon. Rob Moore:** Yes. Thank you.

We heard recently from a small business owner who testified on Bill C-368. He said that if the legislation doesn't pass, Health Canada's new regulations on natural health products will cost his natural supplement business $500,000.

What are your thoughts on the cost? You used the expression “mom-and-pop”, and that certainly characterizes many of these businesses in my own riding. These are small businesses serving our communities. When I hear of a compliance cost at that level, it is a cause for concern, especially hearing you speak about the ability to move elsewhere and to conduct your business differently.

Can you speak a bit to the cost aspect?

**Mr. Pierre Chen:** Most of us keep around 1,000 licences. We don't import 1,000 different types of products, but that's because there are different practitioners and they need different things. When they ask for something, we would try to get it to them within a month or two. We would have that licence ready because it takes about three months to half a year to prepare that licence.

Most of us have a licence ready for that, and that's where all the costs come from. It's for us to be ready for required products that we might or might not use. That would drive it up to $50,000.... Having 1,000 licences, you're looking at $100,000 just to upkeep a licence that you might or might not use.

**Hon. Rob Moore:** Obviously, that would have a profound impact on a mom-and-pop type of small business.

You mentioned in your brief the impact that the punitive regulations could have on parts of the Canadian agricultural sector. I think that's something we probably haven't heard enough about. You mentioned it a bit in your opening statement. Could you expand a bit on the impact on the Canadian agricultural sector?

**Mr. Pierre Chen:** In Ontario, the Ontario Ginseng Growers Association has registered 150 growers, and all of the ginseng they grow is used by Chinese medicine practitioners. Ginseng is mainly a Chinese medicine herb. That whole sector would be destroyed.

In Saskatchewan, there are 30,000 acres of land for producing the natural herbs that we use and prescribe. All of that would be destroyed, because we wouldn't be able to afford to buy them anymore, even if they're grown in Canada. That's just Saskatchewan. For other provinces, I don't have the exact numbers right now. For all the prairie provinces that are planting herbs that we are prescribing, that would all literally be gone.

● (1230)

**The Chair:** Thank you, Mr. Chen.

Next we'll go to Dr. Powlowski, please, for five minutes.

**Mrs. Laila Goodridge:** Did he do the sound check?

**The Chair:** I'm sorry, Dr. Powlowski. Hold on for just one second.

Colleagues, we're going to suspend for about three minutes to make sure that Dr. Powlowski's sound quality is okay, and then we're going to go to him.

● (1230)

_____(Pause)_____

● (1230)

**The Chair:** I call the meeting back to order.

I give the floor to Dr. Powlowski for the next five minutes.

**Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.):** Thank you.

I have to say, I'm a little perplexed by Mr. Julian's argument, which is that the industry is already virtually 100% compliant since there have been only three cases where there was a request for a voluntary recall and the company refused to do so. In his opinion, why do we need this law at all?

It would seem to me a rather dangerous way to govern, saying that most people are in compliance, so why do we need the law? Do we say that about speeding around schoolyards? You can say that most people actually slow down around schoolyards, so you don't have to have any kind of law to prevent people from speeding around schoolyards.

I would like to ask this of Ms. Hoffman specifically.

This law is all about applying Vanessa's Law to natural health products. That's it. It's removing that protection for natural health products. Within Vanessa's Law, there are a whole bunch of different things.

I've heard that amendments are being considered that would water it down and take away some of the protection of Vanessa's Law. I wonder which of these we can do without. Is it the requirement for hospitals to report adverse reactions? I think we need that one. Is it the ability to recall? I think we need that one. Is it the ability to apply higher, more severe forms of punishment? I think we need that one. Is it the requirement to change labelling, if required? I think we need that one. Is it the requirement that a natural health product producer might be asked to do more research into their product? I think we might need that one.

Is there anything in Vanessa's Law that you think we could do without if we want to amend this?

**Ms. Carolyn Hoffman:** I can speak very clearly to what we have shared today around Vanessa's Law and our concerns: the issue around being able to recall, the issue around requiring or compelling a label change, the issue around compelling additional tests, and the issue around hospitals being required to report serious NHP adverse reactions. Those four I can speak very clearly to.

