December 17, 2008
Minister of Health
The Honourable Leona Aglukkaq
Health Canada
Brooke Claxton Bldg., Tunney's Pasture
Postal Locaton: 0906C
Ottawa, ON
K1A 0K9

Dear Minister:

Alcohol misuse is associated with numerous social and health consequences. The burden of alcohol related harm is to a large extent avoidable, and there is much evidence for the cost-effectiveness of different strategies and interventions. Alcohol misuse is a public health issue requiring a multi-faceted, multi-sectorial and coordinated approach by different stakeholders.

At the December 4, 2008 Board of Health Meeting of the Leeds, Grenville and Lanark District Health Unit the Board of Health endorsed the Alcohol Resolutions submitted by the Middlesex-London Health Unit and passed at the October 27, 2008 Association of Local Public Health Units (alPHA) Meeting.

Attached is a copy of the resolution:

That: The Leeds, Grenville and Lanark District Board of Health endorse the alcohol resolutions passed at the Association of Local Public Health Agencies annual meeting in October, 2008:

I. Establish stricter advertising standards for alcohol (Appendix A)
II. Advocate for an enhanced provincial public education and promotion campaign on the negative health impacts of alcohol misuse (Appendix B)
III. Eliminate the availability of alcohol except in Liquor Control Board Approved Outlets (Appendix C)
IV. Advocacy to reduce the legal Blood Alcohol Concentration from 0.08% to 0.05% (Appendix D)
V. Advocacy to enact a zero Blood Alcohol Concentration limit on drivers until they reach the age of 21 (Appendix E)

And That: The Leeds, Grenville and Lanark District Board of Health urge the Ministry of Health to implement these recommendations to protect the health of all Ontarians.
And That: The Leeds, Grenville and Lanark District Board of Health urge the Federal Minister of Health and Health Canada to move forward in the implementation of the National Alcohol Strategy, and that a copy of this motion be forwarded to the Chief Public Health Officer of the Public Health Agency of Canada, local Members of Parliament, local Members of Provincial Parliament, the Premier of Ontario, the provincial Ministers of Health and Long-Term Care, and Health Promotion, the Ontario Public Health Association, Ontario Boards of Health, and member municipalities for their support and action.

Motion Carried.

I look forward to your support in establishing this comprehensive effort.

Sincerely,

THE CORPORATION OF THE LEEDS, GRENVILLE
AND LANARK DISTRICT HEALTH UNIT

Anne O. Carter, MD, MHSc, FRCP
Medical Officer of Health and Chief Executive Officer

AC/hb
Encls.

c: Dr. David Butler-Jones, Chief Public Health Officer of the Public Health Agency of Canada
   Gord Brown, MP Leeds and Grenville
   Scott Reid, MP Lanark
   Bob Runciman, MPP Leeds and Grenville
   Randy Hillier, MPP Lanark, Frontenac, Lennox & Addington
   Norm Sterling, MPP Carleton-Mississippi Mills
   Premier Dalton McGuinty
   Minister David Caplan, MOHLTC
   Minister Margaret Best, Ministry of Health Promotion
   Ontario Public Health Association
   Ontario Boards of Health
   Member Municipalities
Establish Stricter Advertising Standards for Alcohol

Middlesex-London Board of Health

Exposure to repeated high level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking; and

Alcohol advertising predisposes minors to drinking well before the legal age of purchase; and

Marketing strategies such as alcohol sports sponsorships embed images and messages about alcohol into young people’s everyday lives; and

Advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous, and relatively risk free; and

Deficiencies in the current system to control alcohol advertising pose a public health and safety threat particularly to underage audiences.

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government, the Federal government and the Advertising Standards Council (ASC) to establish stricter advertising standards for alcohol.
Appendix B

TITLE Advocacy for an Enhanced Provincial Public Education and Promotion Campaign on the Negative Health Impacts of Alcohol Misuse.

