Board of Health Briefing Report

To:	Chair and Members of the Board of Health
Date:	January 24, 2023
Topic:	**Mandatory Labels on Alcohol Containers**
Submitted by:	Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
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RECOMMENDATIONS

It is recommended that the Timiskaming Health Unit (THU) Board of Health resolve to:

Call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT, the THU Board of Health endorse, in principle, Bill S254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages) and Motion M-61 A National Warning Label Strategy for Alcoholic Products.

AND FURTHER THAT, a copy of this endorsement be forwarded to:

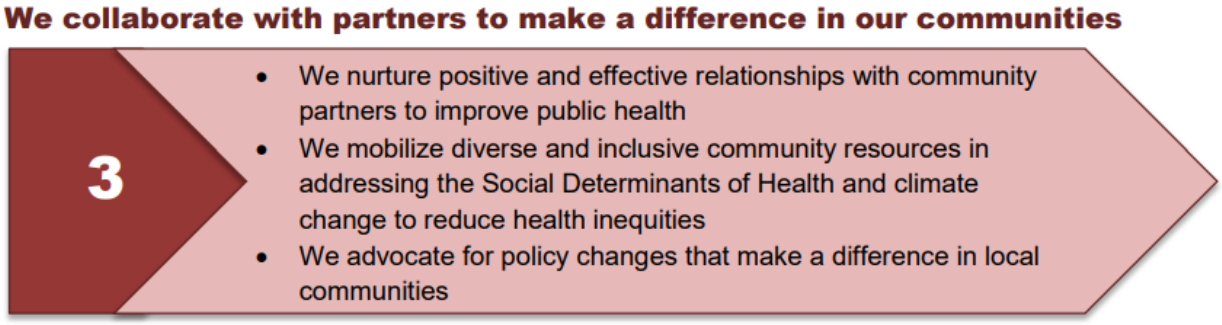
1) Right Hon. Justin Trudeau, Prime Minister of Canada
2) Hon. Jean-Yves Duclos, Minister of Health
3) Dr. Theresa Tam, Chief Public Health Officer of Canada
4) Hon. Anthony Rota, MP Nipissing Timiskaming
5) Hon. Charlie Angus, MP Timmins-James Bay
6) Hon. Patrick Brazeau, Senator, Independent
7) Hon. Lisa Marie Barron, MP Nanaimo-Ladysmith
8) Loretta Ryan, Executive Director, Association of Local Public Health Agencies
9) Ontario Boards of Health
10) Canadian Public Health Association
11) Timiskaming Drug and Alcohol Strategy

Overview

- In January 2023, The Canadian Centre on Substance Use and Addiction released Canada's Guidance on Alcohol and Health: Final Report concluding that all levels of alcohol consumption pose some health risks. [4]
- Alcohol is the leading risk factor for death and disability among Canadians between the ages of 15 and 49 years.[4,11]
- Alcohol is the direct cause of over 60 chronic diseases,[21] including at least seven types of cancer.[22-24]
- Seven out of 10 Canadians are not aware that alcohol causes cancer.[29]
- Alcohol consumption at any level poses some risks, with as few as three standard drinks (SDs) per week posing a moderate risk for adverse health outcomes.[4]
- In 2018, alcohol use accounted for over 86,000 emergency department (ED) visits in Ontario,[12] and over 29,000 hospitalizations.[13]
- The rate of hospitalizations for conditions entirely attributable to alcohol in the district of Timiskaming (405.4 per 100,000) is more than double the provincial rate (199.8 per 100,000).[13]
- Before the pandemic, approximately 24% of Timiskaming residents 20 to 64 years of age reported engaging in heavy drinking.[14] Since the start of the pandemic, 40% of Timiskaming residents reported increasing their alcohol consumption.[15]
- Failure to adequately warn of the hazards of drinking places consumers at risk of alcohol-related harm.[4]
- Alcohol labels in the form of standard drink labels (SDLs) and health warning labels (HWLs) are effective at assisting consumers in monitoring their consumption, raising awareness about alcohol-related harm, and mitigating risks.[32-38]
- At least 20 countries require HWLs on alcoholic beverage containers, including the United States, Australia, and France.[44]
- Bill S254 and Motion M-61 in progress with the Senate, work towards the same goal of requiring through regulation, labels on all alcoholic containers stating standard drink volume, the number , of standard drinks in the container, alcohol-related health risks, and the link between alcohol consumption and cancer risk.

