



Sudbury & District

Health Unit

Service de
santé publique

*Make it a
Healthy
Day!*

*Vissez Santé
dès aujour-
d'hui!*

Main Office/Bureau principal:
1300 rue Paris Street
Sudbury, ON P3E 3A3
(705) 522-9200
(705) 522-5182

**Branch Offices/Succursales
du Service de santé:**
101 rue Pine Street East
Box/Boîte 485
Chapleau, ON P0M 1K0
(705) 864-1610
(705) 864-0820

Medical Building/Édifice médical
91 rue Tudhope Street
Suite/Bureau 202
Espanola, ON P5E 1S6
(705) 869-1271
(705) 869-5583

**Old Hospital Building/Édifice de
l'ancien hôpital**
6224 Highway/Route 542
Box/Boîte 87
Mindemoya, ON P0P 1S0
(705) 377-4774
(705) 377-5580

3 rue King Street
Box/Boîte 58
St. Charles, ON P0M 2W0
(705) 867-0472
(705) 522-9200 x.332
(705) 867-0474

• Gend
• Feb

March 4, 2005

RECEIVED
MAR 2 2005
ALPHA

Beverage Alcohol System Review Panel
250 Yonge Street
31st Floor
Toronto, ON M5B 2N5

Dear Beverage Alcohol System Review Panel:

**RE: Safeguarding Socially Responsible Consumption of
Beverage Alcohol**

Thank you for this opportunity to provide comment on safeguarding socially responsible consumption, distribution and sale of beverage alcohol. As a local public health agency, we are deeply concerned about any changes to alcohol policies that could adversely impact on alcohol-related morbidity and mortality. Upon careful review of proposed options, the Sudbury & District Health Unit strongly encourages the panel to limit access to alcohol by maintaining the current monopoly of beverage alcohol sales and regulating store hours.

As you may be aware, the Sudbury & District Health Unit is one of 37 local health units mandated by the Ministry of Health and Long-Term Care to reduce disability, morbidity and mortality caused by alcohol and other substances. To achieve this mandate we support socially responsible alcohol consumption by promoting low risk drinking guidelines and by advocating for supportive public policy. The Sudbury & District Board of Health passed motion #27-04 at its March 18, 2004 meeting strongly expressing public health concerns about government discussions involving the possible sale of LCBO (see attached). Letters expressing these concerns were sent to Premier Dalton McGuinty, Mr. Rick Bartolucci, Mr. Mike Brown, Mr. David Ramsey, Mr. Gregory Sorbara, Mr. George Smitherman, Association of Municipality of Ontario, Federation of Northern Ontario Municipalities, Northwestern Ontario Municipal Association, Union of Ontario Indians and all Ontario Boards of Health

Ontario's beverage alcohol system is a blend of old laws with amendments to reflect societal demands throughout the twentieth century. A review of this system is overdue. The published mandate of the Ontario Beverage Alcohol System Review states that the panel will safeguard socially responsible consumption, storage, distribution and sale of beverage alcohol, while balancing consumer demand for convenience, variety and competitive pricing.

*An Accredited Teaching Health Unit
Centre agréé d'enseignement en santé*

Canadian society today demands increased access to beverage alcohol. However, studies show that increased access leads to increased consumption which is strongly related to increased rates of alcohol misuse and abuse and related personal and societal consequences.

"The cost of restricting physical availability of alcohol is cheap relative to the costs of health consequences related to drinking, especially heavy drinking." (Babor, Gaetano, Casswell et al, 2003)

Current Consumption Patterns

The Canadian Addiction Survey, November 2004, showed that 79.3% of Canadians aged 15 or older reported drinking in the previous year, compared to 78.7% of Ontarians. The same study showed that frequent heavy drinking (5 drinks or more, more than once a week) was reported by 7.1% of Canadians and 7.3% of Ontarians. In 2002 an estimated 641,00 people or about 2.6 % of the population aged 15 or older reported symptoms suggesting they were dependant on alcohol (The Daily, Stats Can, December 9, 2004).

Health Impacts related to Alcohol

The Ministry of Health and Long Term Care, Mandatory Programs and Services Guidelines, December 1997, has set as a goal for Health Units the reduction of premature mortality and morbidity from preventable chronic diseases and cancer. It is well known that alcohol use, at any level contributes to a wide range of health and social concerns.

According to research conducted for the World Health Organization (WHO), alcohol-related harm is nearly equal to that caused by tobacco, and far greater than for illicit drugs. (2002). Exposure to ethanol over a period of time increases the risk of chronic liver disease, stroke, several forms of cancer, damage to the central and peripheral nervous systems and other chronic health problems. (Promoting Healthy Communities —A Position Paper on Alcohol Policy and Public Health, Alcohol Policy Network).

