TORONTO

STAFF REPORT
ACTION REQUIRED

Strengthening Alcohol Policy in Ontario

Date:	May 5, 2008
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Alcohol is the most widely used psychoactive drug in our society. Next to tobacco, alcohol creates the most health, social, economic and criminal harms to individuals, families and communities. The annual economic impact in Ontario of alcohol use is estimated at $5.3 billion. In an effort to strengthen alcohol policy in Ontario, the Middlesex London Health Unit (MHLU) is proposing six resolutions for presentation at the annual meeting of the Association of Local Public Health Agencies (alPHa) in June 2008 (see Attachment 1). This report seeks to confirm Toronto Board of Health's (BOH) position on these resolutions to guide voting of Toronto Public Health and Board of Health representatives at that meeting.

The Board of Health has previously endorsed some of the proposed resolutions as part of targeted reports or its approval of the Toronto Drug Strategy. Specifically, the Board has supported the need for a comprehensive provincial strategy for alcohol and other drugs, restricting the sale of alcohol to government-owned and operated stores, and reducing the legal Blood Alcohol Concentration (BAC) limit for driving from 0.08% to 0.05%.

In addition, based on scientific evidence, it is recommended that the Board of Health support the resolutions urging the provincial government to: enact a zero BAC limit on drivers until they reach the age of 21; to establish stricter advertising standards for alcohol and; to create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health endorse the following advocacy requests to the provincial government, being considered as resolutions at the annual meeting of the Association of Local Public Heath Agencies in June 2008:

    a. establish stricter advertising standards for alcohol, in particular with respect to youth;

    b. create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse, as one component of a comprehensive prevention strategy;

    c. restrict the sale of alcohol to government-owned and -operated stores;

    d. reduce the legal BAC (blood alcohol concentration) from 0.08% to 0.05%;

    e. enact a zero BAC limit for drivers under the age of 21 years; and

    f. develop a comprehensive strategy for alcohol and other drugs based on the four components of prevention, harm reduction, treatment and enforcement.

Financial Impact

There are no financial impacts resulting from this report.

DECISION HISTORY

The Board of Health has previously endorsed several of the resolutions being proposed at the 2008 annual meeting of alPHa, specifically:

- restricting the sale of alcohol to government-owned and -operated stores
  http://www.toronto.ca/legdocs/2002/minutes/committees/hl/hl020128.pdf
  http://www.toronto.ca/legdocs/2004/agendas/committees/hl/hl040614/it003.pdf
- reducing the legal BAC from 0.08% to 0.05%
  http://www.toronto.ca/legdocs/2003/agendas/committees/hl/hl030127/it007.pdf
- developing a comprehensive strategy for alcohol and other drugs
  http://www.toronto.ca/legdocs/2005/minutes/committees/hl/hl051024.pdf

ISSUE BACKGROUND

The Middlesex London Health Unit is proposing six resolutions to strengthen alcohol policy in Ontario for consideration at the annual meeting of the Association of Local Public Health Agencies in June 2008. The resolutions call on the provincial government to:

1. Establish stricter advertising standards for alcohol;
2. Create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse;
3. Restrict the sale of alcohol to government-owned and -operated stores
4. Reduce the legal BAC from 0.08% to 0.05%;
5. Increase the legal drinking age in Ontario to 21 years of age and enact a zero BAC limit on drivers until they reach the age of 21; and
6. Develop a comprehensive provincial strategy for alcohol and other drugs based on the four components of prevention, harm reduction, treatment, and enforcement.

This report seeks to confirm the Board of Health's position on these resolutions to guide voting of Toronto Public Health and Board of Health representatives at the annual alPHa meeting.

COMMENTS

Alcohol is the most widely used psychoactive drug in our society. Surveys find that 82% of Toronto adults report using alcohol (81% province-wide), and 14% of Toronto adults report drinking at "hazardous or harmful" levels (13% province-wide).[1] In addition, 55.1% of Toronto students (grades 7-12) report using alcohol (61% province-wide). Of most concern, 22% of Toronto students report "binge drinking," in which more than five drinks are consumed on one occasion (26% province-wide).[2] Next to tobacco, alcohol creates the most health, social, economic and criminal harms to individuals, families and communities. In Ontario, the estimated economic impact of alcohol is $5.3 billion.[3]

Research shows that a comprehensive approach is needed to effectively reduce the harms of alcohol, including: regulating the availability of alcohol; taxation and pricing; altering the drinking context; education; regulating alcohol promotion; drinking-driving countermeasures; and, treatment and early intervention.[4] The Board of Health has endorsed many of these measures both in prior reports and as part of the Toronto Drug Strategy, which City Council also adopted in 2005.[5]

The following section discusses each of the six resolutions being proposed at the 2008 alPHa annual meeting starting with those addressed by existing BOH decisions.

