

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

April 9 2014

Hon. Charles Sousa
Minister of Finance
Frost Bldg S, 7th Flr
7 Queen's Park Cres
Toronto ON M7A1Y7

Dear Minister Sousa,

Re: LCBO Express Locations

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to express our disappointment in your failure to consult with us prior to announcing your decision to invite requests for proposals from grocery stores to host LCBO Express stores.

We have clearly and on several occasions stated our position that any changes to the way beverage alcohol is sold in Ontario must be preceded by careful consultation with our members. Such changes can have a significant impact on health, and this needs to be a primary consideration, especially where increasing availability of alcohol is concerned.

As recently as last month, we were invited to provide our input to the decision to allow the sale of VQA wines at Ontario Farmers' Markets. In so doing, our Council of Ontario Medical Officers of Health (COMOH) expressed concern that while this decision meant only a small expansion of alcohol availability in a specific context, it could be used as an argument to expand the availability of beverage alcohol in other venues. It is clear that this concern was entirely valid, and we are dismayed that we were not similarly invited to comment on this decision, which has a much farther reaching impact on alcohol availability.

Our members strongly agree that alcohol is not an ordinary commodity, and decisions about how it is regulated, promoted and sold must be made within the broader context of its known and measurable societal harms, negative economic impacts and most importantly for us, risks to the public's health.

Direct health problems leading to chronic disease and death, as well as drunk driving and violence are the most obvious examples of the adverse impacts of alcohol use and abuse. It is well-established that access increases consumption, which in turn increases the numerous alcohol-related harms as well as societal costs to the Province related to such things as law enforcement and economic productivity.

The Ministry of Health and Long-Term Care (MOHLTC) clearly recognizes that alcohol consumption is an important public health issue. The Ontario Public Health Standards (OPHS) set out requirements that oblige our members to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies to prevent them. The related 2011-2013 Accountability Agreements between our members and the Ministry include the % of adults exceeding the Low Risk Alcohol Drinking Guidelines as a performance indicator.

We have expressed our concerns in the past about using performance indicators that are substantially influenced by factors outside of the control of public health units, and the Province's decision to expand alcohol availability by allowing kiosks in grocery stores is a clear instance of this problem. It amounts to a situation where the Government's own actions are undermining what it expects us to achieve.

I have attached two of our alcohol-related resolutions and the text of COMOH's input to the VQA consultation to remind you of the seriousness of this issue. Decisions like this one are not matters of economics and convenience alone. They include an important public health dimension that needs to be part of any conversation involving the regulation of alcohol availability.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Johnson". The signature is fluid and cursive, with the first name "Mary" and last name "Johnson" clearly distinguishable.

Mary Johnson
alPHa President.

Copy: Hon. Kathleen Wynne, Premier of Ontario
Hon. Deb Matthews, Minister of Health and Long-Term Care
Dr. Arlene King, Chief Medical Officer of Health
Kate Manson-Smith, Assistant Deputy Minister of Health and Long-Term Care (Health Promotion Division)
Roselle Martino, Executive Director, Public Health Division, Ministry of Health and Long-Term Care
Sylvia Shedden, Director, Public Health Standards, Practice And Accountability Branch, Ministry Of Health And Long-Term Care

Encl.



ALPHA RESOLUTION A08-4.1

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

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

WHEREAS 73% of Ontarians disagree with the privatization of alcohol retail sales; and

WHEREAS 77% of Ontario adults want beer and liquor store hours to stay the same; 77% want hours of sale in bars to stay the same; and 94% support government involvement in the prevention of alcohol-related problems. (Anglin et al., 2004);

NOW THEREFORE BE IT RESOLVED THAT that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to maintain its monopoly on off-premise liquor sales through the Liquor Control Board of Ontario;

AND FURTHER THAT alPHa petition the Ontario government to retain oversight of beverage alcohol at Ontario wineries, microbreweries and the Beer Store through the provisions of the Liquor License Act;

AND FURTHER THAT alPHa petition the Ontario Government to fully consult with health experts, including but not limited to alPHa, the Centre for Addiction and Mental Health and the Ontario Public Health Association before making any policy changes to the availability of beverage alcohol.

aPHa RESOLUTION A12-4

TITLE: Alcohol Pricing and LCBO Revenue Generation

- WHEREAS** the Liquor Control Board of Ontario (LCBO) will be implementing a number of measures to deliver \$100 million per year in additional net revenue to the Province; and
- WHEREAS** research has clearly established an association between easy access to alcohol (either through low prices or physical availability) and overall rates of consumption and damage from alcohol (Barbor et al., 2010); and
- WHEREAS** Ontario has a significant portion of the population drinking alcohol (79.1%), exceeding the low risk drinking guidelines (27.4%), consuming 5 or more drinks on a single occasion weekly (9%), and reporting hazardous or harmful drinking (16.7%) (CAMH Monitor, 2009); and
- WHEREAS** the low cost of alcohol from do-it-yourself brewing and winemaking facilities can potentially lead to individuals inexpensively producing and consuming harmful levels of alcohol (Recommendations for a National Alcohol Strategy, 2007); and
- WHEREAS** it has been established that increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption. Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of \$9.4 million last year (G. Thomas, CCSA, 2012); and
- WHEREAS** increased alcohol sales will reduce overall provincial revenues since direct costs from alcohol-related healthcare and enforcement already leave Ontario with a \$456 million annual deficit (G. Thomas, CCSA, 2012); and
- WHEREAS** billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home (The Costs of Substance Abuse in Canada, 2002);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urgently request that the Premier of Ontario (Dalton McGuinty), the Minister of Health and Long-Term Care (Deb Matthews), the Office of the Attorney General (John Gerretsen), the Minister of Finance (Dwight Duncan), and the Chief Medical Officer of Health (Arlene King), only consider revenue generation from increased pricing on alcohol, not fostering increased alcohol sales. Furthermore, the leader of opposition parties NDP (Andrea Horvath) and PC (Tim Hudak) should be copied on this communication.



**COMOH Submission – Regulatory Registry
Liquor Licence Act Regulation: VQA Wine Sales in Farmers' Markets
Ministry of the Attorney General
Regulation Number: R.R.O. 1990, Regulation 720 under the Liquor
Licence Act**

Feedback on proposed regulatory amendments to allow a pilot program for the sale of VQA wine at farmers' markets, by occasional extensions of on-site winery retail stores; submitted electronically March 20, 2014.

As the Chair of the Council of Ontario Medical Officers of Health (COMOH), I am writing to provide the COMOH's feedback on the Premier's proposal to allow the sale of VQA wines at farmers' markets commencing May 1, 2014. This proposal was discussed at our February 2014 meeting during which COMOH supported a balanced position reflecting known public health principles related to alcohol consumption with the recognition that VQA wines and farmers' markets are an important part of Ontario's agriculture sector and economy.

A number of concerns were raised by COMOH members:

1. The sale of alcohol to minors must continue to be well controlled. We are pleased to see that the Alcohol and Gaming Commission of Ontario (AGCO) will develop educational materials for wineries wishing to sell VQA wine at farmers' markets and that wineries will be required to staff farmers' markets with employees who have been SmartServe trained. However, these are minimum requirements for the safe sale of alcohol. COMOH strongly supports that the same vigilance be required of the AGCO in not allowing sales to those under 19 as is currently required of retail outlets of the LCBO.
2. Research has demonstrated that consumption and harm from alcohol is related to alcohol accessibility as measured by the number of retail outlets and vendors per capita, hours and day of sale, and type of retailing system. Therefore, since the proposed change would increase the number of retail outlets and type of retailing system, COMOH is not supportive of extending the hours for retail sales and sampling to 6am from 9am. Allowing retail sales at a farmers market starting at 9am equates to the provision of an alternate venue for purchase; whereas extending the hours of retail sale to 6am is the addition of hours of sale. These two concepts are very different.
3. COMOH expects that this alternative venue for the purchase of alcohol is limited to only VQA wines and to farmers markets. Our concern is that this initiative does not become an argument to promote more widespread alcohol sales at such locations as corner stores and gas stations. We are very much opposed to such further expansion. Alcohol is *not* an ordinary commodity and should not be treated as such.
4. Alcohol is responsible for the second highest rate of death and disease in Canada following tobacco. Its negative impacts on public safety and community well-being are well documented including homicides, suicides, assaults, fires, drownings, and falls. The huge human and health care costs associated with alcohol consumption are recognized by the Ministry of Health and

Long-Term Care (MOHLTC) and by local boards of health. As part of their financial and accountability agreements, local boards of health must report annually to the MOHLTC on the rates of adherence to low-risk drinking guidelines. Notwithstanding competing pressures and priorities, government policies should strive to work in concert to support the health of all Ontarians.

We are grateful for the opportunity to provide comment. Even though timelines are tight, we would also be pleased to provide public health input to the development of educational materials.