

Resources for Newbies

Below are selected resources available online that may be helpful to those new to the substance abuse or injury prevention fields. Additional resources, including links to best practices and sample policies, are available in the Resources section of www.apolnet.ca. If you come across other materials you find useful, please email us at apolnet@opha.on.ca. Note: PDF Documents require Adobe Acrobat Reader on your computer.

ALCOHOL AND OTHER DRUG PREVENTION

Alcohol in the European Region - consumption, harm and policies
WHO Regional Office for Europe

- Chapter 4: New findings in alcohol epidemiology, Robin Room
- Chapter 6: Alcohol policy: securing a positive impact on alcohol, Griffith Edwards

www.euro.who.int/document/E76240.pdf

Alcohol and public health: the best way forward? Dec 2001

- Minimizing harm, Eric Single
- Alcohol policy, harm reduction and the prevention paradox, Tim Stockwell
- Alcohol and your heart, Ian Young

www.healthpromotionagency.org.uk/Resources/corporate/promotinghealth/pdfs/Journal15.pdf

Alcohol Related Injury: Evidence-based practice synthesis document, Ontario Injury Prevention Resource Centre, Nov 2008

www.oninjuryresources.ca/downloads/misc/AlcoholReview-D8.pdf

International Alcohol Policies: A selected literature review, Kate Sewel, Scottish Executive Central Research Unit, 2002

www.scotland.gov.uk/Resource/Doc/156772/0042152.pdf

CAMH and Harm Reduction, a background paper on its meaning and applications for substance issues, CAMH, Spring 2002

www.camh.net

Alcohol: No Ordinary Commodity. Research and Public Policy.

Babor et al. 2003. Abstract available at

<http://alcalc.oxfordjournals.org/cgi/content/full/40/2/157-a>

Guidelines and Benchmarks for Prevention Programming, Implementation Guide, US Substance Abuse and Mental Health Services Administration,

www.dhhas.state.ct.us/sig/pdf/GuidelinesBenchmarks.pdf

Foundations of Prevention, an online course in the core knowledge of substance abuse prevention, US Center for Substance Abuse

Prevention <http://prevtech.samhsa.gov/fop>

Newbie Orientation 101: An Orientation to the Substance Misuse Field for New Professionals

www.apolnet.ca/resources/education/teleconferences.html#newbie10

INJURY PREVENTION

Contemporary Drug Problems - Special Issue on Linking Injury Prevention and Alcohol Policy: Seeking a Common Agenda, Alcohol Policy Network

www.apolnet.ca/resources/pubs/rpt_injprevention.html

The Economic Burden of Injury in Ontario, Summary, SMARTRISK, 2006

www.oninjuryresources.ca/downloads/Ontario_Economic_Burden_of_Injury.pdf

Ending Canada's Invisible Epidemic: A Strategy for Injury Prevention. SMARTRISK, 2005 www.TimeForAction.ca

Best Practice Programs for Injury Prevention, OPHA

www.oninjuryresources.ca/11best_practices/

Community Action and Injury Prevention Series, OPHA

www.opha.on.ca/resources/docs/injury_book1.pdf

Prevention of Falls in the Elderly Population, OPHA

www.opha.on.ca/resources/docs/falls.pdf

Violence and Injury Control through Education, Networking and Training on the World Wide Web (VINCENT Web), free introductory course sponsored by the Injury Prevention Research Center at the University of North Carolina at Chapel Hill www.ibiblio.org/vincentweb

Ontario Health Promotion e-Bulletin Archives

www.ohpe.ca

Injury 101: An introduction to injury and its prevention, Ontario Injury Prevention Resource Centre, Dec 2006

www.oninjuryresources.ca/media/Injury101.pdf



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Falls Across the Lifespan: Evidence-based practice synthesis document, Ontario Injury Prevention Resource Centre, Nov 2008
www.oninjuryresources.ca/downloads/misc/FallsReview-D8.pdf

Sport and Recreation Injuries: Evidence-based practice synthesis document, Ontario Injury Prevention Resource Centre, Nov 2008
www.oninjuryresources.ca/downloads/misc/SportsAndRecReview-D8.pdf

Ontario Injury Prevention Resource Centre Discussion Forum
www.oninjuryresources.ca/forum/

SMARTRISK Learning Series
www.oninjuryresources.ca/smartrisk_learning_series/

The Ontario Injury Spotlight
www.oninjuryresources.ca/Publications/Spotlight/

The Ontario Injury Compass
www.oninjuryresources.ca/Publications/Compass/

For additional information on injury prevention, contact The Ontario Injury Prevention Resource Centre, www.OnInjuryResources.ca.

If you are new to substance abuse prevention and have been on the job less than one year, consider joining the Newbie Network by joining the APOLNET listserv or attending a Newbie Teleconference. Contact the Alcohol Policy Network for additional resources at www.apolnet.ca/contactus.html



Commonly Used Acronyms

AA - Alcoholics Anonymous	Click4HP - Click for Health Promotion (email discussion list)
AADAC –Alberta Alcohol and Drug Abuse Commission	CMA – Canadian Medical Association
ABI - Acquired Brain Injury	CODA – Council On Drug Abuse
ACD – Association of Canadian Distillers	COMOH – Council of Medical Officers of Health
ACOA – Adult Children Of Alcoholics	CPHA - Canadian Public Health Association
ACTION – Alcohol, Cannabis, and Tobacco health promotIOn (school-based substance abuse prevention program)	CRTC – Canadian Radio-Telecommunications Commission
ADHD - Attention Deficit Hyperactive Disorder	CSPI – Center for Science in the Public Interest
ADLS - Administrative Driver's Licence Suspension	DAC – Drug Awareness Committee
AFM – Addiction Foundation of Manitoba	DART – Drug and Alcohol Registry of Treatment (Ontario)
AGCO – Alcohol & Gaming Commission of Ontario	DAW – Drug Awareness Week
alPHa – Association of Local Public Health Agencies	DECC – Drug Education Coordinating Council
ALS – Automatic Licence Suspension	D & D – Drinking and Driving
AOD – Alcohol and Other Drugs	DHC – District Health Council
AOHC – Association of Ontario Health Centres (provincial association)	DUI – Driving Under the Influence
APN – Alcohol Policy Network	DWI – Driving While Impaired
APOLNET – The Alcohol Policy Network's web site devoted to Canadian alcohol policy issues; also email discussion list	EAP – Employee Assistance Program
ARAPO – Association to Reduce Alcohol Promotion in Ontario	EHS – Emergency Health Services
ARBD – Alcohol-Related Birth Defects	ETOH – Ethyl Alcohol (major component of beverage alcohol)
ASC – Advertising Standards Canada	FAE – Fetal Alcohol Effects
BABES – Beginning Alcohol and Addictions Basic Education Studies (prevention program)	FAQ – Frequently Asked Questions
BAC – Blood Alcohol Concentration	FAS – Fetal Alcohol Syndrome
BAC – Brewers Association of Canada	FASD – Fetal Alcohol Spectrum Disorder
BAL – Blood Alcohol Level	FRC – FOCUS Resource Centre
BOPAO – Brew-on-Premise Association of Ontario	FSA – Family Service Association
CAB - Canadian Association of Broadcasters	HHRC – Heart Health Resource Centre
CAMH - Centre for Addiction and Mental Health	HRDC – Human Resources Development Canada
CAMY – Center for Alcohol Marketing and Youth	IMPACT – Impaired Minds Caused by Alcohol Causes Trauma (hospital-based injury prevention program)
CAS – Children's Aid Society	IP – Injury Prevention
CCAS - Catholic Children's Aid Society	ITDS – In The Driver's Seat
CCSA – Canadian Centre on Substance Abuse	LCBO – Liquor Control Board of Ontario
CDP – Chronic Disease Prevention	LLBO – Liquor Licence Board of Ontario (now AGCO)
CHC – Community Health Centre	LRDGs – Low-Risk Drinking Guidelines
CHP – Centre for Health Promotion	MADD – Mothers Against Drunk Driving
	MAP – Municipal Alcohol Policy
	MCBS – Ministry of Consumer and Business Services

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MHP – Ministry of Health Promotion
MOH – Medical Officer of Health
MoHLTC - Ministry of Health and Long-Term Care
MTO – Ministry of Transportation, Ontario
MVC – Motor Vehicle Collision
MVI - Motor Vehicle Injury
NPO – Non-Profit Organization
NGO – Non-Governmental Organization
NRC – Nutrition Resource Centre
OCCID – Ontario Community Council on Impaired Driving
ODAP – Ontario Drug Awareness Partnership
OFSC – Ontario Federation of Snowmobile Clubs
OHPE – Ontario Health Promotion E-Bulletin
OHPRS - Ontario Health Promotion Resource System
OIPRC—Ontario Injury Prevention Resource Centre
OMA – Ontario Medical Association
OPC – Ontario Prevention Clearinghouse
OPHA – Ontario Public Health Association
Ophea – Ontario Physical Health Education Association
OPP – Ontario Provincial Police
OSAB – Ontario Substance Abuse Bureau
OSPID – Ontario Students Against Impaired Driving
OSDUS – Ontario Student Drug Use Survey (CAMH publication)
PAD – Parent Action on Drugs
PAL – Partner Alcohol Liability (insurance)
PARTY – Preventing Alcohol-Related Trauma in Youth
PHN – Public Health Nurse

PHRED – Public Health Research Education and Development
PHU – Public Health Unit
PSA – Public Service Announcement
RIDE – Reduce Impaired Driving Everywhere
SANO – Substance Abuse Network of Ontario
SAP – Substance Abuse Prevention
SOP – Special Occasion Permit (issued by Alcohol & Gaming
Commission of Ontario for licensed events)
SPC – Social Planning Council
STATSCAN – Statistics Canada (federal agency)
STOP – Snowmobile Trail Officer Patrol
TAID – Take Action on Impaired Driving
THCU – The Health Communication Unit
TIRF – Traffic Injury Research Foundation
VIP – Vehicle Impoundment Program
WCO – Wine Council of Ontario
WHO – World Health Organization

For a more comprehensive, online version, please visit
www.apolnet.ca/IndexOfTerms.html

For additional acronyms consult the Alcohol and Other Drug
Thesaurus from the US National Institute on Alcohol Abuse and
Alcoholism (NIAAA) <http://niaaa.nih.gov/AODVol1/Aodthome.htm>

To suggest additions or corrections to this list, email
apolnet@opha.on.ca.



Guide to On-Line Research & Statistics

Below is a short guide to injury and substance abuse prevention research and statistics on the web. Selected International and US resources are also included for comparison purposes. Although updated annually, links may still become broken or invalid over time. Detailed contact information is included in Section 3, Additional Contacts. For a more comprehensive list, visit the Alcohol Policy Network at www.apolnet.ca. Note: PDF Documents require Adobe Acrobat Reader on your computer.

CANADA

Advertising Standards Canada

- Advertising Complaints Report
www.adstandards.com/en/index.asp

Alcohol and Gaming Commission of Ontario

- Annual Report
www.agco.on.ca/en/d.publications/d5.report.html
- Licence Line
www.agco.on.ca/en/d.publications/d2.licence.html

Alcohol Policy Network

- Alcohol Research Digest www.apolnet.ca

Association of Canadian Distillers

- Statistics www.acd.ca/eng/InfoCentre/statistics.htm
- Provincial Fact Sheets
www.acd.ca/eng/InfoCentre/factsheets.htm

Association of Workers' Compensation Boards of Canada

- National Work Injury Statistics Program Data Request
www.awcbc.org/en/nationalworkinjuriesstatisticsprogramwisp.asp
- Work Injuries Publications
www.awcbc.org/en/print_page.asp?pagename=nationalworkinjuriesstatisticsprogramwisp.asp&

BC Injury Research & Prevention Unit

- www.injuryresearch.bc.ca

Brewers Association of Canada

- Statistics www.brewers.ca

Canadian Centre for Occupational Health & Safety

- Work Injury Statistics
www.ccohs.ca/oshanswers/information/injury_statistics.html
- CanOSH Statistics, www.canoshweb.org/en/statistics.html

Canadian Centre on Substance Abuse

- www.ccsa.ca/
- Alcohol & Other Drug Statistics

www.ccsa.ca/Eng/Statistics/Canada/Pages/StudentStatistics.aspx

- Canadian Profile: Alcohol, Tobacco and Other Drugs, 1999 (Sep 1999)
www.ccsa.ca/Eng/Statistics/Canada/Pages/CanadianProfile1999.aspx
- The Costs of Substance Abuse in Canada, 2002
www.ccsa.ca/2006%20CCSA%20Documents/ccsa-011332-2006.pdf

Canadian Council on Social Development

- Cultural Diversity Research Reports & Articles
www.ccsd.ca/subsites/cd/docs.htm
- Statistics www.ccsd.ca/facts.html

Canadian Institute for Health Information

- Quick Stats; Research & Reports
<http://secure.cihi.ca/cihiweb/splash.html>
- National/Ontario Trauma Registry Reports & Statistics
secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=reports_e

Canadian Medical Association Journal

- Alcohol "on board," man overboard — boating fatalities in Canada (1998)
<http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1229562&blobtype=pdf>
- Binge drinking during pregnancy: Who are the women at risk? (1997) www.cmaj.ca/cgi/reprint/156/6/807.pdf
- The effect of legislation on the use of bicycle helmets (2002)
www.cmaj.ca/cgi/reprint/166/5/592.pdf
- Fetal alcohol syndrome epidemic on Manitoba reserve (1997)
www.cmaj.ca/cgi/reprint/157/1/59.pdf
- Hockey injuries of the spine in Canada, 1966–1996 (2000)
www.cmaj.ca/cgi/reprint/162/6/787.pdf
- Injuries associated with the farm harvest in Canada (1998)
www.cmaj.ca/cgi/reprint/158/11/1493.pdf
- A population-based study of potential brain injuries requiring emergency care (2001)
www.cmaj.ca/cgi/reprint/165/3/288.pdf
- Snowboarding injuries: hitting the slopes (2001)
www.cmaj.ca/cgi/reprint/164/1/88.pdf
- Substance abuse and developments in harm reduction (2000)
www.cmaj.ca/cgi/reprint/162/12/1697.pdf
- Suicide Among Manitoba's Aboriginal Peoples, 1988-1994 (1997) www.cmaj.ca/cgi/reprint/156/8/1133.pdf



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- The relative risks and etiologic fractions of different causes of death and disease attributable to alcohol, tobacco and illicit drug use in Canada in 1995 (2000)
www.cmaj.ca/cgi/reprint/162/12/1669.pdf

Canadian Agricultural Safety Association

- Canadian Agricultural Injury Surveillance Program, Farm Fatalities and Injuries, www.casa-acsa.ca/english

Canadian Radio-television and Telecommunications Commission (CRTC)

- Number of alcohol ads and alcohol-related educational messages aired annually in Canada. Available on request
www.crtc.gc.ca

Canadian Red Cross

- Drowning Report (2001)
www.redcross.ca

Centre for Addiction and Mental Health

- CAMH Publications and Surveys
www.camh.net/Publications/index.html
- CAMH Education Services and Resources
www.camh.net/Education/index.html
- CAMH Public Policy Papers
www.camh.net/Public_policy/index.html
- CAMH Population Studies Monthly e-bulletins.
www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/eBulletins/research_population_ebulletins.html
- Publications on Youth and Addictions
www.camh.net/Publications/CAMH_Publications/youth_publications/index.html

Correctional Services Canada

- Research, www.csc-scc.gc.ca/text/rsrch-eng.shtml

The Fraser Institute

- Privatization of Liquor Retailing in Alberta (2003)
www.fraserinstitute.org/researchandpublications/publications/2789.aspx

Health Canada

- Canadian Cancer Statistics 2002,
www.cancer.ca/Canadawide/About%20cancer/Cancer%20statistics.aspx?sc_lang=en
- Chronic Diseases in Canada,
www.hc-sc.gc.ca/dc-ma/index-eng.php
Trends in the Health of Canadian Youth
www.hc-sc.gc.ca/hl-vs/jfy-spv/youth-jeunes-eng.php
Toward a Healthy Future. Statistical Report on the Health of Canadians, 1999
www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/index-

[eng.php](#)

Human Resources and Skills Development Canada

- www.hrsdc.gc.ca/eng/home.shtml

Institute for Work and Health

- Fact Sheets and Backgrounders www.iwh.on.ca

Liquor Control Board of Ontario

- Annual Report www.lcbo.com

Mothers Against Drunk Driving (MADD) Canada

MADD Library

www.madd.ca/english/research/index.html

Ontario Injury Prevention Resource Centre

- Injuries Among Seniors in Ontario
www.oninjuryresources.ca/publications/misc/injuries_among_seniors_in_ont.html
- Ontario Injury Compass
www.oninjuryresources.ca/Information%20Sharing/ontario_injury_compass.html#more
- Catalogue of Best Practices
www.oninjuryresources.ca/Information%20Sharing/best_practices/
- Toolkit of Evaluation Methods and Measures
www.oninjuryresources.ca/Information%20Sharing/toolkit_of_evaluation_methods/

Ontario Legislative Library

- The Social Consequences of Privatizing Liquor and Beer Stores (1997)
www.onlta.on.ca/library/repository/mon/1000/10267288.htm

Ontario Ministry of Tourism, Culture and Recreation

- Injuries incurred by Ontario residents during participation in sport and other physical recreation activities (1996)
www.culture.gov.on.ca
- Serious and catastrophic sport/recreational injuries (1993)
www.culture.gov.on.ca

Ontario Ministry of Health and Long-Term Care

- Funded Research Programs www.gov.on.ca/health



Ontario Ministry of Transportation

- Ontario Road Safety Annual Report (1993-2000)
www.mto.gov.on.ca/english/safety/orsar

Ontario Public Health Association

- Issue-specific Resources
www.opha.on.ca/resources/topics.shtml

Public Health Research, Education and Development (PHRED)

- www.phred-redsp.on.ca/

SMARTRISK

- Risk Navigator www.smartrisk.ca
- Economic Burden of Injury in Ontario, 2006
www.oninjuryresources.ca/downloads/Ontario_Economic_Burden_of_Injury.pdf

Statistics Canada

- www.statcan.gc.ca/start-debut-eng.html
- Control and sale of alcoholic beverages
www.statcan.gc.ca/bsolc/olc-cel/olc-cel?lang=eng&catno=63-202-X
- Family Violence in Canada: A Statistical Profile (2002)
www.statcan.ca/english/IPS/Data/85-224-XIE.htm See also
www.statcan.ca/Daily/English/020626/d020626a.htm
- Health Status of Canada's Immigrants (2002)
www.statcan.ca/Daily/English/020919/d020919a.htm
- Impaired Driving, 1998 (1999)
www.StatCan.CA/Daily/English/991117/d991117a.htm
- Crime Statistics 2001, incl. Impaired Driving (Jul 2002)
www.statcan.ca/Daily/English/020717/d020717b.htm
- Longer Working Hours and Health (Nov 1999)
www.statcan.ca/Daily/English/991116/d991116b.htm
- Moderate Alcohol Consumption and Heart Disease (Oct 2002)
www.statcan.ca/Daily/English/021003/d021003a.htm

National Population Health Survey, 1997

- www.statcan.ca/english/survey/household/health/health.htm

Toronto Public Health

- www.toronto.ca/health/
- Drug Use in Toronto Report, Research Group on Drug Use (2000)
www.city.toronto.on.ca/drugcentre/rqdu00/rqdu1.htm
- Traffic Injury Research Foundation
- www.trafficinjuryresearch.com/main.php
- Road Safety Monitor 2003: Drinking and Driving,
www.trafficinjuryresearch.com/publications/PDF_publications/RSMonitor_2003_DD.pdf

Transport Canada

- Research and Statistics, www.tc.gc.ca/research/menu.htm

Other - Canada

- Regional Coroner for Toronto, A report on cycling fatalities in Toronto, 1986 – 1998, Recommendations for reducing cycling injuries and death, (July 1998)
www.city.toronto.on.ca/cycling/coroner_index.htm
- Toronto Cancer Prevention Coalition, Alcohol Work Group Report,
www.city.toronto.on.ca/health/resources/tcpc/index.htm

UNITED STATES

- Bicycle & Helmet Safety Institute Statistics,
www.bhsi.org/#stats
- Bureau of Justice Firearms and Crime Statistics,
www.ojp.usdoj.gov/bjs/guns.htm
- Centers for Disease Control and Prevention, Data & Statistics, www.cdc.gov/scientific.htm
- Center for Science in the Public Interest, Alcohol & Youth: A Guide to the National Surveys
www.cspinet.org/booze/natlsurveys.htm
- Center on Alcohol Marketing and Youth Research Reports,
<http://camy.org/research>
- College Alcohol Study Research, Harvard School of Public Health www.hsph.harvard.edu/cas/Allindex.html
- Department of Labor Injuries, Illnesses and Fatalities
www.bls.gov/iif/home.htm
- Guide to Community Prevention Services. Systematic Reviews and Evidence-based Recommendations
www.thecommunityguide.org
- (The) Higher Education Centre Publications
www.higheredcenter.org/services/publications
- National Centre for Injury Prevention & Control Scientific Data, Surveillance, & Injury Statistics
www.cdc.gov/ncipc/osp/data.htm
- National Institutes of Health and The National Institute on Alcohol Abuse and Alcoholism, www.niaaa.nih.gov/
- SAMHSA, Substance Abuse & Mental Health Statistics,
www.drugabusestatistics.samhsa.gov

INTERNATIONAL

- Injury Statistics (NZ) www.stats.govt.nz/default.htm
- Alcohol & Public Health Research Unit (New Zealand)
www.aphru.ac.nz/publications/index.htm
- Eurocare - Advocacy for the Prevention of Alcohol Related Harm in Europe, www.einet.net/review/99444-520963/Eurocare_Advocacy_for_the_Prevention_of_Alcohol_Related_Harm_in_Europe.htm
- Research Centre for Injury Studies Publications (Australia)



<http://www.nisu.flinders.edu.au/>

- World Bank, Road Safety
www.worldbank.org/html/fpd/transport/roads/safety.htm

WORLD HEALTH ORGANIZATION

- Global Status Report on Alcohol (2004)
www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf
- Global Status Report on Alcohol and Young People (2001)
http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.1.pdf
- Injury: A Leading Cause of Global Burden of Disease (2000)
www.who.int/violence_injury_prevention/publications/other_injury/injury/en/index.html
- Substance Abuse Reports www.who.int/substance_abuse
- Suicide Prevention www.who.int/mental_health/prevention/en/
- World Health Report www.who.int/whr/en

Excerpt from the Ontario Public Health Standards: PREVENTION OF INJURY AND SUBSTANCE MISUSE¹⁷

Website:

www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf

Released: October 31, 2008.

