

# New Brunswick Stakeholder Dialogue on Energy Drinks

## Summary Report



Report prepared by the Office of the Chief Medical Officer of Health



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## Background

In recent months, individuals and community groups in New Brunswick have expressed concerns about the consumption of energy drinks by children and youth. In May 2013, the Minister of Health asked the Chief Medical Officer of Health to look at the impact of energy drinks on the health of children and youth and to work with stakeholders to discuss issues surrounding the consumption of energy drinks by young New Brunswickers. As a result, key stakeholders were invited to participate on a planning committee that organized and coordinated a multi-stakeholder event to share ideas, discuss concerns and identify possible actions.

The New Brunswick Stakeholder Dialogue on Energy Drinks was held on October 1, 2013 at the Fredericton Inn, Fredericton, New Brunswick.

Over 170 stakeholders were invited to participate in this event. There were approximately 120 participants who attended the event from a wide array of backgrounds including: education, sport and recreation, health charities, professional associations, First Nations communities, regional health authorities, provincial and federal government departments, industry, students, and law enforcement. The planning committee made an effort to identify and invite stakeholders from a broad range of roles and perspectives to enrich the dialogue.

## Overview of Proceedings

The purpose of the dialogue was to bring stakeholders from across the province together to learn about energy drink consumption patterns and risks, discuss concerns, and share ideas on how to reduce the risks associated with energy drink use among children and youth. This was achieved through a series of panel presentations in the morning followed by a world café session in the afternoon. See Appendix A for the program outline.

To promote broader participation and awareness of the content being discussed at the dialogue event, stakeholders were encouraged to tweet via Twitter throughout the day. Event organizers, the facilitator and stakeholders contributed their thoughts and comments throughout the event and in the days following the event. For a list of tweets related to the dialogue, please see Appendix B.

The goal of the panel presentations was to provide stakeholders with diverse perspectives about the safety, use and risks associated with energy drink consumption by children and youth. Three of the presenters used PowerPoint presentations which can be found in Appendix C.

Panel presentations were offered by:

- **Dr. Eilish Cleary**, *Chief Medical Officer, New Brunswick Department of Health*
- **Dr. Samuel Godefroy**, *Director General, Food Directorate, Health Canada*
- **Mr. Martin-Pierre Pelletier**, *Canadian Beverage Association*
- **Dr. Michael Dickinson**, *Head of Pediatrics and Chief of Staff, Miramichi Regional Hospital*
- **Ms. Valerie Sullivan**, *Southern Victoria High School*

During the afternoon session, stakeholders participated in a series of world café conversations. A world café format was used to provide stakeholders with ample opportunity to reflect on what they heard in the morning presentations and discuss key considerations in reducing health risks for children and youth consuming energy drinks. Stakeholders participated in small group discussions around three specific questions.

- Reflect on & discuss the morning presentations. What surprised you? How does it relate to your experiences?
- If there were no limitations, what are some options for reducing health risks associated with consumption of energy drinks?
- What needs to happen now? What can we actually do? What is realistic? What can we do now?

The following is an overview of the questions and key themes that were captured by stakeholders during the world café conversations.

## Questions and Key Themes

Stakeholders were divided into small groups and asked to discuss a specific question. One person at each table recorded the ideas and concepts that were discussed by stakeholders. The themes below are based on the notes that were recorded at each table.

**Question 1:** Reflect on & discuss the morning presentations. What surprised you? How does it relate to your experiences?

What stakeholders found surprising:

- Energy drinks are not permitted to be sold in schools, but students are able to bring them into school;
- The differences between sports drinks and energy drinks;
- The amount of caffeine in products other than energy drinks;
- Lack of research and evidence on energy drinks and consumption patterns among children and youth;
- Lack of research and evidence on the combined effects of the ingredients in energy drinks on children and youth;
- Marketing of energy drinks and its impact on children and youth audiences, even if the marketing isn't targeted to them;
- Lack of education and awareness about caffeine and energy drinks among public, parents and students;
- The amount of regulation that exists – some were surprised at how much is already in place and others were surprised at how little is in place.

There were certain issues raised and discussed during the morning panel that resonated with stakeholders. Some of the issues that stakeholders could relate to based on their own experiences included:

- Students are consuming energy drinks;
- Parents have a role to play in monitoring what their children are consuming;
- Parents are not aware of the health risks for children;
- Teachers and parents are role models for children;
- Energy drinks are easily accessible to children and youth;
- Children and youth relate to and like the marketing of energy drinks;
- Social media and video games may be associated with energy drink consumption.

**Question 2:** If there were no limitations, what are some options for reducing health risks associated with consumption of energy drinks?

There were eight key themes that emerged during Question #2. Included within the key themes were a variety of subthemes.

### **1. Education & Awareness**

- Education for teachers, parents, students, retailers, sports teams and healthcare professionals
- Difference between sports drinks and energy drinks
- Increased awareness of health risks associated with energy drink and caffeine consumption
- Education about the effects of caffeine from any source, not just energy drinks

### **2. Legislation, Regulation, Policy**

- Restrict access (age, location, volume, formulation)
- Restrict marketing and sponsorship targeted at youth
- Regulate serving size and formulation
- Taxation
- Complete ban
- Policy and/or guidelines within municipalities, schools, recreation centres, etc.
- Change the name of the product category
- Restrict and/or ban all marketing of energy drink products to youth
- Control product placement in retail outlets
- Restrict caffeine content in all caffeine-containing products

### **3. Partnership & Collaboration**

- Partnerships and collaboration between industry, government, sports and recreation, retailers and community stores to increase awareness

### **4. Research**

- Research on the health risks for children and youth when consuming energy drinks, why they are consuming energy drinks and how often
- Research on the effectiveness of possible policy options

### **5. Leadership**

- Role modeling of healthy behaviours by adults, teachers and sports teams

### **6. Youth Engagement**

- Ensure youth voices and perspectives are included

**Question 3:** What needs to happen now? What can we actually do? What is realistic? What can we do now?

There were seven key themes that emerged during Question #3. Included within the key themes were a variety of subthemes.

