

Binge drinking

The risky use of alcohol is greatly underappreciated by society as a substantial source of harm to health and safety. A few points of clarification are required for the editorial by Flegel and colleagues.¹

The rates of binge drinking reported by the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) should be seen as conservative, given that surveys of this type underestimate alcohol sales by 60% to 70%.² When we compare what people tell us they drink with what is sold, we find that self-reported drinking accounts for only 30% to 40% of official sales.³

In 2007, an expert working group released recommendations for a national alcohol strategy, which is the first national strategy developed for alcohol in Canada.⁴ Many of the report's 41 recommendations relate to the problem of binge drinking.

The National Alcohol Strategy Advisory Committee has since been working to implement several of the recommendations in the National Alcohol Strategy, including developing a national consensus on low-risk drinking guidelines and building capacity for alcohol screening and brief interventions in primary care. More information is available from the Canadian Centre on Substance Abuse (CCSA) (613 235-4048).

Although I agree that more research is needed to identify effective approaches to reduce the rates of binge drinking, there is already very good evidence for some interventions, including screening and brief interventions. The crucial need is to find creative ways to roll out these proven interventions at the scale needed to affect consumption patterns at the population level.

The economic burden of alcohol to Canadian society was estimated to be \$14.6 billion in 2002, with direct costs accounting for \$7.5 billion. A report soon to be published by CCSA shows that in most provincial and territorial jurisdictions, direct costs exceeded direct revenue from the sale of alcohol for fiscal year 2002–03.⁵

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I believe there is an error in the editorial by Flegel and colleagues.¹ The editorial states: "Over the past five years, 8.8% of Canadians reported binge drinking [i.e., five or more per sitting for men, four or more for women]," citing CADUMS.² I am very familiar with those data. According to the data, 19.2% of Canadians 15 years of age or older reported that they consumed four or more (women) or five or more (men) alcoholic drinks at least monthly over the past year; 7% reported doing so at least weekly over the past year.

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CMAJ 2011. DOI:10.1503/cmaj.111-2017

Editor's response

Dr. Davis is not clear about where his cited rates are from. The citation for the 8.8% rate in the editorial is correct, according to Table 1 of the 2009 CAD-

UMS report.¹ It derives from adding the percentage estimates in column 3 (the last two rows). The table we used was selected because we wanted to represent the prevalence of people who engage in binge drinking on a regular basis of some frequency.

If the suggestion is that the rates are rather higher, then our comments are so much the more compelling.

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Reference

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CMAJ 2011. DOI:10.1503/cmaj.111-2018

Restaurant industry opposes calorie content disclosure

I was disappointed to read that the Canadian Restaurant and Foodservice Association (CRFA) remains opposed to menu labelling.¹ Since 2009, Ontario's doctors have been calling on chain restaurants and school boards across the province to post calorie counts on menus and menu boards, and we continue to stand by that call. Although the CRFA is resistant to this important initiative, its US counterpart, the National Restaurant Association, has said, "The passage of this provision [menu labelling] is a win for consumers and restaurateurs, [and] we know the importance of providing consumers with the information they want and need."²

The Ontario Medical Association (OMA) report, *Treatment of Childhood Overweight and Obesity*, shows that 25% of children are overweight or obese, and 75% of obese children become obese adults.³ Overall, the impact of overweight and obesity on health is estimated to cost Ontario \$2.2 to \$2.5 billion per year. Ontario's doctors believe that menu labelling will have an impact on obesity rates, but it is not the only initiative that is needed to tackle the obesity epidemic. The OMA also wants to see an education campaign that teaches people