

**DATE:** April 7, 2015

**TO:** Board of Trustees

**FROM:** Trustee Nathan Ip, ASBA Issues and Resolutions Committee  
Trustee Michael Janz, ASBA Issues and Resolution Committee  
Trustee Cheryl Johner, ASBA Issues and Resolution Committee, Chair

**SUBJECT:** Proposed Policy Positions for the Alberta School Boards Association (ASBA) Fall General Meeting

**ORIGINATOR:** Dr. Sandra Stoddard, Executive Director Governance and Strategic Support Services

**REFERENCE:** [ASBA Policies and Process](#) Website Link

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**ISSUE**

Each year, the Alberta School Boards Association (ASBA) provides the opportunity for member school boards to submit any new policy positions, or propose amendments, reaffirmations or deletions of existing policy positions for consideration at the ASBA Fall General Meeting in November. The process for the submission is outlined in Attachment I. The deadline for submission is April 13, 2015.

**RECOMMENDATION**

**That the following proposed Alberta School Boards Association (ASBA) policy positions for submission to ASBA Zone 23 be approved:**

- 1. That the Alberta School Boards Association write a letter to the Minister of Health in support of the Alberta Policy Coalition for Chronic Disease Prevention's recommendation that *The Alberta Government establish a 50 cent per litre tax on sugary drinks in Alberta* and request that additional revenues be targeted to student health and wellness in Alberta.**
- 2. That Recommendation 1 be forwarded as an emergent policy issue for the Alberta School Boards Association Spring General meeting.**
- 3. That the topic of consent be incorporated in the curriculum related to Sexual Education.**

**BACKGROUND**

The Board's ASBA Issues and Resolutions Committee invited Trustees to suggest possible policy issues that could be brought forward to ASBA Zone 2/3 for consideration in the ASBA policy development process and are recommending the approval of the recommendations above.

### **Recommendation 1 - Rationale**

A January 2015 media release (Attachment II) from the The Alberta Policy Coalition for Chronic Disease Prevention (APCCP) states that: *Decreased sugary drink consumption has major benefits for Albertans, such as reduced risk of chronic disease, improved quality of life, increased productivity and academic performance for students, as well reduced health care costs. In terms of revenue generation, a 50 cent/ litre consumption levy could generate approximately \$158 million annually for the province, assuming a 20 percent reduction in consumption from taxation (7,8).* The February 2015 APCCP's Submission Recommendations for a Levy on Sugary Drinks in Alberta (Attachment III) states that: *A provincial levy on sugary drinks is one evidence-informed intervention with potential to reduce consumption of sugary drinks, improve health and generate revenue for the province (17, 18).*

Advocating for a sugar-added drinks tax would further support the work of school boards and the Alberta School Boards Association in comprehensive school health similar to anti-tobacco initiatives already supported by school districts.

Extensive research supports the conclusion that, when it comes to disease prevention and health promotion, it is important to address nutrition as well as physical fitness. Many health advocates are suggesting that in order for us to make tangible improvements in health promotion in our society, a combination of price pressures and consumer education are needed.

An October 2014 brief by Professor Timothy Caulfield and Senior Lecturer Nola M. Ries *Obesity Policy: The Way Forward* for the Standing Senate Committee on Social Affairs, Science and Technology has been provided (Attachment IV) as additional information in support of the recommendation.

The ASBA seeks to work with provincial partners to support healthy students, healthy families, and a healthy province. The ASBA also continues to advocate for adequate, predictable, sustainable funding for public education and supporting this measure could support comprehensive societal health and assist in resourcing further health promotion work in public education.

While it may seem unconventional for school boards to advocate on behalf of a specific Provincial revenue tool, this recommendation would be complementary to many other close-but-not-core-to-mandate initiatives that boards have supported such as reducing child poverty, comprehensive school health, early learning, community revitalization, and many others.

