

Re: Health Canada's consultation on amendments to the Food and Drug Regulations to restrict the amount of alcohol in single-serve highly sweetened alcoholic beverages

Thank you for the opportunity to provide input into Health Canada's consultation on amendments to the Food and Drug Regulations to restrict the amount of alcohol in single-serve highly sweetened alcoholic beverages. As illustrated by recent tragic events, and given the documented harms from these types of beverages, this is an important issue. Detailed recommendations from our organizations are below. In brief, we recommend that Health Canada:

- 1) Limit sugar content in alcoholic beverages to align with healthy eating guidelines, and limit the use of artificial flavoring and natural sources of caffeine;
- 2) Limit the number of standard drinks to 1.5 per container;
- 3) Ensure that volumetric excise taxes are implemented across all beverage types and strengths;
- 4) Prohibit product names and branding that A) appeal to youth, B) evoke, or make reference to, product strength or excessive consumption, or C) make light of alcohol dependence.

1. Defining “highly sweetened” alcoholic beverages: Limit sugar content to align with healthy eating guidelines, and limit the use of artificial flavoring and natural sources of caffeine

In defining the sweetness threshold that will trigger the restrictions on alcohol content of single-serve containers, we encourage Health Canada to consider that [Canadian healthy eating guidelines](#) are based on a daily intake of 100g of total sugars and the [World Health Organization recommends](#) no more than between 25-50g of added sugars per day. Further:

- These sweetness thresholds should be based on research that examines the flavours and sugar content of pop, energy drinks and fruit juices that appeal to youth and take into consideration the use of artificial sweeteners.
- Artificial flavouring is a primary factor influencing youth product selection and preferences, and therefore should be limited.
- These restrictions should also be triggered by the presence of *any* caffeine, including caffeine from natural sources. Consuming energy drinks, including those mixed with alcohol, has been associated with a variety of [adverse consequences](#), such as increased alcohol consumption, increased injury susceptibility and impaired driving. In addition, the combination of caffeine and alcohol can mask the effects of the alcohol and [may lead the individual to consume more than if they had only drunk alcohol](#).

2. Limit the number of standard drinks to 1.5 per container of highly sweetened alcoholic beverage

Limiting the maximum volume of the container or the percentage of alcohol in a single-serve container is insufficient as it still allows for potent products and large single-serve container sizes to be sold. For this reason, restrictions on the amount of alcohol in single-serve containers should be achieved by limiting the number of standard drinks¹ (SD) in a container. We recommend that highly sweetened alcoholic beverages in single-serve containers be limited to 1.5 SDs per container. Doing so would accommodate common container sizes (341ml bottles and 355 ml cans) and product strengths (up to 7% abv) while also facilitating [lower-risk drinking](#) (see Table 1 below). In addition, up to two beverages could be consumed without exceeding the Lower-Risk Drinking Guidelines' Special Occasion limits (3 SDs for Women and 4 SDs for men) or binge drinking (4 SDs for women and 5 SDs for men).

Table 1: Number of SDs in a container by common container sizes and strengths

Product Strength (% alcohol by volume)	Container Volume			
	341ml	355ml	472ml (king can or tall boy)	500ml
4% abv	0.80	0.83	1.11	1.17
5% abv	1.00	1.04	1.38	1.47
6% abv	1.20	1.25	1.66	1.76
7% abv	1.40	1.46	1.94	2.05
8% abv	1.60	1.67	2.21	2.35

Note: Green cells represent product strengths and container size combination that would be permitted and red cells represent product strengths and container size combination that would no longer be permitted.

3. Implement volumetric excise taxes across all beverage types and strengths at a level that will effectively deter overconsumption

The price of alcohol directly influences the level of its consumption. Correspondingly, increases in alcohol prices are associated with reductions in alcohol-related harms at a population level. [Study after study](#) shows that increasing alcohol prices and taxes lead to significant decreases in alcohol-related deaths, violence, and crime. Currently, only spirit-based products greater than 7% abv are

¹ A SD is a defined unit of alcohol that takes into account the strength and volume of product. A Canadian standard drink is defined as 13.45g of alcohol (or 17.05 ml of absolute alcohol) and is equivalent to 341ml of 5% beer, 142 ml of 12% wine and 43 ml of 40% spirits.

subject to a volumetric [excise tax](#); for all other products types and strengths, a flat tax per litre of beverage is applied, creating price incentives for consumption of higher alcohol content beverages. Of all the strategies to influence the final price of alcohol, excise tax is one of the most effective and efficient because it is the first tax to be added to the wholesale price of alcohol, and markups and retail sales taxes (GST, HST and PST) multiply its effects. For these reasons the World Health Organization recommends increased prices through measures such as excise taxation as part of its [Global Strategy to Reduce Harmful Use of Alcohol](#).

4. Prohibit product names and branding that A) appeal to youth, B) evoke, or make reference to, product strength or excessive consumption; or C) make light of alcohol dependence

[Federal broadcast advertising guidelines](#), and some provincial advertising guidelines, prohibit targeting alcohol ads towards youth, associating products with youth or “youth symbols”, portraying products or their consumption “in an immoderate way,” using language that suggests product misuse, dependency, or urgency of need, and attempting to establish the product as an escape from life’s problems. However, these guidelines do not apply to the branding or labelling of the product itself. Without equivalent guidelines in place for product branding and labelling, brands with already established products that appeal to youth, such as Snapple and Pop Shoppe, can develop alcoholic versions of their beverages and continue to market to youth. Products such as FourLoko and FCKD UP make use of branding that suggests and promotes misuse and overconsumption (by highlighting that the product contains 4 SDs), while products such as Therapy wine or Delirium Tremens beer imply alcohol is a way to cope with life problems and make light of potentially life-threatening withdrawal symptoms from alcohol, all of which violate the advertising guidelines.

It is important that evidence-based approaches be used when addressing the risks of high alcohol content beverages. In addition to the advice above, we also intend to recommend to provincial liquor regulators that they limit the sale of these beverages to government outlets given the evidence that the latter are less likely to sell to underage consumers than private outlets. We will also encourage them to implement [minimum unit pricing \(i.e. social reference pricing\)](#), as targeted pricing interventions have been shown to reduce consumption and harms among high-risk users, including youth. To encourage a uniform approach to implementing these evidenced-based practices, it is our hope that Health Canada will also support the provinces and territories to implement these measures.



We would like to thank Health Canada for the opportunity to provide input on these proposed amendments to the Food and Drug Regulations. Our organizations would be pleased to provide more information or detail if needed. We also look forward to providing further input in support of the upcoming marketing and labelling consultations.

Yours sincerely,

Dr. Jürgen Rehm

Senior Director, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health

Dr. Tim Stockwell

Director, Canadian Institute for Substance Use Research (formerly CARBC)

Pegeen Walsh

Executive Director, Ontario Public Health Association

Kelly Masotti

Director, Public Issues, Canadian Cancer Society

For more information, please contact:

Jean-François Crépeault

Senior Policy Analyst

Centre for Addiction and Mental Health

416 535-8501 x32127

JeanFrancois.Crepault@camh.ca