

# **TORONTO** STAFF REPORT

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May 31, 2004

To: Board of Health

From: Dr. Barbara Yaffe, Acting Medical Officer of Health

Subject: Retaining Government Control of the Liquor Control Board of Ontario (LCBO)

Purpose:

To seek Board of Health adoption of a policy position to retain government control of the LCBO and endorsement of the Centre for Addiction and Mental Health position paper entitled "Retail Alcohol Monopolies and Regulation: Preserving the Public Interest" (see Appendix 1).

Financial Implications and Impact Statement:

There are no financial implications resulting from the adoption of this report.

Recommendations:

It is recommended that:

- (1) the Board of Health request the Government of Ontario to maintain provincial alcohol control as a means of preventing alcohol-related problems, that public health and safety objectives be an integral part of the alcohol regulation mandate, and that the government strengthen its mandate to control and prevent alcohol problems through regulation;
- (2) the Board of Health endorse the attached position paper, "Retail Alcohol Monopolies and Regulation: Preserving the Public Interest", produced by the Centre for Addiction and Mental Health;
- (3) this report and the attached position papers be forwarded for consideration and appropriate action to the Provincial Minister of Finance, the Minister of Health and Long-Term Care, the Minister of the Attorney General, the Minister of Community Safety and Correctional Services, the Minister of Economic Development and Trade, the Minister of Consumer and Business Services, Toronto Members of Provincial Parliament, and the Premier of Ontario;

- (4) this report and the attached position papers be forwarded to the Chief Medical Officer of Health and Assistant Deputy Minister for consideration and appropriate action;
- (5) this report and the attached position papers be forwarded for endorsement to all Ontario Boards of Health, to the Association of Local Public Health Agencies, the Ontario Public Health Association, and the Association of Municipalities of Ontario; and
- (6) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

The Toronto Board of Health has, upon numerous occasions in the past, expressed various concerns related to the increasing availability of and access to alcohol in Ontario.

Over the past few months, the Government of Ontario has been considering the idea of selling (i.e. privatizing) the LCBO as a potential source of revenue to deal with the provincial deficit and to generate revenue for investment in new programs and services. The idea was presented to Ontarians at several government Budget Town Hall 2004 sessions held earlier this year which were intended to solicit advice from the public on how the government should spend money and generate revenue (1). In the May 18<sup>th</sup> Provincial Budget, the Government indicated a forthcoming and thorough review of the LCBO in order to “determine if Ontarians are receiving the maximum benefit from this very significant Crown agency” (2).

The idea of privatizing the LCBO, itself, is not a new one and has been raised on a number of occasions by previous Ontario governments over the past two decades (e.g. in 1995, and then again, in 2001). This report briefly outlines the issue and proposes that the Provincial Government retain control of the LCBO.

Comments:

Every year, alcohol misuse results in substantial social and economic problems in Ontario. Alcohol is currently a leading cause of injuries, deaths, and disabilities in the Province and across Canada. Among the many problems associated with alcohol are alcohol dependence, alcohol-related disease (e.g. esophageal cancer, liver cirrhosis), motor vehicle crashes, falls, homicides, suicides, fires, and drowning. The costs of these problems are substantial. In 1992 alone, the economic costs of alcohol abuse in Ontario were estimated to be over \$2.8 billion (3). This figure does not include the numerous other social costs of alcohol misuse such as pain, grief, family problems, and reduced quality of life.

Currently, alcohol consumption levels in Ontario remain high with alcohol being the most widely used psychoactive drug in the province. The latest surveys indicate that 79.5% of Ontario adults and 66% of students (Grades 7-12) consume alcohol. Of more concern is the type of drinking that is occurring. For example, in 2002, 26% of Ontario students in grades 7 to OAC reported heavy episodic drinking (i.e. having five or more drinks on one occasion) (4,5).

Globally, the burden of disability and disease due to alcohol is substantial. Research conducted by the World Health Organization indicates that out of a total of 26 risk factors for disease examined, alcohol misuse is currently the 5<sup>th</sup> most detrimental. In developed countries such as Canada, alcohol misuse accounts for more than 9% of all the burden of disease and it is the third most detrimental risk factor (next to high blood pressure and tobacco use) (6).

