

Alcohol and Public Health: Implications to changes to the LCBO

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On January 11, 2005, the Ontario government appointed an expert panel to conduct a broad review of Ontario's beverage alcohol system and to develop recommendations on how to get more value from the system for both consumers and taxpayers (www.beveragealcoholreview.on.ca, 2005).

Regrettably, the Premier refused a public health voice on the panel. This lack of input from the public health field causes great concern on a number of levels.

To begin, alcohol is not an ordinary commodity and should not be sold like one. Alcohol is a dangerous and misunderstood psychoactive drug that needs to be regulated. Alcohol is one of the most avoidable health risks in developed countries while imposing an under-reported burden on public health and safety. According to the World Health Organization (2003), global alcohol-related harm is nearly equal to that caused by tobacco and far greater than for illicit drugs, costing the province \$2.9 billion annually in lost productivity, increased health care and enforcement services (Single et al. 1998).

"Expanding the sales network for beer and wine, and breaking the LCBO's public monopoly on liquor sales would increase the number of alcohol outlets and hours of sale" writes Dr. Garry Aslanyan (2005), president of the Ontario Public Health Association, in a recent opinion editorial in *The Toronto Star*. More private retailers pushing product to increase revenue would result in greater sales to youth and the already intoxicated. Additionally, advertising would increase, as private retailers would be in constant competition to increase the bottom line. In general, an increase in population alcohol consumption "leads to more people suffering from liver cirrhosis, alcohol-related cancers and other chronic diseases. It means more alcohol-related car crashes, drownings and falls, more public disorder and more domestic violence," Aslanyan (2005) explains.

Recent WHO research shows that one of the most effective ways to minimize alcohol-related harm is to maintain public alcohol retail distribution systems with a strong duty of social responsibility. Public monopolies "are typically more restrained than their private counterparts in promoting alcohol sales and more likely to aggressively challenge and refuse to sell alcohol to underage youth and the already intoxicated," which ultimately reduces alcohol-related problems, writes Dr. Aslanyan (2005) in a recent letter to all MPP's.

Alberta is a prime example of this where since privatization in 1995, the province has experienced a great increase in alcohol consumption (highest per capita in Canada) which risks an increase in social ills, highlights Professor Greg Flanagan (2003) in *Sobering Result: The Alberta Liquor Retailing Industry Ten Years after Privatization*.

In March, the government-appointed Panel solicited views from anyone interested in commenting on the future of the province's beverage alcohol system to be considered

when the final report is presented in July 2005. To this end, various public health groups have provided input to the Panel while being published in such media as The Toronto Star, Saturday Night Magazine, Rogers Cable, Grey Bruce Radio, and TV Ontario discussing the potential changes to the LCBO. In addition, a public health forum involving experts in the field convened for a day of presentations and discussions around these issues as recorded by Scott Simmie (The Toronto Star, March 12, 2005, A10).

Aslanyan (2005) closes his opinion editorial with the advice that "no matter how desperate the government may be for short-term cash, there's no future in mortgaging citizens' health to get it." The public health field has spoken to this issue. For the health of Ontarians, we hope that they have been heard.