Ontario Public Health Standards (2018) and THU Strategic Plan 2019-2023 Links

This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2021) and supports the following THU 2019-2023 strategic direction 3.



Background

In 2011, Canada's Low-Risk Alcohol Drinking Guidelines (LRADG) were established to help curb the harms associated with alcohol consumption.[1] Based on the premise that light to moderate alcohol consumption offered some health benefits, the recommended daily and weekly limits outlined in the LRADG were an attempt to achieve a balance between the alcohol-related harms and benefits.[1]

Since 2011, the accumulative evidence has cast serious doubt on alcohol's health benefits while revealing increased health risks and prompting a review of the former LRADG.[2,3] Following an extensive review of the most current evidence, an updated alcohol and health guidance document has been released by the Canadian Centre on Substance Use and Addiction concluding that all levels of alcohol consumption pose some health risks and strongly urges governments, healthcare providers, and community stakeholders to enact alcohol policies that promote public health.[4] A policy recommendation includes providing Canadians with clear and consistent information about the health and safety of alcohol products and tools to help them monitor the amount they consume.[4]

Echoing the recommendations of the World Health Organization (WHO), the authors of the guidance document recommend that Health Canada require, thorough regulation, the mandatory labelling of all alcoholic beverages to include the number of standard drinks in a container, risk information, health warnings, and nutrition information.[4,5] Introduced by Senator Patrick Brazeau and supported by the Canadian Medical Association, if passed, Bill S254 would require labels with the above information to be affixed to all alcohol containers. The bill recently received a second reading and is awaiting a third. Motion M-61 was introduced to Parliament in June 2022 by Hon. Lisa Marie Barron, MP Nanaimo-Ladysmith. Both Bill S254 and Motion M-61 would require, through regulation, warning labels on all alcoholic containers.

Considerations

Alcohol consumption is a normalized behaviour in North America with approximately 23.7 million Canadians having consumed it in the past year.[6] As a legal substance, its use is promoted as a personal choice with the onus placed on the individual to drink responsibly. The term "drink responsibly," however, is poorly defined with interpretation often left to the consumer.[7] Factors in our social, economic, and physical environments influence our level of risk for experiencing alcohol-related harms. For example, despite consuming alcohol at lower levels, lower socioeconomic status groups have been shown to experience a far greater number of alcohol-related harms.[8] Colonial practices leading to intergenerational trauma and racist policies have left Indigenous people particularly vulnerable to the negative impacts of alcohol.[9] Addressing the social determinants of alcohol-related harms requires a commitment by governments at all levels. While associations between binge drinking and suicidality, homicides, intimate partner violence, child abuse, physical and sexual assaults, unintentional injuries, fetal alcohol spectrum disorders, and motor vehicle collisions have been promoted, there is less awareness about alcohol-related health risks.

Alcohol is a highly addictive psychoactive substance accounting for 67% of admissions to substance use treatment services in Ontario.[10] Alcohol costs the Canadian economy $16.6 billion annually with $5.4 billion attributed to health care costs.[11] It costs the Canadian economy more than all illicit substances combined.[11] Each year alcohol claims over 15,000 Canadian lives and is the leading risk factor for death and disability among Canadians between 15 and 49 years of age.[4,11] In 2018, alcohol use accounted for over 86,000 emergency department (ED) visits in Ontario,[12] and over 29,000 hospitalizations.[13] During the same time period, the rate of hospitalizations in Timiskaming for conditions entirely attributable to alcohol (405.4 per 100,000) was more than double the overall rate for Ontario (199.8 per 100,000).[13] Prior to the COVID-19 pandemic, approximately 24% of Timiskaming residents 20-64 years of age reported engaging in heavy drinking, defined as consuming five or more drinks in a single sitting.[14] Since the start of the pandemic, approximately 40% of Timiskaming residents reported increasing their alcohol consumption.[15] When consumed at higher levels, alcohol is a risk factor for most cardiovascular disease, including coronary artery disease,[16] heart failure,[17] elevated blood pressure,[18] atrial fibrillation,[19] and stroke.[20] However, there is a widely held misconception that alcohol must be consumed at high levels to have adverse health impacts. The most recent research demonstrates that as few as three to seven standard drinks per week pose a moderate to high risk for adverse health outcomes.[4]

