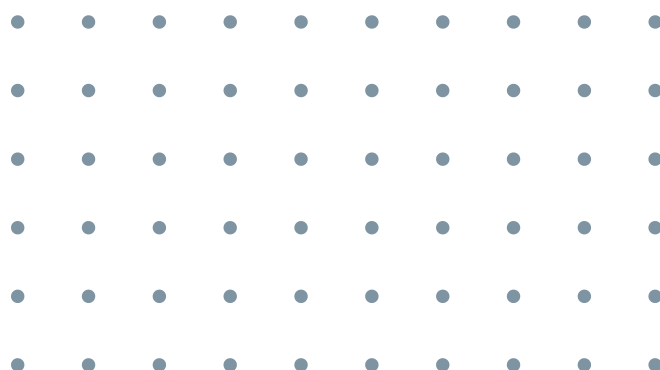


ALCOHOL POLICY PACKAGE



August 2023



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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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August, 2023

Attention: All substance use prevention, harm reduction, chronic disease prevention, and other managers working on alcohol harm prevention

Re: NEW alcohol policy package highlighting municipal, provincial, and federal-level policy priorities

The Ontario Public Health Association (OPHA) is calling on all medical officers of health and boards of health to make reducing the population harms associated with alcohol a priority. All health units are encouraged to join efforts in raising awareness about alcohol harms and seize opportunities to influence government decisions on alcohol policy.

Trends in the policy environment for alcohol in Ontario are concerning. When there is increased economic and physical availability of alcohol, there is increased consumption and subsequently increased alcohol-related harms. Furthermore, these harms are disproportionately experienced by populations facing health inequities. Nonetheless, there are opportunities for public health to lead and join efforts towards local, provincial, and federal actions utilizing the latest research and knowledge products.

To this end, OPHA's Alcohol Workgroup developed a comprehensive alcohol policy package with background information and resources to help public health staff prepare communication products for senior management, boards of health, or other local leaders, including:

- Alcohol Policy Briefing Note
- Alcohol Availability in Ontario Infographic
- Canada's Guidance on Alcohol and Health
- OPHA Issue Series: Alcohol: Enhanced Product Labelling
- Sample letter to support alcohol warning labels
- Sample letter to support excise tax adjustment
- Sample letter re: modernizing alcohol marketplace and product sales
- Alcohol policy resources

The Ontario Public Health Association is highlighting the following actions as windows of opportunity for which the knowledge products in the alcohol policy package could be leveraged at this time:

Municipal actions: Strengthen local surveillance, monitor and report alcohol consumption and harms, build local awareness of alcohol harms to support effective policy solutions, and take a precautionary approach to liquor licensing (e.g., licensing of alcohol in convenience stores).

Provincial actions: Reduce retail density, particularly in low socio-economic status neighbourhoods, maintain or decrease hours of sale, strengthen Ontario's alcohol pricing policies including taxation, minimum pricing or other means, prevent further privatization of alcohol

sales, and apply a whole of government health-in-all- policies approach. A provincial alcohol strategy could encompass these evidence-based areas of focus.

Federal actions: Support mandatory product labelling of alcoholic beverages (e.g., alcohol warning labels) and a federal alcohol act, including an update of the regulations around alcohol marketing.

We trust that the tools and resources in the alcohol policy package will be helpful in preparing communication products for senior management, boards of health, or other local leaders.

For more information about the contents of the alcohol policy package, please contact Amy Hlaing (amy.hlaing@york.ca) or Jacqueline Deroo at (jderoo@swpublichealth.ca), co-chairs of OPHA's Alcohol Work Group.

Sincerely,

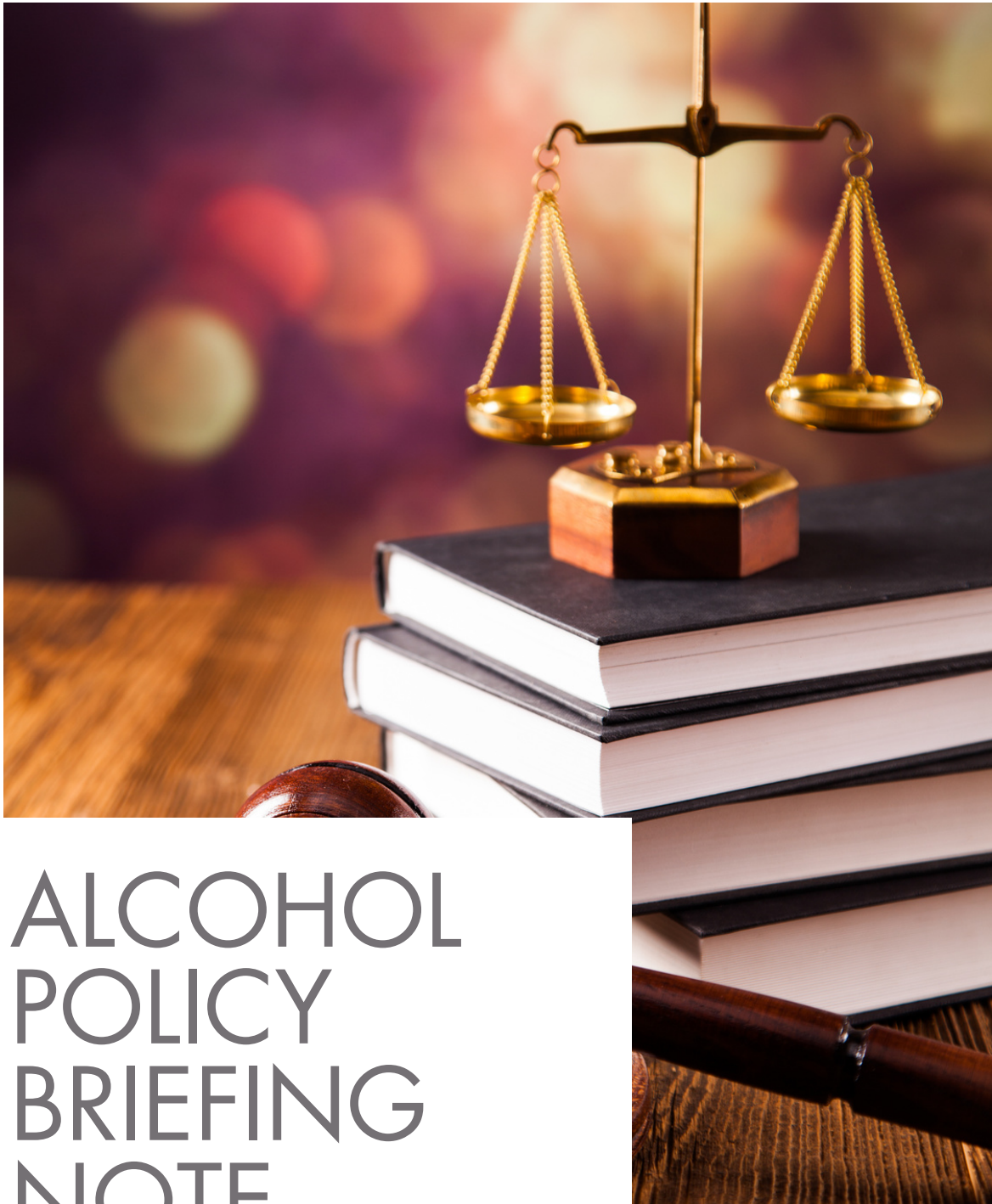


John Atkinson, Executive Director
Ontario Public Health Association

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

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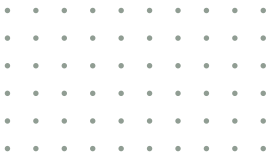
ALCOHOL POLICY BRIEFING NOTE

August, 2023



PREPARED BY:
Alcohol Workgroup Members

APPROVED BY:
John Atkinson
Executive Director
The Ontario Public Health Association



ALCOHOL POLICY BRIEFING NOTE

The purpose of this briefing note is to highlight policy options across all levels of government to address the public health impacts of alcohol, and to outline key public health concerns related to changes in government policy that controls consumption.



As the most commonly used psychoactive substance across Ontario, alcohol is responsible for a significant number of deaths, injuries, and illnesses each year. In 2020, there were 6,202 deaths and 319,580 emergency room & hospital visits in Ontario. (1) Despite perceptions that alcohol is a large revenue generator, when factoring in expenses related to alcohol, including health care expenditures, lost productivity, and enforcement, it actually costs Canadian taxpayers annually. In 2020, alcohol produced \$5.162 billion in revenue for the province of Ontario but \$7.109 billion was spent on alcohol-related harms, creating \$1.947 billion in deficit for the province. (1)

As with all drugs, a harm reduction approach can be applied to alcohol use. If people choose to consume alcohol, a robust regulatory and programming landscape is required to support health and well-being; not just for the drinker, but for communities. Additionally, it is important for individuals to have access to programs and/or services if needed, to help with alcohol-related health issues.



By linking timely alcohol topics, like Canada's new Guidance on Alcohol and Health, with policy level communications (e.g., alcohol availability, advertising, labelling), public health can inform both individual and systems-based actions.

Municipal priorities & opportunities

Municipalities have significant interests in reducing alcohol-related harms. These harms affect individuals, families, communities, and neighbourhoods. (2) From nuisance, to violence, to public safety concerns, municipalities devote much time and resources to dealing with alcohol. Municipal level policies can make a real difference when it comes to decreasing local alcohol-related harms and costs. (3)

While most alcohol policy is governed at the provincial and federal level, municipalities can address alcohol-related risk and harm on municipally owned property through municipal alcohol policies (MAPs), and through by-laws governing municipally owned property, zoning, and licensing restrictions. (3)

Municipal alcohol policy (MAP)

In Ontario, boards of health are responsible for implementing the Ontario Public Health Standards, legislative requirements for public health units to develop and implement healthy public policies, which can include MAPs. Public health units play a key role in working with communities to develop and implement MAPs.

