

# Canadian Alcohol Policy Evaluation (CAPE) Community of Practice

## *Reducing Alcohol Harm in Ontario Municipalities: Policy Options and Overcoming Challenges*

November 29, 2023



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of Victoria

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Established/Établi 1945

**CA<sup>+</sup>PE**  
CANADIAN ALCOHOL  
POLICY EVALUATION

# Land acknowledgement



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# Housekeeping

- Today's webinar includes four presentations of 15 minutes each followed by Q&A = 90mins in total
- The presentation segment will be recorded (not Q&A). Links to the recording and webinar slides will be emailed.
- We invite your feedback about today's session. A survey link will be shared in the Chat box and via email.
- For persons with lived/living experience stipends: email [capecopcoord@uvic.ca](mailto:capecopcoord@uvic.ca)

***The views and opinions expressed as part of this event are those of the presenters alone and do not necessarily represent those of our funders or other organizations acknowledged***



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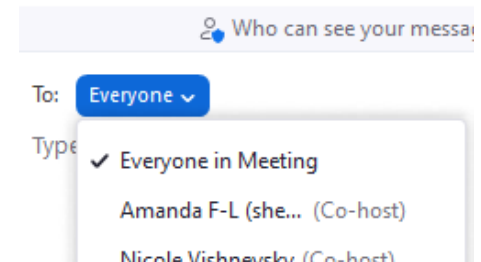
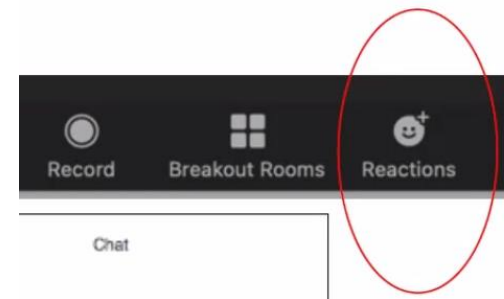
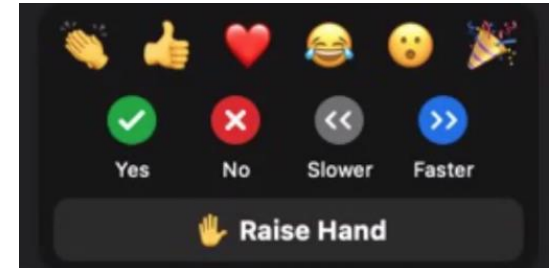
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# Q&A format

- Submit a question in the Chat at any time.
- Use 'raise hand' during Q&A segment. The moderator will ask you to unmute to pose your question. Name the presenter to whom you are directing the question.
- The moderator may read aloud questions typed in the Chat box.
- Technical difficulties? please message us in the chat.



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## **Justin Thielman**

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## **Tim Stockwell**

Scientist, Canadian Institute for Substance Use Research (CISUR)

## **Daniel Myran**

Public health and preventative medicine physician, health services researcher

## **Melissa Hutchinson**

Manager with Durham Region Health Department

## **Alex Swirski**

Epidemiologist, Durham Region Health Department













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Updated alcohol guidelines: <https://www.ccsa.ca/canadas-guidance-alcohol-and-health>

<p><b>0 drinks per week</b> Not drinking has benefits, such as better health, and better sleep.</p>	<p>No risk</p>	<p>0 </p>
<p><b>1 to 2 standard drinks per week</b> You will likely avoid alcohol-related consequences for yourself and others.</p>	<p>Low risk</p>	<p>1  2 </p>
<p><b>3 to 6 standard drinks per week</b> Your risk of developing several different types of cancer, including breast and colon cancer, increases.</p>	<p>Moderate risk</p>	<p>3  4  5  6 </p>
<p><b>7 or more standard drinks per week</b> Your risk of heart disease or stroke increases.</p> <p><b>Each additional standard drink</b> Radically increases the risk of these alcohol-related consequences.</p>	<p>Increasingly high risk</p>	<p>7  8  + </p>

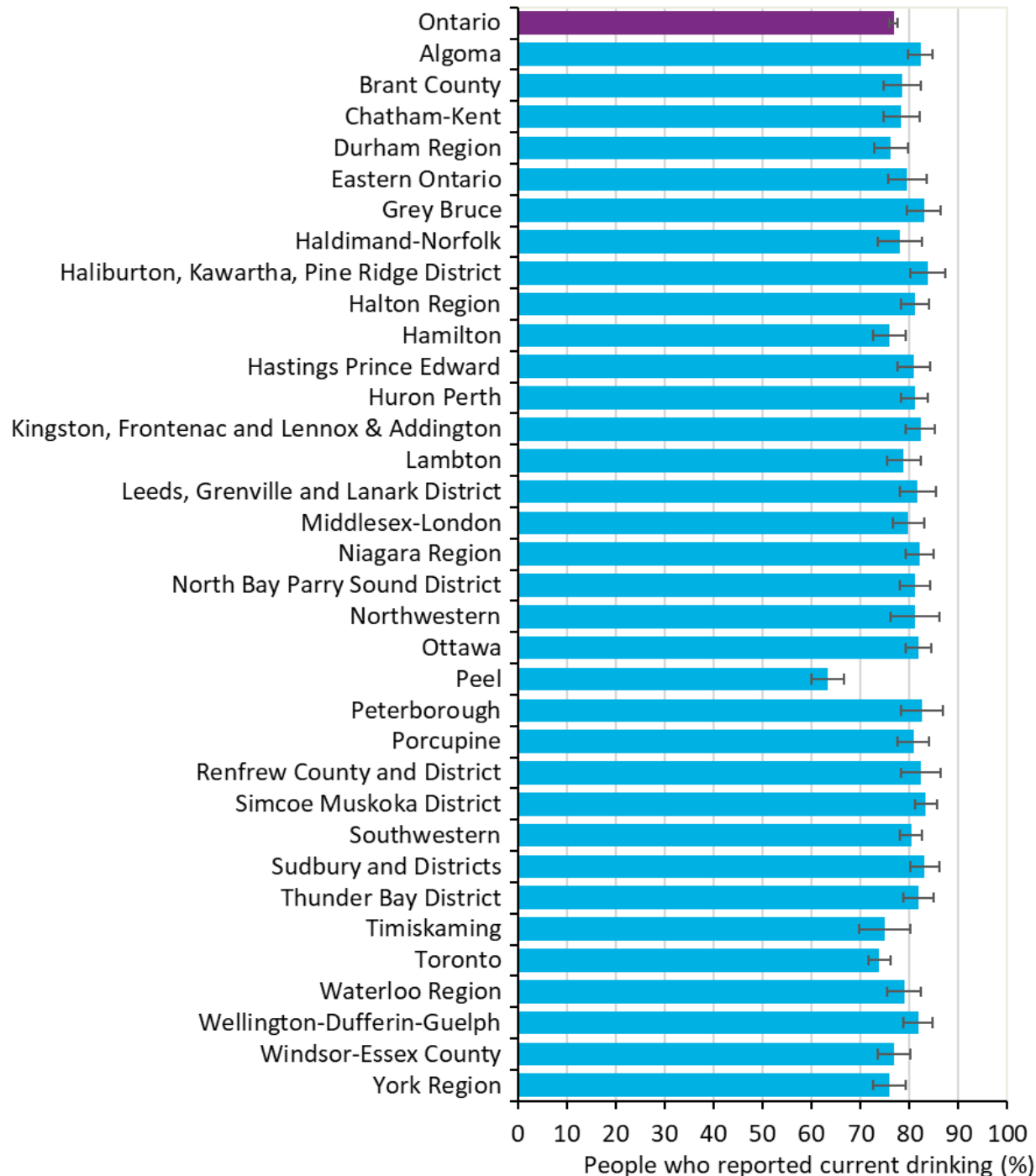
# PHO & Ontario Health report



- Presents smoking and alcohol attributable deaths, hospitalizations and emergency department visits for Ontario and by public health unit (PHU)
- Collaboration between Public Health Ontario and Ontario Health
- Available at [publichealthontario.ca/smoking-alcohol](https://publichealthontario.ca/smoking-alcohol)
- Report, appendix A (detailed estimates), supplementary tables and technical appendix
- The report and appendix A are also available in French

**Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario**

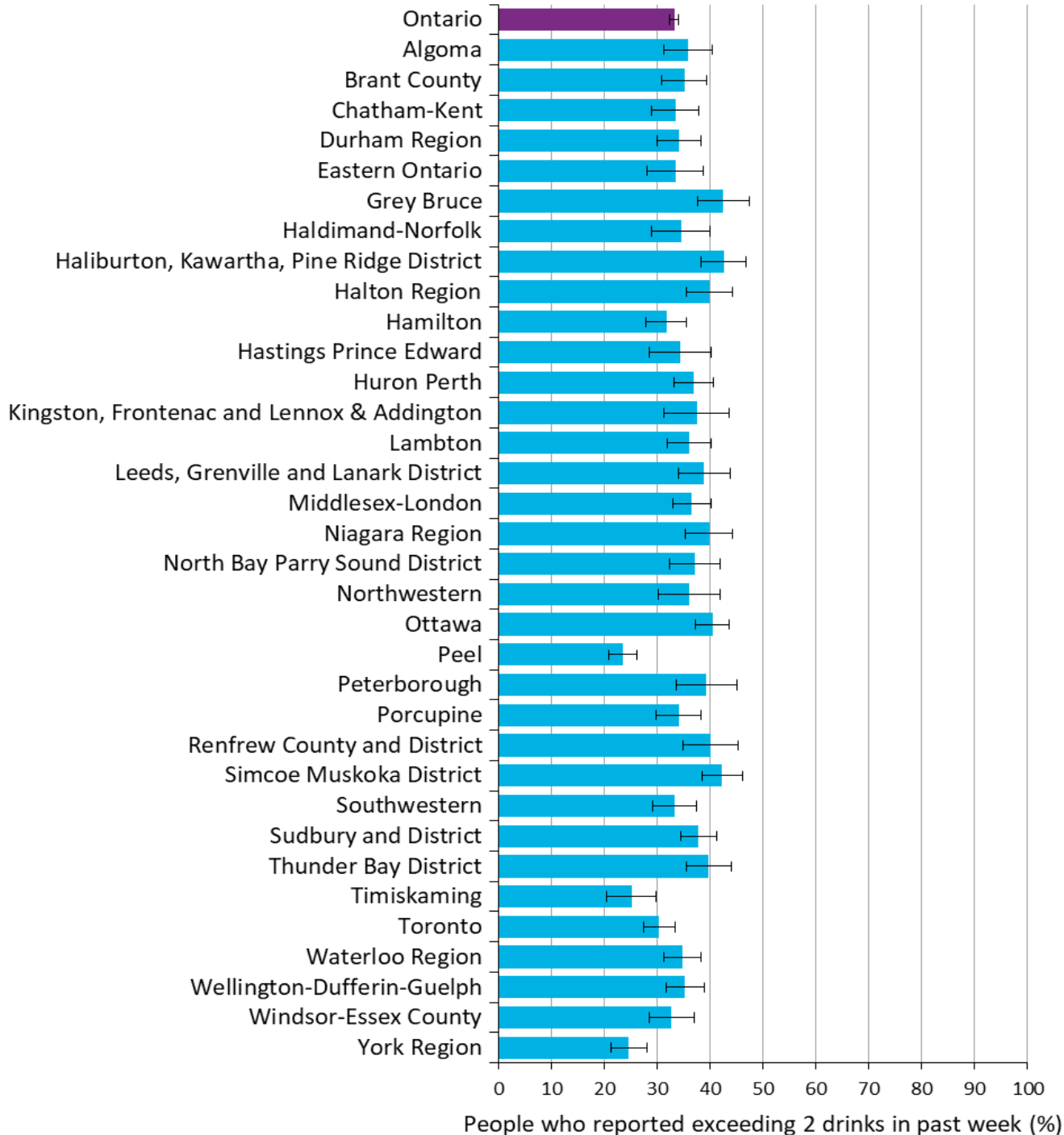
# Prevalence of alcohol consumption



- Percentage of people age 15 and older who reported current drinking, by public health unit, Ontario, 2015–2017 combined
- Estimates from the 2015 to 2017 Canadian Community Health Surveys