### **Recommendation 2 – Rationale**

This is a timely issue given that the Province is currently considering possible additional revenue sources. Having the policy position brought forward for discussion at the Spring General Meeting as an emergent issue rather than at the Fall General Meeting would allow the provincial government additional time to develop implementation of this initiative. ASBA process allows boards to submit any proposed emergent policies to the ASBA for consideration at the Spring General Meeting by May 1, 2015.

**Recommendation 3 – Rationale**

The Board, at its February 17, 2015 board meeting, approved the recommendation in the report titled ‘Motion re Consent’ (Attachment V) that a letter be sent to the Minister of Education recommending including the topic of consent in the curriculum connected to Human Sexuality.

The Committee believes it is important for the Board to continue showing leadership on this issue and that it is timely to advocate for the topic of consent to be incorporated in the curriculum related to Sexual Education.

**NEXT STEPS**

If the Board approves the proposed policy positions, they will be submitted to ASBA Zone 2/3 by April 13, 2015.

Subject to ASBA Zone 2/3 approval, the proposed policy positions will be submitted for consideration of the ASBA membership at the 2015 Fall General Meeting.

**ATTACHMENTS & APPENDICES**

- ATTACHMENT I - ASBA Policy Process – 2015
- ATTACHMENT II - [January 2015 Media Release from the The Alberta Policy Coalition for Chronic Disease Prevention](#)
- ATTACHMENT III - [February 2015 Alberta Policy Coalition for Chronic Disease Prevention’s Submission Recommendations for a Levy on Sugary Drinks in Alberta](#)
- ATTACHMENT IV - [October 2014 Brief by Timothy Caulfield and Nola M. Ries \*Obesity Policy: The Way Forward\*](#)
- ATTACHMENT V - [February 17, 2015 Board Report - Motion re Consent](#)

CJ:mmf

**ASBA Policy Process – 2015**

January 2015	ASBA call for proposed policy positions letter sent to all Board Chairs, Zone Chairs
March – April 2015	Boards submit proposed policy positions for FGM 2015 to zones; timelines and process at zones' discretion
April – May 2015	Zones to identify a maximum of three proposed policy positions to be submitted to the ASBA Board of Directors for consideration for the FGM (Zone 2/3 – maximum of six)
May 22, 2015	Deadline for Zones to submit a maximum of three proposed policy positions to ASBA for FGM (Zone 2/3 – maximum of six)
May 31, 2015	ASBA Policy Development Advisory Committee (PDAC) reviews proposed policy positions submitted and determines wording of proposed policy positions to be presented to the Board of Directors
Summer 2015	ASBA staff review proposed policy positions
September 2015	ASBA circulates draft proposed policy positions to boards/zones to ensure intent reflected and background sufficient and clear
Fall 2015	Zones discuss proposed policy positions and submit any suggested wording changes or further background information required
October 2015	ASBA Policy Development Advisory Committee (PDAC) meets to refine proposed policy positions based on feedback from zones and present final wording to Board of Directors  ASBA Board of Directors determines proposed policy positions for presentation to the membership at the 2015 FGM
October 16, 2015	Deadline for Boards to submit proposed emergent policies to ASBA for the FGM
October 23, 2015	Policies Bulletin sent to all member boards <i>As per bylaw requirement of 21 days prior to FGM</i>
November 16, 2015	Call to order FGM: ASBA business session

## The Time is Right for an Alberta Levy on Sugary Drinks

**EDMONTON** - A provincial coalition of prominent health groups is calling on the Premier to establish a levy on sugary drinks to reduce consumption of these unhealthy products and generate revenue for the province.

Sugary drinks, which include soft drinks and energy drinks, are unlike other food and beverages because they offer virtually no nutritional benefits, are empty calories that don't fully satisfy hunger and are linked to serious health problems such as obesity, heart disease, hypertension and diabetes (1-6).

"Sugar-loaded drinks are placing an enormous burden on our quality of life, our economy and our health care system," said Rachel Prowse, Registered Dietitian and PhD student at the University of Alberta.

