

ALCOHOL POLICIES: WHY ARE THEY NOT KEEPING PACE WITH ALCOHOL-CAUSED HARMS IN CANADA?

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ALCOHOL HARMS

WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN CANADA

Alcohol Consumption



CAN 487 standard drinks
per person aged 15+

(2020/21¹)

Alcohol Health Harms



802,023 ER &
hospital
visits



17,098 deaths

(2020²)

Alcohol Deficit

+ \$13.475B alcohol
revenues

- \$19.671B alcohol
harm
costs

= -\$6.196B total
alcohol
deficit

(2020/21^{1,2,3})

Sources: 1. Statistics Canada. Table 10-10-0010-01 Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume. 2. Canadian Substance Use Costs and Harms. 3. Statistics Canada. Table 10-10-0012-01 Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000).

EFFECTIVE ALCOHOL POLICIES

The Canadian Alcohol Policy Evaluation (CAPE) project assessed the provinces on 11 policy domains in 2012, 2017 and 2022, plus territories and federal government in 2017 and 2022.

The CAPE assessment is based on systematic reviews and other research.

Including, [Babor et al. 2023, 2010, Burton et al. 2016 and Anderson et al 2009](full references are on slides 17-19)



Pricing and Taxation



Physical Availability



Control System



Impaired Driving Countermeasures



Marketing and Advertising Controls



Minimum Legal Age



Health and Safety Messaging



Liquor Law Enforcement (not assessed for federal)