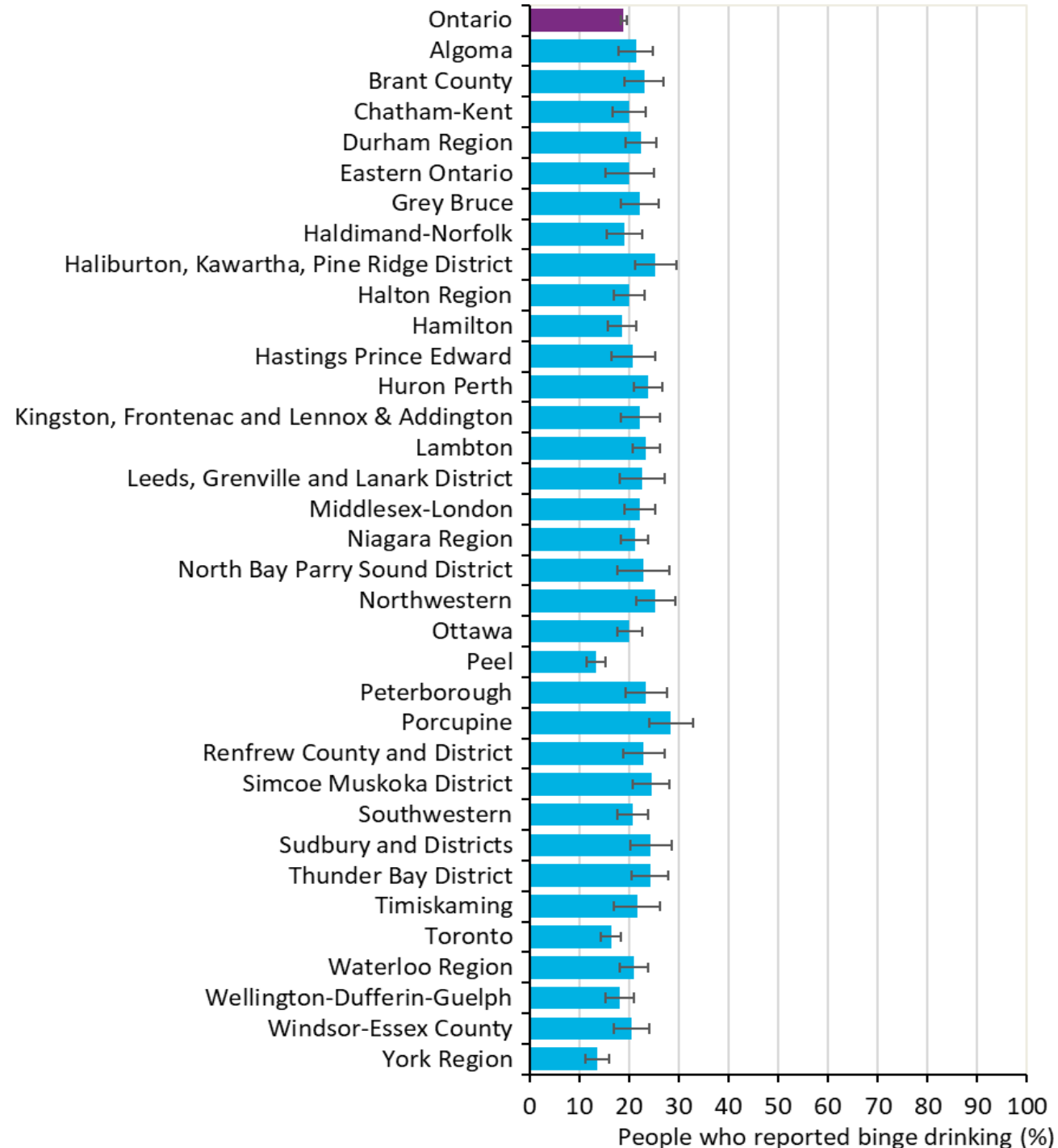
# Prevalence of alcohol consumption



- Percentage of people age 19 and older who reported exceeding two drinks in the past week, by public health unit, Ontario, 2015–2017 combined
- Estimates from the 2015 to 2017 Canadian Community Health Surveys

# Prevalence of alcohol consumption

- Percentage of people age 15 and older who reported binge drinking, by public health unit, Ontario, 2015–2017 combined
- Estimates from the 2015 to 2017 Canadian Community Health Surveys



# Ontario: Alcohol Summary

In an average year, an estimated:

- **4,330 deaths**
- **22,009 hospitalizations**
- **194,692 emergency department visits**

were attributable to alcohol in people age 15 and older

These alcohol attributable outcomes made up:

- **4.3% of deaths**
- **2.1% of hospitalizations**
- **3.7% of emergency department visits**

from all causes in people age 15 and older in Ontario

Estimates of average annual deaths, hospitalizations and emergency department visits from health conditions attributable to alcohol in people age 15 and older, Ontario

	Total alcohol attributable health conditions	Cancer	Cardio-vascular	Communicable disease	Digestive condition	Endocrine condition	Neuro-psychiatric	Intentional injury	Motor vehicle collision	Unintentional injury
<b>Deaths</b>	<b>4,330</b>	1,204	934	126	865	-67	329	306	87	545
<b>Hospitalizations</b>	<b>22,009</b>	2,071	-2,263	1,282	4,709	-285	8,379	1,250	672	6,194
<b>Emergency department visits</b>	<b>194,692</b>	613	2,528	5,559	5,435	-927	57,536	9,112	9,391	105,446

From the Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario report

# Comparative burden in Ontario (3 years)

	<b>COVID-19, Mar 8, 2020 to Mar 11, 2023</b>	<b>Smoking 3-year estimate</b>	<b>Alcohol 3-year estimate</b>
Deaths	16,281	50,019	12,990
Hospitalizations	67,793	204,138	66,027

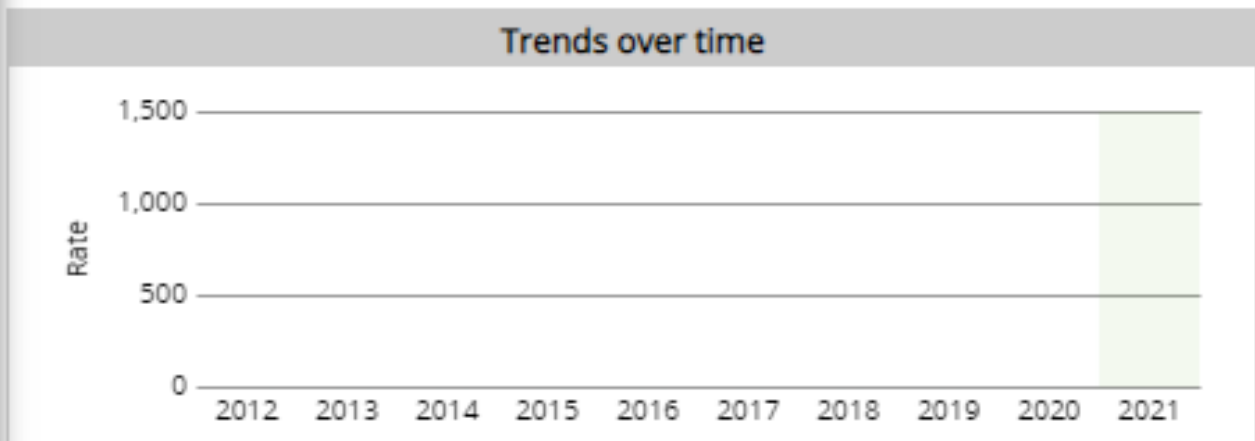
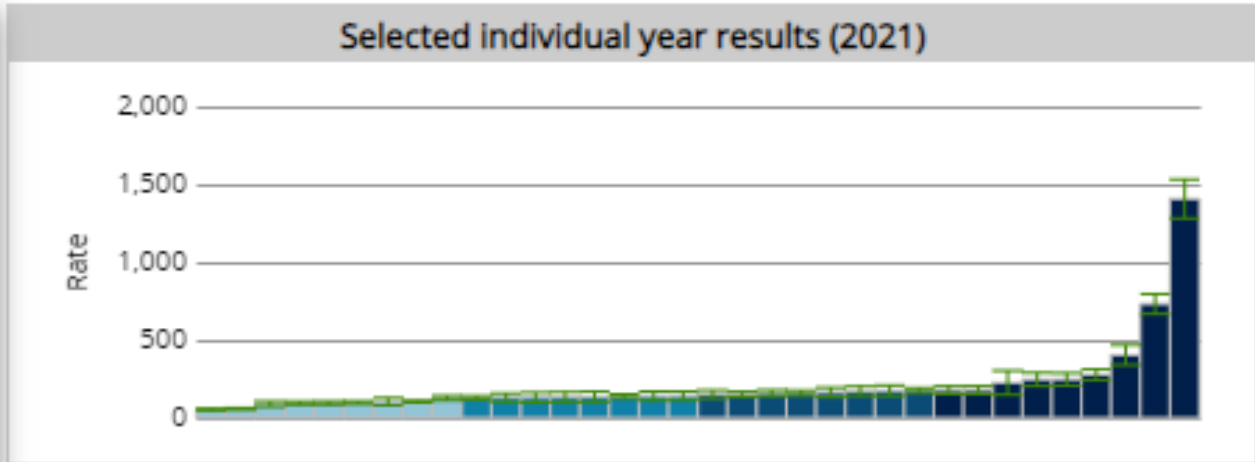
# Hospitalizations for conditions entirely attributable to alcohol >> Age-standardized rate (females) >> 2021

Select indicator ▾    View technical notes    Download data

- ▶ ED visits for conditions entirely attributable to alcohol
- ▶ ED visits for mental health conditions entirely attributable to alcohol
- ▶ Hospitalizations for conditions entirely attributable to alcohol
- ▶ Hospitalizations for mental health conditions entirely attributable to alcohol
- ▶ Mortality from alcohol (with and without drug involvement)
- ▶ Mortality from alcohol (without drug involvement)
- ▶ Mortality from alcohol (with drug involvement)
- ▶ Mortality from alcohol (with drug involvement)

Select a year

▶ ◀ ▶▶ 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



# Alcohol and Public Health in Ontario: What strategies will reduce the harm?

Tim Stockwell  
Scientist, CISUR  
Emeritus Professor, Psychology




University  
of Victoria

Canadian Institute for  
Substance Use Research



## Three topics on alcohol policy in Ontario

1. *What are the economic and health costs of alcohol in Ontario and Canada?*
  2. *Why are alcohol policies important?*
  3. *My experience as a failed expert witness in the Ontario 7/11 liquor licensing applications*
- 



# Why alcohol policy matters in Ontario

## Annual consumption, harms and costs in Ontario, 2020

### Alcohol Consumption



- People in ON consumed the equivalent of **457** standard drinks of alcohol per person aged 15+ (StatsCan, 2020/21)

### Alcohol Health Harms



- Alcohol led to:
  - **6,202** deaths,
  - **38,043** years of productive life lost
  - **319,580** hospital admissions
- (CSUCH, 2020)