"The need for action to reduce consumption of sugary drinks is clear."

Placing a levy on sugary drinks is a win-win for Alberta. "Not only will a levy reduce consumption of sugar-loaded drinks, it will also generate much needed revenue," comments Kate Chidester of the Heart and Stroke Foundation and member of the Alberta Policy Coalition for Chronic Disease Prevention (APCCP). "Decreased sugary drink consumption has major benefits for Albertans, such as reduced risk of chronic disease, improved quality of life, increased productivity and academic performance for students, as well reduced health care costs." In terms of revenue generation, a 50 cent/litre consumption levy could generate approximately 158 million annually for the province, assuming a 20% reduction in consumption from taxation (7, 8).

The APCCP recommends using a portion of the revenue generated from the levy to establish a Wellness Foundation, which would provide sustainable funding for health promotion programs in Alberta. "When the province faces a budget deficit, vital programs aimed at promoting Albertans' health and wellbeing often risk being cut," notes Kate Chidester. "A Wellness Foundation would help ensure these programs are available for Albertans when they need them the most."

According to a recent 2014 survey of the Albertan public, a majority of respondents (57%) support taxing soft drinks and energy drinks.

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To arrange an interview: Please contact Kayla Atkey at 780-492-0493.

Available Spokespersons:

- Rachel Prowse, Registered Dietitian and PhD student at the University of Alberta
- Kate Chidester, APCCP member and Vice President Health & Research, Alberta, NWT & Nunavut, Heart and Stroke Foundation

Visit the APCCP website: [www.abpolicycoalitionforprevention.ca](http://www.abpolicycoalitionforprevention.ca)

### About the APCCP

The APCCP represents a broad range of practitioners, policy-makers, researchers and community organizations who have come together to coordinate efforts, generate evidence, and advocate for policy change to reduce chronic diseases in Alberta. For more information, visit the APCCP website: [www.abpolicycoalitionforprevention.ca](http://www.abpolicycoalitionforprevention.ca)

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## **Alberta Policy Coalition for Chronic Disease Prevention Submission Recommendations for a Levy on Sugary Drinks in Alberta**

The Alberta Policy Coalition for Chronic Disease Prevention is composed of seventeen provincial member organizations advocating for healthy policy changes for a healthier Alberta.

The objectives of the APCCP include:

- Increasing the capacity of policy makers and decision makers in Alberta to use policy as a strategy for chronic disease prevention,
- Providing leadership in the development, implementation and evaluation of policy related activities for chronic disease prevention, and
- Supporting practitioners, policy-makers, researchers and community organizations from various sectors to work together to enhance public acceptance of policy-related activities.

**The Coalition is calling on the Alberta Government to establish a 50 cent per litre levy on sugary drinks in Alberta.** This submission provides an overview of the negative impacts of sugary drinks and the potential benefits of a sugary drinks levy for the province.

### *Sugary Drink Consumption*

Sugary drinks are defined as beverages that contain added sugar, corn syrup or other caloric sweeteners and include products such as soft drinks, fruit drinks, sports drinks and energy drinks (1, 2). Over half of all calories consumed from beverages by adults in Canada come from sugary drinks (3, 4). Further, in a study exploring sugary drink consumption among a subset of Canadian youth using data from 2009-2010, 80% of youth reported consuming at least 1 sugary drink in the past day and 44% reported consuming 3 or more (5).

High consumption of sugary drinks, particularly among children, is troubling considering new draft guidelines from the World Health Organization. The draft guidelines recommend that free sugars account for less than 10% of an individual's total energy intake per day and *ideally* less than 5% (approx. 25 grams of sugar per day for an adult) (6). Consequently, a 355 ml can of sugar-sweetened soda contains up to 40 grams of sugar (6).

