

700 Lawrence Ave. W., Suite 310
Toronto, Ontario M6A 3B4

Tel: (416) 367-3313
1-800-267-6817 (Ont)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Honorary Patron

The Hon. David C. Onley
Lieutenant Governor of Ontario

President

Carol Timmings
E-mail: ctimmings@opha.on.ca

Executive Director

Connie Uetrecht
E-mail: cuetrecht@opha.on.ca

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February 4, 2004

Premier Dalton McGuinty
Office of the Premier

Dear Premier McGuinty:

On behalf of the Ontario Public Health Association (OPHA), I am writing to express our concerns about recent government discussions involving the possible sale of the LCBO.

One of the principal considerations in the debate about selling, or privatizing, the LCBO must be the recognition that alcohol cannot be treated like any other consumer product. It is a drug; it is addictive; and its use generates enormous expenditures for the Ontario government. In 1996 (the latest date available), alcohol accounted for an estimated \$2.9 billion in lost labour productivity and avoidable health care, legal and policing services. These costs far exceed the annual revenue from alcohol sales.

There is considerable and credible research evidence that privatizing the LCBO would likely lead to increased access to alcohol, increased consumption and therefore more alcohol-related costs. Most countries regulate alcohol so as to control its availability and use. The research evidence clearly supports state retail monopolies such as the LCBO primarily because they provide the most effective means to protect the public interest. A state retail monopoly that values public health and safety can counteract market forces that drive alcohol marketing and sales upward.

In Alcohol: No Ordinary Commodity - Research and Public Policy, a landmark document published recently by the World Health Organization, experts from around the world lay bare the significant potential consequences of the privatization of alcohol monopolies. These include:

a) Increased numbers of outlets, increased outlet density and expansion of hours of operation, all of which have been shown to increase overall population consumption.

b) Increased sales to under-aged and intoxicated patrons - problems currently controlled through the LCBO's stringent Challenge and Refusal Program

c) Increased problems with monitoring and enforcement.

Keeping alcohol monopolies in public hands is not enough to protect public health and safety, however. In the past several years, Ontarians have witnessed the significant expansion of the agency store system, along with increased marketing of alcohol products, expanded hours of sale and decreased public oversight of alcohol advertising and promotion. These changes can all be predicted to increase alcohol problems in Ontario, and frankly were done in spite of the objections of the public health and addictions communities. Consequently, we think that government agencies such as the LCBO and the Alcohol and Gaming Commission of Ontario - and their respective ministries - must be more transparent in their decision-making, more open to consideration of public health interests and ultimately, more attentive to the safety of our citizens.

Over half the people convicted of assault or attempted murder in Ontario had been drinking before they committed the crime. From this point of view, retaining a socially responsible LCBO in public hands is excellent public policy, and is likely to help significantly in reducing skyrocketing alcohol-related health costs in the acute care system and related pressures in social security, justice and corrections systems.

Yours truly,

David MacKinnon
Executive Director

Enclosure: [OPHA Position Paper on Alcohol](#), November 2003

cc. Minister of Economic Development and Trade
Minister of Health and Long-Term Care
Deputy Minister of Health and Long Term Care
Chief Medical Officer of Health
Minister of Finance
Deputy Minister of Finance
Deputy Minister of Consumer and Business Services
Minister of Consumer and Business Services
Liquor Control Board of Ontario
Alcohol and Gaming Commission of Ontario
Centre for Addiction and Mental Health
Association of Local Public Health Agencies
Boards of Health, Ontario