### Alcohol Deficit



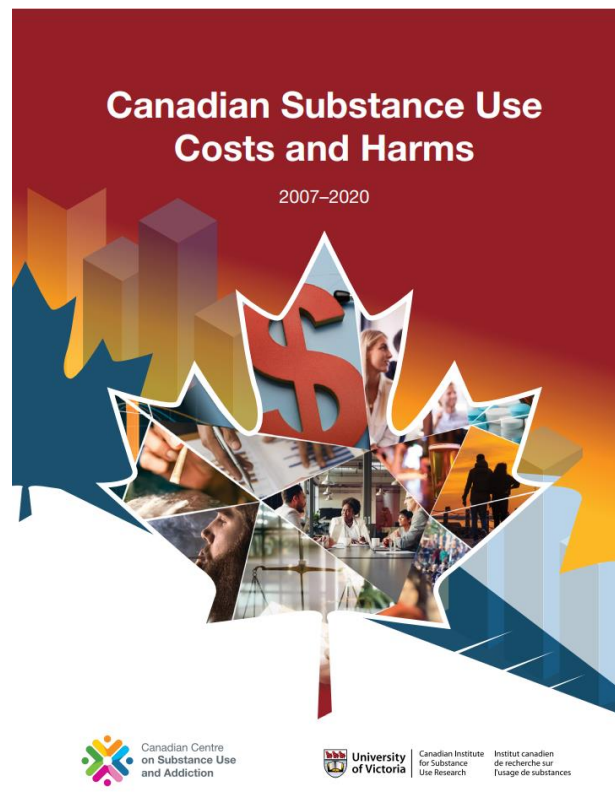
- Alcohol's net revenue: **\$5.162 billion**
- Alcohol's economic cost: **-\$7.109 billion**
- ON's alcohol deficit: **-\$1.947 billion**
- (StatsCan, CSUCH, 2020/21)

#### Sources:

- 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
- Statistics Canada. [Table 10-10-0012-01](#) Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000)
- Canadian Substance Use Costs and Harms [data tool](#) and [infographic](#)

# Counting Costs and Harms from Substance Use in Canada, 2007-2020

- *Co-led with Canadian Centre on Substance Use and Addiction*
- *Results available in tailored reports for each jurisdiction and on an interactive web tool at: <https://csuch.ca>*
- *Total cost in 2020:*  
**\$49.1bn**



# Substance Categories



**ALCOHOL**



**TOBACCO**



**CANNABIS**



**COCAINE**



**OPIOIDS**



**OTHER CNS  
DEPRESSANTS**



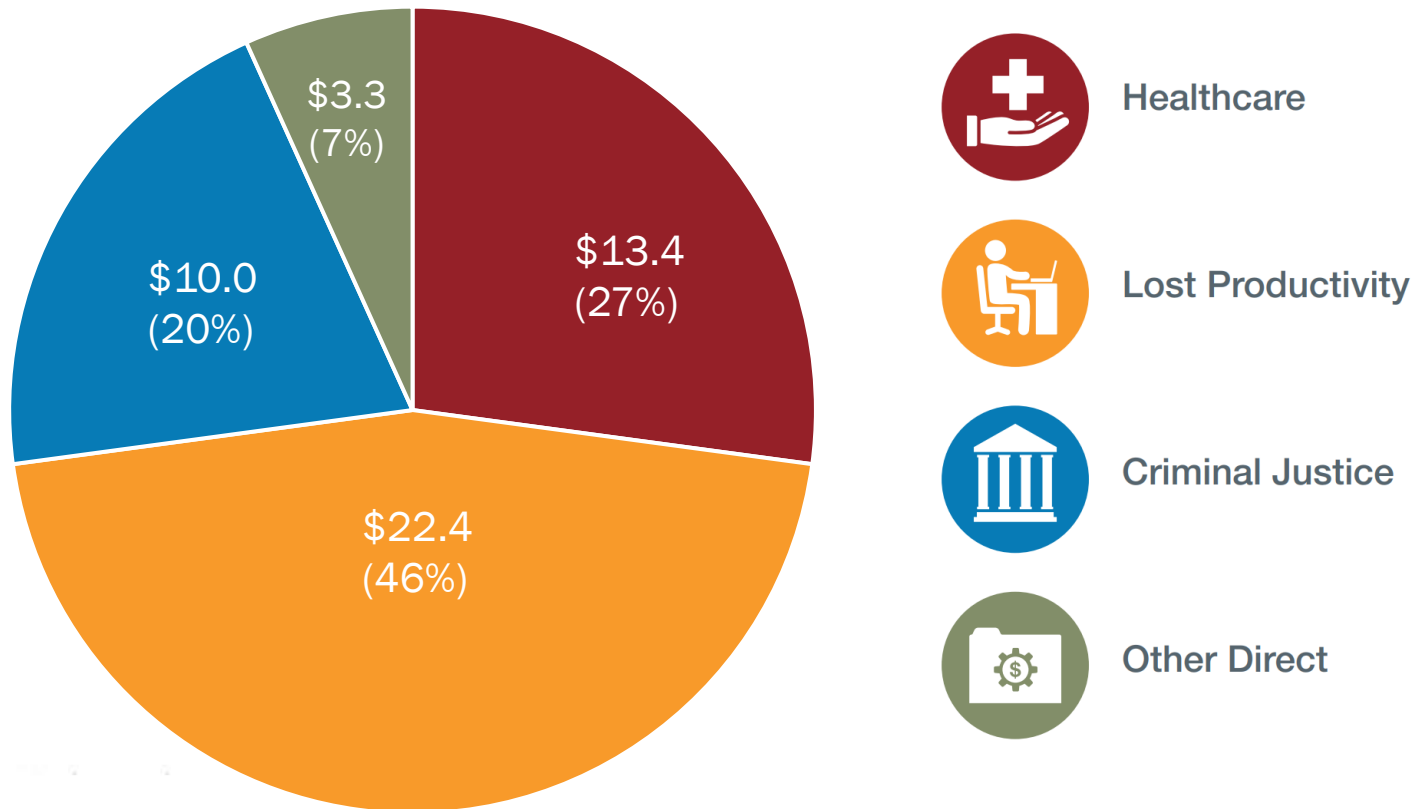
**OTHER CNS  
STIMULANTS**



**ALL OTHER  
PSYCHOACTIVE  
DRUGS**

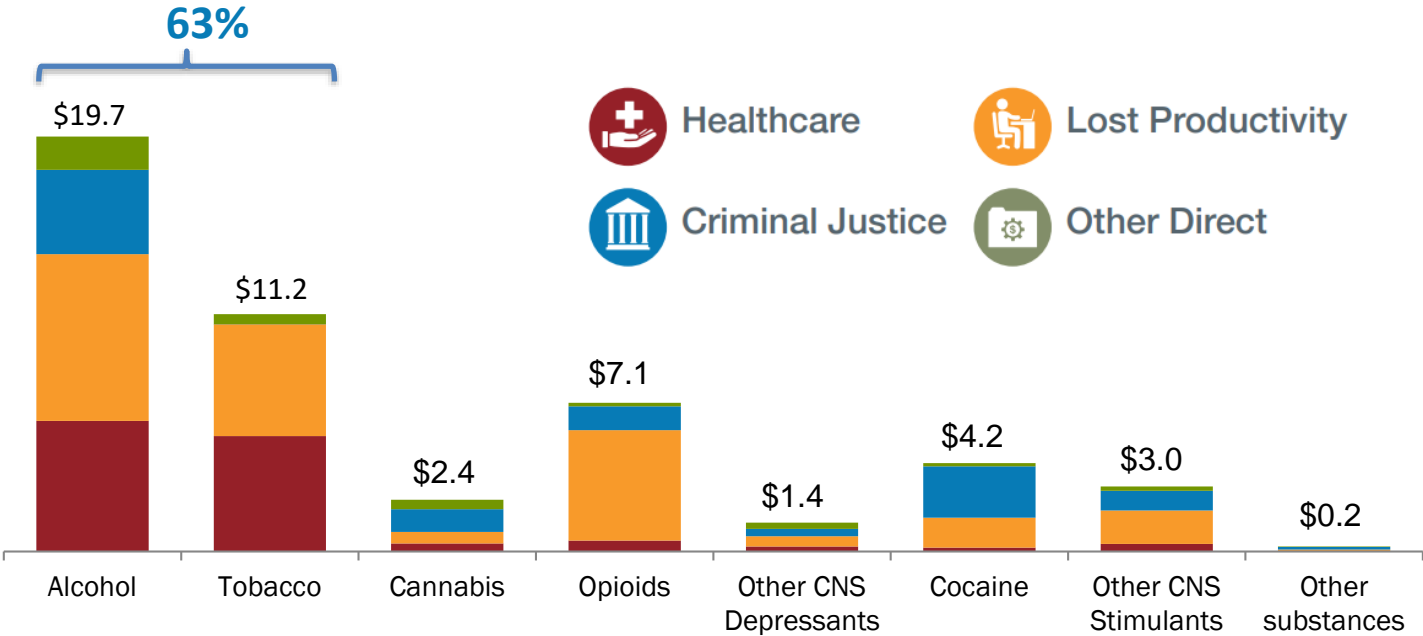
# Substance use cost \$49 billion in 2020

Overall costs (in billions) and percentage of overall costs attributable to substance use in Canada by cost type, 2020



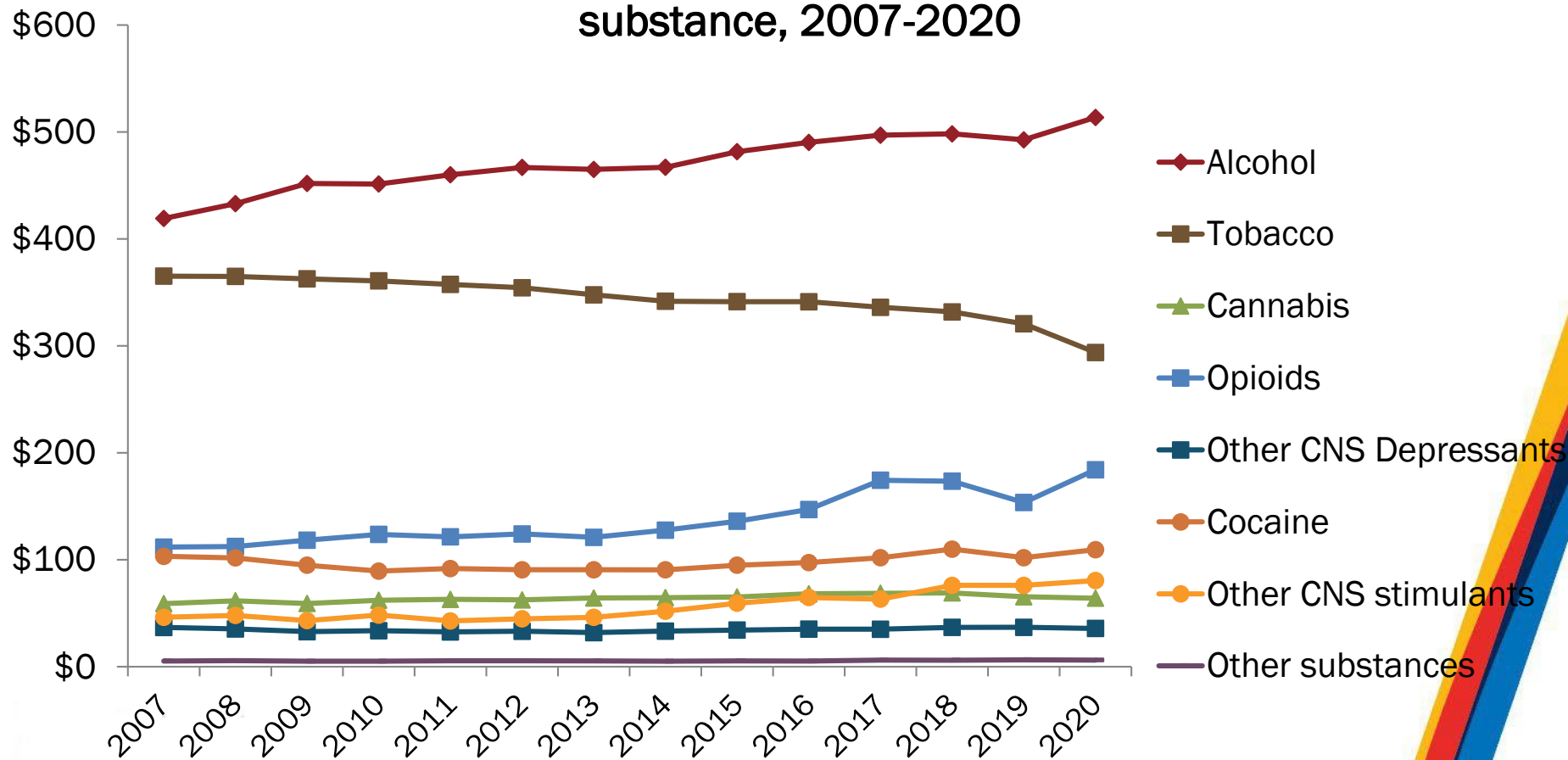
# Alcohol accounts for the most costs: 40% of total substance use costs in Canada

