

MEMO

To: Chairs and Members of Boards of Health
Medical Officers of Health
alPHA Board of Directors
Presidents of Affiliate Organizations

From: Linda Stewart, Executive Director

Subject: *alPHA Resolutions for Consideration at June 2008 Conference*

Date: May 9, 2008

Please find enclosed a package of the resolutions to be considered at the Resolutions Session which takes place at Nottawasaga Inn Resort on June 10, 2008 from 1:00 to 2:00 PM as part of alPHA's 2008 annual conference, *Building for Health – From Vision to Reality..*

These resolutions were received prior to the deadline for advance circulation and have been reviewed for recommendation by the alPHA Advocacy Committee and the Executive Committee. The Executive Committee's recommendations serve as a guide; delegates will vote on the question before them, not on the recommendations.

Please note that it is recommended that your board of health discuss the resolutions, particularly those related to alcohol policy, i.e. Draft Resolutions A08-2 to A08-5, **prior to the conference.**

Sponsors of resolutions should be prepared to have a delegate present to speak to their resolution(s) during the session.

IMPORTANT NOTE FOR LATE RESOLUTIONS:

Late resolutions (i.e. those brought by the floor) will be accepted, but please note that any late resolution must come from a health unit, the Board of Health Section, the Council of Medical Officers of Health, the Board of Directors or an Affiliate Member Organization of alPHA. They may not come from an individual acting alone.

Also, in order to have a late resolution considered it must be first submitted in writing to an alPHA staff member **before the beginning of the meeting** (i.e., 12:30 p.m.) so that it may be prepared for review by the membership. Before presentation to the membership, it must be reviewed by the Resolutions Chair appointed by the Executive Committee. The Chair will quickly review the resolution to determine whether or not it meets the criteria of a proposed resolution as per the "Procedural Guidelines for alPHA Resolutions" found at www.alphaweb.org/resolutions.asp. If the resolution meets these guidelines, it proceeds to the membership to vote on whether or not there is time to consider it.

A successful vote will garner 2/3 majority support. If this is attained, it will be displayed on the screen and read aloud by its sponsor followed by a discussion and vote.

Each late resolution will go through this process. We value timely and important resolutions and want to ensure that there is a process to consider them.

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session. A registration form is attached. Health Units must indicate who they are sending as voting delegates and which delegates will require a proxy vote. Only one proxy vote is allowed per person.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of ALPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their *health unit/board of health*.

Delegates are asked to obtain their voting card and proxy (if applicable) from the registration desk during the conference. They will be asked to sign off verifying that they did indeed receive their card(s). This is done so that we have an accurate record of who was present and voted during the meeting.

To help us keep paper costs down, **please bring your enclosed copy of the resolutions with you** to the Resolutions Session.

Attached is a list describing the number of votes for which each Health Unit qualifies. Please note that we have updated this list based on population statistics taken from the 2006 Statistics Canada data, "Community Profiles".

If you have any questions on the above, please feel free to contact Susan Lee, Manager, Administrative and Association Services, at 416-595-0006 ext. 25 or via e-mail at susan@alphaweb.org

Enclosures:

- Registration Form
- Number of Votes Eligible for ALPHa Resolutions Session Per Health Unit
- June 2008 Resolutions for Consideration

**2008 alPHa Resolutions Session
 June 10, 2008 -- 1:00 - 2:00 PM
 Ballroom 14, Nottawasaga Inn Resort, Alliston, Ontario**

REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name	Proxy (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	Is this person registered for the June 8-10 Conference? (Y/N)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Fax this form to 416-595-0030 or
 email it to susan@alphaweb.org
 on or before June 3, 2008**

Note: Voting delegates who are not registered for the June 8-10 conference, are asked to pay a registration fee that will allow them to enjoy lunch before the meeting. The registration fee is \$40. Cheques should be made payable to the Association of Local Public Health Agencies.

Number of Votes Eligible for Resolutions Session Per Health Unit

<i>HEALTH UNITS</i>	<i>VOTING DELEGATES</i>
Toronto*	20
POPULATION OVER 400,000	7
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
POPULATION OVER 300,000	6
Windsor-Essex	
POPULATION OVER 200,000	5
Wellington-Dufferin-Guelph	
POPULATION UNDER 200,000	4
Algoma	
Brant	
Chatham-Kent	
Eastern Ontario	
Elgin-St.Thomas	
Grey Bruce	
Haldimand-Norfolk	
Haliburton, Kawartha, Pine-Ridge	
Hastings-Prince Edward	
Huron	
Kingston, Frontenac, Lennox and Addington	
Lambton	
Leeds, Grenville and Lanark	
North Bay-Parry Sound	
Northwestern	
Oxford	
Perth	
Peterborough	
Porcupine	
Renfrew	
Sudbury	
Thunder Bay	
Timiskaming	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference



June 2008

RESOLUTIONS FOR CONSIDERATION

at the
Resolutions Session, alPHa Annual Conference
Tuesday, June 10 at 1:00 PM
Ballroom # 14
Nottawasaga Inn Resort
6015 Highway 89, Alliston, Ontario

**DRAFT RESOLUTIONS FOR CONSIDERATION
at 2008 aPHa Annual Conference**

Resolution Number	Sponsor	Title
A08-1	aPHa Board of Directors	Constitutional Change to Article 14.6 "General Meetings"
A08-2	Middlesex-London Board of Health	Establish Stricter Advertising Standards for Alcohol
A08-3	Middlesex-London Board of Health	Advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse
A08-4	Middlesex-London Board of Health	Eliminate the Availability of Alcohol Except in Liquor Control Board Outlets (LCBO) (i.e. Increase Point of Sale Control)
A08-5	Middlesex-London Board of Health	Advocacy for an Increase in the Legal Drinking Age in Ontario from 19 to 21 Years of Age and Enact a 0% Blood Alcohol Concentration (BAC) Limit on Drivers Until They Reach the Age of 21 Years



DRAFT ALPHA RESOLUTION A08-1

TITLE: Constitutional Change to Article 14.6 "General Meetings"

SPONSOR: alPHA Board of Directors

WHEREAS Article 14.6 of the Association of Local Public Health Agency's Constitution reads: "The rules of order and procedure set forth in, *Bourinot's Rules of Parliamentary Procedures*, shall prevail at all meetings of the Association"; and

WHEREAS The terminology, rules of order and procedures described in *Bourinot* is closer to that used in parliamentary proceedings, than business meetings; and

WHEREAS Robert's Rules of Order is more explicit on the terminology, rules of order and procedures for business meetings;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies amend Article 14.6 of its Constitution under General Meetings to read as follows:

"The rules of order and procedure set forth in ~~*Bourinot's Rules of Parliamentary Procedures*~~ *Robert's Rules of Order* shall prevail at all meetings of the Association."

Backgrounder attached

alPHA Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHA conference.

DRAFT ALPHA RESOLUTION A08-1 BACKGROUNDER

Review of the rules stipulated in alPHA's Constitution resulted from an incident at the June 2007 Resolutions Meeting in Windsor. A *resolution* passed by alPHA's Board at a regular Board of Directors meeting was provided to the assembly as an information item. An objection was raised from the floor and a member stated that anything called a *resolution* needed to be voted on at the Resolutions Meeting of the full membership. alPHA's Board felt they had followed proper procedure, but asked staff to look into the matter.

An examination of Bourinot's Rules of Order, alPHA's current resource for meeting conduct, revealed that Bourinot's Rules are not helpful in deciding this matter. Under Bourinot's Rules, all questions are put forward as *motions*. When a motion is passed it becomes a resolution if the motion expresses an opinion or position of the organization. Alternatively, the passed motion becomes an *order* if it contains an action. This terminology is closer to that used in parliamentary proceedings, rather than business meetings. Bourinot's Rules were also not helpful in deciding the question of the power of the Board to pass a resolution or any motion.

Robert's Rules of Order, however, makes it clear that a resolution is a motion put into the form of a resolution due to its complexity or importance. Often complex or important issues require a more formal motion, and a resolution fits this purpose. Applying Robert's Rules, the Board was correct in treating the item as a resolution. Robert's Rules is clear that the level of power given to the Board is usually directly related to how often the organization meets. Typically, if the entire membership meets regularly, say quarterly or monthly, the Board is constitutionally given fewer powers. If the membership meets less than quarterly, the Board is given more power.