Our position is that they should be maintained and/or Health Canada should have the ability to bring forward the necessary regulations to enable those requirements.

**Mr. Marcus Powlowski:** Mr. Chen, thank you for coming in.

I certainly appreciate the fact that a lot of the medicines you use are herbs like ginseng, ginger and things we use in our everyday lives. Why do we need to regulate these?

However, you spoke about the economic harms of this legislation. Again, I'm a little perplexed by that. This is about the application of Vanessa's Law to natural health products. There is nothing about cost recovery. There is nothing about the cost of a product licence in here. I'm not sure exactly how you figure it will cost companies a lot of money if, in fact, they're compliant. Yes, if you are fined by the ministry for violating Vanessa's Law, there is the possibility of increased punishments. However, I don't see anything in this law that is going to affect the profits of most companies.

● (1235)

**Mr. Pierre Chen:** Part of the change in the law.... There was cost recovery. It does cost money to apply for an NHP. That's where the numbers come from. There are—

**Mr. Marcus Powlowski:** I'm sorry to interrupt, Mr. Chen, but I don't see anything in this law talking about cost recovery.

**Mr. Pierre Chen:** If you have a copy of my slides, there is a section with a source. In that, there's a link that directs you to Health Canada, which has that. You can refer to that.

Vanessa's Law refers to a risk profile, as I mentioned earlier. When you look at the risk profiles—you're an MD yourself—for things like clozapine or any type of steroid drugs, those are not the same as ginger or honey. How much Vanessa's Law application do you want on your eggs? That's basically what you have to consider.

**The Chair:** Thank you, Mr. Chen.

Thank you, Dr. Powlowski.

Next, we're going to Mr. Doherty for five minutes.

**Mr. Todd Doherty:** I'm going to cede my time to Dr. Ellis.

**The Chair:** Dr. Ellis, go ahead for five minutes, please.

**Mr. Stephen Ellis:** Thanks very much, Chair.

Certainly, we've talked a fair bit about difficulties with natural health products. This is a very serious topic that has come up many times. We heard from Dr. Sharma previously, when the original omnibus bill was presented. She talked, quite frankly, very much out of order with respect to the death of a young child in Alberta, which, realistically, had nothing to do with natural health products. All of this talk about numbers and outcomes has cast a very negative light on natural health products in Canada. Obviously, that is a very serious allegation. Once again, we've heard some egregious allegations from the minister, which he was not able to substantiate. Even today, sadly, we've heard from witness after witness who wants to tell us that this data exists. However, for some reason, they hesitate to provide it.

Therefore, Chair, I think this is important enough to move a motion related to this particular set of data: that the health committee provide a list of the 700 incidents of adverse reactions, the date of the incident, the product involved and the outcome. This must be provided to the Standing Committee on Health within 30 days.

**The Chair:** Dr. Ellis, I believe the motion is in order, but I'm a little confused about why you are asking the health committee to make the production. I presume the motion is directed at Ms. Hoffman and Ms. Hyland's organization, the Institute for Safe Medication Practices Canada.

Is that right? Are you asking them to produce the documentation?

**Mr. Stephen Ellis:** That's correct, Chair.

I'll give you some background, since you asked, of why I would move a motion to do that. As I said, this is a $13-billion industry. What we've heard over and over and over again is this egregious testimony that has been fuelled by words that are very emotional in nature. We've had the minister here saying this is a “cuckoo bananas bill”. First of all, what minister would talk like that?

We've heard him also talk about factories full of rat feces and urine, and, again, nobody was able to substantiate that. We asked for this evidence before at one of our previous meetings. We asked them to tell us a bit about that. How many of these factories exist? Then, of course, the minister went on to say, well, how much feces and urine is acceptable?

Again, without any substantiation, we've heard these claims over and over again. We've also heard other foolish claims that this doesn't affect labelling, but change in the definition of a therapeutic product is really what allows all of the other changes to happen. All of those things are part of this. The minister said that's absolutely not true, which, again, is playing loosely with the truth.