Cost of substance use in Canada in billions, 2020



# Alcohol and opioid costs have increased, tobacco costs have declined

Per-person costs attributable to substance use in Canada by substance, 2007-2020



**Effective alcohol policies**



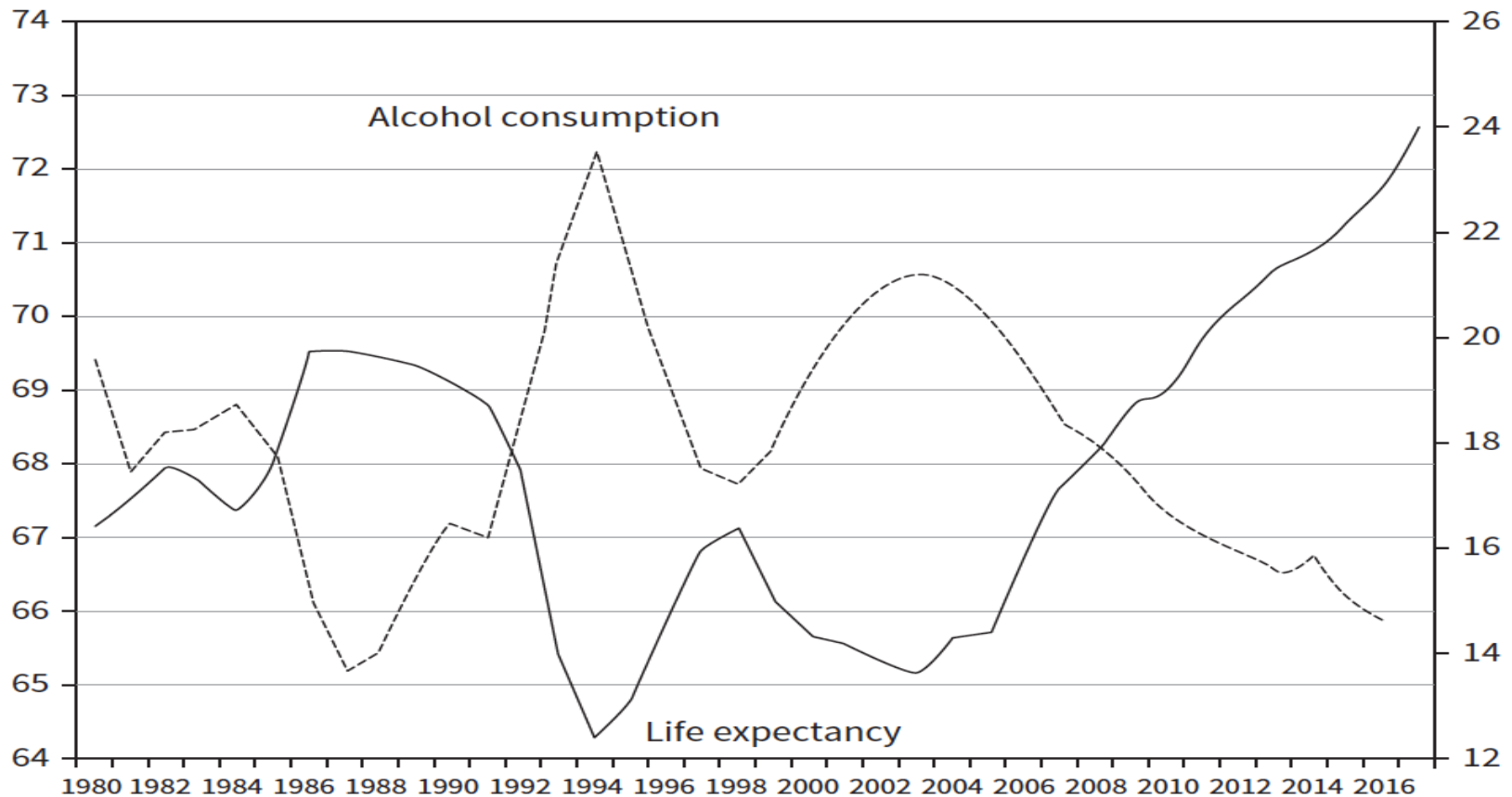
**Reduced per capita alcohol consumption**



**Reduced morbidity and mortality**



# Relationship between per capita alcohol consumption and life expectancy, Russia 1980-2016




**Figure 16.1** Relationship between per capita alcohol consumption and life expectancy in the Russian Federation between 1980 and 2016. Solid line = life expectancy (both sexes). Dashed line = total alcohol consumption 15+.


Nemtsov et al, *Journal of Studies on Alcohol and Drugs*, 2019



# WHO Best Buys for Alcohol Policy

- 1. Strengthen availability restrictions*
  - 2. Advance drink-driving counter-measures*
  - 3. Facilitate screening, brief intervention and referral (SBIR)*
  - 4. Enforce bans on advertising/marketing*
  - 5. Raise prices through tax and MUP*
- 

# CAPE Alcohol Policy Domains

★		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 at the Federal level)
★		Screening and Treatment Interventions
➔		Alcohol Strategy
➔		Monitoring and Reporting

★ Evidence for direct effectiveness ➔ Evidence for indirect effects

# theguardian

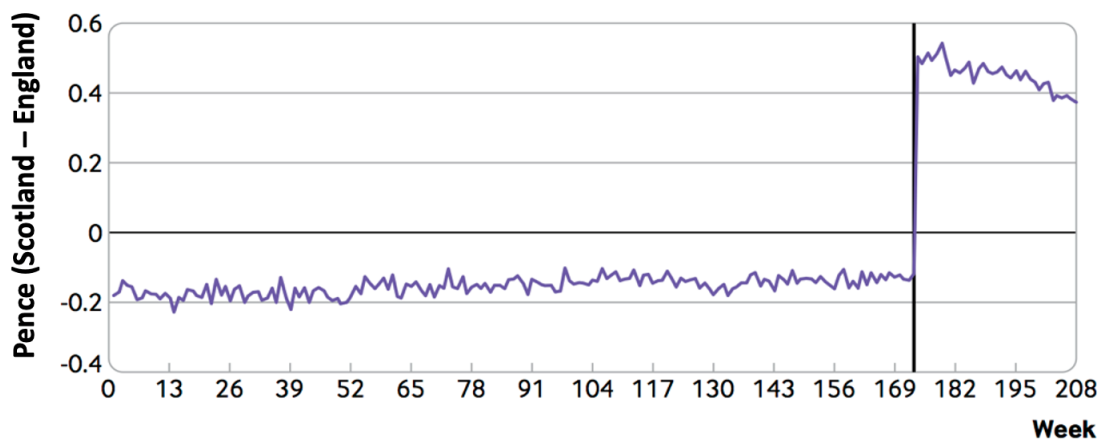
## Minimum alcohol pricing can go ahead in Scotland, says court

Country's top judge rules that Holyrood government's plans for 50p per unit minimum price do not violate EU law

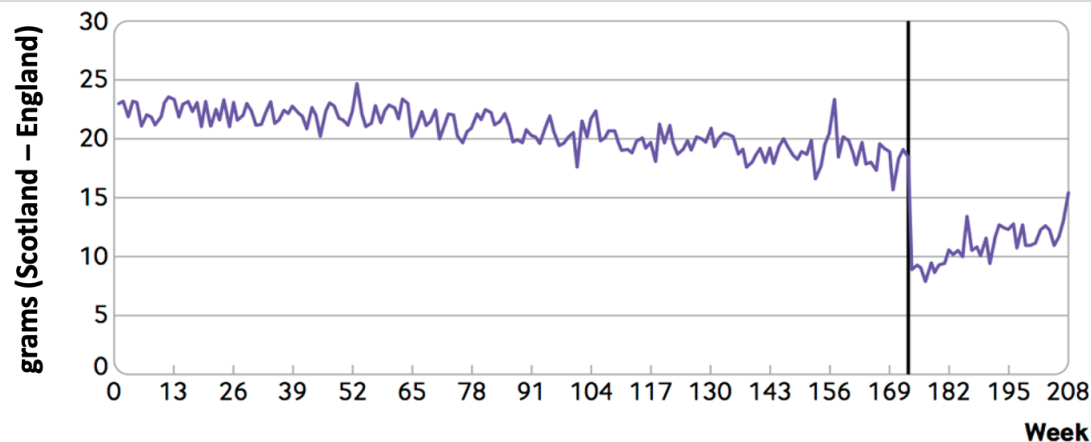


# Price and Sales of Alcohol in Scotland vs England before & after Minimum Unit Pricing, May 2018

## Price per gram of alcohol



## Grams of alcohol purchased



24th November 2020

# Alcohol deaths in Scotland fall 10% in first year of minimum pricing



By Helen McArdle | [@HMcardleHT](#)  
Health Correspondent



Alcohol-specific deaths fell to 1,020 in 2019, the first full year of data since minimum pricing came into effect

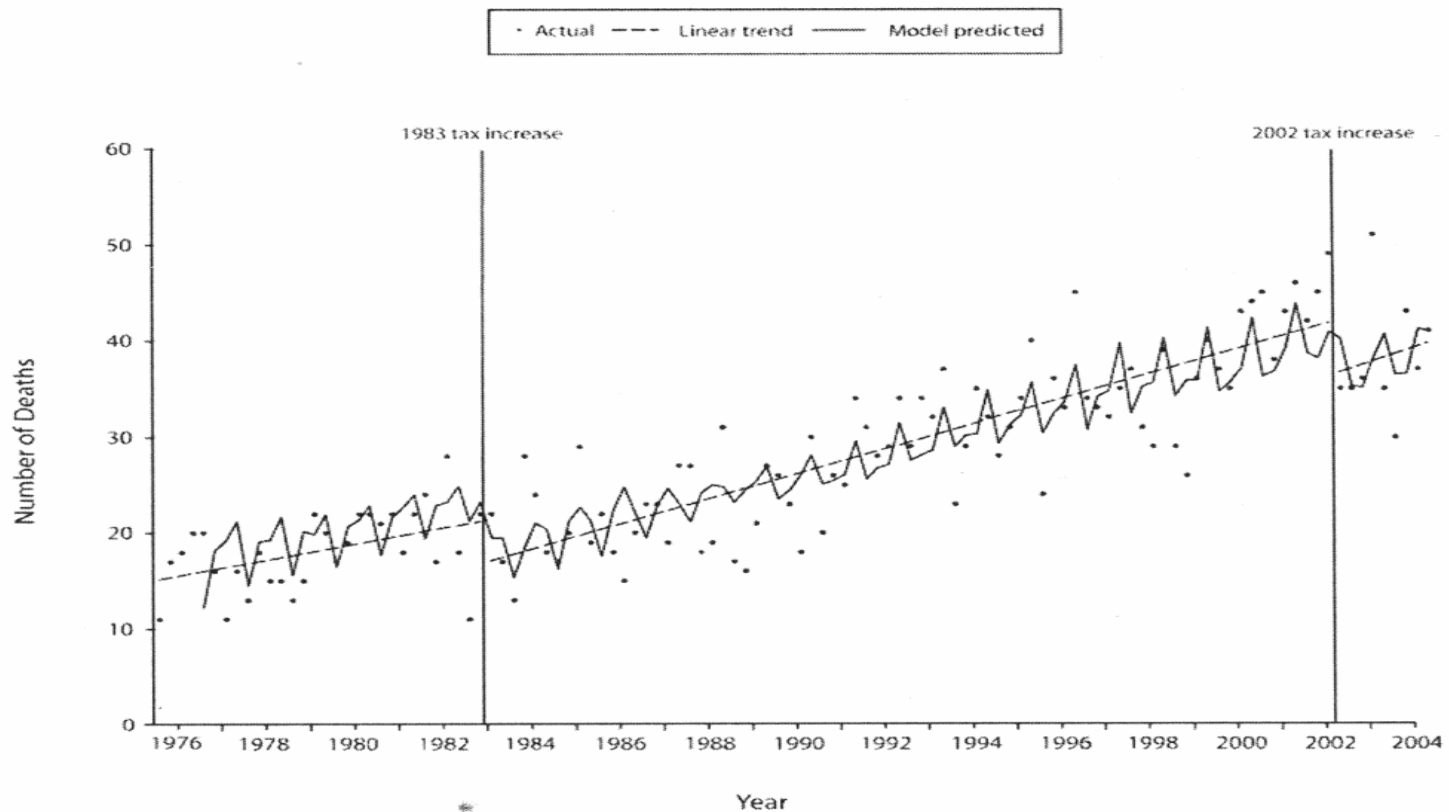
[f](#) [t](#) [in](#) [m](#) 30 comments

