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Chair: Mr. Sean Casey

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● (1245)

[English]

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

We are continuing meeting number 34 of the House of Commons Standing Committee on Health, now in public, for the consideration of committee business.

Mr. Barrett.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Thanks very much, Mr. Chair.

Colleagues will be aware from media reports and, in my case and the case of some members of the committee, personal experience that there is a nationwide shortage of pediatric medicines available. This is causing a lot of grief for moms and dads right across the country.

I'd like to move a motion and seek the support of members for it.

This motion has been on notice, Mr. Chair. It's available in both official languages. It reads as follows:

That, due to nationwide shortages of over-the-counter paediatric medication, the committee report to the House its recommendation that the Government of Canada allow the importation and sale of foreign language labelled products of the same drug formulation to address the shortage.

The Chair: We're in committee business, so the motion is in order.

I recognize Ms. Sidhu, please.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, I agree with my colleague. The shortage is having a real impact on patients and families.

My understanding is that we already do this, but I would propose an amendment. I will read it as amended: "That, due to nationwide shortages of over-the-counter paediatric medication, the committee report to the House its support for the Government of Canada continuing to allow the importation and sale of foreign language labelled products of the same drug formulation to address the shortage, as is already allowed under the Food and Drug Regulations. To ensure that patients and caregivers understand what medication they are consuming, work should also be done in partnership with providers to add information to the label in both official languages."

The Chair: The debate is now on the amendment.

Is it my understanding that the amendment you just moved is now being circulated to the committee? Okay.

Mrs. Goodridge has the floor next.

We're at debate on the amendment.

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

Thank you to Ms. Sidhu for what I would see as a very friendly amendment. It's in line with the motive and the intention that was put forward by my colleague, Mr. Barrett, in the initial motion.

I want to stress the fact that this is something that's critically important. As a young mom who hangs out with a lot of other young parents, I know that this is a top-of-mind issue. This is something that I hear about every single day. I hear every single day without fail about the shortages and the consequences they're having.

I think it's an important piece for this committee to study and for the government to be aware of, showing parents that we're listening to them, that we understand their concerns and that we're doing what we can.

Frankly, I don't think they saw that when it came to formula shortages. I think we can and must do better to make sure we're protecting some of the youngest and most vulnerable people in our society, and those are our infants and our children.

The Chair: Thank you, Mrs. Goodridge.

Mr. Davies

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you.

I'm going to first express that I'm deeply concerned by and empathic with the situation Canadians find themselves in by not getting access to essential medication. This is just the most recent example of this need for parents in this country who are unable to access things like over-the-counter pediatric Tylenol for their children who are suffering and in pain. We've heard evidence at this committee that there's a shortage of pediatric formulations of medication generally.

A few years ago, colleagues will remember that we had a national EpiPen shortage, which actually presented a danger to the lives of people who rely on EpiPens to not go into anaphylactic shock, and that can be a life-threatening illness.

I think it gives us a chance to pause for a moment and ask ourselves how it is that a G7 country, one of the wealthiest countries on earth, is not self-sufficient in essential medication for our people, especially when we're talking about our children. How is it that we're in a situation where parents who have children in pain are going to pharmacies and they can't even get basic over-the-counter pain medication, never mind prescription medicine? How is it that our country requires doctors and pharmacists to have to MacGyver adult formulations of medication to try to turn it into something that maybe they can give to children? That's unacceptable.

The fact that the motion calls for us to import medication that we need here from other countries implies that those other countries have done a much better job than we have. They actually have surplus medicine to send to a country like Canada, so their good planning is lucky for us because it will cover up our poor planning. The truth is Canada is not self-sufficient in essential medicines or vaccines.

I have to say that I find it passingly ironic that this motion comes from the Conservatives because it was a Conservative government, the Mulroney government, that sold off Connaught Labs some decades ago. It was a publicly owned drug manufacturing facility in this country. It manufactured things like insulin and other life-saving medications to make sure that Canadians always had access to essential life-saving medication that was at an affordable cost.

That was not only a profoundly shortsighted and incorrect policy decision, but make no mistake that it's decisions like that which have led to the situation we are in today. We didn't just find ourselves in a situation today where parents can't get pain medication for their children. That's the result of decades of bad policy decisions by successive federal governments, frankly, of both Liberal and Conservative view.

