BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**August 2, 2023**

John Atkinson, Executive Director
Ontario Public Health Association
57 Marion Avenue
Hamilton, ON L8S 4G2

**Re: Support for May 31 Correspondence Item on Modernizing the Alcohol Marketplace and Product Sales**

Dear Mr. Atkinson,

At the July 20, 2023 meeting, the Middlesex-London Board of Health moved to endorse your correspondence from May 31:

It was moved by **S. Franke, seconded by T. Kasi,** *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.*

The Middlesex-London Board of Health received a report at the July 20, 2023 Board of Health meeting titled "Concerns Regarding Modernizing the Alcohol Marketplace and Product Sales". This report outlined the activities that the Province of Ontario wish to undertake to modernize the alcohol marketplace:

- 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.

Alcohol is the most commonly used drug in our community with 80% of 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).

The Middlesex-London Health Unit is an active member of the Ontario Public Health Association's Alcohol Policy Working Group and works collaboratively to communicate support for the maintenance and strengthening of alcohol policies and to increase awareness of health harms associated with alcohol consumption. It is vital to share the public health consequences of continued increases to alcohol access and the importance of reducing alcohol-related harms.

For further information on the Middlesex-London Health Unit's concerns of modernizing the alcohol marketplace, please see Report No. 42-23 attached to this letter.

Sincerely,

Matt Newton-Reid
Board Chair
Middlesex-London Health Unit

Emily Williams, BScN, RN, MBA, CHE
Secretary and Treasurer
Middlesex-London Health Unit

Dr. Alex Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health
Middlesex-London Health Unit

CC: Minister Peter Bethlenfalvy, Ministry of Finance of Ontario
Minister Sylvia Jones, Minister of Health of Ontario
Dr. Kieran Moore, Chief Medical Officer of Ontario
Linda Stobo, Manager, Substance Use Program Team

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 42-23

TO: Chair and Members of the Board of Health

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

DATE: 2023 July 20

---

# 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.

Dr. Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

57 Marion Avenue North
Hamilton, Ontario
L8S 4G2

Tel: (416) 367-3313
E-mail: admin@opha.on.ca
**www.opha.on.ca**

**President**
Kevin Churchill
E-mail: president@opha.on.ca

**Executive Director**
John Atkinson
E-mail: jatkinson@opha.on.ca



Minister Peter Bethlenfalvy, Ministry of Finance of Ontario
Minister Sylvia Jones, Minister of Health
Sent by email to: peter.bethlenfalvy@ontario.ca and sylvia.jones@ontario.ca

May 31, 2023

Dear Minister Bethlenfalvy and Minister Jones,

**Re: Modernizing alcohol marketplace and product sales**

On behalf of the leaders and members of the Ontario Public Health Association (OPHA), we are writing to you to express our serious concerns about the impact that increasing alcohol availability and affordability will have on the health of Ontarians. We were recently invited to participate in closed door consultations by the Ministry of Finance, but were unable to given that the non-disclosure agreement would have prevented us from letting our members know about our participation or the kinds of input we would provide. Given that the government is conducting consultations regarding potential continued "modernization" of the alcohol marketplace, we are writing to highlight the inevitable consequences of illnesses, deaths and social harms to our citizens that will follow with increased sales and consumption of alcohol in Ontario. We implore the Government of Ontario to not increase access, availability or affordability of alcohol in light of the evidence below.

Research and real world evidence shows that when alcohol becomes more available and cheap, the following increases: street/domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking and injury (1) and suicide. (2,3) Along with increased costs from healthcare, lost productivity, criminal justice and other direct costs also increase. (4)

OPHA recommends that the government implement the following policy measures to mitigate these harms:

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.

The final report on Canada's Guidance on Alcohol and Health states that alcohol contributed to 18,000 deaths in Canada in 2017. (5) The evidence overwhelmingly proves that less is better when it comes to drinking alcohol. (5) Alcohol consumption causes 200 health and injury conditions, (6) and is identified by the World Health Organization (WHO) as a class 1 carcinogen in the same class as tobacco smoke and asbestos. (7) Most Canadians are not aware of this fact, which is concerning given that there are 7,000 cancer deaths due to alcohol consumption each year in Canada. (5) Not only does alcohol cause a high burden of disease, it also has significant social and economic consequences. Furthermore, impairment by alcohol is strongly associated with increased risk of unintentional injuries, violence and other second-hand effects, which impacts not only those consuming alcohol but also persons who have not decided to drink alcohol, including children. (5)

While the cost and harms of tobacco are decreasing for the first time, alcohol costs and harms are increasing. In Canada, the per-person healthcare costs attributable to alcohol rose from $117 to $165, increasing by 40.5% between 2007 and 2020, compared to tobacco, the per-person healthcare costs decreased from $167 to $143 during the same time. This fact helps create context to policy decisions being made; while tobacco has had increasing restrictions placed on it, such as increased taxes, product labelling and advertising bans/restrictions, alcohol has no such policies. The current alcohol policies are staying stagnant or being dismantled. (8)

We are asking for the government to strengthen its policy on alcohol. We must implement high standards to protect the people of Ontario from the harms alcohol contributes to and to ensure the businesses that perpetuate these harms do not obtain commercial gains or profits at the expense of Ontarians' health.

1. **OPHA recommends reducing retail density, especially in low socio-economic status (SES) neighbourhoods.**

Restrict the number and location of alcohol outlets to reduce alcohol related problems, and/or enable municipalities to do so. Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) Changes involving increased access through a greater number of alcohol outlets, such as permitting sales in supermarkets, influence both alcohol consumption and harm. (1) This is concerning, being that Ontario increased access in 2015, where the number of locations authorized to sell beer increased by 450 stores. (9) Since that time, the government has expanded sales of beverage alcohol further to more than 270 new retail outlets across Ontario since 2018, including 191 LCBO convenience outlets and 87 grocery stores. (10)

Research shows that once Ontario started selling alcohol in grocery stores in 2015, there were over 24,000 more alcohol related emergency room visits than in the two years before. (11) Alcohol availability in the province increased by 22% between 2007 and 2017. (12) Changes to rules that made it easier to buy alcohol during the COVID-19 pandemic have become permanent and have increased alcohol availability. (13)

A recent analysis using the Cancer Risk Factors Atlas of Ontario documented that in Toronto, higher alcohol intake was found in areas where residents lived within 500 m of off-premise alcohol retailers, compared with areas with retailers over 1 kilometre away. Regardless of neighbourhood socio-economic status, access to off-premise alcohol retailers was related to excess alcohol consumption in Toronto neighbourhoods. (14) Despite what this analysis found, a health equity lens should be applied in alcohol policy changes as people of lower socio-economic status and other priority groups (e.g., youth) (1,15) are typically disproportionately affected by policies that increase alcohol access in their neighbourhoods. (1,16)

The CAPE report cards are a research project that provides assessments of provincial, territorial and the federal governments in Canada implementing policies proven to reduce harms due to alcohol. (17) Ontario's report card was recently (December 2022) downgraded to an F for this alcohol policy area. The previous report cautions against expansion of alcohol availability in corner stores and more grocery outlets. (17) The current report advises the following for alcohol availability:

- Strengthen and reduce existing density limits for off-premise outlets and introduce density limits for on-premise establishments. (17)
- Introduce placement limits for all premises (17)
- Prohibit on-premise alcohol takeout. (17)
- Prohibit alcohol home delivery from all premises. (17)

**2. OPHA recommends maintaining or decreasing hours of sale, with no exceptions.**

Similar to the Centre for Addiction and Mental Health, OPHA has concerns around increasing hours of sale. (18) Extensions of as little as one to two hours have been observed to result in increased harms. (19) (20) Extended hours of sale attract a younger drinking crowd and result in higher blood alcohol content (BAC) levels for males. (21) Controls on retail hours and days of sale have been shown to be effective in reducing consumption and alcohol-related harms (22) and evidence suggests a potential direct effect of policies that regulate alcohol sales times in the prevention of heavy drinking, injuries, motor vehicle incidents, alcohol-related hospitalizations, assaults, homicides and violent crime. (23,22,24,25)

