



Title:	Alcohol Policy Position Statement
Approved by:	Cynthia St. John, Chief Executive Officer Dr. Joyce Lock, Medical Officer of Health Board of Health for Oxford Elgin St. Thomas Health Unit
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Contact:	Ashlyn Brown, Health Promoter

Position of Southwestern Public Health

1. Southwestern Public Health (SWPH) recognizes alcohol consumption is linked to many harms, including harmful social, economic, and health consequences.
2. SWPH understands that certain populations are more susceptible to the harms of alcohol, including youth, First Nations, Inuit, and Metis populations, and people living in poverty.
3. SWPH believes in educating partners, policymakers, and the public about the harms of alcohol consumption to reduce the risk of health harms such as cancer, cardiovascular disease, and injuries.
4. SWPH supports the development and implementation of evidence-based alcohol policies as an essential tool to address alcohol-related harms in our community. SWPH will convey healthy public policy options (e.g., pricing, availability, advertising) to partners, policymakers, and the public.
5. SWPH recognizes that price controls, including taxation, restricting the availability of alcohol, the creation and updating of municipal alcohol policies (MAPs), and reducing alcohol marketing and promotion are effective policy interventions to curb consumption and to reduce population levels of injury and harm.
6. SWPH recognizes that alcohol consumption has been normalized throughout society. SWPH will work with partners and the public to reshape social attitudes and practices around alcohol consumption.

Rationale

Ontario Public Health Standards

The Ontario Public Health Standards (OPHS) define programming requirements to reduce the burden of substance use, including alcohol. The OPHS outline activities SWPH can take to reduce the substance use burden, including:

- Identifying community needs.
- Addressing health inequities related to alcohol consumption.
- Ensuring community partners have the knowledge to act on factors associated with the

prevention of substance use, including healthy behaviours, healthy public policy, and creating supportive environments.

- Increasing awareness and highlighting the risk and protective factors of substance use.
- Ensuring community partners, policymakers, and the public are engaged in the planning, implementation, development and evaluation of programs and services for preventing substance use.

Health and Social Harms

Due to the pervasive social acceptability of alcohol in Canadian society, the adverse effects of alcohol are not only tolerated, but denied or defended as harmless fun.^{1,2} According to the World Health Organization, out of a list of 26 risk factors, alcohol is the second leading risk factor of death, disease, and disability.³ Alcohol use is known to cause more harm in developed nations, like Canada, opposed to developing ones.³ Alcohol consumption can result in a decrease in life expectancy by two years and is associated with diabetes, hypertension, heart disease, stroke, lower respiratory tract infections, and HIV.⁴ In addition, alcohol use is related to nearly 3000 cases of cancer each year in Ontario.⁴

The consumption is also linked to harms such as injury, trauma, and violence. Hundreds of Canadians die each year as a result of an alcohol-related collision.³ Alcohol is also related to injuries and trauma such as fires, falls, drownings as well as domestic violence and sexual abuse.³ Furthermore, alcohol consumption is closely tied to mental well-being and increases the risk of suicide. Soon after drinking alcohol, there is an increased risk of a suicide attempt by roughly seven times, and this risk increases to 37 times after the heavy drinking of alcohol.⁵

Previous research on the health benefits from moderate alcohol consumption has been overestimated, while health risks have been underestimated.^{6,7} Recent research shows there is no safe level of alcohol consumption, and there are no health benefits arising from alcohol use.^{6,7} In fact, significant harms are associated with even low levels of alcohol consumption.⁸ While any amount of alcohol can cause harm, Canada has developed Low-Risk Drinking Guidelines (LRDG) to help Canadians moderate their alcohol consumption. Public Health Units often promote the LRDG to support a culture of moderation. There are many individual harms due to drinking alcohol, but the consequences experienced by society are often overlooked. Increased harmful drinking has significant social consequences, such as crime, unemployment, and absenteeism.⁹ Harmful drinking impacts more than just the drinker. Some of these harms include injuries related to assault, workplace incidents, motor vehicle collisions, family disruption, violence, abuse, and lost income.¹⁰ Each year in Ontario, approximately one-third of Ontarians experience harms caused by someone else's drinking.¹¹