Motions passed at alPHA Board of Directors meetings are regularly communicated to its membership through the Association's newsletter.

After consideration of this matter, the alPHA's Board of Directors passed the following motion on September 28, 2007.

The alPHA Board recommends that Article 14.6 of the *Constitution of the Association of Local Public Health Agencies* be amended to replace "Bourinot's Rules of Parliamentary Procedures" with "Robert's Rules of Order".

DRAFT ALPHA RESOLUTION A08-2

TITLE: Establish Stricter Advertising Standards for Alcohol

SPONSOR: Middlesex-London Board of Health

WHEREAS Exposure to repeated high level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking; and

WHEREAS Alcohol advertising predisposes minors to drinking well before the legal age of purchase; and

WHEREAS Marketing strategies such as alcohol sports sponsorships embed images and messages about alcohol into young people's everyday lives; and

WHEREAS Advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous, and relatively risk free; and

WHEREAS Deficiencies in the current system to control alcohol advertising pose a public health and safety threat particularly to underage audiences,

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to establish stricter advertising standards for alcohol.

Backgrounder attached

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

DRAFT ALPHA RESOLUTION A08-2 BACKGROUNDER

Establish Stricter Advertising Standards for Alcohol

Deficiencies in the current system to control alcohol advertising are characterized by the current regulations for alcohol promotion in Canada (Fortin & Rempel, 2005, p. 39.) as follows:

- Alcohol advertising in Canada is self-regulated by the industry. A non-government review board, the Advertising Standards Council (ASC), reviews advertisements as per request by the industry and is guided by the Canadian Radio-Television Telecommunications Commission (CRTC) government national codes and optional provincial codes (e.g. AGCO in Ontario). ASC, CRT, and provincial standards agencies provide complaint services for the public (CRTC, 1996).
- The government requires some bans on youth events and there are no limitations on advertising at sports events (WHO, 2004).
- There are no warning labels required on Canadian alcohol advertisements (WHO, 2004).
- There is no evidence that the advertising and sponsorship restrictions are enforced (WHO, 2004).

Alcohol advertising influences alcohol consumption rates by shaping the receiver's (adult and youth populations) expectations and attitudes. Increased advertising promotes increased consumption in some people (Centre for Alcohol Marketing and Youth (CAMY), 2003b; National Alcohol Strategy Working Group, 2007, p. 15.). Recommendations that help reduce the impact of alcohol advertising with some specific to individual federal and provincial agencies were outlined by Fortin and Rempel (2005, pp. 19-22).

The Ontario Public Health Association (OPHA) (2003, p. 11) listed Federal and Provincial regulations that promote responsible alcohol advertising and sponsorship practices as follows:

- Continued pre-clearance of alcohol ads, at the final stage of production, by federal and provincial bodies with a strong public interest mandate
- More effective regulation of lifestyle alcohol advertising, promotions and sponsorships
- Clear guidelines regarding industry-sponsored responsible drinking messages and public education programs, particularly those appealing to, or directed at, young people
- A cap on the total amount of alcohol advertising and improved mechanisms for monitoring compliance with existing or new regulations

References

Centre for Alcohol Marketing and Youth (CAMY). (2003b). Alcohol Advertising and Youth Fact Sheet. Washington D.C., United States: CAMY. Retrieved April, 2008, <http://camy.org/factsheets/index.php?FactsheetID=1>

Fortin, R, Rempel, B. (2005). The Effectiveness of Regulating Alcohol Advertising: Policies and Public Health. Association to Reduce Alcohol Promotion in Ontario (ARAPO).
http://www.apolnet.ca/resources/pubs/respapers/rsch_adv.html

National Alcohol Strategy Working Group. (2007). Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation. Ottawa, ON: Canadian Centre for Substance Abuse. Retrieved on April 21, 2008 from
http://www.ccsa.ca/CCSA/EN/TopNav/Home/Whats_New/whats_new.htm

Ogborne, A., & Stoduto, G. (2006). Changes in Federal Regulation of Broadcast Advertisements for Alcoholic Beverages. In N. Giesbrecht et al (Eds.), Sober reflections: commerce, public health, and the evolution of alcohol policy in Canada, 1980-2000. (pp. 237-257). Montreal & Kingston: McGill-Queen's University Press.
<http://mqup.mcgill.ca/book.php?bookid=1880>

Ontario Public Health Association (OPHA). (2003). Promoting healthy communities: A framework for alcohol policy and public health in Ontario. Toronto: OPHA. Retrieved April 21, 2008 from
<http://www.opha.on.ca/advocacy/ppres.html#2003>

DRAFT ALPHA RESOLUTION A08-3

TITLE: Advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse

SPONSOR: Middlesex-London Board of Health

WHEREAS The Mandatory Health Programs and Services Guidelines under the Ontario Health Protection and Promotion Act state that Boards of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs, specifically: chronic disease prevention, injury prevention, Fetal Alcohol Spectrum Disorder prevention, substance misuse prevention and harm reduction; and

WHEREAS Globally, alcohol is estimated to contribute to 7% of all Disability Adjusted Life Years (DALYS) for cancers; 38% of neuro-psychiatric conditions; 7% of cardiovascular diseases, 8% of other non-communicable diseases (such as diabetes and liver cirrhosis), 28% of unintentional injuries (drunk driving crashes, falls, fires, etc.); and 12% of intentional injuries (e.g. suicide, homicide, sexual assault, other violence). (DALYS is a method for measuring the disability, disease or death impact on a population from a risk factor.); and

WHEREAS In 1992, alcohol cost the Canadian economy approximately \$7.5 billion (\$2.8 billion in Ontario), and illicit drugs an additional \$1.4 billion,

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse.

Backgrounder attached

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

DRAFT ALPHA RESOLUTION A08-3 BACKGROUNDER

Advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse

Globally, alcohol is estimated to contribute to 7% of all Disability Adjusted Life Years (DALYS) for cancers; 38% of neuro-psychiatric conditions; 7% of cardiovascular diseases, 8% of other non-communicable disease (such as diabetes and liver cirrhosis), 28% of unintentional injuries (drunk driving crashes, falls, fires, etc.); and 12% of intentional injuries (e.g. suicide, homicide, sexual assault, other violence). (DALYS is a way of measuring the disability, disease or death on a population from a risk factor.) (Babor et al., 2003, p. 73).

The total cost for substance abuse in Ontario for 2002 was \$14 billion and alcohol accounted for \$5.3 billion or 37.2% of the total cost. Tobacco accounted for \$6.1 billion or 42.4%, Illegal drugs \$2.9 billion or 20.4%. (Rehm et al., 2006).

Overall, consumption levels have increased in Canada, from 7.2 litres of absolute alcohol per person aged 15 years and older in 1997 to 7.9 litres per capita in 2004. As overall levels of consumption rise, the overall incidence of alcohol-related harm in the population also rises. Individual patterns of alcohol use (i.e., how often and how much) can indicate the likelihood of chronic or acute harm. For example, continuous, long-term use can lead to chronic disease such as cirrhosis of the liver. In contrast, binge drinking (heavy use at one sitting) or drinking to intoxication can lead to acute events such as road crashes. (The National Alcohol Strategy Working Group, 2007. p. 4.)

References

Babor, T. et al. (Ed.) (2003). The global burden of alcohol consumption. In Alcohol: No Ordinary Commodity. Research and public policy. NY: Oxford University Press.

National Alcohol Strategy Working Group. (2007). Reducing alcohol-Related Harm in Canada: Toward a Culture of Moderation. Ottawa, ON: Canadian Centre for Substance Abuse.

Rehm, J. et al. (2006). The Costs of Substance Abuse in Canada 2002. Ottawa, ON: Canadian Centre on Substance Abuse.
http://www.ccsa.ca/CCSA/EN/Research/Costs_of_Substance_Abuse_in_Canada/TheCostsofSubstanceAbuseinCanada.htm

DRAFT ALPHA RESOLUTION A08-4

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

SPONSOR: Middlesex-London Board of Health

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 the Association of Local Public Health Agencies petition the Ontario government to restrict the sale of alcohol to government owned and operated stores.

Backgrounder attached

alPHA Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHA conference.

