

439 University Avenue  
Suite 1850  
Toronto, ON M5G 1Y8

Tel: (416) 367-3313  
1-800-267-6817 (ON)  
Fax: (416) 367-2844  
E-mail: [info@opha.on.ca](mailto:info@opha.on.ca)  
[www.opha.on.ca](http://www.opha.on.ca)

**Honorary Patron**

The Hon. David C. Onley  
Lieutenant Governor of Ontario

**President**

Sue Makin  
E-mail: [president@opha.on.ca](mailto:president@opha.on.ca)

**Executive Director**

Siu Mee Cheng  
E-mail: [scheng@opha.on.ca](mailto:scheng@opha.on.ca)

**Constituent Societies**

ANDSOOHA – Public Health  
Nursing Management in Ontario

Association of Ontario  
Health Centres

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

Ontario Association of Public  
Health Dentistry

Charitable Registration  
Number 11924 8771 RR0001

September 20, 2013

Brent McCurdy,  
Director of Corporate Affairs,  
90 Sheppard Avenue East, Suite 200  
Toronto ON  
M2N 0A4

Dear Mr. McCurdy:

The Ontario Public Health Association (OPHA) is a member-based not-for-profit organization that has been advancing public health within Ontario for the last 63 years. Our association is unique in that it represents six other public health associations (including nurses, health promoters, inspectors, community professionals, and dietitians, to name a few) and we collectively represent the voice of approximately 10,000 health professionals. Our association is particularly focused on health promotion and injury and disease prevention within Ontario including the impact of alcohol consumption on individuals and its' impact on our communities. OPHA is concerned with policies that govern the control and sale of alcohol in the province and we thank you for this opportunity to respond to the consultation paper *Regulatory Modernization in Ontario's Beverage Alcohol Industry - August 2013*.

The World Health Organization identifies alcohol as the second most harmful risk factor for disease and disability in developed countries such as Canada, contributing to approximately 2.5 million deaths each year. In Ontario, alcohol consumption is causally related to more than 65 medical conditions, including cardiovascular disease and cancer, while also being a significant risk factor for injuries, from motor vehicle collisions to suicides.

Many of these harms are not only incurred by the individual consuming alcohol, but are also felt by others in their family and community. The secondhand effects of alcohol consumption includes, but is not limited to: violence, emotional abuse, impaired driving, fetal alcohol spectrum disorder, and impacts on workplaces, health care and policing. Alcohol is no ordinary commodity.

While alcohol is often viewed as a commodity that contributes huge revenues to the government, a comparison of direct alcohol-related revenue and costs in Ontario in 2002-03 revealed that costs actually outweigh revenues by more than \$456 million. (Rehm et al, 2006).

Your consultation document states that your “ *top priority will always be protection of the public interest, which means we will continually work to maintain safe, livable communities and strengthen Ontario’s business environment in support of new investment and innovation.* ” While attempting to reduce administrative burdens for businesses, we ask that you remain mindful of the negative consequences of alcohol misuse and continue to strengthen regulatory oversight through the Liquor License Act (LLA) in order to best protect the public interest. In reviewing the consultation questions themselves, the questions posed within the document are more specific to industry regulation around licensing and enforcement. While the consultation paper states that these issues fall within the regulatory mandate of the AGCO and changes to legislation are not anticipated, it is critical that a health and safety lens always be applied on any potential changes in policy or practice.

In addressing some of the regulatory practice issues, we would like to provide some recommendations around the following key areas:

**1. Alcohol Delivery Systems**

These should be agents of the LCBO. Allowing delivery services to purchase products from any retail location (announced December 5, 2011) widens the network of the sale of alcohol which makes it more difficult to control and monitor. When this occurs there is an increased risk of alcohol being sold to underage youth as well as intoxicated clients.

Government run monopolies play a key role in regulating access to alcohol by maintaining effective control strategies such as legal drinking age and enforcement, the regulation of alcohol pricing, hours and days of sale and upholding a socially responsible mandate (Babor et al., 2010). There is evidence of gradual privatization over recent years in Ontario. Ontario is urged to place a moratorium on the expansion of private outlets including access to alcohol through other channels such as online sales, delivery services and other forms of privatization such as grocery and convenience store sales. (Reducing Alcohol Related Harms and Costs in Ontario report, CAMH, 2013).

**2. Sampling**

An amendment to the special occasion permit legislation in July 2012 allows alcohol manufacturers to host events designed to provide free or inexpensive samples to attendees. In our view this encourages increased consumption of alcohol and eliminates the protective value of minimum pricing as an effective alcohol control policy.

We recommend refraining from practices that may encourage immoderate alcohol consumption. Free sampling at both retail and licensed functions have the potential to do just that. In light of this we recognize that practices need to be put in place to mitigate overconsumption and therefore recommend that free samples at retail outlets be sealed and thereby consumed while at home. Free sample should be no more than one serving size of alcohol. Where open alcohol

sampling is being provided at a retail establishment; a sample fee is recommended. Only sampling on lower alcohol content products such as beer, wine and coolers should be permitted i.e. no sampling of higher alcohol content products such as liquor/spirits.