GOAL: To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

SOCIETAL OUTCOMES

- Community partners¹⁸ have the capacity to create safe and supportive environments where people live, work, play, and learn.
- Members of the public have an increased capacity to prevent injury and substance misuse.
- There is change in the public's cultural norms towards viewing injuries as predictable and preventable.
- Sustained behaviour change by the public contributes to the prevention of injury and substance misuse.
- An increased proportion of the public lives in safe and supportive environments.
- There is reduced incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths.
- There is reduced incidence and severity of substance misuse and substance-related injuries, hospitalizations, disabilities, and deaths.

BOARD OF HEALTH OUTCOMES

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the prevention of injury and substance misuse.
- There is an increased awareness of community partners about the factors associated with injury and substance misuse required to inform program planning and policy development, including the following:
 - Community health status;
 - Risk, protective, and resiliency factors; and
 - Impact.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of injury and substance misuse.
- Community partners are engaged in the prevention of injury and substance misuse.
- The public is aware that the majority of injuries are predictable and preventable.
- The public is aware of the risk, protective, and resiliency factors associated with injury and substance misuse.
- The public is aware of the impact associated with injury and substance misuse.

¹⁷ Substance misuse refers to the harmful use of any substance, such as alcohol, a street drug, an over-the-counter drug, or a prescribed drug. The program name has been changed to more clearly articulate the need to address the prevention of the adverse health outcomes associated with substance use, the illegal use of alcohol and other substances (e.g., preventing alcohol from being served to minors and preventing illegal drug use), and delaying the age of initial use of alcohol and other substances. Prevention efforts would include the implementation of harm reduction strategies (i.e., any program or policy designed to help reduce substance-related harm without requiring the cessation of substance use).

¹⁸ Community partners may include but are not limited to non-governmental organizations; governmental bodies; school boards and/or staff, school councils, and students of elementary, secondary, and post-secondary educational settings; parents; employers and employees in workplace settings; other stakeholders, etc.

- Priority populations have the capacity to prevent injury, substance misuse, and associated harms.
- The public is aware of current legislation related to the prevention of injury and substance misuse.

ASSESSMENT AND SURVEILLANCE

Requirement

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the proposed *Population Health Assessment and Surveillance Protocol, 2008*¹⁹ (or as current), in the areas of²⁰:

- Alcohol and other substances;
- Falls across the lifespan;
- Road and off-road safety; and
- Other areas of public health importance²¹ for the prevention of injuries.

HEALTH PROMOTION AND POLICY DEVELOPMENT

Requirements

2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following:

- Alcohol and other substances;
- Falls across the lifespan;
- Road and off-road safety; and may include
- Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the proposed *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by:

- a. Collaborating with and engaging community partners;
- b. Mobilizing and promoting access to community resources²²;
- c. Providing skill-building opportunities; and
- d. Sharing best practices and evidence for the prevention of injury and substance misuse.

4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas:

- Alcohol and other substances;
- Falls across the lifespan;
- Road and off-road safety; and may include
- Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the proposed *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

These efforts shall include:

- a. Adapting and/or supplementing national and provincial health communications strategies; and/or
- b. Developing and implementing regional/local communications strategies.

¹⁹ Refer to Foundational Standard for this protocol.

²⁰ The broad topic areas include alcohol and other substances (i.e., including alcohol misuse, drinking and driving, illicit substance use), falls across the lifespan (i.e., including falls in children, youth, adults, and older adults), and road and off road safety (i.e., including motorized vehicles, pedestrians, cyclists, drivers, and occupants).

²¹ Other areas of public health importance related to prevention of injuries and substance misuse may include violence, suicide, burns, drowning, farm injuries, poisonings, scalds, suffocation, sport and recreation, and playground safety. The assessment, planning, delivery, and management for other areas of public health importance would be based on local epidemiology and evidence of effective interventions.

²² Community resources may include, but are not limited to volunteers, coalitions, stakeholders, and access to safety equipment.

HEALTH PROTECTION

Requirement

5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation²³ related to the prevention of injury and substance misuse in the following areas:

- Alcohol and other substances;
- Falls across the lifespan;
- Road and off-road safety; and may include
- Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the proposed *Population Health Assessment and Surveillance Protocol*, 2008 (or as current).

²³ Legislation includes municipal by-laws (e.g., community safety zones), provincial legislation (e.g., mandatory child car seats under the Highway Traffic Act), and federal legislation (e.g., ban on baby walkers under the Hazardous Products Act) that support prevention of injury and substance misuse.



Ontario Physical & Health Education Association

1 Concorde Gate, Suite 608, Toronto, ON, M3C 3N6
Tel: 416-426-7120; Toll Free: 1-888-446-7432; Fax: 416-426-7373
Email: info@ophea.org Website: <http://www.ophea.net/>

Ontario Physical and Health Education Association (OPHEA) is a not-for-profit organization dedicated to supporting school communities through advocacy, quality programs and services, and partnership building. OPHEA is led by the vision that all children will value, participate in, and make a lifelong commitment to active, healthy living. OPHEA manages the Curriculum and School-Based Health Resource Centre as part of the Ontario Health Promotion Resource System. Through its Health and Physical Education Curriculum Implementation Support Plan, OPHEA strives to increase knowledge and skills among those in a position to influence the lifestyles of Ontario's children and youth through the implementation of quality Health and Physical Education programs.

The OPHEA H&PE Curriculum Implementation Supports include the following components: outreach and education, resource development and dissemination, training and support, and networking and partnership-building. Specific examples include the H&PE Curriculum Support Documents, workshops and consultations, all of which are designed to increase the knowledge and skills of educators, through the implementation of quality health and physical education programs.

OPHEA's Take Action initiative offers a school-based approach to address the use and abuse of tobacco, alcohol, cannabis and other drugs as they relate to chronic disease prevention and to overall health. These resources provide a foundation for youth to make healthy lifestyle choices and develop problem-solving and decision-making skills. Supported by the Comprehensive School Health approach, the Take Action initiative supports classroom-based instruction and provides tips and tools to address the development of social supports, social services and a healthy physical environment for Ontario's youth. These resources build upon and enhance the information and content provided through the core Health and Physical Education Curriculum Implementation support documents.

Injury Prevention Priorities for Ontario

In 1992, the Ontario Public Health Association (OPHA) identified the following four priority themes for injury prevention in Ontario:

- Prevention of motor vehicle traffic injury (MVTI) in the 16-24 year age group;
- Prevention of passenger and driver MVTI through increased restraint use and decreased incidence of drinking and driving;
- Prevention of cyclist injury in the 5-15 year age group;
- Prevention of falls in the elderly through the identification and reduction of related risk factors.

In the years that followed a number of key documents have continued to underscore the issue of injury in the province, and the need for strategic action to prevent them.

Chief Medical Officer of Health Report on Injury

On November 19, 2002, during the OPHA annual conference, the Chief Medical Officer of Health for Ontario released its annual report, entitled *Injury: Predictable and Preventable*. The report focuses on the burden of injury in Ontario, multiple risk factors, challenges in prevention, strategies for prevention, and looked at future recommendations. To download a copy, visit www.gov.on.ca/health

Injuries in Ontario: ICES Atlas

In September of 2005, the Institute for Clinical and Evaluative Sciences issued an atlas of injury data for the province of Ontario. This report graphically illustrates the geographic distribution of injuries across the Province, and across the lifespan. It revealed that every 30 seconds someone visits an Ontario emergency department with an injury, and that every 10 minutes one of those injuries will be considered severe enough to require hospital admission. Visit www.ices.on.ca to download a copy.