A MAP is a policy instrument that aligns with provincial liquor laws and outlines the safe and appropriate use of alcohol on municipally owned or managed property, places, spaces, and events. (4) These include (but are not restricted to) municipally owned or managed arenas, sports stadiums and fields, community centres, beaches and parks, as well as municipally hosted festivals and events. MAPs enable local governments to manage community-level drinking environments. As a type of healthy public policy, MAPs help to create supportive environments that enable people to lead healthy lives. MAPs help to encourage lower risk alcohol consumption and reinforce positive social norms about alcohol consumption in the community. (5)

A MAP can contain elements such as outlining the roles and responsibilities of management, strategies to manage over drinking such as standard servings and low-alcoholic drinks, no last call announcement, and enforcement procedures and penalties to be used when rules are not followed. (6)

Implementing a MAP has resulted in positive changes including:

- Reduced underage access to alcohol
- Reduced community disruption due to drinking
- Fewer injuries and hospital visits
- Reduced impaired driving
- Enhanced safety and reduced demand on security and police resources
- Reduced costs to taxpayers
- Reduced legal risks for local governments (7)

Public Health Ontario conducted an environmental scan in 2014–2015 to provide a snapshot of MAP implementation throughout the province that demonstrated that 53% of municipalities in Ontario have a municipally approved MAP. (7)

Other alcohol policy options for municipalities including by-laws, zoning, and licensing restrictions

The report, [Alcohol Policy Review: Opportunities for Ontario Municipalities](#) provides policy options and recommendations to support municipal leaders in their policy development efforts toward healthier communities. (3) The following chart summarizes the report's recommendations for municipalities in their efforts to advance policies and actions:

Policy options for municipalities

Policy area	Policy action
Licensing and enforcement	Update and/or revise municipal by-laws that strengthen the protection of public safety and property standards.
	Establish business license conditions through a municipal by-law on the basis of protecting public interests and minimizing nuisances.
	Create a new business license category that includes supermarket retailers licensed to sell alcohol.
	Work with the Alcohol and Gaming Commission of Ontario and police to protect public interest.
	Develop conditions for liquor license establishments addressing municipal jurisdictional matters (e.g., signage with contact information for public complaints, restricting patio hours of operation, restricting amplified music in outdoor spaces, installing security camera, and ensuring the enclosure of garbage receptacles).

Policy area	Policy action
Regulating physical access through density and location restrictions	Update municipal zoning by-laws to establish a minimum floor area requirement that is greater than the provincial requirement for a grocery store to allow the sale of wine, beer, or cider.
	Develop minimum separation distances between liquor license establishments.
	Investigate the need for site specific zoning to limit the location of alcohol retailers and liquor licensed establishments.
Hours of sale limitations	Municipalities that are interested in restricting hours of sale/service should issue site specific conditions when warranted and where applicable.
Pricing strategies	Advocacy efforts to strengthen provincial regulations in controlling access to and affordability of alcohol.
	Explore the development of minimum pricing standards for alcoholic beverages as a condition of a business license application, where warranted.
Marketing	Develop policies that prohibit the promotion or sale of alcoholic beverages on municipally owned lands or facilities, including public transit and associated amenities.
	Participate in local economic development initiatives with local business improvement areas and hospitality businesses to encourage responsible alcohol consumption.
Surveillance and information sharing	Work with public health units to undertake monitoring and surveillance efforts to describe local alcohol availability and alcohol-related harms.

Source: [Alcohol Policy Review: Opportunities for Ontario Municipalities](#)

Policy and trends

Increasing access and availability of alcohol in municipalities

In recent years, there has been a push to “modernize” alcohol retail in Ontario in the name of job creation and increasing choice and convenience for the purchase of beverage alcohol. This has led to increased access and availability of alcohol in municipalities across Ontario.

Alcohol sales in Ontario are regulated at the provincial level and consist of a mixed private and government-run retail system. In 2015, a master framework agreement (MFA) was signed between the province and the Beer Store and three large global brewers (Molson, Labatt and Sleeman) until the end of 2025. This agreement limits the number and type of retail outlets that can sell beer in Ontario.

In the 2019 Ontario Budget (8), the province restated its plan to expand alcohol retail sales to convenience and big box stores in Ontario. In 2019, Ken Hughes was tasked as Ontario’s Special Advisor for the beverage alcohol review and wrote a report to the minister of finance that recommended for retail alcohol expansion and working with public health experts to mitigate the social costs related to alcohol. There is evidence that increasing privatization of alcohol retail sales and increasing access to alcohol overall, including by expanding retail availability, is associated with increased alcohol consumption and alcohol-related harms. (9) Overall, the proposed provincial changes significantly challenge efforts to promote lower risk drinking, to protect the public’s health and safety, and to address the potential economic costs of alcohol consumption.

Alcohol consumption in parks

Calls to loosen rules around drinking alcohol in public spaces have increased in recent years, spurred in part by the COVID-19 pandemic making it necessary to gather outdoors. The Vancouver Park Board directed staff to design and implement a second alcohol in parks pilot for 2022 onwards, with considerations given to the lessons learned from the 2021 experience.

Researchers at the University of Victoria’s Canadian Institute for Substance Use Research (CISUR) have created [Not Just a Walk in the Park: Unsupervised Alcohol Consumption on Municipal Properties in BC](#), an evidence-based, public health oriented guide for municipalities as they consider allowing drinking in public outdoor spaces. (10)



Although there are arguments in favour of allowing public drinking, permitting alcohol consumption in public spaces adds to risks related to public intoxication, violence and property crimes, impaired driving, underage drinking, and can impact enjoyment of public spaces by non-drinkers and vulnerable persons. (10) Authorizing unsupervised alcohol consumption on public properties also requires municipal resources to mitigate any potential negative outcomes on the local community, including garbage disposal. If local governments choose to proceed with an alcohol in parks program, this policy change warrants careful consideration and ongoing review. (10)

The CISUR report includes the following summary of guidance for strategies to mitigate the risk of this policy should it be implemented (10):

Conduct an initial health impact assessment and health equity analysis.
Seek early and ongoing public engagement and feedback across diverse subgroups.
Obtain formal legal counsel on liability implications and municipalities' duty of care.
Limit the number of proposed sites, set designated areas, and restrict months/hours of consumption.
Avoid permanent bylaw changes, review annually, and implement relevant companion bylaws.
Allocate sufficient budgetary funds to address related increase in operational costs.
Expand inspection and enforcement staffing and revoke authorizations for problematic sites.
Set alcohol consumption limits, implement meal requirements, and prohibit glass containers.
Post clear, extensive, and accessible signage in both designated and non-designated areas.
Encourage purchase of alcohol from nearby on-site licensed restaurants, pubs, or food trucks.
Conduct comprehensive monitoring and evaluation with ongoing public reporting.
Address specific COVID-19 and alcohol considerations related to physical distancing.

Provincial priorities & opportunities

The most effective policy levers to control health harms associated with alcohol consumption correspond to its availability. These include policies related to the legal drinking age, pricing controls, outlet restrictions, hours of sale, and keeping alcohol retail public. (9,11) Since these policy levers are in the jurisdiction of the province, a provincially-led alcohol strategy or action plan to mitigate alcohol-related harms could be beneficial.

This strategy could be a separate standalone alcohol specific plan, or it could involve incorporating alcohol specific recommendations and actions into other strategies and planning documents such as those governing chronic disease prevention, mental health promotion and suicide prevention, or substance use and harm reduction.

For example, an alcohol specific strategy could be interwoven into the [Roadmap to wellness: a plan to build Ontario's mental health and addictions system](#).

In terms of policy directions, alcohol experts at the Centre for Addiction and Mental Health (CAMH) recommend a freeze on the further privatization of alcohol sales in Ontario, but also offer suggestions to reduce risks in the face of further privatization, like offering municipalities the ability to opt out of allowing certain venues to sell alcohol (e.g., convenience stores) and evaluating the health and safety impacts of alcohol sales. (11)

CAMH also recommends maintaining a strong pricing system, including increasing minimum pricing, closing loopholes on minimum pricing, indexing excise taxes to inflation as well as a robust review system for alcohol advertisement. (11) These interventions also need to be complemented by strong substance use prevention and mental health promotion for youth across the province, as well as strong investments in evidence-based harm reduction supports and treatment infrastructure. (11)

Moreover, there is a need to support programs which prevent or delay substance use among youth, that build mental well-being and resilience to prevent problematic substance use, and increase treatment service capacity (e.g., improving access to rapid access addiction clinics and withdrawal programs).



Federal priorities & opportunities

Mandatory alcohol product labelling

Evidence is emerging that supports the implementation of mandatory alcohol product labelling - specifically enhanced labels related to health - on alcohol containers. According to the Canadian Centre for Substance Use and Addiction who released [Canada's Guidance on Alcohol and Health](#), mandatory alcohol product warning labels (e.g., warning of cancer risk) can be an important way to increase public awareness of alcohol-related health risks and change behaviour. (12) A federal level policy would ensure that alcohol is treated the same as other controlled substances, such as tobacco and cannabis. (13,14,15)

Canadian consumers have a right to clear information about the health and safety of the products they buy. In general, the public does not know how much a standard drink is and the current information provided on alcohol products (in percent alcohol by volume: ABV) makes it difficult to calculate a standard drink. (16) Few people know that alcohol consumption increases cancer risk in a dose-response manner with no risk-free level. (17) (18) One way to easily help the public make informed decisions about alcohol is through effective and mandatory product labelling that includes clear standard drink information, health warnings, and nutritional labelling. (18,12)

The concept of alcohol product labelling is not new and is supported by Canada's Guidance on Alcohol and Health (12) and The World Health Organization (WHO). (15) It has gained recognition as a viable tool in educating the public to inform their choices around alcohol (12,19), both in Canada (12) and internationally. (20)

In Canada, member of parliament, Lisa Marie Barron (Nanaimo-Ladysmith, British Columbia) introduced a private members motion, [M-61 National Warning Label Strategy for Alcoholic Products](#), and Senator Patrick Brazeau introduced [Bill S-254, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#), both calling for mandatory alcohol product labelling.

Federal Alcohol Act

In a recent report by the Canadian Alcohol Policy Evaluation (CAPE), alcohol policy experts have recommended that a federal Alcohol Act is needed in Canada. (1,21) A federal Alcohol Act could include the following policy actions: the indexation of excise taxes based on alcohol content; comprehensive alcohol advertising restrictions; mandatory health and safety labelling for alcohol products; and a minimum legal drinking age nationally. (21) The success of national alcohol policies in other countries has been demonstrated to reduce alcohol-related harms at the population level, a remarkable public health achievement. (9)

Alcohol advertising

Regulatory control of alcohol advertising at the federal level is through the [Canadian Radio-television and Telecommunications Commission \(CRTC\)](#). These regulations have not been updated since 1996 and have not kept up with modern methods of advertising, especially as it relates to digital media. Exposure to alcohol marketing increases the normalization of drinking alcohol, instigates an earlier age of initiation, and affects drinking behaviours, including binge drinking. (22) [The WHO recommends](#) the development of regulation and enforcement systems to control, restrict or ban alcohol marketing, including in digital media. (22) Finland and Lithuania offer successful real-world examples that can inform and support these actions. (9)

