alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

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July 18, 2024

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: alPHa Resolution A24-03 - A Proposal for a Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health Section, Boards of Health Section and Affiliate organizations, I am writing to introduce the above-named resolution, which was passed by our membership at our 2024 Annual General Meeting.

Public health has an important role in preventing harms related to the use of alcohol and other drugs, including activities in chronic disease prevention, injury prevention, substance abuse prevention and harm reduction. These activities are rooted in the Ontario Public Health Standards mandate to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies. The success of local activities is however heavily influenced by policy decisions that are made at the provincial level, the most recent example being the move to vastly expand the availability of beverage alcohol.

We are therefore renewing our call on the Ontario Government to develop a comprehensive alcohol strategy that includes public education campaigns, strengthening regulations on advertising, increasing alcohol taxes, adopting a prevention model, and improving access to addiction treatment and support. More details are included in the resolution, which also refers to the all-of society approach to addressing substance use and harms.

We would welcome an opportunity to meet with you and your staff to discuss this further, particularly with regards to youth. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Sincerely,

Trudy Sachowski,
Chair, alPHa

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A24-03

TITLE **A Proposal for a Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment**

SPONSOR Oxford-Elgin-St. Thomas Board of Health (Operating as Southwestern Public Health (SWPH)

WHEREAS alcohol caused 6,202 deaths, 60,902 hospitalizations (including day surgery) and 258,676 emergency room visits in Ontario for the year 2020; and [1,2]

WHEREAS the harms due to alcohol are disproportionally carried by individuals with low socio-economic status (SES), compared to those of high SES, even though the exact amounts of alcohol or less are consumed; described as the alcohol harm paradox; and [3,4]

WHEREAS alcohol is classified as a group one carcinogen by the International Agency for Research on Cancer and can cause cancer of the breast, colon, rectum, mouth and throat, liver, esophagus, and larynx; and [5]

WHEREAS between 2017-2020, 31.1% of adults age 19 and older exceeded the low-risk threshold for alcohol-related harms as per the *Canadian Guidance on Alcohol and Health*, having reported drinking more than two alcoholic drinks in the past week, with the recognition that self-reported alcohol intake usually is underreported, and the number of those drinking above this level is likely higher. [6]

WHEREAS alcohol was the most frequently reported substance of concern among people accessing treatment services in both Ontario and Canada; and [7]

WHEREAS research confirms that as alcohol becomes more available and affordable, the following problems increase: street and domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking, injury, [8] and suicide; [9,10] which is disturbing being the current government plans to increase alcohol availability with up to 8,500 new stores eligible to sell alcohol in Ontario; and [11]

WHEREAS the current government has committed $10 million, above current funding, over five years to the Ministry of Health to support social responsibility and public health efforts; and [11]

WHEREAS comprehensive and enforced alcohol control policies delay the age of onset and lower alcohol prevalence and frequency among young people; and [12]

WHEREAS the World Health Organization recognizes that policies need to address the availability, acceptability, and affordability of alcohol, as these are the factors that create alcogenic environments; and [12,13]

WHEREAS despite alcohol revenue, the substantial societal costs caused by alcohol create a deficit of $1.947 billion in Ontario and $6.196 billion each year in Canada. [1,14]

WHEREAS the Canadian Radio-television and Telecommunications Commission (CRTC) Code For Broadcast Advertising Of Alcoholic Beverages has not been updated since 1996 and includes no provisions for new ways of advertising, such as social media and lacks concrete enforcement of the rules; and [15]

WHEREAS the membership previously carried alPHa RESOLUTION A08-2, to Establish Stricter Advertising Standards for Alcohol; and

WHEREAS the membership previously carried alPHa RESOLUTION A08-3 requesting advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse; and

WHEREAS the membership previously carried alPHa RESOLUTION A08-4.1 to eliminate The Availability of Alcohol Except in Liquor Control Board Outlets (LCBO) (i.e. Increase Point of Sale Control); and

WHEREAS the membership previously carried alPHa RESOLUTION A11-1 to conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy; and

WHEREAS the membership previously carried alPHa RESOLUTION A12-4 TITLE: Alcohol Pricing and LCBO Revenue Generation; and

WHEREAS all of the above resolutions on alcohol were introduced more than a decade ago, with the majority of actions taken before 2019, according to alPHa's public records, with the recognition that alPHa recently sent a letter regarding a call for an alcohol strategy dated December 14, 2023; priority for these resolutions must be re-established.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Provincial Government recommending that a comprehensive alcohol strategy be developed, in keeping with CMOH's 2023 Annual Report on an all-of society approach, to address substance use and harms, which includes the following actions: promote comprehensive public education campaigns, strengthen regulations on advertising, increase alcohol taxes, adopt a prevention model, and improve access to addiction treatment and support services;

AND FURTHER that the alcohol strategy be formed and written with the support of a multidisciplinary panel of experts, including local public health and people with lived experience; Now therefore be it resolve that alPHa write to the provincial government

AND FURTHER that the Association of Local Public Health Agencies petitions the federal government to either ban alcohol advertising like cannabis and tobacco, or in the absence of such a ban, update the CRTC code to include alcohol restrictions on digital and social media.

