

CITY OF HAMILTON

PUBLIC HEALTH SERVICES Healthy Living Division

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: September 16, 2013	
SUBJECT/REPORT NO: Sale of Alcohol in Convenience Stores (BOH13019) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Sue Connell (905) 546-2424 Ext. 3089 Robin Fischer (905) 546-2424 Ext. 2058 Susan French (905) 546-2424 Ext. 5255
SIGNATURE:	

RECOMMENDATION

That the Board of Health write a letter to the Premier of Ontario to express opposition to the expansion of alcohol sales to convenience stores in Ontario; and that copies be sent to the leaders of Opposition Parties, Chief Medical Officer of Health, Office of the Attorney General, Minister of Finance, Minister of Health and Long Term Care and the Alcohol and Gaming Commission of Ontario.

EXECUTIVE SUMMARY

Expanding the sale of alcohol to include convenience stores has been considered by the Ontario Government on a number of occasions in the past but has never been implemented. Recently, the Ontario Convenience Store Association (OCSA) has increased its lobbying efforts in this regard. Evidence about alcohol's negative health and social impacts is abundant; any increase in the availability of and access to alcohol has consistently shown a commensurate increase in consumption, alcohol-related

harms and costs to society. In Ontario and Hamilton, alcohol is the drug most commonly used by adults and youth and has been identified as a high priority issue for Hamilton Public Health Services (PHS).

This recommendation is aligned with two recently approved Board of Health reports, (Alcohol/Substance Misuse in Hamilton (BOH12003) and Response to Recommendations from Skinner Inquest (BOH12004)), which provided extensive detail about the negative effects of alcohol in Ontario and Hamilton, effective alcohol public policies, and the impact of alcohol consumption on youth.

Expanding alcohol sales to convenience stores conflicts with the health and safety mandate of public health and limits the Board of Health's ability to reach the provincial indicator set by the Ministry of Health and Long Term Care (MOHLTC) to reduce the percentage of the Hamilton population drinking in excess of Canada's Low Risk Alcohol Drinking Guidelines (LRDG).

The information presented by the OCSA is based on research conducted by private research/marketing firms funded by the OCSA. This information does not include research conducted by the Centre for Addiction and Mental Health (CAMH-Appendix A), which shows that the majority of Ontarians are opposed to alcohol sales in convenience stores and privatization of the LCBO.

Alcohol should not be sold in Ontario's convenience stores. Capitalizing on the key learnings from other Canadian jurisdictions and maintaining current regulations on the sale of alcohol is vital to the health and safety of our community and to reach the City of Hamilton's vision to be the best place in Canada to raise a child.

Alternatives for Consideration – see page 6

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: No financial implications

Staffing: No staffing implications

Legal: No legal implications

HISTORICAL BACKGROUND (Chronology of events)**Alcohol in Ontario**

Ontario is recognized as one of the top three Canadian provinces for effective alcohol policies in a recent comparison of provincial alcohol policies and is one of eight provinces and territories in Canada operating on a mixed public-private alcohol control system.¹ The Ontario government maintains control over the publicly run Liquor Control Board of Ontario (LCBO) and allows alcohol sales in a number of other private retail outlets including specialty wine outlets in grocery stores, onsite winery and distillery stores and 450 Beer Store locations.² Experts in alcohol research, such as Mothers Against Drunk Driving Canada (MADD Canada), and the Centre for Addiction and Mental Health (CAMH) recommend that the current alcohol control system in Ontario be maintained.³

Sale of Alcohol in Convenience Stores

The pursuit to expand the sale of alcohol to private retailers generates public interest every few years. The OCSA, an organization that represents 7,500 of the 11,000 convenience stores across the province, has spearheaded a number of campaigns lobbying for the sale of alcohol in Ontario's convenience stores. Their latest "*Free our Beer*" campaign (March 15 - May 15, 2013) sought one million signatures to support the sale of beer and wine in Ontario's convenience stores. The OCSA's rationale for expansion of alcohol sales includes:

- public demand for alcohol sales in convenience stores;⁴ and
- greater success at checking the age of minors than government run retail outlets.⁵

The OCSA's claims to gain support for their campaign stem from data collection from private research/marketing firms funded by the OCSA. This information does not include data from recognized, credible sources and ignores the negative health and social consequences associated with increasing alcohol availability.