The fact that we have to pass an emergency resolution to ask the government to get medication that's not even in English and French to be sold in Canada as an emergency stopgap measure should give us pause and make us start thinking about deeper policy responses.

Now, to this motion, I have concerns about this motion. We have a regulatory system in this country around medication for a reason. The reason is consumers' protection and safety. We also have official languages legislation, by the way, which is not something that can be dispensed with easily.

It has been said by the Liberals in the amendment that Health Canada already does this now. I'm having trouble actually finding out the extent to which that really happens. I know during COVID there was some emergency acquisition of equipment in foreign languages, not in English or French, but they were things like gloves and personal protective equipment, and I think we have done it with a few other devices, but I'm not sure how prevalent this practice is with respect to medication. I'm prepared to acknowledge that it might happen to some degree.

I'm concerned about slapping on a label. Most medication, in fact, all medication I'm aware of, comes in a box with very detailed consumer protection information, including warnings. How else does a parent or an informed consumer make an informed choice about the medication they are getting?

• (1250)

I'm unclear on this. Are we just going to be getting medication and putting a sticker on the outside of it to say that it's pediatric Tylenol? Are we going to dispense with the requirement for translating the consumer information inside the box? By doing so, we're essentially saying that's not important, and I have concerns about that. I also am aware that when Health Canada does permit the importation of medication of the same compound that's not in English or French, very often there's a requirement that it be administered under the supervision of a medical professional.

I'm not sure that's the case here, because we're talking about over-the-counter medication. We could have parents going into a pharmacy, accessing medication made in a different country without the consumer protection or warnings inside, and giving it to their children, our most precious resource, without necessarily having the supervision of a medical practitioner. I recognize that some of these medications are relatively benign, but Tylenol can kill.

I also want to ask about the countries. I was talking with a colleague earlier, who said, "We don't really have a problem if Tylenol coming from Germany is sold here." I probably don't either, but what if it's coming from China? What if it's coming from Vietnam or Peru? I don't know where it's coming from.

My final point on this is going to be about the amendment that we just received. I'm concerned about this last statement:

To ensure that patients and caregivers understand what medication they are consuming, work should also be done in partnership with providers to add information to the label in both official languages.

Right off the bat, there should be no "should" about it. It should be "must". It should be an absolute requirement that information for the label for this medication is added in both official languages.

I recognize the extent of the problem. I am fully prepared to look for solutions. I think there is one here, but let's not allow such a stopgap measure as this to be an acceptable solution to the fact that Canadians and Canadian parents and patients should never be in a position where we have to import medication that is skirting Health Canada normative regulations.

• (1255)

The Chair: Thank you, Mr. Davies.

Next is Dr. Powlowski, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I don't have a problem with the motion and the amendment, but I did want to point out that I was tempted to want to add to the motion a proviso that "as long as these medications continue to comply with other existing regulations regarding packaging". I wanted to point out that perhaps a big part of the problem in getting medications isn't so much the translation in the language, but the packaging.

Laila and Michael will know that you can't buy pediatric Tempra, Tylenol or Advil in a big container. My understanding is that there is a requirement that you can't sell larger packages because, as Don has pointed out, Tylenol is toxic if you take it in enough quantities. They make it sweet, so that way, you can't give a large package of Tylenol to kids. I'm not sure if that's the case in other countries, so for anything that's brought in, I would assume it would still meet that requirement.

Another thing—and I'm probably violating the rules of Parliament by showing this as a prop—is that most medications like Tylenol and Advil sold in Canada have a top that's childproof. You have to line up the two little arrows. On Aleve, there's another one that you have to do. It's childproof.

However, I would note—and this is of real concern to me—that the other day I turned around and my two-year-old was sitting at the kitchen table with this big bottle of adult Tylenol, which has a very nice top that looks like one of the tires off one of his toy cars. It's very easy to take off, even for a two-year-old. He dumped the Tylenol all over the table, and I didn't know how many he had taken.

In terms of the toxic dose of extra-strength Tylenol, probably four of those is within the toxic range for him. You have to take him to the hospital. You have to do four-hour acetaminophen levels. You have to give him charcoal, and you have to give him Mucomyst if he's in the toxic level.