Alcohol is the direct cause of over 60 chronic diseases,[21] including at least seven types of cancer consisting of cancers of the oral cavity, pharynx, larynx, esophagus, liver, colon, and female breast.[22-24] It is suspected to be associated with others including cancers of the pancreas and stomach.[25,26] The most recent data project that 1 in 2 Canadians will receive a cancer diagnosis in their lifetime.[27] Alcohol is the third most modifiable risk factor for cancer with approximately 6% of all cancers being attributed to its consumption and ranks only behind tobacco smoking and obesity.[28] Alcohol has a profound impact on the development of female breast cancer.[3,28] As much as 16% of all breast cancer cases can be attributed to alcohol with as little as one

standard drink per day resulting in a 13% increase in breast cancer risk.[3,28] In 2022, there were 12,531 diagnosed cases of female breast cancer in Ontario alone.[27] Over 2000 of these cases could have been prevented by avoiding alcohol consumption. Unfortunately, fewer than 30% of Canadians are aware that alcohol is a carcinogen and attempts to raise awareness to this effect have been met with extreme resistance from the alcohol industry.[29,30]

Given the health and safety harms associated with alcohol use and the related strain on a stretched healthcare system, evidence-based prevention and mitigation public policy considerations are critical.[4] Effective policy levers include socially responsible pricing, availability, and access controls, restricting marketing and promotion and mandating risk labels on alcoholic drinks.[31]

At present, the only mandated information on an alcohol container label is the percentage of alcohol by volume (%ABV) and the total beverage volume.[32] The limited information on Canadian alcoholic beverage containers forces consumers who wish to follow LRADG to calculate the number of standard drinks (SD) consumed mathematically. This calculation is challenging, given the varied %ABV and sizes of alcoholic beverage containers currently on the market.[32] Raising awareness about SD sizes, associated risks, and alcohol-related harm is the first step to changing behaviours.

Standard drink labels (SDLs) noting the number of standard drinks in a container raise awareness about SD sizes and assist drinkers in monitoring their alcohol consumption.[32] Labels with SD and risk-related information are more effective in facilitating accurate estimates of alcohol consumption and awareness of safer drinking limits than labels containing %ABV alone.[33] Drinkers solely exposed to the latter were more prone to underestimating their alcohol consumption.[33] Also, health warning labels (HWLs) are valuable tools for raising awareness and influencing alcohol-drinking behaviours when used with other interventions. [32-38] People who know alcohol causes cancer are more likely to support other alcohol policies.[38]

Prominent labels that contain SD size and risk-related information in a chart and pictogram form, as well as cancer messaging and warnings about alcohol consumption during pregnancy, are most effective and preferred by consumers.[34] While the HWLs alert consumers to why they should monitor their alcohol consumption, the SDLs and risk-related information provide consumers with the tools to do so. The labels should be visible, easy to read, and accurately relay the information.[39] Alcohol labels are a relatively inexpensive method of communicating messages to consumers while effectively targeting the heaviest drinkers without infringing upon consumers' freedoms.[39] Rotating the various health messages helps avoid overexposure to the same message.[37]

The alcohol industry tends to promote highly contested and unsubstantiated health benefits of alcohol while minimizing alcohol-related health risks.[40] Alcohol is often glamorized and depicted as necessary for a good time. As a result, Canadians, including youth, are exposed to a vast amount of alcohol marketing and misinformation without being fully informed about the health risks associated with alcohol use.[41] Public health, however, simply does not have sufficient resources to counter the misinformation disseminated by the multi-billion-dollar alcohol

industry driven by profits[40,42] and many provincial governments are deregulating alcohol sales to bolster tax revenues.[43] However, health warning labels can help offset this imbalance by providing access to information at the point of consumption. In addition, SDLs can support health-conscious Canadians in accurately monitoring the amount of alcohol they consume while assisting those who wish to drink less.

At least 20 countries require HWLs on alcoholic beverage containers, including the United States, Australia, and France.[44] Governments are obliged to protect the health of their citizens and enact policies that promote public health in the least intrusive manner. All Canadians have the right to be informed about the known health risks associated with alcohol consumption and should have access to tools to assist them in minimizing those risks.[4,5] A federal policy enacting mandatory alcohol labels, as described above, would ensure all Canadians can make informed decisions without interfering with their autonomy to make those decisions.

Related Work

Board of Health Briefing Report: *Developing the Timiskaming Drug and Alcohol Strategy—A summary of local work.* October 5, 2022
Timiskaming Board of Health Motion 46R-2017 *Provincial Alcohol Strategy*. Sept 6, 2017

In addition to this advocacy work, THU staff work to promote awareness of health impacts of alcohol use, to support healthy public policy and supportive environments and to limit the impact of alcohol marketing at the local level. This includes supporting the Timiskaming Drug and Alcohol Strategy and local Community Safety and Wellbeing plan.

