



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer

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## CONCERNS REGARDING MODERNIZING THE ALCOHOL MARKETPLACE AND PRODUCT SALES

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) Receive Report No. 42-23, re: “Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales” for information; and*
- 2) Endorse the Ontario Public Health Association’s (OPHA) letter, attached as [Appendix A](#), to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms with the Ontario Ministries of Finance and Health.*

### **Key Points**

- The Ontario government continues to explore ways to modernize and expand the alcohol market in Ontario which will make alcohol increasingly accessible.
- In 2018/2019, 30% of Middlesex-London residents aged 12 years and older were drinking alcohol above what is considered a low-risk level.
- Research confirms that increased alcohol availability leads to increased alcohol consumption and alcohol-related health and social harms.
- The OPHA has submitted a letter, attached as Appendix A, to the Ministry of Health and the Ministry of Finance to share information about the public health risks associated with alcohol marketplace expansion and evidence-informed policies to mitigate alcohol-related harms.

### **Background**

The Ontario government continues to explore ways to modernize and expand the alcohol market, which will make alcohol increasingly accessible including:

- [Expanding sales](#) of beverage alcohol to more than 270 new retail outlets across Ontario since 2018.
- Permanently allowing licensed restaurants and bars to [include alcohol with food as part of a takeout or delivery order](#).
- [Freezing the basic beer tax rates](#) that were set to be indexed to inflation.
- Permanently [extending hours](#) of operation for alcohol retail store locations.
- Campaigning for [alcohol to be sold in convenience stores](#).

While the government’s stated goal is to “expand choice and convenience for consumers while giving businesses more opportunities”, the public health consequences of continued increases to alcohol access

must be considered. Decades of research substantiate that increased alcohol availability leads to increased alcohol consumption, which results in increased [alcohol-related harms](#). Furthermore, these harms are disproportionately felt by populations experiencing health inequities, also known as the [alcohol paradox](#).

## Alcohol Use and Consequences

We have a culture of drinking in Canada where alcohol consumption has become normalized. Alcohol is used to celebrate, commiserate, cope, and can even be seen as a rite of passage. As such, alcohol is the most commonly used drug in our community with 80% of our Middlesex-London residents, aged 12 years and older, identifying themselves as current drinkers (i.e., had 1 or more drinks in the past 12 months) and 30% are drinking alcohol above what is considered a low-risk level (i.e., had 3 or more drinks in the past 7 days) based on the new [Canadian Guidance on Alcohol and Health \(Public Health Ontario \(PHO\) Snapshot, 2018-19\)](#). Of those reporting alcohol consumption above the low-risk levels in Middlesex-London, 15% report moderate risk drinking (3-6 drinks in the last week) and 15% report increasingly high-risk drinking levels (7 or more drinks in the last week) ([PHO Snapshot, 2018-19](#)).

Alcohol accounts for a significant number of injuries, illnesses, and deaths each year. In 2020, there were 6,202 deaths and 319,580 emergency room & hospital visits in Ontario related to alcohol ([Canadian Alcohol Policy Evaluation, 2023](#)). Alcohol has been classified as a type 1 carcinogen by the International Agency for Research on Cancer since 1988 and has been causally related to 7 types of cancer ([Canadian Centre for Substance Use and Addiction \(CCSA\), 2023](#)). Unfortunately, a large portion of Canadians are not aware of this fact putting many lives at risk given there are an estimated 7,000 cancer deaths due to alcohol consumption each year in Canada ([CCSA, 2023](#)). In addition to the human costs related to alcohol, there are significant financial implications. In 2020, alcohol cost Ontario taxpayers [\\$7.109 billion](#) in direct (e.g., healthcare and enforcement) and indirect (e.g., lost productivity) costs. Despite perceptions that alcohol is a large revenue generator for the province, in 2020-21, alcohol only produced \$5.162 billion in returns for the province of Ontario, creating a \$1.947 billion deficit for the province ([CAPE, 2023](#)).

## Best Practice Alcohol Policies

Recently, the OPHA sent a letter, attached as [Appendix A](#), to the Ministries of Health and Finance to share information about the public health risks associated with alcohol marketplace and product sale expansion. Additionally, OPHA highlighted five essential policy measures to decrease alcohol harms to Ontarians:

1. Reduce retail density, especially in low socio-economic status (SES) neighbourhoods.
2. Maintain or decrease hours of sale, with no exceptions.
3. Strengthen Ontario's alcohol pricing policies including taxation, minimum pricing, or other means.
4. Stop further privatization of alcohol sales.
5. Apply a whole of government, health-in-all-policies approach to alcohol modernization.

OPHA's Alcohol Policy Working Group, of which the Middlesex-London Health Unit is an active member, works collaboratively to communicate support for the maintenance and strengthening of alcohol policies and to increase awareness of health harms associated with alcohol consumption. By endorsing the OPHA letter, the Middlesex-London Board of Health is communicating the need to consider the public health consequences of continued increases to alcohol access and the importance of reducing alcohol-related harms.

This report was submitted by the Healthy Living Division and the Office of the Medical Officer of Health.



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