Research evidence indicates that privatization of alcohol sales will increase these risks and burdens. In many jurisdictions in North America and Europe, the privatization of alcohol sales has resulted in increased availability, increases in per capita consumption of alcohol, increases in the proportion of problem drinkers, and subsequently, increases in the number of alcohol-related problems. Public monopolies such as the LCBO, on the other hand, play a strong role in preventing these problems, thereby safeguarding public health and safety. A publicly controlled system is particularly effective in carrying out social responsibility functions (e.g. restricting alcohol access to the under-aged and the intoxicated) whereas these functions may be weakened in a private system that is usually driven by competition and profits. Although these controls have been loosened in Ontario in recent years (e.g. through increased outlets as a result of the LCBO Franchise Stores system), retaining public control of the LCBO helps to preserve overall public health and safety (see Appendix 1).

The majority of Ontarians oppose the loosening of controls and the privatization of the LCBO, as indicated by various public opinion surveys that have been conducted in the past few years by the Centre for Addiction and Mental Health (CAMH) and York University. Most Ontarians do not support policy initiatives that lead to increased physical, economic, and demographic availability of alcohol, such as extended store hours and the sale of alcohol in corner stores. They do, on the other hand, support alcohol controls such as taxation and raising the legal drinking age (7,8). Most recently, results of the government's Budget Town Hall sessions show a strong majority of people do not support selling the LCBO and the final report summarizing the results stated that "Citizens did not advocate the sale of the LCBO or TVO" (9). The report also stated that "Government should consider social policy goals as well as fiscal implications when it considers selling assets."

In addition, a number of Boards of Health and municipalities have been advocating against the privatization of the LCBO including the City of Ottawa, the Sudbury and District Board of Health, and the Board of the Windsor-Essex County Health Unit. The Ontario Public Health Association has also taken a position to oppose the possible sale of the LCBO by the provincial government.

Finally, the Toronto Board of Health is on record as being opposed to policies that increase the availability of alcohol, such as franchising. In 2002, the Toronto Board of Health, along with a number of other health units and public health organizations, endorsed a report summarizing concerns about a proposed LCBO franchise system, because of the potential increased access and availability of alcohol across the Province and the resulting costs and alcohol-related problems (see Appendix 2).

The Province of Ontario should therefore not only maintain, but should strengthen public controls over the distribution and sale of alcohol in the Province and should enforce the current

restrictions on the availability, distribution, promotion, and sale of alcohol. Given the significant, and largely preventable health, social and economic costs associated with alcohol abuse in Ontario, the government should not privatize the LCBO.

Contrary to the government's suggestion that some current activities such as running the LCBO, do not meet their "core priorities" and should therefore be "eliminated or done by others", public health and safety are indeed among the government's "core priorities" (1).

Conclusions:

Alcohol is a psychoactive drug which poses a significant health burden to our society and, when misused, is associated with significant problems and substantial costs. Evidence shows that privatization of the LCBO would likely result in detrimental health, economic, and other impacts. Furthermore, experience demonstrates that once alcohol monopolies are privatized, it is extremely difficult to go back to a publicly controlled system. All these factors should therefore be taken into account by the Provincial government in considering the future of the LCBO. Retaining public control of the LCBO would serve Ontarians by balancing public health interests with economic interests. While the Provincial Government budget presented on May 18<sup>th</sup> stated that the government will not "sell the LCBO ... to pay for the ongoing operation of government," it did indicate a forthcoming and thorough review of the LCBO. The government still needs to consider all of the above issues as it proceeds with the proposed review of the LCBO and in considering any future changes to the agency that may potentially increase access to and availability of alcohol in Ontario (2).

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List of Attachments:

- Appendix 1: Retail Alcohol Monopolies and Regulation: Preserving the Public Interest. Centre for Addiction and Mental Health (2004).
- Appendix 2: A Public Health Response to the Proposed LCBO Franchise System. Toronto Public Health (2002).

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Appendix 2

**A Public Health Response**

**to the**

**Proposed LCBO Franchise System**

**Dr. Sheela V. Basrur, Medical Officer of Health  
Toronto Public Health**

**January 2002**

## A Public Health Response to the Proposed LCBO Franchise System

### Background:

In September 2001, the government of Ontario announced plans to unveil a new model for liquor sales in Ontario. The model - the LCBO franchise system -- was primarily developed in response to service requests in under-served communities in rural Ontario. Under the plan, LCBO franchises would be granted to existing private retailers in rural areas with the expectation that this would offer better product selection, improve service delivery, and be more responsive to local market needs. Although the primary goal of the model is to improve service access, the government also expects increased revenues from alcohol and franchise sales in the province.