References

- 1 Naimi T, Stockwell T, Giesbrecht N, Wettlaufer A, Vallance K, Farrell-Low A, et al. Canadian Alcohol Policy Evaluation (CAPE) 3.0 Project. Policy Domain Results Summary (Provincial/Territorial). Victoria, BC: University of Victoria, Canadian Institute for Substance Use Research; 2023.
- 2 Centre for Addiction and Mental Health (CAMH). Making the Case: Tools for Supporting Local Alcohol Policy in Ontario. Toronto, ON: Centre for Addiction and Mental Health; 2013.
- 3 Liem S. Alcohol Policy Review: Opportunities for Ontario Municipalities. Liem Strategic Integration Inc.; 2018.
- 4 Canadian Centre on Substance Use and Addiction (CCSA). Municipal Alcohol Policy in Ontario: A Public Health Approach. ; 2017.
- 5 Giesbrecht N, Wettlaufer A. Municipal Alcohol Policies and Public Health: A Primer. Toronto, ON. Queen's Printer for Ontario: Ontario Agency for Health Protection and Promotion (Public Health Ontario); 2016.
- 6 Canadian Centre on Substance Use and Addiction (CCSA). Municipal Alcohol Policy: A Role for Canadian Governments. ; 2017.
- 7 Public Health Ontario. Provincial municipal alcohol policy (MAP) scan: summary of findings from a public health unit survey. Toronto, ON;; 2015.
- 8 Government of Ontario. 2019 Ontario Budget: Improving Choice and Convenience for Beverage Alcohol Consumers. [Online].; 2019 [cited 2023 June 1. Available from: <https://budget.ontario.ca/2019/contents.html>.
- 9 Babor T, Casswell S, Graham K, Huckle T, Linington M, Osterber E, et al. Alcohol: No Ordinary Commodity Research and Public Policy. 3rd ed.: Oxford University Press; 2023.
- 10 Farrell-Low A, Johnston K, Naimi T, Vallance K. Not Just a Walk in the Park: Unsupervised Alcohol Consumption on Municipal Properties in BC. Victoria, B.C.: Canadian Institute for Substance Use Research, University of Victoria; 2021.
- 11 Centre for Addictions and Mental Health (CAMH). Alcohol Policy Framework. Toronto ON;; 2019.
- 12 Paradis C, Butt P, Shield K, Poole N, Wells S, Naimi T, et al. Canada's Guidance on Alcohol and Health: Final Report. Ottawa ON: CCSA Canadian Centre on Substance Use and Addiction; 2023.
- 13 Government of Canada. Cannabis health warning messages. [Online].; October 2019 [cited 2023 March. Available from: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/regulations-support-cannabis-act/health-warning-messages.html>.

References cont'

- 14 Government of Canada. Tobacco product labelling. [Online].; November 2011 [cited 2023 March]. Available from: <https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/tobacco-product-labelling.html>.
- 15 Government of Canada. Labelling requirements for alcoholic beverages. [Online].; 2023 [cited 2023 March 30]. Available from: <https://inspection.canada.ca/food-labels/labelling/industry/alcoholic-beverages/eng/1624281662154/1624281662623>.
- 16 National Alcohol Strategy Advisory Committee. What is a standard drink? Communicating drink information to the consumer. Ottawa: CCSA Canadian Centre on Substance Use and Addiction; 2015.
- 17 Stockwell T, Solomon R, O'Brien P, Vallance K, Hobin E. Cancer Warning Labels on Alcohol Containers: A Consumer's Right to Know, a Government's Responsibility to Inform, and an Industry's Power to Thwart. *Journal of Studies on Alcohol and Drugs*. 2020; 81(2): p. 284-292.
- 18 Hobin E, Shokar S, Vallance K, Hammond D, McGavock J, Greenfield T, et al. Communicating risks to drinkers: testing alcohol labels with a cancer warning and national drinking guidelines in Canada. *Can J Public Health*. 2020 October; 111(5): p. 716-725.
- 19 Weerasinghe A, Schoueri-Mychasiw N, Vallance K, Stockwell T, Hammond D, McGavock J, et al. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. *International Journal of Environmental Research and Public Health* [Internet]. 2020 Jan 7;17(2):398. 2020 January; 17(2).
- 20 World Health Organization. What's in the bottle: Ireland leads the way as the first country in the EU to introduce comprehensive health labelling of alcohol products. [Online].; 2023 [cited 2023 June 1]. Available from: <https://www.who.int/europe/news/item/26-05-2023-what-s-in-the-bottle--ireland-leads-the-way-as-the-first-country-in-the-eu-to-introduce-comprehensive-health-labelling-of-alcohol-products#:~:text=Ireland%20is%20the%20first%20country,the%20risks%20of%20deve>.
- 21 Wettlaufer A, Vallance K, Chow C, Stockwell T, Giesbrecht N, April N, et al. Strategies to Reduce Alcohol-Related Harms and Costs in Canada: Review of Federal Policies. Victoria, BC: Canadian Institute for Substance Use Research; 2019 April.
- 22 World Health Organization. Digital Marketing of alcoholic beverages: what has changed? (Snapshot series on alcohol control policies and practice. Brief 6). Geneva;; 2022 March.

ALCOHOL AVAILABILITY IN ONTARIO



DID YOU KNOW?

Increased Alcohol Availability → Increased Alcohol Consumption → Increased Alcohol Harms and Costs



Alcohol is associated with: dependence, suicide, mental health concerns, chronic diseases, violence, injuries and social problems.



In 2022, approximately **20%** of adults in Ontario (compared to 15% in 2015) reported harmful drinking behaviours.



In 2020, alcohol-related costs in Ontario amounted to at least **\$7.1** billion.



A study comparing the number of emergency visits attributable to alcohol in the 2 years pre-deregulation of alcohol in Ontario (2013 and 2014) with the number of emergency visits attributable to alcohol in the 2 years post-deregulation (2016 and 2017) revealed that the number of visits had increased by more than **24,000** after post-deregulation.



In a 2004 Canadian Addiction Survey, **1 in 3** Ontarians reported experiencing harm as a result of someone else's drinking in the past year.



Alcohol causes various cancers, including:

- Mouth
- Esophagus
- Throat
- Colon and Rectum
- Voice box
- Breast
- Liver.

*deregulation: easing of alcohol regulations and restrictions on alcohol distribution and sales.

CHANGES DURING COVID-19

Covid-19 stress amplified mental health and substance use concerns.

25% of Canadians (aged 35-54) were drinking more while at home due to COVID-19 pandemic.

Ontario is experiencing an **increase** in alcohol availability. Sales of alcohol have continued to increase.

Increased availability due to:

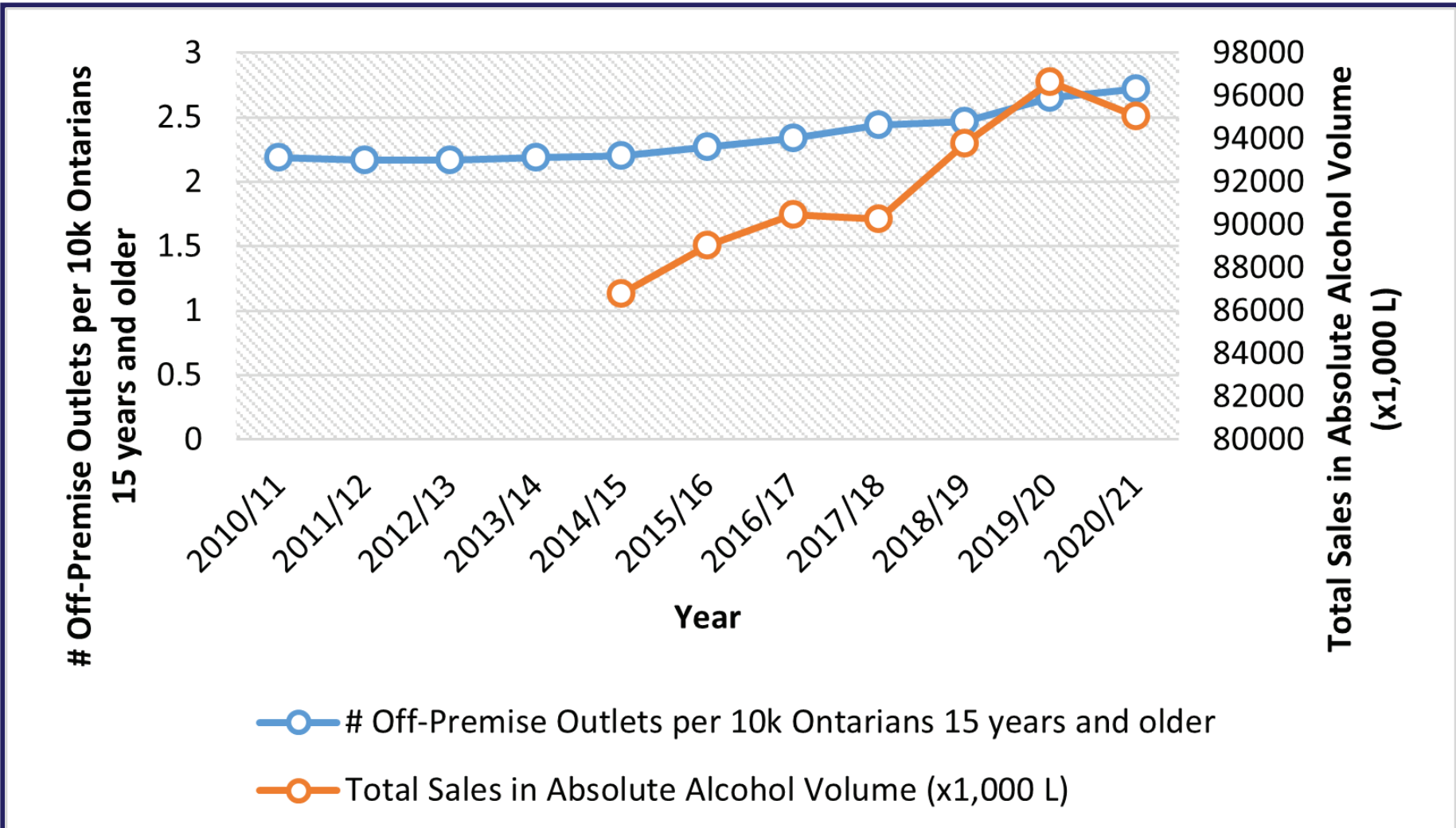
- extended off premise retail hours 9 am to 11 pm
- takeout and delivery from licensed establishments
- LCBO convenience store outlets, and
- third-party delivery (e.g., UberEats).

Increased availability makes it easier to buy alcohol, including for someone who is:

- intoxicated
- underage, or
- has an alcohol use disorder.

Increased availability and permanent changes to alcohol delivery rules.

DENSITY OF OFF-PREMISE* ALCOHOL OUTLETS AND TOTAL ALCOHOL SALES IN ONTARIO



*Off-premise outlets include: LCBO and Agency stores, Beer Stores, Ontario wine stores, Grocery stores, On-site brewery and distillery stores, ferment on premise outlets, and Duty-free stores.

HOW CAN LOCAL HEALTH UNITS AND MUNICIPALITIES REDUCE ALCOHOL-RELATED HARMS?

Recognize that increased alcohol availability affects community health and prioritize health in all policy decisions.

Prioritize local surveillance for alcohol use and harms by:

- partnering with stakeholders.
- identifying indicators.
- collecting data.
- reporting to the community.

Champion policy change to prevent further expansion of alcohol availability in Ontario. Municipalities are encouraged to take a cautious [or precautionary] approach to liquor licensing.