Furthermore, research for on-premise outlets (e.g., licensed establishments) show that extended hours of alcohol service are associated with increased alcohol consumption and increased alcohol-related harms. (1) (17) Evidence indicates a higher risk of ambulance calls for trauma in areas with highest density of on-premise licensed alcohol establishments (26) with alcohol-related violence most likely occurring between 22:00 and 2:00 hours. (27) It has also been suggested that emergency calls for injury and intoxication may be reduced by limiting the hours of operation of licensed alcohol establishments. (26)

In Germany, banning sale of alcohol between 10 pm and 5 am in retail settings resulted in a significant decrease in alcohol-related hospitalizations among adolescents and young adults, as well as hospitalizations due to violent assault. (28)

The 2023 CAPE report card rated Ontario with an F for this alcohol policy area and recommended the following:

- Reduce and legislate maximum trading hours allowed per week.
- Implement the following hours of sale: 11 am to 8 pm for off-premise and 11 am to 1 am for on-premise with no extensions. (2)

**3. OPHA recommends strengthening Ontario's alcohol pricing policies.**

Alcohol pricing policy is a highly cost-effective intervention which is underutilized by governments. Decades of international and Canadian research show that raising the price of alcohol is one of the most cost-effective approaches for reducing consumption and thereby alcohol-related health and social harms. This is done through policy actions such as excise taxes, minimum pricing, and regularly adjusting alcohol prices for inflation. (2) Another innovative action would be to implement a dedicated, earmarked, or surcharged tax on alcohol to help cover the health and social costs. (29)

There have been eight meta-analyses that have systematically reviewed the results of applicable econometric studies. It was consistently reported in all eight reviews that a price increase leads to decreases in consumption. (1) This can also be corroborated by research on tobacco pricing, which has the same mechanism of action, only for a different substance. (30) Higher prices on alcohol encourages less consumption by drinkers and hinders non-drinkers to start drinking. (1)

The above was demonstrated in British Columbia where a 10 per cent increase in minimum alcohol prices was associated with a 32 per cent drop in alcohol-related deaths. (31) In Saskatchewan, a 10 per cent increase in minimum prices significantly reduced consumption of all types of alcoholic beverages by almost 8.5 per cent, thereby decreasing harms as well. (1,32) A recent major international study found that, on average, a 1 per cent increase in overall alcohol prices was associated with a 0.5 per cent reduction in alcohol use and resulted in increases in both industry profits and government revenues. (33)

Pricing controls have been demonstrated to be particularly effective for susceptible populations, such as young people, and heavy drinkers. (1,15) For young people, a price increase leads to reduced rates of suicide, traffic injuries and sexually transmitted diseases with the opposite effect with price decrease. (1) Alcohol harms that are typically attributed to long term heavy drinking are also found to change in response to tax changes. (1) Generally, research proposes that alcohol taxes have a greater fiscal impact on lower income people than those with higher income. (1)

It has been identified that corporations, such as those involved with Big Alcohol, create narratives to interfere with policy decisions. This practice is referred to as **argument-based discursive strategies**, where corporations, for example, stress the crucial role that the industry plays in the economy, or promote industry-preferred solutions such as education and voluntary initiatives. (34) It is not surprising then that the story created around increasing alcohol prices is that it will have negative impacts on the economy and employment.

This narrative has been challenged with the argument that if people buy less alcohol, they will spend more money on other goods, which will create jobs elsewhere in the economy. (29) It is also wise to be cautious when relying on employment estimates from the alcohol industry research stating how many jobs are involved with alcohol production - similar industries have exaggerated these estimates in the past. Research for the World Bank revealed that numbers reported to be employed by the tobacco industry were three times the actual number of FTEs. (29)

The 2023 CAPE report card rated an F for this alcohol policy area, and recommended improvement through the following:

- Increase minimum prices to a price per standard drink (e.g. 17.05 mL pure alcohol) of at least $2.04* for alcohol sold at off-premise stores and $4.07* for alcohol sold at on-premise establishments, after taxes (*2023 price). (17)
- Include on-premise alcohol and beer sold off-premise to automatic indexation. (17)
- Set minimum prices by ethanol content (e.g. $/L ethanol). (17)
- Tax alcohol at a higher rate than consumer goods, update general alcohol prices yearly to reflect Ontario specific inflation rates, and increase alcohol sales taxes. (17)
- Set off-premise minimum retail markups to be at least 100% of the landed cost across all beverage types and set on-premise markups at or above the off-premise retail price. (17)

