

WHY ONTARIO NEEDS A PROVINCIAL ALCOHOL STRATEGY

Alcohol is widely consumed in Ontario. But its use is associated with a variety of harms.

Alcohol consumption is widely used and accepted in our society. The majority of us drink, and most of us do so without causing harm to ourselves or others. But alcohol consumption is responsible for a range of harms:

- It is one of the leading risk factors for death, disease and disability in Canada.¹
- Every year about a quarter of Ontario drinkers engage in high-risk drinking.²
- About a third of Ontarians experienced harm as a result of someone else's drinking in the past year.³

Alcohol plays an important role in Ontario's economy. But the costs far exceed the revenues.

The annual costs directly attributable to alcohol-related harms in the form of health care, law enforcement, corrections, prevention, lost productivity due to short- and long-term disability and premature mortality, and other alcohol-related problems, have been conservatively estimated at \$5.3 billion – well above the alcohol revenue accruing to the provincial government.^{4,5} This means that the economic benefits of alcohol sales are more than offset by the costs, and that our approach to alcohol policy can be improved not only from a health perspective but also from a financial one.

Alcohol-related harms can be mitigated. But this requires a whole-of-government approach.

Research evidence clearly shows that policy tools designed to influence drinking levels and patterns can reduce the burden of death, disease, disability, and social disruption from alcohol.⁶ Among the most effective interventions are socially responsible pricing of alcoholic beverages, limits on the number of retail outlets and hours of sale, and marketing controls. These types of policies have been consistently shown to help reduce alcohol-related problems when implemented alongside more targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age, as well as screening, brief intervention and referral activities in the primary care setting.

In Ontario, as elsewhere, alcohol policy involves balancing interests – public health, government finances, economic development and consumer preferences for example – that are often at cross-purposes.⁷ As a result, alcohol policy can be fragmented and health is sometimes an afterthought. But alcohol-related harms impact all of society and the costs are borne by many government ministries and sectors, from Health and Long-Term Care to Community Safety and Correctional Services. There is a need for coordinated leadership and a comprehensive strategy.

Ontario has been an alcohol policy leader. But we are falling behind.

Historically there has been recognition in Ontario that alcohol is not an ordinary product and that a degree of control over its production and distribution is required in order to mitigate harms. Indeed, Ontario has been a national leader in a number of alcohol policy areas, with many promising practices in place.⁸ However, recent developments suggest an ongoing erosion of alcohol controls. Based on what we know from decades of research, we can expect to see an increase in alcohol-related harms as a result.

For example, in British Columbia, the introduction of private sector alcohol outlets was associated with a 3.25% increase in alcohol-related deaths for each 20% increase in private store density.⁹ Based on this finding, Ontario's recent decision to sell beer in 450 grocery stores across the province could lead to 100+ alcohol-related deaths per year.¹⁰

Over the years, many voices from across Ontario's health sector have called for a comprehensive alcohol strategy. A number of provinces are already moving ahead with their own provincial alcohol strategies: Nova Scotia and Alberta have strategies in place and Manitoba is currently developing one. We are falling behind.

Ontario has committed to ensuring a socially responsible approach to alcohol policy. Right now, we are falling short. It is imperative that Ontario commit to an approach to alcohol policy that prioritizes health and safety and considers the costs associated with alcohol consumption. Such an approach is critical to our health and well-being. **Our organizations believe that a provincial alcohol strategy is the best way to achieve this.**

For more information, please contact:

JF Crépault
Senior Policy Analyst, CAMH
416-535-8501 x32127
JeanFrancois.Crepault@camh.ca

Catherine Paradis
Senior Research & Policy Analyst,
CCSA
613-235-4048 x253
cparadis@ccsa.ca

Zarsanga Popal
Policy Analyst, CMHA Ontario
416-977-5580 x4123
zpopal@ontario.cmha.ca

Andrew W. Murie
CEO, MADD Canada
1-800-665-6233 x224
amurie@madd.ca

Cathy Edwards
Chair, OPHA's Alcohol Prevention
Workgroup
613-549-1232 x1508
Cathy.Edwards@kflapublichealth.ca

Tim Lenartowych
Director of Nursing and Health
Policy, RNAO
416-408-5615
tlenartowych@rnao.ca

¹ Lim et al. (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 380, 2224-60.

² Ialomiteanu et al. (2014). *CAMH Monitor eReport 2013: Substance use, mental health and well-being among Ontario adults, 1977-2013*. CAMH Research Document Series No. 40. Toronto: Centre for Addiction and Mental Health.

³ Giesbrecht et al. (2010). Collateral damage from alcohol: implications of 'second-hand effects of drinking' for populations and health priorities. *Addiction* 105, 1323-25.

⁴ Rehm et al. (2006). *The costs of substance abuse in Canada 2002*. Ottawa: Canadian Centre on Substance Abuse.

⁵ Thomas (2012). *Analysis of beverage alcohol sales in Canada*. Alcohol Price Policy Series: Report 2. Ottawa: CCSA.

⁶ Babor et al. (2010). *Alcohol: No ordinary commodity – research and public policy (revised edition)*. Oxford: Oxford University Press.

⁷ World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO.

⁸ Giesbrecht et al. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto: CAMH.

⁹ Stockwell et al. (2011). Impact on alcohol-related mortality of a rapid rise in the density of private liquor outlets in British Columbia: A local area multi-level analysis. *Addiction* 106: 768-76.

¹⁰ Mann (2015). Personal communication. Calculated using data from Stockwell et al. 2011.