

Reducing Alcohol-Related Harms and Costs in Ontario

A Provincial Summary Report

Reducing Alcohol-Related Harms and Costs in Ontario: A Provincial Summary Report

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June, 2013

Suggested citation:

Giesbrecht, N. & Wettlaufer, A. (2013). Reducing Alcohol-Related Harms and Costs in Ontario: A Provincial Summary Report. Toronto: Centre for Addiction and Mental Health.

Overview

The overall objective of this project is to encourage greater uptake of evidence-informed prevention and policy initiatives that reduce alcohol-related harms in Canada. This project documents current alcohol policy initiatives across Canada and draws comparisons across the provinces. The project serves to highlight policy strengths across each of these jurisdictions, provide recommendations on how to improve weaker policy areas and disseminate this up-to-date information to major stakeholders and policymakers in each jurisdiction.

In March of 2013, the main report entitled: *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies* (Giesbrecht et al., 2013), which documents the findings of this project, was released at an event hosted by the Centre for Addiction and Mental Health. The full report is available at:

http://www.camh.ca/en/research/news_and_publications/reports_and_books/Pages/default.aspx

This provincial summary report serves to provide more detailed results and tailored recommendations for the province of Ontario. This project seeks to disseminate this information to policy-makers, decision-makers and knowledge users in order to stimulate policy change. The project also hopes to inform provincial liquor boards and alcohol regulators on the additional roles that they can play in helping to reduce alcohol related harms and costs.

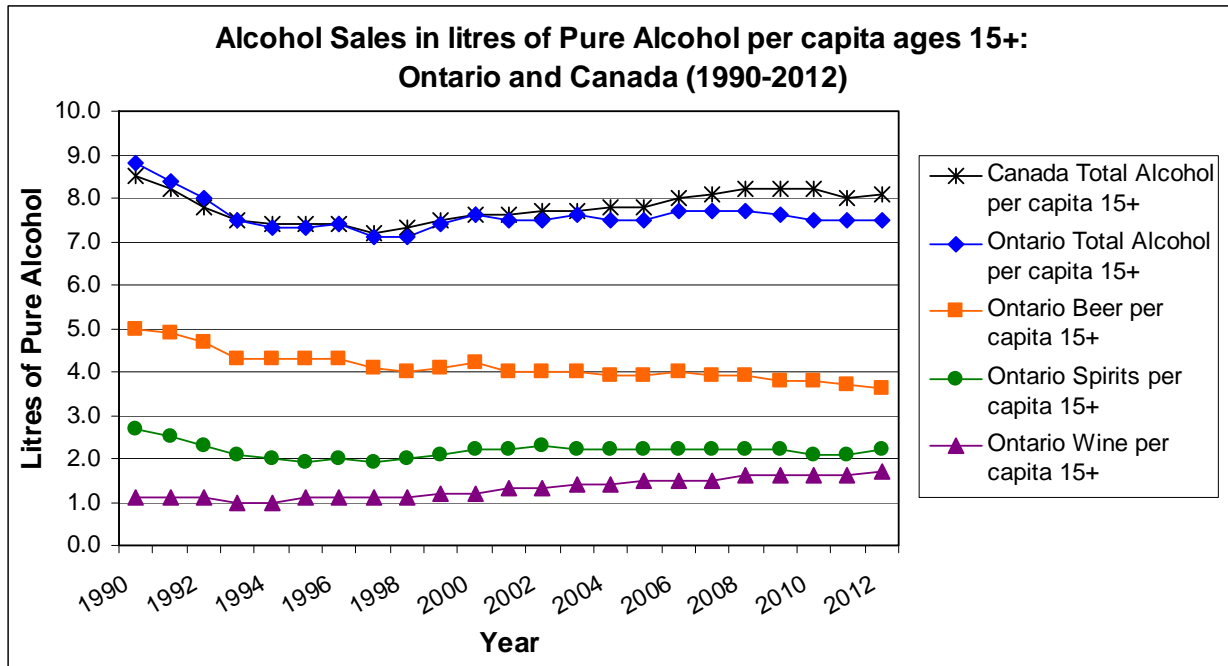
Methods

This project builds on the model implemented by MADD Canada and is based on well established and rigorous systematic reviews on the effectiveness of alcohol prevention measures as well as other studies which take a comparative approach to assessing alcohol policies (Anderson et al., 2009; Babor et al., 2010; Brand et al., 2007; Karlsson & Österberg, 2011). The policy dimensions central to this project were selected based on a review of the literature and best practices and overlap with those identified by the World Health Organization (2010) and the Canadian Centre on Substance Abuse in the National Alcohol Strategy (2007). The scoring rubric consists of 10 weighted policy dimensions which are each comprised of several scaled indicator measures and was peer reviewed by three international alcohol policy experts. Data for this project was collected systematically from official sources and verified by representatives from the relevant ministries. Finally, following a pilot test of the scoring system, the final scores were tabulated and weighted to produce the final provincial rankings.