I do believe the only way to put this to rest is to require and compel, under the issue of parliamentary privilege, these egregious claims to be justified. Out of the 700, are there 698 claims where somebody read the label wrong and they were mad because they got the wrong product because they couldn't read a label? This has nothing to do with that. That's unfortunate. That is someone who just refuses to read a label properly.

On behalf of this committee, I think it's important that we finally lay this issue to rest. There have been many claims made. We need the documents. It would appear people don't want to provide the information. Does it not exist or is it actually true? What level of difficulty have natural health products had in the lives of Canadians?

Certainly, as I mentioned previously, from the stacks and stacks of cards and letters and emails that everybody here got, I know it is not just a Conservative issue. My Liberal colleagues have also received untold correspondence, particularly with the original omnibus bill introduced by this NDP-Liberal government. Now we're continuing to hear of these adverse events, and nobody will provide the information to say what it is.

Realizing they are different kettles of fish, so to speak, we also know that 13,000 seniors are hospitalized every year due to prescription drugs. Again, is that different? No, it's about context. It's about the context to say this is a fact. It's not that somebody took a wrong pill and they were upset about it. What we're saying here is that 13,000 seniors are admitted to hospital. That's the seriousness of the effect related to prescription drugs.

That being said, I think it's important that people who put forward claims be compelled by Parliament to put these claims in writing, and it behooves the committee to finally lay this issue to rest.

Thank you.

● (1240)

**The Chair:** Thank you, Dr. Ellis.

The motion is in order. The debate is now on the motion.

It would be extremely helpful if we had the text—

**Mrs. Laila Goodridge:** I think we have the language translated now. It should be in the clerk's inbox.

**The Chair:** Okay.

[*Translation*]

**Mr. Luc Thériault:** On a point of order.

**The Chair:** Go ahead, Mr. Thériault.

**Mr. Luc Thériault:** I would like the motion to be reread, that we have a French version and that it be sent to the interpreters.

**Mrs. Laila Goodridge:** Mr. Chair, we just emailed it to the clerk.

It will be available in both official languages shortly.

[*English*]

**The Chair:** Okay.

Dr. Powlowski, please go ahead.

**Mr. Marcus Powlowski:** Stephen talks about egregious allegations. Again, the suggestion is that the vast majority of these drugs are safe, which is true. We know, however, that even drugs that are normally safe when taken in normal doses can, at higher doses, be exceedingly dangerous. A great example is Tylenol. We all give Tylenol to our kids. We take it all the time. This is really safe. Well, as Stephen, Brendan and I know, people die of Tylenol overdoses. There certainly is the possibility that any drug, in sufficient quantities, can cause harm to people. That's one thing.

Specifically on the motion, I know that the people from.... Now I'm forgetting the exact name of the drug agency, the monitoring group.

Ms. Hoffman, when the issue came up earlier about revealing your data, you had some privacy concerns. I know that the person sitting beside you wanted to speak a little bit to this. A bunch of us here are medical practitioners or were medical practitioners. We certainly understand privacy concerns. Could you tell us a little bit about the privacy concerns in revealing your data? I think that's really central to this issue.

● (1245)

**The Chair:** Dr. Powlowski, we got ourselves into a bit of trouble when we invited witnesses to participate in a debate on a motion. I'm not sure that's appropriate, unless it's the will of the committee to allow them to intervene in the debate on the motion.

We don't have unanimous consent, that's for sure.

If you want to finish, you still have the floor.

**Mr. Marcus Powlowski:** If I still have the floor, then, absent being able to hear from them about their privacy concerns, I don't support this motion.

Obviously, medical records are confidential. If people have confidentially passed on information about what's happened to them, it isn't something that should be made public, nor should we be asking them to make that public.

If the will of the committee is to not ask them about their privacy concerns—and they've told us that they have privacy concerns—in my mind, that's enough for me to be against this motion.

**The Chair:** Thank you, Dr. Powlowski.

Mr. Doherty, go ahead, please.