The World Health Organization has a resource tool on alcohol taxation and pricing policies to inform the above actions. (29)

**4. OPHA recommends against further privatization of alcohol sales.**

Government retail monopolies are an effective way to limit alcohol consumption and harm at the population level. (1,2) Proof of strong effectiveness and a large breadth of research exist to support this fact. (1) In Canadian jurisdictions where government retail monopolies have been dismantled and partial or full privatization have been introduced, increases in alcohol consumption and harms have been observed. (2) With governmental monopolies, the priority can be given to public health and public safety goals rather than a focus on profits and increasing sales. Not only does government monopolies on alcohol support population health it also provides governments with a means of income. (1)

In Sweden, modelling was done to predict the potential impact of privatizing Sweden's alcohol monopoly, along with other policy impacts. Stockwell et al. (2018) estimated that privatization could lead to increases in consumption of between 20% and 31% and in mortality of up to 80%. (1) Evidence from Finland demonstrates that removing even a single beverage from government monopoly control can have dramatic impacts. (1) The positive effects of re-monopolization cannot be ignored as well. Re-monopolization is associated with a decrease in alcohol-related harms including suicides, falls and motor vehicle collisions. (2)

The 2023 CAPE report card rated an F for this alcohol policy area for the province and recommended that Ontario:

- Maintain the present network of government-owned and government-run LCBO retail stores with a mandate to protect health and safety. (17)
- Ensure that new legislation/regulations do not further privatize alcohol sales (e.g. convenience stores, more grocery stores and big box stores). (17)

**5. OPHA recommends applying a whole of government, health-in-all-policies approach to alcohol modernization.**

Bring all government ministries together when developing new public policy or making changes to existing policies to ensure health and safety implications are considered. Establish baselines, monitor, measure and review the impact of changes to alcohol policy to other government priorities and goals. To illustrate, policing costs were ranked as the second biggest cost caused by alcohol at 11.1% of the total costs of alcohol. (35) The Ontario Government is increasing police funding to deal with violent crime, as quoted by Premier Ford: "As crime continues to rise in communities across Ontario, we're taking action to get more boots on the ground…to address crime and keep people safe." (Twitter) If the Ontario Government is looking to decrease crime, increasing access to alcohol would be in direct opposition to this goal. (36,37) Having better collaboration and understanding among Ministry areas would help with aligning goals and decrease competing priorities.

In summary, the Ontario Public Health Association recommends the following:

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.

The people of Ontario deserve communities that support, not undermine their health and well-being. When it comes to alcohol sales, the government must forego the objectives of "expanding choice and convenience for consumers" in favour of the health of Ontarians. The majority of the public does not yet recognize or know the extent of the harms that alcohol causes (38), and the government has an obligation to protect people. OPHA has previously provided the government with the information needed to make informed and balanced decisions regarding alcohol policy and we trust that the enclosed information and our recommendations will end further "modernization" of the alcohol market.

Government spending to meet the growing costs from alcohol-related harms is not sustainable. Industry interests support greater access and increased consumption. The Government of Ontario's legacy can be one that puts the health of Ontarians first, and over the interests of industry. We urge the government to work across ministries and in close collaboration with employers, healthcare providers and community stakeholders to strengthen alcohol policies or at least prevent further erosion. We would welcome the opportunity to meet with you and/or your ministries to discuss our recommendations further and the government's move towards progressive alcohol control policies.