DRAFT ALPHA RESOLUTION A08-4 BACKGROUNDER

Eliminate the Availability of Alcohol Except in Liquor Control Board Outlets (LCBO) (i.e. Increase Point of Sale Control)

"The current alcohol off-premise (package) retail system in Ontario is a mixture of government and private sales outlets. All were authorized and controlled by the Liquor Control Board of Ontario (LCBO) until the late 1990s, when several functions were transferred to the Alcohol and Gaming Commission of Ontario (AGCO). The Ontario government, through the AGCO, now controls the sale of beer through privately run outlets (the Beer Store network) and domestic wine through Ontario wine outlets operated by individual manufacturers. In addition, the AGCO regulates the sale of alcohol at licensed establishments (e.g. bars and restaurants) and through Special Occasion Permit events and home delivery services.

The LCBO is the only off-premise retailer (package store) of distilled spirits and imported wines. While the LCBO main stores, and smaller "agency stores", offer all types of alcoholic beverages (beer, wine, and spirits), privately operated outlets sell only one particular type, such as beer or domestic wine." (Giesbrecht et al., 2006, p. 175).

LCBO Agency stores are local vendors licensed to sell alcohol in small communities that do not have LCBO stores. The LCBO Agency store program has been in effect since 1962. Currently, there are 200 Agency stores in Ontario. (LCBO, 2008).

Research has determined that increased access to alcohol is related to increased alcohol consumption and subsequent alcohol-related problems at the population level. (Babor et al. 2003, The National Alcohol Strategy Working Group, 2007, p. 13).

Recommendations made by Ontario public health organizations in their report to the Beverage Alcohol System Review Panel, (2005) stated the public monopoly on alcohol distribution and retail sale should be extended to include beer and certain wine stores. In this case, health and safety concerns would be included as priorities in control policies.

World Health experts (2007) confirmed that government alcohol retail monopolies were effective at reducing alcohol-related harm because governments consider and implement health and safety priorities such as controlling the hours and days of sale, the number of outlets, and outlet density.

Trends in public opinion over the last ten years supporting alcohol retail controls and opposing the sale of alcohol in corner stores and privatized retail outlets, have remained constant, however changes in alcohol outlet density and hours and days of sale do not reflect public support for the status quo. (Giesbrecht & Lalomiteanu, 2008, ppt 78, 81.).

References

Addictions Ontario (AO), Association of Local Public Health Agencies (ALPHA), Centre for Addiction and Mental Health (CAMH), Mothers Against Drunk Driving (MADD Canada), Ontario Drug Awareness Partnership (ODAP), Parent Action on Drugs (PAD), Toronto Public Health. (2005). Alcohol and Public Health: The Implications of Changes to Ontario's Beverage Alcohol System. Submission to the Beverage Alcohol System Review Panel. Retrieved April 21, 2008 from www.faslink.org/OntarioBeverageAlcoholSystemReviewPublicHealthSubmission.pdf

Giesbrecht N., Demers, A., Ogborne, A., Room, R., Stoduto, G., Lindquist, E. (Eds.). 2006. Sober Reflections. Commerce, Public Health and the Evolution of Alcohol Policy in Canada, 1980-2000. McGill-Queen's University Press.

Giesbrecht, N. & Ialomiteanu, A. (2008). Alcohol in Ontario: consumption, High Risk Drinking, Harm & Policy Implications. Retrieved April 21, 2008 from <http://www.apolnet.ca/resources/education/presentations.html#AlCommod5>

Liquor Control Board of Ontario Media Centre (2008). What are agency stores? Retrieved April 21, 2008 from http://www.lcbo.com/aboutlcbo/media_centre/faq.shtml

National Alcohol Strategy Working Group. (2007). Reducing alcohol-Related Harm in Canada: Toward a Culture of Moderation. Ottawa, ON: Canadian Centre on Substance Abuse.

