September 30, 2013

Honorable Kathleen Wynne
Premier - Minister’s Office
Legislative Building
Room 281,
Queen’s Park
Toronto, ON
M7A 1A1

Dear Premier Wynne:

Re: Regulatory Modernization in Ontario’s Beverage Alcohol Industry

The World Health Organization (Global Status Report on Alcohol and Health, 2011) identifies alcohol as the second most harmful risk factor for disease and disability in developed countries such as Canada, contributing to approximately 2.5 million deaths each year. In Ontario, alcohol consumption is causally related to more than 65 medical conditions, including cardiovascular disease and cancer, while also being a significant risk factor in injuries, from motor vehicle collisions to suicides. Of concern is the increasing trend in consumption in Canada where a 12.5% per capita increase occurred between 1997 and 2012 (Statistics Canada, 2012). Locally, more than one-quarter (29% (26.7%, 31.0%)) of Simcoe Muskoka residents drink above the Low-Risk Alcohol Drinking Guidelines and the Simcoe Muskoka rate has remained significantly higher than the Ontario rate since 2000/2001 (Health Status Focus Alcohol Report, 2012).

Many of the alcohol related harms are not only incurred by the individual consuming alcohol, but are also felt by others in their family and community. This concept, known as the secondhand effects of alcohol consumption, includes, but is not limited to: violence, emotional abuse, impaired driving, fetal alcohol spectrum disorder, and impacts on workplaces, health care and policing. While alcohol is often viewed as contributing huge revenues to the government, a comparison of direct alcohol-related revenue and health and enforcement costs in Ontario in 2002-03 revealed that costs actually outweighed revenues by more than $456 million. (Rehm et al, 2006). Alcohol is no ordinary commodity.

As a Board of Health, we have serious concerns regarding the negative health consequences of alcohol within our communities and the apparent absence of health as a consideration in the ongoing changes to the Liquor Licence Act (LLA) and the regulations under the Act. In light of this, we are contacting you regarding a collaborative approach to alcohol control that would look at engaging key ministerial stakeholders in addressing the impacts of alcohol through a health and economic lens. In addition we are responding to the Alcohol and Gaming Commission of Ontario’s (AGCO) current consultation document entitled Regulatory Modernization in Ontario’s Beverage Alcohol Industry in a separate letter to the Registrar in an effort to further address our concerns.

The premise of the consultation document is to “modernize” the AGCO’s approach to regulation of the alcohol sector, namely through the reduction of administrative processes on businesses and stimulate economic growth. While streamlining processes is most certainly a worthy endeavor, we want to ensure that unintended consequences of alcohol as noted above do not occur through further relaxation of...
alcohol control policies. Over the past several years we have observed an ever increasing erosion of alcohol control which has been reflected in changes to the Liquor License Act (LLA) and under the premise of “modernization”. In fact, over the same period of time we have seen changes in the stated mandate of the AGCO from one of financial and social responsibility to one of concern for public interest as stated on the AGCO website, “To regulate the alcohol and gaming sectors in accordance with the principles of honesty and integrity, and in the public interest.” It is clear in the consultation document that the interpretation applied to this is economic development and access to alcohol, but not the protection of health. This is in contrast to the language that previously described the mandate of the AGCO as the regulation of “the sale, service and consumption of beverage alcohol in licensed establishments to promote moderation and responsible use”.

In light of our noted concerns regarding the inherent health risk in the sale, distribution and consumption of alcohol outlined above, we recommend that the mandate of the AGCO be broadened to explicitly include the protection of the public’s health in addition to the protection of public interest.

The second recommendation is that we propose that a tri-ministerial council be struck to review future changes to policies or practices that involve the control of alcohol, given that the varying mandates of government ministries often overlap but sometimes inadvertently serve at cross purposes. This proposed council would include: The Ministry of the Attorney General, which oversees the AGCO and concerns itself primarily with implementation and enforcement of the LLA; The Ministry of Revenue who’s key role is economic viability, including the generation of revenue for the provincial government; and the Ministry of Health and Long-Term Care who’s obligation would include ensuring that policies being proposed would not have unintended negative impacts on population health nor would result in increased health disparities for the citizens of Ontario.

While implementing changes to streamline regulations for the alcohol sector may be important from an economic perspective, it is critical that it is done with a lens to public health and safety. We look forward to the opportunity to further discuss the recommendations outlined above and how we can collectively create safe, vibrant communities that stimulate the economy while mitigating alcohol related harms.

Sincerely,

Barry Ward
Chair, Board of Health
Simcoe Muskoka District Health Unit

The Honourable John Gerretsen, Minister of the Attorney General
The Honourable Deb Matthews, Ph.D, Minister of Health and Long-Term Care
The Honourable Charles Sousa, Minister of Finance
Boards of Health in Ontario
Association of Local Public Health Units
Ontario Public Health Association
Members of Provincial Parliament of Ontario
North Simcoe Muskoka Local Health Integration Network
Central Local Health Integration Network
References:


