

Considering the health and well-being of our communities: Ban alcohol retail expansion in Ontario



Canadian Mental Health Association Ontario

Context

Alcohol causes more harms than any other regulated substance. It is also the most consumed substance in Canada. The latest evidence from the Canadian Centre on Substance Use and Addiction reveals alcohol-related harms are much more serious than previously known.¹ Alcohol is a leading cause of preventable deaths, injuries, violence, and illnesses, including at least seven types of cancer.^{2,3}

Alcohol dependence has been associated with clinical depression. Alcohol interacts with some medications used for treating physical and mental illnesses, including depression. People with mental illness have much higher rates of addiction than people in the general population, and people with an addiction have much higher rates of mental illness. People with co-occurring mental illness and alcohol use problems have an increased risk for thoughts of suicide, suicide attempts, and suicide.⁴

In Ontario alone, healthcare costs associated with alcohol increased 35 per cent per cent over a decade, from \$1.73 billion in 2010 to \$2.3 billion in 2020.⁵

The health impacts of alcohol disproportionately affect women, and lower income communities even when there is less alcohol use in the community. While alcohol can impact people in different ways, anyone can experience the continuum of risk associated with alcohol consumption.

Despite the growing evidence on the harms of alcohol consumption, both the availability and sales of alcohol in Ontario have been increasing since 2015 as a result of regulatory changes.⁶ On average, every year in Ontario, there are an estimated 4,330 deaths, 22,009 hospitalizations and 194,692 emergency department visits attributable to alcohol among people aged 15 and older.⁷

4,330



Deaths

22,009



Hospitalizations

194,692



Emergency department visits



Background

The 2023 guidance on alcohol and health provides significantly different recommendations from the previous 2011 guidelines for lowering risks from drinking alcohol, including the information that more than two standard drinks per week has the potential to increase health risks.⁸

Alcohol policies need to be based on the health and well-being of our communities and not as tools to increase revenue from sales if we want to reduce alcohol-related harms. In comparison to all other substances, including tobacco, alcohol is the most burdensome substance and cost Ontario \$7.11 billion in 2020 due to lost productivity, healthcare, criminal justice and other direct costs.⁹ The 2023 Canadian Alcohol Policy Evaluation (CAPE) report card for Ontario which assessed 11 policy domains that work together to prevent and reduce different alcohol harms, scored a failing grade of 40 per cent, down from 55 per cent in 2019.¹⁰

Alcohol cost Ontario
\$7.11 billion
in 2020⁹



Effective policies reduce alcohol-related harms

Evidence-based policy levers for reducing substance use-related harms are well known. Addressing the following areas through regulations and harm reduction measures will shape the impact alcohol has on individuals and communities

- Retail density and availability;
- Pricing and taxation;
- Advertising and marketing;
- Education and awareness;
- Treatment and other clinical interventions;
- Implementation and enforcement of harm reduction measures (drinking and driving, server training, etc.);
- Surveillance and reporting
- Implementation of a comprehensive alcohol strategy.

The rigour of regulatory controls within these policy areas work together to determine alcohol related harms in communities. While all policy areas are equally important, we draw attention to four domains for action: retail, marketing, treatment, and a comprehensive provincial alcohol strategy.



Recommendation 1: Ban alcohol retail expansion in Ontario

Expanding alcohol availability increases the amount of alcohol purchased by Ontarians.

Increased retail availability of alcohol creates an environment that contradicts a public health approach to substance use. Evidence shows that increasing alcohol retail density leads to several negative health outcomes including violence, injuries, alcohol-related crashes, and death by suicide.¹¹ These negative impacts are particularly pronounced in young adults.

Ontario has been increasing access to alcohol through retail expansion since 2015. Additional retail expansion to include other convenience stores is unnecessary and will only cause further alcohol-related harms.



Recommendation 2: Strengthen controls on advertising and marketing of alcohol, especially to young people

Marketing and promotion of alcohol encourages higher-risk alcohol consumption.

Alcohol is marketed on multiple platforms, including social media, labelling of alcohol containers, and via sponsored events. Alcohol is consumed responsibly by many people from diverse backgrounds. However, marketing alcohol as a way of life that includes glamour, joy, excitement, vitality, and as a behaviour that is essential for social gatherings, is detrimental and yet widespread in Canada. Such marketing encourages higher risk alcohol consumption, and drinking at an earlier age. Youth, young adults, pregnant people, and other vulnerable individuals, including people living with addictions and mental health concerns, are most impacted by alcohol consumption.¹²



Recommendation 3: Prioritize public awareness and access to treatment options

Increasing awareness about alcohol-related harms and when to seek treatment is an important part of a public health approach to alcohol use. Canada's new [Guidance on Alcohol and Health](#) is an important tool that should be promoted widely, especially with youth and young adults in mind. Mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, and health warnings, similar to what is required for cannabis products, will support public awareness of how alcohol can negatively effect one's health and well-being.

Resources for individuals to access treatment without delay, and funding community-based supports for individuals experiencing harms from alcohol is fundamental to providing a supportive environment in our communities. There are a range of evidence-based treatment types and settings, including Rapid Access Addiction Medicine clinics, community care, withdrawal management centres, and continuing care programs in the continuum of treatment options. It is critical that harm reduction-based treatment approaches are fully funded so that individuals can seek the best option for successfully completing treatment.



Recommendation 4: Create and implement a comprehensive alcohol strategy for Ontario

Alcohol should be addressed as a public health issue with clearly outlined goals and strategies to reduce harms and mitigate risks. Implementing a government endorsed and funded evidence-based alcohol strategy that is independent of industry interests will support efforts to prevent health risks associated with alcohol use and reduce the burden of alcohol harms. A provincial alcohol strategy can provide the framework for a concerted effort to support and validate harm reduction policies pertaining to retail density and availability, pricing and taxation, advertising and marketing, public education, screening and treatment, enforcement of harm reduction, and surveillance and reporting. A shift in alcohol use culture is required to reverse the increasing harms from alcohol, and a comprehensive strategy is fundamental to achieving it.

REFERENCES

1 Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

2 Canadian Institute for Health Information. Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI; 2017.

3 Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

4 Mental Health Commission of Canada. (2022). *How Alcohol and Suicide are connected – A Fact Sheet*. Accessed on May 16, 2023 at <https://mentalhealthcommission.ca/resource/alcohol-use-and-suicide-fact-sheet/>

5 Canadian Substance Use Costs and Harms online data visualization tool. Accessed at [this link](#) on 2023-09-05. (Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.)

6 Evidence Exchange Network, Centre for Addiction and Mental Health. June 2023. Alcohol availability in Ontario. Accessed at [this link](#) on August 23, 2023.

7 Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Toronto: King's Printer; 2023.

8 Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

9 Canadian Substance Use Costs and Harms online data visualization tool. Accessed at [this link](#) on 2023-09-05. (Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.)

10 :Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K.(2023). Canadian Alcohol Policy Evaluation (CAPE) 3.0: PolicyScoring Rubric (Provincial/Territorial). Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

11 Stockwell, T., Wettlaufer, A., Vallance, K., Chow, C., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R.C., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria

12 Public Health Ontario. 2016. Focus On: Alcohol Marketing. Accessed at [this link](#) on 2023-09-05.