Municipal Alcohol Policies and Public Health: A Primer

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Public Health Ontario

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Executive summary

Alcohol is a popular legal substance that plays a role in the social and leisure activities of many Ontarians. But due to its harmful effects, high-risk alcohol consumption is a public health concern. Local alcohol policies can be effective in promoting moderate alcohol consumption. These policies have the potential to influence community social norms, by setting a positive benchmark for community events and licensed venues.

A municipal alcohol policy (MAP) outlines the safe, appropriate use of alcohol on municipally-owned or managed property, places, spaces and events. MAPs are part of a comprehensive approach to alcohol policy. They aim to support existing provincial alcohol policies, and build on them to tailor the policy landscape to the local context.

Ontario has a mixed private and public alcohol control system. Recent years have seen significant changes in the regulation of alcohol in Ontario, leading to the loosening of effective alcohol control policies.

As of 2015, approximately 53 per cent of municipalities in Ontario had a MAP. Of these, 17.4 per cent of MAPs are reported to have been evaluated. A greater number of municipalities developed and updated their MAPs following the release of two foundational public health documents: the Mandatory Health Programs and Services Guidelines in 1997, and the Ontario Public Health Standards in 2009.

This primer is designed to explain the MAP development and/or revision process for health promotion and public health practitioners. It outlines eight essential steps.

**Step 1: Define the problem.** Understanding the local issue, and deciding whether a MAP will help address the problem, is a critical first step. Collect as much information as possible. Once the issue is clearly defined, identify the goals of the MAP and engage with others affected by the issue, who may also be interested in a MAP.

**Step 2: Identify policy options.** Reviewing MAPs from other jurisdictions, as well as the literature on alcohol policy, will help you narrow in on policy options to address the issue identified in Step 1.

**Step 3: Identify key players.** Identify and understand the people who have the power and influence to make your proposed MAP a reality.

**Step 4: Assess readiness.** Once you have identified the influencers and decision-makers, assess the community and stakeholders for MAP readiness. A MAP involves a significant amount of time and resources therefore ensuring your stakeholders are on board is important. This step will help you assess readiness for change and select strategies for moving forward.

**Step 5: Develop an action plan.** Outlines strategies for building support for the MAP. Then move forward with an action plan that defines roles, timelines and resources required.

**Step 6: Implement the action plan.** Draft or revise the MAP. This may require additional expertise beyond those directly involved in the MAP. Stakeholder and community consultation will help bolster support for the MAP.
Step 7: Facilitate MAP adoption and implementation. Understand the procedural requirements for your municipality, and the possible activities to advance your MAP. Once it is adopted, you can help the MAP succeed by educating people through your communications plan.

Step 8: Monitor and evaluate the MAP. This is important to ensure the MAP is being implemented as envisioned and having the intended impact on the issue identified in Step 1. Although this is the last step, consider monitoring and evaluation early in the MAP development process.

As you move through these steps, the development of a MAP can be an iterative rather than a linear process. These steps are meant as a guide; at any point you may identify a need to revisit previous steps or look ahead to plan for future steps.

MAP development is an important health promotion strategy and part of a comprehensive approach to alcohol policy. By supporting existing regulations, and tailoring them to the local context, MAPs provide guidance on selling and serving alcohol in a responsible way—one that reduces risks and harms.
Section 1: Background
Section 1: Background

PRIMER GOALS AND AUDIENCE

This primer is designed to explain the municipal alcohol policy (MAP) development process. As a type of healthy public policy, MAPs help to create supportive environments that enable people to lead healthy lives.\(^7\)

Health promotion and public health practitioners can use this primer to develop a new MAP or change an existing one. If you work with an Ontario public health unit, this primer can help to support the *Ontario Public Health Standards* (OPHS).\(^6\) The OPHS requires healthy public policies that create or enhance supportive environments (the physical and social aspects of the environment where people live, learn, work and play).\(^6\)

Along with this primer, Public Health Ontario offers several policy development resources. These resources include tools\(^8\) and presentations that focus on policy development\(^6\) and alcohol policy development\(^9\).

WHAT IS A MUNICIPAL ALCOHOL POLICY (MAP)?

A MAP is a policy instrument that aligns with provincial liquor laws and outlines the safe, appropriate use of alcohol on municipally-owned or managed property, places, spaces and events.\(^5\) These include (but are not restricted to) municipally-owned or -managed arenas, sports stadiums and fields, community centres, beaches and parks, as well as municipally-hosted festivals and events.