The Current Status of Alcohol Use in Ontario

While the total per capita alcohol consumption for Canada increased by 12.5% between 1997 and 2012 the per capita alcohol consumption for Ontario has been relatively stable in recent years, showing an increase of 5.6% over the same 15 year period, see Figure 1 (Statistics Canada, 2012). Ontario survey data indicate that between 75- 81% of Ontarians have consumed alcohol in the last 12 months (Ialomiteanu et al., 2012; Health Canada, 2012). Almost 5% of Ontario drinkers consume alcohol daily and approximately 22% of Ontario drinkers drink above the Canadian low-risk drinking guidelines (Ialomiteanu et al., 2012).

Figure 1



Recent Developments in Alcohol Policy in Ontario (since Nov, 2012)

The following is a summary of some of the developments in alcohol policy and practices that have taken place or that have been announced in Ontario since the end of the data collection period of the main report in Fall 2012.

Proposals to privatize Ontario alcohol retail outlets have been on the political agenda in Ontario. In December 2012, Ontario Progressive Conservative Leader Tim Hudak indicated that he would be in favour of increased privatization of alcohol sales in Ontario. In contrast, in December 2012, upon government direction to test alternative store formats, the Minister of Finance announced a pilot project to sell liquor and wine in 10 LCBO Express stores. These new stores will be housed within large grocery outlets in Ontario in order to increase consumer access to alcohol. The stores will be smaller than regular LCBO outlets but will operate during regular LCBO business hours and will be run by LCBO staff. From a business perspective, the results of the pilot project were expected to be positive, and then be expanded to other areas in Ontario.

In 2012/13 the Liquor Control Board of Ontario (LCBO) introduced new components to their Check 25 challenge and refusal program in all 630 governments owned and operated locations across Ontario. The program now requires that customers who are 25 years or younger, or appear to be, have their valid ID ready to be checked when approaching the cash area. The program also includes new visual and auditory elements to remind customers of the new policy. Evaluation results of the enhanced Check 25 program, based on over 520 integrity checks, indicate a provincial compliance rate of nearly 94% (LCBO, 2013).

Furthermore, the minimum prices in off-premise alcohol retail outlets in Ontario are indexed to

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came into effect in Ontario alcohol retail outlets. This is the third year this regulation has been in operation and the Liquor Control Board of Ontario reports that the price changes were implemented without issue.

The Ontario server training program Smart Serve has recently committed to providing scenario based training using simulated world technology in the next iteration of the Smart Serve program. As well, Smart Serve has increased efforts to maintain the integrity of the online server and management training program. Specifically, Smart Serve has begun testing and is moving

The following is a detailed review of the results for Ontario and includes Ontario specific policy recommendations. It should be noted that the policy dimensions listed below are listed in order of their level of effectiveness and population reach i.e. the policies are listed in the order in which they are likely to have the most impact on reducing alcohol related harms and costs.

1. Pricing

Areas for Improvement: Using only the number of alcohol access points as a measure, approximately 26% of off-premise retail outlets in Ontario are publicly owned. Alcohol is also sold through various channels in Ontario such as liquor delivery services, ferment on premise outlets and online sales. Ferment at home kits are also sold in Ontario. There continues to be extensive manufacturer sponsored product promotion that makes use of the provincial liquor board's logos and branding in Ontario. For example, in 2010/11 just over 34.5 million dollars were spent on industry sponsored product and service advertising.

Recommendations: It is important for Ontario to maintain a government run retail system. Government run monopolies play a key role in regulating access to alcohol by maintaining effective alcohol control strategies such as legal drinking age and enforcement, the regulation of alcohol pricing, hours and days of sale and upholding a socially responsible mandate (Babor et al., 2010). There is evidence of gradual privatization over recent years in Ontario. Ontario is urged to place a moratorium on the expansion of private outlets including access to alcohol through other channels such as online sales, delivery services and other forms of privatization such as grocery and convenience store sales. Results from the Centre for Addiction and Mental Health (CAMH) Monitor Survey indicate that over 70% of Ontarians are opposed to corner store

Areas for Improvement: There are currently no restrictions on the quantity of alcohol advertising in Ontario and regulations do not restrict the advertisement of price by off-premise outlets. As a result there is an abundance of advertising that makes use of the provincial liquor board's logo and branding with these advertisements often depicting sales and other marketing incentives such as Air Miles promotions.

