THE NEED FOR A PROVINCIAL ALCOHOL STRATEGY

Response to the Ontario government's draft Alcohol Policy Framework

February 23, 2016

INTRODUCTION

On February 4 the Ministry of Health and Long-Term Care held a consultation on a draft "alcohol policy framework" for Ontario. Our organizations have been collaborating since 2013 to discuss the need for a more health-focused approach to alcohol policy in Ontario, and in September 2014, we jointly issued a call for the development of a provincial alcohol strategy, so we were pleased to have the opportunity to discuss this topic with the Ministry.

Over the past few decades a consensus has emerged among experts regarding policies and interventions to control alcohol-related harms.[1] The consensus that has emerged is that "the strongest, most cost-effective strategies include taxation that increases prices, restrictions on the physical availability of alcohol, drink-driving countermeasures, brief interventions with at risk drinkers and treatment of drinkers with alcohol dependence."[2] The World Health Organization has narrowed this list to three **"best buy" policies** – that is, interventions to reduce alcohol-related harms that are not only highly cost-effective but also feasible and appropriate: tax increases, restricted access to alcohol, bans on advertising.[3] The WHO notes that these interventions are relatively low-cost and that "the return on investment will be many millions of premature deaths."[4]

This submission follows up on the February 4 consultation, summarizing our joint response to the MOHLTC's consultation questions and outlining our recommendations for evidence-informed alcohol policy. It is our hope that the items in this submission will be included as core components of the province's alcohol policy framework – and that this framework will in turn serve as the basis for a comprehensive alcohol strategy for Ontario.

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[1] Babor et al., 2010

[2] Alcohol and Public Policy Group, 2010; see also World Health Organization, 2010

[3] World Health Organization, 2011

[4] World Health Organization, 2011: 3

WHAT'S WORKING WELL

Our group identified several areas of alcohol policy that are working well in Ontario and align with the recommendations of Canada's National Alcohol Strategy. Examples include the legal drinking age (which we strongly encourage the province to maintain at 19 years of age) and drinking and driving policies, which recent evaluations have shown to reduce casualty collisions and recidivism rates. Below, we outline three more areas where Ontario is doing well and make suggestions to further strengthen them.

1. ***Ontario's minimum pricing structure***

Alcohol pricing is an effective lever for reducing hazardous alcohol consumption and alcohol-related harm.[5] Three main components make up a strong minimum pricing system for alcohol:

- Minimum prices (e.g. social reference prices or floor prices) can limit the availability of inexpensive products in the market – which are often attractive to high-risk and/or younger users – and deter overconsumption.
- Adjusting prices to inflation maintains the integrity of the pricing system by ensuring that the price of alcohol does not diminish over time relative to other goods.
- Adjusting prices for alcohol content (i.e. volumetric pricing) ensures that the price of a product is at least roughly proportional to the amount of alcohol it contains. It creates an incentive for consumers to purchase lower-strength products and reduces overall ethanol consumption across the population.

Ontario currently has minimum prices for all beverage products, adjusted per the consumer price index on an annual basis. These practices position Ontario as a leader among Canadian provinces.

The pricing system can be further strengthened. As part of a comprehensive alcohol strategy, we encourage the province to:

- *Close loopholes to the minimum price.* Exceptions or loopholes to minimum prices undermine the public health value of this policy. Current exceptions to minimum prices such as delisted products and discounted gift certificates should be prohibited, and ferment-on-premise products should be subject to the minimum price system.[6]
- *Tie prices more closely to alcohol content.* We encourage Ontario to adopt a pricing structure that adjusts for alcohol content so that as alcohol content rises, so does the price. This will help reduce incentives for purchasing higher-strength products. In Saskatchewan, where such a policy has been implemented, there is evidence that it has had a positive impact on acute and chronic alcohol-related harms.[7]
- *Raise minimum prices.* Current minimum prices on alcohol in Ontario are below the ideal level to reduce harmful consumption. To discourage overconsumption and

← 'BEST BUY' POLICY

[5] Babor et al., 2010; Hill-McManus et al., 2012; National Alcohol Strategy Advisory Committee, 2015a

[6] National Alcohol Strategy Advisory Committee, 2015a

[7] Stockwell et al., 2012

effectively reduce alcohol-related harms, minimum prices should be raised. (For a detailed discussion of minimum pricing and the price levels shown to reduce harms, see Giesbrecht et al., 2013; Hill-McManus et al., 2012).