### *Sugary Drinks: Bad for Health and Bad for the Economy*

Sugary drinks have no nutritional value, offer no health benefits and have been linked to serious health issues, such as childhood and adult overweight and obesity, heart disease, hypertension and diabetes (7-12). Globally, it has been estimated that 180,000 deaths each year are attributed to sugary drink consumption, including 6,000 from cancer, 44,000 from cardiovascular diseases and 133,000 from diabetes (13, 14).

The treatment and management of chronic disease, in turn, has a significant impact on the economy and healthcare system in Alberta. In 2014, the Alberta Government is estimated to have spent \$6,783 per capita on health, more than any other province except for Newfoundland and Labrador (15), a significant portion of which is spent on treating and managing chronic conditions (16).

### *A Levy on Sugary Drinks in Alberta*

Preventing chronic disease requires multiple interventions by several levels of government to be effective. A provincial levy on sugary drinks is one evidence-informed intervention with potential to reduce consumption of sugary drinks, improve health and generate revenue for the province (17, 18).

**The Alberta Policy Coalition for Chronic Disease Prevention believes it's time for the Government of Alberta to take action on sugary drinks by establishing a 50 cent per litre levy on these unhealthy products.** A 50 cent per litre levy has been endorsed by Canadian researchers (17, 18) and prominent organizations such as the Heart and Stroke Foundation (14).

A per volume tax model has a number of benefits over a sales tax (19). For instance, the impact of a per volume tax does not fluctuate with the price. Further, it generates more predictable and stable revenue, is easier to administer because it is based solely on volume, creates an incentive to purchase smaller portions and encourages manufacturers to reduce portion and product sizes (1, 19).

### *Benefits of a Sugary Drinks Levy*

**A sugary drinks levy has the potential to reduce the consumption of sugary drinks and increase intake of more nutritious beverages** (10, 17, 20-22). Economic models suggest that when the price of sugary drinks increases by 10%, consumption of sugary drinks decreases by 12-13% (4). On top of this, a levy may also increase the purchase of healthier untaxed products. Preliminary results from Mexico show that a 10% tax on sugary drinks is associated with decreased purchases of taxed products by approximately 10% and increased purchases of untaxed products, such as sparkling and plain water, 100% fruit juices, diet sodas, and milk without added sugar, by 7% (23).

**In addition to positive impacts on consumption, a sugary drinks levy will generate significant revenue for Alberta.** University of Alberta researchers estimate that a national 50 cent per litre levy could generate up to \$1.8 billion each year (17, 18). This amounts to about \$158 million annually for the province of Alberta, assuming a 20% decrease in consumption due to taxation.

A common argument against sugary drink taxation is that such a policy intervention would be regressive, causing harm to vulnerable members in society, such as Albertans with the lowest incomes (24). However, experts have not found robust empirical evidence of this (24, 25). Moreover, sugary drinks have no nutritional value and have been linked to serious health issues. Water, on the other hand, is generally accessible to all Albertans and provides hydration without the negative health impacts of sugary drinks (24).

### *Sustainable Funding for Prevention*

**The Alberta Policy Coalition for Chronic Disease Prevention believes that a portion of the new investments generated from a sugary drinks levy should be invested in a Wellness Foundation to provide sustainable funding for health promotion and chronic disease prevention initiatives in Alberta.** Sustainable investments in prevention make good economic sense. Evidence suggests that a \$1 investment in health promotion can be

expected to result in a minimum of \$4-5 cost savings (26). Over time, investing in prevention will also contribute to direct financial gain for government by helping to reduce future health-care costs.

#### *The Public Supports Action on Sugary Drinks*

Public opinion polling indicates that there is support for action on sugary drinks. According to a 2013 Ipsos Reid poll of Canadians, 88% agree that large servings of sugary drinks can lead to bad health and 94% consider over consumption of sugary drinks to be an important contributor to obesity among Canadians (27). Further, according to a recent 2014 survey administered to 1,200 people in Alberta, the majority of respondents (57%) would support a tax on soft drinks and energy drinks (28).