### 3. Youth Access

The AGCO should require that 2 pieces of photo I.D. be shown for proof of age. This requirement exists in Nova Scotia, where it has been shown to work well.

Promoting the use of “underage agents” to check compliance for sale of alcohol to underage youth is also recommended. This is the same concept as *Test Shoppers* utilized for Tobacco Control compliance checks pertaining to sale of tobacco to minors.

Compliance checks should also be mandated, reported and publically available. All establishments selling alcohol should be required to post their compliance checks which would include i) total number of checks completed and ii) number of people refused and reason for refusal i.e. underage or intoxicated

While we certainly applaud such initiatives as Risk-Based Licensing, we also ask that you strive to implement evidence-based practice into policy development. Some key best practice policy recommendations that we would strongly encourage include:

- **Regulating the physical availability of alcohol through restrictions on time, place, and density of alcohol outlets.**
  - Research indicates that increased outlets and hours of operation increase alcohol access, availability, consumption and hence alcohol related harms and increased costs to government. Privatized and semi privatized systems generate a greater number of locations and hours of service and tend to have limited training around sales to underage youth. Government run systems such as the L.C.B.O. however, provides for fewer locations and hours of service, yet provides a wide selection of products with greater staff training around the sale of alcohol to underage youth.
  - Increased licensing of additional off-premise outlets (winery and distillery retail stores), on premise outlets (bars, clubs and restaurants), and expansion of alcohol delivery services increases overall alcohol availability in Ontario communities.
  
- **Restrictions on Marketing**
  - The multimedia world in which we live has greatly expanded the breadth and sophistication of alcohol marketing strategies. Research suggests that exposure of young people to alcohol marketing speeds up the onset of drinking and increases the amount consumed by those already drinking. Alcohol industry marketing and promotion practices, including use of social media only serve to normalize consumption of alcohol and connect it with positive lifestyle images.

- Further to this point, promotional activities and manufacturers inducements, particularly those held in and around college and university campuses serves to further perpetuate an unhealthy drinking culture whereby immoderate drinking is celebrated.
  - The current process of reporting alcohol advertising infractions and subsequent enforcement are unclear. In the absence of a clear reporting process and under the assumption of industry self-regulation, the industry can advertise in a manner that is contrary to the regulations in the LLA without penalty.
  - In the interest of community safety, we ask that the AGCO develop a clear mechanism to report LLA infractions and appropriately penalize offenders.
- **Alcohol price controls**
    - Alcohol has health and societal costs associated with its' consumption that need to be considered in pricing policy. Products that contain greater alcohol concentration (e.g. distilled spirits, high content wine coolers, beer) or products marketed to youth (e.g. alcopops) tend to carry with them a higher price in terms of alcohol related harms. Pricing needs to include not only the cost of producing the product but the health and social costs of consuming the product. Increased pricing can ultimately result in reduced alcohol-related harms. The following pricing policy concepts have been found to be highly effective in reducing alcohol consumption and its accompanying harms:
      - i) minimum pricing,
      - ii) volumetric pricing, and
      - iii) indexation.
    - Increasing alcohol pricing policies can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption. Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of \$9.4 million in the year following the price changes. (G. Thomas, CCSA, 2012).
  - **Alter the drinking environment**
    - Evidence based training programs that help licensees deal with aggressive and intoxicated patrons, such as the Safer Bars program created by the Centre for Addiction and Mental Health (CAMH), should become a condition of licensing, particularly for those establishments which have a history of alcohol related violence. The Smart Serve Responsible Beverage Service program is encouraged to incorporate scenario-based activities into its training program and to require periodic retraining. Increased enforcement of liquor license laws, legal liability of servers, managers and owners creates a more vigilant atmosphere and enforcement of rules which ultimately reduce over service and alcohol related harms. CAMH has addressed these as well as several other key recommendations in their report *Reducing Alcohol-Related Harms and Costs in Ontario: A Provincial Summary Report.*

The commission is in a unique position to influence public policy that will encourage vibrant and healthy communities for all Ontarians. However, in spite of the concerns raised by OPHA and other organizations in the past, it would appear that further loosening of alcohol regulations continues to occur

without a public health lens. It is time for collective leadership and action. Creating a **culture of moderation** is essential in Ontario. We look forward to the opportunity to further discuss how we can collectively create safe, vibrant communities that stimulate the economy while mitigating alcohol related harms. Please contact me at 416-367-3313 x226 or scheng@opha.on.ca to further discuss any next steps in this process.

Sincerely,

---

Siu Mee Cheng  
Executive Director

- c.c. **D. Matthews**, Minister of Health and Long Term Care, Ministry of Health and Long Term Care, Government of Ontario  
**A. King**, Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Government of Ontario  
**V. Goel**, President and Chief Executive Officer, Public Health Ontario  
**J. Major**, Chief Executive Officer, Registrar of Alcohol and Gaming Commission of Ontario  
**C. Swoboda-Geen**, co-Chair, Alcohol Prevention Work Group, Ontario Public Health Association  
**C. Zahn**, President and Chief Executive Officer, Centre for Addiction and Mental Health