

# OPHA Alcohol Workgroup Teleconference Proceedings

**October 10, 2008**  
**9:30 – 11:00**

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## Contact Information:

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[OPHA Alcohol Workgroup](#)

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## OPHA Alcohol Workgroup: Activities and Membership

The Alcohol Workgroup is one of several OPHA workgroups that focus on public health issues. The membership consists of public health managers, front line staff, NGOs and academia.

While most members also work at the local level, the focus for the workgroup is not usually local. The focus for policy intervention is always provincial, often national and sometime international.

## Open Discussion

Alcohol workgroup inviting input on selection of key policy interventions that have or could have momentum in Ontario that could unite health units. An appendix is attached listing top rated policy interventions according to evidence available and reviewed.

## General Comments from the Floor:

1. Offer Train-the-trainer in alcohol policy / building capacity for health unit staff. There may be an opportunity to advocate for this kind of training in policy development during the Public Health Standards Workshops in November (November 19 & 20).
2. Middlesex-London Health Unit's six resolutions – These resolutions are supported by OPHA. Public Health staff can ensure that their Medical Officers of Health or designates are educated on these resolutions and the research to support them. Next steps after October approval meeting.
3. Address culture and social norming of alcohol misuse.
4. Alcohol advertising - training for staff / training for students.
5. Make Safer Bars program mandatory across the province - similar to EAT SMART - including recognition for establishments - use in other areas other than Bars. CAMH approached the AGCO with the idea of making Safer Bars mandatory. This has not gone further at this point; however, CAMH is aware of one Liquor Inspector who has incorporated Safer Bars into the conditions upon which bars can get their license back.
6. Dealing with kegs – keg registration, other measures.
7. Injury Prevention Manager's Alliance - how can this alliance get on board for alcohol policy advocacy. Simcoe Muskoka County District Health Unit has supported the MLHU resolutions.

## Action Steps for year-end

- Follow-up with ALPHA regarding Middlesex-London resolutions
- Follow-up with Injury Prevention Managers Alliance for their role in alcohol policy advocacy
- Alcohol workgroup to select key policy interventions and forward to participants
- Participants asked to make a commitment to educate their Medical officers of health on key policy issues and health unit position, with support from the workgroup
- Action plan to be developed by year's end

## OPHA Alcohol Workgroup Activities 2002 – 2008

Year	Issue	Notes
2003	Global alcohol policy	Letter to the Ministry for International Trade, requesting answers to questions regarding the GATS negotiations (General Agreement on Trade in Services). Concern that international trade agreements will have an impact on Canada's ability to continue to regulate alcohol. Resulted in consultation with officials in this ministry.
2004	LCBO Privatization	Letter to Premier of Ontario regarding <b>privatization</b> .
	Future of Public Health in Canada	Response to Minister of State for Public Health to a request for input on the key issues regarding the future of public health in Canada. Provided background on the impact of alcohol, concerns about the impact of international trade commitments on the ability of provincial and territorial governments to regulate alcohol.
2005	LCBO Privatization	Letters to the editor (Toronto Star and The Liberal) approving Minister Sorbara's support for continued public ownership of LCBO
	Bill C-206 (Warning Labels)	Letter in support of the "Act to Amend the Food & Drugs Act" regarding warning labels on the consumption of alcohol. Reiterating that alcohol is not an ordinary commodity.
	Provincial Injury Prevention Strategy	Letter to Premier of Ontario in support of the development of a provincial injury prevention strategy that includes alcohol as a key factor influencing injury rates.
	Increasing the voice for public health	Letter to Premier of Ontario to invite OPHA and other health agencies when discussing alcohol rules and regulations in Ontario. The letter was initiated due to absence of OPHA and others on the "Beverage Alcohol System Review Panel". Letter was signed by OPHA, MADD Canada, CAMH, Alpha and Addictions Ontario
2006	Liquor Licence Act	Letter to Ministry of Government Services related to proposed changes to the LLA. Advocacy for health representative to be included on the AGCO board, suggestions related to advertising, enforcement, reforms to SOP system etc.
	Alcohol availability – Agency Stores	Letter to Premier of Ontario regarding the announcement of 20 new privately owned LCBO "agency stores". OPHA requested a public review before implementation of stores.
2007	Liquor Licence Act	Letter to Ministry of Government Services in response to proposed reforms to LLA. <b>Focus on minimum pricing</b> (reg. 719) – advocated for pricing that is linked to alcohol content (volumetric pricing).
	Lowering the BAC	Letter to the Minister of Justice & Attorney General of Canada in support for the proposed legislative reforms on impaired driving. Advocated for lowering the legal alcohol limit to 50mg%.
2008	Liquor Licence Act – SOP changes	Letter to Ministry of Small Business and Consumer Services in response to proposed reforms to SOP system. Suggested improvements to enforcement (increased inspectors), more efficient way to deal with problematic SOP holders, criteria for determining "higher risk" events, advocacy for health representative on the AGCO Board etc.