Consider and integrate alcohol policy in mental health, addictions and community safety and well-being policies.

Municipalities can work with Public Health to support evidence-based strategies, such as strengthening municipal alcohol policies to reduce alcohol-related harms.

Advocate for government action to develop a comprehensive, evidence-based alcohol strategy.

References

1. Canadian Institute for Health Information. (2017). Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Harm. Ottawa, ON: CIHI. Available at: <https://www.cihi.ca/sites/default/files/document/report-alcohol-hospitalizations-en-web.pdf>
2. Canadian Public Health Association. (2016). The Chief Public Health Officer's Report on the State of Public Health in Canada, 2015: Alcohol Consumption in Canada. Available at: <https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2015-alcohol-consumption-canada.html>
3. Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. <https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf>
4. Giesbrecht, N., Ialomiteanu, A.R., Mann, R. (2016). Changes in Alcohol Distribution in Ontario, Canada: Public preferences and perceptions of risk. Toronto, ON: Centre for Addiction and Mental Health and the Dalla Lana School of Public Health.
5. Giesbrecht, N., Cukier, S., Steeves, D. (2010). Collateral damage from alcohol: implications of 'second-hand effects of drinking' for populations and health priorities. *Addiction* 105, 1323-25. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02884.x/epdf>
6. Leger Poll conducted for the Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada (2020). Mental Health and Substance Use During Covid-19. Available at: <https://www.legismarketing.wpenginepowered.com/wp-content/uploads/2021/02/MHCC-CCSA-COVID-19-Mental-Health-Substance-Use-Summary-2021-en.pdf>
7. Myran DT, Chen JT, Giesbrecht N, Rees VW. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. *Addiction*. 2019 Jul;114(7):1183-1191. doi: 10.1111/add.14597. Epub 2019 Apr 17. PMID: 30924983.
8. Nanos Poll conducted for the Canadian Centre on Substance Use and Addiction (2020). COVID-19 and Increased Alcohol Consumption. Available at <https://www.ccsa.ca/sites/default/files/2020-04/CC-SA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf>
9. Nigatu, Y.T., & Hamilton, H. A (2022). CAMH Monitor e-Report: Substance Use, Mental Health and Well-Being Among Ontario Adults, 2022. Toronto, ON: Centre for Addiction and Mental Health. Available at: https://www.camh.ca/-/media/files/pdfs/camh-monitor/camh-monitor-2022_report_dec-19_final-pdf.pdf
10. Statistics Canada (2023). Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume available at <https://www150.statcan.gc.ca/t1/t-bl1/en/cv.action?pid=1010001001>
11. Stockwell, T., Tettlauffer, A., Vallance, K., Chow, C., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R.C., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria. Available at <https://www.uvic.ca/research/centres/cisur/assets/docs/report-cape-pt-en.pdf>

Thank you to the Alcohol Policy in Ontario Community of Interest for their review and contributions. This infographic was developed by Evidence Exchange Network (EENet).



In January 2023, The Canadian Centre on Substance Use and Addiction (CCSA) released Canada's Guidance on Alcohol and Health.

Canada's Guidance on Alcohol and Health

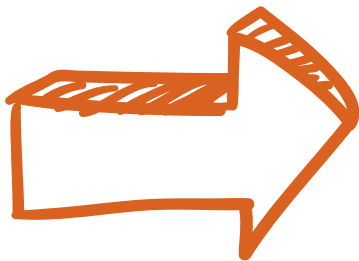


Canadian Centre
on Substance Use
and Addiction



This new guidance was created to help individuals in Canada make informed choices about their own health and alcohol consumption. It provides evidence-based information to Canadians of legal drinking age, including:

- Definitions of what a standard drink is
- Alcohol-related health risks, including cancer
- A continuum of risk associated with average weekly alcohol consumption (low, moderate, and increasingly high risk)
- Tips to reduce alcohol consumption



While the new *Guidance on Alcohol and Health* can be used by public health units to provide guidance on alcohol use at an individual level, there are also structural level opportunities for health units to make this health information more widely understood, such as **advocating for mandatory labelling on alcohol.**

Drinking less is better

We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change.

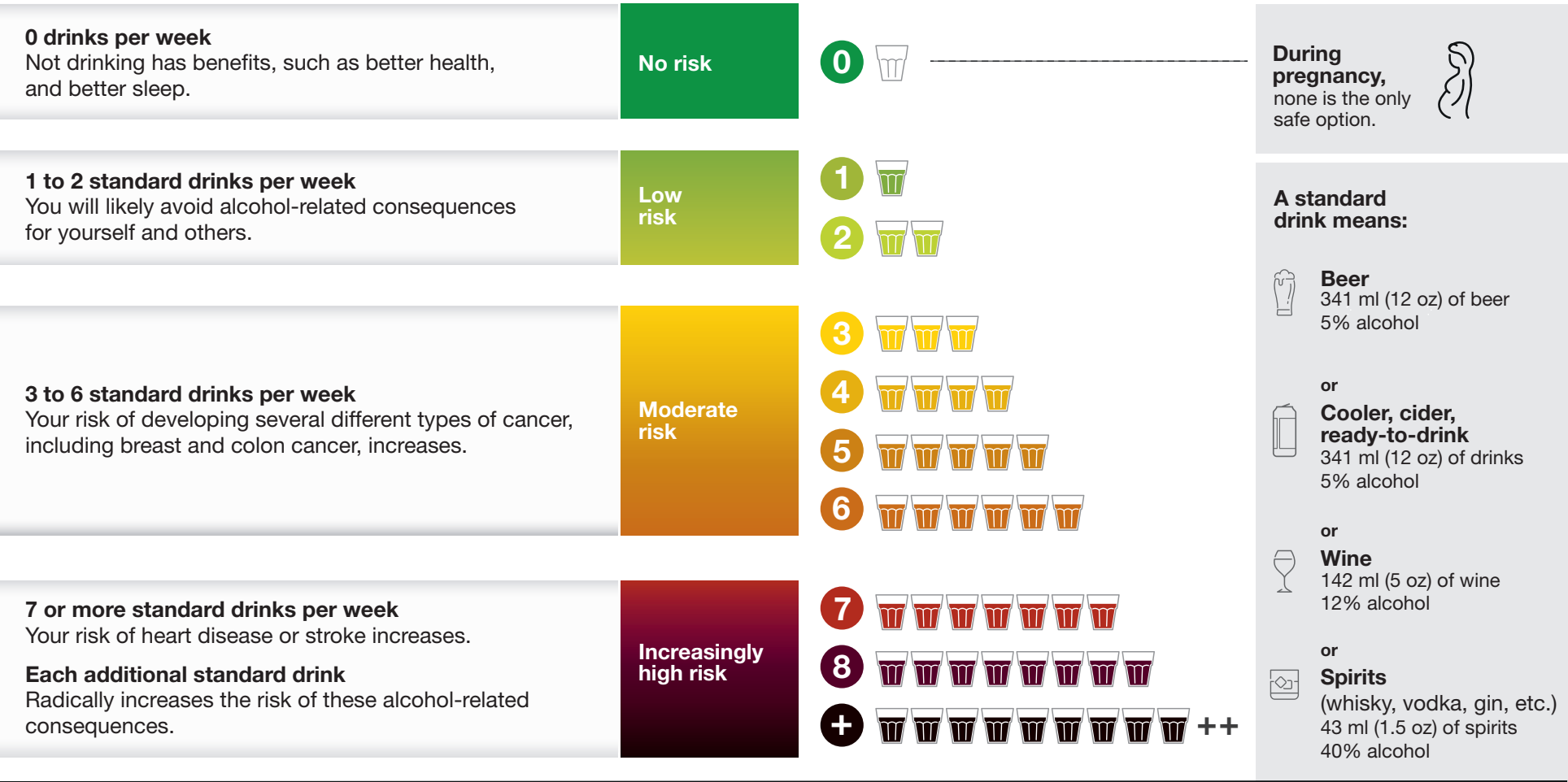
Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.

Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

That's why if you drink, it's better to drink less.

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.

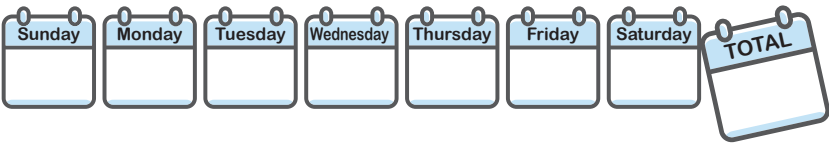


Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?



Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

Background

Enhanced labelling on alcohol products is an evidence-informed policy to promote lower risk consumption and reduce alcohol harm. It is promoted by the World Health Organization, (1) recommended in Canada's new Guidance on Alcohol and Health, (2) and supported by Canadian and international alcohol policy experts. (3) Enhanced product labelling can include one or more of the following: health warnings regarding the risks of alcohol consumption, standard drink information, guidance for lower risk alcohol use, and nutrition information. There has been an increase in calls on governments to mandate evidence-based labelling of alcoholic beverages to inform consumers of the risks of alcohol; risks that are increasingly demonstrated by evidence to be serious and wide reaching. (2) Currently, consumers do not have the information they need to monitor their alcohol consumption and make informed choices. (2,4,5,6)

Facts

- In January 2023, the Canadian Centre on Substance Use and Addiction released [Canada's Guidance on Alcohol and Health: Final Report](#) concluding that any amount of alcohol consumption poses health risks. (2)
- In Canada, there is low public awareness of the health risks caused by alcohol, (7) despite alcohol being classified as a Group 1 carcinogen. (8) An estimated 1,204 deaths per year in Ontario are attributable to alcohol consumption. (9)
- Informing consumers of the cancer related health risks of alcohol through labelling has been shown to increase support for alcohol policy measures controlling pricing, availability and marketing. (3,7,10)
- Canada is a world leader in well designed product labels for tobacco, and most recently cannabis, yet alcohol products are exempt from these labelling regulations. (11,12,13)
- There is good evidence that health warnings on alcohol containers can increase public awareness of alcohol-related health risks and change behaviour. (3,14,15)
- Labelling interventions have the benefit of reaching the majority of consumers. Furthermore, research shows enhanced product labelling may be a valuable communication tool for higher volume consumers, as they have greater exposure to the labels. (5,15)
- The alcohol industry actively opposes health warning labels and promotes self-regulation as a way to delay using effective messages that would likely reduce alcohol sales. (16,17,18)
- There is strong public support for labelling alcohol products in Canada as a common-sense policy in the public's interest. (4,19)