Many renowned experts in alcohol research, local public health units, and provincial and national organizations, including Mothers Against Drunk Driving (MADD) Canada, the Centre for Addiction and Mental Health (CAMH) and the Ontario Public Health Association (OPHA) continue to express opposition to the sale of alcohol in convenience stores.

POLICY IMPLICATIONS/LEGISLATED REQUIREMENTS

No policy implications

RELEVANT CONSULTATION

Ben Rempel, Health Promotion Field Support Specialist, Public Health Ontario was consulted to gain an understanding of provincial alcohol work on the issue.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Alcohol-Health & Social Costs

Alcohol affects the lives of consumers, families and communities, presenting health-related, social, and economic burdens on individuals and society. Alcohol is a direct cause of 60 types of diseases and injuries and a factor in 200 others. The diseases and injuries related to alcohol consumption have social implications including medical costs, which are borne by governments, negative effects on productivity and financial and psychological burdens on families.⁶

Regulating alcohol policy is one of the most effective ways to reduce alcohol consumption and alcohol-related harms.⁷ As fully described in the report Alcohol/Substance Misuse in Hamilton (BOH12003), population-level policies and interventions are effective measures to decrease the amount and impact of alcohol consumption. Moving towards a more privatized alcohol control system and allowing sales in convenience stores jeopardizes these population-level interventions. Evidence has clearly proven the importance of these policies in decreasing alcohol consumption. Ignoring the effects of these policies and increasing availability and density of alcohol outlets will lead to an increase in alcohol-related health and social harms.

The 2010 death of Christopher Skinner from alcohol poisoning and the resulting inquest highlight the necessity to continue health promotion efforts towards preventing underage drinking in our community. Youth health and safety should be considered paramount in the review of any public health policies with the potential to influence alcohol consumption among youth.

Lessons learned from other jurisdictions in Canada

Privatizing alcohol sales consistently leads to increased consumption and alcohol-related harms in Canadian and international jurisdictions that lose government monopolies. A systematic review of the effects of privatization found an increase in alcohol consumption in all 17 studies included in the review.⁸

In 2002, British Columbia introduced regulatory changes which resulted in a 33% rise in the number of private liquor stores over a six-year period. This increase was associated with an increase in alcohol sales and consumption per capita during the same timeframe.⁹ A 27.5% increase in alcohol-related deaths for every extra private liquor store per 1000 people was also found.¹⁰

By loosening the regulation of alcohol sales, Ontario will experience the same increase in alcohol consumption and alcohol-related harms as other Canadian provinces.

Challenging OCSA's claims regarding public opinion and public health and safety

Contrary to information presented by the OCSA, a recent CAMH study of Ontarians (Appendix A) found:

- 63% disapprove of alcohol availability in convenience stores;
- 78% believe there are enough outlets (including bars) in their community selling alcohol; and
- 61% disagree with selling all LCBO stores and allowing privately run stores to sell alcohol.¹¹

Also contrary to OCSA's claims, allowing the sale of alcohol in convenience stores would increase alcohol sales to youth. Research in British Columbia has shown that private retail stores have a 35.9% track record for requesting two pieces of ID versus government run retail stores that have a track record of 77.5%.¹² Government run retail stores rigorously train their employees and are more likely to refuse sales to minors than privately owned stores that are motivated by profit and depend on sales for income.¹³

Provincial and municipal implications of expanding alcohol sales to convenience stores in Ontario

Allowing the sale of alcohol in Ontario's convenience stores is in direct conflict with the health and safety mandate of Hamilton PHS and presents a significant challenge in meeting the MOHLTC's provincial accountability agreement indicator to reduce the number of people exceeding the LRDG. Expansion of sales to convenience stores would result in a surge of approximately 7000 privately run alcohol retail outlets across Ontario. Hamilton would become home to over 300 of those retail outlets, many of which are located in high density areas such as Hess Village, the downtown core and in locations close to high schools, universities and colleges.

