

May 31, 2010



The Honourable Leona Aglukkaq
Federal Minister of Health
Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator: 0906C
Ottawa ON K1A 0K9

Dear Minister Aglukkaq:

Re: Labelling of Caffeine Content in Prepackaged Foods

On May 21, 2010, at a regular Board of Health meeting for Grey Bruce Health Unit, the Board considered the attached letter to Health Canada and Federal Minister of Health regarding *Report No. 051-10 re. Labelling of Caffeine Content in Prepackaged Foods*, from Middlesex London Health Unit. The following resolution was passed:

Resolution 2010-47

***THAT*, the Grey Bruce Board of Health endorse the recommendations from Middlesex-London Health Unit (MLHU) to Health Canada and the Federal Minister of Health regarding their report No. 051-10, *Labelling of Caffeine Content in Prepackaged Foods*, dated April 15, 2010; and *THAT*, all local Members of Parliament and local Members of Provincial Parliament, and Ontario Boards of Health be so advised.**

Building Healthy Communities Together,

A handwritten signature in black ink, appearing to read "Hazel Lynn".

Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health

HL/em

Copies to:

Bureau of Chemical Safety
Larry J. Miller, MP Bruce-Grey-Owen Sound
Ben Lobb, MP Huron-Bruce
Helena Guergis, MP Simcoe-Grey
Bill Murdoch, MPP Bruce-Grey-Owen Sound
Carol Mitchell, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Ontario Boards of Health
Ontario Medical Officers of Health

Encl.

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2010 April 27

BOH - CORRESPONDENCE - 3

The Honourable Leona Aglukkaq, MP
Federal Minister of Health
Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario K1A 0K9

Dear Minister Aglukkaq:

At its April 15th, 2010 meeting, the Middlesex-London Board of Health considered **Report No. 051-10 re Labelling of Caffeine Content In Prepackaged Foods**, and requested that a letter be sent to you strongly recommending that should the addition of caffeine and caffeine citrate in non-alcoholic carbonated water-based flavoured sweetened beverages (i.e. carbonated "soft drinks") be approved, Health Canada mandate the food industry to provide specific caffeine content statements directly on the labels of products with added caffeine and caffeine citrate and to also advocate for a coordinated national plan for key food and nutrition issues.

The recent issue of adding caffeine to non-cola carbonated soft-drink beverages is but one of several current nutrition concerns Canadians are faced with. Food nutrient awareness and the nutritional content in prepared foods extend far beyond caffeine. Addressing healthy eating as the overall goal for all Canadians includes messaging and awareness about many nutrition issues including but not limited to the sodium content in processed foods, the prevalence of trans fats in the food supply, commercial food advertising to children, excessive caloric intakes due to disproportionate serving sizes provided in both packaged and commercially prepared foods, and limitations in the current food labeling system.→

While it is important to flag for consumers how to be aware of the nutritional content of the foods they choose in their diets, equally important is the need for legislation and regulations from relevant provincial and federal agencies to ensure that supportive environments and healthy public policies create opportunities for consumers to ensure their healthiest choices are also the easiest ones to make.

In response to these individual nutrition issues that continue to arise, there is a pressing need for a comprehensive and coordinated national food and nutrition policy which would underscore these key food and nutrition issues that continue to be of concern to the health of Canadians from coast to coast to coast.

Recently in London, ON, key stakeholders from all levels of government, academia, and food industry met to discuss the possibility of developing a national food policy. It is strongly encouraged that Health Canada facilitates this process and becomes a champion in ensuring the development and support of this integral strategy in service of protecting the health and well-being of Canadians.

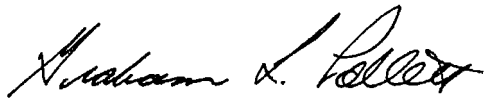
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The Honourable Leona Aglukkaq, P.C., M.P.

If you require additional information, please contact Ms. Heather Thomas, Dietitian, Chronic Disease and Injury Prevention Team, at (519) 663-5317 ext. 2222.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Graham L. Pollett". The signature is fluid and cursive, with the first name "Graham" and last name "Pollett" clearly distinguishable.

