

**TORONTO CANCER PREVENTION COALITION  
ACTION PLAN FOR CANCER PREVENTION IN THE CITY OF TORONTO AND STRATEGIES DEVELOPED  
THROUGH THE MAY 1, 2002 ROUNDTABLES TO IMPLEMENT THE ACTION PLAN**

<b>Framework for Implementation From Roundtables May 2002</b>				
<b>Risk Factor: Alcohol</b>				
<b>Action Plan – May 2001</b>	<b>Action Proposed From Framework - May 2001</b>	<b>Examples of Progress to Date</b>	<b>Strategies Developed Through May 2002 Roundtables - New Framework, May 2002</b>	
<p>9. Because the risk of cancer increases with the amount of alcohol consumed, the City of Toronto should support restricted access to alcohol, by advocating for:</p> <p>a) continued, rigorous government control of sales and services, advertising and promotion;</p> <p>b) prices and taxes that encourage low- risk drinking; and,</p> <p>c) mandatory server training for all alcohol licensees, in order to minimize high-risk alcohol consumption among patrons of these premises.</p>	<p>- monitor alcohol promotion in the City of Toronto and advocate for healthy alternatives to sales and promotion practices that increase access to alcohol and promote high risk drinking.</p> <p>- facilitate mandatory server training for all licensees including special occasion permit holders.</p> <p><u>Timetable:</u> status report at 12 months, ongoing initiative, onitor and assess annually.</p>	<p>TPH continues to work on advocacy and education. Has developed position papers (i.e. position paper on LCBO expansion, adopted by BOH and other organizations). As a member of the Association to Reduce Alcohol Promotion in Ontario (ARAPO), TPH monitors and responds to emerging alcohol advertising and sponsorship issues.</p>	<p>The Alcohol Roundtable developed the following strategies requesting the Board of Health to:</p> <ol style="list-style-type: none"> <li>1. Foster a wider interest in alcohol policy - as the most effective strategy to reduce alcohol-related problems – so that it is on the municipal, provincial, and national agendas, and that healthy public policies with respect to alcohol are supported and promoted.</li> <li>2. Advocate for controls and regulations and their enforcement that restrict access to alcohol.</li> <li>3. Monitor and address the impact of international, national and provincial changes in alcohol trade and alcohol policy on the ability of the municipal government to control alcohol-related problems.</li> </ol>	

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<p>10. The City of Toronto, working with Public Health, should support dissemination of accurate and current information to the public about the link between drinking and cancer by:</p> <p>a) explicitly recognizing alcohol as a risk factor and outlining related prevention activities;</p> <p>b) endorsing, and educating Toronto residents about, the Low-Risk Drinking Guidelines -- which set a daily upper limit of two standard drinks, with a weekly maximum of 14 for men and 9 for women;</p> <p>c) working with community partners and other levels of government to achieve these goals.</p>	<p>- provide information to the Board of Health about cancer-related risks and work with the Board and City staff to develop a detailed action plan to disseminate this information, and distribute the Low-Risk Drinking Guidelines.</p> <p>- develop a “best advice” document about alcohol and cancer which indicates the risks and offers harm and risk reduction options, including low-risk drinking.</p> <p>- work with the agencies noted in 10a and 10b in disseminating this information particularly among high risk groups and populations. <u>Timetable:</u> Status report at 12 months, two year initiative evaluate in two years.</p>	<p>TPH has representative on Low Risk Drinking Guidelines (LRDG) Committee; Development of LRDG materials for use at MAP events.</p> <p>- participated in discussions with Cancer Care Ontario and the Centre for Addiction and Mental Health regarding the development of a Systematic Literature Review and Best Advice on Alcohol and Cancer.</p>	<p>4. Work with CAMH to develop a framework for evaluating the City’s Municipal Alcohol Policy.</p> <p>5. Continue to support the promotion of the Low Risk Drinking Guidelines (LRDG) and Municipal Alcohol Policies (MAPs) locally and ensure that the necessary resources are made available to support these initiatives.</p> <p>6. Advocate for the necessary resources to address alcohol-related problems (i.e. from health promotion and prevention, to treatment and harm reduction initiatives across the City and across the province).</p> <p>7. Request the Medical Officer of Health (MOH) to develop a report (similar to or as part of, the current Drug Use in Toronto report) to be produced every two years in order to monitor alcohol use in the City of Toronto.</p>	
<p>11. The City of Toronto should support targeted education to reduced alcohol-related cancer risk by:</p> <p>a) encouraging the Toronto School</p>	<p>- work with Toronto School Boards to develop/upgrade and implement an effective health education program which includes core material on alcohol-related risks.</p>	<p>- TPH addresses low-risk drinking in work with adolescents.</p> <p>- TPH participated in</p>		

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<p>Boards to build into health education programs, strategies that delay the onset of drinking among youth and promote low-risk drinking practices;</p> <p>b) working with government, community and professional organizations to explicitly recognize alcohol as a risk for cancer, and to develop and disseminate clinical practice guidelines that educate health professionals about this risk, and encourage risk reduction practices among their patients/clients.</p>	<p>-work with agencies noted in 11b, as well as College of Physicians and Surgeons, Ontario Medical Association, and other health care professional associations in order to: develop increased awareness of the alcohol and cancer among health professionals, facilitate training and education and provide advice to be given to their patients. <u>Timetable</u>: status report at 12 months, three year initiative, evaluate in three years.</p>	<p>developing curriculum support material on alcohol led by Centre for Addiction and Mental Health, (CAMH)</p>		