

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 50-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 July 18

ALCOHOL DENSITY AND RELATED HARMS

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 50-24 re: “Alcohol Density and Related Harms” for information; and*
 - 2) *Direct staff to send Report No. 50-24 (including [Appendix A](#)) to the City of London, Middlesex County, and lower tier municipalities within the County of Middlesex.*
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Report Highlights

- The Ontario government [announced](#) plans to expand alcohol retail outlets, allowing eligible convenience stores, grocery, and big box stores to sell beer, cider, wine, and ready-to-drink alcoholic beverages this year.
- Increased alcohol access has been shown to increase consumption and consequently increase alcohol-related health and social harms.
- Policies which limit availability (e.g., restrict density, limit hours of sale, etc.) help to reduce harms associated with alcohol use. [Appendix A](#) outlines alcohol policy options for municipalities.

Background

In December 2023, the Ontario Government [announced](#) expansion of alcohol retail outlets beginning no later than January 1, 2026. On May 24, 2024, the government [announced](#) plans to move forward with the expansion of alcohol retail outlets, with a phased rollout between August and October 2024.

Research confirms that expanding alcohol availability (e.g., increasing the number of alcohol outlets) results in increases in consumption, and consequently increases alcohol-related health and social harms ([CAPE, 2023](#)). A public health approach to alcohol regulation aims to find a balance between alcohol availability and the enactment of measures to protect public health and safety, while removing commercial influences and product promotion.

Alcohol Retail Density in Middlesex London

Currently, best practice guidelines for off-premise alcohol retail outlets (i.e., where alcohol can be purchased and taken offsite to consume, including LCBO and grocery stores) are 2 outlets or fewer per 10,000 capita aged 15 years and older ([CAPE, 2023](#)). In 2022, the off-premise retail outlet density in the Middlesex-London region was at 2.1/10,000 ([PSQI, 2023](#)). Any alcohol outlet expansion will further exceed what is considered a best practice limit and may result in increased alcohol-related harms in Middlesex-London.

Alcohol Retail Expansion: Key Considerations

Increased consumption: In 2019/2020, 30% of Middlesex-London residents aged 12 years and older were drinking alcohol above what is considered a low risk level according to [Canada's Guidance on Alcohol and Health](#) (3 or more standard drinks in the past 7 days) ([PHO Snapshots](#)). Alcohol harms include multiple cancers, liver disease, heart disease, violence, poisoning, alcohol use disorder, fetal alcohol spectrum disorder, and injuries ([CCSA, 2023](#)). For the Middlesex-London region, in an average year there is an estimated 154 (4.1%) deaths, 842 (2.4%) hospitalizations, and 6,968 (3.8%) emergency department visits that are attributable to alcohol consumption among people ages 15 and older ([PHO/Ontario Health, 2023](#)). The last time access to alcohol in retail stores increased in Ontario in 2015, the number of emergency department visits attributable to alcohol grew by more than 24,000 in two years ([Myran et al., 2019](#)).

Additionally, research indicates that groups of lower socioeconomic status (SES) who consume similar or less amounts of alcohol than groups of higher SES, experience greater rates of alcohol-attributable harms. This is referred to as the alcohol-harms paradox and must be considered when assessing alcohol density impacts on health equity in the community ([Bloomfield, 2020](#) and [CIHI, 2017](#)).

Public Health and Safety: As identified through community consultations for the Community Safety and Wellbeing Plans of both the City of London and Middlesex County, safe neighbourhoods, physical health, mental health, and road and mobility safety are included as key components of a safe and healthy community. Alcohol consumption can result in impaired driving, violence, and other public safety issues, negatively impacting community safety and wellbeing. ([CAPE, 2023](#)).

Youth Use: The impact of alcohol outlet density on high risk drinking among younger populations is concerning, particularly when outlets are close to schools ([CAPE, 2023](#)). Convenience stores, grocery stores, and big box stores close to school locations are frequented by children and youth who are often unaccompanied by an adult. Outlet expansion will increase youth exposure to alcohol, and can contribute to societal normalization through marketing and alcohol product promotion in retail outlets ([CAPE, 2023](#)). Outlet expansion also increases youth access to alcohol. According to a study conducted in Montreal using mystery shoppers in 2009, only 55 to 60% of corner stores were compliant with the rule that they should not sell alcohol and lottery tickets to those under the legal age, compared to 96% of government-run retail outlets (Martin et al., 2009). Public health's experience monitoring retailer compliance with requirements under the *Smoke-Free Ontario Act, 2017* for tobacco and vapour product retail sale have heightened the Middlesex-London Health Unit's (MLHU) concerns for youth access to age-restricted products. To date, in 2024, the MLHU has completed 25 vapour product youth access inspections, 7 of which a vapour product sale was made to a youth under the age of 18,

despite the legal age being 19 years of age. It is a concern that similar trends could be seen with alcohol sales to youth with retail expansion.

Next Steps

Strategies at the municipal and local community level that can support the reduction in alcohol-related harms include municipal bylaws, municipal alcohol policies, monitoring and surveillance, public education, youth prevention initiatives, and working with other levels of government. Given the expansion of alcohol retail outlets provincially, a focus on how to reduce or mitigate harms related to an increase in outlet density is recommended. Endorsing and sharing "Reducing Alcohol Harms: A Primer for Municipalities" ([Appendix A](#)) aims to begin an open dialogue about alcohol-related harms and strategies to reduce those harms in our local communities.

The MLHU will continue to collect and analyze relevant data to monitor trends over time, emerging concerns, priorities, and health inequities related to alcohol use and related harms; and deliver effective public health interventions that meet the needs of Middlesex-London.

This report was written by the Municipal and Community Health Promotion Team and the Social Marketing and Health Systems Partnership Team of the Family and Community Health Division.



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This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Substance Use and Injury Prevention, Chronic Disease Prevention and Well-being, and Health Equity standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The Liquor Licence and Control Act, 2019; Ontario Regulations: 750/21, 746/21, 745/21; Municipal Act 2001
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Goal: Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:

Anti-Black Racism Plan:

Engage in Healthy Public Policy (collection of race-based data, initiatives that mitigate or address, at an upstream level, negative and inequitable impacts of the social determinants of health and ensure the policy approaches take an anti-Black racism lens)

Taking Action for Reconciliation:

Research: Establish and monitor health indicators as identified by TRC Calls to Action #19 and #55iv, in order to determine progress in closing the gap between Indigenous and non-Indigenous communities (i.e., infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, availability of appropriate health services) as appropriate to public health and population health.