**1. Education & Awareness**

- School setting – enhanced nutrition curriculum for students, increased education and awareness among teachers, parents and coaches
- Increase awareness on the difference between energy drinks and sports drinks
- Increase awareness of the health risks of energy drinks / caffeine
- Increase awareness among sports teams about energy drinks and hydration
- Increase public awareness about all sources of caffeine (soda, coffee, tea, etc)

**2. Legislation, Regulation & Policy**

- Policies (e.g., schools, municipalities, recreation facilities)
- Restrict access (age, location, volume)
- Change the product name
- Restrict marketing of energy drinks to children

**3. Research**

- Effects of caffeine in combination with other stimulants in energy drinks
- Look at why youth are consuming energy drinks

**4. Leadership**

- Highlight success stories and champions

**5. Partnership & collaboration / youth engagement**

- Partner with youth to understand their perceptions about energy drinks
- Engage youth in problem solving

## Overall themes

At the end of the dialogue session, each table was asked to review all the ideas they had come up with and identify their Top 3 ideas. Each idea was written on a piece of paper and all of these ideas were themed by the facilitators during the break. The following four themes represent the majority of ideas that were identified by each table:

- **Education & awareness**

Increasing education and awareness about energy drinks was a very popular suggestion. Youth, parents, teachers, general public, sports teams, coaches, communities, industry and healthcare providers were all identified as target audiences for education and awareness about energy drinks and caffeine.

- **Legislation, Regulation & Policy**

There was a wide range of examples of policy and legislation activities identified, including: marketing and advertising regulations, limit sale of pre-mixed alcohol and caffeinated beverages, regulate access and/or sale of energy drinks to youth, use policy to ban consumption and sale in specific settings.



- **Research**

More research on the effects of caffeine in combination with the other stimulants found in energy drinks and the effects that these products have on children and youth.

- **Engage Partners**

Engaging youth in discussions about the issues and identifying possible solutions was identified many times. Building relationships between citizens, families, schools, communities, government and industry was also identified as a way to build engagement and action.

## **Concluding Remarks**

Deputy Minister Marc Leger was present at the end of the day to thank stakeholders for attending and for sharing their knowledge and ideas with each other. He acknowledged that reducing the health risks for children and youth associated with energy drink consumption is something that we all have a role in. The Deputy Minister indicated that a summary report would be prepared and made available on the Department of Health's website later this fall. A summary of the evaluation results can be found in Appendix D and a list of stakeholders who participated in the Dialogue can be found in Appendix E.

## **Acknowledgements**

The Department of Health would like to acknowledge our partners who participated on the planning committee for this event, providing valuable ideas and expertise.

Marc Babineau, RCMP  
Laura Brennan, Department of Health  
Suzanne Clair, Department of Health  
Jacqueline Goguen, Vitalité Health Network  
Chantal Harris, St. Thomas University  
Nicole LeBlanc, Department of Healthy & Inclusive Communities  
Shauna Miller, Horizon Health Network

## APPENDIX A: Program

### New Brunswick Stakeholder Dialogue on Energy Drinks

Royal Stewart Room, Fredericton Inn

Fredericton, New Brunswick

October 1<sup>st</sup>, 2013

#### Program

9:30 – 10:00	Registration
10:00 – 10:10	Welcome
10:10 -10:20	Opening remarks <i>Honourable Hugh J. Flemming, Minister of Health</i>
10:20 – 12:00	Panel presentations <ul style="list-style-type: none"><li>• <i>Dr. Eilish Cleary, Chief Medical Officer, New Brunswick Department of Health</i></li><li>• <i>Dr. Samuel Godefroy, Director General, Food Directorate, Health Canada</i></li><li>• <i>Martin-Pierre Pelletier, Canadian Beverage Association</i></li><li>• <i>Dr. Michael Dickinson, Head of Pediatrics and Chief of Staff, Miramichi Regional Hospital</i></li><li>• <i>Staff member from Southern Victoria High School</i></li></ul>
12:00 – 1:00	<b>LUNCH</b>
12:40 – 1:00	Story sharing circle
1:00 – 2:30	Dialogue session
2:30 – 2:45	<b>HEALTH BREAK</b>
2:45 – 2:55	Presentation of themes from dialogue session
2:55 – 3:00	Closing remarks <i>Deputy Minister Marc Léger</i>

## APPENDIX B: Online Engagement

Stakeholders were encouraged to tweet throughout the dialogue. The Department of Health communications team provided support for live-tweeting the event so that people who were not able to attend the dialogue were still able to follow what was happening. Below is a list of tweets and retweets that occurred during the dialogue.

Tweets and Retweets:

**N.B. Dept. of Health** @NBHealth Oct 2  
 Our summary report on yesterday's energy drink dialogue session will be out later this fall. #NBHealth  
 Collapse Reply Retweet Favorite More  
 3 RETWEETS  
 3:37 PM - 2 Oct 2013 · Details

Reply to @NBHealth

**N.B. Dept. of Health** @NBHealth Oct 2  
 Thanks to all the stakeholders who participated in our energy drink dialogue yesterday! #NBHealth  
 Collapse Reply Retweet Favorite More  
 2 FAVORITES  
 3:36 PM - 2 Oct 2013 · Details

Reply to @NBHealth

**N.B. Dept. of Health** @NBHealth Oct 1  
 Provincial government improving cancer screening services [ow.ly/poBvR](http://ow.ly/poBvR)  
 Expand Reply Retweet Favorite More

**N.B. Dept. of Health** @NBHealth Oct 1  
 "Our Student Drug Use survey indicated that 57% of NB youth have tried energy drinks." – Dr. Cleary #NBHealth  
 Expand Reply Retweet Favorite More

**Timothy Jaques** @PretendEditor Oct 1  
 @NBHealth What percentage have tried beer?  
 Expand Reply Retweet Favorite More

**N.B. Dept. of Health** @NBHealth Oct 1  
 @PretendEditor 48% of students reported having consumed alcohol at least once in the previous year. Here's the report [ow.ly/poxdt](http://ow.ly/poxdt)  
 Hide conversation Reply Retweet Favorite More  
 2:31 PM - 1 Oct 2013 · Details

Reply to @NBHealth @PretendEditor

**Marc Babineau** @babineaumarc Oct 1  
 The people have spoken. More education. Specific legislation and regulations. More research. Community Engagement. #NBHealth  
 Retweeted by N.B. Dept. of Health  
 Collapse Reply Retweet Favorite More  
 2 RETWEETS  
 1:38 PM - 1 Oct 2013 · Details

Reply to @babineaumarc @NBHealth

**Marc Babineau** @babineaumarc Oct 1  
 To work! What surprised you from the panel? How does it relate to your experience with energy drinks #NBHealth  
[pic.twitter.com/geVV5DrbAP](http://pic.twitter.com/geVV5DrbAP)  
 Retweeted by N.B. Dept. of Health



 **Live Well Bien Vivre** @livevivre Oct 1  
 NB Energy Drink dialogue panelists are providing information and perspectives on youth consumption of energy drinks #NBHealth  
 Retweeted by N.B. Dept. of Health  
 Collapse Reply Retweet Favorite More

2 RETWEETS 

10:51 AM - 1 Oct 2013 from York, New Brunswick · Details

Reply to @livevivre @NBHealth

 **N.B. Dept. of Health** @NBHealth Oct 1  
 Valerie Sullivan, principal of Southern Victoria High School is now presenting at our dialogue! #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