Policy lever – Mandatory product labelling of alcohol products that is legislated and regulated by government	
Rationale	Current landscape
<p>Evidence and real world experience indicate that industry self-regulation is not effective and therefore government mandated regulation is recommended. (14,20) The alcohol beverage industry will not voluntarily adopt enhanced labelling and, in fact, is strenuously opposed to it. (14,16)</p> <p>Other substances (e.g., cannabis and tobacco) have legislated labelling requirements in Canada that have been shown to be effective. (13,12,21)</p> <p>A legal analysis has shown that provincial/territorial governments in Canada that sell or distribute alcohol are legally obliged to inform consumers of risk. (18)</p>	<p>Canada has few requirements for enhanced labelling on alcohol products. This is in contrast to tobacco and cannabis which already have existing labelling requirements under the <i>Tobacco and Vaping Products and Cannabis Acts</i>. (13,12,22)</p> <p>At least 20 countries require enhanced labelling on alcoholic beverage containers, including the United States, Australia, and France. (23)</p> <p>An alcohol labelling study implemented in Yukon was hindered due to industry pressure and potential threat of legal action. Despite this, the study resumed and demonstrated the effectiveness of labels to support lower risk alcohol use. (18,24,25)</p>
Standard drink labels (SDL)	
Rationale	Current landscape
<p>Providing SDL on alcohol containers is a promising tool to enable consumers to accurately monitor their alcohol consumption, assess their risk level according to Canada's new Guidance on Alcohol and Health, and adhere to alcohol use guidance. (2,4,26)</p> <p>Even if people are aware of alcohol guidance and motivated to regulate their alcohol consumption, lack of knowledge about standard drink sizes can prevent them from doing so. (2)</p>	<p>Awareness of standard drinks is low in Canada and people tend to overestimate the amount of alcohol in a standard drink. (7,26)</p> <p>The less effective practice of percent by volume (%ABV) labelling information, mandated in Canada, does not assist people in adhering to alcohol guidance.</p> <p>In 2015, the National Alcohol Strategy Advisory Committee collaborated with industry in developing guidance for SDL, yet, there has been no uptake of SDL by the alcohol beverage industry since then. (27)</p>

Rationale	Current landscape
<p>The concern that higher volume consumers may use SDL to choose high strength low cost beverages was not substantiated in a Canadian study on labelling, however more research is needed. (26)</p> <p>A real world Canadian study indicated that, to be most effective, SDL interventions should integrate education on standard drinks and be part of a broader alcohol strategy. (26) While SDL is important, it should not be implemented at the expense of more effective labelling interventions.</p>	
Health warning labels	
Rationale	Current landscape
<p>Experts argue that labelling is required to meet the industry's legal duty to warn consumers of any risk and furthermore that duty is elevated when the product is intended for human consumption. (20,28) Regardless of the direct impact of labels on consumption, consumers have a right to know. (3,18)</p> <p>Evidence suggests that health warning labels increase awareness and reduce consumption. (5,14)</p> <p>In a recent real world study, there was a seven per cent decrease in per capita alcohol use when people were exposed to warning labels on alcohol products, compared to sites that were not exposed. (5,25)</p> <p>Health warning labels that inform consumers of the cancer risk of alcohol consumption have been shown to increase support for alcohol policies. (10,18)</p>	<p>Canadian survey data show fewer than 50% of adults are aware of the harms of alcohol, and there is lower awareness among people who consume at high or very high-risk levels. (7)</p> <p>Yukon and Northwest Territories require post-manufacture warning labels about the risks of drinking during pregnancy and caution against drinking when driving or operating machinery. No other jurisdictions in Canada require health or safety labelling on alcohol containers. (4)</p> <p>On July 7, 2023 a class action law suit was filed in Quebec against 3 brewers for failing to warn consumers of the health risks due to alcohol consumption. (29)</p>

<p>The evidence from tobacco consistently shows the benefits of health warning labels: improved health knowledge, reduced consumption, and shifting social norms among consumers. (21)</p>	
Nutrition labels	
Rationale	Current landscape
<p>There is limited evidence on the effectiveness of nutritional labelling on alcohol products. (30) Nutrition labels may improve consumers' ability to estimate the calorie content of alcoholic drinks they consume and increase transparency. (4)</p> <p>Regulation to restrict health claims is needed as nutritional labelling has been used by the alcohol industry to make positive health-related claims about alcoholic beverages. (31)</p> <p>Implementation of nutrition information for all alcohol products should be considered a lower priority than health messaging and if necessary, addressed through a separate process to ensure that it does not impede implementation of health messages. (20)</p>	<p>Unlike other food and beverages, alcoholic beverages such as beer, wine and spirits are exempt from the requirement to show a list of ingredients or nutritional information on the label except under specific conditions. (11)</p> <p>International evidence suggests strong public support for standardized nutrition information on alcohol containers. (14,20)</p>

1. The Government of Canada should immediately support and implement Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages).
2. The Government of Canada should develop a federal Alcohol Act, within which alcohol labelling regulations can be housed; the Private Members Bill M-61 Warning Label Strategy for Alcoholic Products should be adopted within this Act.
3. Policy- and decision-makers should develop and implement enhanced alcohol labels based on the best evidence related to design, messaging, and implementation using Canadian Alcohol Policy Evaluation's (CAPE) guidance document [Evidence-based Recommendations for Labelling of Alcohol Products in Canada \(2022\)](#).
4. The experiences from different countries and within Canada should inform future approaches to alcohol product labelling in Canada.
5. Government should work with community based organizations, researchers, and research institutions to protect consumer's rights and to evaluate the implementation of labelling policies in real world settings.
6. Industry influence on public policy, as it relates to alcohol and health, should be acknowledged as counter to public health aims and therefore restricted. Like the tobacco industry, the alcohol industry should be excluded from talks about healthy public policy.
7. Real life experience has shown industry self-regulation to be counterproductive in relation to enhanced product labelling. Therefore, governments should mandate evidence-based product labelling.

1. World Health Organization. Europe launches EVID-ACTION to bring evidence to action to reduce alcohol consumption and harms. [Online].; December 6, 2022. [cited 2023 April 3. Available from: <https://www.who.int/europe/news-room/events/item/2022/12/06/default-calendar/who-europe-lau>.
2. Paradis C, Butt P, Shield K, Poole N, Wells S, Naimi T, et al. Canada's Guidance on Alcohol and Health: Final Report. Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2023.
3. Giesbrecht N, Wettlaufer A, Vallance K, Hobin E, Naimi T, Price T, et al. Why Canadians deserve to have mandated health and standard drink information labels on alcohol containers. Canadian Journal of Public Health. 2023 May.
4. Hobin E, Jansen R, Vanderlee L, Berenbaum E. Enhanced alcohol container labels: A systematic review. Ottawa, Ont: Canadian Centre on Substance Use and Addiction; 2022.
5. Hobin E, Shokar S, Hammond D, McGavock J, Greenfield TK, Schoueri-Mychasiw N, et al. Communicating risks to drinkers: testing alcohol labels with a cancer warning and national drinking guidelines in Canada. Canadian Journal Public Health 716-725. 2020 October; 111(5).
6. Government of Canada. Food Labelling: Nutrition Labelling. ; 2015.
7. Cochrane Canada. Update of Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Evidence on Understanding and Response to Alcohol Consumption Guidelines. Ottawa, On: Canadian Centre on Substance Use and Addiction; 2021.
8. International Agency for Research on Cancer. Personal habits and indoor combustions. Volume 100 E: A review of human carcinogens. IARC monographs on the evaluation of carcinogenic risks to humans. [Online].; 2010. Available from: <https://monographs.iarc.fr/wpcontent/uploads/2018/06/mono100E.pdf>.
9. Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario).. Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Toronto, ON; 2023.
10. Weerasinghe A, Schoueri-Mychasiw N, Vallance K, Stockwell T, Hammond D, McGavock J, et al. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. International Journal of Environmental Research and Public Health [Internet]. 2020 Jan 7;17(2):398. 2020 January; 17(2).
11. Government of Canada. Canadian Food Inspection Agency. (n.d.) Labelling requirements for alcoholic beverages. [Online]. [cited 2023 4 21. Available from: <https://inspection.canada.ca/food-labels/labelling/industry/alcoholic-beverages/eng/1624281662154/1624281662623>.
12. Government of Canada. Cannabis health warning messages. [Online].; October 2019 [cited 2023 March. Available from: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/regulations-support-cannabis-act/health-warning-messages.html>.
13. Government of Canada. Tobacco product labelling. [Online].; November 2011 [cited 2023 March. Available from: <https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/tobacco-product-labelling.html>.
14. World Health Organization. Health warning labels on alcoholic beverages: opportunities for informed and healthier choices. Brief 4. ; November 2021.
15. Greenfield TK. Warning labels: evidence of harm reduction from long-term American surveys, In M. Plan, E. Single, T. Stockwell (eds) Alcohol: Minimising the harm. London, England; 1997.
16. Bains. C. Canada's alcohol industry says warning labels about health risks unnecessary. 2023 January 20..
17. The Lancet Gastroenterology & Hepatology. Editorial: Distilling the message: Irish plans for alcohol warning labels. The Lancet Gastroenterology & Hepatology. 2023 March; 8.
18. Stockwell T, Solomon R, LL.M. , O'Brien P, Vallance K, Hobin E. Cancer Warning Labels on Alcohol Containers: A Consumer's Right to Know, a Government's Responsibility to Inform, and an Industry's Power to Thwart. Journal of Studies on Alcohol and Drugs. 2020; 81(2): p. 284-292.
19. Roumeliotis I, Witmer B. It's time to put cancer warning labels on alcohol, experts say. 2023 January. CBC News, Canadian Broadcasting Company.

20. Naimi T, Giesbrecht N, Stockwell T, Asbridge M, Gagnon M, Hynes G, et al. EVIDENCE-BASED RECOMMENDATIONS FOR LABELLING OF ALCOHOL PRODUCTS IN CANADA. Developed by the Canadian Alcohol Policy Evaluation (CAPE) 3.0 Project Team; June 2022.
21. Cunningham R. Tobacco Package Health Warnings: A global success story. *BMJ Tobacco Control.* ; 31: p. 272–283.
22. Government of Canada. Labelling requirements for alcoholic beverages. [Online].; 2023 [cited 2023 April 3. Available from: <https://inspection.canada.ca/food-labels/labelling/industry/alcoholic-beverages/eng/1624281662154/1624281662623>.
23. Thomas G, Gonneau G, Poole N, Cook J. The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review. *International Journal of Alcohol and Drug Research.* 2014; 3(1): p. 91-103.
24. Ashley J. Yukon's alcohol label study back on but without a cancer warning. 2018 February 16..
25. Zhao J, Stockwell T, Vallance K, Hobin E. The Effects of Alcohol Warning Labels on Population Alcohol Consumption: An Interrupted Time Series Analysis of Alcohol Sales in Yukon. *J Stud Alcohol Drugs.* 2020 March; 81(2).
26. Schoueri-Mychasiw N, Weerasinghe A, Stockwell T, Vallance K, Hammond D, Greenfield T, et al. Use as directed: do standard drink labels on alcohol containers help consumers drink (ir)responsibly? Real-world evidence. *Drug and alcohol review.* 2021; 40(2): p. 247–257.
27. National Alcohol Strategy Advisory Committee. What is a Drink? Communicating Drink Information to the Consumer. Ottawa, Ont: Canadian Centre on Substance Use and Addiction; 2015.
28. Shelley J. A reflection on the duty to warn after *Létourneau v JTI-MacDonald*: A future for obesity litigation in Canada? *McGill JL & Health* 159. 2021; 14(2).
29. Lambert Avocats. Class Action Against Brewers. [Online].; 2023 [cited 2023 July 26. Available from: <https://lambertavocats.ca/en/class-action-brewers/>.
30. Zhong T, Rahman T. To use or not use calorie and health warning labels to curb alcohol consumption. *Canadian Journal of Public Health.* 2023; 114: p. 521-522.
31. Barons KP, Mann D, Orellana L, Miller M, Pettigrew S, Sacks G. Nutrition-Related Information on Alcoholic Beverages in Victoria, Australia. *International Journal of Environmental Research and Public Health.* 2022; 19(8): p. 4609.
32. Stockwell T, Wettlaufer A, Vallance K, Chow C, Giesbrecht N, April N, et al. Strategies to reduce alcohol-related harms and costs in Canada: a review of provincial and territorial policies. Victoria, B.C.: Canadian Institute for Substance Use Research;; 2019.