**Mr. Todd Doherty:** Thank you, Mr. Chair.

With regard to Dr. Powlowski's comments and the comments earlier on regarding privacy concerns, committees are oftentimes bound by confidentiality. Rules are no different than when we talk with our constituents, in that I'm not going to share unless given approval from the constituent to be able to share the information that's given.

All that would be necessary—whether it's these witnesses or any other witness who appears before the committee with concerns regarding confidentiality—is to advise the committee that they will supply the information or table the information as requested by the committee or as bound by the committee. Obviously, there would have to be a caveat put in that there is sensitive and confidential information involved, with the request that it not be shared publicly unless specified otherwise. That is one way we can go.

I would like to talk about.... It's not necessarily about these witnesses. Unfortunately, they're the ones who are here today, and this issue was brought up. I will preface my comments by saying that I've never smoked before in my life. I'm not a smoker, and I'm not a shill for the tobacco companies. However, I do think there are mechanisms in place for the minister to deal with the issue at hand, irrespective of NHPs, and not take it out on a $13-billion industry.

However—and it's not just this committee but other committees—we do have people who come and testify before the committee, stating stats, numbers, facts, cases and what have you. We haven't, to this point, oftentimes compelled these witnesses or a minister to back up their comments. We had the minister, as mentioned earlier, say some egregious things towards the industry about feces, urine and what have you. You'd almost think that there's a drinking game going on, for the people who are listening in. Every time feces or urine is mentioned on this topic alone, somebody has to take a drink back home or around the table.

Even gargling with gasoline and things like that.... Comments are made that are inflammatory and for which there's no basis or background research to back them up. I think that as this committee moves forward, not just with this study but with other studies, we should compel our witnesses—again, not pointing fingers—if they are going to state things like that, to have that information in advance or at the time to back up their testimony. We haven't done that, and we have to be more astute and more on the ball with that.

I compel our colleagues across the way.... Dr. Powlowski says he's not going to support this motion. All we're asking—and it's not just this study—is for this committee to adopt the policy that when we have witnesses entering testimony that has industry-specific or topic-specific stats and figures, they have that information at hand to back those up. Anybody can say that there are, for example, 700 cases of claims of people misusing the medication or the products.

We had Dr. Sharma here, a well-respected physician, somebody who is at the top of her profession and one whom the government takes direction from. Again, I'm going to err on the side of her; I believe she misspoke. She didn't intend to mislead us by saying that an 18-month-old child died from natural health products, and we know that that wasn't the case. It's for cases like this that we, as a committee and as people who influence and develop policy, have to have all the facts.

● (1250)

Ms. Callard mentioned that bureaucrats move at a glacial speed in changing legislation, so it's about making sure we have the right information at the right time to make the right decision—and that can influence decisions—not just some knee-jerk reaction or comment that you can't back up. What else have we heard? Gargling with gasoline, drinking urine, feces-filled factories.... Look, I don't want to be.... I'm in need of natural health products right now for my knees—that's why I'm standing—if anybody's listening. No, I'm just kidding.

Because we get all heated here, I want to make sure that we're on record as saying that we don't want any Canadian to take a product that could be detrimental to their health. Nobody is saying that. What we're saying is that there are tools and mechanisms in place.

We have to understand that the information that is being presented, whether it's by these witnesses or others or even a minister, is backed up with facts and information that can prove that information is fact. That's all we're asking. This is a simple motion that I think can help clear up some issues that we are going to have in the future.

**The Chair:** Next is Dr. Ellis, please.

**Mr. Stephen Ellis:** Thanks very much, Chair.

I think it's very important to know.... To me, it would appear that the NDP-Liberal government wants to kill a fly with a sledgehammer. The question then remains, what does the data actually tell us? We've heard this number of 700 thrown around.

Oddly enough, when we asked this of the Health Canada officials last time, they said that we can find it ourselves on their website, which, quite frankly, is impossible. It's not possible. We tried to do that.