10:45 AM - 1 Oct 2013 · Details

Reply to @NBHealth

 **Marc Babineau** @babineumarc Oct 1  
 Dr Dickinson " youth's metabolisms process ingredients slower making the effects of high doses of caffeine unpredictable" #NBHealth  
 Retweeted by N.B. Dept. of Health  
 Collapse Reply Retweet Favorite More

1 RETWEET 

10:39 AM - 1 Oct 2013 · Details

Reply to @babineumarc @NBHealth


 **N.B. Dept. of Health** @NBHealth Oct 1  
 Up next: Dr. Michael Dickinson, Head of Pediatrics and Chief of Staff @ Miramichi Regional Hospital  
 Collapse Reply Retweet Favorite More


1 RETWEET 

10:32 AM - 1 Oct 2013 · Details

Reply to @NBHealth

 **N.B. Dept. of Health** @NBHealth Oct 1  
 CBA: our members do not market energy drinks to children and in accordance with our industry guidelines #NBHealth  
 Collapse Reply Retweet Favorite More

 **N.B. Dept. of Health** @NBHealth Oct 1  
 high Caffeine statement, max. servings per day, advisory statement and include instructions for use (2/2) #NBHealth  
 Expand Reply Retweet Favorite More

 **N.B. Dept. of Health** @NBHealth Oct 1  
 CBA: In Canada there are requirements for energy drink labels. Labels are required to list total caffeine, (1/2) #NBHealth  
 Expand Reply Retweet Favorite More

 **N.B. Dept. of Health** @NBHealth Oct 1  
 Martin-Pierre Pelletier from the Canadian Beverage Association (CBA) is now presenting at our dialogue! #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

10:15 AM - 1 Oct 2013 · Details

Reply to @NBHealth

 **N.B. Dept. of Health** @NBHealth Oct 1  
 HC: A health hazard assessment was conducted on the ingredients in a typical energy drink. #NBHealth  
 Expand Reply Retweet Favorite More

 **N.B. Dept. of Health** @NBHealth Oct 1  
 HC: Health Canada does not currently have a definition or standard of identity for caffeinated energy drinks. #NBHealth  
 Expand Reply Retweet Favorite More

 **N.B. Dept. of Health** @NBHealth Oct 1  
 Up next: Dr. Samuel Godefroy, Director General, Food Directorate of Health Canada (HC). #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

9:41 AM - 1 Oct 2013 · Details

Reply to @NBHealth

 **N.B. Dept. of Health** @NBHealth Oct 1  
 Teens that use energy drinks frequently are significantly more likely to use alcohol frequently. #NBHealth  
 Collapse Reply Retweet Favorite More

9:37 AM - 1 Oct 2013 · Details

Reply to @NBHealth

**N.B. Dept. of Health @NBHealth** Oct 1  
 More than half of students aged 11-19 in NB have used energy drinks in the past year. #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

9:35 AM - 1 Oct 2013 · Details

Reply to @NBHealth

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 "Our Student Drug Use survey indicated that 57% of NB youth have tried energy drinks." – Dr. Cleary #NBHealth  
 Expand Reply Retweet Favorite More

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 Drinking energy drinks during or after intense exercise can also cause problems to one's health. #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

9:31 AM - 1 Oct 2013 · Details

Reply to @NBHealth

---

**carla vautour @VautourCarla** Oct 1  
 @NBHealth This information has to be clearly passed on to the 11-19 age group, their parents and health professionals. Government must act!  
 Expand Reply Retweet Favorite More

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 The first panel presentation is from Dr. Eilish Cleary, Chief Medical Officer of Health. #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

9:27 AM - 1 Oct 2013 · Details

Reply to @NBHealth


---

**N.B. Dept. of Health @NBHealth** Oct 1  
 Minister Flemming starts the stakeholder dialogue session off with opening remarks #NBHealth  
 Expand Reply Retweet Favorite More

**N.B. Dept. of Health @NBHealth** Oct 1  
 Minister Flemming starts the stakeholder dialogue session off with opening remarks #NBHealth  
 Expand Reply Retweet Favorite More

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 We'll discuss concerns and share ideas on how to reduce the risks associated with energy drink use among youth. #NBHealth  
 Collapse Reply Retweet Favorite More


2 RETWEETS 1 FAVORITE 

7:55 AM - 1 Oct 2013 · Details

Reply to @NBHealth

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 Today's session will bring stakeholders together to learn more about energy drink consumption and risks. #NBHealth  
 Collapse Reply Retweet Favorite More

2 RETWEETS 

7:50 AM - 1 Oct 2013 · Details

Reply to @NBHealth

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 Drinking energy drinks is a PH concern due to the risks on health when consumed by children & youth. #NBHealth  
 Collapse Reply Retweet Favorite More

1 RETWEET 

7:45 AM - 1 Oct 2013 · Details

Reply to @NBHealth

---

**N.B. Dept. of Health @NBHealth** Oct 1  
 Follow #NBHealth for tweets from the dialogue session on energy drinks.  
 Collapse Reply Retweet Favorite More

1 RETWEET 

7:32 AM - 1 Oct 2013 · Details

-  **The Beard** @gerritbosma9 · Oct 7  
Student The Flo says: I think banning energy drinks is a bad idea, because it won't stop. Teens will just ask people over 18 to buy. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 7  
Oct. 7 Class Quotation of the Day: "Education is the most powerful weapon which you can use to change the world."  
Nelson Mandela  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Student Leafsguy: I think they should just ban energy drinks for those under 19 or just ban them altogether. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Student Neonkiiteh: People our age shouldn't be exposed to these kinds of risks; it's not very smart to drink them often either. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Student FloJr Banning the energy drinks won't make a difference. People should make their own decisions. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Student Sturgeonie: Energy Drinks give you energy for a short period of time only. Once that energy is gone, people feel run down #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Student Swimmer4Life I think energy drinks should be banned til 19. I have seen what it has done to some kids and it is not pretty. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 6  
Last week's dialogue about the consumption of energy drinks among youth created written suggestions from my students. #NBHealth  
Expand [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)
-  **The Beard** @gerritbosma9 · Oct 2  
A good and important conversation to have in this province:  
[cbc.ca/news/canada/ne...](http://cbc.ca/news/canada/ne...)  
[📄 View summary](#) [↩ Reply](#) [↻ Retweet](#) [★ Favourite](#) [⋮ More](#)

# APPENDIX C: Presentations

## Canadian Beverage Association Presentation



**Canadian Beverage Association**  
**Association canadienne des boissons**

New Brunswick Energy Drink Panel Discussion  
October 1, 2013

### Agenda

1. About us
2. About Energy Drinks
  - Energy Drinks In Canada
  - Consumption Trends
  - Labelling
4. Industry Initiatives
5. Caffeine Awareness and Education

**Canadian Beverage Association**  
**Association canadienne des boissons**

### About Us

The Canadian Beverage Association is the national industry association representing the broad spectrum of companies that manufacture and distribute non-alcoholic refreshment beverages consumed in Canada.