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

Canadian Institute of Public Health
Inspectors - Ontario Branch (CIPHI-O)

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 Public Health Libraries
Association (OPHLA)

Charitable Registration
Number 11924 8771 RR0001

March 20, 2023

Senator Patrick Brazeau
The Senate of Canada
Ottawa, Ontario
Canada
K1A 0A4

Sent by email to: Patrick.Brazeau@sen.parl.gc.ca

Re: Support for S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

The Ontario Public Health Association (OPHA) is writing to express support for S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages) that mandates labelling showing standard drink information, health advice and the link between alcohol and cancer on beverages that contain 1.1% or more of alcohol by volume. OPHA's recent letter to Ministers Duclos and Bennett dated September 22, 2022 outlined our support for mandatory labelling of all alcoholic beverages and presented evidence-informed recommendations for labelling alcohol products.

Policy measures in Ontario

In Ontario, alcohol warning labels can be one tool to help decrease population-level drinking. In our province, policy measures that control alcohol products are going in the wrong direction. Alcohol availability in the province increased by 22% between 2007 and 2017. Changes to rules that made it easier to buy alcohol during the COVID-19 pandemic have become permanent, including allowing licensed restaurants and bars to sell alcohol with takeout and delivery food and allowing alcohol to be delivered in food boxes and meal kits, among others. During the pandemic, there was a measurable uptick in substance use (e.g., alcohol and opioids), mental health issues, and factors that contribute to chronic diseases.ⁱ

Anticipated benefits of alcohol warning labels

Effective, federal policy and regulation of alcohol are welcome to reduce mortality, morbidity and pressure on our hospitals and healthcare system. Labelling can be an important intervention in a more comprehensive alcohol strategy that includes controlling pricing, availability and marketing.

Warning or not warning people about alcohol harms should not be in the hands of an industry, who are motivated to increase sales and profits. Under product liability law, alcohol manufacturers and distributors have a duty to warn consumers of risks - a duty they are not meeting. Alcohol warning labels would hold alcohol companies to the same standard as other regulated drugs. Tobacco and cannabis already have existing labelling requirements under the Tobacco and Vaping Products and Cannabis Acts. In the same way that plain packaging and health warnings on tobacco products were used as part of a broader public health approach to reducing consumption, appropriate and proportionate health messages on alcohol should be viewed as a cost-effective, easy-to-implement strategy that could raise awareness of alcohol-related harms.ⁱⁱ

Finally, alcohol labels would provide consumers with easy-to-use information on alcohol containers to accurately track and monitor their alcohol use in terms of standard drinks. This information is essential if individuals are to effectively reduce their alcohol consumption as recommended in [Canada's new Guidance on Alcohol and Health](#). Without understanding standard drinks and knowing the reasons why they should modify their consumption, people are unlikely to follow the guidance.

OPHA supports bill S-254. Canadians should be supported in making healthy and safe choices. We can improve health and well-being outcomes for Canadians now and for future generations.

Thank you for your courageous leadership and sharing your lived experience to make positive change, improving the lives of all Canadians.

Sincerely



John Atkinson
Executive Director

cc. Senator Donald Plett, Senator Raymonde Saint-Germain, Senator Scott Tannas, Senator Jane Cordy, Senator Marc Gold

ⁱ Association of Local Public Health Agencies. [Public Health Matters](#) (Spring 2022)

ⁱⁱ The Conversation (Canada). [Why alcohol health warning labels are a good idea: findings from the latest Global Drug Survey](#)

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

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March 24, 2023

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
House of Commons
Ottawa, Ontario
K1A 0A6

Support for planned annual adjustment to excise tax on alcohol products

Dear Deputy Prime Minister Freeland:

On behalf of the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), and our members, we are writing to express our strong support for the federal government's [scheduled excise tax adjustment on alcohol products for April 1, 2023](#).

We are concerned, however, by both the March 22 opposition motion to cancel the scheduled excise tax increase and by comments of Liberal MP Adam Van Koeverden (Parliamentary Secretary to the Minister of Health) expressing his belief that the scheduled increase is too high. Such views among Parliamentarians represent pandering to industry and false economics, reflecting an inadequate understanding of why excise taxes exist and why they should be indexed to inflation.

In reality, a 6.3% excise tax increase will have a negligible impact: an additional cost an average of 5-10¢ for an imported six-pack of beer, 3¢ for a 750 ml bottle of wine, and 70¢ cents for 750 ml spirit of 40% alcohol. This isn't going to break the bank for either producers or consumers, and there's no reason to believe otherwise.

Proceeding with this planned excise tax increase is essential to advance public health and sound government policy-making. [Health taxes](#) – such as excise taxes on producers of alcohol, tobacco and cannabis – are win-win-win public policy measures because they save lives, prevent disease and injury, advance health equity, mobilize revenue for the general budget, and are highly cost-effective. Further, in a [published 2022 monograph](#) examining hundreds of alcohol policy publications, they concluded that there is strong evidence of alcohol tax effectiveness in reducing alcohol related harms, including adolescents and heavy drinkers.

Alcohol products bring enormous health and social costs to Canadians, and a multi-billion-dollar deficit to Canada as a whole. Government revenues from alcohol of \$10.9 billion in 2014 were outweighed by societal costs of \$14.6 billion. These losses are compounded by the reality that Ottawa left [substantial revenue](#) on the table between 1985 and 2017 by failing to index alcohol excise taxes to the cost of living.

The alcohol industry and businesses pretend to be on the side of consumers when they point to concerns about consumers and businesses struggling to afford price increases across all categories of goods and services. This is true when it comes to necessities but not at all with respect to alcohol and other health-harming substances. Giving tax breaks to industry by not carrying through with the planned excise tax increase would be a grave disservice to Canadians.

In making tax policy, it's the government's responsibility to prioritize Canadians' health and safety over industry interests. Adjusting excise tax to inflation maintains the integrity of the pricing structures in place, ensuring that the cost of alcohol stays stable in relation to other things we buy. If the government doesn't stick to this policy, it effectively lowers the cost of a product that brings [significant social and health harms](#) to individuals and collective costs to us all.

Sincerely,



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Minister Peter Bethlenfalvy, Ministry of Finance of Ontario

Minister Sylvia Jones, Minister of Health

Sent by email to: peter.bethlenfalvy@ontario.ca and sylvia.jones@ontario.ca

May 31, 2023

Dear Minister Bethlenfalvy and Minister Jones,

Re: Modernizing alcohol marketplace and product sales

On behalf of the leaders and members of the Ontario Public Health Association (OPHA), we are writing to you to express our serious concerns about the impact that increasing alcohol availability and affordability will have on the health of Ontarians. We are writing to highlight the inevitable consequences of illnesses, deaths and social harms to our citizens that will follow with increased sales and consumption of alcohol in Ontario. We implore the Government of Ontario to not increase access, availability or affordability of alcohol in light of the evidence below.

Research and real world evidence shows that when alcohol becomes more available and cheap, the following increases: street/domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking and injury (1) and suicide. (2,3) Along with increased costs from healthcare, lost productivity, criminal justice and other direct costs also increase. (4)

OPHA recommends that the government implement the following policy measures to mitigate these harms:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

The final report on Canada's Guidance on Alcohol and Health states that alcohol contributed to 18,000 deaths in Canada in 2017. (5) The evidence overwhelmingly proves that less is better when it comes to drinking alcohol. (5) Alcohol consumption causes 200 health and injury conditions, (6) and is identified by the World Health Organization (WHO) as a class 1 carcinogen in the same class as tobacco smoke and

asbestos. (7) Most Canadians are not aware of this fact, which is concerning given that there are 7,000 cancer deaths due to alcohol consumption each year in Canada. (5) Not only does alcohol cause a high burden of disease, it also has significant social and economic consequences. Furthermore, impairment by alcohol is strongly associated with increased risk of unintentional injuries, violence and other second-hand effects, which impacts not only those consuming alcohol but also persons who have not decided to drink alcohol, including children. (5)

While the cost and harms of tobacco are decreasing for the first time, alcohol costs and harms are increasing. In Canada, the per-person healthcare costs attributable to alcohol rose from [\\$117 to \\$165, increasing by 40.5% between 2007 and 2020](#), compared to tobacco, the per-person [healthcare costs decreased from \\$167 to \\$143](#) during the same time. This fact helps create context to policy decisions being made; while tobacco has had increasing restrictions placed on it, such as increased taxes, product labelling and advertising bans/restrictions, alcohol has no such policies. The current alcohol policies are staying stagnant or being dismantled. (8)

We are asking for the government to strengthen its policy on alcohol. We must implement high standards to protect the people of Ontario from the harms alcohol contributes to and to ensure the businesses that perpetuate these harms do not obtain commercial gains or profits at the expense of Ontarians' health.