The Economic Burden of Injury in Ontario

In 2006, SMARTRISK released a revision and expansion to its 1999 *Economic Burden of Unintentional Injury in Ontario*. This report highlighted the tremendous burden—more than \$5.7 Billion annually—that injury costs the province of Ontario in terms of both direct medical costs, and indirect costs due to lost productivity. The report further highlights costs associated with intentional and unintentional injuries, injuries associated with alcohol use, and injuries resulting from physical activity. The

report called for a comprehensive provincial injury prevention strategy. Download a copy from www.OnInjuryResources.ca

Ontario's Injury Prevention Strategy: Working Together for a Safer, Healthier Ontario

In 2007, The Ministry of Health Promotion released this document, the result of a consultative process with many government ministries and leading injury prevention experts from many organizations. The report presents a strategic framework for addressing the province's injury epidemic, identifying core principles, approaches, settings, levers and resulting strategic directions of: Community Partnerships and Mobilization, Public Education and Engagement, Safe Environments, and Health Public Policy. It also highlights several preliminary activities being conducted in partnership with leading injury prevention organizations. Download a copy from www.HealthyOntario.com.

Ontario Public Health Standards

On April 30, 2007, the Program Standards Technical Review Committee (TRC) achieved its mandate and submitted its final draft of the Ontario Public Health Standards for government consideration. The Ontario Public Health Standards were released in November 2008. These standards include priorities for Injury and Substance Misuse Prevention with provincial priorities established as: falls across the lifespan, road and off-road safety, and alcohol and other substances. Download a copy from www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html

The Ontario Injury Prevention Resource Centre

In 2004/05 Ministry of Health and Long-Term Care, Public Health Division, Chronic Disease Prevention & Health Promotion Branch contracted with SMARTRISK to create the Ontario Injury Prevention Resource Centre (OIPRC) to support public health practitioners and other injury prevention stakeholders in the province. The OIPRC is a member of the Ontario Health Promotion Resource System (OHPRS), a network of organizations dedicated to building capacity for health promotion in Ontario. In 2005/06 OIPRC became a joint project of SMARTRISK and the Ontario Public Health Association. At the same time, the government management of the OIPRC contract was moved to the new Ministry of Health Promotion.

The mandate of the resource centre is to enhance the capacity of public health injury prevention practitioners and their community partners to implement comprehensive multi-risk factor, community-

based injury prevention programs. Collaborating with a Provincial Advisory Committee ensures the implementation of this mandate. Like all members of the OHPRS, the OIPRC has eight core function areas, including:

- Planning
- Evaluation & Research
- System Coordination and Maintenance
- Consultation
- Training
- Information and Knowledge Exchange
- Networking
- Referral

The OIPRC has an advisory committee consisting of representatives of key provincial, injury-prevention stakeholders including public health managers and staff, government and OPHA, and other injury prevention organizations based in the province. The Advisory Committee serves a strategic advisory role to the Ontario Injury Prevention Resource Centre. The group acts as a forum for sharing provincial strategies, identifying needs, and connecting to the Ontario Health Promotion Resource System.

Priorities for the OIPRC

The OIPRC priorities for 2009/10 are provided by injury prevention practitioners, the Ministry of Health Promotion, the 2008 Ontario Public Health Standards for Prevention of Injury and Substance Misuse, the OPHA, and OIPRC's Advisory Committee. Based on results of our needs and capacity survey conducted with key stakeholders in 2008/09, our priorities for 2009/10 are to continue to increase the knowledge, skill, and confidence level of injury prevention practitioners in program

evaluation and priority setting, to provide injury data and networking support, and to collaborate with health promotion and injury prevention organizations in establishing best-practices for injury prevention. The identified injury priorities within the 2008 Ontario Public Health Standards include the prevention of injuries from motor vehicle incidents both on and off-road, the prevention of falls across the lifespan, and the prevention of injuries from the misuse of alcohol and other substances. OIPRC will continue to be engaged with the Ontario Public Health Managers Alliance and injury practitioners to support the standards.

Plans for 2009/10

OIPRC plans for 2009/10 include:

- Responding to consultation requests by phone, email and personal contact, with particular emphasis on supporting local priority setting with appropriate data
- Providing training through 10 monthly sessions of the SMARTRISK Learning Series and three workshops each to communicate the Canadian Injury Prevention Curriculum and the Canadian Falls Prevention Curriculum
- Supporting networking through the Ontario Injury Prevention Practitioner's Network, the Northern Injury Prevention Practitioners Network, and the various discussion forums hosted on the OIPRC website.
- Sharing information through such channels as the monthly Ontario Injury Compass, bi-monthly Ontario Injury Spotlight, and the various resources made available through the website: www.oninjuryresources.ca including a catalogue of best-practices and a program evaluation toolkit.

About the Ontario Injury Prevention Resource Centre (OIPRC)

SMARTRISK

790 Bay Street, Suite 401, Toronto, ON, M5G 1N8

Tel: 416-977-7350 ■ Toll Free: 1-888-537-7777 ■ Fax: 416-596-2700

Email: info@oninjuryresources.ca ■ Web Site: www.oninjuryresources.ca

WHO WE ARE

The Ontario Injury Prevention Resource Centre is a non-profit network of organizations dedicated to building capacity for health promotion in Ontario. The Ontario Injury Prevention Resource Centre is operated by SMARTRISK and supported by The Ontario Public Health Association and the Government of Ontario.

OUR MANDATE

To enhance the capacity of public health injury prevention practitioners and their community partners to implement comprehensive, multi-risk factor, community-based injury prevention programs. The OIPRC collaborates with a Provincial Advisory Committee consisting of representatives from the Ministry of Health, OPHA, injury prevention stakeholders, and other injury prevention organizations based in Ontario to ensure the implementation of this mandate. (OIPRC) is a member of the Ontario Health Promotion Resource System.

OUR OBJECTIVES

- To increase the knowledge, skill, and confidence of injury prevention practitioners in the planning, implementation and evaluation of injury prevention initiatives in Ontario.
- To promote use of best practices for injury prevention within Ontario.
- To respond to priorities and needs of Ministry of Health Promotion and the injury prevention community.
- To help reduce morbidity and mortality associated with injuries in Ontario.

WHAT WE OFFER

- **Consultations** to support the needs of community injury prevention projects. Consultations may involve short training

sessions, advice on program planning, evaluation or research, feedback on plans or strategies and access to information and resources. Services are delivered via phone, electronically, in person or a combination of both. Sessions range from short, one-time contacts to longer sessions of a half-day or more.

- **Networking supports and referrals** to facilitate connecting those involved with injury prevention including a web-based discussion forum for injury prevention practitioners, and announcements of upcoming events, such as the **Ontario Injury Prevention Conference**. The Forum is aimed at promoting collaboration, sharing of information, best practices, joint planning and priority setting among colleagues.
- **Learning and training opportunities** for skill development in injury prevention including the **SMARTRISK Learning Series**, an education program designed to enhance the knowledge and skills of provincial injury prevention practitioners about **The Canadian Injury Prevention Curriculum**; and **The Canadian Falls Prevention Curriculum**.
- Resources and information on key injury prevention topics, population groups and approaches including an Evaluation Toolkit and a Catalogue of Best Practices. The Evaluation Toolkit provides easy access to useful knowledge and resources in planning and evaluating injury prevention programs, projects, and activities. The Catalogue of Best Practices is a listing interventions deemed to be best practices based upon a set of screening criteria developed by the Advisory Committee.
- Publications. Information is shared through our bi-monthly newsletter, The Ontario Injury Spotlight, and our monthly data report, The Ontario Injury Compass.

The Public Health Agency of Canada

Ontario/Nunavut Regional Office

180 Queen Street West, 11th Floor, Toronto, ON, M5V 3L7

Tel: (416) 973-0003; Fax: (416)973-0009

Mission

To promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health.

Vision:

Healthy Canadians and communities in a healthier world.