**NEW figures reveal a “notable fall” in the number of people dying in Scotland as a direct result of alcohol consumption for the first time in seven years.**

# General population effects: Canadian studies

- *CISUR had access to comprehensive monthly price and sales data from two government alcohol monopolies*
- *A 10% increase in MP was significantly associated with:*
  - Reduced consumption: -3.4% BC, -8.4% Saskatchewan
  - Reduced AA deaths (-32%) & hospitalizations (-9%, BC)
  - Reduced AA crime (-9% BC, not Saskatchewan)
- *We published 12 journal articles on MP impacts e.g.*  
Zhao et al (*Addiction*, 2013 & 2018); Thompson et al (*JPHP*, 2017); Stockwell et al (*Addiction*, 2012 & 2013), (*AJPH*, 2012, 2013), (*JSAD*, 2015), (*DAR*, 2017)












# Example: Effects of two tax increases on deaths from alcohol related diseases in Alaska



**FIGURE 2—Frequency of quarterly alcohol-related disease mortality: Alaska, 1976–2004.**


Wagenaar et al, *American Journal of Public Health*, 2009

# Policy Domain Scores for Ontario

	SCORE	GRADE
 1. Pricing & Taxation	37%	F
 2. Physical Availability	43%	F
 3. Control System	24%	F
 4. Impaired Driving Countermeasures	51%	D-
 5. Marketing & Advertising Controls	42%	F
 6. Minimum Legal Age	34%	F
 7. Health & Safety Messaging	13%	F
 8. Liquor Law Enforcement	60%	C-
 9. Screening & Treatment Interventions	62%	C-
 10. Alcohol Strategy	17%	F
 11. Monitoring & Reporting	71%	B-



# 7/11's applications for liquor licences in Ontario stores

- *A significant precedent for Ontario*
  - *The Ontario Public Service Employees Union hired me as an expert witness*
  - *I focused on evidence of increased harm in Canadian and international literature from increased availability + the precedent*
  - *Ruled as irrelevant! Not sufficiently local*
- 



**Thank you!**

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Driven by compassion.

Inspiré par la recherche.  
Guidé par la compassion.

# ASSOCIATION BETWEEN ALCOHOL ACCESS AND HEALTH CARE VISITS DUE TO ALCOHOL IN ONTARIO

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RECHERCHE



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Faculté de médecine  
Département de  
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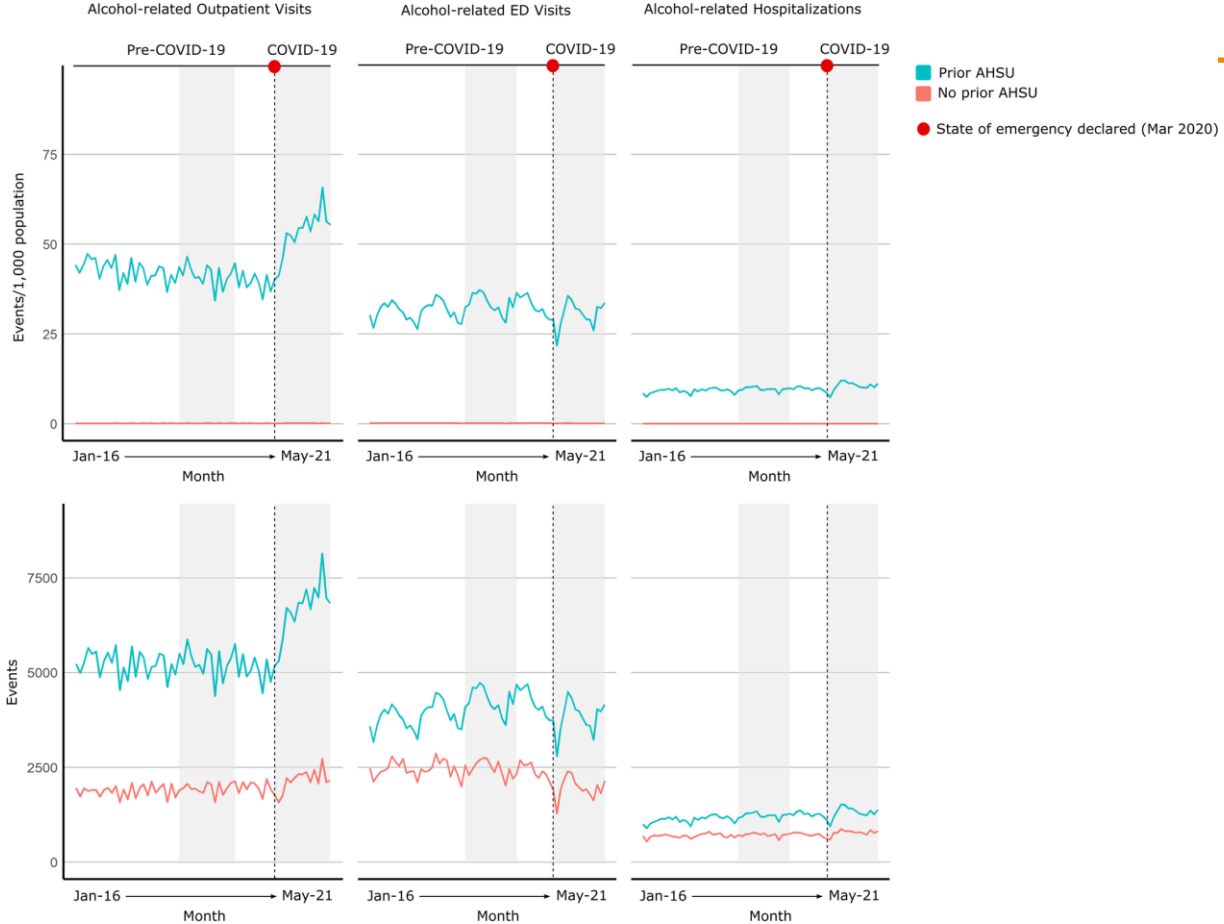
Faculty of Medicine  
Department of  
Family Medicine

## BACKGROUND

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- ▶ Alcohol is a leading cause of death and disability
- ▶ Alcohol-related health care visits rapidly increasing in Ontario
- ▶ Restricting the physical availability alcohol stores considered one or most effective control policies
- ▶ Increasing interest in whether relationship differs across subgroups
  - E.g., socioeconomic position, sex and gender, different types of drinkers
- ▶ Ongoing debates about causal nature of association

# CHANGES IN HEALTH CARE VISITS DUE TO ALCOHOL IN ONTARIO DURING COVID-19



## FURTHER CHANGES COMING



NEWS

Toronto

### **Billions at stake as Doug Ford government prepares to change booze retailing in Ontario**

Negotiations involve beer, wine and spirits industries, as well as supermarket and convenience store chains



[Mike Crawley](#) · CBC News · Posted: Nov 22, 2023 4:00 AM EST | Last Updated: November 22



TORONTO | News

### **Ontario quietly moving ahead with convenience store beer sales**

## OBJECTIVES

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- ▶ Examine the association between alcohol access and health care visits attributable to alcohol
- ▶ Compare association for individuals with and without a history of care for an Alcohol Use Disorder
- ▶ Examine the impact of introducing alcohol sales in grocery stores

# METHODS

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- ▶ Population-based study using health administrative data at ICES
- ▶ Examined quarterly rates of outcomes between 2013 and 2019 across 464 geographic regions in Ontario for individuals aged 10+
- ▶ Primary Outcome: ED visits and outpatient visits wholly attributable to alcohol
- ▶ Exposures:
  - Access to alcohol retail stores – average drive time to closest 7 alcohol outlets
  - Prior care for AUD – had one or more ED visits or outpatient visits wholly attributable to alcohol in past 2 years
- ▶ Analysis: mixed effects regression models for association between alcohol access and rates of visits attributable to alcohol



# RESULTS

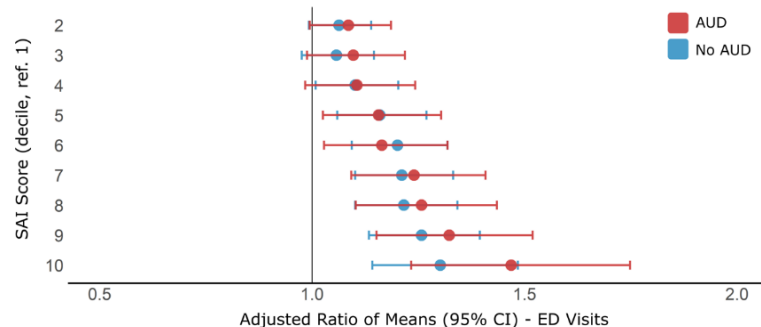
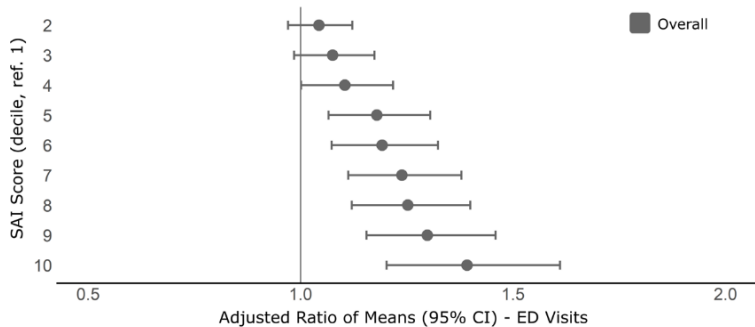
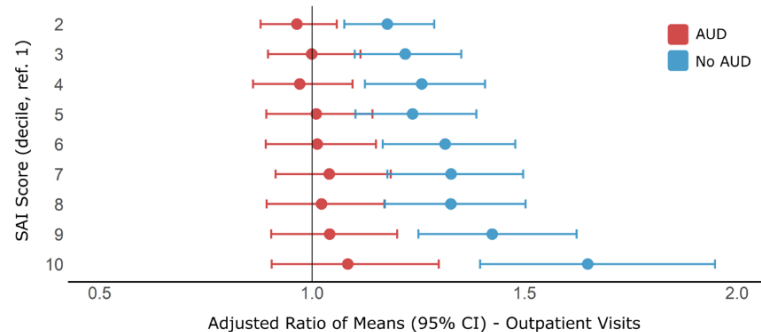
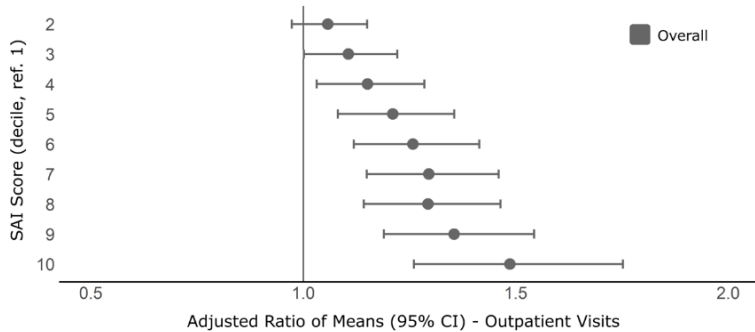
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	FSAs Lowest Decile SAI Access	FSAs Highest SAI Decile Access	Whole Population
Total Population	615,819	958,278	10,677,604
AUD Status			
Proportion of people AUD	1.7	2.5	1.8
Proportion of people no AUD	98.3	97.5	98.2