References

1. Butt, P., Beirness, D., Gliksman, L., Paradis, C. & Stockwell, T. (2011). Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking. Ottawa, ON: Canadian Centre on Substance Abuse. Available from https://www.uvic.ca/research/centres/cisur/assets/docs/report-alcohol-and-health-in-canada.pdf
2. Stockwell, T., Zhao, J., Panwar, S., Roemer, A., Naimi, T., & Chikritzhs, T. (2016). Do "moderate" drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality. Journal of Studies on alcohol and Drugs, 77(2), 185-198. DOI: https://doi.org/10.15288/jsad.2016.77.185
3. Zeisser, C., Stockwell, T., Chikritzhs, T. (2014). Methodological biases in estimating the relationship between alcohol consumption and breast cancer: The role of drinker misclassification errors in meta-analytic results. Alcohol: Clinical and Experimental Research, 38(8), 2297-2306. DOI: https://doi.org/10.1111/acer.12479
4. Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2022). Update of Canada's Low-Risk Alcohol Drinking Guidelines: Final Report for Public Consultation. Ottawa, ON: Centre on Substance Use and Addiction. Available from https://ccsa.ca/sites/default/files/2022-08/CCSA-LRDG-Update-of-Canada%27s-LRDG-Final-report-for-public-consultation-en.pdf

5. Anderson, B.O., Berdzuli, N., Ilbawi, A., Kestel, D., Kluge, H., Krech, R., Mikkelsen, B., Neufeld, M., Pozyak, V., Rekve., D., Slama, S., Tello, J., & Ferreira-Borges, C. (2023). Health and cancer risks associated with low levels of alcohol consumption. The Lancet Public Health, 8(1), E6-E7. DOI: https://doi.org/10.1016/S2468-2667(22)00317-6
6. Health Canada (2018). *Canadian Alcohol and Drugs Survey (CADS): Summary of results for 2019*. Government of Canada, Ottawa, ON. Available from https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html
7. Hessari, N.M., & Petticrew, M. (2017). What does the alcohol industry mean by 'responsible drinking'? A comparative analysis. Journal of Public Health, 40(1), 90-97. DOI: https://doi.org/10.1093/pubmed/fdx040
8. Canadian Institute for Health Information (2017). Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI Available from https://cihi.ca/sites/default/files/document/report-alcohol-hospitalizations-en-web.pdf
9. Weatherall, T.J., Congrave, K.M., Conigrave, J.H., Lee, K.K.S. (2020). What is the prevalence of current alcohol dependence and how is it measured for Indigenous people in Australia, New Zealand, Canada, and the United States of America? A Systematic Review. Addiction Science & Clinical Practice, 15, 13 DOI: https://org/10.1186/s13722-020-00205-7
10. McQuaid, R.J., DiGiocchio, L.A., & National Treatment Indicators Working Group (2017). Addiction treatment in Canada: The National Treatment Indicators Report 2014-2015 Data. Ottawa,ON: Canadian Centre on Substance Use and Addiction. Available from https://ccsa.ca/addiction-treatment-canada-national-treatment-indicators-report-2014-2015-data
11. Canadian Substance Use Costs and Harms Scientific Working Group (2018). *Canadian substance use costs and harms (2007-2014)*. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction). Ottawa ON: Canadian Centre on Substance Use and Addiction. Available at http://www.ccsa.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2018-en.pdf
12. Public Health Ontario (2021). Snapshots: ED Visits for conditions entirely attributable to alcohol – age standardized rate (both sexes) - 2018 [Internet]. Available from https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Harms
13. Public Health Ontario (2021). Snapshots: Hospitalizations for conditions entirely attributable to alcohol – age standardized rate (both sexes) - 2018 [Internet]. Available from https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Harms
14. Public Health Ontario (2022). Snapshots: Self-reported heavy drinking rate – 2015-16 [Internet]. Available from https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Use
15. Rapid Risk Factor Surveillance System, 2020-2021, Region of Timiskaming – Public Health.
16. Giovanni, C., Rubbiati, L., Bagnardi, V., Zabon, A., & Poikolainen, K. (2002). Alcohol and coronary heart disease : a meta-analysis. Addiction, 95(10), 1505-1523. DOI: https://doi-org.ezproxy.lakeheadu.ca/10.1046/j.1360-0443.2000.951015056.x
17. Larsson, S.C., Orsini, N., Wolk, A. (2015). Alcohol consumption and risk of heart failure a dose response meta-analysis of prospective studies. European Journal of Heart Failure, 17(4), 367-373. DOI: https://doi-org.ezproxy.lakeheadu.ca/10.1002/ejhf.228
18. Tasnim, S., Tang, C., Musini, V.M., & Wright, J.M. (2020). Effect of alcohol on blood pressure. Cochrane Database of Systematic Reviews 2020, Issue 7, Art. No. CD012787 DOI: https://doi.org/10.1002/14651858.CD012787.pub2