#### *Similar Taxation Strategies*

While no other province in Canada has established a levy on sugary drinks to-date, the levy could be modeled after similar tax strategies that have been implemented in Alberta. For example, the Alberta government currently applies a per litre mark-up on alcohol based on product type and alcohol percentage. Effective December 2010, the mark-up of spirits (less than or equal to 22%) was \$9.90 per litre (29).

The Government of Alberta could also look to jurisdictions from around the world who have taken action on sugary drinks. In 2013, prevalence of adult obesity in Mexico was 32% (30) and the country was one of the highest consumers of sugary drinks in the world (31). These factors, tied with a favorable political climate, led Mexico to establish a tax on sugary drinks, which came into effect on January 1<sup>st</sup>, 2014 (32, 33). To-date, Mexico's taxation model calls for a tax of 1 peso per litre (\$0.08/L) on all sugary drinks except flavoured milk and drinkable yogurt. According to a recent case study, first quarter revenues of the tax (March 31<sup>st</sup>, 2014) was 2.3 billion pesos (\$180 million) (33).

#### *The Time is Right for a Levy on Sugary Drinks in Alberta*

**The Alberta Policy Coalition for Chronic Disease Prevention urges the Government of Alberta to establish a levy on sugary drinks. In addition to reducing consumption of these harmful beverages, a 50 cent per litre levy could generate approximately \$158 million annually for the province.** To maximize the effectiveness of a sugary drinks levy, the Coalition recommends that a portion of the revenue generated be used to establish a Wellness Foundation, which would provide sustainable funding for health promotion and chronic disease prevention initiatives in Alberta.

Building on lessons from tobacco control, we must not view lack of full evidence as a barrier to action. Rather, we should acknowledge that economic interventions such as a sugary drink tax will require careful monitoring and evaluation moving forward to understand the intended and unintended consequences unique to the Alberta context (17, 18).

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## **Obesity Policy: The Way Forward**

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FACULTY OF LAW  
Health Law Institute

October 2014

Brief for Standing Senate Committee on  
Social Affairs, Science and Technology

# **Obesity Policy: The Way Forward**

Timothy Caulfield and Nola M. Ries

## **I. Complex Problem, Complex Answers**

The causes of our current obesity problem are complex and interrelated and stem, fundamentally, from the fact that the modern world is obesogenic – it promotes excessive weight gain. The challenge is to alter obesogenic environments and enable healthier behaviours. This requires multi-pronged strategies involving the food and beverage industry, media and advertisers, schools, workplaces, local communities, governments and, of course, individuals (Institute of Medicine, 2013). Unfortunately, to date, there are few policy strategies that have a solid evidence base to suggest they will have a significant impact in reducing population level obesity, particularly in the near future. As noted in a 2014 comprehensive systematic analysis “no national success stories have been reported in the past 33 years” (Ng et al., 2014). Indeed, some regulatory approaches that seem, intuitively, like a logical approach, such as placing calorie information on menus in chain restaurants, have been found to be less effective than anticipated (Swartz et al., 2011). Most people who become obese struggle to lose weight and keep it off (Dombrowski et al, 2014) and obese children almost inevitably become obese adults with a lifelong burden of chronic disease (Reilly & Kelly, 2011).

This serious public health problem demands action and preventing childhood obesity is a key priority. Evidence-based legal measures – which we discuss below – are one component of a comprehensive approach to tackle factors that promote unhealthy weight gain. This is not meant to be a comprehensive review. Rather, we seek to highlight the type of legal strategies that might be considered priorities in order to stimulate policy action.

## **II. Evidence-based Legal Measures**

Law is an important public health tool. Indeed, legal measures have been vital components in public health campaigns to control smoking and alcohol misuse and show promise in dealing with obesity (Ries & von Tigerstrom, 2010; von Tigerstrom, 2014). In the face of a serious public health problem, many citizens support legal measures, especially where the anticipated health benefits are perceived to outweigh restrictions on liberties (Morain & Mello, 2013; Simon et al, 2014).