# RESULTS

	Overall		No AUD		AUD	
	Count of events	Rate per 100,000 person years	Count of events	Rate per 100,000 person years	Count of events	Rate per 100,000 person years
<b>Entire Study (2013 - 2019)</b>						
<b>ED Visits</b>	437,707	140.67	142,717	46.69	290,880	5276.69
<b>Outpatient Visits</b>	505,271	162.39	132,853	43.47	369,006	6693.93
<b>ED Annual Visits</b>						
<b>D1 Study Average</b>	2782	111.84	1077	43.62	1591	3639.01
<b>D10 Study Average</b>	11077	273.48	2373	60.13	8658	8429.76
<b>Outpatient Annual Visits</b>						
<b>D1 Study Average</b>	3103	124.31	991	40.72	2031	4580.30
<b>D10 Study Average</b>	13078	322.29	2599	65.46	10456	10174.85

# DIFFERENCES IN RATES OF VISIT FOR ALCOHOL USE DISORDER



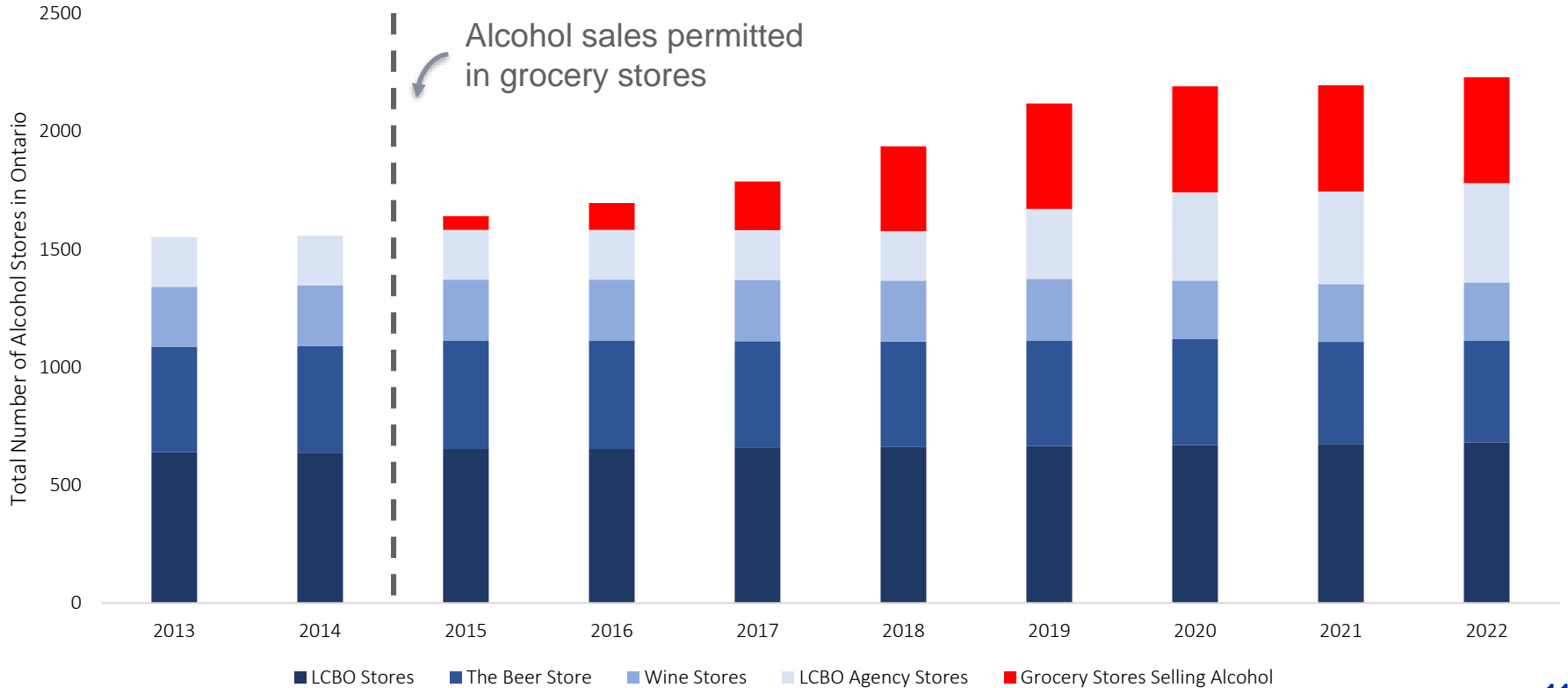
Relative differences between rates of ED visits and outpatient visits due to alcohol by decile of alcohol retail store access overall and for individuals with and without alcohol use disorders.

## DISCUSSION

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- ▶ Greater access to alcohol stores is *positively associated* with increased ED and outpatient visits attributable to alcohol
- ▶ Data suggests that greater alcohol access *may* confer additional risk for people without prior AUD treatment
- ▶ Ongoing work looking at causal impact of increasing alcohol access

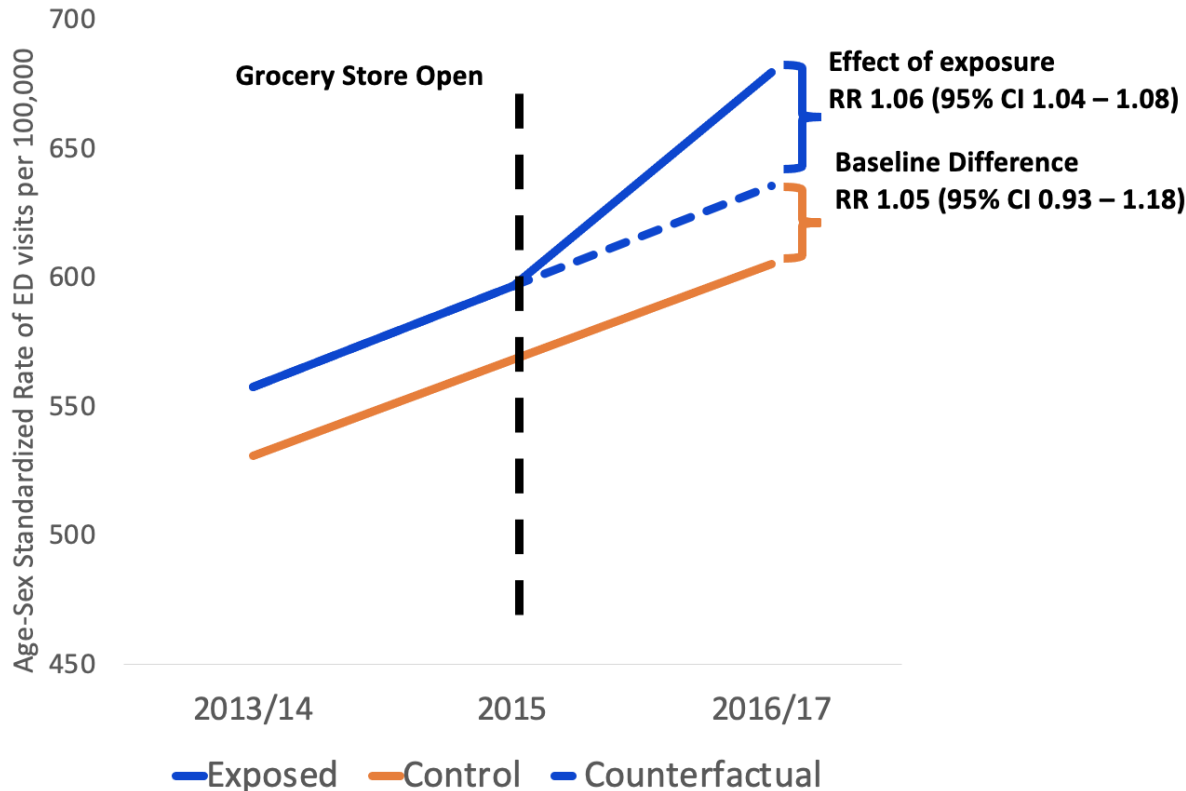
# ONTARIO OFF-PREMISE RETAILERS



# The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada

# ADDICTION

Daniel T. Myran<sup>1,2</sup>, Jarvis T. Chen<sup>3</sup>, Norman Giesbrecht<sup>4</sup> & Vaughan W. Rees<sup>3</sup>



Difference in difference analysis comparing change in rate of alcohol-attributable ED visits between FSAs with a grocery store selling alcohol and FSAs without a grocery store selling alcohol.

## POLICY IMPLICATIONS

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- ▶ Alcohol access has expanded over past decade in Ontario
- ▶ Retail market is likely about to substantially change
  - Greater access to stores
  - Increasing proportion privately operated
- ▶ Total body of evidence suggests this may increase alcohol use and harms
- ▶ Need for increased attention to public health in these discussions