Sincerely,

John Atkinson
Executive Director

Cc: Dr. Kieran Moore, Chief Medical Officer of Health
Fausto Iannialice, Director, Alcohol Policy and Strategic Initiatives Branch
Dr. Eileen DeVilla, Chair, Council of Medical Officers of Health (COMOH)

**More about the Ontario Public Health Association**

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

## References


1. Babor T CSGKHTLMOERJRRRIaSB. Alcohol: No Ordinary Commodity Research and Public Policy. 3rd ed.: Oxford University Press; 2023.
2. Stockwell T WAVKCCGNANea. Strategies to reduce alcohol-related harms and costs in Canada: a review of provincial and territorial policies. Victoria, B.C.: Canadian Institute for Substance Use Research,; 2019.
3. Ontario Public Health Association. OPHA Issue Series: Alcohol Outlet Density. [Online]. [cited 2023 May 9. Available from: https://opha.on.ca/wp-content/uploads/2021/06/Alcohol-Outlet-Density.pdf.
4. CCSA and CISUR. Canadian Substance Use Costs and Harms. [Online].; 2023 [cited 2023 March 23. Available from: https://csuch.ca/.
5. Paradis C,BP,SK,PN,WS,NT,SA,&tLRADGSEP. Canada's Guidance on Alcohol and Health: Final Report. Ottawa ON: CCSA Canadian Centre on Substance Use and Addiction; 2023.
6. World Health Organization. Alcohol: Fact Sheet. [Online].; 2022 [cited 2023 April 28. Available from: https://www.who.int/news-room/fact-sheets/detail/alcohol.
7. International Agency for Research on Cancer (IARC). Personal habits and indoor combustions. Volume 100 E: A reveiw of human carcinogens. Lyon, France:, IARC monographs on the evaluation of carcingoenic risks to humans; 2010.
8. Canadian Substance Use Costs and Harms Scientific Working Group. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use andAddiction.). Canadian substance use costs and harms 2007–2020. Ottawa, ON.: Canadian Centre on Substance Use and Addiction; 2023.
9. Government of Ontario. Ontario Expanding Beer Salhttps://news.ontario.ca/en/release/32431/ontario-expanding-beer-sales-to-grocery-storeses to Grocery Stores (Archived). [Online].; 2015 [cited 2023 May 9. Available from: https://news.ontario.ca/en/release/32431/ontario-expanding-beer-sales-to-grocery-stores.
10. Government of Ontario. Ontario News Room. [Online].; 2021 [cited 2023 May 9. Available from: https://news.ontario.ca/en/release/1001350/ontario-cutting-wholesale-alcohol-prices-to-support-restaurants-and-bars.
11. Myran DT CJGNRV. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. Addiction. 2019 July 1183-1191; 114(7).
12. EENet (Evidence Exchange Network). Alcohol Availability in Ontario. 2018. Infographic, Also involved: Alcohol Policy in Ontario Community of Interest contributed and (CAMH) Centre for Addictions and Mental Health.
13. Ontario News Room. Ontario Permanently Allowing Alcohol with Food Takeout and Delivery. [Online].; 2020 [cited 2023 May 9. Available from: https://news.ontario.ca/en/release/59542/ontario-permanently-allowing-alcohol-with-food-takeout-and-delivery.
14. Ontario Health (Cancer Care Ontario). Cancer Fact: Off-premise alcohol retailer location in Toronto is associated with neighbourhood-level alcohol consumption. [Online].; 2020. Available from: cancercareontario.ca/cancerfacts.
15. 1 MRG&RJC&JAD&STL. The impact of an alcohol policy change on developmental trajectories of youth alcohol use: examination of a natural experiment in Canada. Canadian Journal of Public Health. 2021; 112: p. 210–218.
16. Ontario Public Health Association (OPHA). OPHA Issue Series: Alcohol and Social Determinants of Health. [Online]. [cited 2023 May 9. Available from: https://opha.on.ca/wp-content/uploads/2021/06/Alcohol-and-Social-Determinants-of-Health.pdf.
17. Naimi T,ST,GN,WA,VK,FLA,F,MJ,PB,VN,PT,AM,GM,HG,SJ,SA,SK,R,TG&T. Canadian Alcohol Policy Evaluation (CAPE) 3.0 Project. Policy Domain Results Summary (Provincial/Territorial). Victoria, BC: University of Victoria, Canadian Institute for Substance Use Research; 2023.
18. The Centre for Addiction and Mental Health. Submission to the Ministry of Finance, Liquore License and Control Act, 2019: Proposed Regulations. [Online].; 2021 [cited 2023 May 9. Available from: https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/mofconsultation20210719-pdf.pdf.
19. Hahn RA,KJL,ER,BR,CS,ea. Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms. American Jounral of Preventive Medicine. 2010; 39(6): p. 590–604..
20. Rossow I,&NT. The impact of small changes in bar closing hours on violence: The Norwegian experience from 18 cities. Addiction. 2012; 107(3): p. 530-537.
21. Chikritzhs TaST. The Impact of Later Trading Hours for Hotels (public houses) on Breath Alcohol Levels of Apprehended Impaired Drivers. Addiction. 2007; 102: p. 1609-1917.
22. Svetlana Popova NGDBJP. Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A Systematic Review. Alcohol and Alcoholism. 2009 September-October; 44(5): p. Pages 500–516.
23. Sanchez-Ramirez DC . The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. Injury Prevention. 2018;(24): p. 94-100.
24. Stockwell T,&C. Do relaxed trading hours for bars and pubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. Crime Prevention and Community Safety. 2009; 11(3): p. 153.
25. Sherk A,ST,CT,AS,AC,ea. Alcohol consumption and the physical availability of take-away alcohol: Systematic reviews and meta-analyses of the days and hours of sale and outlet density. Journal of Studies on Alcohol and Drugs. 2018; 79(1): p. 58–67.
26. Ray JG,TL,GP,MFI,RB,BE,PAL. On-Premise Alcohol Establishments and Ambulance Calls for Trauma, Assault, and Intoxication. Medicine. 2016; 95(19): p. 11-12.
27. Rand M. R SWJ,SM,ea. Alcohol and Crime: Data From 2002 to 2008. , Washington, DC: Bureau of Justice Statistics (BJS); 2010.
28. Jan Marcus TS. 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. 2015; 123: p. 55-77.

