

*Private Members' Business*

ness time and time again. That is why this element of every preventive strategy continues to be used today. Why? Simply because it works.

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

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

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

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

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

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

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

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

• (1745)

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

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

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

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

[Translation]

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

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

In recent years, society has recognized the danger of impaired driving. This awareness has caused lawmakers to strengthen legislation covering driving while impaired and to provide harsher penalties for offenders. Governments have run public