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Hon. Carolyn Bennett  
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Dear Minister Bennett,

I am grateful to know that we have a current Federal Government that has shown a willingness to follow-the-science, even when it can be unpopular. I'm a Radiation Oncologist based in Oshawa, ON. I applaud your ongoing efforts to move the needle on addictions, most recently with the addition of further labeling on individual cigarettes about their risks. Unfortunately, myself and many other front-line physicians from multiple areas of clinical practice think your efforts are missing the elephant in the room. Alcohol is a far more costly substance to Canadians than tobacco products ([CSUCH, 2018](#)) - yet alcoholic beverages are specifically excluded from any labeling, let alone health warnings.

I have already previously communicated with the LCBO as the supplier in Ontario. They directed me on to the Canadian Food Inspection Agency. In turn, they directed me on to Health Canada. In my discussions with the Director of Controlled Substances division at Health Canada, the group there is well aware of the risks of alcohol but seem unable to act without government direction.

Ever since you were in practice, the Canadian Medical Association passed policy on this matter. General Council voted in 1991, *"That the Canadian Medical Association actively promote the institution of health hazard warning labels on all beverage alcohol sold in Canada."* Yet, here we are decades later and industry lobbying still promotes and normalizes consumption, while keeping the substantial risks of alcohol suppressed ([Stockwell, 2020](#)). The evidence of the risks of harm continue to mount and with that, related healthcare outcomes, including mental health, are all going the wrong direction ([Shield, 2020](#)).

As you know, like all Canadians, health care providers are under immense stress. Within my practice group of 11 Radiation Oncologists, all but one of us is looking to cutback our clinical load in the near future. Personally, I teeter into burnout a few times a year now. In Oncology we're anticipating an onslaught of worse-than-usual cancer patients coming through for the next several years. It's all multifactorial of course, but let's look to some solutions to try and reverse the trends. When looking at modifiable cancer risks I've never run across a person who didn't already know smoking can cause cancer. Despite the best efforts of the Tobacco lobby a generation ago, the carcinogenic risk of tobacco is general knowledge and Canada is a world leader in tobacco labeling. Unfortunately, I frequently have to discuss alcohol as a leading cause of cancer as most people are not aware of that risk, particularly my breast cancer patients.

It is incontrovertible that alcohol causes several types of cancer. We know that alcohol intake can increase the risk of breast cancer with as little as 1 drink per week, and the risk increases with consumption. It was recognized as a level 1 carcinogen by the WHO decades ago and more recently the US Surgeon General recognized it as a carcinogen (2016). One of the largest analyses in [Lancet 2018](#) concluded, *"Alcohol use is a leading risk factor for global disease burden and causes substantial health loss. We found that the risk of all-cause mortality, and of cancers specifically, rises with increasing levels of consumption, and the level of consumption that minimises health loss is zero. These results suggest that alcohol control policies might need to be revised worldwide, refocusing on efforts to lower overall population-level consumption."* Evidence shows that only ~25% of Canadian consumers know that alcohol can increase their risk of cancer – and if they

did know, they would decrease their consumption. Further evidence shows that stronger alcohol policies result in decreased cancers downstream ([Naimi, 2019](#)).

Canadians are substantially higher than global average consumers of alcohol and consumption has increased during the pandemic. Many people continue to think alcohol is good for their heart-health due to industry misdirection. To the contrary, alcohol increases risk of atrial fibrillation, hypertension and cardiomyopathy. A large [Harvard 2022](#) article concluded, *“The findings of this study suggest that the observed cardioprotective effects of light to moderate alcohol intake may be largely mediated by confounding lifestyle factors.”* The American Heart Association does not recommend consuming alcohol for cardiovascular benefit.

The Opioid crisis deserves special attention. Alcohol is a gateway drug for more addictive substances. Adolescent drinking is its own problem with neurologic damage to the developing brain, but further downstream, a slight majority of narcotic abusers used alcohol before opioids. Any action on the opioid crisis needs to include action on alcohol. There are nearly 20,000 death per year in Canada attributed to alcohol. More than the opioid epidemic by far.

I can barely even bring myself to write about the costs of drunk driving as the gut-wrenching devastation of the Neville-Lake family demands action in any possible rational manner. Domestic violence and Fetal Alcohol Spectrum are two other scenarios where the consumer does not pay the price for alcohols effects. I would argue that these costs are immeasurable. The normalization of alcohol consumption creates an underlying ‘drinking culture’ and it’s not much of a stretch to draw a parallel to ‘gun culture’ and the tactics of the NRA which continues to tout that more guns will stop school shootings in the USA - contrary to all evidence and common sense!

Turning it back to hard numbers – they also show the substantial negative effect of alcohol. The economic cost of alcohol (\$16.6 Billion) exceeds all other substances combined. It also far exceeds the tax revenue gained through alcohol taxation. (\$10.9 Billion) ([Sherk, 2019](#)).

I honestly do not care if people choose to drink responsibly. I do not endorse prohibition, simply honest education for the consumer about risk. Frankly, someone has to take action as industry/lobby groups continue to push their agenda undeterred. On behalf of many of my colleagues who joined me in having the CMA resurrect that 1991 policy about labeling for Health Canada, we’re looking for the government to accept that Canadians have been either actively uninformed or misinformed by industry lobbying into falsely believing alcohol can solve their problems. That the Instagram famous “Mom-juice” with wine in the sippy-cup is not a joke. It’s a very harmful normalization that the extra glass of wine/beer is a solution to the stresses of modern society.

On behalf of many across the country I would strongly advocate for more stringent alcohol policies ([WHO, 2019](#); [CAPE, 2019](#)), and education. Global efforts include the recent [Oslo Declaration](#), and closer to home the Canadian Public Health Agency is set to release their alcohol [position statement](#). The Canadian Cancer Society is also set to update their stance on alcohol. The [WHO Global Strategy](#) includes numerous avenues of possible policy advancement. Similar to Tobacco labels, I ask you to introduce specific, clear, graphic, product warning labels of the risks of alcohol consumption ([WHO, 2022](#); [PAHO, 2022](#)). The evidence supports it, it would save in the overall net budget, and most importantly it would save lives. Just like how we’re starting to see decreases in tobacco-related illnesses. We need to turn the trends around on alcohol. They’re all pointing the wrong direction.

Thank you for your attention to this very important matter,



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Cc: Hon. Jean-Yves Duclos, Minister of Health

Jennifer Saxe - Director General, Controlled Substances Directorate, Health Canada

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