



**Ontario Public Health Association**  
 l'Association pour la santé publique de l'Ontario  
Established/Établi 1949

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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**Constituent Societies**

Association of Ontario  
 Health Centres (AOHC)

Association of Public Health  
 Epidemiologists in Ontario (APHEO)

Association of Supervisors of  
 Public Health Inspectors of Ontario  
 (ASPHIO)

Canadian Institute of Public Health  
 Inspectors (Ontario Branch) (CIPHIO)

Community Health Nurses'  
 Initiatives Group (RNAO)

Health Promotion Ontario (HPO)

Ontario Association of Public  
 Health Dentistry (OAPHD)

Ontario Association of Public Health  
 Nursing Leaders, (OAPHNL)

Ontario Dietitians in Public Health  
 (ODPH)

Ontario Society of Physical Activity  
 Promoters in Public Health (OSPAPPH)

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 Number 11924 8771 RR0001

May 8, 2018

Hon. Dr. Helena Jaczek  
 Minister of Health and Long-Term Care  
 10th Floor, Hepburn Block  
 80 Grosvenor Street  
 Toronto, Ontario M7A 2C4

***Re: Capacity of Public Health to fulfill alcohol mandates in the absence of a provincial alcohol strategy***

Dear Minister Jaczek:

We are writing on behalf of the Ontario Public Health Association's Alcohol Work Group, representing front line public health staff from across Ontario. The Work Group, along with other provincial stakeholders, were encouraged by the Premier's December 2015 announcement to create a comprehensive Alcohol Strategy for Ontario. We also valued the opportunity to participate in the related consultations in early 2016.

More than two years have passed since the development of an Alcohol Strategy was announced and we are concerned that work on it has been stalled, to the detriment of the health of Ontarians. Since this announcement, the availability of alcohol (a known risk factor for alcohol-related harms) has increased significantly, due in large part to the Province's effort to 'modernize' alcohol sales. More than 350 grocery stores are now licensed to sell wine, beer, and cider and when this rollout is complete (up to 450 grocery stores), alcohol availability in Ontario will have increased by almost 30% in the past decade. In addition, Ontarians continue to be exposed to conflicting messages from questionable marketing practices (including product branding and naming) that normalize consumption and target vulnerable populations, including youth.

It is imperative that we evaluate the impact of increasing alcohol sales and coordinate ongoing surveillance and monitoring of alcohol consumption patterns and related harms at the provincial level. However, public health's capacity to address the harms of alcohol use is significantly challenged by the defunding of the Health Promotion Resource Centres, changes to the Ontario Public Health Standards, and shifting of local health unit resources towards other issues.

Most importantly, the lack of a Provincial Alcohol Strategy implies a general lack of concern and willingness of the Province to acknowledge and address the harms of alcohol use. This is especially true in light of the calculated (and very public) steps taken to increase alcohol availability. This is also reflected in the shifting of local

public health resources and the relative impunity of the alcohol industry and its partners to market in questionable ways (sometimes with the [support of crown agencies](#)).

When it comes to alcohol policy, health is often an afterthought. There is a need for coordinated leadership on this issue that will balance competing interests—public health, government revenue, economic development, and consumer preferences. The OPHA Alcohol Work Group is calling on the Ontario Government to fulfill its promise to develop a Provincial Alcohol Strategy to mitigate the social, economic and health harms from alcohol. This strategy must support education and awareness to change attitudes and social norms around consumption; strengthen policy measures proven to minimize harm; and create a better monitoring system to track alcohol related harms. Lastly, an alcohol strategy would cost a mere fraction of the \$20 billion in provincial deficit spending that is projected for the next three years and reap long term cost savings by reducing the health and social consequences of alcohol use.

We believe it is possible to create a healthier alcohol culture in Ontario and would value working with the province to achieve this goal.

Sincerely,



Cathy Edwards

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