



Gord Perks
Councillor Ward 14 Parkdale-High Park



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Monday January 28, 2013

To: Chair and Members of the Board of Health

From: Councillor Gord Perks
Chair, Toronto Drug Strategy Implementation Panel

Re: **Caffeinated and Caffeinated-Alcoholic Energy Drinks**

Summary:

At its November 15, 2012 meeting, the Toronto Drug Strategy (TDS) Implementation Panel discussed important health and safety concerns related to the consumption of caffeinated energy drinks, in particular by children and youth (as outlined below). The consumption of these beverages has become normalized in our society and action is needed to prevent further harm.

Recommendations:

The TDS Implementation Panel therefore asks the Board of Health take the following action:

1. Urge Health Canada and the Province of Ontario to develop a regulatory framework for the advertising and promotion of energy drinks to children and adolescents;
2. Urge Health Canada to require the addition of a warning label to energy drink packaging that states: "Energy drinks are not recommended for use during exercise or to rehydrate following exercise;"
3. Urge the Province of Ontario to require the addition of a warning label to all pre-mixed caffeinated-alcoholic beverages packaging that states: "This product contains alcohol and caffeine. Consuming alcohol and caffeine together may increase your risk of injury;" and,
4. Urge Health Canada to promote evidence-based education on the full range of health and safety risks associated with the use of caffeinated energy drinks.



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Background:

The following section outlines key health and safety issues related to energy drinks identified by the TDS Implementation Panel and the rationale for the above recommendations.

Caffeinated energy drinks:

Caffeine is a stimulant drug present in a variety of beverages, including energy drinks. Energy drinks contain high amounts of caffeine, sugar, and other potentially harmful additives, and have minimal nutritional value. While energy drinks are not recommended for children or teenagers, 50% of Ontario adolescents consume energy drinks, and a recent study found one in five consumed energy drinks in the past week.ⁱ

Children and adolescents that consume energy drinks may easily exceed the maximum recommended amount of caffeine for their age, placing them at increased risk for behavioural and physiological effects from caffeine.ⁱⁱ A key concern is the risk in combining energy drinks and exercise. Energy drinks are not recommended for use during or after exercise as they may interfere with proper hydration, and cause stomach upset secondary due to the high-sugar content.ⁱⁱⁱ The stimulant effects of caffeine have also been shown to increase heart rate and blood pressure, and reduce myocardial reserve.^{iv} However, many people confuse the purpose and use of sports drinks and energy drinks, an issue that is further compounded by the fact that many sports and recreation centers sell energy drinks. In addition to caffeine, energy drinks contain additives such as taurine and ginkgo biloba. There is a lack of research on the long-term health and safety impacts of these substances, and concern they may interfere with certain medications.^v

Caffeinated-alcoholic drinks:

There are two types of caffeinated-alcoholic beverages, one is premixed and sold in liquor stores and licenced establishments, and the other is hand-mixed by consumers. In Ontario, bartenders cannot hand-mix energy drinks with alcohol but many patrons buy the drinks separately to mix themselves. Use of caffeinated-energy drinks is common among young adults. Research finds that 20 to 90% of college-aged energy drink users regularly mix these drinks with alcohol.^{vi}

The issue is that the stimulant effect of the caffeine masks the sensation of impairment leading an individual to believe they are less intoxicated than they really are. This effect in turn increases the likelihood of poor decision-making and risky behaviours.^{vii} Research finds that when individuals consume caffeinated-alcoholic beverages (as compared to alcohol alone) they are more likely to be injured, require medical attention, drive intoxicated/ride with an intoxicated



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driver, have alcohol poisoning, and be the victim or perpetrator of aggressive sexual behaviour.^{viii}

Advertising:

The promotion and marketing of energy drinks is targeted to children and youth. Marketing strategies include youth-appealing promotion strategies, advertising at sporting events, athletic sponsorships, and product placement in video games.^{ix} These marketing strategies serve to further popularize and normalize the consumption of energy drinks. In that regard, the TDS Implementation Panel recommends development of a comprehensive regulatory framework at both the federal and provincial level for the advertising and promotion of energy drinks, especially for children and adolescents, as one measure to prevent further harm.

Warning labels:

In 2011, Health Canada announced some action on the issue of energy drinks that is being phased in over a two-year period. Measures included limiting the amount of caffeine in energy drinks to 180 mg in a single serving (equivalent to coffee), labeling requirements to identify groups for whom high levels of caffeine are not recommended (children, pregnant/breastfeeding women), and advising against mixing these drinks with alcohol. The TDS Implementation Panel would like to see more detailed warning labels. Specifically, a warning that energy drinks are not recommended for use during exercise or to rehydrate following exercise, and in the case of pre-mixed caffeinated-alcoholic beverages, that consuming alcohol and caffeine together may increase the risk of injury.

Education:

Warning labels on their own are not enough, which is why other measures are being proposed. People need better information about the potential risks associated with the use of energy drinks, including caffeinated-alcoholic drinks. The general public seems to view caffeine as a relatively benign drug. We need more federal and provincial leadership on this issue to highlight its importance as a population-wide health issue. Evidence-based education and safer consumption strategies are needed that are targeted to specific groups (children, youth and adults). For example, youth and young adults drink caffeinated alcoholic beverages at levels four times higher than the general public; at universities the rate is almost double that of other young adults.^x Youth and young adults also prefer hand-mixed drinks over pre-mixed drinks putting them at greater risk as hand-mixed drinks tend to contain higher levels of both caffeine and alcohol.^{xi}



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Conclusion:

The Toronto Drug Strategy Implementation Panel thanks the Board of Health for their attention to this matter and encourages the Board to adopt the recommended actions outlined in this report to help prevent further harms from the consumption of caffeinated energy drinks.

Sincerely,

Councillor Gord Perks
Chair, Toronto Drug Strategy Implementation Panel

References:

ⁱ Paglia-Boak, A., Adlaf, E.M., & Mann, R.E. (2011). *Drug use among Ontario students, 1977-2011: Detailed findings* (CAMH Research Document Series No. 32). Toronto, ON: Centre for Addiction and Mental Health.

ⁱⁱ Reissig, C., Strain, E., & Griffiths, R. (2009). Caffeinated energy drinks: A growing problem. *Drug Alcohol and Dependence*, 99(1-3), 1-10.

ⁱⁱⁱ Dietitians of Canada. (2012). *Current issues the inside story: Energy drinks revisited*. Toronto, ON: Author.

^{iv} Macdonald, N., Hamilton, R., Malloy, P., Moride, Y., & Shearer, J. (2010). *Report by the expert panel on caffeinated energy drinks*. Retrieved October 27, 2011, from Health Canada Web site: http://www.hc-sc.gc.ca/dhp-mpps/prodnatur/activit/groupe-expert-panel/report_rapport-eng.php.

^v Dietitians of Canada. (2012)

^{vi} Dietitians of Canada. (2012)

^{vii} Atlantic Collaborative on Preventative Injury. (2011). *Caffeinated alcoholic beverages and injury*.

^{viii} Atlantic Collaborative on Preventative Injury. (2011)

^{ix} Seifert, S., Schaechter, J., Hershorin, E., & Lipshultz, S. (2011). Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics*, 127, 511-528.

^x Health Canada. (2010). *Canadian Alcohol and Drug Use Monitoring Survey*, microdata file; analysis by the Centre for Addictions Research of BC.

^{xi} Health Canada. (2010)