Over the past two decades, the government of Ontario has made numerous attempts to slowly privatize the sale of alcohol in Ontario. The proposed LCBO franchise system is the latest attempt to change the way that alcohol is distributed, controlled and sold in the province. From a public health perspective, the proposed franchise system should be approached with extreme caution. Given the burden of illness and the costs related to alcohol use in our society, any efforts that increase the availability of and access to alcohol should be carefully planned and evaluated.

### Alcohol as a Health Issue:

Alcohol is not an ordinary consumer product. It therefore should not be treated the same as other consumer goods and products. In fact, alcohol is a psychoactive *drug* that has mind-altering and addictive properties. It acts primarily as a depressant on the central nervous system which reduces brain functioning. While it has some short-term pleasurable effects on the body (e.g. a sense of well-being), there are numerous negative effects, including reduced reaction time, reduced motor control, visual impairment, reduced ability to focus or concentrate, loss of coordination, and short-term memory loss. In addition, long-term alcohol use can lead to serious health problems such as hypertension, heart disease, acute alcohol poisoning, respiratory system disease, brain damage, liver disease, and premature death. Alcohol is also a significant risk factor for cancer and research studies have shown that approximately 10% of cancer deaths in Ontario are attributable to alcohol consumption. (1)

In general, increased aggregate consumption of alcohol has a negative bearing on public health. Studies have shown that as the number of alcohol drinkers in a population increases (i.e. increased overall level of drinking), there is a concomitant increase in all alcohol-related problems in the general population, both in the short-term and in the long-term.

### Current Consumption Levels in Ontario:

Currently, alcohol is the most widely used psychoactive drug in Ontario, with approximately 79% of adults (18 yrs. and over) reporting drinking in the previous 12 months. (2) Among all adult drinkers surveyed, 14% reported drinking at harmful or hazardous levels. (2) Consumption rates among students were only slightly lower, with 65.6% of students in grades 7 through 13 reporting past-year alcohol use. Furthermore, among all Ontario students surveyed, 70.6%

reported drinking at some point during their lifetime and over 20% reported using alcohol for the first time in the past 12 months. While these consumption rates are of concern, the type of drinking (i.e. high-risk and problem drinking) that is currently occurring among these groups is of more significance. In particular, the rates of under-age drinking and 'binge-drinking' (defined as consuming 5 or more drinks on one occasion at least once during the 4 weeks before the survey) are disturbing. In 2001 for example, 16% of 7<sup>th</sup> graders surveyed reported first drinking in grade 4. Also high was the reported rate of binge drinking among students surveyed (i.e. 27.5%). And among this group, 6.4% reported binge drinking at least five times during the four weeks preceding the survey. (3) Across Ontario, regional differences can be seen in these rates with above-average rates of alcohol use and binge drinking being found in Northern communities in Ontario (74.0% and 32.8% respectively). (3)

#### Costs of Alcohol:

There are significant economic costs associated with alcohol use. These include health care costs, legal, and law enforcement expenses as well as costs due to employment loss, reduced productivity and absenteeism, alcohol-related injuries (e.g. motor vehicle crashes, accidental falls), and lives lost due to premature deaths. In 1996, the first major study on the costs of substance abuse in Canada revealed that the total economic cost of alcohol use/abuse in Canada was estimated to exceed \$7.5 billion (or \$265 per capita). Of this, over \$4 billion was due to lost productivity, illness and premature death as a result of alcohol consumption. The remaining portion was due to other costs such as law enforcement (\$1.36 billion) and health care (\$1.3 billion). (4) In Ontario alone, the total costs of alcohol use amounted to over \$2.9 billion annually (or \$270 per capita). (5)