SPONSOR Middlesex-London Board of Health

WHEREAS Boards of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs, specifically: chronic disease prevention, injury prevention, Fetal Alcohol Spectrum Disorder prevention, substance misuse prevention and harm reduction such as needle exchange; and

WHEREAS Globally, alcohol is estimated to contribute to 7% of all Disability Adjusted Life Years (DALYS) for malignant neoplasm cancers; 38% of neuro-psychiatric conditions; 7% of cardiovascular diseases, 8% of other non-communicable disease (such as diabetes and liver cirrhosis), 28% of unintentional injuries (drunk driving crashes, falls, fires, etc.); and 12% of intentional injuries (e.g. suicide, homicide, sexual assault, other violence). (DALYS is a way of measuring the disability, disease or death on a population from a risk factor.) and

WHEREAS Alcohol cost the Canadian economy approximately $7.5 billion ($2.8 billion in Ontario), and illicit drugs an additional $1.4 billion in 1992; and

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to create an enhanced public education and promotion campaign on the negative health impacts of alcohol misuse as part of a comprehensive prevention strategy.
Title: Eliminate The availability Of Alcohol Except In Liquor Control Board Outlets (LCBO) (i.e. Increase Point Of Sale Control).

Sponsor: Middlesex-London Board of Health

Whereas: There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and

Whereas: In 1997, 73% of Ontarians disagreed with the privatization of alcohol retail sales; and

Whereas: In 2003, 77% of Ontario adults wanted beer and liquor store hours to stay the same; 77% wanted hours of sale in bars to stay the same; and 94% supported government involvement in the prevention of alcohol-related problems (Anglin et al., 2004). In 1999, 73% disagreed with privatization of alcohol retail sales; and

Therefore be it resolved that the Association of Local Public Health Agencies petition the Ontario government to maintain a monopoly on off-premises liquor sales through the LCBO; and further

That aPHa petition the Ontario government to retain oversight of beverage alcohol at Ontario wineries, microbreweries and The Beer Store through the provisions of the Liquor License Act; and further

That aPHa petition the Ontario government to fully consult with health experts, including, but not limited to aPHa, Centre for Addiction and Mental Health (CAMH) and the Ontario Public Health Association (OPHA) before making any policy changes at the availability of beverage alcohol.
Advocacy To Reduce The Legal Blood Alcohol Concentration (BAC) from 0.08% to 0.05%

Middlesex-London Board of Health

WHEREAS In 1970 Parliament established the 0.08% blood alcohol concentration (BAC) threshold based on studies that underestimated the relative risks of fatal crashes at lower BAC levels; and

WHEREAS Impaired driving remains Canada's single largest criminal cause of death, claiming more than twice as many lives per year as all types of homicide combined; and

WHEREAS Laboratory driving simulator and closed-access roadway studies over the last 50 years have established that even small amounts of alcohol adversely affect driving skills and performance; and

WHEREAS Leading medical, injury prevention, and traffic safety organizations around the world support a BAC driving limit at or below 0.05%. These include: the World, American, British, and Canadian Medical Associations, the World Health Organization; the Association for the Advancement of Automotive Medicine; the International Transportation Safety Association; the European Transport Safety Council; the Royal Society for Prevention of accidents; the Australian transport Safety Bureau; the Canadian Public Health Association; and the Centre for Addiction and Mental Health; and

WHEREAS Public support for a lower Criminal Code limit continues to increase across gender, age and geographical regions of Canada; and

WHEREAS The proposed 0.05% law is designed to maximize the deterrent impact of the law, minimize the administrative burden on the criminal justice system, and appropriately sanction offenders.

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to reduce the legal Blood Alcohol Concentration (BAC) from 0.08% to 0.05%.
WHEREAS There is strong evidence primarily from the United States that a higher minimum drinking age significantly reduces alcohol consumption and related motor vehicle collisions among both the targeted age group and younger teenagers; and

WHEREAS Public health units/departments have a direct mandate in several key areas related to the use of alcohol and other drugs; and

WHEREAS A comprehensive review of 241 studies published between 1960 and 1999 found that the minimum drinking age of 21 has been the most successful to reduce teenage drinking as well as reduce youth traffic crashes; and

WHEREAS MADD Canada is of the viewpoint that the drinking age should be 21 or at a minimum 19 while enacting a zero BAC limit on drivers until they reach the age of 21 to reduce youth traffic crashes;

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies petition the Ontario government to enact a 0% Blood Alcohol Concentration (BAC) limit on drivers until they reach the age of 21 years.