As priorities, we advocate two key legal measures: restricting food and beverage marketing to children and increasing taxes on sugar-sweetened beverages and other low-nutrition, high-calorie foods.

## ***Restricting marketing to children***

Food and beverage companies use various media, including television, movies, online games and social networking tools, to promote low-nutrition and high-calorie products to children and adolescents. Routine exposure to child-directed marketing influences young people's consumption choices and is associated with obesity prevalence; indeed, TV advertising alone is estimated to contribute to up to 40% of child obesity cases in the US, nearly 30% in Australia and almost 20% in the UK (Goris et al, 2011). Food and beverage companies in Canada and other countries have promised to change their marketing practices, but self-regulation does not work. Companies continue to target young people in marketing of products with low nutritional value (Potvin et al, 2014). Legislated restrictions on child-directed food and beverage marketing are needed to control commercial conduct that adversely impacts the health of young people (Raine, et al., 2013).

## ***Taxing sugar-sweetened beverages and other products***

Dramatic increase in the consumption of sugar-sweetened beverages (SSB) is a key contributor to rising obesity rates, especially among children (Malik et al, 2013). Taxes on SSBs and other high-calorie, low nutrition foods are a means to reduce consumption of these products. To be effective, however, price increases must be high enough to influence purchasing decisions and consumers must be deterred from shifting their consumption choices to other unhealthy products (Cabrera Escobar et al, 2013). Importantly, revenue generated through such taxation can support other government-funded obesity control programs (Andreyeva et al, 2011).

## ***Other strategies to promote healthy food environments***

Legal measures can be used in other ways to promote healthy food environments (Olstad and Raine, 2013). Canadian law already requires mandatory nutrition labeling on packaged foods and beverages, though studies suggest consumer understanding and use of such labels is low (Temple & Fraser, 2014). Some jurisdictions are implementing front-of-package labels (e.g. traffic lights symbols, star ratings) to give consumers at-a-glance information about the nutritional content of the product (Maubach et al, 2014). Others, including medical professional groups, advocate for warning labels on products of low nutritional value that are high in fat, sugar or salt (Ontario Medical Association, 2012). At a community level, some local governments may use commercial licensing and zoning powers to limit the location and number of fast food shops (e.g. near schools) and increase fresh food markets (Cohen, 2010; Browning et al, 2013; Ni Mhurchu et al, 2013).

It is important to monitor and evaluate the effectiveness of interventions, especially to assess longer-term impacts on body weight. This will require a resource commitment to research. We have stressed the need for evidence-based interventions. Before implementing a new policy, there should be some evidence that it will have intended effects (and not have adverse unwanted effects). This evidence may come from pilot

projects or modeling analyses that forecast impacts. Studies to monitor the effects of new interventions enable governments to adapt or expand measures in response to findings.

### **III. Clarify the Message and Keep It Simple and Accurate**

There are many inaccurate or misleading ideas about how to deal with obesity and bring about weight loss – we discuss three examples below. The diet industry, the research community (who publish and publicize conflicting nutrition and diet studies), and the popular media all play a role in the creation of distorted messages. These messages confuse people about their eating choices and health decisions (IFIC Foundation, 2012; Nagler, 2014), and may also impede the development of effective policies. Public health officials should strive to disseminate a simple, evidence-based message (Sparling et al., 2013) about what constitutes a health promoting lifestyle (Freeland-Graves & Nitzke, 2013).