Alcohol is also a leading cause of many injuries, deaths, and disabilities both in Ontario and across Canada. In particular, alcohol-related falls, motor vehicle crashes, poisonings, drownings, homicides, suicides, and fires account for many injuries and deaths. In 1996, alcohol-related falls accounted for 6% of deaths and 20% of all hospitalizations in Canada. Alcohol-related motor vehicle crashes were also a major cause of injuries and deaths and they accounted for 22% of deaths and 13% of hospitalizations in that same year.(6) In the most recent traffic injury research in Ontario, 6.1% of drivers killed in collisions had been drinking, and greater than 15% had impaired ability with alcohol over the legal limit (0.08% BAC). (7) Alcohol use is also strongly linked to violence and crime. Approximately 40-45% of perpetrators of violent crimes in Canada were found to have been drinking at the time of committing the crime. (11) Research also indicates a strong link between those who drink regularly and the likelihood of committing acts of violence. (8,9)

In addition to the economic costs, there are numerous other intangible personal and social costs to individuals, families, and communities. Pain, suffering, bereavement, and disruption of family life are extremely difficult to quantify in economic terms. It is even more challenging to put a cost on alcohol-related disturbances and disruptions. Nearly half of Canadians surveyed have said that they "have had problems with other people's drinking" (e.g. by disruptions by loud parties, being insulted or humiliated, and/or having a serious argument). (10)

## IMPLICATIONS OF PRIVATIZATION

### Increased Alcohol Availability Increases Consumption and Alcohol-Related Problems:

The experience of many jurisdictions in North America and Europe has shown that the privatization of alcohol sales (i.e. increased outlet density, price reductions, changes in hours of operation, etc.) has often resulted in the increased availability of alcohol. (9,12,13,14,15) In general, the per capita consumption of alcohol, the proportion of problem drinkers, as well as the number of alcohol-related problems have all increased with expanded availability, especially in the absence of increased regulatory and control strategies. (13,15,16,17) More specifically, the sale of alcohol in grocery/retail stores - similar to what is currently being proposed under the "LCBO Franchise" system - has been shown to negatively impact on public health (12,16,17,18) Studies in the U.S., Great Britain, and Ontario, for example, show a significant positive association between the availability of alcohol and the rates of alcohol-related problems such as liver cirrhosis, crashes, mortalities, suicides, and drinking and driving fatalities. (13,19) Other studies in the U.S. have also shown significantly higher rates of deaths from alcoholism, higher rates of driving under the influence and higher rates of alcohol dependence, particularly in states where alcohol became available in grocery/retail stores. (19) Furthermore, in jurisdictions where alcohol sales were privatized (e.g. Alberta), associated increases in the rates of violence and crime were found. (18,23,34) In particular, a high association was found between the number of outlets and incidents of violence, impaired driving, and traffic crashes. (20) Other social and environment problems, including neighbourhood decay, were also found to be associated with increased alcohol availability. (13,18)

### Increased Sales to Under-aged and Intoxicated Persons:

The research literature on privatization also shows that with increased alcohol availability, under-aged and intoxicated people are more likely to be served more often. Studies show that, in general, alcohol sales controls often relax after they are taken over by private enterprise. (21) In particular, studies in the U.S. and in Australia have found that alcohol buyers were not challenged by retail store vendors in more than 50% of cases. (22,23) This is particularly concerning when one considers that in 1999, LCBO staff challenged more than 913,000 potential customers and refused service to nearly 83,000. Of the latter group, almost two-thirds were refused service due to age-related reasons. (24) With the proposed LCBO franchise system, there is concern that under-aged and intoxicated people will be served more often because private retailers may consider profits over social responsibility and because alcohol sales controls will be more difficult to enforce in rural areas of Ontario. Furthermore, store operators in these locations are more likely to 'know' members of their community and they may be more inclined to sell to under-aged or intoxicated customers. Small, family-run retail stores may also have staffing/resource constraints and they may be more likely to have under-aged family members staffing the store. These factors raise some serious concerns about the privatization of alcohol sales, particularly for rural communities in Ontario where alcohol consumption/problem rates are already higher (as compared with Toronto).