Screening and Treatment Interventions

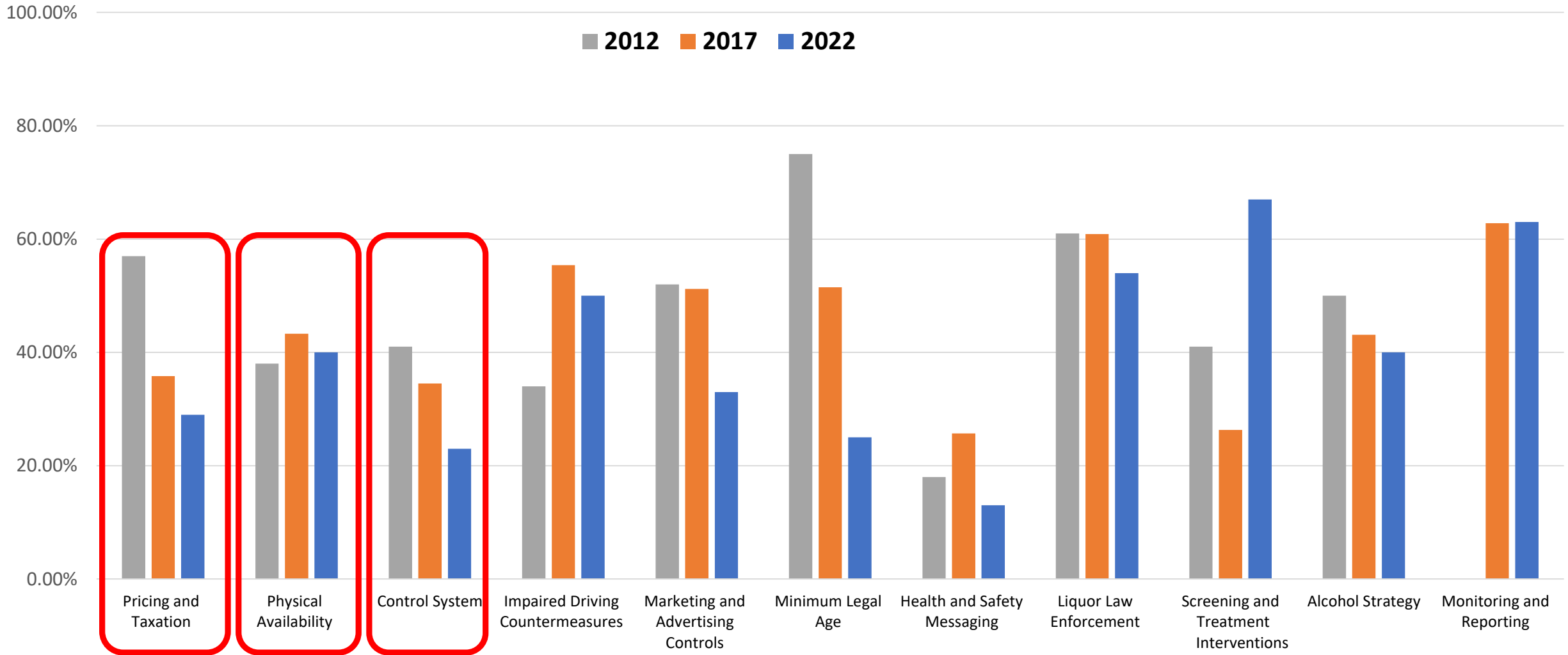


Alcohol Strategy



Monitoring and Reporting

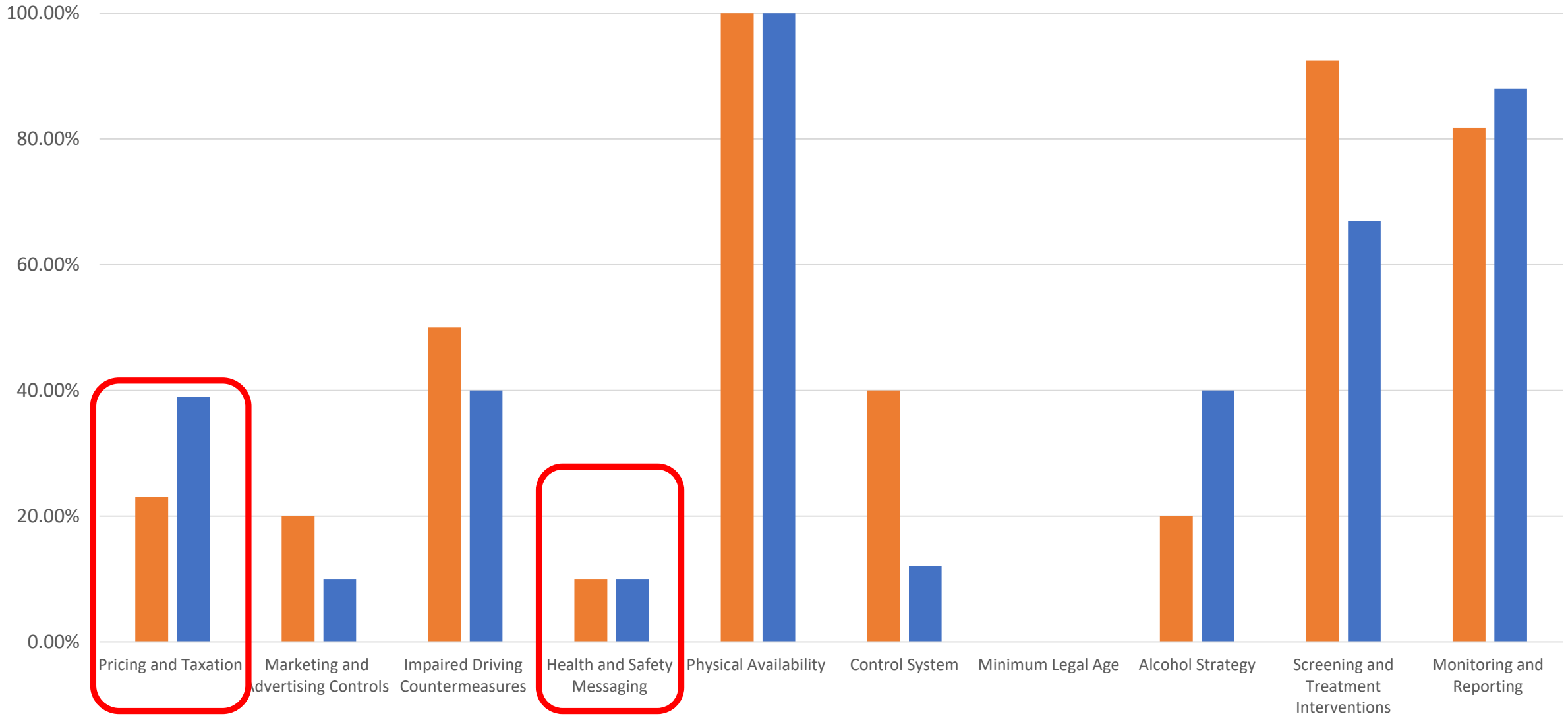
AVERAGE SCORE BY CAPE POLICY DOMAIN (PROVINCIAL/TERRITORIAL)