Graham L. Pollett, MD, MHSc, FRCPC
Secretary-Treasurer
Middlesex-London Board of Health

Encl.

c.c. Mr. James Reffle, Director of Environmental Health and Chronic Disease Prevention Services
Ms. Mary Lou Albanese, Manager, Chronic Disease and Injury Prevention Team
Ms. Heather Thomas, Dietitian, Chronic Disease and Injury Prevention Team
Ontario Health Units
Local MPPs and MPs

2010 April 27

Health Canada
Bureau of Chemical Safety
Tunney's Pasture
Postal Locator: 2203B
251 Sir Frederick Banting Driveway
Ottawa, ON K1A 0L2

To Whom It May Concern:

At its April 15th, 2010 meeting, the Middlesex-London Board of Health considered **Report No. 051-10 re Labelling of Caffeine Content In Prepackaged Foods**, and requested that a letter be sent opposing the introduction of caffeine and caffeine citrate in non-alcoholic carbonated water-based flavoured sweetened beverages (i.e., carbonated "soft drinks").

Canadian adults consume caffeine primarily in coffee (60%), tea (30%) and carbonated beverages, chocolate products, and medicines (10%). Canadian children, on the other hand, consume the majority of caffeine from cola drinks (55%), tea (30%), chocolate (14%), with the remaining amount coming from other sources including medications. A major concern public health nutrition professionals have with respect to caffeine consumption is that foods and beverages containing caffeine typically do not have significant nutritional benefits and may, in fact, increase an individual's risk for becoming overweight or obese if excessive amounts of these foods and beverages are consumed. Additionally, including caffeine in all carbonated soft drinks (cola and non-cola varieties) creates the opportunity for Canadians to increase their consumption of a stimulant that can cause insomnia, headaches, irritability, dehydration, and nervousness.

The recent announcement by Health Canada authorizing the use of caffeine and caffeine citrate as a food additive in all carbonated soft drinks, not just cola beverages is of great concern to health professionals at the health unit. There currently is no regulatory provision for mandatory quantitative labeling of caffeine, for example, a well-defined statement identifying the specific amount of milligrams of caffeine per stated serving size of food product (caffeine content: ___mg per "stated serving size"). There is also no requirement to identify the quantitative amount of caffeine in composite food containing ingredients that are natural sources of caffeine. Quantitative labeling of caffeine from all sources in foods would provide consumers with additional accessible information they can utilize to more accurately determine their daily caffeine intake.

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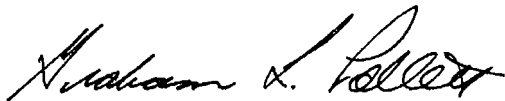
Health Canada

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On behalf of the Board of Health, we ask that stronger action be taken such as regulatory change to caffeine labeling on food labels to help Canadians make informed decisions about their caffeine consumption.

If you require additional information, please contact Ms. Heather Thomas, Dietitian, Chronic Disease and Injury Prevention Team, at (519) 663-5317 ext. 2222.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Graham L. Pollett". The signature is fluid and cursive, written over a white background.

Graham L. Pollett, MD, MHSc, FRCPC
Secretary-Treasurer
Middlesex-London Board of Health

Encl.

c.c. Mr. James Reffle, Director of Environmental Health and Chronic Disease Prevention Services
Ms. Mary Lou Albanese, Manager, Chronic Disease and Injury Prevention Team
Ms. Heather Thomas, Dietitian, Chronic Disease and Injury Prevention Team
Ontario Health Units
Local MPPs and MPs



TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC
Medical Officer of Health

DATE: 2010 April 15

LABELLING OF CAFFEINE CONTENT IN PREPACKAGED FOODS

Recommendation

It is recommended that the Board of Health provide feedback to the Food Directorate of Health Canada:

- i) opposing the addition of caffeine and caffeine citrate in non-alcoholic carbonated water-based flavoured sweetened beverages (i.e., carbonated “soft drinks”); and*
- ii) strongly recommending that should the addition of caffeine and caffeine citrate in these products be approved, Health Canada mandate the food industry to provide specific caffeine content statements directly on the labels of products with added caffeine and caffeine citrate; and*
- iii) advocating for a coordinated national plan for key food and nutrition issues.*

Background

Caffeine is a natural ingredient found in the leaves, seeds, or fruit of many different plants including coffee, tea, cocoa, kola, guarana, and yerba maté. It is also manufactured and utilized as a food additive in some carbonated drinks and added as an ingredient in some medications including cold and headache preparations.