Local Picture

Alcohol consumption across Canada is increasing.³ Changes in retail systems (e.g., from the public to private), exposure to marketing and advertising, and social acceptability all contribute to increased alcohol use.³ From 2008-2012, the SWPH area, including Oxford County, Elgin County, and the City of St. Thomas, averaged 95 deaths per year, among people age 15 and older, that had a primary cause attributable to alcohol.¹² This represents 58.8 deaths per population of 100,000, which is higher than the Ontario rate (38.8 deaths per population of 100,000).¹² The majority of these deaths were from cardiovascular conditions, followed by cancers and unintentional injuries.¹² The alcohol consumption rate in the SWPH area is comparable to Ontario. Although it is hard to pinpoint the exact factors explaining the higher local death rate, it is likely due to a combination of factors, including a higher underlying prevalence of injuries and chronic diseases.

Between 2012-2016, there was an average of 4666 hospitalizations per year that were attributable to alcohol among residents aged 15 years, and older.¹² Males are reported to be hospitalized more than females.¹² Most of these hospitalizations were from unintentional injuries such as falls, fires, drowning, and accidental poisoning by alcohol.¹² Additionally, younger age groups (age 19-21) were more likely to exceed the LRDG compared to those age 22 and older.¹² The age 55+ age group were least likely to exceed the LRDG.¹²

Financial Burden

Alcohol plays an important role in our economy; however, the costs associated with alcohol use far exceed revenues.¹¹ Costs are attributed directly to alcohol-related harms within health care, law enforcement, corrections, prevention programs, and lost productivity due to short-term and long-term disability.¹¹ The costs in Canada are estimated to be \$3.3 billion in health care costs, \$7.1 billion in indirect costs like lost productivity, and \$3.1 in direct law enforcement costs.³

In the 2016-2017 fiscal year, there were 1946 cases of ambulatory care for 100% alcohol-attributable hospitalizations at the St. Thomas Elgin General Hospital, London Health Sciences Centre, and St. Joseph's Health Care London. This calculation does not include the Woodstock General Hospital, Alexandra Hospital, and Tillsonburg District Memorial Hospital. These hospitals currently do not participate in the Ministry of Health Ontario Case Costing Initiative.¹² The average ambulatory care cost for 100% alcohol-attributable conditions at these hospitals was \$348 per case with a range from \$0-\$13,832.¹² This cost estimate includes direct and indirect costs; however, it does not include the cost billed to the Ontario Health Insurance Plan (OHIP). This estimate is for 100% alcohol-attributable hospitalizations and does not include hospitalizations partially attributable to alcohol.

Evidence for Alcohol Policy Implementation

Despite the significant harms and costs associated with alcohol, regulations have been eroded at an accelerated pace. There has been a shift towards increasing access and availability, privatization, as well as more sophisticated alcohol marketing, sponsorship, and promotion. Alcohol policies need to be strengthened to achieve a better balance between revenue generation and the impact on public health and safety.

Evidence-based alcohol policies have been proven to curb consumption and reduce population levels of injury, and harm.³ Policies also lead to cost savings, due to lower spending on health care and emergency services, law enforcement, corrections, and other matters related to alcohol.¹³ Alcohol policy is an effective strategy to reduce the harm associated with alcohol use as policy impacts are broad and can typically be implemented without high administrative costs.¹³ The following population-level policies aim to regulate the economic and physical availability and accessibility of alcohol, regulate alcohol advertising and marketing, and build community support for an evidence-informed approach to policy.