Develop a provincial strategy for alcohol and other drugs

The Province legislates, regulates and funds government, institutional and community responses in a number of key areas including public health, primary health care, mental health and addiction services, social assistance, education, law enforcement and corrections. However, provincial ministries rarely co-ordinate their efforts or integrate their policies and programs. A comprehensive drug strategy based on the four components of prevention, harm reduction, treatment and enforcement would provide a framework for policy, program and funding decision-making at a provincial level.

Advocating for a comprehensive provincial drug strategy is a priority action in the BOH and Council approved Toronto Drug Strategy (TDS). The TDS Implementation Panel has focused considerable efforts in this regard. In addition, Toronto Public Health staff sit

on the Health, Education & Enforcement in Partnership Planning & Advisory Committee, which is a province-wide network working for an Ontario drug strategy. Toronto proposed a resolution calling on alPHa to advocate for a comprehensive provincial drug strategy which was adopted at its 2007 annual meeting. A similar motion, also proposed by Toronto was adopted at the Ontario Public Health Association annual general meeting in October 2007. Unfortunately, the Province has yet to commit to a drug strategy. An "addiction strategy" was included in the 2008 provincial budget; however no details have been announced.

Restrict the sale of alcohol to government stores

The Board of Health has supported restrictions on the sale of alcohol to government-owned and operated stores. In 2002, in response to a provincial proposal to increase privatization of alcohol outlets, the Board recommended careful consideration of the consequences resulting from decreased regulation and increased availability of alcohol[6]. Research consistently shows that controlling the sale of alcohol is an effective strategy to reduce the harms of alcohol use.[7]

In 2004, the BOH again called on the Province to retain control of the LCBO in a report[8] that also endorsed a position paper from the Centre for Addiction and Mental Health[9] emphasizing the role of the provincial government in preventing alcohol-related harms and protecting public health and safety by maintaining effective regulation. The Toronto Drug Strategy also recommends the Province strengthen regulatory legislation and policy regarding access to alcohol and that they maintain a strong regulatory framework.

Reduce legal BAC limits from 0.08% to 0.05%

There is strong evidence that lowering legal BAC limits to 0.05% is effective in reducing drinking and driving crashes.[10] The Board of Health has endorsed recommendations to reduce BAC limits from 0.08% to 0.05%. In 2003, the Board recommended that the federal government amend the Criminal Code of Canada to reflect this limit.[11] At the same time, the Board also endorsed a position paper from the Centre for Addiction & Mental Health on strategies to reduce the harms from alcohol-related collisions that included reducing the legal BAC.[12]

Increase the legal drinking age and enact a zero BAC limit on drivers until age 21

In 2005, the Canadian Institutes for Health Information reported that over 30% of alcohol-related motor vehicle collisions involved youth under the age of 25.[13] A recent review of studies on BAC limits and the impact on rates of crashes, injuries, and fatalities, finds that impairment in critical driving functions begins at low BAC levels and most study subjects are significantly impaired at 0.05% BAC[14]. This review finds the relative risk of being involved in a fatal crash as a driver was 4 to 10 times greater for drivers with BAC levels between 0.05% and 0.07% compared to drivers with 0.00% BAC levels.

In studies of zero BAC limits for drivers under age 21, results indicated a significant (24.4%) reduction in alcohol-positive drivers younger than 21 who were involved in fatal crashes associated with zero tolerance laws. Strong evidence indicates that lowering the

BAC limit to 0.02% or lower is effective for reducing alcohol and driving related crashes, injuries and fatalities.[15] There is also public support to lower the BAC limit.[16]

A report prepared for the Ontario Public Health Association recommends maintaining the current minimum drinking age and supporting zero BAC limit for drivers under age 21.[17] Chamberlain and Solomon (2008) suggest that because drivers under age 25 have the highest proportion of alcohol-related motor vehicle crashes, zero BAC restrictions for youth under 21 would separate drinking from driving for a longer period of time, encourage use of alternative transportation when youth plan to drink, and help instil this practice into adulthood.[18] Although there is no research evidence that specifically examines the effects of a zero BAC limit beyond the legal drinking age, the strong evidence of the effectiveness of zero BAC limits within graduated licensing programs, suggests that this approach would result in many of the health benefits of higher drinking ages.