Recommendations: It is recommended that Ontario forbid the advertisement of price or other sales incentives by all alcohol retailers. The provincial liquor board is encouraged to reduce the volume of advertisements it distributes (see CPHA, 2011; Giesbrecht et al., 2011) and the province is urged to tighten restrictions on sponsorship specifically, banning corporate or brand identified scholarships or bursaries and other forms of sponsorship that target youth and young adults.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in Ontario, which is 19 years of age, is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor. Enforcement of the minimum legal drinking age in Ontario is strong. The AGCO has a liquor inspection program to enforce the legal drinking age and also provide training resources to and collaborates with law enforcement to enforce the legal drinking age in on-premise establishments. The government run liquor retail outlets implement the Check-25 program which has recently been strengthened by including more stringent criteria for verifying the age of customers.

Areas for Improvement: The minimum legal drinking age in Ontario is 19 years of age. Regulations pertaining to social hosting laws in Ontario permit parents to serve alcohol to their underage children within a private residence.

Recommendations: The legal drinking age is 19 in Ontario. There is some evidence from Canada for a higher minimum legal drinking age (Whitehead et al., 1975; 1977) however the more robust evidence comes from the United States (Wagenaar & Toomey, 2002). Research findings from the United States support implementing a higher drinking age, such as 21 years of age, to help reduce drinking and driving incidents and delay the onset of drinking (Babor et al., 2010).

7. Screening, Brief Intervention and Referral (SBIR)

Promising Practices: Screening, brief intervention and referral is included in Ontario's provincial Mental Health and Addictions plan entitled: *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. The strategy identifies SBIR practices as a key activity in enhancing the capacity of first responders to identify early signs of addiction and getting people the proper care and support. Furthermore, Ontario also has a health counselling fee for service code that can be used for SBIR activities conducted by physicians with their patients.

Areas for improvement: Ontario does not have an SBIR fee for service code that is specifically for alcohol use screening, brief intervention and referral activities.

Recommendations: In order to support consistency in SBIR protocol across physicians, Ontario is encouraged to implement a fee for service code that is specific to alcohol use SBIR activities. Ontario is also encouraged to make use of the SBIR web-based resource released in November 2012 by the Canadian Centre on Substance Abuse (CCSA) and the College of Family Physicians of Canada (CFPC).

8. Server Training and Challenge and Refusal

Promising Practices: Ontario has implemented a server training program, Smart Serve, which is mandatory province wide, including at licensed one-time special events. The Smart Serve program includes a comprehensive set of challenge criteria including challenging those who look underage or who appear to be intoxicated. Smart Serve is offered online as well as in person and the program is delivered by certified trainers who hold adult education teaching qualifications. The Smart Serve program goes to great lengths to maintain the integrity of the online program by implementing security measures such as random audits of program participants and is in the process of testing full-time proctoring of exams.

Similarly, Ontario also has a mandatory training program for LCBO and LCBO Agency retail outlet staff. The program, *Challenge & Refusal: It's not personal. It's the law*, is evaluated through an integrity shopping program which measures employee behaviour in checking for

9. Provincial Alcohol Strategy

Promising Practices: Alcohol is included in Ontario's Mental Health and Addiction Strategy entitled: *Open Minds, Healthy Minds; Ontario's Comprehensive Mental Health and Addictions Strategy (2011)* which recognizes the importance of: leadership, awareness and commitment; a health services response; mobilizing community action; and monitoring, surveillance and evaluation activities.

Areas for Improvement: Ontario does not have a provincial alcohol strategy. The existing mental health and addiction strategy, which includes alcohol, does not emphasize the importance of interventions or policies highlighted by the WHO (2010) that specifically target alcohol such as drinking and driving counter measures, limiting the availability of alcohol, curbing alcohol

Recommendations for Ontario

The following is a summary of the recommendations that have been outlined in detail in the above sections. The potential impact of these policies was assessed based on their scope (population reach) as well as the evidence of effectiveness. It should be noted that the policy recommendations are listed in the order in which they are most likely to have an impact on reducing alcohol related harms and costs. All of these policies are central to a comprehensive apvw

stakeholders committed to reducing the harm from alcohol. This strategy will serve to guide and promote further progress with regards to implementing these recommendations and effective alcohol policies in the province of Ontario.

Acknowledgements

The authors would like to acknowledge funding from the [Canadian Institutes of Health Research](#) in support of the project “Reducing Alcohol-Related Problems by Implementing Evidence-based Tools that Translate Research Knowledge into Prevention Practice”, (Principal Investigator: Norman Giesbrecht). We would also like to gratefully acknowledge receipt of data and feedback from Smart Serve, the Liquor Control Board of Ontario as well as from the Ministries of Finance and Health and Long-term Care. Finally, we thank Mothers Against Drunk Driving (MADD) Canada for permission to use materials collected for their 2012 Provincial and Territorial Review. The in-kind support provided by our organization is gratefully acknowledged. As well, the project team members are thanked for their contributions to this project. The views and opinions expressed in this report are those of the authors and do not necessarily reflect the perspectives or policies of the organizations acknowledged.

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