19. Gallagher, C., Hendriks, J.M.L., Elliott, A.D., Wong, C.X., Rangnekar, G., Middeldorp, M.E., Mahajan, R., Lau, D.H., Sanders, P. (2017). Alcohol an incident atrial fibrillation- A systematic review and meta-analysis. International Journal of Cardiology, 246, 46-52. DOI: https://doi-org.ezproxy.lakeheadu.ca/10.1016/j.ijcard.2017.05.133
20. Reynolds, K., Lewis, B., Nolen, J.D.L., Kinney, G.L., Sathya, B., & He, J. (2003). Alcohol consumption and risk of stroke: A meta-analysis. Journal of the American Medical Association, 289(5), 579-588. DOI: https://doi:10.1001/jama.289.5.579
21. World Health Organization. (2011). *Global status report on alcohol and health 2011.* Geneva, Switzerland: World Health Organization. Available at https://apps.who.int/iris/bitstream/handle/10665/44499/9789241564151_eng.pdf;jsessionid=F8FA5C0819E9A8B3D0128F56876CAE35?sequence=1
22. Goldstein, B.Y., Chang, S.C, Hashibe, M., LaVecchia, C., & Zhang, Z.F. (2010). Alcohol consumption and cancer of the oral cavity and pharynx from 1988 to 2009: An update. *European Journal of Cancer Prevention, 19*(6), 431-465. DOI: 10.1097/CEJ.0b013e32833d936d
23. Bagnardi, V., Rota, M., Battan, E., Tramacare, I., Islami, F., Fedirko, V., …LaVecchia, C. (2014). Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112, 580-593. DOI: 10.1038/bjc.2014.579
24. Cao, Y., Willett, W.C., Rimm, E.B., Stampfer, M.J., & Giovannucci, E.L. (2015). Light to moderate intake of alcohol, drinking patterns, and risk of cancer: results from two prospective US cohort studies. *British Medical Journal*, 351:h4238. DOI: https://doi.org/10.1136/bmj.h4238
25. Tramacere, I., Scotti, L., Jenab, M., Bagnardi, V., Bellocco, R., Rota, M., Corrao, G., Bravi, F., Boffetta, P., & LaVecchia, C. (2010). Alcohol drinking and pancreatic cancer risk: a meta-analysis of the dose-risk relation. International Journal of Cancer, 126(6), 1474-1486. DOI: https://doi.org/10.1002/ijc.24936
26. Deng, W., Jin., L., Zhuo, H., Vasiliou, V., & Zhang, Y. (2021). Alcohol consumption and risk of stomach cancer: A meta-analysis. Chemico-Biological Interactions, 336, 109365. DOI: https://doi.org/10.1016/j.cbi.2021.109365
27. Ontario Health (Cancer Care Ontario) (2022). Ontario Cancer Statistics 2022. Toronto: Ontario Health (Cancer Care Ontario); 2022. Available from https://www.cancercareontario.ca/en/data-research/view-data/statistical-reports/ontario-cancer-statistics-2022
28. Islami, F. Sauer, A.G., Miller, K.D., Siegel, R.L., Fedewa, S.A., Jacobs, E.J., . . . Jemal, A. (2018). Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA: A Cancer Journal for Clinicians, 68(1), 27, 31-54 DOI: 10.3322/caac.21440
29. Canadian Cancer Society (2016). *The truth about cancer*. Accessed on February 21, 2020. Available from http://www.cancer.ca/en/about-us/news/on/2016/february/story4/?region=on
30. Canadian Broadcasting Corporation (2018). Researcher angry alcohol industry lobbied Yukon to 'squash' cancer warning study. Available from https://www.cbc.ca/radio/asithappens/as-it-happens-tuesday-edition-1.4672905/researcher-angry-alcohol-industry-lobbied-yukon-to-squash-cancer-warning-study-1.4672933
31. Martineau, F., Tyner, E., Lorenc, T., Petticrew, M., & Lock, K. (2013). Population-level interventions to reduce alcohol-related harm : An overview of systematic reviews. *Preventive Medicine*, 57, 278-296. DOI: 10.1016/j.ypmed.2013.06.019
32. Osiowy, M., Stockwell, T., Zhao, J., Thompson, K., & Moore, S. (2015). How much did you actually drink last night? An evaluation of standard drink labels as an aid to monitoring personal consumption. *Addiction Research & Theory*, 23(2), 163-169. DOI: https://doi.org/10.3109/16066359.2014.955480

