

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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The Hon. James K. Bartleman Lieutenant Governor of Ontario

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## **Constituent Societies**

ANDSOOHA – Public Health Nursing Management in Ontario

Association of Ontario Health Centres

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Canadian Institute of Public Health Inspectors (Ontario Branch)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario: Public Health

Ontario Association of Public Health Dentistry

Ontario Society of Nutrition Professionals in Public Health

Public Health Research, Education and Development (PHRED) Program

Charitable Registration Number 11924 8771 RR0001 Mr. Andrew Adams
Co-Chair of the National Alcohol Strategy Working Group, and
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Drug Strategy and Controlled Substances Programme
Health Canada
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Mr. Murray Finnerty Co-Chair of the National Alcohol Strategy Working Group, and Chief Executive Officer Alberta Alcohol and Drug Abuse Commission 10909 Jasper Avenue, 6<sup>th</sup> Floor Edmonton, AB T5J 3M9

Mr. Michel Perron Co-Chair of the National Alcohol Strategy Working Group, and Chief Executive Officer Canadian Centre on Substance Abuse 75 Albert Street, Suite 300 Ottawa, ON K1P 5E7

August 20, 2007

Dear Co-Chairs of the National Alcohol Strategy Working Group:

I am writing on behalf of the Ontario Public Health Association (OPHA) to express our support for the document "Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation. Recommendations for a National Alcohol Strategy". OPHA is a voluntary, charitable, non-profit association of individuals and Constituent Societies from various sectors and disciplines that have an interest in improving the health of the people of Ontario.

We support the principles and goals in the report and are particularly supportive of the overall intent to "provide a comprehensive strategy that recognizes the role of all players in addressing alcohol-related harm". As you are aware, only a comprehensive multi-faceted approach will reduce alcohol-related problems and costs in Canada. We also applaud the efforts of the National Alcohol Strategy Working Group in reaching consensus on recommendations for some significant issues, including alcohol availability and safer communities.

However, we feel that the Strategy could benefit from a clearer articulation of health promotion principles and their application to alcohol use. Section 3.1 places heavy emphasis on education and social marketing, which have been demonstrated to have limited impact on reducing alcohol misuse unless combined with strategies such as reducing alcohol availability and other policy initiatives. It is vital that we provide evidence-based programs and policies and end the ineffective activities, especially those geared to youth, that we have offered in Canada for so many years.

We note as well that harm reduction is virtually missing from the Strategy. Its absence as a strongly articulated philosophy is a concern when the four pillar approach (prevention, harm reduction, treatment and enforcement) is recognized across the world as the comprehensive model for reducing the harmful consequences of alcohol and other drug use. Harm reduction is as effective with alcohol use as with illicit drug use.

We are pleased to see, however, the many areas with great potential for impact identified in the Strategy, and we hope to be involved as you move forward. OPHA is particularly interested in Recommendation #14 concerning the role of alcohol in chronic disease. As the manager of - and secretariat for - the Ontario Chronic Disease Prevention Alliance (OCDPA), we believe we could play a helpful role in the implementation of this Recommendation.

Recommendations #30 and #31, concerning the issue of exposure of underage youth to alcohol advertising, are of particular interest to OPHA as well. The Association to Reduce Alcohol Promotion in Ontario (ARAPO), an ongoing project and network funded by the Ontario Ministry of Health Promotion, is housed at OPHA and has done much work in this field already.

We suggest, as well, that OPHA also play a role, possibly in collaboration with the Canadian Public Health Association, in engaging the Public Health community across Canada in activities that support the Strategy. To this end, OPHA has partnered with the Centre for Addiction and Mental Health and Toronto Public Health to present a full-day workshop at the upcoming CPHA conference on the topic "Alcohol: Canada's Favourite Drug".

Further, OPHA strongly urges that actions be taken to ensure that interprovincial and international trade agreements do not jeopardize the capacity of provincial and federal governments to regulate alcohol. OPHA has been extremely active in this area.

Finally, we cannot overstate the importance of including representation from Public Health when changes to controls are proposed as per Recommendation #16.

Overall, we support the Recommendations for a National Alcohol Strategy, in particular those activities which have been shown to be most effective, and we would be pleased to be involved in implementation of several of the recommendations.

Sincerely,

Dr. Garry Aslanyan President, OPHA

cc.

The Honourable Tony Clement Minister of Health

The Honourable Rob Nicholson Minister of Justice

The Honourable George Smitherman Ontario Minister of Health and Long-term Care

The Honourable Jim Watson Ontario Minister of Health Promotion

Debra Lynkowski CEO, CPHA