Economic Availability: Price Controls

Alcohol pricing policies are one of the most effective strategies to reduce alcohol consumption and harm.^{14,15} When applied effectively, pricing policies balance government cost savings and revenue generation with population health.¹⁶ Alcohol taxation and minimum pricing are economical strategies that have substantial implications for the prevention of alcohol-related challenges.¹⁷ These policies can be strengthened by adjusting pricing by alcohol content and automatically adjusting for inflation.

Minimum prices are the lowest price at which alcohol can be sold and can be set for both on-premises (e.g., bars, restaurants) and off-premises alcohol sales (e.g., retail stores). For minimum price strategies, the government sets the minimum price on every alcoholic beverage, and businesses and stores can then decide to sell alcohol at the minimum price or above it, but not below it. Minimum pricing policies provide a targeted approach by having minimal impact on moderate drinkers and the most significant impact on heavy drinkers.¹⁸ This is because minimum prices affect inexpensive alcohol the most, which is often favoured by young and/or high-risk drinkers.¹⁸ The most common arguments against pricing strategies are that heavy and dependent drinkers will be unaffected, and that if affected, these drinkers might turn to more dangerous forms of non-beverage alcohol (e.g. alcohol-containing substances not intended for consumption). Neither argument stands up to scientific scrutiny and is contradicted by evidence.¹⁸

Taxation differs from minimum pricing in that it affects all alcoholic beverages, not just inexpensive products. The government imposes taxation onto the manufacturer, who can pass it onto the consumer by including it in the product's price. It is the first tax to be added to the wholesale price of alcohol; markups and retail sales taxes multiply its effects.¹³ When looking at research from tobacco taxes, countries have found that higher tobacco taxes can significantly decrease tobacco use and increase revenues.¹⁹ Even though consumption decreases significantly, revenues increase due to the increased tax and price per pack.¹⁹ Additionally, it is important to note that taxation does not cause unemployment due to a reduction in sales. Although consumers may spend less on taxed products, it has been found that they often spend more on other goods and services.¹⁹ Also, governments often spend the new tax revenues, which can lead to job gains in other sectors.¹⁹ Studies have found that reductions in alcohol use from higher taxes have either had no net impact on jobs or lead to modest job gains.¹⁹

Increasing the price of alcohol through minimum pricing or taxation has been associated with significant decreases in alcohol consumption, alcohol-attributable diseases and deaths, emergency department visits, traffic violations, road fatalities, and crime.^{16,20} In Saskatchewan and British Columbia, a 10% increase in minimum price resulted in an 8% reduction in consumption, a 9% reduction in hospital admissions, and a 32% reduction in deaths due to alcohol.²¹ Moreover, tax increases have been shown to decrease alcohol-related deaths between 11-29%, with further reductions in violence, crime, and road fatalities.^{16,22} Taxation in other jurisdictions has also resulted in reduced alcohol-related traffic violations by at least 18.8% as well as assaults by 9.4%.²³

Excise taxes generate a considerable amount of revenue for the government. In 2010-2011, through mandated tax increases on beer and minimum pricing policies, the province of Saskatchewan decreased its consumption of alcohol and generated more than nine million dollars in revenue.²³ To maintain the benefits of minimum prices and taxes, alcohol prices must be regularly adjusted to keep pace with the cost of living. Automatically adjusting the cost of alcohol to inflation maintains the integrity of pricing policies by ensuring alcohol does not become cheaper than other goods.^{18,24} Minimum prices and taxes should also be adjusted based on alcohol content to ensure that products with higher alcohol content cost more compared to those with lower alcohol content. Adjusting the price based on alcohol content strengthens alcohol pricing systems, and has been proven to shift consumption to lower alcohol content varieties, reducing the total units of alcohol consumed.^{20,24} Specifically, a marked increase in the minimum prices charged for higher strength beers in Saskatchewan was shown to trigger a shift in consumption from high to low strength wines and beers, and an overall reduction in per capita consumption.^{18,20,24} Price changes for alcohol content are significant as high alcohol content products that are low in price pose the greatest risk of alcohol-related harms.^{6,18,25}