#### ***Promotion of exercise for weight loss***

The role of exercise as a weight loss strategy is often misunderstood and misrepresented (Kirk, Penney & Freedhoff, 2010). There is no doubt that a lack of exercise is relevant to weight gain and health. But while exercise is one of the single best things you can do for your health – and the low rates of exercise is also a significant health concern – the promotion of more exercise seems unlikely to be an effective obesity control strategy (Caulfield, 2012). For example, people greatly overestimate the number of calories they burn from exercise and, at the same time, underestimate the number of calories in the food they eat. Research has consistently shown that it is very difficult to use exercise to create a calorie deficit that will result in long-term and sustained weight loss (e.g., Hankinson, et al., 2010; Seabra AC, et al., 2014). Some studies have found that, contrary to the hoped for outcome of the program, children who participated in afterschool sports programs experienced an increase in the consumption of sugary drinks and junk food and more calories overall (Nelson, 2011). The exercise myth hurts policy development as it creates a belief that you can eat what you want, so long as you balance your consumption with exercise or that you can treat yourself after short bouts of exercise (e.g., giving kids treats after sport activities).

#### ***The use of genetic information and other “personalized” strategies***

There has been a great deal of interest in the idea of personalized medicine and the use of genetics to tailor individual strategies for weight loss (El-Sayed Moustafa, 2013). But despite the enthusiasm for and momentum behind the personalized approach, there is very little evidence to support the idea – particularly as a way to address the obesity dilemma. First, genetic information is not very predictive of obesity (Tan et al., 2014). Despite a large volume of research on point, existing genetic markers cannot accurately predict who will become obese. Second, and more importantly in the context of policy, there is no evidence to support the idea that there is a benefit to individualizing weight loss advice (Caulfield, 2015). On the contrary, existing data suggests that genetically informed advice does not

promote behaviour change (Caulfield, 2014; Vassy, 2013; Loos, 2012). And framing the obesity problem as a genetic issue may have an adverse impact on policy, by emphasizing the individual over the need for social change (Barry, 2009). This is particularly problematic when you consider the emerging research that suggests that “tailored lifestyle interventions” – which are the core philosophy behind personalized medicine – are not particularly helpful (e.g., Grant, et al, 2013; Harle et al., 2012). This point is nicely summarized in the conclusion of a large study from Cambridge University that examined the value of the use of genetic markers in the context of diabetes prevention. The study found little value in the use of genetics as part of prevention and concluded that the work “highlights the importance of universal rather than targeted approaches to lifestyle intervention” (Langenberg, et al., 2014).

### ***The use of special diets, foods or supplements***

There is a never-ending stream of special diets and supplements that promise to promote weight loss, including gluten-free, low carb, high protein, etc. Despite the ubiquity of these diets, there is little or no evidence to suggest that any particular diet approach is better for long-term and sustained weight loss. The sad truth, as noted, is that over the long-term all diets fare about the same: poorly. The government should consider being more vocal about what the evidence says about these products and approaches – including using existing regulatory tools (e.g., truth in advertising laws) – to promote a more consistent and evidence-based message about nutrition and weight loss.

### **Acknowledgments**

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**DATE:** February 17, 2015

**TO:** Board of Trustees

**FROM:** Trustee Orville Chubb

**SUBJECT:** Motion re Consent

**REFERENCE:** [Trustees' Handbook – Section 5.2.2 – Notices of Motion](#)  
[Criminal Code Definition of Consent](#)  
[Overview of Sexual Health Curriculum in Alberta](#)

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## ISSUE

Notice of motion was served at the January 20, 2015 board meeting.

## RECOMMENDATION

**That a letter be sent to the Minister of Education recommending including the topic of consent in the curriculum connected to Human Sexuality.**

## BACKGROUND

While sexual consent is not a term explicitly used in the Programs of Study, requests for consent to be taught in sexual health education are in the news on a regular basis. Beyond current affairs, the concept of sexual consent, specifically identifying personal boundaries and the ability to articulate them is foundational to healthy human interaction at school, work and home.