I would just point out to the opposition and to people with concern about this issue that I think a big problem is not so much the language, but the other packaging requirements, which are there in order to protect the Canadian public.

The Chair: Mrs. Goodridge.

Mrs. Laila Goodridge: I would argue that all of these reasons are important as to why this needs to be studied by this committee, so that parents can have access to this medication that is so important and so required.

My family is currently rationing baby pain medication for my son who is teething with molars because we do not have adequate access to this critical medication. Parents with brand new babies can't even find it on the shelves. It's not even in stock. They're going to the emergency room, because they have no other option.

This is something that government needs to address. Perhaps the wording of this motion isn't perfect, but I would suggest to each and every member of this committee that now is not the time to find perfect. Now is the time to find solutions. We have the power to find a solution. Vote in favour of this motion.

• (1300)

The Chair: Mr. van Koeverden.

Mr. Adam van Koeverden (Milton, Lib.): Mr. Chair, I want to thank the Conservatives for a good motion. It's an important subject to discuss. I also agree with everything that Ms. Goodridge and Dr. Powlowski have said, especially with respect to making sure that the packaging is appropriate.

I would like to get on the record that we aren't in a situation where we need to pass an emergency resolution, not because this isn't urgent—this is very urgent—but the food and drug regulations already allow for this. We aren't in a situation where we need to ask for anything new. This happens regularly due to shortages across supply chains, to address these sorts of things. The food and drug regulations include a framework for the exceptional importation and sale of drugs that are not otherwise licensed in Canada. The intention of that framework is to help ensure that Canadians have access to critical drugs when there is a shortage due to supply or demand issues. In critical shortage situations, Health Canada will never hesitate to accept foreign products as long as they meet Canada's very high health and safety requirements.

I would suggest that we're in favour of the amended motion, given that we're quite late in the program today. I thank the Conservatives for bringing this forward, because it is definitely worthy of conversation.

The Chair: I have Mr. Davies, Mrs. Goodridge and Monsieur Garon on the speakers list now.

Mr. Davies.

Mr. Don Davies: I'm a little bit unclear, Mr. Chair, and maybe my colleagues in the Conservative and Liberal parties can enlighten me on both the motion and amendment, because this talks about allowing the importation of foreign language labelled medication.

What exactly, if this motion were to pass, are we suggesting? Are we suggesting that the medication will then have English and French essential information attached to the outside? Will the accompanying information for the consumer on the medication be translated into English and French as well?

The Chair: Mrs. Goodridge.

[Translation]

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

I think it's really important to point out that the amendment proposed by the Liberals ensures that the information is available in Canada's two official languages and that it's consistent with the regulations. That was the original intent of our motion. It was simply to clarify that.

[English]

The Chair: Monsieur Garon.

[Translation]

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

I would first like to thank the Conservative Party for bringing this motion forward. I think it's an important issue.

I would like to follow up on what my colleague Mr. Davies said.

We are a G7 country, and here we are debating a motion on ensuring we have Tylenol on our shelves. This is absolutely disgraceful.

There used to be a generic drug industry in Quebec, in the Laval region, on the north shore near Montreal. That industry used to produce these kinds of drugs, but it was obliterated over time, in part by federal government policies like the supercluster. Under that policy, the federal government, with its "we-know-best" attitude, decides where to send this or that industry, and it makes investments accordingly.

The life sciences cluster, which is currently located in Manitoba, is working on GMOs, while the Standing Committee on Health is wondering where we will get Tylenol for Quebec and Canadian children. This is absolutely disgraceful, Mr. Chair.

Now, at the risk of repeating myself, which I try to do as little as possible, I would argue that the issue of French is fundamental. I completely agree that we must ensure the safety of medicines and enforce the existing regulations for all imported medicines. However, labelling in both official languages is fundamental to ensuring the safety of medicines.

There are two official languages in Canada and one in Quebec. Foreign companies often don't bother taking into account the language that Quebeckers speak and read when those companies are labelling the products they import. This includes everything from children's toys to food products to medicines. However, Quebeckers need to understand the information on these labels in order to protect their children and ensure their safety.