Physical Availability: Density and Hours of Sale

There is a strong association between the physical availability of alcohol and alcohol harms. Policies that restrict alcohol outlet density and reduce hours and days of sale are associated with decreases in alcohol consumption and related harms.²⁰ Policies that regulate outlet density involve setting an upper threshold, which limits the number and location of off-premises outlets and on-premises licensed establishments. A best practice for regulating outlet density consists of restricting the number of outlets per capita, so retail expansion only occurs at the extent that population growth takes place. Research suggests that limiting the number of alcohol outlets not only reduces consumption, but also improves public safety by reducing assault, suicide, public disorder, and violent crime.^{20,26}

The high density of alcohol retail outlets disproportionately impacts people of low socioeconomic status (SES). Many studies have found that the burden of alcohol-related mortality and morbidity falls most heavily on people of low SES.²⁷ The alcohol paradox illustrates how disadvantaged populations that have the same, or a lower level of alcohol consumption, suffer greater alcohol-related harm than more affluent populations.²⁷ Research shows that alcohol outlets are often concentrated in low-SES neighbourhoods, which may further contribute to alcohol harms in these communities.²⁷

Regulating hours of operation of both on-premises and off-premises outlets and limiting the availability of alcohol in the early morning or late at night is an additional measure for controlling the physical availability of alcohol. Increasing hours of sale by just a couple hours has been found to increase alcohol-related harms as measured by incidences of alcohol-related disease, impaired driving and vehicle crashes, unintentional or intentional injuries and violent crime.²³ Research in Ontario found that when hours were extended from 1:00 am to 2:00 am in the province, significant increases in injuries such as assaults and falls occurred.¹⁷ When hours of sale are limited or reduced, there is decreased alcohol consumption and improved public safety by reducing assaults, disorder, violence, motor vehicle accidents, and hospitalizations.^{13,20}

Alcohol Control System

The policies outlined throughout this position statement are more likely to be implemented and maintained in a government-owned and operated retail system as opposed to a private one. The elimination of government monopolies can increase total alcohol consumption, especially when privatization leads to increased outlets, expanded hours of sale, and reductions in the enforcement of policies (e.g., age restrictions).¹⁷ Lessons learned from other provinces reinforce the relationship between less government monopoly and increases in the availability of alcohol. For example, following full privatization of alcohol sales in Alberta in 1993, alcohol outlet density increased by 73%, consumption increased by nearly 10%, and the number of alcohol-related traffic incidents and suicides increased significantly.²⁸ Alberta has the second-highest impaired driving rate out of all the provinces. In 2009, the per capita rate of impairment-related crashes was 175% higher in Alberta than in Ontario.^{29, 30}

In 2015, Ontario partially privatized alcohol sales by allowing grocery stores to apply for a license to sell wine, beer, and cider. This deregulation led to increases in the number of alcohol outlets and longer average hours of operation, which has been associated with increased emergency department (ED) visits attributable to alcohol. Specifically, alcohol-attributable visits increased by 18% during the study period (2013-2017), over twice the rate of increase for all ED visits.²⁷ It is important to note that there is evidence that the re-monopolization of alcohol is associated with a decrease in alcohol-related harms.³¹

Alcohol Marketing

Policies restricting marketing have failed to keep up with the rapid development of alcohol promotion over the last four decades.¹⁷ Although research on specific policy options for marketing is not as strong, there is a well-established link between exposure to marketing and the consumption of alcohol.¹⁷ Exposure to alcohol marketing is associated with earlier initiation of use as well as increased consumption and harm, especially among young people.¹⁷ Additionally, promotion influences social situations that normalize drinking, which contributes to the downplaying of alcohol risks and harms.^{17,32} This is important as when a substance is normalized and socially acceptable, people are more likely to use it and pressure others to use it.¹⁵ Research has shown the effects of industry marketing on beliefs about alcohol counteract possible effects from health promotion activities (e.g. in school education).¹⁷