Local and provincial economies would also be impacted. The health-related and social costs associated with alcohol consumption, including expenditures on enforcement, health care, research and prevention initiatives and costs resulting from losses in

productivity would significantly increase as a result of privatization. In addition to increasing costs, privatization will also decrease government revenue. In 2010-2011, the LCBO returned 1.5 billion dollars to the provincial government to fund social responsibility programs and to help pay for ventures that benefit Ontario tax payers, including hospitals, schools and better roads.¹⁴ In 2002, the revenue generated from alcohol sales was \$4.5 billion less than the direct costs of alcohol consumption, costing Ontario \$37.82 per capita.¹⁵ Moving towards a privatized alcohol sales system will only increase these costs. Clearly, expanding the sale of alcohol to convenience stores is not in the best interests of the City of Hamilton, or its residents.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could elect not to advocate for opposition to the expansion of alcohol sales to convenience stores in Ontario.

Financial: No financial implications

Staffing: No staffing implications

Legal: No legal implications

Pro: No pros

Con: There would be a missed opportunity to address this important health issue within our community.

Given the negative health outcomes associated with alcohol use, this alternative is not recommended.

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN:**Strategic Priority #1**

A Prosperous & Healthy Community

WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Strategic Objective

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.
- 1.6 Enhance Overall Sustainability (financial, economic, social and environmental).

APPENDICES / SCHEDULES**Appendix A - Ontarians Prefer Current Control on Access to Alcohol****References**

- ¹ Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto: Centre for Addiction and Mental Health.
- ² Thomas, G. (2012). *Analysis of beverage alcohol sales in Canada*. (Alcohol Price Policy Series Report 2). Ottawa: Canadian Centre on Substance Abuse.
- ³ Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto: Centre for Addiction and Mental Health.
- ⁴ Ontario Convenience Store Association. (2011). *Angus Reid Study: Ontario voters want beer & wine in convenience stores*. Freeourbeer.ca. July 3, 2013. From freeourbeer.ca.
- ⁵ Ontario Convenience Store Association. (2011). *Study shows 1 in 4 minors leave LCBO stores with booze; 1 in 5 from The Beer Store; Convenience stores best at testing for age*. Freeourbeer.ca. July 3, 2013. From freeourbeer.ca.
- ⁶ World Health Organization. (2011). Global status report on alcohol and health. Switzerland. Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf
- ⁷ Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto: Centre for Addiction and Mental Health.
- ⁸ Hahn, R. A., Cook Middleton, J., Elder, R., Brewer, R., Fielding, J., Naimi, T. S., ... the Community Prevention Services Task Force. (2012). Effects of Alcohol Retail Privatization on Excessive Alcohol Consumption and Related Harms: A community Guide Systematic Review. *American Journal of Preventative Medicine*, 42(4), 418-427. Doi: 10.1016/j.amepre.2012.01.002
- ⁹ Stockwell, T., Zhao, J., Macdonald, S., Pakula, B., Gruenewald, P., & Holder, H. (2009). Changes in per capita alcohol sales during the partial privatization of British Columbia's retail alcohol monopoly 2003-2008: a multi-level local analysis. *Addiction*, 104, 1827-1836. Doi:10.1111/j.1360-0443.2009.02658.x
- ¹⁰ MADD Canada. (2013). *Provincial Liquor Boards: Meeting the Best Interests of Canadians*. Retrieved from http://www.madd.ca/media/docs/MADD_Canada_Provincial_Liquor_Boards.pdf
- ¹¹ Centre for Addiction and Mental Health. (2013). Ontarians Prefer Current Controls on Access to Alcohol. *CAMH Population Studies eBulletin*, 14(2) Retrieved from

http://www.camh.ca/en/research/news_and_publications/Pages/research_population_ebulletins.aspx

¹² Kendall, P.R.W. (2008). *Public Health Approach to Alcohol Policy: An updated report from the provincial health officer*, Victoria, British Columbia: Office of the Provincial Health Officer.