Since 2006, three provinces have announced intentions to impose a zero BAC limit on drivers during the first five years of licensure. These types of BAC limits are also recommended in the recently released national alcohol strategy as part of a comprehensive approach to reducing the harms of alcohol misuse.[19]

Establish stricter advertising standards for alcohol

Evidence is emerging that marketing may have an impact on youth. For example, advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and risk-free.[20] The alcohol industry is increasingly shifting their advertising from magazines to television, the internet and other media.[21] In addition, a recent report from the Ontario Public Health Association about alcohol and youth highlights research indicating that exposure to alcohol influences the likelihood of consuming alcohol.[22]

Advertising and marketing to youth is one of the most powerful tools that alcohol companies possess to influence the use of alcohol by youth. Several U.S. studies suggest that alcohol marketing is pervasive and encompasses a variety of media such as television and magazines,[23] popular music,[24] the internet and other popular media. The situation is similar in Canada. Advertisers are adept at finding subtle ways to market to youth through new media. As a result, media literacy aimed at increasing youth awareness of the pervasiveness and methods used by alcohol companies may be a promising prevention strategy.[25] However, this approach would be more effective in combination with bans on alcohol advertising and marketing.

The BOH has recommended prohibiting all commercial advertising of food and beverages to children under the age of 13 to improve childhood nutrition and protect children from inappropriate marketing.[26] Supporting evidence is emerging on the value of also restricting advertising of alcohol to youth as part of a comprehensive strategy that includes measures such as those discussed in this report. It is therefore recommended that the Board of Health support the resolution calling on the Province to establish stricter advertising standards for alcohol, in particular with respect to youth.

Enhance public education

The evidence in the literature is clear that education about alcohol and other drug use is not effective on its own.[27] [28] Education alone is considered too weak a strategy to counteract other forces that pervade the environment[29]. Effective prevention begins early and continues through the life span. It includes a variety of strategies such as skill building, engaging youth directly in developing appropriate messages, and ensuring environmental supports are in place such as employment, positive school culture and strong family supports. Legislation and policy are also key to preventing harmful substance use, as noted throughout this report.

Support for the resolution for an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse should be endorsed as one component of a more comprehensive prevention strategy.

CONTACT

Dr. Rosana Pellizzari
Associate Medical Officer of Health
Director, Policy and Planning
Toronto Public Health
Tel: 416-392-7463
Fax: 416-392-0713
Email: repelliz@toronto.ca

Liz Janzen
Director, Healthy Living - Healthy Communities
Toronto Public Health
Tel: 416-338-7836
Fax: 416-392-0713
Email: ljanzen@toronto.ca

SIGNATURE

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Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1 - Middlesex London Health Unit's Resolutions

Attachment 1

Appendix A

TITLE Establish Stricter Advertising Standards for Alcohol

SPONSOR Middlesex-London Board of Health

WHEREAS Exposure to repeated high level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking; and

WHEREAS Alcohol advertising predisposes minors to drinking well before the legal age of purchase; and

WHEREAS Marketing strategies such as alcohol sports sponsorships embed images and messages about alcohol into young people's everyday lives; and

WHEREAS Advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous, and relatively risk free; and

WHEREAS Deficiencies in the current system to control alcohol advertising pose a public health and safety threat particularly to underage audiences.

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to establish stricter advertising standards for alcohol.

Appendix B

TITLE Advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse.

SPONSOR Middlesex-London Board of Health

WHEREAS Boards of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs, specifically: chronic disease prevention, injury prevention, Fetal Alcohol Spectrum Disorder prevention, substance misuse prevention and harm reduction such as needle exchange; and

WHEREAS Globally, alcohol is estimated to contribute to 7% of all Disability Adjusted Life Years (DALYS) for malignant neoplasm cancers; 38% of neuro-psychiatric conditions; 7% of cardiovascular diseases, 8% of other non-communicable disease (such as diabetes and liver cirrhosis), 28% of unintentional injuries (drunk driving crashes, falls, fires, etc.); and 12% of intentional injuries (e.g. suicide, homicide, sexual assault, other violence). (DALYS is a way of measuring the disability, disease or death on a population from a risk factor.) and

WHEREAS Alcohol cost the Canadian economy approximately $7.5 billion ($2.8 billion in Ontario), and illicit drugs an additional $1.4 billion in 1992; and

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse.