Marketing policies are strongly linked with alcohol pricing (e.g. low prices are often advertised) and physical availability. The physical availability of alcohol and an increased number of alcohol outlets increases exposure to alcohol marketing.³¹ Increases in private retail outlets can mean more exposure through a point-of-sale promotion at stores as well as more impulse buys and cues to purchase alcohol.²⁷ The increased exposure to marketing, along with the expansion of retail outlets, perpetuates the normalization of alcohol, rates of use, and associated harms.

Alcohol is marketed across sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, and new marketing techniques such as podcasting and social media.¹⁴ Currently, the alcohol industry in Canada self-regulates advertising based on the Code for Broadcast Advertising of Alcoholic Beverages. Reviews have shown that violations of advertising guidelines are common when industries are left to self-regulate.²⁰ There is no evidence to support the effectiveness of industry self-regulatory codes, either as a means of limiting advertisements deemed unacceptable or as a way of limiting alcohol consumption.¹⁷ The lenient government controls over marketing and advertising, as well as the growing use of technology and social media communication channels to promote products, continue to be an area of public health concern.

The most effective response to alcohol marketing is a comprehensive ban on all alcohol advertising, promotion, and sponsorship.³³ Studies estimate that advertising bans represent one of the most influential and cost-effective approaches to prevention and harm mitigation, with the level of effectiveness declining as the policy moves from a complete to a partial ban.¹⁶ When applied to tobacco, comprehensive advertising bans are effective in reducing tobacco use and initiation.³⁴ If only certain forms of direct alcohol marketing are prohibited (i.e., a partial ban), industries often shift their focus to more indirect, unregulated, or new forms of advertising, promotion, and sponsorship strategies¹⁶.

Labelling and Packaging

Alcohol labelling and packaging are an effective tool for increasing awareness of alcohol harms and changing alcohol consumption behaviours. There is low public awareness of the link between alcohol consumption and increased risk of health impacts such as cancer, highlighting the importance of public education.³⁴ For example, a study by Hammond et al. found that fewer than 25% of Canadians who consume alcohol are aware it can cause cancer.³⁵ A recent Canadian survey also found that 69% of participants indicated they would reduce their alcohol consumption if they knew that alcohol increases cancer risk.³⁵ Alcohol labelling and packaging provide an opportunity to reach people who drink to educate them about harms.

Alcohol warning labels, like those on packs of cigarettes, provide information on alcohol harms and risks. Warning labels have a targeted reach, as almost all people who drink are exposed to labels, and those who drink heavily are exposed most often. Warning labels are an effective tool for increasing public awareness about the risks associated with alcohol to create a more supportive environment for enacting for alcohol policy.³⁵ The research on the effectiveness of alcohol warning labels is limited; however, tobacco research indicates that health warning labels on packaging have been shown to increase awareness of health risks in both smokers and non-smokers and reduce tobacco use.³⁴ Additionally, health warning labels have been found to affect social norms regarding tobacco use, which not only increased support for tobacco control policies, but also reduced tobacco use.³⁴ Tobacco research has also shown that plain packaging reduces the appeal of tobacco products, restricts the use of the pack as a form of advertising and promotion, increases the effectiveness of health warnings, and reduces the prevalence of smoking.³⁴ The research of warning labels and packaging restrictions was used as best practice during the legalization of cannabis products.

Municipal Alcohol Policies

Municipal alcohol policies (MAPs) are an essential part of a comprehensive approach to alcohol policy.³⁶ A MAP is a policy tool that aligns provincial laws and outlines the appropriate use of alcohol on municipality-owned or managed property.³⁷ These policies build on provincial policies and can be tailored to a local context. MAPs can be implemented to strengthen the impact of the other alcohol policies discussed above in this position statement. MAPs are implemented by municipalities to support the responsible delivery and use of alcohol while reducing alcohol-related risk, harm, cost, and liability during events hosted on municipal property (e.g. parks, beaches, arenas, and community centres).¹³ For example, managing alcohol at the municipal level is found to mitigate acute harms such as injury, violence, crime, and motor vehicle crashes.³⁷ MAPs are an important policy option to demonstrate a community's commitment to healthy and safe environments.