33. Hobin, E., Vallance, K., Zuo, F., Stockwell, T., Rosella, L., Simniceau, A., …Hammond, D. (2018). Testing the efficacy of alcohol labels with standard drink information and national drinking guidelines on consumers' ability to estimate alcohol consumption. *Alcohol and Alcoholism*, 53(1), 3-11. DOI: https://doi.org/10.1093/alcalc/agx052
34. Vallance, K., Romanovska, I., Stockwell, T., Hammond, D., Rosella, L., & Hobin, E. (2018). "We have the right to know": Exploring consumer opinions on content, design, and acceptability of enhanced alcohol labels. *Alcohol and Alcoholism*, 53(1), 20-25. DOI: 10.1093/alcalc/agx068
35. Stockwell, T. (2006). *A review of research into the impacts of alcohol warning labels on attitudes and behaviour.* Victoria, BC: Centre for Addiction Research of BC. Available from https://www.uvic.ca/research/centres/cisur/assets/docs/report-impacts-alcohol-warning-labels.pdf
36. Miller, E.R., Ramsey, I.J., Baratiny, G.Y., & Olver, I.N. (2016). Message on a bottle: are alcohol warning labels about cancer appropriate? *BMC Public Health*, 16:139. DOI 10.1186/s12889-016-2812-8
37. Pettigrew, S., Jongenelis, M.I., Glance, D., Chikritzhs, T., Pratt, I.S., Slevin, T., …Wakefield, M. (2016). The effect of cancer warning statements on alcohol consumption intentions. *Health Education Research,* 31(1), 60-69. DOI: https://doi.org/10.1093/her/cyv067
38. Bates, S., Holmes, J., Gavens, L., Gomes de Matos, E., Li, J., Ward, B., … Buykx, P. (2018). Awareness of alcohol as a risk factor for cancer is associated with public support for alcohol policies. *BMC Public Health*, 18:688. DOI: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5581-8
39. Public Health Ontario, LeMar, J., Berenbaum, E., & Thomas, G. (2015). *Focus on: Standard alcohol labels*. Toronto, ON: Queen's Printer for Ontario. Accessed from https://www.academia.edu/13889646/Focus_On_-_Standard_Alcohol_Labels
40. McCambridge, J., Mialon, M., & Hawkins, B. (2018). Alcohol industry involvement in policymaking: a systematic review. *Addiction*, 113, 1571-1584. DOI: https:/doi.org/10.1111/add.14216
41. Ontario Agency for Health Protect and Promotion (Public Health Ontario), Geisbrecht, N., & Wettlaufer, A. (2016). Focus On: Alcohol Marketing. Toronto, ON: Queen's Printer for Ontario. Available from https://www.publichealthontario.ca/-/media/Documents/F/2016/focus-on-alcohol-marketing.pdf?rev=d0f395d235d84069bf56a0685fb223d6&sc_lang=en
42. Pettigrew, MP, Van Schalkwyk, MCI, Maani, NJ, & Peake, LK (2022). Educ' Alcool's misinformation: more mixed messages about alcohol harms. European Journal of Public Health, 32, 6-7. https://doi.org/10.1093.eurpub/ckab198
43. Government of Ontario (2019, May 27). Ontario to deliver true choice, convenience and fairness for beer and wine consumers. *News Ministry of Finance*. Available from https://news.ontario.ca/mof/en/2019/05/ontario-to-deliver-true-choice-convenience-and-fairness-for-beer-and-wine-consumers.html
44. Thomas, G., Gonneau, G., Poole, N., & Cook, J. (2014). The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review. *International Journal of Alcohol and Drug Research*, 3(1), 91-103. DOI: https://doi.org/10.7895/ijadr.v3i1.126