I would even go so far as to quote Bill C-13, which will unfortunately be passed. Our bill on Quebec's official language was rejected. Bill C-13 states very explicitly that urgency does not justify a failure to comply with official language obligations. We cannot trade one problem for another. We cannot trade the danger of not having medication for the danger of having francophone parents in Quebec, and outside Quebec, who can't read the instructions in order to protect their children. Since I'm not a member of the "bloc canadien" I will narrow my comments somewhat.

This is a fundamental and non-negotiable issue. It should be worded even more clearly than in the amendment. There must be no compromise on this whatsoever. None.

Thank you, Mr. Chair.

• (1305)

[English]

The Chair: Mr. van Koeverden, is your hand up from your last intervention or did you wish to intervene at this point?

Mr. Adam van Koeverden: Mr. Chair, I would just like to clarify that we're okay with Don Davies' suggestion with the word "must" and the motion would read, "To ensure that patients and caregivers understand what medication they are consuming, work must also be done in partnership with providers to add information to the label in both official languages."

If you'll indulge me, I would move to vote on that amendment.

The Chair: I won't be able to indulge you until the speakers list is exhausted.

Have you just proposed a subamendment?

Mrs. Laila Goodridge: Technically the French version actually says "must". in fairness.

Mr. Adam van Koeverden: I suppose "must" might have been a subamendment, but it's also just a clarification of the original.

Mrs. Laila Goodridge: For clarification, Mr. Chair, the French version—

[Translation]

Mr. Jean-Denis Garon: The French version reads as follows: "Pour s'assurer que les patients et les soignants comprennent le médicament qu'ils consomment, il faudrait également travailler en partenariat avec les fournisseurs pour ajouter . . . " It's pretty weak. I would want to evoke a greater sense of obligation.

The Chair: Still, the word "faudrait"—

Mr. Jean-Denis Garon: The passage that reads "il faudrait également travailler en partenariat avec les fournisseurs pour ajouter des informations" does not mean that information must imperatively be added before any import is allowed. I know the intention is good, but this wording is a bit weak and does not address my concerns.

[English]

The Chair: Okay, so we have a subamendment. The debate is on the subamendment.

Mr. Barrett has the floor.

Mr. Michael Barrett: Okay, I support the subamendment.

With regard to Mr. Davies' question, the "Guide to the exceptional importation and sale of drugs in response to drug shortages", dated March 2022, says:

Before a designated drug can be sold in Canada, risk communications to support its safe use must be finalized and available in both English and French.

The regulation that we're appealing for the government to use says, "must be finalized and available in both English and French." My comments prior to this committee indicated that Canadians should be able to access these drugs in the official language of their choice.

With regard to Mr. Powlowski's example with Tylenol, when I buy that exact product at the pharmacy, I take it to the pharmacist, who repackages it and labels it in the official language of my choice with a safe lid for children. They have the capacity to do it. The regulation requires that it must be available in English and French, which ensures the safety, and all of the information that they provide must be approved by Health Canada in advance before it can be dispensed in Canada.

This is a belt-and-suspenders existing regulation; this is an appeal for the government to do it. We support the subamendment, the amendment and the main motion.

The Chair: Thank you, Mr. Barrett.

Ms. Sidhu.

Ms. Sonia Sidhu: I agree with that because we also feel that this is a concern, so can we go forward?

The Chair: We will vote once the speakers list is exhausted, and it now is.

I don't see anybody else wishing to speak, so the question is on the subamendment to remove the word "should" and replace it with the word "must".

(Subamendment agreed to)

The Chair: The debate is now on the amendment. Is there any discussion?

• (1310)

[Translation]

Mr. Jean-Denis Garon: I just want to point out that special attention will have to be paid to the translation of the motion.

We discussed the motion in English. I would like the French version to express, very clearly and as directly as the English version, that the information must be provided in both official languages, and the French version cannot have weaker language, as is sometimes the case.

[English]

The Chair: Okay.

Is there any debate on the amendment as amended?

[Translation]

Mr. Majid Jowhari: No.

[English]

The Chair: There is no debate. We are ready for the question.

(Amendment as amended agreed to)

(Motion as amended agreed to)

The Chair: Could we have a motion to adjourn, please?

A hon. member: I so move.

The Chair: Thank you.

The meeting is adjourned.

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