The association represents more than 60 brands of juices, juice drinks, bottled waters, sports drinks, ready-to-serve iced teas and coffees, energy drinks, new alternative beverages, carbonated soft drinks and other non-alcoholic beverages.

**Canadian Beverage Association**  
**Association canadienne des boissons**

### About Energy Drinks

**Canadian Beverage Association**  
**Association canadienne des boissons**

### Energy Drinks in Canada

*Health Canada has led the way to define the composition of Energy Drinks*

- Established upper limits on:
  - Caffeine
  - Amino Acids
  - Vitamins
  - Other nutrients
- Caffeine Limits
  - Single serve cans are capped at 180 mg of caffeine
  - Concentration limited to 400 mg per litre
  - Equivalent to 100 mg caffeine per 250 mL (~8 fl oz)

**Canadian Beverage Association**  
**Association canadienne des boissons**

### Energy Drinks in Canada

Energy drink labels contain:

- A declaration of the total caffeine content from all sources
- A Nutrition Facts panel showing details on the amount of calories and other nutrients in the product
- A declaration that energy drinks are not recommended for children, pregnant or breastfeeding women, or people who are sensitive to caffeine, and that energy drinks should not be mixed with alcohol
- A "High caffeine content" statement
- A "maximum number of [container(s)]/ servings] per day" usage statement
- Any applicable allergen labelling

No other beverage category, including coffee, is required to label caffeine.

**Canadian Beverage Association**  
**Association canadienne des boissons**





## Consistent with Other Countries

**European Union:** European Food Safety Authority (*Zucconi et al., 2013*)

- Emergence of energy drinks in European market took place nearly 30 years ago
- >52,000 participants from 16 different E.U. Member states
- Adults - 92% of total caffeine intake come from dietary sources other than energy drinks
- Adolescents – 87% of total caffeine intake come from dietary sources other than energy drinks

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## Caffeine Awareness & Education is Key

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Association canadienne des boissons

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## Caffeine Conversation & Education

- The CBA and its members encourage Canadians to become better educated on all sources of caffeine and to be aware of the levels of caffeine in the products they are consuming
- The CBA has updated its energy drink brochure to reflect the changing landscape and to continue educating Canadians
- The CBA is willing to work with provincial and local governments to initiate caffeine education programs in schools, through the media and in other avenues

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## Industry Initiatives & Best Practices

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Association canadienne des boissons

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## Industry Initiatives & Best Practices

**School Guidelines:** The beverage industry voluntarily removed all full-calorie soft drinks from primary, middle and secondary schools nationwide. Energy drinks are not, nor have they ever been sold by our members in schools.

**Marketing Guidelines:** The CBA and its members have recently developed extensive *Guidelines on Marketing to Children* that prevent marketing of beverages – other than fruit juice, milk and water – to children under the age of 12. Many CBA members also participate in the Canadian Children's Food and Beverage Advertising Initiative and other global guidelines.

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## Industry Initiatives & Best Practices

**Energy Drink Information Campaign:** In 2011, the CBA developed an energy drink information brochure to help educate Canadians about what energy drinks are, what they do and for whom they are appropriate.

- 100,000 energy drink information brochures were distributed, with the help of the CCSA, to convenience stores across the country
- A mat story on energy drinks was distributed through News Canada
- An education story on energy drinks was published in c-store magazine

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**Examples**

Energy Drinks in Canada

What are they?

Who are they for?

Canadian Beverage Association  
Association canadienne des boissons

GSA AQA

Canadian Beverage Association  
Association canadienne des boissons

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**Further Information**

For further information please visit our website

[www.canadianbeverage.ca](http://www.canadianbeverage.ca)

Canadian Beverage Association  
Association canadienne des boissons

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**References**

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2. Caffeine in Food, Health Canada  
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Canadian Beverage Association  
Association canadienne des boissons

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## Energy Drink Consumption among New Brunswick Youth

October 1, 2013



## Energy Drinks

- Contain caffeine and other ingredients such as taurine and guarana.
- Caffeinated energy drinks first became available in North America in 1997.
- The consumption and availability of products has risen steadily in North America in the last decade
- Health Canada states that energy drinks are not recommended for children and teens because of their high levels of caffeine, and other ingredients.



## Energy Drinks – A Public Health Concern

- Can cause health problems
- The problems with energy drinks arise when:
  - too many are consumed
  - when consumed by children and teens
  - used during or after intense exercise.
- Combination of energy drinks and alcohol increases potential risks for health and unintentional injuries.
- Children and youth are at increased risk of experiencing adverse effects.



## Use of Energy Drinks among Adolescent Students in New Brunswick

- The 2012 New Brunswick Student Drug Use Survey helps to improve our understanding of consumption patterns of energy drinks among adolescents.

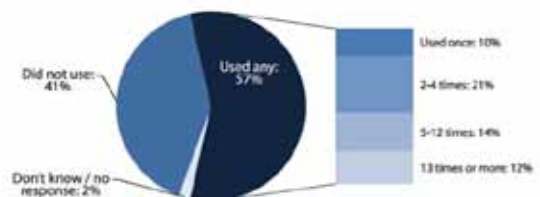


## Student Drug Use Survey

- Gathered information on use of alcohol, tobacco and other substances as well as associated risks and harms among adolescent students.
- Representative sample of the student population enrolled in public middle and high schools (grades 7, 9, 10, and 12).
- Sample size: 3,507.
- Participation was voluntary, anonymous, and confidential.