Values:

- Leadership
- Healthy Work Environment
- Ethical Behaviour
- Commitment to Excellence
- Dedication to Service

About the Public Health Agency of Canada

Strengthening its ability to protect the health and safety of Canadians, the Government of Canada has delivered on its commitment to establish a new Public Health Agency of Canada and appoint a Chief Public Health Officer.

The creation of the Public Health Agency of Canada marks the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and support a sustainable health care system.

Focused on more effective efforts to prevent chronic diseases, such as cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, the Public Health Agency of Canada works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system.

The Agency will be part of the public service and will be headed by the Chief Public Health Officer who will report to the Minister of Health. Health Canada will also report to the Minister of Health. Although separate, both will be members of the health portfolio and will work together to improve and protect the health of Canadians.

For more information please visit: www.phac-aspc.gc.ca/index-eng.php

The Ontario Health Promotion and Protection Agency

415 Yonge Street, Suite 1600, Toronto, ON, M5B 2E7

Tel: 647-260-7100; Fax: 647-260-7600

info@oahpp.ca

Called for by many experts following the SARS outbreak, the Agency will serve as a hub, linking researchers, practitioners and front-line health care workers to the best scientific intelligence from around the world. It will provide specialized scientific and technical advice and on-the-ground support to front-line health care workers, public health units and government. It will also serve as a model for bridging the two solitudes of infection control and worker safety. The agency, at the direction of Ontario's Chief Medical Officer of Health (CMOH), will also provide support in responding to health-related emergencies and outbreaks, such as SARS.

The Agency will provide technical and scientific assistance, rapid on-site field support (as needed), specialized communications and training, as well as standards input and practical tools from implementing best practices. One of the approved core functions of the Agency will be to provide laboratory services and scientific and laboratory expertise.

Modelled on successful centres in Europe, British Columbia, and Quebec, the Agency will bring academic, clinical, public health and government experts together to focus on the areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention and environmental health.

The Agency is a result of the government's commitment to **Operation Health Protection** which was launched post-SARS to kick-start the renewal of public health in Ontario.

Leadership Appointments

We continue to build our capacity to support improvements to Ontario's public health system across a number of fronts, including:

- Outbreak prevention and control
- Surveillance and epidemiology
- Health promotion, chronic disease prevention, injury prevention
- Occupational and environmental health
- Laboratory services and expertise

We are also building a solid governance and accountability framework for oversight of the **Ontario Agency for Health Protection and Promotion (OAHPP)** to ensure our organization is accountable to our stakeholders and people of Ontario. Finally, as a hub organization, creating our external relationships, partnerships, and our knowledge exchange and communications capacity will be essential to our success. A key part of that process is the development of our organizational infrastructure, including recruitment of our leadership team.

Ontario's Local Health Integration Networks

Website: <http://www.lhins.on.ca/>

About LHINs

What are LHINs?

Created by the Ontario government in March 2006, we are 14 not-for-profit corporations who work with local health providers and community members to determine the health service priorities of our regions. As Local Health Integration Networks (LHINs), we plan, integrate and fund local health services, including:

- Hospitals
- Community Care Access Centres
- Community Support Services
- Long-term Care
- Mental Health and Addictions Services
- Community Health Centres

We believe that a community's health needs and priorities are best understood by people familiar with the needs of our communities and the people who live there, not from those in offices hundreds of miles away.

What do LHINs do?

Prior to the formation of LHINs, health care services in Ontario were fragmented and many health care providers delivered care in isolation. Patients and their loved ones were forced to make their own way through a very complex health system as they moved from one health service provider to another.

LHINs were created to change all that. In March 2006, the Local Health System Integration Act, 2006 transformed the way our health care system is managed.

While we do not directly provide services, our mandate is to plan, integrate and fund health care services. As LHINs, we oversee approximately \$20.3 billion health care dollars.

We're all in this together

The health care system belongs to you; you are the ones who depend on it and who pay for it. Through your LHIN,

you now have the opportunity to get involved in the health care conversation, which gives you a chance to participate in decisions about the health care system in your community.

Make your voice heard

We want to hear from you! As LHINs, we want to hear about the needs and priorities for health care in our communities. Across all the LHINs in the province, we have set up a number of ways to invite you to become involved – from open board meetings to open houses. Check with your LHIN to see how you can become involved and make your voice heard.

Using health care dollars effectively

We strive to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come. The Ministry-LHIN Accountability Agreements (MLAA) were posted on the government's website in September 2008.

How we are governed

We operate as not-for-profit organizations governed by boards of directors who were appointed by the province after a rigorous skill and merit-based selection process. Each LHIN has nine board members. The board of directors is responsible for the management and control of the affairs of the LHIN and is the key point of interaction with the ministry.

CEOs were selected after an extensive search and selection process and report directly to the LHIN boards. To view new appointments or upcoming vacancies, please visit:

www.pas.gov.on.ca/

For more information please visit:

www.lhins.on.ca/home.aspx?LangType=4105

To find your LHIN please visit:

www.lhins.on.ca/FindYourLHIN.aspx?ekmense=e2f22c9a_72254_btnlink

Association Of Ontario Health Centres

Community-centred Primary Health Care

The Association of Ontario Health Centres (AOHC) is the policy and advocacy organization for non-profit, community-governed, multidisciplinary primary health care organizations. Our members are Ontario's **Community Health Centres, Aboriginal Health Access Centres and Community Family Health Teams.**

We believe that effective primary health care addresses the social determinants of health, including social inclusion, access to shelter, education, income and employment security, food and stable eco-systems. It encompasses primary care, illness prevention and health promotion, and uses a community development approach to building healthy public policy in supportive environments.

Our vision is rooted in a care model that provides comprehensive primary care services, delivered by interdisciplinary teams of professionals practicing within a health promotion framework. This means that by working with individuals, families, and groups we increase individual and group capacity in building health communities. In fact, we are a key source of community infrastructure through which to deliver a range of integrated community-based services and to respond to health-related community concerns. Our member centres are specialists in delivering primary health care that is integrated with other social and health services partners.

Our care model is highly effective for all Ontarians. At the same time, it is an especially important resource for people who encounter a diverse range of access barriers such as culture, ethnicity, geographical isolation, language, literacy, poverty, physical disabilities, and race.

Our Association engages in research, develops policy, and advocates in support of this community-centred primary health care model. Our member centres are located throughout the province and we work directly with communities who want community-centred primary health care.

Community-governed means accountability

The goal of the AOHC is simple - to ensure that more Ontarians have access to primary health care through community-governed health centres that are non-profit and publicly accountable.

Our centres are sponsored and managed by incorporated boards of directors, composed of clients, recognized community leaders, and respected health and social service providers.

Whether our centres grow in urban, rural, or remote areas, we advocate for a primary health care model that is accountable to the clients it serves, to the community, to the public, and to its funders. Together, we are working toward a sustainable, fully integrated health care system.

The right service at the right time by the right provider

We believe that the most effective way to provide primary health care is through integrated teams of community-focused professionals from all health disciplines. Our interdisciplinary teams provide care continuity and coordination.

Teams may include physicians, nurse practitioners, nurses, dietitians, health promoters, social workers, chiropractors, counsellors, spiritual healers, and others.

Unlike the traditional fee-for-service models, community-governed models of primary care pay salaries and benefits to physicians and other staff.

For more information please visit: www.aohc.org/

Alcohol Policy Priorities for Ontario

*The information below is based on the Alcohol Policy Briefing Note 2005, commissioned by the Alcohol Policy Network. It is available on-line at www.apolnet.ca/thelaw/policies/pol_briefingnote.pdf. In addition, *Priorities 2006: Developments in Alcohol Policy since 1996*, a new publication from the Alcohol Policy Network, is available for download at: www.apolnet.ca/resources/pubs/rpt_Priorities.html*

Alcohol policies are authoritative decisions made by governments and other leaders through laws, rules and regulations, and can be directed at individuals, populations, organizations, or systems. Policies may involve the implementation of a specific strategy with regard to alcohol problems, such as increasing alcohol prices, or the allocation of resources with regard to prevention or treatment efforts. A policy decision may increase harm from alcohol rather than reduce it.