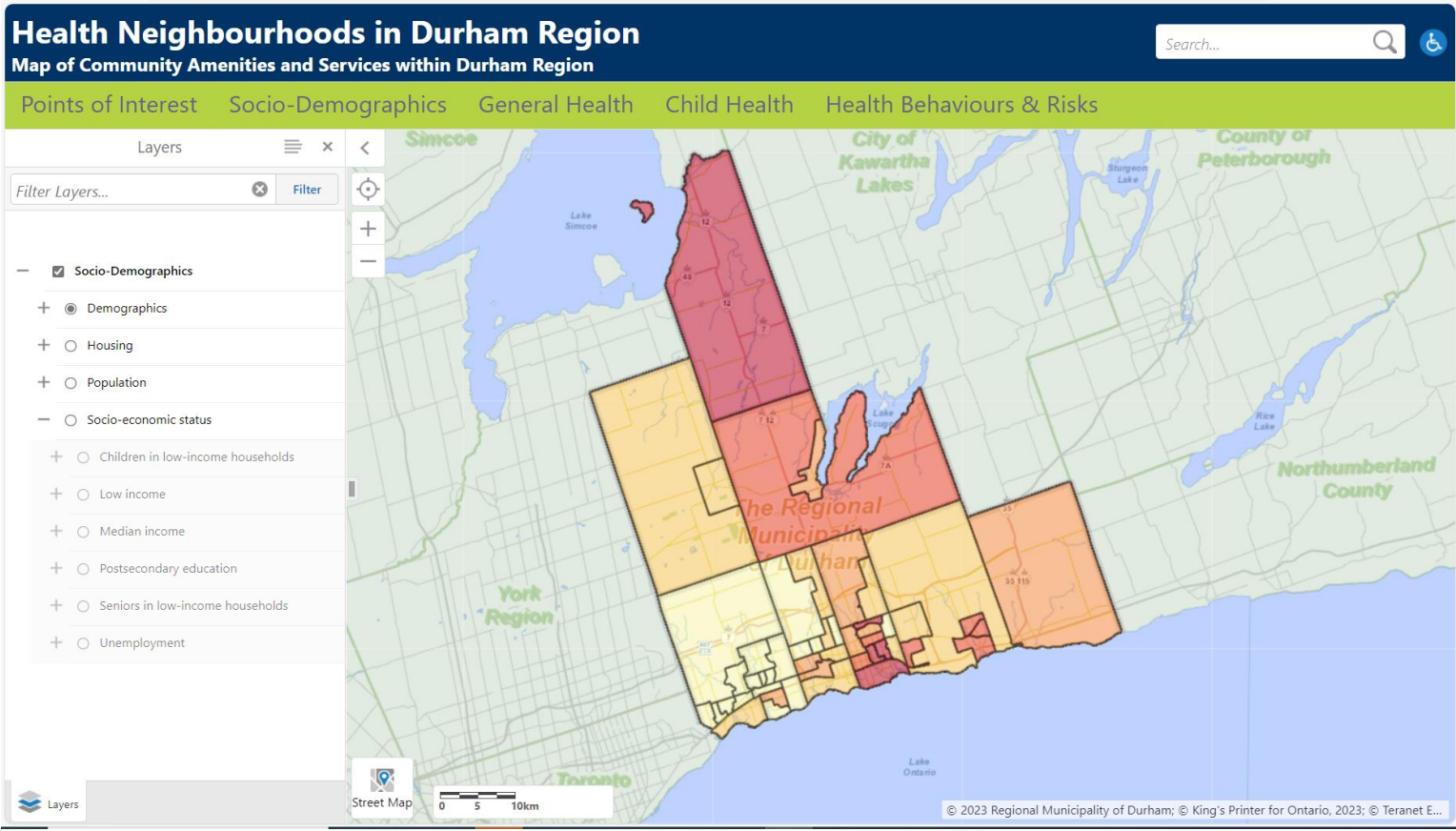
# ACKNOWLEDGEMENTS

## ▶ Co-Authors

- Erik Friesen, Robert Talarico, Adrienne Gaudreault, Monica Taljaard, Erin Hobin, Brendan Smith, Naomi Schwartz, Norman Giesbrecht, Jean Francois Crepault, Peter Tanuseputro & Douglas Manuel
- ▶ Myran DT, Chen JT, Giesbrecht N, Rees VW. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. *Addiction*. 2019 Mar 29. DOI: [10.1111/add.14597](https://doi.org/10.1111/add.14597)
- ▶ Myran, D., Friesen, E.L., Pugliese, M. *et al.* Changes in health service use due to alcohol during the COVID-19 pandemic among individuals with and individuals without pre-existing alcohol-related medical diagnoses. *Can J Public Health* **114**, 185–194 (2023). <https://doi.org/10.17269/s41997-023-00739-8>



# Partnering with a Local Municipality to Limit Alcohol Retail Availability Through the Use of Local Sociodemographic and Health Data

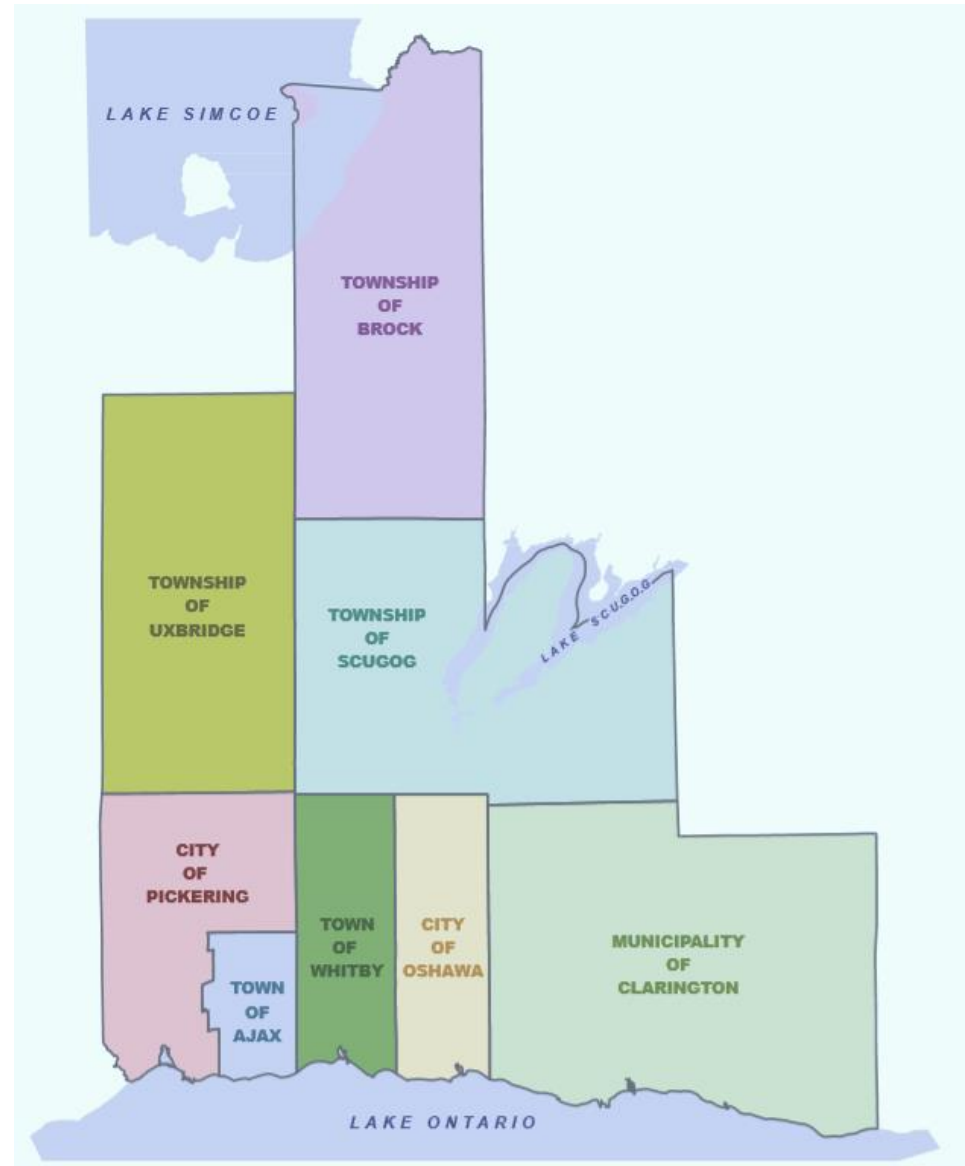


**Melissa Hutchinson** | Manager, Population Health  
**Alexandra Swirski** | Epidemiologist, Health Analytics & Research



# About Durham Region

- **Population:** ~ 740,000
- Situated just beyond Toronto's eastern border in Ontario.
- A regional municipality, comprised of eight lower municipalities, including the City of Oshawa which is the largest in terms of population size.
- Durham Region Health Department (DRHD), delivers public health services across the region, as mandated by the Ontario Ministry of Health.



# Background: 7-Eleven's application to sell alcohol in Oshawa



- In Ontario, the 7-Eleven convenience store chain received Provincial approval to sell beer, wine, and coolers for on-site consumption at more than 50 stores.
- There are 60 7-Eleven stores in Ontario, motorists routinely stop there for fuel, and children regularly visit for snacks, candy and drinks.
- In 2022, the City of Oshawa asked DRHD staff for assistance with preparing for a Licence Appeal Tribunal to oppose granting a 7-Eleven convenience store a license to sell and consume liquor within a specific store located in a Priority Neighbourhood.

# How DRDH Provided Support to the City of Oshawa

## 1 SCIENTIFIC EVIDENCE

DRHD staff accumulated and submitted extensive scientific evidence to:

- Illustrate risks associated with expanding alcohol availability.
- Demonstrate that restricting the availability of alcohol can lead to a decrease in alcohol related harms.

## 2 LOCAL CONTEXT

Using Health Neighbourhoods data, staff provided local context information as to why granting the 7-Eleven liquor license in this location was not in the best interest of the community.

# 1 | Scientific Evidence

## Alcohol and Related Risks

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Alcohol is a major contributor to the global burden of diseases, disability, and death.

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There is clear evidence that there are effective alcohol policies that will better serve the public good.

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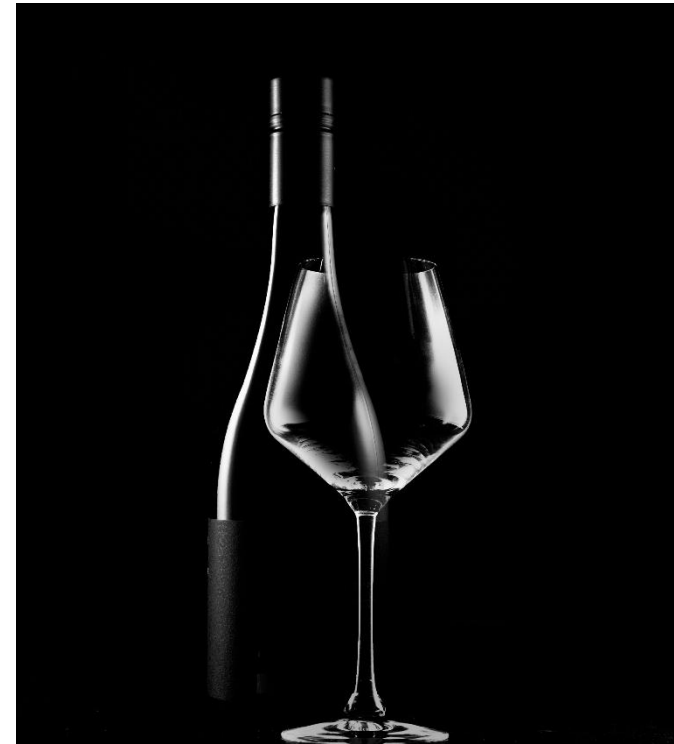
The most effective alcohol policies to protect public health are taxation that decreases affordability and restrictions on the physical availability.

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Measures limiting the physical availability and convenience of beverage alcohol, such as reductions in hours and days of sale and limits on the number of alcohol outlets, have consistently resulted in reductions of both alcohol use and alcohol-related problems.

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There is a substantial amount of high quality, well-regarded scientific evidence related to the harms of alcohol and the impact retail density and availability has on health, violence, community vitality etc.



# 2 | Local Context

## Our Health Neighbourhoods Project

- Health and well-being are affected by a person’s living conditions, including the physical, social, and economic characteristics of where they are born, live, work, and age.
- Given that these social and ecological determinants of health can vary substantially within a community, DRHD created the Health Neighbourhoods to better understand health and well-being across Durham Region at a finer geographic level.
- These Health Neighbourhoods were created by dividing the Region into 50 smaller community boundaries.
- Data regarding 96 sociodemographic and health indicators for each Health Neighbourhood along with comparisons to Durham Region as a whole and Ontario.



### Health Neighbourhoods in Durham Region

#### Neighbourhood Profiles

Profiles give information for a particular neighbourhood or municipality and show how the area compares with Durham Region. Select a municipality and neighbourhood from the boxes below to learn more.

[Download Data](#)

- Pickering
- Ajax
- Whitby
- Oshawa
- Clarington
- Scugog
- Uxbridge
- Brock
- Durham...

**Description**

Select a Health Neighbourhood to learn more

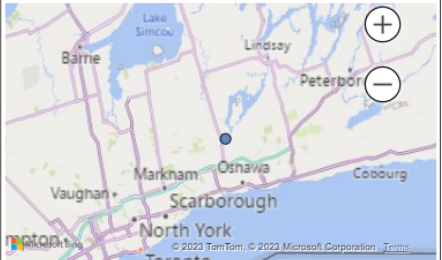
- Durham Region

Durham Region is situated in the highly developed and populated economic centre of Ontario’s Golden Horseshoe which stretches from Oshawa to Niagara Falls. It lies immediately to the east of the City of Toronto within the Greater Toronto Area (GTA) and encompasses an area of approximately 2,590 square kilometres (1,000 square miles). Durham Region is characterized by a variety of landscapes and communities. A series of major lakeshore urban communities contrast with a variety of small towns, villages, hamlets and farms which lie immediately inland. There are 50 Health Neighbourhoods within the eight municipalities of Pickering, Ajax, Whitby, Oshawa, Clarington, Scugog, Uxbridge and Brock.