That is also why industry asked a very well-respected company, Deloitte, to do a deep dive into the potential adverse events associated with natural health products. I can tell you for certain that they would be happy to table that at committee. Second, they were nowhere near this insane number of 700.

I'm a bit disheartened by my colleague, Dr. Powlowski, saying that he's not interested in supporting the motion. He's been a very data-driven guy.

What's there to hide from? If we ask for data and 698 of the 700 supposed cases are all about somebody misreading a label, that's very different from 698 cases of liver toxicity, which Dr. Hanley mentioned. It wasn't 698 cases, but he mentioned cases of liver toxicity, as did witnesses here from SickKids, who said they knew that kids had been harmed. We asked, which kids? How many kids? What was the harm? What was the substance? Once again, there was no answer. My colleagues across the floor were attempting to say that we're being mean to witnesses. Well, you can't come to committee, not be prepared, make egregious claims and not provide the data. That's what we're here to do. We're here to make decisions and understand the actual metrics that, if they exist, should be a part of the knowing.

The context and the actual data will allow this committee to make better decisions. If there are claims out there, show us what they are, provide the data, provide the substance, provide the date and provide the outcome. That is not a difficult ask.

● (1255)

**The Chair:** Thank you, Dr. Ellis.

Dr. Powlowski, go ahead, please.

**Mr. Marcus Powlowski:** Well, I have a couple of things.

With respect to Stephen's difficulty in accessing data from Health Canada, I would suggest to our ministry colleagues that they help Dr. Ellis find his way. I know you go to a lot of web pages. Finding your way through the various pathways can be difficult. I would ask them to help Dr. Ellis out in navigating his way through this. That's number one.

Number two is that I, too, would like the witnesses, within the confines of their privacy concerns, to forward to us what data they are able to, given those concerns. I think that would be very useful to the committee.

Having said all that, I'm going to roll the dice and ask that we adjourn debate.

**The Chair:** A motion to adjourn debate is not, in itself, debatable.

We'll go directly to a vote by a show of hands, please.

**Mr. Stephen Ellis:** Chair, I'd like to request a recorded division, please.

**The Chair:** We'll have a recorded division on the question of whether the debate on this motion should now be adjourned.

(Motion agreed to: yeas 6; nays 5)

**The Chair:** Debate on the motion is therefore adjourned.

Dr. Ellis still has four minutes left in his turn.

**Mr. Stephen Ellis:** On a point of order, Chair, the next step in this committee is to have clause-by-clause on this bill. How would this motion ever be returned to debate? Would it be possible to return then?

**The Chair:** A motion to resume debate on this motion at the next meeting would be in order.

**Mr. Stephen Ellis:** Thanks very much, Chair.

When we begin to look at the difficulties with this bill.... I guess I'll ask some very pointed questions.

Ms. Callard, would your organization be open to an amendment removing nicotine-containing products from Bill C-368?

**Ms. Cynthia Callard:** That would meet many of our concerns, yes.

**Mr. Stephen Ellis:** Thank you very much.

Ms. Hoffman, I'll ask you the same question. Would your organization be open to removing nicotine products from Bill C-368?

**Ms. Carolyn Hoffman:** Today we speak about the concerns that we have with Bill C-368—a number of concerns—and so we are silent on any proposed amendments today.

● (1300)

**Mr. Stephen Ellis:** I'm sorry, but I guess I don't understand that. You spoke very strongly about nicotine-containing products and how this bill would cause difficulties with that, but you have no opinion on a specific amendment removing nicotine-containing products from this bill.

**Ms. Carolyn Hoffman:** To speak in isolation about one amendment without the ability to consider what the legislation would look like.... We're not in a position to speak for or against today, but we'd be happy to consult in the future.

**Mr. Stephen Ellis:** Thanks very much, Ms. Hoffman.

Can you tell us, has your organization received funding from the Government of Canada in the past?

**Ms. Carolyn Hoffman:** ISMP Canada does receive funding from the federal government, but also from provincial governments and health care organizations as well.

**Mr. Stephen Ellis:** How much money does ISMP receive from the federal government on a yearly basis?

**Ms. Carolyn Hoffman:** We have a contribution agreement with Health Canada of $1.8 million per year, approximately.

**Mr. Stephen Ellis:** Thank you.

Ms. Doucas, would your organization be open to an amendment to Bill C-368 removing nicotine-containing products?

**Ms. Flory Doucas:** Thank you for that, Dr. Ellis. The devil's in the detail, but on principle, yes.

**Mr. Stephen Ellis:** Thanks very much for that.

Mr. Chen, if I could turn to you, I know that your family has been in the traditional Chinese medicine space for quite some time, helping many Canadians with respect to their health issues. Could you tell us a bit about how seriously you take the importation of traditional Chinese medicines on behalf of Canadians? Have you ever had your products contaminated with rodent droppings and urine?

**Mr. Pierre Chen:** That has never happened. All the factories that we use have ISO regulation and GMP regulations, on top of everything, so we follow very strictly what's required in good manufacturing practices. Also, in every batch, we require heavy metal testing, pesticide testing and microbial testing—that's for my company.

I think most companies.... When we apply for NHP, it's required, by existing regulations, that we submit this information. That's why existing Canadian NPN regulations are envied. When people ask me, I actually referred a couple of manufacturers to come to Canada to apply for an NPN. We actually export Canadian-licensed products to other countries because they envy the regulations that we have, without making it difficult for us to—

**Mr. Stephen Ellis:** Suffice it to say, Mr. Chen, that your company and anybody else you know inside the NHP industry takes very seriously the quality of the product that you bring here for Canadian consumers.

**Mr. Pierre Chen:** Yes. I use the product myself. It's important that we guarantee—well, we can't say “guarantee”, but we ensure—that the Canadian public is safe with our product, and that's why we could sell it as a food product. However, we want to do better. That's what everyone in this industry is trying to do. We could sell it as food, with just a food licence, but we want to do better, and that's why we apply for NHP licences. By destroying that, you're destroying what we're trying to achieve to become better Canadians.

**Mr. Stephen Ellis:** Thank you.

**The Chair:** Thank you, Dr. Ellis.

Thank you, Mr. Chen.

Mr. Naqvi, please go ahead for five minutes.

**Mr. Yasir Naqvi:** Thank you very much, Chair.

At this moment, I would like to resume debate on the motion that I tabled on the supplementary estimates.

**Mrs. Laila Goodridge:** I have a point of order.

**The Chair:** We have a point of order.

Just before we go to the point of order, a motion to resume debate is a dilatory motion that is not subject to debate, so I'll hear the point of order, and then the normal course of things would be to go straight to a vote on the motion to resume debate.

Go ahead, Mrs. Goodridge, on a point of order.

**Mrs. Laila Goodridge:** Unless something is vastly different from what I'm aware of, I don't believe you can resume debate in the same meeting that a debate was adjourned. Could we ask for clarification from the clerks?

**The Chair:** Thank you, Mrs. Goodridge.

This is a matter of which I was not aware, but you are correct. Absent unanimous consent of the committee, a motion to resume debate on a motion that was presented in the same meeting is not in order.

Do we have unanimous consent to go to a vote on a motion to resume debate?

● (1305)

**Mrs. Laila Goodridge:** No.

**The Chair:** We do not. The motion is not in order.

We'll go back to you, Mr. Naqvi. You have the floor.

**Mr. Yasir Naqvi:** Okay, Chair, thank you.

I will put forward a motion that, upon the tabling of supplementary estimates (B) for the fiscal year 2024-25, the committee invite the Minister of Health and the Minister of Mental Health and Addictions—

**Mrs. Laila Goodridge:** I have a point of order.

**Mr. Yasir Naqvi:** —to testify on the supplementary estimates (B) at the first meeting—

**Mrs. Laila Goodridge:** I have a point of order.

**The Chair:** Mr. Naqvi, excuse me. We have a point of order from Mrs. Goodridge.

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

You can't do indirectly what you can't do directly, and you cannot put forward a motion that is on the same subject as a motion that has previously been adjourned; therefore, this is out of order.

