

Graduated driver licensing in Canada: slowly but surely

Graduated driver licensing programs vary significantly across the country but new evidence about best practices shows there is room for improvement (see editorial, pages 737 and 739).

Since 1994, nearly every province has implemented some form of graduated driver licensing program, where new drivers are gradually introduced to more challenging driving. These include everything from lower demerit point thresholds to zero tolerance for drinking alcohol (the drinking age is 18 in Alberta, Manitoba and Quebec, and 19 elsewhere in Canada).

The Traffic Injury Research Foundation, an independent road safety institute, has identified best practices for graduated licensing, and emphasized 5 priorities (Table 1). Most jurisdictions are doing well in implementing these but there are notable lapses, such as the lack of a ban on night driving for learners, says Senior Vice President, Dan Mayhew.

Mayhew is also concerned that

many jurisdictions now shorten the duration of learner's permit for youths who take driver's education. These so-called "time discounts" are "peculiar to Canada," he says. And there is "little evidence" that driver's education reduces accidents.

"These drivers may have more skills, but not as much practice as another driver," says Mayhew. In British Columbia, Ontario, Quebec and Nova Scotia "time discounts" proved to have a negative effect; as trained youth had more crashes than untrained ones.

The foundation also recommends a learner stage of at least 12 months with certified practice requirements.

Nova Scotia, Prince Edward Island and BC are in the midst of updating GDL legislation. Nova Scotia, for example, is planning stronger legislation in regard to blood alcohol levels, as well as an extended learner stage.

For more information see *Best practices for graduated driver licensing in Canada* (www.trafficinjuryresearch.com). — Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.070242

Mixed reviews for Canada's new food guide

Federal health minister Tony Clement believes it's state-of-the-art and some praise the newly updated Canada Food Guide as sound nutritional advice, but critics aren't convinced that recent revisions to the 65-year-old document will do enough to minimize the risk of chronic disease and have failed Canadians by neglecting to include guidelines for daily caloric intake.

Health Canada lauded the guide's addition of clearer information about serving sizes that are based on age (including preschoolers) and sex, while touting the value of a "create your own guide" Web tool that allows Canadians to integrate personal food preferences into the guide (www.hc-sc.gc.ca/). The 6-page guide, last revised 15 years ago, also advises limiting fat, sugar, salt and processed foods, and encourages more exercise. It also urges Canadians over age 50 to take a vitamin D supplement to reduce the risk of osteoporosis.

Three years and roughly \$1.5 million in the making, "the new food guide in-

Table 1: Priorities for best practices for graduated driver licensing in Canada

Province/territory	Learner's permit			Intermediate licence	
	Duration ≥ 12 mo	50 h of supervised driving	No "time discount" for driver's education*	No solo night driving 9 pm-6 am	No teen passengers when driving unsupervised
Newfoundland and Labrador	✓	X	X	X†	X
Prince Edward Island	X	X	X	X	X
Nova Scotia	X	X	X	X†	X
New Brunswick	✓	X	X	X	X
Quebec	✓	X	X	X	X
Ontario	✓	X	X	X	X
Manitoba	X	X	✓	X	X
Saskatchewan	X	X	✓	X	X
Alberta	✓	X	✓	X	X
British Columbia	✓	X	X	X	X
Yukon Territory	X	✓	✓	X†	X
Northwest Territories	✓	X	✓	X	X
Nunavut	X	X	✓	X	X

Source: *Best practices for graduated driver licensing in Canada*, 2005, Traffic Injury Research Foundation, Ottawa, Ont.

*Duration of learner's permits is not shortened for youth who take driver's education.

†These jurisdictions prohibit unsupervised night driving from midnight to 5 am.

corporates the best and most current information that nutritional science has to offer,” Clement told reporters at the Feb. 5 launch of the guide.

Lynn Roblin, spokesperson for the Dietitians of Canada, praised the guide for giving top billing to fruits and vegetables; recommending 2 weekly servings of fish; including ethnic foods; featuring tofu, legumes and nuts under meat and alternatives; as well as including soy beverages and kefir under milk and alternatives. The guide also suggests eating breakfast every day to help control hunger.

After the tax form, the food guide is the second most downloaded federal document, and “for the majority of dietitians, it is still their first, most basic tool for counselling Canadians on food choices,” says Roblin.

An earlier draft of the guide drew heavy criticism from nutrition watchdogs such as Dr. Yoni Freedhoff, medical director of the Bariatric Medical Institute in Ottawa, who dubbed it “obesogenic” (*CMAJ* 2006;175:605-6).

Freedhoff is unconvinced that the final version of the document is any less fattening. “Health Canada has wasted a terrific opportunity to provide Canadians with clear, concise instructions on using diet to minimize the risk of chronic disease.”

“They could have minimized red meat consumption, which increases the risk of cardiovascular disease and various cancers; minimized refined grain consumption, which dramatically increases the risk of type 2 diabetes, hypertension and high cholesterol; and they could have eliminated trans fats altogether. In fact, not doing so is at odds with the findings of Health Canada’s own Task Force on Trans Fats, that called for elimination of trans fats from the food supply.” While the guide recommends limiting trans fats, it provides no targets.

And although calories are listed first on Health Canada-mandated nutrition facts labels, recommended daily caloric intake still isn’t specified in the new guide, even though nutritional experts counselled inclusion during the consultations phase of the exercise to revise the guide, Freedhoff adds. It should have focused on caloric intake



Canapress

The new food guide “incorporates the best and most current information,” Health Minister Tony Clement told reporters at an Ottawa-area superstore.

given that 65% of the population is obese or overweight. “To ignore this, is a strange thing to do.”

Clement argued the new guide is more tailored to current eating practices. Canadians want more information about prepared foods given that “in the last couple of decades, we’ve seen a reversal, where perhaps 80% of our food is now prepared by someone else,” he said.

Others, like Canada’s Chief Public Health Officer, Dr. David Butler-Jones contended that the guide isn’t meant to be “a weight-loss tool or a diet system,” but rather, a means of helping Canadians make healthier choices.

But Bill Jeffery, national coordinator of the Canadian Centre for Science in the Public Interest, says the guide could have gone much further in promoting health, even if its focus wasn’t on reducing obesity. While the guide “is much healthier than what nutritionists sometimes call the TV diet: calorie-dense, nutrient-poor soft drinks, sugary cereal and salty, fatty fast foods promoted by television advertising,” it could and should have advised health-

ier choices, Jeffery says. “A Health Canada scientist told me that refined flour elevates bad cholesterol as much as saturated fat, but whole grains can help to reduce the risk of heart disease through reducing bad cholesterol. It would have been nice if the minister had emphasized more than 50% whole grain choices.”

“The other main concern is salt. To merely list salt as one of 40 items, doesn’t give it the prominence it deserves as part of a public health problem that kills 15 000 Canadians a year. Most of the sodium ingested by North Americans is from processed food. I can’t help wondering if this is because there was a food industry representative on the [food guide] advisory board.”

Jeffery also criticized “putting yogurt and cheese on the same footing as 1% milk or skim, when they are not fortified with vitamin D and contain a lot of saturated fat, which is not good for bone or heart health.” — Margot Andresen, Ottawa

DOI:10.1503/cmaj.070240