Note: Scores are not directly comparable over time; CAPE is a point-in-time assessment; 2012 did not include Canadian territories; 2012 did not include the domain Monitoring and Reporting

FEDERAL SCORES BY CAPE POLICY DOMAIN

2017 2022



Note: Scores are not directly comparable over time; CAPE is a point-in-time assessment

ALCOHOL POLICIES

Today we focus on four domains:



Control System



Physical Availability



Pricing and Taxation



Health and Safety Messaging

CONTROL SYSTEM: PRIVATIZATION OF OFF-PREMISE SALES

Privatization linked with higher number of outlets, longer hours of sale, less vigilance re sales to minors and intoxicated patrons.

- By 1993, Alberta privatized all outlets; associated with an increase in suicide but no increase in drinking and driving [Falm-Zaltman & Mann, 2007]
- Gradual privatization is occurring in most provinces
- In 2000, BC added a number of private outlets, with a 34% increase in these stores by 2008; associated with increased consumption, crime, chronic disease and alcohol-related deaths [Stockwell et al. 2009, 2011]
- Saskatchewan fully privatized sales in 2023 [[media release](#)]

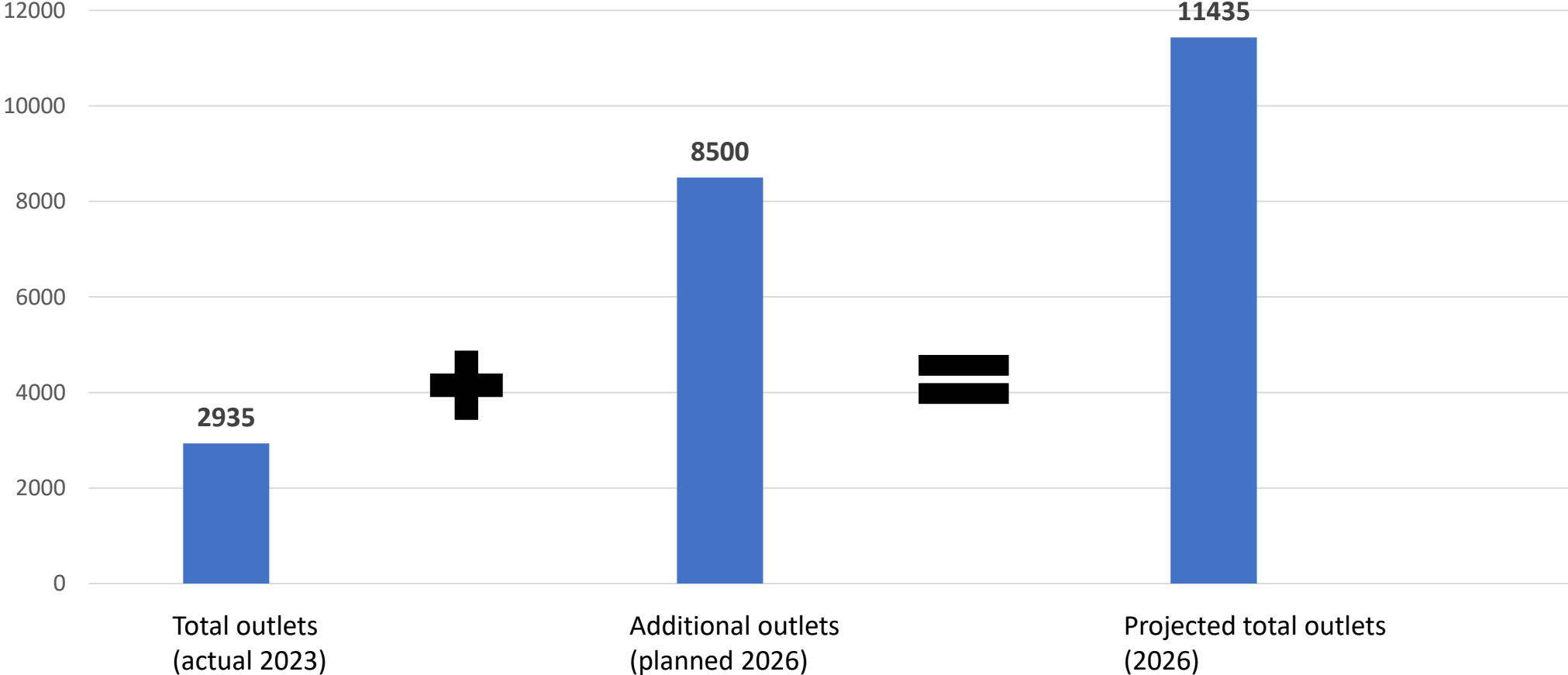
INCREASE IN ALCOHOL OUTLETS

Associated with higher consumption, alcohol-related chronic disease, trauma and social problems.

- In recent decades physical availability has increased in most provinces and territories
- 2015, Ontario allowed sale of beer, wine and cider in grocery stores; associated with increase of 24,000 alcohol-related emergency dept. visits [Myran et al. 2019a]
- These grocery stores are concentrated in lower income areas [Myran et al. 2019b]
- In 2022, Ontario initiated on-premise sales in 55 *Seven-Eleven* outlets
- November 2023, the Ontario government announced plans to put alcohol into 8,500 corner stores, grocery stores and big box outlets starting in 2026, a 290% increase in off-premise outlets [Giesbrecht. Myran 2024]

PHYSICAL AVAILABILITY: INCREASE IN ALCOHOL OUTLETS

OFF-PREMISE ALCOHOL RETAIL OUTLETS IN ONTARIO



PRICING AND TAXATION: GREATER AFFORDABILITY OF ALCOHOL

Lower taxes associated with higher consumption, alcohol-related chronic disease, trauma and social problems

- About half of provinces and territories have no alcohol specific taxes (i.e. beyond the PST) and not all have minimum unit pricing
