Canadian Alcohol Policy Evaluation (CAPE)
Community of Practice

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

November 29, 2023
Land acknowledgement
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

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
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.
Justin Thielman
Epidemiologist Lead Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario (PHO)

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

<table>
<thead>
<tr>
<th>Drinks per Week</th>
<th>Risk Level</th>
<th>Illustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 drinks per week</td>
<td>No risk</td>
<td><img src="https://www.ccsa.ca/canadas-guidance-alcohol-and-health" alt="0 drinks" /></td>
</tr>
<tr>
<td>1 to 2 standard drinks per week</td>
<td>Low risk</td>
<td><img src="https://www.ccsa.ca/canadas-guidance-alcohol-and-health" alt="1 drink" /></td>
</tr>
<tr>
<td>3 to 6 standard drinks per week</td>
<td>Moderate risk</td>
<td><img src="https://www.ccsa.ca/canadas-guidance-alcohol-and-health" alt="3 to 6 drinks" /></td>
</tr>
<tr>
<td>7 or more standard drinks per week</td>
<td>Increasingly high risk</td>
<td><img src="https://www.ccsa.ca/canadas-guidance-alcohol-and-health" alt="7 or more drinks" /></td>
</tr>
</tbody>
</table>

- **No risk**: Not drinking has benefits, such as better health, and better sleep.
- **Low risk**: You will likely avoid alcohol-related consequences for yourself and others.
- **Moderate risk**: Your risk of developing several different types of cancer, including breast and colon cancer, increases.
- **Increasingly high risk**: Your risk of heart disease or stroke increases. Each additional standard drink radically increases the risk of these alcohol-related consequences.
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
- Report, appendix A (detailed estimates), supplementary tables and technical appendix
- The report and appendix A are also available in French
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

From the Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario report
Estimates of average annual deaths, hospitalizations and emergency department visits from health conditions attributable to alcohol in people age 15 and older, Ontario

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

From the Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario report
Comparative burden in Ontario (3 years)

<table>
<thead>
<tr>
<th></th>
<th>COVID-19, Mar 8, 2020 to Mar 11, 2023</th>
<th>Smoking 3-year estimate</th>
<th>Alcohol 3-year estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>16,281</td>
<td>50,019</td>
<td>12,990</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>67,793</td>
<td>204,138</td>
<td>66,027</td>
</tr>
</tbody>
</table>
Hospitalizations for conditions entirely attributable to alcohol >> Age-standardized rate (females) >> 2021

- 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)

From Public Health Ontario’s Snapshots
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

<table>
<thead>
<tr>
<th>Alcohol Consumption</th>
<th>Alcohol Health Harms</th>
<th>Alcohol Deficit</th>
</tr>
</thead>
</table>
| • People in ON consumed the equivalent of **457** standard drinks of alcohol per person aged 15+ (StatsCan, 2020/21) | • Alcohol led to:  
  • **6,202** deaths,  
  • **38,043** years of productive life lost  
  • **319,580** hospital admissions  
  • (CSUCH, 2020) | • 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](https://www.statcan.gc.ca) 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](https://www.statcan.gc.ca) Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000)
- Canadian Substance Use Costs and Harms [data tool](https://www.csuch.ca) and [infographic](https://www.csuch.ca)
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

- Healthcare: $10.0 billion (20%)
- Lost Productivity: $3.3 billion (7%)
- Criminal Justice: $13.4 billion (27%)
- Other Direct: $22.4 billion (46%)
Alcohol accounts for the most costs: 40% of total substance use costs in Canada

Cost of substance use in Canada in billions, 2020

- Alcohol: $19.7
- Tobacco: $11.2
- Cannabis: $2.4
- Opioids: $7.1
- Other CNS Depressants: $1.4
- Cocaine: $4.2
- Other CNS Stimulants: $3.0
- Other substances: $0.2

63% of costs are attributed to alcohol.
Alcohol and opioid costs have increased, tobacco costs have declined.

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Evidence for direct effectiveness</th>
<th>Evidence for indirect effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing and Taxation</td>
<td></td>
<td></td>
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<tr>
<td>Physical Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Driving Countermeasures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing and Advertising Controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Legal Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Safety Messaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquor Law Enforcement</td>
<td>not assessed at the Federal level</td>
<td></td>
</tr>
<tr>
<td>Screening and Treatment Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring and Reporting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- *Evidence for direct effectiveness* indicates policies that are designed to directly impact alcohol consumption or related behavior.
- *Evidence for indirect effects* highlights policies that may have secondary benefits or effects.
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**

- Pence (Scotland – England)
- Weeks: 0 to 208

**Grams of alcohol purchased**

- Grams (Scotland – England)
- Weeks: 0 to 208
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

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


# Policy Domain Scores for Ontario

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pricing &amp; Taxation</td>
<td>37%</td>
<td>F</td>
</tr>
<tr>
<td>2. Physical Availability</td>
<td>43%</td>
<td>F</td>
</tr>
<tr>
<td>3. Control System</td>
<td>24%</td>
<td>F</td>
</tr>
<tr>
<td>4. Impaired Driving Countermeasures</td>
<td>51%</td>
<td>D-</td>
</tr>
<tr>
<td>5. Marketing &amp; Advertising Controls</td>
<td>42%</td>
<td>F</td>
</tr>
<tr>
<td>6. Minimum Legal Age</td>
<td>34%</td>
<td>F</td>
</tr>
<tr>
<td>7. Health &amp; Safety Messaging</td>
<td>13%</td>
<td>F</td>
</tr>
<tr>
<td>8. Liquor Law Enforcement</td>
<td>60%</td>
<td>C-</td>
</tr>
<tr>
<td>9. Screening &amp; Treatment Interventions</td>
<td>62%</td>
<td>C-</td>
</tr>
<tr>
<td>10. Alcohol Strategy</td>
<td>17%</td>
<td>F</td>
</tr>
<tr>
<td>11. Monitoring &amp; Reporting</td>
<td>71%</td>
<td>B-</td>
</tr>
</tbody>
</table>
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!

Please visit us at:

www.uvic.ca/research/centres/cisur
ASSOCIATION BETWEEN ALCOHOL ACCESS AND HEALTH CARE VISITS DUE TO ALCOHOL IN ONTARIO

DANIEL MYRAN MD, MPH, CCFP, FRCPC
CANADA RESEARCH CHAIR UOTTAWA
ASSISTANT PROFESSOR DFM UOTTAWA
INVESTIGATOR BRUYERE RESEARCH INSTITUTE
BACKGROUND

- Alcohol is a leading cause of death and disability
- Alcohol-related health care visits rapidly increasing in Ontario
- Restricting the physical availability of 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

Alcohol-related Outpatient Visits
- Pre-COVID-19
- COVID-19

Alcohol-related ED Visits
- Pre-COVID-19
- COVID-19

Alcohol-related Hospitalizations
- Pre-COVID-19
- COVID-19

Prior AHSU
No prior AHSU
State of emergency declared (Mar 2020)
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

Toronto

Mike Crawley · CBC News · Posted: Nov 22, 2023 4:00 AM EST | Last Updated: November 22

Ontario quietly moving ahead with convenience store beer sales
OBJECTIVES

- 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

- 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

<table>
<thead>
<tr>
<th></th>
<th>FSAs Lowest Decile SAI Access</th>
<th>FSAs Highest SAI Decile Access</th>
<th>Whole Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>615,819</td>
<td>958,278</td>
<td>10,677,604</td>
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<tr>
<td>AUD Status</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Proportion of people AUD</td>
<td>1.7</td>
<td>2.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Proportion of people no AUD</td>
<td>98.3</td>
<td>97.5</td>
<td>98.2</td>
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</table>
# RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>No AUD</th>
<th>AUD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count of events</td>
<td>Rate per 100,000 person years</td>
<td>Count of events</td>
</tr>
<tr>
<td>Entire Study (2013 - 2019)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ED Visits</td>
<td>437,707</td>
<td>140.67</td>
<td>142,717</td>
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<tr>
<td>Outpatient Visits</td>
<td>505,271</td>
<td>162.39</td>
<td>132,853</td>
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<tr>
<td>ED Annual Visits</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>D1 Study Average</td>
<td>2782</td>
<td>111.84</td>
<td>1077</td>
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<tr>
<td>D10 Study Average</td>
<td>11077</td>
<td>273.48</td>
<td>2373</td>
</tr>
<tr>
<td>Outpatient Annual Visits</td>
<td></td>
<td></td>
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<tr>
<td>D1 Study Average</td>
<td>3103</td>
<td>124.31</td>
<td>991</td>
</tr>
<tr>
<td>D10 Study Average</td>
<td>13078</td>
<td>322.29</td>
<td>2599</td>
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</table>
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.
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

Alcohol sales permitted in grocery stores

Total Number of Alcohol Stores in Ontario

- LCBO Stores
- The Beer Store
- Wine Stores
- LCBO Agency Stores
- Grocery Stores Selling Alcohol

<table>
<thead>
<tr>
<th>Year</th>
<th>LCBO Stores</th>
<th>The Beer Store</th>
<th>Wine Stores</th>
<th>LCBO Agency Stores</th>
<th>Grocery Stores Selling Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
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<td>2014</td>
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<td>2020</td>
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<td>2021</td>
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<tr>
<td>2022</td>
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</table>
The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada

Daniel T. Myran, Jarvis T. Chen, Norman Giesbrecht & Vaughan W. Rees

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.

Effect of exposure
RR 1.06 (95% CI 1.04 – 1.08)

Baseline Difference
RR 1.05 (95% CI 0.93 – 1.18)

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

- 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


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

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

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

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

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.

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.
2 | Local Context

Priority Neighbourhoods

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.

1 in 6 Durham Residents live in a Priority Neighbourhood

- Lowest income levels, lower levels of education & employment
- Many health challenges & priorities
- Many strengths and community assets to build on
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

- 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.
Thank you
Questions?
CAPE Community of Practice
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