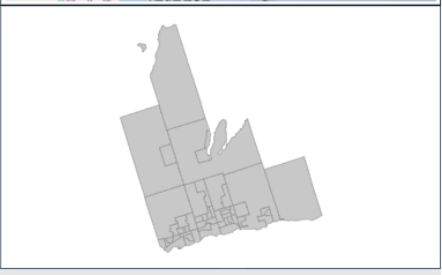
#### Durham Region

#### Stats At A Glance

- Population (2016): 639,495
- Population Growth (2011 to 2016): 5.2%
- Number of Live Births (2018): 6,318
- Percentage of Seniors (2016): 13.8%
- Percentage Foreign-Born (2016): 23.6%
- Median Income After-Tax (2015): \$77,398



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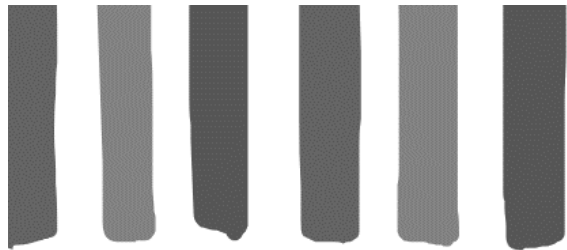


- Socio-Demographics**
- Child Health
- General Health
- Health Behaviours & Risk
- Most Recent Data



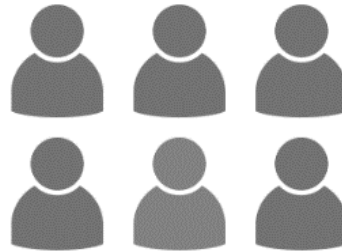
# 2 | Local Context

## Priority Neighbourhoods



**PRIORITY  
NEIGHBOURHOOD**

*1 in 6 Durham Residents live in a*



Lowest income levels,  
lower levels of education  
& employment



Many health challenges  
& priorities

**AND**



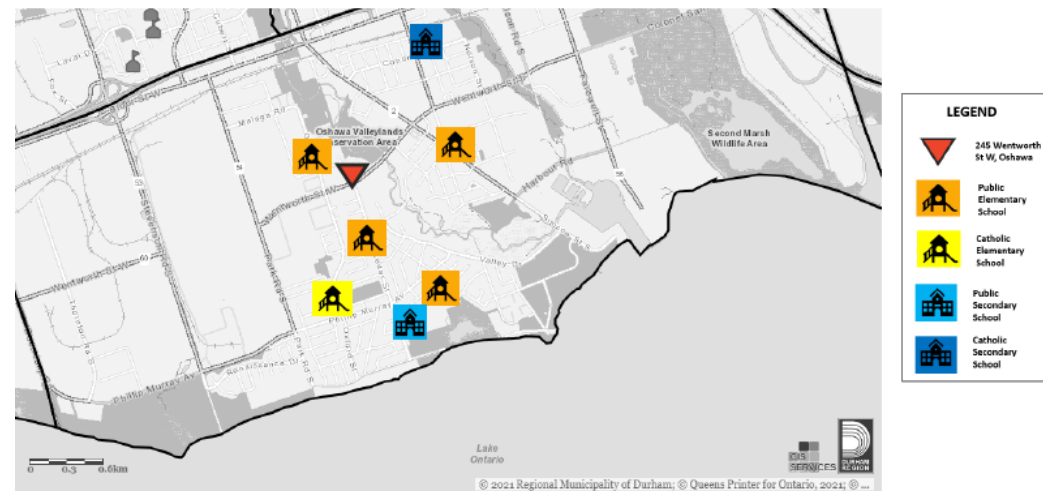
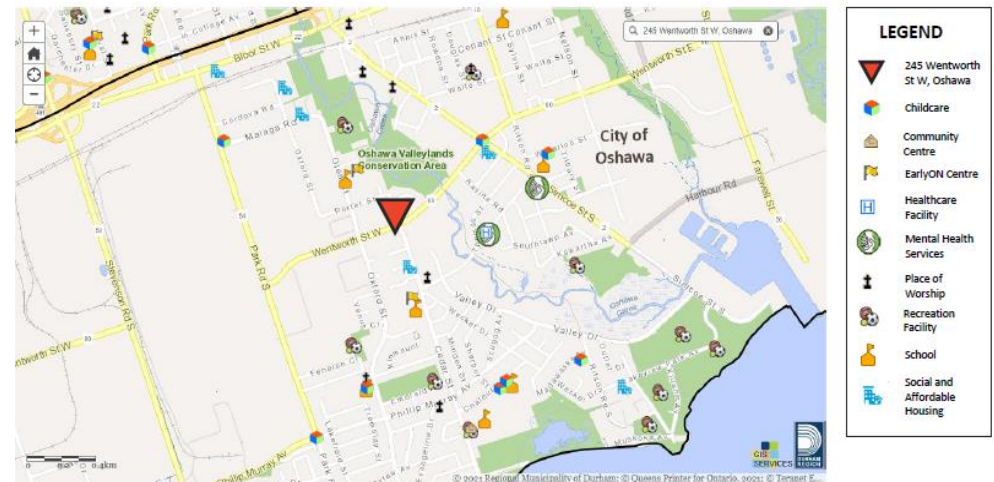
Many strengths and  
community assets to  
build on

- In 2015, DRHD identified seven Priority Neighbourhoods that require focus to build on health and well-being.
- **Five of the seven Priority Neighbourhoods are in the City of Oshawa.**

# 2 | Local Context

## Key Sociodemographic Data

- Why the neighbourhood was identified as a Priority Neighbourhood, including sociodemographic indicators and measures of health inequities.
- Proximity of the 7-Eleven to schools, childcare, community facilities and social housing complexes.





# 2 | Local Context

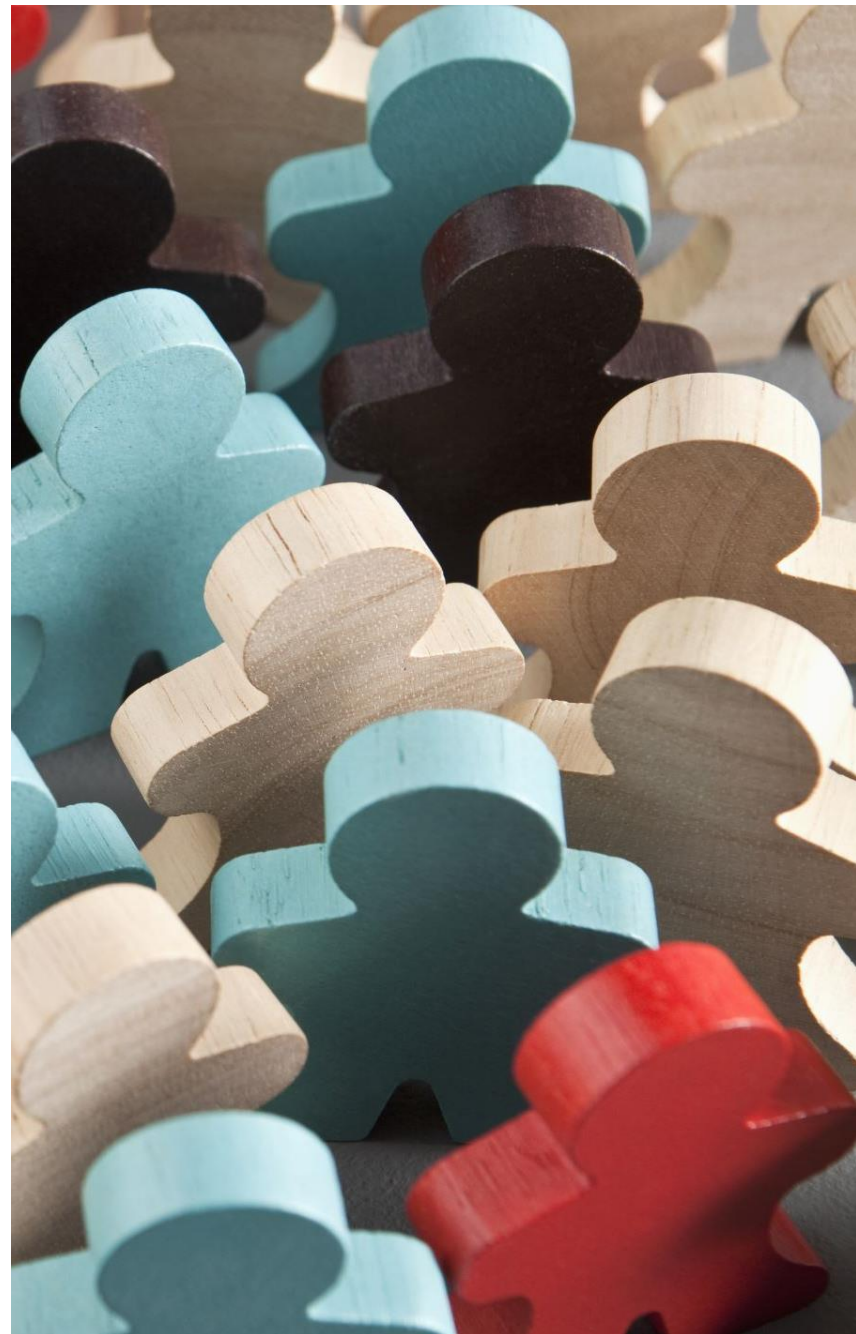
## Key Health Data

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- Emergency and healthcare service utilization (e.g., paramedic calls, police calls, emergency and doctors visit rates for mental health and addictions) within the Priority Neighbourhood.
- 
- Health indicators for the Priority Neighbourhood, which have been related to increased alcohol use or exacerbated by alcohol use as described by DRHD's literature review.



# The Importance of having a Community Voice

A local group of concerned residents worked with Dr. Tim Stockwell, a national policy expert, to submit concerns regarding the proposed location, the potential impact on youth exposure, and community vitality.



# The Outcome

Ahead of the scheduled hearing, 7-Eleven withdrew their appeal for a liquor license.

The municipality's opposition submission, which included local sociodemographic and health data to illustrate why the 7-Eleven liquor license was not in the best interest of the community, may have helped to prevent expansion of alcohol retail availability in the priority neighbourhood.

CONSUMER

## 7-Eleven pauses liquor licence application process for Oshawa store



By **Frazer Snowdon** • Global News

Posted March 3, 2022 3:53 pm



The 7-Eleven has paused their application for a license for their Oshawa location. Frazer Snowdon



The efforts to start selling beer and wine in the Oshawa 7-Eleven have been paused for the time being.

Thank you

# Questions?



**University  
of Victoria**

Canadian Institute  
for Substance  
Use Research

Institut canadien  
de recherche sur  
l'usage de substances

**OPIHA**

Ontario Public Health Association  
l'Association pour la santé publique de l'Ontario

Established/Établi 1945

**CA<sup>+</sup>PE**  
CANADIAN ALCOHOL  
POLICY EVALUATION



Thank you!

# CAPE Community of Practice Acknowledgment of funding and support



**Health Canada | Santé Canada**  
**Substance Use and Addictions Program | Programme sur l'usage et les dépendances aux substances**



**Social Sciences and Humanities Research Council (SSHRC)**  
**Connection Grant**



**Public Health Agency of Canada | Agence de la santé publique du Canada**



**In-kind funding and support from co-investigator institutions, knowledge users, and government stakeholders**



**University of Victoria** | Canadian Institute for Substance Use Research  
Institut canadien de recherche sur l'usage de substances