## Evidence and Best Practices for Policy Interventions

The central purpose of the policy interventions we focus on is to serve the interests of public health and social well being through their impact on health and social determinants, such as drinking patterns, the drinking environment and the health services available to treat problem drinkers.

Proactive vs/and Reactive policy advocacy: We have connections in government and we study all public documentations to know in advance what issues are being considered by all departments with a stake in alcohol policies AND/OR we focus on changes that we know would make a significant impact on health outcomes.

**(See Appendix for a summary of key policy interventions).**

### Key Documents:

1. Stockwell, T (eds) (2005). *Preventing harmful substance use: the evidence base for policy and practice*. England: John Wiley & Sons Ltd. (can be purchased through Chapters)
2. Babor et al (2003). *Alcohol: No Ordinary Commodity*. New York: Oxford Press.
3. ["Strategies to reduce the harmful use of alcohol"](#) (WHO, March 2008)
4. ["Strategies to reduce the harmful use of alcohol"](#) (CAMH, February 2008) – CAMH Recommendations.
5. ["Alcohol Pricing and Public Health in Canada: Issues and Opportunities"](#) (Centre for Addictions Research of BC, February 2006)
6. [Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation](#). Recommendations for a National Alcohol Strategy. (Canadian Centre on Substance Abuse, April 2007).

### Participating Health Units

North Western, Windsor-Essex, Middlesex-London, Brant County, Durham Region, Haliburton Kawartha - Pine Ridge, Hastings and Prince Edward, Kingston, Ottawa, Niagara Region, Waterloo, Oxford, Perth District, Elgin St. Thomas, Chatham Kent, Eastern Ontario, York Region, Simcoe-Muskoka, Smith Falls FOCUS, OPHA

**Evidence and Best Practices for Policy Interventions**

Policy	Evidence	Momentum in Ontario
Advertising restrictions on alcohol	<p>°Intended to target overall consumption in the population</p> <p>°Inconclusive evidence from several countries that advertising bans or restrictions reduce drinking or drinking problems among youth. Reviewers state at best, this intervention remains an open question (Stockwell et al, 2005)</p> <p>°Econometric studies are commonly used to evaluate impact of alcohol advertising creating flaws in the research (Babor et al, 2003)</p> <p>CAMY cites three analyses suggestive of reductions in consumption and mortality with restrictions or bans.</p>	<p>ALPHA considering a resolution from Middlesex-London Health Unit to petition government of Ontario to establish stricter advertising standards for alcohol in October 2008</p> <p>World Health Organization support</p> <p>Parallel work around advertising and nutrition underway</p>
Monopoly (regulating availability)	<p>°Moderately strong evidence that removing monopolies increases consumption in the general population (Stockwell)</p> <p>°Weak evidence that removing monopolies increases sales to and consumption by young people</p> <p>°Summary of seven time-series analyses found a consistent increase in total consumption when government-owned off-premise outlets were replaced with privately owned outlets (Babor)</p>	<p>ALPHA considering a resolution from Middlesex-London Health Unit to petition the government of Ontario to eliminate the availability of alcohol except In liquor control board outlets (LCBO)</p>
Minimum Drinking Age	<p>°Strong evidence that increases in the minimum drinking age can have substantial effects reducing drinking and involvement in alcohol-related crashes among young people. Enforcement of underage sales and drinking laws is key to this option (Stockwell)</p> <p>°Introduction of mimimum15 year age limit in Denmark resulted in a 36% drop in alcohol consumption among teens under age 15 (Babor)</p>	<p>ALPHA considering a resolution from Middlesex-London Health Unit to petition the Ontario government to increase the legal drinking age in Ontario to 21 years of age and enact a 0% Blood Alcohol Concentration (BAC) limit on drivers until they reach the age of 21 years.</p>

## Appendix

Policy	Evidence	Momentum in Ontario
Lower BAC limits	<p>°International evidence lower BAC limits consistently produce positive results on drinking-driving [collisions] and other indicators such as positive BACs. Making motorists uncertain about the real risk of detection may be the key to cost-effective deterrence (Babor)</p>	<p>ALPHA considering a resolution from Middlesex-London Health Unit to petition the Ontario government to reduce the legal BAC from 0.08% to 0.05%.</p> <p>OCCID remains against, MADD Canada continues to lobby</p> <p>World Health Organization supports, particularly for young drivers</p>
Pricing	<p>°Strong evidence that price increases are substantially related to reductions in youth drinking and drinking problems. According to Ferguson and Her, 2001 (quoted in Stockwell) increases in prices were found to reduce alcohol-related crashes in Canada. Price elasticities are not attributes of commodities and are moderated by social , environmental and economic factors. For example taxation effect on youth is weaker when minimum legal age is higher.</p>	<p>CARBC has a paper that has not been promoted across Ontario.</p>

Stockwell, T. et al Preventing Harmful Substance Use, The Evidence Base for Policy and Practice

Babor et al Alcohol No ordinary commodity: research and public policy

World Health Organization [http://www.who.int/gb/ebwha/pdf\\_files/A61/A61\\_13-en.pdf](http://www.who.int/gb/ebwha/pdf_files/A61/A61_13-en.pdf)