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Presentation to the Standing Committee on Health on Bill C-206, an Act to Amend the Food and Drugs Act

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I would like to begin by thanking the committee for inviting us here today to speak on the topic of alcohol warning labels.

The Canadian Centre on Substance Abuse (CCSA) was created by an Act of Parliament in 1988 to provide a national focus for efforts to reduce the harms associated with the misuse of alcohol and other drugs in Canada. The renewal of the Canada's Drug Strategy in 2003 reaffirmed CCSA's position as Canada's national addictions agency.

We are particularly pleased when Parliament turns its attention to alcohol and other drug matters as these substances represent an important social, health and economic cost to society. As you know, these substances are underpinned by a complex series of inter-connected policies and legislation and affect all orders of government.

As such, CCSA is committed to working with all relevant stakeholders in identifying the most practical and value-added approaches to reducing the harm caused by these substances. In the past year, we have been actively involved in issues related to alcohol control policy, hosting, among other things, the National Thematic Workshop on Alcohol Policy in November 2004 in Ottawa. We will speak to the accomplishments of this meeting later in our presentation.

This is not the first time that CCSA has appeared before the Health Committee on the topic of alcohol warning labels. In 1996, we delivered a presentation making the following points signifying conditional support for mandatory alcohol warning labels:

1. Research does not support the effectiveness of warning labels in bringing about changes in problematic drinking behaviour. However, it is likely that over the long term they may help create an environment in which other controls, both formal and informal, can develop more easily.
2. Consumer products that have a proven potential for causing harm should be appropriately labelled. Alcohol should not be exempted from labelling requirements demanded of other potentially toxic substances.
3. Warning labels are a passive control measure and should not be seen as a substitute for continued investment in a range of active interventions. Such an investment can only be made in the context of a comprehensive drug and alcohol strategy.

In the nine years since that presentation, there is still no direct evidence that text-based warning labels are effective at changing the behaviour of those who misuse alcohol. Here we are referring largely to the seven-year evaluation study in the

United States that used surveys to track the effects of their national labelling law before and after it came into effect in 1989.

In October 1996, the major findings of this extensive evaluation were stated as follows: “Public support for warning labels is extremely high, awareness of the warning label’s content has increased substantially over time, perceptions of the risks described on the labels was high before they were introduced and has not generally increased, the label has not had important effects on hazardous behaviors, although certain effects may be indicative of the early stages of behavioral change.”

These findings confirm that there is no scientific evidence that verifies the effectiveness of text-based alcohol warning labels for addressing hazardous drinking behaviours.

Given the lack of empirical evidence regarding the effectiveness of warning labels for changing behaviour, it is our second point as stated in 1996—namely that drinking alcohol is potentially harmful and therefore should be required to carry consumer warnings like other potentially hazardous products sold in Canada—that we believe is the most compelling argument in favour of mandatory warning labels. As we stated then, we can find no logical justification for why beverage alcohol should be exempted from the requirement made of other potentially harmful products sold in Canada.

That being said, it could reasonably be argued that the compelling scientific evidence of health benefits for certain segments of the drinking population arising from moderate alcohol use should also be included on alcohol containers to balance the messaging.

We would now like to discuss the third major point we made in 1996: that alcohol warning labels are a passive response to problems associated with alcohol misuse and should not preclude significant investment in a range of more active interventions such as recent initiatives undertaken by CCSA.

About four months ago, CCSA convened a National Thematic Workshop on Alcohol Policy as part of a larger process related to the development of the National Framework for Action on Substance Use and Abuse. The Framework, for those of you who are not familiar with it, is a core component to the renewal of Canada's Drug Strategy. That meeting brought together a broad cross-section of stakeholders on the alcohol issue to identify specific interventions that would be useful for reducing harms associated with alcohol misuse.

The Workshop contrasted two major approaches to dealing with alcohol-related problems: the population health approach, which uses relatively "blunt" policy instruments such as taxation to reduce overall drinking levels as a means of reducing health and social harms; and targeted interventions, which employ more

precise policies and programs to address problematic behaviours at the individual level, such as drinking and driving.