AND FURTHER that the Association of Local Public Health Agencies recommend that health equity be foundational to the strategy;

AND FURTHER that the Association of Local Public Health Agencies recommends that in the development of a provincial strategy, the government implement a tax or pricing system that covers the growing deficit alcohol causes each year;

AND FURTHER that the government limits the influence of the Alcohol Industry on the creation of alcohol policies and education campaigns, as they have a conflict of interest being that increased consumption of alcohol provides increased industry sales and profit. [8]

AND FURTHER that a copy be sent to the Chief Medical Officer of Health of Ontario.

CARRIED AS AMENDED.

BACKGROUND

Effective Interventions

It is recognized in Canada and internationally that the most cost-effective strategies to reduce the harmful effects of alcohol include increasing price, restrictions on the physical availability of alcohol, restrictions on alcohol advertising and marketing, enforcing drunk driving countermeasures, and implementing screening, brief interventions, referral, and treatment. [1,4,8,13,16,17]

It cannot be disputed that tobacco control policies are highly effective in decreasing smoking rates and lung cancer deaths. [14,18,19] As tobacco regulations have slowly become stronger, alcohol regulation has eroded over the past few decades. [17,11,14] These changes began in 2014 when alcohol retail sales were permitted through farmer's markets in Ontario and continued to become more accessible through grocery stores, bookstores, movie theatres, Liquor Control Board of Ontario (LCBO) convenience outlets, extended off premise retail hours of 9 am to 11 pm, home delivery and now further expansion of privatized alcohol retail locations. [20,21] To reduce population-level harms due to alcohol, the measures used for tobacco control should be applied to alcohol.

Comprehensive Public Education Campaigns

When individuals become aware of the link between cancer and alcohol, their support of alcohol policy increases. [22,23] Education alone is known to be less effective in changing population-level behaviours than policy interventions. However, education has positive impacts when coupled with alcohol policy regulating price, availability, and marketing. [1,8,9]

Studies have shown that the public is largely unaware of the harms of alcohol. [24,25,5] The Canadian Guidance on Alcohol and Health states that even small amounts of alcohol can be harmful and that decreasing alcohol use has benefits. [5] Information on alcohol harms and the Canadian Guidance on Alcohol and Health are not promoted widely. This information must be promoted collectively on government and health organization websites, and at point of sale (by the alcohol industry retail sector) across Ontario and Canada. The lack of restrictions on alcohol marketing promotions, coupled with a population who does not fully understand the implications of their choices regarding alcohol, will likely lead to more harm. To make informed decisions using the most recent recommendations made by the Canadian Guidance on Alcohol and Health, the population needs information readily available. [5]

It is well-documented that the Alcohol Industry distorts and denies evidence of alcohol harm to the public and during government consultations regarding alcohol policy. [22,26,27] They also have a conflict of interest because the more people drink, the more profit they make. [8] Therefore, they should not have input regarding public education and alcohol policy.

Stricter regulations on advertising

Alcohol marketing accelerates the onset of drinking, increases consumption by those already drinking, and is associated with problematic alcohol use. [8] The World Health Organization recommends that alcohol advertising be banned or that comprehensive restrictions on alcohol advertising, sponsorship, and promotion be legislated and enforced. [13]

There must be restrictions on advertising and marketing in conjunction with public health campaigns. The playing field is imbalanced between the Ontario Ministry of Health and the Alcohol Industry. The financial power of the Alcohol Industry, compared to Public Health's vastly smaller budget, gives the Alcohol

Industry a clear advantage when competing in mass communication campaigns. [8,11] Marketing is an important industry strategy. Alcohol companies regularly contribute significant amounts of money towards 'investment in brands'. [8] In 2019, AB InBev, the largest alcohol corporation in 2021, was the 11th largest advertiser in the world, while another six Transnational Alcohol Companies were among the top 100 advertisers in 2019. [8]

The Canadian Radio-television and Telecommunications Commission (CRTC) Code For Broadcast Advertising Of Alcoholic Beverages has not been updated since 1996, and it includes no provisions for new ways of advertising, such as social media, and lacks concrete enforcement of the rules. [15] At a provincial level, the Alcohol and Gaming Commission of Ontario (AGCO) regulates alcohol advertising through the Liquor License Control Act, 2019, through a complaints-based system, and within the parameters set out in the regulation and the Registrar's Interim Standards and Requirements for Liquor. [28,29,30]