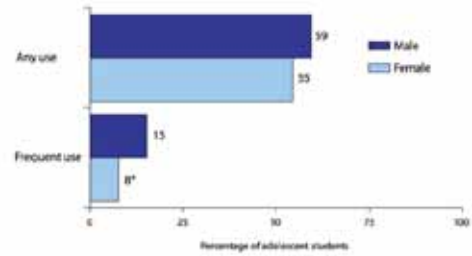
## Percentage of adolescent students reporting use of caffeinated energy drinks in the past 12 months, by frequency of use, in New Brunswick



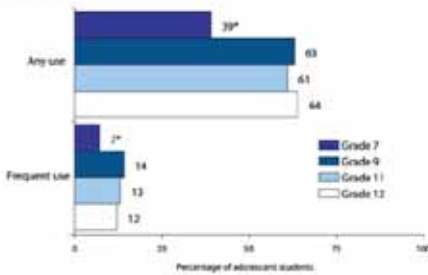
Percentage of adolescent students using caffeinated energy drinks in the past 12 months, by health region, New Brunswick, 2012



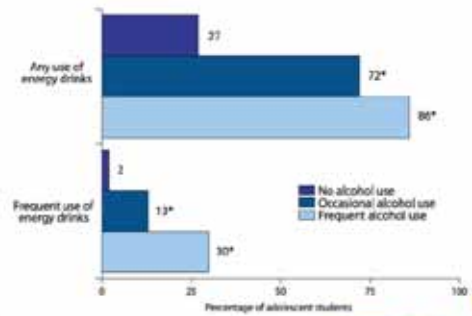
Percentage of adolescent students using caffeinated energy drinks in the past 12 months, by sex, New Brunswick, 2012



Percentage of adolescent students using caffeinated energy drinks in the past 12 months, by grade, New Brunswick, 2012



Rates of energy drink consumption by level of alcohol use, New Brunswick, 2012



## Public Health Concerns

- The increasing popularity among middle and high school students might lead to an increased number who suffer from sleep problems, emotional fatigue and other side effects of caffeine consumption.
- The increased risk of health and behavioural problems among young people when consuming caffeine is of concern.
- There is limited information available on the potential effects of other ingredients found in caffeinated energy drinks on children.



## Public Health Concerns

- Rates of childhood obesity have increased over the past decades in New Brunswick.
- Energy drinks often contain sugar.
- Energy drink consumption contributes to increased caloric intake.



### Key points:

- More than half of students aged 11-19 in New Brunswick have used energy drinks in the past year.
- Males are more likely than females to use energy drinks frequently.
- Teens who use energy drinks frequently are significantly more likely to use alcohol frequently.
- Given the lack of data on the effects of energy drinks in children and teens they should not consume these products.



## Caffeinated Energy Drinks Health Risk Assessment and Current Risk Management Approach

*Food Directorate, Health Canada  
Fredericton, New Brunswick  
October 1, 2013*





Samuel Godefroy, Ph.D.  
Director General, Food Directorate, Health Canada  
Vice-Chair, Codex Alimentarius Commission



### Overview

- ❑ Introduction of the Food Regulatory System under the Food and Drugs Act
  - ❑ Main players in Food Safety and Nutrition
  - ❑ Principles / approach in regulating foods under the FDA
- ❑ Managing Energy Drinks :
  - ❑ Review of historical background
  - ❑ Outcomes of Health Canada's Risk Assessment
  - ❑ Current risk management approach in place
- ❑ Conclusion and next steps






2

### Canada's Food Safety System: A Shared Responsibility

- ❑ Industry
  - farmers, food manufacturers, food distributors, food service establishments and retailers
- ❑ Consumers
- ❑ Government
  - federal, provincial and territorial (P/T), municipal










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### Canadian Food Safety: The Role of Government

- ❑ Canada's Constitution allows all levels of government (federal, provincial/territorial and municipal) to:
  - Enact food safety and quality legislation;
  - Establish and enforce policies, standards and laws;
  - Provide information, guidance; and,
  - Provide effective and efficient program delivery.








4

### Key Federal Organizations



**Food Safety Roles**










5

### Canadian Food Safety: Key Federal Accountabilities

On-farm Food Safety	Policy & Standards	Surveillance & Early Warning	Education & Outreach	Inspection & Enforcement	Public Health Surveillance
					
					
AAFC	HC	CFIA	PHAC		
<ul style="list-style-type: none"> <li>▪Contributes to research and development of on farm food safety programs</li> </ul>	<ul style="list-style-type: none"> <li>▪Establishes food safety policy and standards</li> <li>▪Assesses the effectiveness of CFIA's food safety activities</li> <li>▪Conducts health risk assessments in support of food safety investigations</li> <li>▪Informs Canadians about potential risks to their Health</li> </ul>	<ul style="list-style-type: none"> <li>▪Designs and delivers federal food inspection programs</li> <li>▪Monitors industry's compliance with the Acts and Regulations</li> <li>▪Undertakes enforcement action as necessary</li> <li>▪Conducts food safety investigations &amp; food recalls</li> </ul>	<ul style="list-style-type: none"> <li>▪Public health surveillance</li> <li>▪Leads foodborne illness outbreak investigations with P/T public health officials</li> </ul>		






6

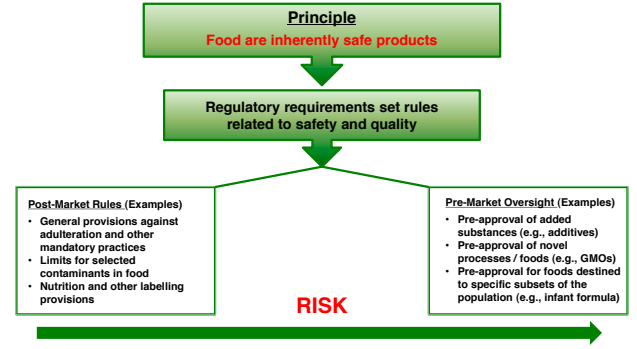
### Key Federal Food Safety Legislation

- ❑ **Food and Drugs Act (1953) amended/updated in 2012**
  - Core food safety statute and nutrition requirements
    - Applies to all food sold in Canada
  - Consumer protection statute that deals with health and safety and marketplace deception with respect to food:
    - Prohibits sale of certain foods (e.g. food injurious to health)
    - Provides an inspection regime for food
    - Enables several regulations that pertain to food safety
- ❑ **Canadian Food Inspection Agency Act (1997)**
  - Enables the recall of food products that pose a risk to public health
- ❑ **Safe Food for Canadians Act (2012)**
  - All commodity legislations were consolidated and modernised



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### Regulatory Instruments are Commensurate to Risk



8

### Food and Nutrition Safety: A shared responsibility/priority

- ❑ **Robust food regulatory regime:**
  - ✓ Evidence-based : Standard setting and compliance and enforcement
  - ✓ Focus on **Prevention** while enabling effective reaction
  - ✓ Relies on a mix of tools : regulatory and non regulatory
  - ✓ Commitment to continued **Evolution** to accompany innovation and anticipate / respond to emerging issues



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### We follow Codex's Risk Analysis framework

#### FAO/WHO Risk Analysis Paradigm



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### Background

- ❑ Energy Drinks were regulated under the Natural Health Products Framework until October 2011.
- ❑ Health Canada's proposed management approach on Caffeinated energy drinks stemmed from the consideration that these products are represented, perceived and consumed as beverages i.e. foods.
- ❑ Health Canada conducted a **risk assessment** to support the development of an **evidence/science-based** management approach for Caffeinated Energy Drinks as foods, when available for sale in Canada.