**The Chair:** Thank you very much, Mrs. Goodridge. If you could let Mr. Naqvi complete his thought, I expect that you might get a ruling that is almost the same as what you just said.

Go ahead, Mr. Naqvi.

**Mr. Yasir Naqvi:** Chair, this is a very important motion that I think is appropriate to be debated. I think that, once we have an appropriate debate on this motion, there may be opportunities to amend this motion from other members that I am open to hearing, but I think it's absolutely necessary, given the kind of antics that we are seeing in the chamber at the House of Commons by the Conservatives, where they have basically—

**Mrs. Laila Goodridge:** I have a point of order.

**The Chair:** We have another point of order from Mrs. Goodridge.

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

This member, the member for Ottawa Centre, is a lawyer and was the justice minister in Ontario. He should therefore understand parliamentary process and procedure. What he is trying to do is against the orders of the House, as I have pointed out, and he is trying to do indirectly what he cannot do directly. I believe that this is absolutely shameful. He is trying to do this for political gain, and this cannot go forward.

**The Chair:** Mr. Naqvi, the motion that you propose to present, is it the exact same motion that was presented earlier in the meeting, or is it a different motion?

**Mr. Yasir Naqvi:** Chair, I can present a different motion.

**The Chair:** No, you know—

**Mrs. Laila Goodridge:** He wasn't putting forward a different motion. That's part of the problem, Mr. Chair. This is part of the challenge.

**The Chair:** Mrs. Goodridge, please. Mr. Naqvi has the floor. I have asked him a question.

Now, if you propose to introduce a different motion, you haven't given notice, so a new motion would be out of order. The same motion would be out of order. A motion to resume debate would be out of order.

**Mr. Yasir Naqvi:** That's why, Chair, I was asking for this motion to be debated, so that we can make any appropriate amendments, as is the usual course in this committee at all times.

Of course, the Conservatives do not want to talk about this motion. They love to filibuster at all times, as we see them filibustering at the House at this moment. They do not want to hear from the minister about the supplementary estimates.

**Mr. Todd Doherty:** I have a point of order, Mr. Chair.

**The Chair:** We have a point of order from Mr. Doherty.

**Mr. Todd Doherty:** Mr. Chair, I'm going to ask that you rule our colleague out of order.

**The Chair:** I just did.

**Mr. Todd Doherty:** I agree that you have, but he's clearly not listening. I think his mic should be shut off.

I move to adjourn the meeting.

**The Chair:** You can't move a motion on a point of order.

Mr. Naqvi, it's back to you.

**Mr. Yasir Naqvi:** Chair, as I understand it, one can move a motion on the same subject. That is what I'm attempting to do, while continuously being obstructed by the Conservative members. They are quite comfortable to filibuster this committee and other committees at all times, as they are doing in the House of Commons at the moment.

**Mrs. Laila Goodridge:** I have a point of order.

**Mr. Yasir Naqvi:** They do not want to engage—

**The Chair:** Mr. Naqvi, we have a point of order from Mrs. Goodridge.

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

You've ruled Mr. Naqvi out of order. Therefore, by continuing, he is challenging the chair.

Is Mr. Naqvi attempting to challenge the chair? If so, I believe that is a vote that has to go forward.

**The Chair:** Mr. Naqvi has five minutes that he can use to offer comments or questions to the witnesses. He's approaching the end of those five minutes. He has the floor until then.

Go ahead, Mr. Naqvi.

**Mr. Yasir Naqvi:** Thank you very much, Chair.

I'm sure the Conservatives, when they are on the receiving end of hearing the kinds of tactics that they continue to deploy by ensuring that appropriate debate that's in the best interest of Canadians does not take place...they resort to these procedural tactics.

I think it is extremely important that this committee hear from the two respective ministers on the supplementary estimates.

● (1310)

**The Chair:** Thank you, Mr. Naqvi. I'm sorry, but that's your time.

We are past the appointed hour. Is it the will of the committee to adjourn the meeting?

**Some hon. members:** Agreed.

**The Chair:** We're adjourned.