- In Spring 2023, the planned adjustment for **federal** excise tax on alcohol was “temporarily capped at 2% for one year” instead of the planned 6.3% adjustment. Followed alcohol industry pressure and media stories favouring the reduction, the adjustment was lower than the inflation rate, thus alcohol became more affordable [[Excise Duty Notice EDBN32](#)]
- In February 2024, the **Ontario government** decided to stop “the estimated 4.6 per cent increase to the beer basic tax and LCBO mark-up rates that was scheduled for March 1, 2024” [[media release](#)]

HEALTH AND SAFETY MESSAGING: NO MEANINGFULL INFORMATION ON ALCOHOL LABELS

Messages linked with greater awareness of alcohol-related risks, reduction in consumption and greater support for certain alcohol policies [Hobin et al. 2020; Zhao et al. 2020, Giesbrecht et al. 2023]

- No information on standard drinks per container or serving size
- Alcohol products sold in Canada are not required to be labelled with health risks.
- Federal government has not acted upon the recommendation of the Guidance on Alcohol and Health (2023) calling for mandatory labelling of all alcoholic beverages [[CCSA, page 11](#)]
- A private members bill in Senate of Canada is awaiting consideration in Committee: *An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)* [[Bill S-254](#)]
- Canada has not stated support for Ireland's warning label legislation [[Ireland regulations](#)]

WHAT DO THESE EXAMPLES OF CURRENT/RECENT ALCOHOL POLICIES HAVE IN COMMON?

- Policies do not follow evidence
 - e.g. Evidence from Ontario grocery store expansion did not appear to influence decisions to allow sales in *7-Eleven* outlets nor planned sales in corner stores
- Policy development lacks meaningful public health input
- Policy development favours increased availability and commercial interests
- Low levels of engagement from media, public and policy makers about public health impacts of alcohol sales

WHAT IS NEEDED?

A HARM REDUCTION POLICY-MAKING PROTOCOL

- A balanced approach with public health as a central partner in policy-making
- Before policy changes are made, conduct assessment of possible impacts on health, welfare and associated costs
- Engage with media to encourage reporting that includes latest evidence on links between alcohol policies and harm
- Develop and foster alcohol and public health lobby initiatives

A PREDICTION

Unless there are dramatic and sustained changes in alcohol policy-making protocols, the resources used and the procedures, the harms and costs related to alcohol use in Canada will increase

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