Appendix C

TITLE Eliminate The availability Of Alcohol Except In Liquor Control Board Outlets (LCBO) (i.e. Increase Point Of Sale Control).

SPONSOR Middlesex-London Board of Health

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and

WHEREAS In 1997, 73% of Ontarians disagreed with the privatization of alcohol retail sales; and

WHEREAS In 2003, 77% of Ontario adults wanted beer and liquor store hours to stay the same; 77% wanted hours of sale in bars to stay the same; and 94% supported government involvement in the prevention of alcohol-related problems (Anglin et al., 2004). In 1999, 73% disagreed with privatization of alcohol retail sales; and

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to restrict the sale of alcohol to government owned and operated stores.

Appendix D

TITLE Advocacy To Reduce The Legal Blood Alcohol Concentration (BAC) from 0.08% to 0.05%

SPONSOR Middlesex-London Board of Health

WHEREAS In 1970 Parliament established the 0.08% blood alcohol concentration (BAC) threshold based on studies that underestimated the relative risks of fatal crashes at lower BAC levels; and

WHEREAS Impaired driving remains Canada's single largest criminal cause of death, claiming more than twice as many lives per year as all types of homicide combined; and

WHEREAS Laboratory driving simulator and closed-access roadway studies over the last 50 years have established that even small amounts of alcohol adversely affect driving skills and performance; and

WHEREAS Leading medical, injury prevention, and traffic safety organizations around the world support a BAC driving limit at or below 0.05%. These include: the World, American, British, and Canadian Medical Associations, the World Health Organization; the Association for the Advancement of Automotive Medicine; the International Transportation Safety Association; the European Transport Safety Council; the Royal Society for Prevention of accidents; the Australian transport Safety Bureau; the Canadian Public Health Association; and the Centre for Addiction and Mental Health; and

WHEREAS Public support for a lower Criminal Code limit continues to increase across gender, age and geographical regions of Canada; and

WHEREAS The proposed 0.05% law is designed to maximize the deterrent impact of the law, minimize the administrative burden on the criminal justice system, and appropriately sanction offenders.

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to reduce the legal BAC from 0.08% to 0.05%.

Appendix E

TITLE Advocacy For An Increase In The Legal Drinking Age In Ontario From 19 to 21 Years Of Age Or Enact A Zero Blood Alcohol Concentration BAC Limit On Drivers Until They Reach The Age Of 21.

SPONSOR Middlesex-London Board of Health

WHEREAS There is strong evidence primarily from the United States that a higher minimum drinking age significantly reduces alcohol consumption and related motor vehicle collisions among both the targeted age group and younger teenagers; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs; and

WHEREAS A comprehensive review of 241 studies published between 1960 and 1999 found that the minimum drinking age of 21 has been the most successful to reduce teenage drinking as well as reduce youth traffic crashes; and

WHEREAS MADD Canada is of the view point that the drinking age should be 21 or at a minimum 19 while enacting a zero BAC limit on drivers until they reach the age of 21 to reduce youth traffic crashes;

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to increase the legal drinking age in Ontario to 21 years of age and enact a zero BAC limit on drivers until they reach the age of 21 years.

The above paragraph was Amended from Board of Health Meeting, March 27, 2008.

Following are the amendments that were made:
(deleted either – government to either increase) and (changed or to and – years of age or enact)

Appendix F

TITLE Support The Ontario Public Health association in Advocating For a Provincial Strategy For Alcohol And Other Drugs

SPONSOR Middlesex-London Board of Health

WHEREAS The Canadian Centre on Substance Abuse estimates that in 2002 the total costs associated with substance use in Canada (all substances including tobacco) were $39.8 billion, or $1,267 per capita; and

WHEREAS The annual economic impact in Ontario of alcohol is $5.3 billion and of illicit drugs is $2.9 billion in health, law enforcement and lost labour productivity costs; and

WHEREAS Public health units/departments have a direct mandate in several key areas elated to the use of alcohol and other drugs, specifically; chronic disease prevention, injury prevention, substance abuse prevention and harm reduction such as needle exchange; and

WHEREAS The Province of Ontario does not have a comprehensive strategy to reduce the harms of alcohol and other drug use; and

WHEREAS The Health Education and Enforcement Partnership (HEEP) in Ontario has secured broad sector-wide support for the development of a comprehensive provincial drug strategy based on the four components of prevention, harm reduction, treatment and enforcement.