1. OPHA recommends reducing retail density, especially in low socio-economic status (SES) neighbourhoods.

Restrict the number and location of alcohol outlets to reduce alcohol related problems, and/or enable municipalities to do so. Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) Changes involving increased access through a greater number of alcohol outlets, such as permitting sales in supermarkets, influence both alcohol consumption and harm. (1) This is concerning, being that Ontario increased access in 2015, where the number of locations authorized to sell beer increased by 450 stores. (9) Since that time, the government has expanded sales of beverage alcohol further to more than 270 new retail outlets across Ontario since 2018, including 191 LCBO convenience outlets and 87 grocery stores. (10)

Research shows that once Ontario started selling alcohol in grocery stores in 2015, there were over 24,000 more alcohol related emergency room visits than in the two years before. (11) Alcohol availability in the province increased by 22% between 2007 and 2017. (12) Changes to rules that made it easier to buy alcohol during the COVID-19 pandemic have become permanent and have increased alcohol availability. (13)

A recent analysis using the Cancer Risk Factors Atlas of Ontario documented that in Toronto, higher alcohol intake was found in areas where residents lived within 500 m of off-premise alcohol retailers, compared with areas with retailers over 1 kilometre away. Regardless of neighbourhood socio-economic status, access to off-premise alcohol retailers was related to excess alcohol consumption in Toronto neighbourhoods. (14) Despite what this analysis found, a health equity lens should be applied in alcohol policy changes as people of lower socio-economic status and other priority groups (e.g., youth) (1,15) are typically disproportionately affected by policies that increase alcohol access in their neighbourhoods. (1,16)

The [CAPE](#) report cards are a research project that provides assessments of provincial, territorial and the federal governments in Canada implementing policies proven to reduce harms due to alcohol. (17) Ontario's report card was recently (December 2022) [downgraded to an F](#) for this alcohol policy area. The [previous](#)

[report](#) cautions against expansion of alcohol availability in corner stores and more grocery outlets. (17) The current report advises the following for alcohol availability:

- Strengthen and reduce existing density limits for off-premise outlets and introduce density limits for on-premise establishments. (17)
- Introduce placement limits for all premises (17)
- Prohibit on-premise alcohol takeout. (17)
- Prohibit alcohol home delivery from all premises. (17)

2. OPHA recommends maintaining or decreasing hours of sale, with no exceptions.

Similar to the Centre for Addiction and Mental Health, OPHA has concerns around increasing hours of sale. (18) Extensions of as little as one to two hours have been observed to result in increased harms. (19) (20) Extended hours of sale attract a younger drinking crowd and result in higher blood alcohol content (BAC) levels for males. (21) Controls on retail hours and days of sale have been shown to be effective in reducing consumption and alcohol-related harms (22) and evidence suggests a potential direct effect of policies that regulate alcohol sales times in the prevention of heavy drinking, injuries, motor vehicle incidents, alcohol-related hospitalizations, assaults, homicides and violent crime. (23,22,24,25)

Furthermore, research for on-premise outlets (e.g., licensed establishments) show that extended hours of alcohol service are associated with increased alcohol consumption and increased alcohol-related harms. (1) (17) Evidence indicates a higher risk of ambulance calls for trauma in areas with highest density of on-premise licensed alcohol establishments (26) with alcohol-related violence most likely occurring between 22:00 and 2:00 hours. (27) It has also been suggested that emergency calls for injury and intoxication may be reduced by limiting the hours of operation of licensed alcohol establishments. (26)

In Germany, banning sale of alcohol between 10 pm and 5 am in retail settings resulted in a significant decrease in alcohol-related hospitalizations among adolescents and young adults, as well as hospitalizations due to violent assault. (28)

The 2023 CAPE report card rated [Ontario with an F](#) for this alcohol policy area and recommended the following:

- Reduce and legislate maximum trading hours allowed per week.
- Implement the following hours of sale: 11 am to 8 pm for off-premise and 11 am to 1 am for on-premise with no extensions. (2)

3. OPHA recommends strengthening Ontario's alcohol pricing policies.

Alcohol pricing policy is a highly cost-effective intervention which is underutilized by governments. Decades of international and Canadian research show that raising the price of alcohol is one of the most cost-effective approaches for reducing consumption and thereby alcohol-related health and social harms. This is done through policy actions such as excise taxes, minimum pricing, and regularly adjusting alcohol prices for inflation. (2) Another innovative action would be to implement a dedicated, earmarked, or surcharged tax on alcohol to help cover the health and social costs. (29)

There have been eight meta-analyses that have systematically reviewed the results of applicable econometric studies. It was consistently reported in all eight reviews that a price increase leads to decreases in consumption. (1) This can also be corroborated by research on tobacco pricing, which has the same

mechanism of action, only for a different substance. (30) Higher prices on alcohol encourages less consumption by drinkers and hinders non-drinkers to start drinking. (1)

The above was demonstrated in British Columbia where a 10 per cent increase in minimum alcohol prices was associated with a 32 per cent drop in alcohol-related deaths. (31) In Saskatchewan, a 10 per cent increase in minimum prices significantly reduced consumption of all types of alcoholic beverages by almost 8.5 per cent, thereby decreasing harms as well. (1,32) A recent major international study found that, on average, a 1 per cent increase in overall alcohol prices was associated with a 0.5 per cent reduction in alcohol use and resulted in increases in both industry profits and government revenues. (33)

Pricing controls have been demonstrated to be particularly effective for susceptible populations, such as young people, and heavy drinkers. (1,15) For young people, a price increase leads to reduced rates of suicide, traffic injuries and sexually transmitted diseases with the opposite effect with price decrease. (1) Alcohol harms that are typically attributed to long term heavy drinking are also found to change in response to tax changes. (1) Generally, research proposes that alcohol taxes have a greater fiscal impact on lower income people than those with higher income. (1)

It has been identified that corporations, such as those involved with Big Alcohol, create narratives to interfere with policy decisions. This practice is referred to as **argument-based discursive strategies**, where corporations, for example, stress the crucial role that the industry plays in the economy, or promote industry-preferred solutions such as education and voluntary initiatives. (34) It is not surprising then that the story created around increasing alcohol prices is that it will have negative impacts on the economy and employment.

This narrative has been challenged with the argument that if people buy less alcohol, they will spend more money on other goods, which will create jobs elsewhere in the economy. (29) It is also wise to be cautious when relying on employment estimates from the alcohol industry research stating how many jobs are involved with alcohol production - similar industries have exaggerated these estimates in the past. Research for the World Bank revealed that numbers reported to be employed by the tobacco industry were three times the actual number of FTEs. (29)

The [2023 CAPE report card rated an F](#) for this alcohol policy area, and recommended improvement through the following:

- Increase minimum prices to a price per standard drink (e.g. 17.05 mL pure alcohol) of at least \$2.04* for alcohol sold at off-premise stores and \$4.07* for alcohol sold at on-premise establishments, after taxes (*2023 price). (17)
- Include on-premise alcohol and beer sold off-premise to automatic indexation. (17)
- Set minimum prices by ethanol content (e.g. \$/L ethanol). (17)
- Tax alcohol at a higher rate than consumer goods, update general alcohol prices yearly to reflect Ontario specific inflation rates, and increase alcohol sales taxes. (17)
- Set off-premise minimum retail markups to be at least 100% of the landed cost across all beverage types and set on-premise markups at or above the off-premise retail price. (17)

The World Health Organization has a [resource tool on alcohol taxation and pricing policies](#) to inform the above actions. (29)

4. OPHA recommends against further privatization of alcohol sales.

Government retail monopolies are an effective way to limit alcohol consumption and harm at the population level. (1,2) Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) In Canadian jurisdictions where government retail monopolies have been dismantled and partial or full privatization have been introduced, increases in alcohol consumption and harms have been observed. (2) With governmental monopolies, the priority can be given to public health and public safety goals rather than a focus on profits and increasing sales. Not only does government monopolies on alcohol support population health it also provides governments with a means of income. (1)

In Sweden, modelling was done to predict the potential impact of privatizing Sweden's alcohol monopoly, along with other policy impacts. Stockwell et al. (2018) estimated that privatization could lead to increases in consumption of between 20% and 31% and in mortality of up to 80%. (1) Evidence from Finland demonstrates that removing even a single beverage from government monopoly control can have dramatic impacts. (1) The positive effects of re-monopolization cannot be ignored as well. Re-monopolization is associated with a decrease in alcohol-related harms including suicides, falls and motor vehicle collisions. (2)

The [2023 CAPE report card rated an F](#) for this alcohol policy area for the province and recommended that Ontario:

- Maintain the present network of government-owned and government-run LCBO retail stores with a mandate to protect health and safety. (17)
- Ensure that new legislation/regulations do not further privatize alcohol sales (e.g. convenience stores, more grocery stores and big box stores). (17)

5. OPHA recommends applying a whole of government, health-in-all-policies approach to alcohol modernization.

Bring all government ministries together when developing new public policy or making changes to existing policies to ensure health and safety implications are considered. Establish baselines, monitor, measure and review the impact of changes to alcohol policy to other government priorities and goals. To illustrate, policing costs were ranked as the second biggest cost caused by alcohol at 11.1% of the total costs of alcohol. (35) The Ontario Government is increasing police funding to deal with violent crime, as quoted by Premier Ford: "As crime continues to rise in communities across Ontario, we're taking action to get more boots on the ground...to address crime and keep people safe." (Twitter) If the Ontario Government is looking to decrease crime, increasing access to alcohol would be in direct opposition to this goal. (36,37) Having better collaboration and understanding among Ministry areas would help with aligning goals and decrease competing priorities.

In summary, the Ontario Public Health Association recommends the following:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

The people of Ontario deserve communities that support, not undermine their health and well-being. When it comes to alcohol sales, the government must forego the objectives of "expanding choice and convenience for

consumers” in favour of the health of Ontarians. The majority of the public does not yet recognize or know the extent of the harms that alcohol causes (38), and the government has an obligation to protect people. OPHA has previously provided the government with the information needed to make informed and balanced decisions regarding alcohol policy and we trust that the enclosed information and our recommendations will end further “modernization” of the alcohol market.

Government spending to meet the growing costs from alcohol-related harms is not sustainable. Industry interests support greater access and increased consumption. The Government of Ontario’s legacy can be one that puts the health of Ontarians first, and over the interests of industry. We urge the government to work across ministries and in close collaboration with employers, healthcare providers and community stakeholders to strengthen alcohol policies or at least prevent further erosion. We would welcome the opportunity to meet with you and/or your ministries to discuss our recommendations further and the government’s move towards progressive alcohol control policies.