¹³ Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., & Rossow, I. *Alcohol: No Ordinary Commodity. Research and Public Policy*. Oxford: Oxford University Press; 2010.

¹⁴ Murie, A. (2011, October 6). [Letter to Candidates in the Ontario Provincial Election]. MADD Canada, Oakville, Ontario.

¹⁵ Thomas, G. (2012). *Analysis of beverage alcohol sales in Canada*. (Alcohol Price Policy Series Report 2). Ottawa: Canadian Centre on Substance Abuse.

Ontarians Prefer Current Controls on Access to Alcohol

This *eBulletin* describes public opinion about four alcohol policies in Ontario. Specifically, the policies concern corner store availability and availability in general, local community control over alcohol, and privatization of the LCBO. Data are from the 2011 *CAMH Monitor*, an Ontario-wide, anonymous telephone survey about substance use and mental health among adults aged 18 and older.

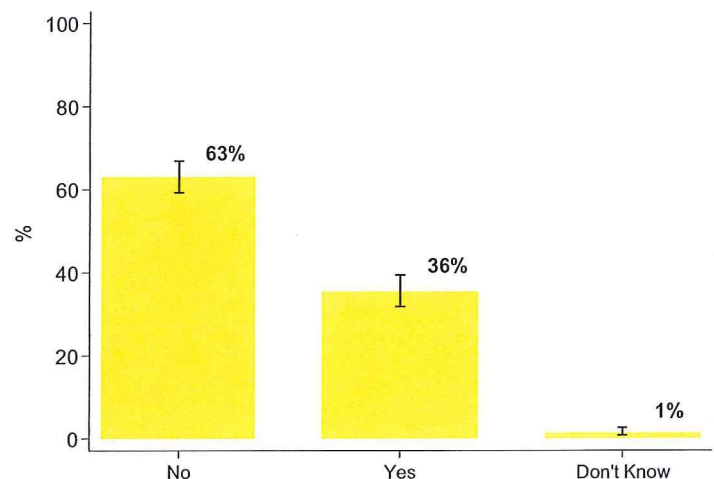
Corner Store Availability

As seen in Figure 1, almost two-thirds (63%; 95% CI: 59%-67%) of Ontarians disapprove of alcohol being available in corner stores. Women are more likely than men to disapprove of corner store availability (74% vs. 52%, respectively). There are no statistically significant differences in opinions according to age group, or according to rural versus urban/suburban residence. This opinion question was also included in the 2010 cycle of the *CAMH Monitor*. In 2010, 73% (95% CI: 69%-76%) of Ontarians disapproved of alcohol being available in corner stores. The 2011 estimate of 63% is statistically significantly lower than the 2010 estimate. Thus, the percentage of Ontarians who are against corner store availability has recently declined.