Alcohol policy is particularly important in Ontario and other jurisdictions, since it has been shown to be a particularly powerful tool in reducing damage from alcohol. However, if there is low or passing attention to alcohol as a risk factor for traumatic events or chronic disease, it is a challenge to find the resources, institutional commitment, and social support to develop and implement effective alcohol policies. Therefore, alcohol must first be on the agenda before significant progress can be made in reducing the damage from high risk drinking through appropriate effective policy measures.

A recent WHO report by Thomas Babor and colleagues identified the following 10 policies where there was sufficient evidence to indicate that they have potential to either reduce consumption, modify drinking patterns to encourage lower risk drinking, and/or reduce harm associated with alcohol consumption:

- Minimum legal purchase age
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Alcohol taxes
- Sobriety check points
- Lowered BAC limits
- Administrative license suspension
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers

These 10 policies were selected after 31 policies were assessed on the following four criteria:

- evidence of effectiveness (quality of scientific information);
- the breadth of research support (quality and consistency of the evidence);
- tested across cultures (e.g. countries, regions, subgroups); and
- cost to implement and sustain (monetary and other costs).

There are a number of examples in Canada where these kinds of policies have been, or are being, implemented. Of particular interest is the drinking and driving arena where a number of effective interventions are in place or are being promoted at the national and provincial levels. Nevertheless, a number of challenges remain to be addressed. For example, there are no restrictions on outlet density and as the number of outlets is increased the size of the workforce to inspect premises and monitor sales typically does not keep pace. Hours and days of sale have been expanded in recent years. Also, more effort needs to be devoted to insuring that alcohol prices keep pace with cost of living, since it has been shown that the "real price" of alcohol is associated with both acute and chronic damage from drinking – as price declines the damage from alcohol tends to increase. In general, greater social support for the most effective policies would be a significant step forward, as would more efficient enforcement of these policies.

There are a number of challenges facing those who are interested in reducing the harm from alcohol through promoting effective policies, but they can be boiled down to two: getting alcohol on the agenda, and giving higher priority to the most effective interventions. Suggestions on how to cope with these challenges follows.

- A current challenge at the national and provincial levels is that of getting alcohol on the agenda – e.g. that all governments see alcohol as a risk factor in their health and safety risk prevention initiatives. A step forward would be the creation of a multi-

- sectorial time-limited task force to assess the situation and develop a plan for more effective prevention of alcohol-related problems.
- Opportunities for combining interventions and effective partnerships need to be further explored, and the relevant lessons from other arenas, e.g., the tobacco control experiences, provide a useful resource for developing and implementing effective alcohol policies.
- Much of government alcohol policy-making is still based mainly on commercial agendas. For example, the associations between increasing alcohol distribution and promotion and alcohol-related damage are typically not considered when policy decisions are made. Public health and safety experts should seek a place at the table at the early stages when policy initiatives are being discussed.
- An ongoing challenge is that of having both evidence of the damage from alcohol and studies of effectiveness of different interventions provide a stronger basis for priorities in alcohol policies and prevention practice. In short, higher priority needs to be given to the more effective alcohol policies.

For background information on alcohol regulation in Ontario visit the following link on the Alcohol Policy Network's site: www.apolnet.ca/thelaw/policies/bi_101.html

For up-to-date information on progress towards these and other alcohol-related policy priorities subscribe to the APOLNET Listserv at: www.apolnet.ca/news/listserv/subscribe.html.

Ontario's Low-Risk Drinking Guidelines (LRDGs)

maximize life, minimize risk

www.lrdg.net

0	All: <i>zero drinks</i> = lowest risk of an alcohol-related problem.
2	Healthy adult drinkers: No more than 2 <i>standard drinks</i> on any one-day.
9	Women: up to 9 <i>standard drinks</i> a week.
14	Men: up to 14 <i>standard drinks</i> a week.

In Canada, a standard drink contains 13.6 grams of alcohol, the amount in one 5 oz glass of wine (10-12% alcohol) *or* 1.5 oz of spirits (40% alcohol) *or* 3 oz of fortified wine (16-18% alcohol) *or* 12 oz of regular strength beer (5% alcohol).

Larger serving sizes, or drinks with a higher alcohol content, such as extra strength beer, coolers and some mixed drinks or cocktails, contain more than one standard drink.

If you don't already drink, don't start for health reasons.

If you do drink:

- avoid getting intoxicated or drunk
- wait at least one hour between drinks
- have something to eat
- drink non-alcoholic beverages such as water, soft drinks or juice

The Low-Risk Drinking Guidelines are for people of legal drinking age. They don't apply if you:

- Have health problems such as liver disease or mental illness.
- Are taking medications such as sedatives, painkillers or sleeping pills.
- Have a personal or family history of drinking problems, cancer or other risk factors for cancer.
- Are pregnant, trying to get pregnant or breastfeeding.
- Will be operating vehicles such as cars, trucks, motorcycles, boats, snowmobiles, all-terrain vehicles or bicycles.
- Need to be alert. For example, if you will be operating machinery or working with dangerous equipment.
- Will be doing challenging sports or other physical activities where you need to be in control.
- Are responsible for the safety of others.
- Are required not to drink for legal, medical or other reasons.

If you are concerned about how drinking may affect your health, check with a doctor or other health professional.

Tips for following these Guidelines:

- Know what a standard drink is.
- Keep track of how much you drink - daily and weekly.
- Never drink and drive - or ride with a drinking driver.
- Be a responsible host - encourage your guests to follow these Guidelines.
- Don't drink if you are pregnant or planning to have a baby.
- Talk to your kids about alcohol.
- Find out about programs and policies that support low-risk drinking.
- Talk to your local CAMH or public health office about developing an alcohol policy for your workplace, school or community organization.
- Talk to a health professional or call the CAMH 24-hour Information Line at 1-800-463-6273 (416-595-6111 in Toronto) if you have questions.

You may have heard that alcohol is good for you. What you may not have heard is that:

- The health benefits of alcohol apply mainly to people over the age of 45. A little goes a long way - one drink of beer, wine or liquor every other day is enough.
- For most people, more than two drinks a day does more harm than good.
- Women who have more than nine drinks a week have higher rates of cancer and other problems than women who drink less.
- Men who have more than fourteen drinks a week also have higher rates of alcohol-related problems.
- Young people have very low rates of heart disease but very high rates of alcohol-related injury and death.
- If you want to improve your health, you're far better off eating healthier, exercising, and giving up smoking, rather than starting to drink for health benefits.

To find out more about the Low Risk Drinking Guidelines, visit www.lrdg.net.

Frequently Asked Questions about the LRDGs

The Centre for Addiction and Mental Health (CAMH) holds the copyright of the Low-Risk Drinking Guidelines (LRDG) text. For more information, or to ensure the scientific accuracy of your LRDG materials, please contact Marianne Kobus-Matthews, 416-535-8501 ext. 4552.

Why were the Low-Risk Drinking Guidelines developed?

Many people have heard mixed messages about alcohol and health. The Low-Risk Drinking Guidelines help healthy adults make informed choices about drinking. The Guidelines include both daily and weekly drinking limits. They also describe drinking practices that balance the health benefits of alcohol while minimizing risks such as drinking and driving, injuries, suicide, violence, liver disease, alcohol dependence and certain types of cancer. The Low-Risk Drinking Guidelines are directed at the general population, not at special groups such as, pregnant women, youth or people who are alcohol dependent. They reinforce the drinking practices of the majority of Ontarians who comply with the combined daily and weekly drinking limits. They also try to moderate the drinking of 26% of current drinkers in Ontario who exceed the Guidelines.