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies support the Ontario Public Health Association to request the Ontario government to develop a comprehensive provincial strategy for alcohol and other drugs based on the four components of prevention, harm reduction, treatment and enforcement.

References:

[1] Centre for Addiction & Mental Health. (2008). Highlights from the CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2005. *CAMH Population Studies eBulletin, March/April 2008, Vol. 9, No. 2.* Toronto, ON: CAMH.
[2] Adlaf, E. & Paglia, A. (2007). Drug Use Among Ontario Students 1977-2007: OSDUHS Highlights. *CAMH Research Document Series, No. 21.* Toronto, ON: CAMH.
[3] J. Rehm, et al. *The Costs of Substance Use in Canada 2002*. (March 2006). Ottawa, ON: Canadian Centre on Substance Abuse.
[4] Babor, T. (et al.) (2004). *Alcohol: No Ordinary Commodity*. Oxford, UK: Oxford University Press.
[5] City of Toronto. (2005). *The Toronto Drug Strategy: A comprehensive approach to alcohol and other drugs.* Toronto, ON: City of Toronto.
[6] Toronto Public Health. (2002). *A Public Health Response to Proposed LCBO Franchise System.* Toronto, ON: Board of Health.
[7] Babor, ibid.
[8] Toronto Public Health. (2004). *Retaining Government Control of the Liquor Control Board of Ontario (LCBO)*. Toronto, ON: Board of Health
[9] Centre for Addiction & Mental Health. (2004). *Retail Alcohol Monopolies and Regulation: Preserving the Public Interest.* Toronto, ON: CAMH.
[10] Babor, ibid.
[11] Toronto Public Health. (2003). *Reducing the Harms of Alcohol Related Collisions – Lowering the Legal Blood Alcohol Content Limit.* Toronto, Ontario: Board of Health
[12] Centre for Addiction & Mental Health. (2003). *CAMH Position on Reducing the Harms of Alcohol Related Collision.* Toronto, ON: CAMH.
[13] Canadian Institute for Health Information. (2005). *More than half of all alcohol-related severe injuries due to motor vehicle collisions.*
[14] Fell, ibid.
[15] Fell, ibid.
[16] Mothers Against Drunk Driving. (2007). Enough is enough: Lower limit less risk – Time to review 0.05% BAC limits. *Mothers Against Drunk Driving Matters, Spring 2007.*
[17] Degano, C., Fortin, R., & Rempel, B. (2007). *Alcohol and youth trends: Implications for public health.* Prepared for the Alcohol Education Projects of the Ontario Public Health Association. Toronto, ON: OPHA.
[18] Chamberlain, E., & Solomon, R. (2008). Zero blood alcohol concentration limits for drivers under 21: Lessons from Canada. *Injury Prevention, 14, 123-128.*
[19] Canadian Centre on Substance Abuse. (2007). National alcohol strategy: Reducing alcohol-related harm in Canada toward a culture of moderation. Ottawa, ON: CCSA.
[20] Babor, ibid.
[21] Centre on Alcohol Marketing & Youth. (2007). Youth exposure to alcohol advertising on television and in national magazines, 2001–2006. *CAMY Monitoring Report.*
[22] Degano, ibid.
[23] CAMY, ibid.

[24] Primack, B. A., Dalton, M. a., Carroll, M. V., Agarwal, A. A., & Fine, M. J. (2008). Content analysis of Tobacco, alcohol, and other drugs in popular music. *Archives of Pediatric & Adolescent Medicine, 162(2), 169-175*

[25] Office of National Drug Control Policy Report. Helping youth navigate the media age: A new approach to drug prevention: Findings of the National youth anti-drug media campaign media literacy summit White House conference center, June 01, 2001.

[26] Toronto Public Health. (2008). *Chronic Disease Prevention Alliance of Canada Policy Consensus Conference - Obesity and the Impact of Marketing on Children*. Toronto, ON: Board of Health

[27] Babor, ibid.

[28] Health Canada. (2001). Preventing Substance Use Problems Among Young People: A Compendium of Best Practices. Ottawa, ON: Health Canada.

[29] Babor, ibid.