#### Relaxing of alcohol sales controls:

The experiences of many jurisdictions has also shown that government control of alcohol sales is often relaxed following privatization, and that once this occurs, alcohol-related problems also increase.(12,21) Alcohol control policies such as increased pricing and taxation, restrictions in the hours and days of sale, increasing the minimum drinking age, mandatory server training, and limiting the number, density and location of outlets are effective in reducing both the per-capita alcohol consumption as well as reducing alcohol-related health and social problems.(25) In particular, policies and controls that limit the availability of alcohol can also effectively prevent the sale of alcohol to minors and the intoxicated. (15) Shifting to a private system, however, has often led to the erosion of such controls. (13)

#### d) Regulatory, Monitoring and Enforcement Problems:

Currently, the LCBO has strong regulatory controls and policies on alcohol sales in place at their agency stores. However, despite the government's insistence that these controls will also be in place in private retail stores, the physical and geographic realities (particularly in rural areas) will make this extremely difficult. The greater number and density of outlets and their geographic distribution will make the monitoring and enforcement of sales practices more challenging. This can be seen in the experiences of other jurisdictions whereby the sales practices of retail stores (i.e. hours of operation, training of sales people, serving practices, quality control, and promotion/advertising) often became more difficult to monitor and enforce following privatization. (13,18)

#### Discussion:

Public opinion surveys show that the majority of Ontarians already find access to their nearest beer/liquor store to be either "very convenient" (62%) or "somewhat convenient" (27%). (13) As well, contrary to the view that the privatization of alcohol sales will be beneficial for the province, studies have shown that the benefits of privatization have often been offset by the costs associated with it (i.e. costs of alcohol-related problems, costs of implementing, training, monitoring and enforcing, etc.). (32) And while there are some potential benefits to the proposed LCBO franchises such as improved levels of service to some small communities, these benefits must be examined in relation to the overall costs to society from alcohol use. In 1999-2000, the net revenue of liquor authorities and the Ontario government from the control and sale of alcoholic beverages was just over \$1.4 Billion. (24) In 2000-2001, the LCBO reported net sales and other income of greater than \$2.7 billion.(33) When compared with the above-mentioned alcohol-related costs, the short-term economic and consumer benefits of increasing alcohol availability are not significant enough to warrant the health costs associated with the increased availability of alcohol.

As outlined above, there are numerous reasons why the government of Ontario should not proceed with any plans to privatize the sale of alcohol in Ontario. Privatization will not only increase the availability of alcohol in Ontario but it will also lead to increases in alcohol-related problems as well as increases in alcohol sales to the under-aged and the intoxicated. Furthermore, it will loosen existing alcohol sales controls and it will bring with it regulatory and

enforcement problems. Although some of these problems can be minimized and controlled by the availability of prevention, early intervention, treatment, health promotion, and harm reduction programs (e.g. Designated Driver & Sober Operator programs, road spot checks, etc.), these programs may not be available in many rural Ontario communities.

The Ontario government has a strong role to play in setting up, funding and supporting these types of programs. In particular, emphasis must be placed on education and training programs that are targeted at preventing access to alcohol for the under-aged and the intoxicated, delaying the early on-set of drinking, and minimizing the harms related to alcohol consumption (e.g. promoting low-risk drinking practices). (17,30,31) Therefore, should the proposed franchise system be implemented, an assessment of the chosen retail communities must be undertaken in order to determine the needs and capacities of each community and to ensure adequate resources to support such programs and services to meet these needs.

Another strong argument against privatizing alcohol sales is the need for a regulatory body which balances economic benefit with social policy. Studies have shown that the most effective way to limit and control the physical, social and economic availability of alcohol is through government control and regulation of alcohol sales. (15,17,26,17) In particular, a government monopoly on alcohol sales is very effective in achieving this. (13) Opinion polls show that the majority of Ontarians are in favour of such measures and that they support maintaining and enforcing the current alcohol sales restrictions. Despite being in favour of any policy that is “least personally inconvenient”, the majority still oppose measures that increase access to alcohol such as extended store hours, sales in retail/corner stores, and reducing restrictions on legal drinking age. (34) A more recent survey of Ontario adults shows that 51% of respondents oppose the privatization of the liquor retailing system and that 79% of respondents oppose the sale of alcohol in corner stores.(28)

In conclusion, the enormous costs of alcohol abuse to society and the fact that a substantial portion of these costs are preventable, any plans to increase the availability of alcohol must be carefully considered. Finally, it must be noted that in other jurisdictions, once the process of privatizing alcohol sales has started, it became extremely difficult to reverse the process. (13,18) Research has shown that at even low or moderate levels of alcohol use, alcohol-related problems such as motor vehicle crashes, cancers and alcohol-related birth defects can occur.

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