Who developed the Low-Risk Drinking Guidelines?

The LRDGs were developed by a committee of medical doctors and researchers associated with the University of Toronto and the former Addiction Research Foundation, now part of CAMH. The committee was invited by the Ontario Ministry of Health to assess the scientific evidence and develop common Guidelines on low-risk drinking. The LRDGs are based on a comprehensive review of international research on alcohol and health. They were reviewed by the World Health Organization, the Mensana Corporation, the Canadian Centre on Substance Abuse and the National Centre for Research into the Prevention of Drug Use in Australia. Since their official release in October 1997, the Guidelines have been published in peer-reviewed journals such as the *Canadian Journal of Public Health* and endorsed by several organizations, including the Ontario Public Health Association and the Canadian Centre on Substance Abuse. The Ontario Ministry of Health's *Mandatory Health Programs and Services Guidelines* require public health units to promote the Low-Risk Drinking Guidelines through their injury and substance abuse prevention programs.

Why do the Guidelines set weekly drinking limits?

As average weekly alcohol consumption increases so does the risk of health problems such as diseases of the liver, pancreas and nervous system, as well as cancers of the upper respiratory and digestive systems, liver, colon and breast. At the same time, alcohol can lower the risk of stroke and ischemic heart disease in older adults. Men who consume fewer than 14 drinks a week on average are at lower risk of early death than abstainers. The risk of premature death begins to increase above 14 standard drinks a week for men and 9 standard drinks a week for women.

Why are the weekly drinking limits lower for women?

Women have lower gastric alcohol dehydrogenase activity and water content in the body than men. This means they can achieve higher blood alcohol levels when consuming the same amount of alcohol as men. There is also emerging evidence of an association between alcohol intake and breast cancer. Women, who are pregnant or planning to become pregnant, are advised not to drink in order to reduce the risk of having a baby with developmental delays or problems associated with fetal alcohol spectrum disorder. Alcohol has also been shown to be present in breast milk and can be passed on to the baby. For this reason, women are advised to avoid drinking alcohol during the months they are breastfeeding. However, if a woman does drink, it is recommended that she plan to feed the baby (breastfeed or pump breast milk) before she drinks.

Why do the Guidelines set daily drinking limits?

The number of drinks consumed daily is as important as the average number of drinks a week. A day of heavy drinking can have several adverse consequences. One is an increase in blood pressure, which affects the pumping action of the heart and increases the risk of stroke. In addition, as blood alcohol content (BAC) increases, so does the risk of preventable injury and death. For example, a driver with a BAC of .08 is three times more likely to be involved in a motor vehicle crash than a driver who hasn't been drinking.

Aren't there different daily drinking limits for problem drinkers?

In the case of problem drinkers, research has shown that men who limit themselves to four drinks a day and women who limit themselves to three drinks (slightly higher daily limits than the guidelines for the general public) consistently report fewer social, financial, work-related or legal problems linked to their alcohol use. Although there are many drinking guidelines in use, among the most popular are the ones developed by researcher Martha Sanchez-Craig. Intended for use in treatment settings, they advise women to restrict their drinking to 3 standard drinks on any day, and men to 4 standard drinks on any day. They also recommend at least one alcohol-free day and no more than 12 drinks a week. Finally they recognize instances when drinking is inadvisable for health or safety reasons. In 1997, the College of Family Physicians of Canada officially endorsed the Low-Risk Drinking Guidelines for the primary prevention of alcohol problems among the general population, and the Sanchez-Craig Guidelines for use with people whose drinking puts them at higher risk of alcohol problems (secondary prevention).

Impaired Driving Penalties in Ontario

	Consequences under the <i>Highway Traffic Act</i>	Minimum Penalties under the <i>Criminal Code</i>
First Offence	<ul style="list-style-type: none"> • 1 year minimum licence suspension* • Remedial measures requirement • Minimum 1 year ignition interlock condition upon reinstatement 	<ul style="list-style-type: none"> • 1 year driving prohibition • \$600 fine
Second Offence	<ul style="list-style-type: none"> • 3-year minimum licence suspension* • Remedial measures requirement • Minimum 3 years ignition interlock condition upon reinstatement 	<ul style="list-style-type: none"> • 2-year driving prohibition • 14-day jail sentence
Third Offence	<ul style="list-style-type: none"> • Lifetime licence suspension* (reducible to 10 years if remedial measures requirement and other conditions met) • Ignition interlock condition for life if suspension reduced 	<ul style="list-style-type: none"> • 3-year driving prohibition • 90-day jail sentence
Fourth and Subsequent Offence	<ul style="list-style-type: none"> • Lifetime licence suspension* • No possibility of reinstatement 	<ul style="list-style-type: none"> • Same as third offence

* Drivers convicted of an impaired driving offence committed on or after December 23, 2001 are subject to ignition interlock requirements. For more information about ignition interlock, please contact the Ministry of Transportation of Ontario at 1-800-387-3445 or 416-235-2999. For installation, please call Guardian Interlock Systems at 1-866-OK-TO-DRIVE or 1-866-658-6374. For more information on remedial programming, please call: 1-888-814-5831 or 416-595-6593 in Toronto.

Immediate Licence Suspension

Drivers who provide a sample over the legal limit (.08) or refuse a breath test will have their driver's licence suspended immediately for 90 days under Ontario's Administrative Driver's Licence Suspension (ADLS) Program. This 90-day suspension is separate and distinct from any criminal charges a driver faces in court.

Vehicle Impoundment & Fines

As of February 16, 1999, individuals caught driving while their licence is suspended for a *Criminal Code* conviction may have the vehicle they are driving - whether they own it or not - seized for a minimum of 45 days. They may also face fines ranging from \$5,000 to \$50,000 if convicted for driving while licence is suspended. Owners of impounded vehicles are responsible for towing and storage costs (\$1,800).

Ignition Interlock Program

As of December 23, 2001, individuals who are convicted of an impaired driving offence under the *Criminal Code of Canada* are subject to Ontario's Ignition Interlock Program. After serving the current provincial sanctions, including licence suspensions and a mandatory remedial program, those eligible to have their licence reinstated will have an ignition interlock condition placed on their Ontario driver's licence for at least one year, with longer terms for repeat offenders. This condition requires *any* vehicle they drive to be equipped with an approved ignition interlock device. Drivers who choose not to install a device must not drive until the condition is removed from their licence. The program does not apply to fourth-time offenders, as their licence will never be reinstated. Drivers convicted of driving without an ignition interlock device or tampering with the device will face fines ranging from \$200-\$20,000 for commercial vehicles and \$200-\$1,000 for other motor vehicles and have their ignition interlock period extended for a minimum of 1 year (1st time offenders).

Driving Record

Driving-related *Criminal Code* convictions remain on a driver's record for at least 10 years. Individuals convicted of impaired driving after September 30, 1993 must be conviction-free for a minimum 10 years before they are considered to have a clean driving record.

Graduated Licensing

Graduated licensing went into effect in Ontario on April 1, 1994. Among other things, it requires novice drivers to maintain a zero Blood Alcohol Concentration (BAC) at all times while behind the wheel. Drivers in the graduated licensing system who breach this condition are subject to a 30-day licence suspension as well as a fine. They are also subject to the federal and provincial penalties outlined above if their BAC is above the legal limit.

For more info visit the Ontario Ministry of Transportation website at www.mto.gov.on.ca/english.

Other Jurisdictions

For information on the Impaired Driving Penalties in other parts of Canada please visit: www.apolnet.ca/thelaw/law_legislation and click on the province of interest.