Outlet Availability: Number of Places to Buy Alcohol

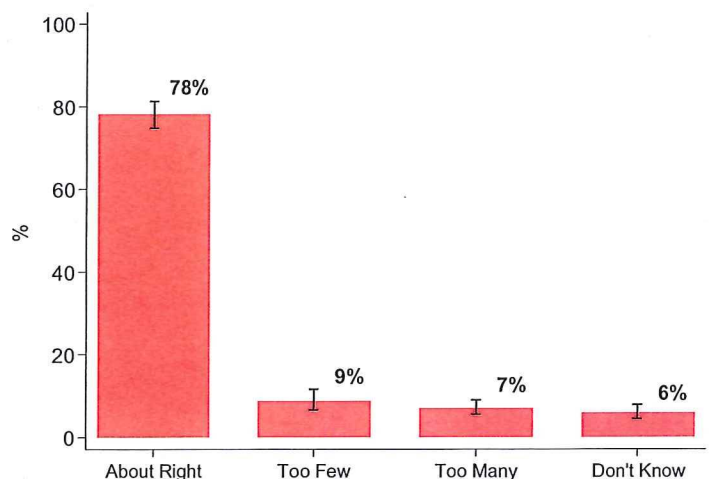
As seen in Figure 2, over three-quarters (78%; 95% CI: 75%-81%) of Ontarians believe that there is currently an adequate number of outlets to buy alcohol in their community (including bars). Opinions significantly differ according to gender, with women more likely than men to believe there are too many places to buy alcohol (11% vs. 3%, respectively). Opinions differ according to age group, with respondents aged 50 and older most likely to be unsure. There are no significant differences according to rural versus urban/suburban residence.

Figure 1.
Corner stores: Percentage of Ontario adults ages 18+ responding whether or not alcohol should be available in corner stores, 2011 CAMH Monitor (n=1,040)



Note: error bars represent 95% confidence intervals

Figure 2.
Number of outlets: Percentage of Ontario adults ages 18+ responding whether there are too few, too many, or the right number of places to buy alcohol, 2011 CAMH Monitor (n=1,040)

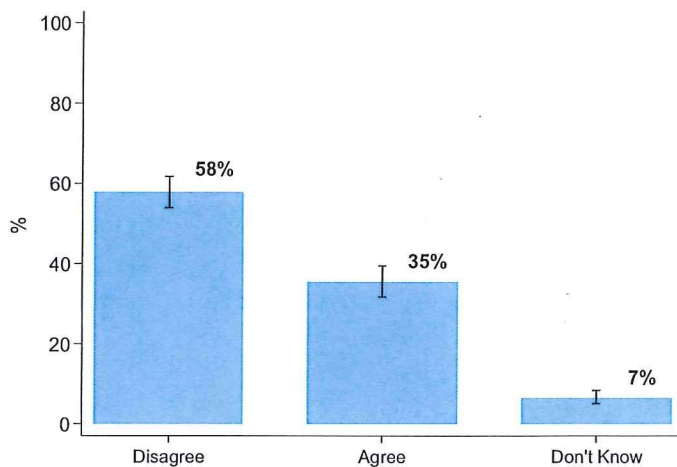


Note: error bars represent 95% confidence intervals

Local Community Control Over Alcohol Sales and Consumption

The majority (58%; 95% CI: 54%-62%) of Ontarians disagree with the idea that local communities should put their own controls on the sale and consumption of alcohol (Figure 3). Women are significantly more likely than men to be unsure of this idea (10% vs. 4%, respectively). Among the age groups, the youngest respondents are most likely to agree that communities should be able to have their own controls, whereas those aged 40-49 are most likely to disagree with this idea. There are no significant differences in opinions according to rural versus urban/suburban residence.

Figure 3.
Local community control: Percentage of Ontario adults ages 18+ responding whether they agree or disagree that communities should be able to put their own controls on the sale and consumption of alcohol, 2011 CAMH Monitor (n=1,040)