Other Actions

Additional evidence-based measures can be implemented to reduce alcohol-related harms. It is important to guarantee the continuation of a surveillance system to track data around alcohol consumption, changes in access to alcohol, disease patterns, injury, social outcomes, and economic outcomes. Surveillance is a vital component of alcohol control to measure the impact of policies and assist in determining future direction. Alcohol enforcement activities are conducted by the Alcohol and Gaming Commission of Ontario, Ontario Provincial Police, or local law enforcement agencies. Municipalities are responsible for enforcing their local by-laws related to alcohol use, which could include nuisance and control of property standards. These agencies should work together to provide effective enforcement of alcohol use and sale as well as prevent harms such as impaired driving.

Implications for Southwestern Public Health

The negative physical, mental, and social impacts of alcohol are often overlooked, even though alcohol use is second after tobacco in terms of the burden of illness and death at the population level.¹³ Although the centre of control over alcohol policy in many countries lies at the national or provincial levels, opportunities for regulation at the local level are possible. In fact, policy interventions that are coordinated across government levels can maximize effectiveness.³⁸ Local governments have authority under the Municipal Act to establish regulations such as licensing, zoning, and other by-laws to protect community health and safety, minimize nuisances, and protect consumers.¹³ Official Plans are also a tool that can identify the

importance of protecting local areas used by vulnerable populations from uses that may cause adverse health impacts, such as those selling or serving alcohol.¹³

1. SWPH will continue to collect, analyze, and evaluate new research, data, and best-practices for alcohol policy as it becomes available to understand how alcohol is impacting communities in Oxford County, Elgin County, and the City of St. Thomas.
2. SWPH will collaborate with public health partners, including various working groups, to coordinate education, advocacy, and information sharing.
3. SWPH will work with community members and groups, such as drug and alcohol strategies, to ensure alcohol policies and actions are included in plans.
4. SWPH will work with municipal partners to develop and implement alcohol policy options, including reviewing and updating current municipal alcohol policies (MAPs).
5. SWPH will support municipalities in protecting the health and safety of local communities by working to develop comprehensive alcohol control policies, including licensing by-laws, zoning by-laws, official plan actions, hours of sale policies, and marketing policies on municipal land.
6. SWPH will collaborate with various enforcement agencies (e.g., AGCO, police, by-law) to promote the harms of alcohol and implement policy actions to reduce harms. Public Health Inspectors and Tobacco Enforcement Officers will report infractions or violations to the AGCO or local enforcement agencies.
7. SWPH will advocate for policy options at the provincial level, including marketing restrictions, pricing policies, physical availability, hours of sale, and licensing and enforcement.
8. SWPH will develop a document with guidance outlining municipal policy options for legal substances include tobacco, vapour products, cannabis, and alcohol.
9. SWPH will support and practice primary prevention in collaboration with multiple sectors while using local evidence in building a strategy for supportive environments to reduce youth substance use.
10. SWPH will develop and maintain relationships with key community stakeholders to ensure public health is included in the development of local public policies to reduce the use and harms of alcohol consumption.

Conclusion

Alcohol policies are an important tool to address alcohol risk in our community. There are many policy options and tools to support reducing risks and costs associated with alcohol. There is a great deal that can be learned from policy initiatives from years of tobacco research and, more recently, cannabis. Although we can learn from other substances, it is also important to note that alcohol presents unique challenges, and policies will require innovative approaches. Confronting the harms of alcohol will require leadership, persistence, and support at all levels of government.

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