It is relevant to look at the experience of banning tobacco marketing when considering the likely impact of a ban on alcohol marketing. Before the global community widely adopted the World Health Organization Framework Convention on Tobacco Control (FCTC), comprehensive but not partial bans were found to reduce tobacco consumption in high-income countries. [8] Post adoption of the FCTC, and after numerous countries adopted the highest level of tobacco advertising bans on all direct and indirect advertising, it is estimated that approximately 3.7 million fewer smoking-attributable deaths occurred due to these measures. [8,31] Research from the World Health Organization currently points toward complete and comprehensive advertising and marketing bans as more effective than partial bans and industry-regulated restrictions. [8,31] The best way forward would be to enact a legislative approach, rather than a code, through a National Alcohol Act, like what exists for cannabis and tobacco. [29]

Without a complete ban, the following restrictions could be suggested as better than the status quo:

- Regulations should include all forms of media, such as the internet, social media, print, radio, and television. [29]
- Cap the quantity of alcohol advertising at all retail outlets. [29]
- Ban marketing activities in connection to young people, people with alcohol use disorders, heavy drinkers, and vulnerable populations. [29]
- Supervision should be introduced to ensure compliance with provincial and federal regulations, creating an independent organization to monitor and pre-screen alcohol advertisements and alcohol industry activities proactively rather than reactively, beyond a complaints-based system. [29]

Decrease Affordability, Increase Price

Alcohol was the substance that cost Canada the most in 2020, at $19.7 billion, due to health care, lost productivity, criminal justice, and other direct costs. In comparison, alcohol costs more than both Tobacco ($11.2 Billion) and Opioids ($7.1 Billion) combined in 2020. [14] At the very least, alcohol should cover the costs it contributes to rather than contribute to government debt each year. In contrast, AB InBev, the largest Alcohol corporation in 2021, had an annual revenue of $45.6 billion (U.S) in 2017. To provide perspective on this amount, half of the world's countries don't reach that amount in terms of their gross domestic product.

Increasing the price of alcohol has been noted as the most effective strategy to decrease harm due to alcohol. [1,8,13] Strong policies that could be used include indexed minimum unit pricing, alcohol-specific sales taxes, and markups. [1] Despite what many may think, pricing is considered an equitable policy, as it has been shown to decrease harm in those populations found to be most deprived. As recently demonstrated in Scotland, Minimum Unit Pricing (MUP) was implemented, and it was associated with a

significant 13.4% reduction in deaths and a 4.1% decrease in hospitalizations from conditions 100% attributable to alcohol consumption. [32] The greatest reductions were found in the four most socioeconomically deprived groups, demonstrating the policy is effective at improving deprivation-based inequalities in harm due to alcohol. [32]

Adoption of a Prevention Model

The factors that contribute to youth initiation of substance use, specifically alcohol, are dynamic and complex. Preventing and reducing substance use among youth should include collaborative interventions that decrease risks and harms and increase protective factors and wellness while providing a safe and inclusive environment that does not promote the use of substances. [12,33,34] Because risk and protective factors exist within every aspect of our society, a substance prevention model should consider interventions with an ecological view. This view would consider factors and interventions at the personal, interpersonal, community and policy levels and how these interact at all levels of society. [33] Participating must have a shared vision, collaboration, and agreement. [33]
The Planet Youth approach is a model that demonstrates the above vision and goals, sometimes known as "The Icelandic Model." This approach improves social environments and decreases substance use through collaborative actions based on local research that includes the whole community and partnerships across sectors. [33,35,36] While being implemented in Iceland, this model decreased youth substance use dramatically. Their rate for 30-day drunkenness decreased from 29.6% in 1997 to 3.6% in 2014, with dramatic decreases among other substances as well. [37] The Planet Youth approach has been introduced to numerous countries since 2006 and has been implemented or used in 16 countries and hundreds of municipalities since 2022. [38] Funding an approach such as the Planet Youth Model as part of an Alcohol Strategy would support goals to prevent future substance use.

Improving Access to Treatment and Support Services

Alcohol was the most common problem substance for people accessing treatment services and was reported by more than 67,000 people per year over 2016-2018. [7] Collaboration with People with Lived Experience and those using treatment services are vital, as they are the experts in this regard and their practical experience should be incorporated into the Alcohol Strategy. An alcohol strategy should consider how to improve access to treatment and support services for alcohol use disorder, such as:

- Incorporation of a Universal Screener for substance use in healthcare settings across Ontario, with compensation for healthcare staff who regularly provide screening, brief interventions, and referral to treatment for their clients.
- Improved wait times for public access to treatment and support services related to mental health care and substance-related treatment, as well as ongoing support while people wait for these services.
- Improved support and capacity for caregivers of those with substance use disorders.

The current alcohol policy environment will impact the need for treatment and support services in the future. Because the proportion of heavy drinkers is strongly associated with the total level of consumption of the general population, it is essential to consider society's overall alcohol policy within a strategy to reduce consumption in general, not just consumption by heavy drinkers. [8]

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