29. Sornpaisarn B SKÖERJe. Resource tool on alcohol taxation and pricing policies. Geneva: World Health Organization; 2017.
30. Worrell M HL. Cigarette affordability in Canadian provinces: a 10-year review. Health Promot Chronic Dis Prev Can. 2021 October; 41(10): p. 315-318.
31. Zhao J STMGMSVKTAPWTAaBJ. The relationship between changes to minimum alcohol prices, outlet densities and alcohol attributable deaths in British Columbia in 2002- 2009. Addiction. 2013; 108.
32. Stockwell T ZJGNMSTGWA. The raising of minimum alcohol prices in Saskatchewan, Canada: impacts on consumption and implications for public health. Model Based appraisal of alcohol minium pricing in Ontario and BC: A Canadian Adaptation. AM J Public Health. 2012 Dec; 102(12).
33. CA. G. THe demand for alcohol: A meta-analysis of elasticities. Aust J Agr res Econ. 2007; 51(2): p. 121-35.
34. Ulucanlar S FGGA. The policy dystopia model: an interpretive analysis of tobacco industry political activity. PLoS Med. 2016; 13(9).
35. The Canadian Centre on Substance Use and Addiction, in partnership with the Canadian Institute for Substance Use Research. Which Categories Drive Alcohol Caused Costs? 2023 April 20. Information taken from Webinar gathered from Canadian Substance Use Costs and Harms Tool.
36. Doug Ford, Fordnation. Twitter. [Online].; 2023, April 25 [cited 2023. Available from: https://twitter.com/fordnation/status/1650962554196307969.
37. Government of Ontario. News Room: Ontario Takes Action on High-Risk and Repeat Violent Offenders. [Online].; 2023 [cited 2023 May 1. Available from: https://news.ontario.ca/en/release/1002987/ontario-takes-action-on-high-risk-and-repeat-violent-offenders.
38. Weerasinghe A SMNVKSTHDMJea. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. International Journal of Environmental Research and Public Health [Internet]. 2020 Jan 7;17(2):398. 2020 January; 17(2).
39. Canadian Substance Use Costs and Harms Scientific Working Group. Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction. Canadian substance use costs and harms 2015–2017. Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2020.
40. Giesbrecht N,WA,VK,CC,ST,AN,AM,CR,CS,DM,DM,HG,MR,SR,TG,TK. Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review. Policy Review. Victoria, B.C.: University of Victoria, Canadian Institute for Substance Use Research; 2019.
41. Canadian Institute for Health Information. Alcohol Harm in Canada: ExaminingHospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI Canadian Institute for Health Information; 2017.