2. *The role of the Liquor Control Board of Ontario*

Part of the LCBO's mandate is to sell alcohol in a socially responsible manner and support safe consumption. LCBO staff are trained in responsible sales and its Challenge and Refusal program is considered exemplary. The social responsibility initiatives of the LCBO – conducted in partnership with Mothers Against Drunk Driving, Best Start and other stakeholders – draw attention to risks of over-drinking, drinking while pregnant, impaired driving, and other alcohol-related problems. The LCBO has also been a major distributor of educational materials on Canada's Low-Risk Alcohol Drinking Guidelines (LRADG). As such, in Ontario the LCBO serves a crucial function in minimizing avoidable alcohol-related costs and developing a culture of moderation.

The advantages of public alcohol monopolies like the LCBO are even more evident when we look at jurisdictions that lack them. Research evidence consistently indicates that privatization of alcohol sales – even partial privatization – results in a dramatic increase in the number of stores per capita, longer hours of sale, and lower attention to challenge-and-refusal protocols – with a concomitant increase in alcohol-related harms and associated costs.[8]

We are disappointed that a large number of private retail outlets will soon be selling alcohol in Ontario. We hope that with the development of a provincial strategy, public health will be more central to alcohol policy decisions going forward.

To ensure that social responsibility remains a central tenet of alcohol sales in Ontario, we recommend the following:

- *Establish a moratorium on further privatization of alcohol sales.*
- *Retain government (LCBO) control over distribution of alcohol.*
- *Extend the LCBO's standards around alcohol availability to other retail outlet types.* LCBO practices around hours of sale, challenge and refusal, staff training, and pricing should be the minimum standard to which other outlet types are held.

← 'BEST BUY' POLICY

3. *Reducing risk in the licensed drinking context*

In Ontario, mandatory server training is done through SmartServe, a self-completed online training. SmartServe has undergone process evaluations to ensure the program is delivered as intended. While there

[8] See Stockwell et al., 2013. For example, in Alberta, before privatization in 1993 there were 208 liquor outlets; by December 2015 the number of outlets had increased to 1,402 (Alberta Gaming and Liquor Commission, 2016). In Québec, the introduction of beer and wine sales to grocery stores in 1978 resulted in 9,200 new retail outlets by 2002 (Morin et al., 2003).

is evidence that some server training programs have an immediate impact on serving practices,[9] outcome evaluations of SmartServe have not been conducted so its impact is unknown.

Even for programs that have demonstrated their impact, this impact is not sustained without ongoing enforcement that imposes penalties when serving to intoxication or serving underage does occur.[10] Enhanced enforcement of liquor regulations and alcohol service has been shown to be effective in a number of studies, with significant reductions in intoxication, overserving and serving underage.[11]

Another important gap relates to addressing alcohol-related sexual harassment and aggression, particularly in public drinking establishments. Sexual assault is a significant public health problem for young women, with 59% of Canadian university women experiencing sexual assault since age 14, and about 75% of incidents of sexual assault involving alcohol; furthermore, research in one Ontario community found that 50% of female bar-goers experienced unwanted touching or unwanted persistent advances on a single night out.[12] Thus, preventing alcohol-related sexual harassment and aggression / assault is an emerging priority.

Our group offers the following recommendations to reduce risk in the licensed drinking context:

- *Evaluate the Smart Serve program.* We propose an outcome evaluation that looks at the impact of the program on challenge and refusal practices, and how that alters the drinking context and attendant harms.
- *Improve monitoring and enforcement of alcohol regulations.* This should include “adopting a structure of enforceable consequences for violations; implementing procedures of unbiased enforcement; using publicity to ensure that there is a perceived high risk of being caught and punished; and developing the political will to support ongoing enforcement.”[13]
- *There is a need for research, development of interventions and evaluation* regarding the prevention of alcohol-related sexual harassment and aggression / assault*.*

[9] Gliksman et al., 1993

[10] Babor et al., 2010

[11] Saltz et al., 2010; Bolier et al., 2011

[12] Senn et al., 2014; Graham et al., 2014

[13] Graham et al., 2014: 693

CURRENT GAPS AND CHALLENGES

Our group identified several gaps in, and challenges to, Ontario's alcohol policy. In this section we outline three specific areas and make suggestions to shore up these gaps.

1. *Marketing and promotion*

Increased exposure to alcohol marketing is associated with earlier initiation of alcohol use, increased consumption and alcohol-related harms, especially among young people. Exposure to alcohol marketing is also associated with the normalization of alcohol use and encourages and reinforces positive attitudes towards alcohol and leads to unrealistic expectations about the effects of alcohol.[14]

Currently the alcohol industry self-regulates its advertising. Ontario is one of the few provinces with an advertising complaint process that is easily accessible to the general public. However, a recent content analysis of TV, radio and magazine advertisements revealed there are a number of potential advertising violations.[15] Self-monitoring is not working. In addition, the CRTC code has not kept pace with the emergence of innovative alcohol marketing strategies (e.g. interactive / direct marketing via social media).

Along with policies to raise prices and curtail access, restrictions on advertising are among the WHO's three 'Best Buy" policies. In fact, the WHO recommends that alcohol advertising be banned altogether. The evidence is clear that a full advertising ban would have significant health benefits.

On the topic of marketing and promotion we make the following recommendations:

- *The amount of alcohol advertising should be curbed.* There should be a cap on the quantity of advertisements at retail outlets and the volume of advertisements distributed by the LCBO should be reduced.[16]

← 'BEST BUY' POLICY

- *Regulations on advertising, marketing and promotion should be updated.* They should apply to all forms of media including print, television, radio, internet and social media. "Advertisement of price or other sales incentives by alcohol retailers" and "sponsorship, including bursaries and scholarships, that target youth/young adults" should be prohibited.[17]
- *An independent pre-screening process for alcohol advertisements should be introduced* in order to ensure compliance with provincial and federal regulations.[18]

2. *Evaluation and research*

The ongoing expansion of alcohol sales – particularly the sale of beer and wine in grocery stores and wine in farmers' markets – should be evaluated for its health and safety impact. While the LCBO is required to be transparent about its sales, other retail outlet types are not, meaning we have no way to determine patterns of consumption and harm.

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[14] British Medical Association, 2009; Brown & Witherspoon, 2002; van Hoof et al., 2009

[15] Heung, Rempel & Krank, 2012

[16] Giesbrecht & Wettlaufer, 2013

[17] Giesbrecht & Wettlaufer, 2013: 7

[18] Giesbrecht & Wettlaufer, 2013

Ensuring Ontario's alcohol policies are effective will require a modernized approach to monitoring and evaluation. To that end we recommend the following:

- *Private retailers should be required to share alcohol sales data.* This could be accomplished by implementing an open information system similar to the LCBO Sale of Data program, or providing the government with monthly aggregated beverage sales by volume (as opposed to by revenue). To understand the impact of its alcohol policies the province must be able to examine alcohol sales by channel – LCBO, Beer Stores, grocery stores, farmers' markets, etc.

3. Coordination and leadership

In Ontario, as elsewhere, alcohol policy involves balancing interests that are often at cross-purposes. As a result, alcohol policy can be fragmented and health is sometimes an afterthought. But alcohol-related harms and costs are borne by many government ministries and sectors, from Health and Long-Term Care to Community Safety and Correctional Services. There is a need for government coordination and leadership: coordination to ensure that the ministries are working together and linkages to other initiatives and strategies are being made, and leadership to ensure that alcohol policies are being implemented and are effective.

- *Create an entity responsible for coordinating and implementing Ontario's alcohol strategy.* Smoke-Free Ontario provides a good model, though an entity for alcohol should be at arm's length from government. It should ensure that mechanisms are in place to ensure coordination across the many ministries whose portfolios touch on alcohol, as well as the non-governmental organizations and stakeholders in the health sector.
- *Coordinate Ontario's alcohol strategy with related provincial strategies and cross-Canada initiatives.* Ontario has a number of strategies in place that complement the sort of alcohol strategy we are proposing. Examples include the province's mental health and addictions, injury prevention, fetal alcohol spectrum disorder, tobacco control, poverty reduction and affordable housing strategies – as well as Ontario's action plan to stop sexual violence and harassment. In addition, over the past two years a Canadian Post-Secondary Education Collaborative on Reducing Alcohol-related Harms has been established to address binge drinking; we recommend that all Ontario colleges and universities formally participate in this Collaborative.
- *Dedicate a portion of alcohol revenue for prevention and treatment.* Manitoba and Québec have such practices in place. In Ontario, 2% of slot machine revenues are directed to prevention, treatment and research of problem gambling. For alcohol, this could involve earmarking a percentage of existing revenues, or modestly increasing prices – it has been estimated that adding $0.05 to the price of a standard drink and directing that revenue to alcohol treatment and prevention initiatives would double Ontario's current investment in that area.[19]

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[19] Skinner, 2007

OPPORTUNITIES

Our group identified several opportunities for "quick wins" as the government designs its alcohol policy framework. Our three main recommendations in this area are:

1. ***Raise minimum prices***

On February 18 the Premier announced that minimum prices on wine will be adjusted to ensure that they correspond better to alcohol volume, relative to beer and spirits. Such pricing approaches are known to reduce alcohol-related harm. As mentioned above, minimum prices are currently too low. Building on the upcoming increase in wine prices, the government has the opportunity to:

- *Begin gradually increasing minimum prices annually, over and above CPI adjustments.* The evidence suggests the benefits of such an approach would be substantial.