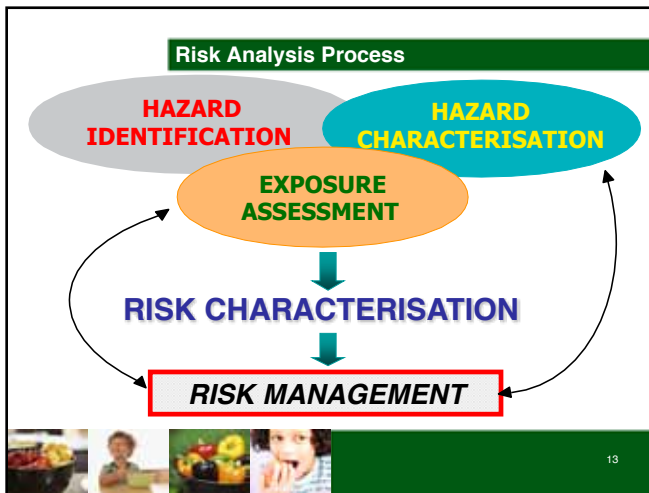
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### Defining Caffeinated Energy Drinks

- ❑ Health Canada does not currently have a definition or standard of identity for caffeinated energy drinks.
- ❑ For the purpose of this health risk opinion, a **typical caffeinated energy drink** is defined by its ingredients and serving size.
  - The ingredients include :
    - **caffeine,**
    - **taurine,**
    - **glucuronolactone,**
    - **Inositol and a variety of B vitamins,**
  - The serving size is 250 ml.



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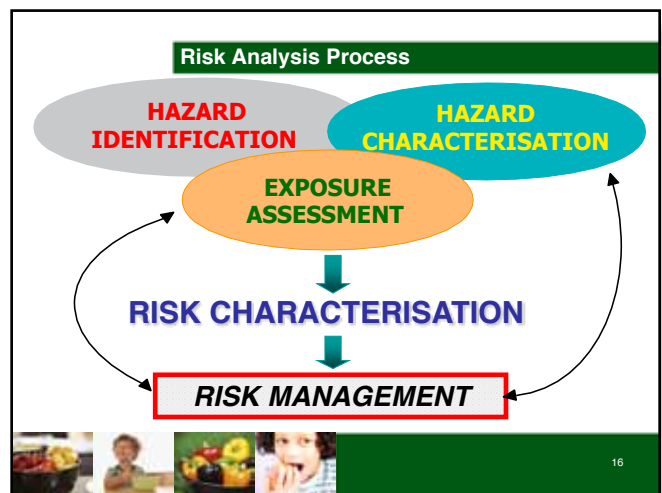
- ### Hazard Identification and Characterization
- ❑ It was not possible to conduct health hazard characterization on the basis of the product as a whole, rather to consider key ingredients with possible health end-points
  - ❑ Caffeine was identified as the ingredient with the most significant potential health effects
  - ❑ There are no expected health hazards associated with the consumption of high concentration of the other ingredients
  - ❑ The addition of caffeine from these products to the diet would not **generally** result in consumers exceeding the recommended maximum daily intake of caffeine **for the majority of healthy adults**.
  - ❑ There are some uncertainties related to the combined effects of ingredients (e.g. caffeine and taurine)
- 14

### Hazard Identification and Characterization

## CONCLUSION

2 servings per day of a typical caffeinated energy drink would not be considered to pose a health hazard for a healthy adult.

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- ### Health Risk – Exposure Modeling
- ❑ **Intake data** specific for energy drinks in Canada are **too limited** to determine the consumption of this product by **specific age groups**
  - ❑ Needed to rely on exposure modeling scenarios (including worse case scenarios) :
    - Scenario : energy drinks substitute caffeinated carbonated soft drinks on a volume basis in Canadians' diet
  - ❑ Health risk estimation was based on total dietary caffeine intake.
- 17

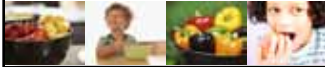
- ### Toxicological Reference Values
- ❑ 2.5 mg/kgbw/day for Children
  - ❑ 400 mg / day for adults equivalent to 6.6 mg /kgbw/day
  - ❑ 300 mg/ day for pregnant women
  - ❑ 2.5 mg/kgbw/day was adopted for adolescents on a precautionary basis (due to lack of data).
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## Health Risk – Exposure Modeling

Age in years (sex)	Consumers of caffeinated carbonated soft drinks Caffeine intakes from all dietary sources (mg/kg bw/day)								
	Current market use			Substituted by volume			Substituted by serving		
	median	P75	P90	median	P75	P90	median	P75	P90
2-3	0.98	1.32	1.65	<b>2.62</b>	<b>3.47</b>	<b>4.21</b>	1.87	2.56	2.97
4-5	1.18	1.83	2.42	<b>3.19</b>	<b>4.26</b>	<b>6.27</b>	2.27	3.05	4.46
6-8	1.35	1.88	<b>3.00</b>	<b>3.41</b>	<b>5.26</b>	<b>6.53</b>	2.45	<b>3.86</b>	<b>5.24</b>
9-11 (male)	1.19	1.72	<b>2.67</b>	<b>2.94</b>	<b>4.14</b>	<b>5.80</b>	2.17	<b>3.09</b>	<b>4.43</b>
9-11 (female)	0.97	1.54	2.20	2.46	<b>4.28</b>	<b>5.73</b>	1.88	<b>3.09</b>	<b>4.20</b>
12-14 (male)	1.05	1.64	2.29	<b>2.81</b>	<b>4.39</b>	<b>6.29</b>	2.05	<b>3.28</b>	<b>4.60</b>
12-14 (female)	0.86	1.34	2.19	2.65	3.24	5.26	1.86	2.35	3.85
15-16 (male)	1.00	1.88	<b>2.88</b>	<b>2.57</b>	<b>4.96</b>	<b>7.02</b>	1.88	<b>3.63</b>	<b>5.00</b>
15-16 (female)	1.08	1.94	<b>3.68</b>	<b>2.89</b>	<b>4.29</b>	<b>7.84</b>	2.13	<b>3.26</b>	<b>6.00</b>
17-19 (male)	1.17	1.99	<b>3.28</b>	2.55	<b>4.58</b>	<b>7.89</b>	2.27	<b>3.57</b>	<b>5.69</b>
17-19 (female)	0.98	2.09	<b>4.16</b>	2.75	<b>4.62</b>	<b>6.96</b>	1.93	<b>3.64</b>	<b>5.11</b>
20+ (male)	2.67	4.66	7.55	4.19	<b>6.39</b>	<b>9.61</b>	3.80	5.88	8.84
20+ (female)	2.70	4.87	<b>7.60</b>	4.07	<b>6.42</b>	<b>9.54</b>	3.47	5.63	8.44
Pregnant	1.19	1.88	3.38	2.18	3.30	<b>8.42</b>	1.92	2.56	<b>7.61</b>

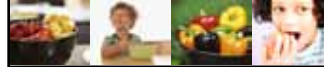
Bold indicates caffeine intake exceeds the Recommended Maximum Daily Intake.