Sincerely,



John Atkinson
Executive Director

Cc: Dr. Kieran Moore, Chief Medical Officer of Health
Fausto Iannialice, Director, Alcohol Policy and Strategic Initiatives Branch
Dr. Eileen DeVilla, Chair, Council of Medical Officers of Health (COMOH)

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public’s health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

References

1. Babor T CSGKHTLMOERJRRRIaSB. Alcohol: No Ordinary Commodity Research and Public Policy. 3rd ed.: Oxford University Press; 2023.
2. Stockwell T WAVKCCGNANea. Strategies to reduce alcohol-related harms and costs in Canada: a review of provincial and territorial policies. Victoria, B.C.: Canadian Institute for Substance Use Research;; 2019.
3. Ontario Public Health Association. OPHA Issue Series: Alcohol Outlet Density. [Online]. [cited 2023 May 9. Available from: <https://opha.on.ca/wp-content/uploads/2021/06/Alcohol-Outlet-Density.pdf>.
4. CCSA and CISUR. Canadian Substance Use Costs and Harms. [Online].; 2023 [cited 2023 March 23. Available from: <https://csuch.ca/>.
5. Paradis C,BP,SK,PN,WS,NT,SA,&tLRADGSEP. Canada's Guidance on Alcohol and Health: Final Report. Ottawa ON: CCSA Canadian Centre on Substance Use and Addiction; 2023.
6. World Health Organization. Alcohol: Fact Sheet. [Online].; 2022 [cited 2023 April 28. Available from: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.
7. International Agency for Research on Cancer (IARC). Personal habits and indoor combustions. Volume 100 E: A reveiw of human carcinogens. Lyon, France;; IARC monographs on the evaluation of carcingoenic risks to humans; 2010.
8. Canadian Substance Use Costs and Harms Scientific Working Group. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use andAddiction.). Canadian substance use costs and harms 2007–2020. Ottawa, ON.: Canadian Centre on Substance Use and Addiction; 2023.
9. Government of Ontario. Ontario Expanding Beer Sal<https://news.ontario.ca/en/release/32431/ontario-expanding-beer-sales-to-grocery-storeses-to-Grocery-Stores> (Archived). [Online].; 2015 [cited 2023 May 9. Available from: <https://news.ontario.ca/en/release/32431/ontario-expanding-beer-sales-to-grocery-stores>.
10. Government of Ontario. Ontario News Room. [Online].; 2021 [cited 2023 May 9. Available from: <https://news.ontario.ca/en/release/1001350/ontario-cutting-wholesale-alcohol-prices-to-support-restaurants-and-bars>.
11. Myran DT CJGNRV. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. *Addiction*. 2019 July 1183-1191; 114(7).
12. EENet (Evidence Exchange Network). Alcohol Availability in Ontario. 2018. Infographic, Also involved: Alcohol Policy in Ontario Community of Interest contributed and (CAMH) Centre for Addictions and Mental Health.
13. Ontario News Room. Ontario Permanently Allowing Alcohol with Food Takeout and Delivery. [Online].; 2020 [cited 2023 May 9. Available from: <https://news.ontario.ca/en/release/59542/ontario-permanently-allowing-alcohol-with-food-takeout-and-delivery>.
14. Ontario Health (Cancer Care Ontario). Cancer Fact: Off-premise alcohol retailer location in Toronto is associated with neighbourhood-level alcohol consumption. [Online].; 2020. Available from: cancercareontario.ca/cancerfacts.
15. 1 MRG&RJC&JAD&STL. The impact of an alcohol policy change on developmental trajectories of youth alcohol use: examination of a natural experiment in Canada. *Canadian Journal of Public Health*. 2021; 112: p. 210–218.
16. Ontario Public Health Association (OPHA). OPHA Issue Series: Alcohol and Social Determinants of Health. [Online]. [cited 2023 May 9. Available from: <https://opha.on.ca/wp-content/uploads/2021/06/Alcohol-and-Social-Determinants-of-Health.pdf>.
17. Naimi T,ST,GN,WA,VK,FLA,F,MJ,PB,VN,PT,AM,GM,HG,SJ,SA,SK,R,TG&T. Canadian Alcohol Policy Evaluation (CAPE) 3.0 Project. Policy Domain Results Summary (Provincial/Territorial). Victoria, BC: University of Victoria, Canadian Institute for Substance Use Research; 2023.
18. The Centre for Addiction and Mental Health. Submission to the Ministry of Finance, Liquore License and Control Act, 2019: Proposed Regulations. [Online].; 2021 [cited 2023 May 9. Available from: <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/mofconsultation20210719-pdf.pdf>.
19. Hahn RA,KJL,ER,BR,CS,ea. Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms. *American Jounral of Preventive Medicine*. 2010; 39(6): p. 590–604..
20. Rossow I,&NT. The impact of small changes in bar closing hours on violence: The Norwegian experience from 18 cities. *Addiction*. 2012; 107(3): p. 530-537.
21. Chikritzhs TaST. The Impact of Later Trading Hours for Hotels (public houses) on Breath Alcohol Levels of Apprehended Impaired Drivers. *Addiction*. 2007; 102: p. 1609-1917.
22. Svetlana Popova NGDBJP. Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A Systematic Review. *Alcohol and Alcoholism*. 2009 September-October; 44(5): p. Pages 500–516.
23. Sanchez-Ramirez DC . The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Injury Prevention*. 2018;(24): p. 94-100.
24. Stockwell T,&C. Do relaxed trading hours for bars and pubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety*. 2009; 11(3): p. 153.

25. Sherk A,ST,CT,AS,AC,ea. Alcohol consumption and the physical availability of take-away alcohol: Systematic reviews and meta-analyses of the days and hours of sale and outlet density. *Journal of Studies on Alcohol and Drugs*. 2018; 79(1): p. 58–67.
26. Ray JG,TL,GP,MFI,RB,BE,PAL. On-Premise Alcohol Establishments and Ambulance Calls for Trauma, Assault, and Intoxication. *Medicine*. 2016; 95(19): p. 11-12.
27. Rand M. R SWJ,SM,ea. *Alcohol and Crime: Data From 2002 to 2008*. , Washington, DC: Bureau of Justice Statistics (BJS); 2010.
28. Jan Marcus TS. Reducing binge drinking? The effect of a ban on late-night off-premise alcohol sales on alcohol-related hospital stays in Germany. *Journal of Public Economics*. 2015; 123: p. 55-77.
29. Sornpaisarn B SKÖERJe. *Resource tool on alcohol taxation and pricing policies*. Geneva: World Health Organization; 2017.
30. Worrell M HL. Cigarette affordability in Canadian provinces: a 10-year review. *Health Promot Chronic Dis Prev Can*. 2021 October; 41(10): p. 315-318.
31. Zhao J STMGMSVKTAPWTAaBJ. The relationship between changes to minimum alcohol prices, outlet densities and alcohol attributable deaths in British Columbia in 2002- 2009. *Addiction*. 2013; 108.
32. Stockwell T ZJGNMSTGWA. The raising of minimum alcohol prices in Saskatchewan, Canada: impacts on consumption and implications for public health. *Model Based appraisal of alcohol minium pricing in Ontario and BC: A Canadian Adaptation*. *AM J Public Health*. 2012 Dec; 102(12).
33. CA. G. The demand for alcohol: A meta-analysis of elasticities. *Aust J Agr res Econ*. 2007; 51(2): p. 121-35.
34. Ulucanlar S FGGA. The policy dystopia model: an interpretive analysis of tobacco industry political activity. *PLoS Med*. 2016; 13(9).
35. The Canadian Centre on Substance Use and Addiction, in partnership with the Canadian Institute for Substance Use Research. Which Categories Drive Alcohol Caused Costs? 2023 April 20. Information taken from Webinar gathered from Canadian Substance Use Costs and Harms Tool.
36. Doug Ford, Fordnation. Twitter. [Online].; 2023, April 25 [cited 2023. Available from: <https://twitter.com/fordnation/status/1650962554196307969>.
37. Government of Ontario. News Room: Ontario Takes Action on High-Risk and Repeat Violent Offenders. [Online].; 2023 [cited 2023 May 1. Available from: <https://news.ontario.ca/en/release/1002987/ontario-takes-action-on-high-risk-and-repeat-violent-offenders>.
38. Weerasinghe A SMNVKSTHDMJea. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. *International Journal of Environmental Research and Public Health* [Internet]. 2020 Jan 7;17(2):398. 2020 January; 17(2).
39. Canadian Substance Use Costs and Harms Scientific Working Group. Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction. *Canadian substance use costs and harms 2015–2017*. Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2020.
40. Giesbrecht N,WA,VK,CC,ST,AN,AM,CR,CS,DM,DM,HG,MR,SR,TG,TK. *Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review*. Policy Review. Victoria, B.C.: University of Victoria, Canadian Institute for Substance Use Research; 2019.
41. Canadian Institute for Health Information. *Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm*. Ottawa, ON: CIHI Canadian Institute for Health Information; 2017.



ALCOHOL POLICY RESOURCES

August 2023

The following is an expansive list of alcohol policy-related materials (international, national, provincial, and local) presented as infographics, reports, monographs, policy briefs, and recommendations.



PREPARED BY:
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Resource	Source
<u>Alcohol Health Warning Labels: A Rapid Review with Action Recommendations</u> (2022)	Giesbrecht et al.
<u>Alcohol Policy and Cancer in Canada: Policy Actions</u> (2021)	Canadian Partnership Against Cancer
<u>Alcohol Retail Privatisation in Canadian Provinces Between 2012 and 2017. Is Decision Making Oriented to Harm Reduction?</u> (2020)	Giesbrecht et al.
<u>Alcohol: No Ordinary Commodity Research and Public Policy Book</u> (2023)	Babor et al.
<u>Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario</u> (2023)	Ontario Health and Public Health Ontario
<u>Canada's Guidance on Alcohol and Health Public Summary Infographic</u> (2023)	Canadian Centre on Substance Use and Addiction (Paradis et al.)
<u>Canada's Guidance on Alcohol and Health Final Report</u> (2023)	Canadian Centre on Substance Use and Addiction (Paradis et al.)
<u>Canadian Substance Use Costs and Harms 2007–2020</u> (2023).	Canadian Centre on Substance Use and Addiction.
<u>Evidence-Based Recommendations for Labelling of Alcohol Products in Canada</u> (2022)	Naimi et al.
<u>Framing Alcohol – Tips in Action</u> (2022)	Victoria Health, Australia (name and email address required to access resource)
<u>Health Warning Labels on Alcoholic Beverages: Opportunities for Informed and Healthier Choices</u> (2022)	World Health Organization
<u>Managing Alcohol at Events on Municipal Property</u> (2019)	Ontario Public Health Association

Resource	Source
<u>The Municipal Alcohol Policy Guide: A Practical Resource for Successfully Managing Drinking in Recreational Settings</u> (2003)	Centre for Addiction and Mental Health (Narbonne-Fortin et al.)
<u>CAPE 3.0 Summary and Results</u> (2023)	University of Victoria
<u>Population Health Versus Convenience: The Sobering Cost of Alcohol Policy Liberalization</u> (2021)	Ontario Public Health Association, Mothers Against Drunk Driving, Centre for Addiction and Mental Health
<u>Prevention of Alcohol-related Suicide: A Rapid Review</u> (2022)	Giesbrecht et al.
<u>Sample letter to support Bill S-254</u> (2023)	Ontario Public Health Association
<u>Sample letter to support Bill S-254</u> (2023)	Association of Local Public Health Agencies
<u>Sample letter to support excise tax adjustment</u> (2023)	Ontario Public Health Association
<u>Sample letter re: modernizing alcohol marketplace and product sales</u> (2023)	Ontario Public Health Association
<u>Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Federal Policies</u> (2019)	Canadian Institute for Substance Use Research (Wettlaufer et al.)
<u>Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies</u> (2019)	Canadian Institute for Substance Use Research (Stockwell et al.)
<u>Why Ontario Needs a Provincial Alcohol Strategy</u> . (2016)	Centre for Addiction and Mental Health, Canadian Centre on Substance Use and Addiction, Canadian Mental Health Association, Mothers Against Drunk Driving, Ontario Public Health Association, Registered Nurses Association of Ontario