Second report / WHO Expert Committee on Problems Related to Alcohol Consumption. (2007). (WHO technical report series; no. 944, pp. 25-26). Geneva: World Health Organization. Retrieved April 21, 2008 from http://www.who.int/substance_abuse/expert_committee_alcohol/en/index.html

DRAFT ALPHA RESOLUTION A08-5

TITLE: Advocacy for an Increase in the Legal Drinking Age in Ontario from 19 to 21 Years of Age and Enact a 0% Blood Alcohol Concentration (BAC) Limit on Drivers Until They Reach the Age Of 21 Years

SPONSOR: Middlesex-London Board of Health

WHEREAS There is strong evidence, primarily from the United States, that a higher minimum drinking age significantly reduces alcohol consumption and related motor vehicle collisions among both the 19 to 21 year age group as well as younger teenagers; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs; and

WHEREAS A comprehensive review of 241 studies published between 1960 and 1999 found that the minimum drinking age of 21 years of age has been the most successful strategy to reduce teenage drinking as well as reduce youth traffic crashes; and

WHEREAS MADD Canada is of the view that, to reduce youth traffic crashes, the drinking age should be either 21 years of age or at a minimum 19 years of age while enacting a 0% Blood Alcohol Concentration (BAC) limit on drivers until they reach the age of 21 years,

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to increase the legal drinking age in Ontario to 21 years of age and enact a 0% Blood Alcohol Concentration (BAC) limit on drivers until they reach the age of 21 years.

Backgrounder attached

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

DRAFT ALPHA RESOLUTION A08-5 BACKGROUNDER

Advocacy for an Increase in the Legal Drinking Age in Ontario from 19 to 21 Years of Age and Enact a 0% Blood Alcohol Concentration (BAC) Limit on Drivers Until They Reach the Age of 21 Years

In 2003, 40% of motor vehicle crash deaths among 16-19 year olds and 50% of motor vehicle crash deaths among 20-25 year olds, were reported to be alcohol-related. (Solomon & Chamberlain, 2006, p.18). More than half of all injury related deaths in youth are caused by motor vehicle crashes and almost half of the fatal crashes are the result of drinking and driving.

The minimum drinking age for alcohol is 18 in Alberta, Manitoba, and Quebec and 19 in the rest of Canada. MADD Canada (Solomon & Chamberlain, 2006, p. 23) and the National Alcohol Strategy Working Group, 2007 (p.17) have recommended a minimum legal drinking age/minimum legal purchase age of 19 years.

A higher minimum legal drinking age was identified as an evidence-based and highly effective strategy for reducing alcohol-related harm. The benefits of increasing the minimum drinking age are further enhanced when minimum drinking laws are enforced. (Babor et al., 2003, pp. 127-128, 263-276, National Alcohol Strategy Working Group, p. 14).

There are no health benefits for youth consuming alcohol. Consuming alcohol at an early age puts those at risk for alcohol-related problems including injury and chronic disease. (Solomon & Chamberlain, 2006, pp. 23-28). Accordingly, health and traffic safety benefits for youth would be realized by increasing the minimum drinking age to 21 years and decreasing the Blood Alcohol Concentration limit to 0% for drivers under the age of 21 years.

Injury and death are not the only concerns associated with alcohol. Fetal alcohol spectrum disorder (FASD) is the most common preventable cause of mental disability in the western world with an estimated incidence in North America of 9.1 per 1,000 live births. FASD refers to a group of conditions that can include abnormalities in facial features, growth deficiency, and central nervous system dysfunction in children whose mothers consumed alcohol during pregnancy. Children with all these characteristics are described as having fetal alcohol syndrome. In Canada, estimated lifetime costs for one person with FASD for additional education, disability payments, and health care are \$844,066. Studies of alcohol-consumption trends in pregnant women and women of childbearing age as well as a recent Canadian survey of the attitudes and approaches of health care providers to FASD, highlight opportunities for prevention.

References

National Alcohol Strategy Working Group. (2007). Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation. Ottawa, ON: Canadian Centre on Substance Abuse.

Solomon, R., & Chamberlain, E. (2006). Youth & Impaired Driving in Canada: Opportunities for Progress.

MADD Canada. Retrieved on April 21, 2008 from

www.madd.ca/english/research/youth_and_impaired_driving_may_2006.pdf

Tough SC, Clarke M, Hicks M, Clarren SK. Clinical practice characteristics and preconception counseling strategies of health care providers who recommend alcohol abstinence during pregnancy. *Alcohol Clin Exp Res* 2004; 28(11):1724-31.

Centers for Disease Control and Prevention. Alcohol use among women of childbearing age, United States, 1991-1999. *Morbidity and Mortality Weekly Report* 2002; 51(13):273-6.