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## Health Risk – Exposure Modeling

Age in years (sex)	Consumers of caffeinated carbonated soft drinks with caffeine intakes exceeding the Recommended Maximum Daily Intake (%)		
	Current market use	Substituted by volume	Substituted by serving
2-3	3.3	56.8	30.8
4-5	8.3	68.9	45.0
6-8	13.5	62.9	49.8
9-11 (male)	14.0	61.3	40.1
9-11 (female)	7.3	46.7	32.8
12-14 (male)	8.2	59.3	37.0
12-14 (female)	6.7	55.7	22.9
15-16 (male)	12.6	52.0	39.2
15-16 (female)	20.4	60.6	41.1
17-19 (male)	19.6	59.0	37.8
17-19 (female)	17.3	54.1	39.3
20+ (male)	16.2	29.4	21.8
20+ (female)	15.5	28.1	22.5
pregnant	9.7	14.9	12.9

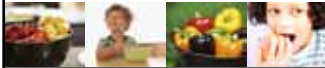


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## Health Risk – Exposure Modeling

### CONCLUSION

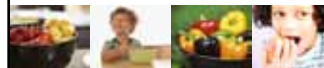
In a **worst case scenario**, replacing all caffeinated carbonated soft drinks with energy drinks on a volume basis **would result in a substantial percentage of the adults and nearly half of adolescent and children populations**, exceeding Health Canada's RMDIs for caffeine.



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## Putting the Results into Perspective

- ❑ These results stemming from Modelling using worse case scenarios
- ❑ Potential health effects of over exposure **are transient** and non-life threatening : e.g. Insomnia, agitation, headaches etc...
- ❑ Children would not/ should not have access to these products without parental control
- ❑ Adults are expected to access and follow dietary advice
- ❑ **Adolescents may have consumption behaviour leading to potential overexposure scenarios**

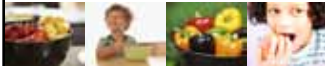


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## Managing Health Risk

- Managing potential risks stemming from these products should include multiple levers of action : **Regulatory and Non-Regulatory measures**
- The risk management approach should also be considered in the context of a holistic approach to help Canadians manage their caffeine intakes from food better.

Tool box of risk management measures

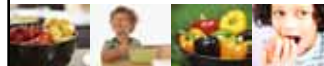


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## Risk Management Approach

### Regulatory Elements

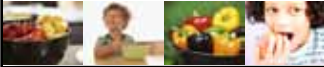
- ❑ Use of premarket oversight on a temporary basis : Temporary Marketing Authorisations
- ❑ Impose Composition Requirements for caffeinated energy drinks:
  - ❑ Maximum caffeine content from all sources (natural and synthetic) must be **less than 400 mg per litre**.
  - ❑ Maximum amount of caffeine in a single-serve\* or non re-sealable container must **not exceed 180 mg** (\* 750 ml re-sealable containers are considered a single serving).
  - ❑ Type and level of vitamins and minerals will be limited ("Formulation Guidelines").
  - ❑ A list of unacceptable ingredients was developed (e.g., Herbal Extracts).
  - ❑ Several exclusion criteria (e.g., energy drinks should not contain 25% or more of juice).



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## Managing Health Risk : Regulatory measures

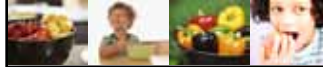
- ❑ **Labelling Requirements:**
  - ❑ General food labelling provisions will apply (e.g., ingredient labelling).
  - ❑ Amount of caffeine from all sources to be indicated on label in mg per container or per serving size.
  - ❑ A statement on the principal display panel identifying the product as a "**High source of caffeine**", and statements on the label indicating that the product is "**Not recommended for children, pregnant women, or individuals sensitive to caffeine**", and "**Do not mix with alcohol**".
- ❑ **Prohibition of Premixed Alcoholic Beverages:**
  - ❑ Prohibit energy drinks as an ingredient of an alcoholic beverage (i.e., pre-mixed with alcohol).
- ❑ **Consumption Incident Reporting:**
  - ❑ Health Canada will require that industry collect data on any consumption incidents associated with their products and participate in yearly reporting to the Department.



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## Managing Health Risk

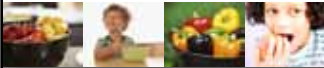
- ❑ **Non-Regulatory Elements**
  - ❑ **Education and Communication Strategy:**
    - ❑ Effective education tools and materials, particularly targeted at vulnerable populations, in collaboration with partners and stakeholders.
    - ❑ Communication products to inform Canadians of the risks associated with combining energy drinks with alcohol.
  - ❑ **Long-Term Health Effects and Monitoring:**
    - ❑ Collaborate domestically and internationally on research and monitoring activities to gather further consumption and exposure data and to determine the potential long-term health impacts of energy drinks and their common ingredients.
  - ❑ **Codes of Practice:**
    - ❑ Industry to develop and apply codes of practices (e.g. on responsible marketing and advertising to limiting access of product to children).



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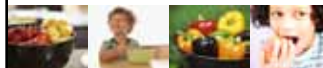
## Conclusion and Next Steps

- ❑ Current risk management approach will be evaluated based on data submitted by industry and research information collected by Health Canada
- ❑ Final regulatory framework for managing Energy Drinks will consider :
  - Any new findings from domestic and internationally available information
  - Overall Caffeine management approach
- ❑ Importance of non-regulatory measures or measures beyond federal oversight to manage risks associated with potentially inadequate "consumption behaviour".



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A collaborative approach is needed between all stakeholders : Government, Industry, health professionals and consumer groups to ensure effectiveness of the various risk mitigation measures



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## APPENDIX D: Evaluation Results

Overall, participants felt that the event partially or fully met the goals of bringing stakeholders together and providing opportunities to learn and share ideas. More specifically:

- 92% of participants agreed or strongly agreed that there was an appropriate mix of panel participants.
- 90% of participants agreed or strongly agreed that the panel presentations helped their understanding of the issue.
- 94% of participants agreed or strongly agreed that the afternoon dialogue session was useful.
- 91% of participants agreed or strongly agreed that they know what the key themes from the afternoon dialogue session were.
- 86% of participants agreed or strongly agreed that they are going to use knowledge gained today in their work and/or community.
- 83% of participants agreed or strongly agreed that they have been connected with people / groups that they can collaborate with.

