



April 4, 2019

Councillor Joe Cressy
Chair, Board of Health
City of Toronto

Re: Support for an Alcohol Strategy for Ontario

Dear Councillor Cressy,

I am writing to express my support for the “Update on the Health Impacts of Alcohol Consumption” by the Medical Officer of Health [HL4.04] of March 25, 2019. I am also concerned about recent decisions and plans both at the provincial and City level to make alcohol more widely available. These steps have been shown to have substantial negative impacts, increasing health risks, harms and costs.

At the Toronto Cancer Prevention Coalition, our goal is to reduce the incidence of cancer in people in Toronto through the prevention of unnecessary exposures to carcinogens. Alcohol, as you know, is a known carcinogen, and studies, both international and Canadian, have demonstrated that increasing access to alcohol through extending hours of availability or increasing the number and type of retail outlets leads to increased risk and harm from alcohol. Although alcohol’s addictive properties are well-known, its potential to cause cancer is less publicized and less understood.

In addition to my concern about increasing the risk of alcohol-related cancers, there are a number of other concerns that I have with respect to alcohol. Extensive international evidence has shown that overall consumption of alcohol is associated with the extent of access to alcohol, such as low pricing, long hours of sale, high number of outlets per capita and privatized type of retailing system.ⁱ With easier access to alcohol, harms tend to increase.ⁱⁱ Recent research of 17 countries found that with an increase in overall alcohol consumption in a country there was a subsequent increase in several types of cancer mortality among men.ⁱⁱⁱ

I would like to focus briefly on three main types of changes in access to alcohol: hours of sale; alcohol outlets per capita (density); type of alcohol retailing control system.

Allowing the sale of alcohol starting at 9 AM normalizes the idea of drinking in the morning, and may indeed normalize practices of drinking alcohol earlier in the day and in greater quantities. As well, going out for brunch may include family members who are below the legal drinking age and who may be encouraged to believe that alcohol is not potentially harmful. Adults consuming

alcohol at this time of day are also likely to be driving home afterwards, and this can increase the risk of other possibilities of causing harm to others from alcohol.


Research from Australia has indicated that when earlier closing times were introduced in Sydney and in Newcastle there was a reduction in alcohol-related harm.^{iv} In counties in Switzerland and Germany, when hours of sale were reduced there was a reduction in alcohol-related harm.^v Longer hours of sale make a difference, contributing not only to alcohol-related health and safety risks, and likely also adding to costs related to law enforcement and health care services.

With regard to the density of alcohol outlets and type of retailing system there is evidence from BC and Ontario pointing to health-related problems. Tim Stockwell and colleagues concluded that with a dramatic increase in private alcohol retail outlets in BC there was an increase in alcohol-related mortality, hospital admissions and crime.^{vi} Research by Daniel Myran and colleagues assessed the Ontario experience before and after grocery super-markets were allowed to sell alcohol starting in December 2015. They found a sharp increase in alcohol-related emergency room admissions associated with this change.^{vii}

The plan by the provincial government to introduce alcohol into corner stores will dramatically increase density of alcohol outlets in Toronto and other parts of Ontario. This will not be good for public health and will increase health care and law enforcement costs.

I support the call for an alcohol strategy for Ontario, as noted in the Toronto Medical Officer of Health's report of March 25, 2019, and encourage the Board of Health to recommend that City Council take whatever steps are feasible and appropriate to ensure that there is not a further increase in access to alcohol.

Sincerely,



Norman Giesbrecht
Chair, Alcohol Working Group
Toronto Cancer Prevention Coalition
Emeritus Scientist, Centre for Addiction & Mental Health

ⁱ Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R. & Rossow, I. (2010). *Alcohol: No ordinary commodity – research and public policy – Revised edition*. Oxford: Oxford University Press.

ⁱⁱ Burton R, Henn C, Lavoie D, O'Connor R, Perkins C, Sweeney K, Greaves F, Ferguson B, Beynon C, Belloni A, Musto V, Marsden J, & Sheron N. (2017). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *The Lancet*, 389(10078), 1558-1580. [https://doi.org/10.1016/S0140-6736\(16\)32420-5](https://doi.org/10.1016/S0140-6736(16)32420-5). Chisholm D., Moro D., Betram M., Pretorius, C., Gmel, G., Shield D., Rehm J. (2018) Are the “best buys” for alcohol control still valid? An update on the comparative cost-effectiveness of alcohol control strategies at the global level. *J. Stud. Alcohol Drugs* 79: 514-522.

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- iii Schwartz, N., Nishri, D., Chin Cheng, S., Giesbrecht, N. Klein-Geltink, J. (2017) Is there an association between trends in alcohol consumption and cancer mortality? Findings from a multicountry analysis. *European J. of Cancer Prevention* DI: 10.1097/CEJ
- iv Brown T. (2018) Newcastle, Australia: Tale of two cities. In: Giesbrecht, N. & Bosma LM. (eds) *Prevention of Alcohol-Related Problems: Evidence and Community-based Initiatives*, pp. 120-134. Washington, DC, APHA Press. Kypri K, Jones C, McElduff P, Barker D.(2011) Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*. 106:303-310.
- v Wicki M, Gmel G. (2011). Hospital admission rates for alcoholic intoxication after policy changes in the canton of Geneva, Switzerland.. *Drug Alcohol Depend* 118(2):209-15. doi: <https://doi.org/10.1016/j.drugalcdep.2011.03.020>. Marcus J, Siedler T. (2015) Reducing binge drinking? The effect of a ban on late-night off-premise alcohol sales on alcohol-related hospital stays in Germany. *Journal of Public Economics*.123:55-77. doi: 10.1016/j.jpubeco.2014.12.010. PubMed PMID: WOS:00035308310000
- vi Stockwell, T., Zhao, J., MacDonald, S., Vallance, K., Gruenewald, P., Ponicki, W., Holder, H., & Treno, A. (2011). Impact on alcohol-related mortality of a rapid rise in the density of private liquor outlets in British Columbia: A local area multi-level analysis. *Addiction*, 106(4), 768 – 776. Stockwell T, Zhao J, Martin G, et al. (2013). Minimum alcohol prices and outlet densities in British Columbia, Canada: Estimated impacts on alcohol-attributable hospital admissions. *American Journal of Public Health*; 103: 2014–20. Stockwell, T., Zhao, J. Maezell M, et. al. (2015a). Relationships between minimum alcohol pricing and crime during the partial privatization of a Canadian government alcohol monopoly. *Journal of Studies on Alcohol and Drugs*, 76(4), 628-634. <http://www.jsad.com/doi/abs/10.15288/jsad.2015.76.628>
- vii Myran, DT., Chen, JT., Giesbrecht, N., Rees, VW. (2019) The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. *Addiction*. 29 March 2019 <https://doi.org/10.1111/add.14597>