All told, five major topics and strategies were discussed at length at the Workshop:

- Promoting the use of routine screenings and brief interventions for problem drinkers or those at risk of becoming problem drinkers.
- Developing and promoting policies to reduce chronic disease, including FASD.
- Structuring alcohol taxes in a discerning and purposeful manner.
- Addressing the drinking context and using targeted interventions.
- Developing a culture of moderation versus a culture of intoxication in Canada.

All of the participants at the Workshop agreed that we should proceed on the basis of evidence and make recommendations that were balanced and informed by careful analysis of the scientific literature. On this point, the topic of alcohol warning labels was mentioned but, due to the lack of evidence regarding their effectiveness, did not emerge as a viable policy in the final recommendations for action.

What did emerge was a set of recommendations that promote a mix of population health and targeted interventions that the evidence suggests will have the greatest impact on reducing harms from the misuse of alcohol while at the same time allowing us to retain the fiscal, social and health benefits associated with responsible alcohol use in Canada.

While we are confident that the strategies identified at the National Thematic Workshop represent a good starting point for practical efforts to reduce alcohol-related harms in Canada, we would like to suggest that the systematic and inclusive nature of the meeting itself, which allowed diverse stakeholders with competing perspectives to come together to share information and reach consensus, is perhaps its most important contribution to this issue area.

Quite simply, with a highly contentious and politicized topic like alcohol, process matters and we believe that this work represents our best hope for creating an effective and sustained response to problems associated with alcohol misuse in Canada.

Having re-affirmed the position and cautions stated in our position of 1996, we would now like to move to make three specific, companion recommendations that we believe merit serious consideration.

First and foremost—notwithstanding the ultimate outcome of your deliberations on labelling—we urge this Committee to support and call for the creation of a National Task Force on Alcohol to help promote the recommendations made at the National Thematic Workshop on Alcohol Policy last November and to address a comprehensive list of priorities including FASD and the like. We know that Health Canada is committed to such a process in which CCSA would be a co-lead. An endorsement from this Committee for such an initiative would be welcome.

Second, and should you wish to proceed with a labelling scheme, we urge that this Committee consider recommending that the Food and Drugs Act only be amended to allow for the inclusion of labels, but that their content, type and format be prescribed by regulation. This would enable the government to ensure that a label reflect contemporary evidence while allowing future flexibility for change based on evaluative experience. For instance, we would recommend considering the use of standard drink labelling rather than the health and safety warnings currently proposed in Bill C-206. Standard drink labelling seeks to reduce alcohol-related harms by giving consumers information on appropriate serving sizes based on alcohol content, and reminding them of “low-risk drinking guidelines.” Standard drink labelling, which is similar to the serving size recommendations required on other consumables in Canada, has been shown to be potentially useful for moderating alcohol misuse among drinkers in Australia.

Finally we must mention what is perhaps the most important issue of all—resources. On this point we’d like to share a thought. Every year governments in Canada receive over \$5 billion in revenue from commodity taxes and fees associated with the sale and control of beverage alcohol (this does not include sales taxes). To put this number into perspective, during the two hours of these hearings today over \$1 million will be taken in by governments across Canada on the sale of alcohol. As such, our third recommendation is that the Committee consider calling for earmarking these

significant revenues to fund a comprehensive and sustained alcohol and FASD strategy as part of the National Framework on Substance Use and Abuse.

While this suggestion may seem radical to those familiar with fiscal policy in Canada, there is precedent for this type of earmarking. Quebec already directs one cent from every bottle of alcohol sold through the provincial alcohol monopoly to prevention and education efforts, for example, and several provinces now earmark a percentage of their proceeds from gambling (2% of slot revenue in Ontario, which translates into approximately \$37 million a year) for the prevention of problems related to compulsive gambling.

In closing we feel strongly that the National Framework process, demonstrates that the major stakeholders around beverage alcohol are both willing and able to come together to promote rational, evidence-based responses to the complex health and social problems associated with alcohol misuse. We urge the Committee to capitalize on this potential as it completes its deliberations.

Thank you.