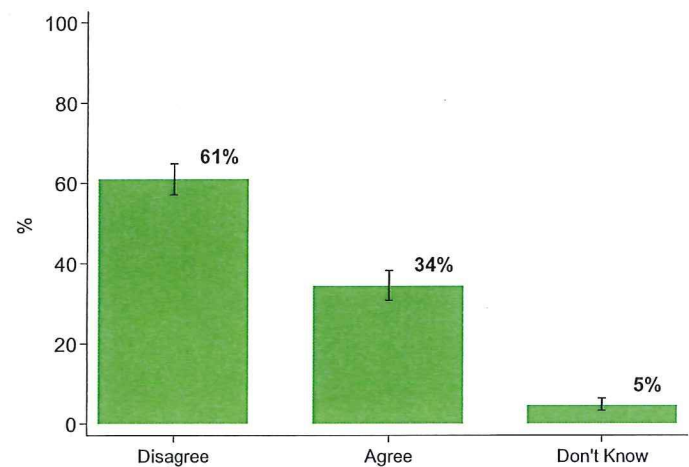


Note: error bars represent 95% confidence intervals

Privatization of the LCBO

Almost two-thirds (61%; 95% CI: 57%-65%) of Ontarians disagree with the proposal of selling all LCBO stores and allowing privately run stores to sell alcohol (Figure 4). Women are more likely than men to be against privatization (67% vs. 55%, respectively.) There are no significant differences in opinions about privatization according to age group, and there are no differences according to rural versus urban/suburban residence. In 2010, 64% (95% CI: 60%-67%) of Ontarians disagreed with the privatization of the LCBO. The 2011 estimate of 61% is not statistically different from the 2010 estimate.

Figure 4.
Privatization: Percentage of Ontario adults ages 18+ responding whether they agree or disagree that all LCBO stores should be privatized, 2011 CAMH Monitor (n=1,040)



Note: error bars represent 95% confidence intervals

Methods

The *CAMH Monitor* is an addiction and mental health surveillance survey of the Ontario adult population aged 18 and older. It is an anonymous, list-assisted random-digit-dialling telephone survey (landline and cell phone), administered by the Institute for Social Research, York University. The *CAMH Monitor* is continuously conducted on quarterly probability samples from January to December, and employs a stratified (region) two-stage (telephone number, respondent) probability sample design. The following six regional strata are used: Toronto, Central East, East, Central West, West, and North. The full sample size in 2011 was 3,039 (51% of eligible respondents). The alcohol policy opinion questions were asked of a random subsample of 1,040 adults. All survey estimates were weighted, and variance and statistical tests were corrected for the complex sampling design. The sample is representative of over nine million Ontarians aged 18 and older.

Measures & Terminology

- Opinions about **corner store availability** were measured with the question: “Do you think alcoholic beverages should be available in corner stores?”
- Opinions about the **number of place to buy alcohol** were measured with the question: “Including bars, do you think the number of places where you can buy alcohol in your community is too few, too many, or about right?”
- Opinions about **local community control over alcohol sales and consumption** were measured with the question: “Local communities should be able to put their own controls on the sale and consumption of alcohol, even if these controls are stricter than the provincial controls? Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?” Responses of somewhat agree and strongly agree were combined; responses of somewhat disagree and strongly disagree were combined.
- Opinions about **privatization of the LCBO** were measured with the question: “The Ontario government should close all LCBO stores, and allow privately-run stores to sell alcohol. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?” Responses of somewhat agree and strongly agree were combined; responses of somewhat disagree and strongly disagree were combined.
- **Age group** refers to four groups: 18-29 year-olds (20% of the sample), 30-39 year-olds (20%), 40-49 year-olds (20%), and those aged 50 and older (40%). The average age was 45.6.
- **Rural vs. urban/suburban** was determined using the second character of the first three digits of the respondent’s postal code. Fifteen percent of the sample resided in a rural area.
- **95% confidence interval (CI)** shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the “true” population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, weighting).
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p < .05$ level, or lower, after adjusting for the sampling design. A finding of statistical significance implies that any differences are not likely due to chance alone.

Source

These findings are based on unpublished analyses of the 2011 *CAMH Monitor* data. For more information about the survey, please visit:
http://www.camh.ca/en/research/news_and_publications/pages/camh_monitor.aspx

Suggested Citation

Centre for Addiction and Mental Health. (2013, June). Ontarians prefer current controls on access to alcohol. *CAMH Population Studies eBulletin*, 14(2). Retrieved from
http://www.camh.ca/en/research/news_and_publications/Pages/research_population_ebulletins.aspx

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Media Enquiries: Tel: 416-595-6015