Injury Prevention and Alcohol Use

Alcohol is a major factor in preventable injuries and premature deaths due to crashes, falls, suicides, fires, drownings and homicides. As reported in the Ontario Road Safety Accident Report (ORSAR), 2002, 8,714 drivers who had been drinking were involved in collisions, 124 of those drivers were killed. Passengers in vehicles with drinking drivers, the victims in others vehicles involved in these collisions, and pedestrians may also be injured or killed. Disproportionately large numbers of young people also die as a result of alcohol-related leisure craft crashes, drownings and suicides.

Violence and Alcohol Use

Alcohol also has a major role in domestic violence in Canadian society. Health Units are mandated to address the topic of sexual health including the impact of alcohol and other drugs on sexual assault and abuse. Women were at six times the risk of violence by partners who frequently consumed five or more drinks at one time, compared to women whose partners never drank.

Personal and Social Impact of Alcohol Use

Personal alcohol use is associated with absenteeism and loss of employment, family and social disruption, and the adverse effects of contact with the criminal justice system. Recent data indicate that roughly one in three Ontarians who use alcohol experienced at least one type of alcohol-related health, work, and financial or interpersonal problem in 1994 (West et al., 1995).

While the economic burden of alcohol use is measurable, the social impact is incalculable. The stress and emotional anguish caused by the diagnosis of liver disease, heart disease, stroke, cancer and other alcohol related illness can lead to further illness and lost productivity for the patient, family and caregivers. Alcohol related deaths and injuries in vehicle collisions are entirely preventable. The impact of these sudden deaths and injuries on families, workplaces and society is immeasurable.

Almost a third of respondents to the Canadian Addictions Survey (2004) reported having been harmed at least once by someone else's drinking.

Economic Impact of Alcohol Use

Canadian society today, demands increased access to alcohol. While increasing access to alcohol may generate increased revenue in the short term, the long term health consequences of increased consumption must be taken into consideration.

Coronary heart disease and stroke together (\$2.83 billion) made up 58.2% of the total hospital expenditure for cardiovascular diseases. (Economic Burden of Illness in Canada, 1993, Public Health Agency of Canada)

It is estimated that the cost of diagnosis and treatment of all stages of breast cancer was \$25,661.00 in 1995. (Au Courant, Statistics Canada, October 2002)

The Canadian Centre on Substance Abuse has estimated the lifetime extra health care, education and social services costs associated with the care of an individual with FAS to be about \$1.4 million.

It is estimated that the annual costs associated with health care, damaged property and lost wages resulting from crashes involving alcohol in Canada exceed \$5 billion. (Smashed, Transport Canada, 2002)

"Alcohol misuse in Canada accounts for \$4.1 billion in lost productivity, \$1.36 billion in law enforcement costs and \$1.3 billion in direct health care costs. The total bill in 1992 — \$7.5 billion — represents 40.8% of the costs associated with substance abuse, or 1.09% of Canada's Gross Domestic Product" (Single et al., 1996).

The evidence shows that alcohol use and misuse at any level currently impacts the citizens of Ontario physically, emotionally, socially and financially. Increased consumption will lead to increased health care expenditures.

Responsible Public Policy is Imperative

Responsible public policy takes all these issues into serious consideration. Public health and safety must be at the forefront of any review of beverage alcohol policy. A revised beverage alcohol policy in Ontario should ensure that alcohol problems are not made worse, but rather that initiatives will limit harm caused by alcohol. The World Health Organization suggests that one of the most effective ways to minimize alcohol-related harm is to maintain public alcohol retail distribution systems with a strong duty of social responsibility (Global Status Report on Alcohol, WHO, 1999)

There is evidence to support the contention that off-premise monopoly systems limit alcohol consumption and alcohol related problems and further, that elimination of government off premise monopolies can increase total alcohol consumption (Babor et al., 2003). In other words, maintaining strict regulations on distribution and sales of beverage alcohol will result in limiting the impact of alcohol on society.

Recommendations

A letter to Ontario Premier, the Honourable Dalton McGuinty, dated March 31, 2004, from the Sudbury & District Board of Health, expressed public health concerns about the possible sale of the LCBO. Further to that letter, the Sudbury & District Health Unit strongly urges the Ontario Beverage Alcohol System Review panel to commit to maintaining the current retail alcohol monopoly with a strong regulatory agenda to prevent alcohol related harm to citizens of Ontario. A further commitment to the enhancement of socially responsible messaging can lead to the reduction of the harm alcohol brings.

Thank you for time and consideration of this very important public health matter. We look forward to your response,

Sincerely,



P. Sutcliffe, M.D., M.H.Sc., F.R.C.P.C.
Medical Officer of Health/Chief Executive Officer

Encl.

- c.: The Honorable G. Sorbara, Minister of Finance
The Honorable G. Smitherman, Minister of Health and Long-Term Care
Dr. S. Basrur, Chief Medical Officer of Health and Assistant Deputy Minister
Medical Officers of Health
B. Rempel, Alcohol Projects Manager, Ontario Public Health Association
G. Fleming, Manager, Public Health Issues, Association of Local Public Health Agencies