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include warnings not to mix the beverage with alcohol. Unlike coffee and iced coffee beverages, which have no warnings or quantitative labelling, all energy drinks declare levels of caffeine from all sources (natural and synthetic).

In Canada, mainstream energy drinks contain less caffeine by volume than a cup of filter drip coffee (80–140 mg per energy drink v. 179 mg per 237 mL cup of coffee). Labels on energy drinks advise consumers to have only one drink per day. Nowhere in this country are there energy drinks with caffeine levels approaching those suggested in the editorial.

We do agree that education on the proper consumption of this unique product category is important — which is why the industry has offered to partner with Health Canada on a consumer education campaign. The campaign needs to sensitize all Canadians to the sources of caffeine in their diets and to Health Canada's recommended intake levels of 400 mg/d per person and 2.5 mg/kg of body weight for children under the age of 12.

Energy drinks have been the subject of extensive review and analysis by regulatory authorities worldwide. Without exception, these reviews have confirmed the safety of these products in markets around the world.

Justin Sherwood

President, Refreshments Canada,
Toronto, Ont.

Competing interests: Justin Sherwood represents the nonalcoholic beverage sector.

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For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.100953v2#594265

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Bravo and beware

Bravo for your Aug. 30 editorial, "Governments, pay for smoking cessation."¹ The only potential loser would

be the tobacco industry, of whose influence we should be wary.

Clinical tobacco intervention is one of the top three preventive measures,² and although, stop-smoking medication is one of the most effective, only Quebec has made it widely available to its citizens (since October, 2000).

Cigarette-smoking is not an equal-opportunity addiction. Two of its major determinants, genetics and years of education, are not evenly distributed across the population.

Furthermore, the short-term gain in terms of hospital and surgical complications avoided by stopping smoking is spectacular. Failure to invest in not only medication but also in paying for the systematic delivery of clinical tobacco intervention amounts to fiscal and administrative malpractice.

But one editorial in the *CMAJ* won't be enough. The resistance to doing the obvious is deeply entrenched.

Frederic Bass

Vancouver, BC

Competing interests: Member, Varenicline Advisory Committee, Pfizer

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For the full letter, go to: www.cmaj.ca/cgi/eletters/cmaj.101140v1#595875

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Letters to the editor

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