What participants liked <u>most</u> about the event	What participants liked <u>least</u> about the event
<ul style="list-style-type: none"> <li>• Diversity of stakeholders in the room</li> <li>• Opportunity for discussion</li> <li>• Sharing of information</li> <li>• Increased knowledge and awareness of issues</li> <li>• Panel presentations and the diversity of information and perspectives</li> <li>• Diversity of stakeholders in the room</li> <li>• Opportunity for discussion</li> <li>• Sharing of information</li> <li>• Increased knowledge and awareness of issues</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of youth in the room and on the panel</li> <li>• Lack of research available / presented</li> <li>• Not enough time for Q &amp; A with panel</li> </ul>

Participants indicated that they had been inspired to take the following actions in their community or organization:

- Provide more information and education for students in the classroom
- Outreach and collaboration with other groups to fully understand the issues
- Education for parents in community settings
- Engage more people in discussions about energy drinks
- Raise awareness with key stakeholders
- Share information with my family, community, recreation centre, etc
- Educate youth on the difference between energy drinks and sports drinks

Sample of comments:

- Very informative day
- Great job and timely information. Thanks for the opportunity to have input.
- Should have been youth present
- Good exchange
- More political leaders, decision-makers and other groups need to be involved
- Representation from the beverage industry was frustrating but eye-opening to see how these drinks are portrayed in a more positive manner.
- A good day and enlightened my perspective of energy drinks. Not sure that regulation is the way to go. Perhaps build attainable guidelines with industry.
- Need to push for more research around energy drinks.
- Excellent. A good day.

## APPENDIX E: Participants

Participant Name	Organization	Email
Atkinson, Julie	Canadian Diabetes Association	<a href="mailto:Julie.atkinson@diabetes.ca">Julie.atkinson@diabetes.ca</a>
Baird, Kathryn	Recreation NB	<a href="mailto:Kate_baird@fredericton.ca">Kate_baird@fredericton.ca</a>
Bernard-LaFrance, Claudette	Vitalité Health Network	<a href="mailto:Claudette.bernard-lafrance@gnb.ca">Claudette.bernard-lafrance@gnb.ca</a>
Blinco, Kimberley	Department of Health	<a href="mailto:Kimberley.blinco@gnb.ca">Kimberley.blinco@gnb.ca</a>
Boudreau, Stacey	Anglophone School District, East	<a href="mailto:Stacey.boudreau2@nbed.nb.ca">Stacey.boudreau2@nbed.nb.ca</a>
Bourdon, Laure	Fédération des Jeunes Francophone du Nouveau-Brunswick	<a href="mailto:Laure@ffnb.nb.ca">Laure@ffnb.nb.ca</a>
Brennan, Laura	Department of Health	<a href="mailto:Laura.brennan@gnb.ca">Laura.brennan@gnb.ca</a>
Brown, James	UNB	<a href="mailto:jamesb@unb.ca">jamesb@unb.ca</a>
Bustard, Sarah	Department of Health	<a href="mailto:Sarah.bustard@gnb.ca">Sarah.bustard@gnb.ca</a>
Caldwell, Craig	Anglophone School District, North	<a href="mailto:Craig.caldwell@gnb.ca">Craig.caldwell@gnb.ca</a>
Chiasson, Lucie	Department of Healthy & Inclusive Communities	<a href="mailto:Lucie.chiasson@gnb.ca">Lucie.chiasson@gnb.ca</a>
Clair, Suzanne	Department of Health	<a href="mailto:Suzanne.clair@gnb.ca">Suzanne.clair@gnb.ca</a>
Coulombe, Marchell	HEPAC	<a href="mailto:Marchell.coulombe@gnb.ca">Marchell.coulombe@gnb.ca</a>
Daley, Krystal	Rothsay Regional Police	<a href="mailto:Krystal.daley@nbpolice.ca">Krystal.daley@nbpolice.ca</a>
Dalpe, Dr. Linda	Physician	<a href="mailto:Linda.dalpe@gmail.com">Linda.dalpe@gmail.com</a>
Debly, Jason	Department of Health	<a href="mailto:Jason.debly@gnb.ca">Jason.debly@gnb.ca</a>
Donald, Brandy	Horizon Health Network	<a href="mailto:Brandy.donald@gnb.ca">Brandy.donald@gnb.ca</a>
Doucet, Livain	Vitalité Health Network	<a href="mailto:Livain.doucet@gnb.ca">Livain.doucet@gnb.ca</a>
Fayad, Rim	NB Health Council	<a href="mailto:Rim.Fayad@nbhc.ca">Rim.Fayad@nbhc.ca</a>
Figler, Shauna	Nurses Association of New Brunswick	<a href="mailto:sfigler@nanb.nb.ca">sfigler@nanb.nb.ca</a>
Francis, Shelley	Union of New Brunswick Indians	<a href="mailto:shelley@unbi.org">shelley@unbi.org</a>
Frigault, Suzanne	Department of Education & Early Childhood Development	<a href="mailto:Suzanne.Frigault@gnb.ca">Suzanne.Frigault@gnb.ca</a>
Gallien-LeBouthillier, Jacqueline	Vitalité Health Network	<a href="mailto:Jacqueline.gallien-lebouthillier@gnb.ca">Jacqueline.gallien-lebouthillier@gnb.ca</a>
Godefroy, Dr. Samuel	Health Canada	<a href="mailto:Samuel.godefroy@hc-sc.gc.ca">Samuel.godefroy@hc-sc.gc.ca</a>
Goguen, Jacqueline	Vitalité Health Network	<a href="mailto:Jacqueline.goguen@gnb.ca">Jacqueline.goguen@gnb.ca</a>
Gresh, Lizzy	Heart and Stroke Foundation of NB	<a href="mailto:Igresh@hsf.nb.ca">Igresh@hsf.nb.ca</a>
Grey, Margie	MAWIW Council	<a href="mailto:Margieg@nb.sympatico.ca">Margieg@nb.sympatico.ca</a>
Grondin, Joe	Anglophone School District East	<a href="mailto:Joe.grondin@gnb.ca">Joe.grondin@gnb.ca</a>
Hammoud, Mike	Canadian Convenience Store Association	<a href="mailto:hammoud@conveniencestores.ca">hammoud@conveniencestores.ca</a>
Harnish, Darlene	Department of Public Safety	<a href="mailto:Darlene.harnish@gnb.ca">Darlene.harnish@gnb.ca</a>
Harris, Chantal	St. Thomas University	<a href="mailto:Chantal.harris@hotmail.com">Chantal.harris@hotmail.com</a>
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