2. ***Improve awareness of alcohol-related harms, LRADGs and the definition of a standard drink***

Education alone has not been shown to be sufficient to reduce high-risk drinking behaviors; however, it plays an important supportive role in strategies to reduce alcohol-related harms.[20] A clear understanding of the drinking guidelines for the general population and the concept of a standard drink allows individuals to monitor their drinking and to adjust it according to risk factors. Currently in Ontario, there is low awareness of both the national Low-Risk Alcohol Drinking Guidelines,[21] and there also seems to be low awareness of the definition of a standard drink.

There will be a need to improve the LRADGs themselves in the future. In the meantime we encourage the province to continue raising awareness of alcohol-related risks and harms, with particular emphasis on the definition of a standard drink:

- *Develop an education campaign designed to improve Ontarians' awareness and understanding of the health risks and harms of alcohol – both short-term (acute) and long-term (chronic)*.
- *Develop an education campaign designed to improve Ontarians' awareness and understanding of a standard drink*.
- *Study the possibility of including standard drink labels on alcohol bottles / containers*, both on- and off-premise.[22]

3. ***Enhance the ability of primary care to deliver a continuum of interventions***

Alcohol dependence can be treated but primary care providers are often uncertain about engaging in conversations about alcohol with their patients, and unclear about treatment options. Psychosocial approaches alone are limited in their effectiveness at preventing relapse in dependent individuals. There is also a range of available but under-utilized pharmacological treatment options. Naltrexone and acamprosate have been determined to be effective and safe treatments for alcohol dependence and in conjunction with psychosocial approaches, these medications can help to reduce relapse and treatment

[20] World Health Organization, 2010

[21] Ialomiteanu et al., 2014

[22] See National Alcohol Strategy Advisory Committee, 2015b

withdrawal.[23] They are also cost-effective. Evidence suggests that medical management of alcohol dependence via naltrexone or acamprosate can reduce the social costs of alcohol misuse and that alcohol-dependent patients taking naltrexone have lower healthcare utilization rates than those who do not.[24]

- *Enhance access to naltrexone and acamprosate.* Both medications are currently covered in Ontario only through the Exceptional Access Program. Evidence supports extending coverage to the General Benefit of the Ontario Drug Benefit / Trillium Drug Program.

It is estimated that although 20% of the drinkers account for about 70% of the alcohol consumption, about 50% of the overall burden from alcohol is related to consumption by people who do not qualify as being dependent on alcohol.[25] For these individuals, screening and prevention are key.

- Improve curriculum content for health professionals around the health risks of alcohol and conducting screening and brief interventions, as well as best practice guidelines for treatment (psychosocial and pharmacological).

MEASURING SUCCESS

Ultimately the province's alcohol policies will be judged by the impact they have on alcohol-related harm. To effectively monitor changes in alcohol-related costs and harms, as a first step the province will need to establish a surveillance plan that provides baseline data on alcohol sales and consumption. (A recommendation on this topic was made on pages 5-6). Research on alcohol-related costs – both direct and indirect – is also needed. The last such study in Ontario dates from 2002.[26] We recommend that the provincial government Commission a new study of alcohol-related costs, based on the one from 2002.

The Canadian Centre for Substance Abuse is currently leading the evaluation of the National Alcohol Strategy. A recent article describes the current state of this framework, which may provide a useful model for Ontario.[27]

With a rigorous monitoring system in place, the province will be well positioned to demonstrate value for the money it invests in evidence-based alcohol policies. We are confident that the policies and interventions proposed in this document will provide a return on the government's investment in the form of a reduction in direct and indirect alcohol-related costs.

[23] Rösner et al., 2010

[24] Zarkin et al., 2010; Mark et al, 2010

[25] Thomas, 2012; Rehm et al., 2011

[26] Rehm, 2006

[27] Paradis, in press

ADDITIONAL COMMENTS

In our opinion the strategic pillars proposed in the draft alcohol policy do not capture all dimensions of a comprehensive alcohol strategy. We recommend renaming them as follows:

- Promotion and prevention → *Health promotion, prevention and education*
- Social responsibility → *Alcohol availability, marketing and pricing*
- Harm reduction → *Community actions* (or *safer drinking contexts*)
- Treatment → *Health services*

The provincial government may wish to consult with the provinces that have implemented alcohol strategies (British Columbia, Alberta, Manitoba, Nova Scotia) in order to discuss lessons learned.

Finally, we applaud the Ontario government for initiating this process. We sincerely hope that it will lead to a comprehensive provincial alcohol strategy. We look forward to continuing to work with the government on this important issue.

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