

- 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.

**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.

**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.

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%.

- 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)

- 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.