In terms of consumption patterns, Canadian adults consume caffeine primarily in coffee (60%), tea (30%) and carbonated beverages, chocolate products, and medicines (10%). Canadian children, on the other hand, consume the majority of caffeine from cola drinks (55%), tea (30%), chocolate (14%), with the remaining amount coming from other sources including medications. One concern public health nutrition professionals have with respect to caffeine consumption is that foods and beverages containing caffeine typically do not have significant nutritional benefits and may, in fact, increase an individual’s risk for becoming overweight or obese if excessive amounts of these foods and beverages are consumed. Additionally, including caffeine in all carbonated soft drinks (cola and non-cola varieties) creates the opportunity for Canadians to increase their consumption of a stimulant that can cause insomnia, headaches, irritability, dehydration, and nervousness.

Changes in Regulations for Caffeine in Non-Cola Soft Drinks

Health Canada recently announced it is authorizing the use of caffeine and caffeine citrate as a food additive in all carbonated soft drinks, not just cola beverages. Beverage companies will be allowed to add synthetic caffeine to non-cola soft drinks in concentrations no higher than 150 parts per million. Currently, the maximum amount of caffeine allowed in cola beverages is 200 parts per million. Health Canada contends that as long as consumers do

not exceed the maximum daily intake of caffeine, the amounts to be allowed in non-cola soft drinks will not pose any health risks. Unfortunately, messages about moderate intake of caffeine can be a difficult one for the general public to heed.

Furthermore, currently, there is no regulatory provision for mandatory quantitative labelling of caffeine, for example, a well-defined statement identifying the specific amount of milligrams of caffeine per stated serving size of food product (caffeine content: ___ mg per “stated serving size”). There is also no requirement to identify the quantitative amount of caffeine in composite food containing ingredients that are natural sources of caffeine. Quantitative labelling of caffeine from all sources in foods would provide consumers with additional, accessible information they can utilize to more accurately determine their daily caffeine intake. Health Canada is urging food manufacturers to quantitatively label caffeine when present in pre-packaged foods, including soft drink beverages. Advocacy to Health Canada demanding stronger action such as regulatory change to caffeine labelling on food labels is necessary to help Canadians make informed decisions about their caffeine consumption.

Implications for Consideration

This current issue related to caffeine content in non-cola carbonated soft-drink beverages is of great importance for the nutritional concerns raised above. However, food nutrient awareness and the nutritional content in prepared foods extend beyond caffeine. Addressing healthy eating as the overall goal for all Canadians includes messaging and awareness about many nutrition issues including but not limited to the sodium content in processed foods, the prevalence of trans fats in the food supply, commercial food advertising to children, excessive caloric intakes due to disproportionate serving sizes provided in both packaged and commercially prepared foods, and limitations in the current food labelling system. While it is important to flag for consumers how to be aware of the nutritional content of the foods they choose in their diets, equally important is the need for legislation and regulations to ensure that supportive environments and healthy public policies create opportunities for consumers to ensure their healthiest choices are also the easiest ones to make. To this end, it is recommended that the Board of Health advocate for a coordinated national plan for key food and nutrition issues.

Conclusion

It is recommended that the Board of Health send comments and feedback to the Food Directorate of Health Canada opposing the introduction of caffeine and caffeine citrate in non-alcoholic carbonated water-based flavoured sweetened beverages (i.e., carbonated soft drinks). However, if Health Canada moves forward with this regulation, it is strongly recommended that the Board of Health advocate to the Food Directorate and to the Canadian Food Inspection Agency to make mandatory, specific caffeine content statements directly on food labels. Finally, given the recent influx of individual nutrition issues such as caffeine, sodium, trans fat, discretionary fortification, vitamin D, menu labelling, and the commercial marketing of food and beverages to children, an overall coordinated national food and nutrition policy is of great need. It is recommended that the Board of Health correspond with the Federal Minister of Health advocating for a coordinated national food and nutrition policy underscoring key food and nutrition issues.

This report was written by Ms. Heather Thomas, Public Health Dietitian, Chronic Disease and Injury Prevention Team.

Graham L. Pollett, MD, FRCPC
Medical Officer of Health

<p>This report addresses the following requirement(s) of the Ontario Public Health Standards (2008): Foundational Standard 5, 8, 13; Chronic Disease Prevention 11, 12.</p>
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