The current Programs of Study cover clinical topics such as the biology of human reproduction: W-5.3, *identify the basic components of the human reproductive system, and describe the basic functions of the various components*. Sexual maturation: W-4.3, *describe physical, emotional and social changes that occur during puberty*; W-9.3, *apply coping strategies when experiencing different rates of physical, emotional, sexual and social development*. Health issues such as sexually transmitted diseases, W-6.6, *examine and evaluate the risk factors associated with exposure to blood-borne diseases - HIV, AIDS, hepatitis B/C; e.g. sharing needles, body piercing, tattooing, helping someone who is bleeding, being sexually active*. W-9.12, *determine “safer” sex practices; e.g., communicate with partner, maintain abstinence, limit partners, access/use condoms/contraceptives properly*; and the proper use of contraceptives: (W-8.14), *identify and describe basic types of contraceptives; i.e., abstinence, condom, foam, birth control pills*.

In the area of **sexual relationships**, the Programs of Study look at the difference between commitment and intimacy: CLM-P11, *examine the relationship between commitment and intimacy in all its level*, and healthy sexuality and responsible sexual behavior: CLM-P12, *examine aspects of healthy sexuality and responsible sexual behavior*.

On the sociological side, the Programs of Study address individual differences in all aspects of human sexuality. For example, W-8.3, *recognize and accept that individuals experience different rates of physical, emotional, sexual and social development*, and W-9.7, *evaluate implications and consequences of sexual assault on a victim and those associated with that victim*.

The majority of the above-mentioned topics focus on the individual and not on the aspects of human interaction. For example, the illustrative examples for outcome CLM-P12 suggest that teachers might have students do the following as a way to achieve the outcome; *describe the ways in which personal values influence choices; assess the consequences of being sexually active.*

Nowhere do the Programs of Study address the topic of sexual consent directly. That is not to say that there is no way a teacher can, under their own initiative, find ways to discuss the topic with students at appropriate times within the current Programs of Study. In fact, a quick survey of the human sexuality outcomes from Alberta Education's Programs of Study (Health and Life Skills Kindergarten to Grade 9, and Career and Life Management) on the [teachingsexualhealth.ca](http://teachingsexualhealth.ca) website shows sexual health outcomes that allow for and promote the discussion of consent within the context of safety and responsibility, and healthy relationships.

In the past, a general consensus on norms of human sexuality could be reached in places such as churches, mosques, temples, synagogues and the public square. As such, it could be argued that there is no need to bring the topic of consent into a school. However, in the context of our multicultural society with unfettered access to pop culture, it is clear that public education needs to present a minimum standard.

Those standards are defined for us within the Canadian Criminal Code. In Section 273.1 of the legislation a definition of consent: *for the purposes of the sexual assault offences and for greater certainty, sets out specific situations that do not constitute consent at law.*

In lay terms, Section 273.1(2) can be understood to say:

- You can only consent for yourself.
- You actually have to be able to give consent. That means you have to be awake, conscious, and sober enough to make a clear decision.
- People in positions of trust, power or authority can't abuse their position to get sexual activity.
- If you imply no through your words or behaviours that's just as good as saying "NO".
- You have the right to change your mind and stop anytime for any reason during sexual activity.

Of course this does not preclude parents from giving their children additional guidance as the child forms his or her own standards.

#### **OPTIONS CONSIDERED**

The following options have been considered as they are deemed the most admissible:

1. Approve the recommendation.
2. Do not approve the recommendation.

**CONSIDERATIONS & ANALYSIS**

It is clear that students need to understand the concept of sexual consent and its basic principles has many applications to their interaction with each other and the greater community throughout their lives.

Nonetheless, as Alberta Education is in the process of redeveloping the curriculum, to [“prepare students to be successful in a future world...”](#) any work done in this matter by the District would be superseded. In addition, if the District was to undertake this as a project, the rollout time may well not be ready to use in classrooms prior to the Alberta Education’s new curriculum. As such, it would be a duplication of energy and a needless waste of resources.

Therefore, it could be determined that a proactive letter to the Minister of Education to voice our concerns on the issue and the District’s belief that the topic of sexual consent is essential to the greater subject of Sexual Health.

**NEXT STEPS**

If the recommendation is approved, a letter will be sent by the Board Chair to the Minister of Education on this issue.

OC:mmf