MAPs are part of a comprehensive approach to alcohol policy. They support existing provincial alcohol policies, and strengthen these laws where necessary to tailor the policy landscape to the local context. MAPs enable local governments to manage community-level drinking environments. The goals are to encourage moderate, responsible consumption, and reinforce positive social norms about alcohol consumption in the community.\(^10,11\)

To maximize their impact on alcohol-related harms, MAPs should combine both population-based and targeted policies and interventions.\(^12,13\) Population-based strategies can include controls on alcohol pricing, physical availability or marketing. Targeted approaches include anti-drinking and driving initiatives, and practices that alter the drinking context (such as server training and interventions, and education tools that promote behaviour change).\(^12\)

PREVENTING ALCOHOL-RELATED HARM: THE NEED FOR LOCAL ACTION

Alcohol is a popular legal substance that plays a role in the social and leisure activities of many Ontarians.\(^1\) But due to its harmful effects, high-risk alcohol consumption is a public health concern.\(^2\) In 2013, a high percentage of Ontario drinkers reported engaging in drinking that increased the negative effects of alcohol either now (14.7 per cent of drinkers) or in the future (20.3 per cent).\(^14\)

Some harms linked to alcohol consumption include injury, violence, crime, and motor vehicle crashes.\(^15,16\) The harms from alcohol are not limited to the drinker but extend to family, friends, co-
workers, neighbours and even strangers. These impacts, colloquially referred to as secondhand drinking effects, are often experienced at a local level, directly affecting communities, roadways and neighbourhoods.

MAPs promote moderate alcohol consumption and support community values at municipally-owned and -managed events and properties. They also set a positive benchmark for other events and venues where alcohol is distributed or consumed. Therefore MAPs have the potential to influence social norms in the larger community.

**WHY SHOULD PUBLIC HEALTH PRACTITIONERS SUPPORT MAP DEVELOPMENT?**

The *Ontario Public Health Standards* (OPHS) are legislative requirements for fundamental public health programs and services (Ontario Ministry of Health and Long-Term Care, 2008). References to alcohol policy and related programming are present throughout the OPHS.

Specifically, consider how MAP initiatives relate to the following areas of standards.

1. **Chronic diseases and injuries program standards:**
   a. Chronic disease prevention, with the aim to reduce burden.
   b. Prevention of injury and substance misuse, with the aim to reduce frequency, severity, and impact.

2. **Family health program standards:**
   a. Reproductive health, with the aim to enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and prepare for parenthood.
   b. Child health, with the aim to enable all children to attain and sustain optimal health and developmental potential.

Boards of health are responsible for implementing the OPHS. To support that responsibility, the Ontario Ministry of Health and Long-Term Care has produced guidance documents. They note the evidence around the effectiveness of MAPs, and encourage public health staff to work with community stakeholders to increase MAPs throughout the province.

The development of MAPs is also supported nationally. The *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* is one example. It outlines 41 recommendations aimed at strengthening controls on alcohol, including recommending that all Canadian municipalities adopt MAPs.

MAPs can be particularly effective in combination with population-level interventions. Some examples: alcohol pricing, controls on physical availability of alcohol, type of alcohol retailing system, and reduction in alcohol marketing.

Overall, MAPs can influence drinking culture, and thus indirectly have a positive impact in reducing alcohol-related harm.
Section 2: The municipal alcohol policy landscape in Ontario
Section 2: The municipal alcohol policy landscape in Ontario

MAPS IN THE ONTARIO CONTEXT

Ontario alcohol sales are regulated at the provincial level, and comprise a mixed private and government-run retail system. There are two main channels of alcohol sales in Ontario.

1. Off-premise: These sell packaged alcohol products for consumption offsite, e.g. LCBO, agency stores, The Beer Store outlets, private wine stores, manufacturer outlets, duty-free outlets, farmer’s markets, online sales, grocery stores, ferment-on-premise outlets.

2. On-premise: These licensed establishments sell alcohol products for consumption on location, e.g. restaurants, bars, nightclubs, movie theatres, salons, festivals, stadiums.

For information regarding the control of alcohol sales in Ontario, see the websites of the Liquor Control Board of Ontario (LCBO) and the Alcohol and Gaming Commission of Ontario (AGCO), and a report by Giesbrecht and Wettlaufer (2013). A number of recent regulatory changes have led to the relaxation of alcohol control policies in Ontario. As of June 1, 2011, more types of businesses were permitted to apply for alcohol licenses, like salons, barber shops, cafes, movie theatres and book stores.

The way alcohol is sold at community events and festivals has also changed. Such events no longer have to serve alcohol exclusively in designated areas, often referred to as beer tents, effective June 1, 2011.

Last, the retailing of alcohol in Ontario is also changing. As of May 2014 wine sales are now permitted at farmer’s markets, and in 2015 beer sales expanded to grocery outlets.

Given this climate, are Ontarians drinking more?

Adult drinking trends based on self-reports indicate that past-year drinking has not changed significantly from a population level. Trends in drinking patterns among most adults 1996-2013 ranged from 77.1-81.5 per cent (Figure 1), with data showing an increase in older adult (65+) consumption that is still lower than the rest of the adult population. Among drinkers however, daily drinking has increased significantly, from 5.3 per cent in 2002 to 8.5 per cent in 2013 (Figure 2).
Figure 1: Past-year alcohol use in Ontario by age group (1977-2013)\textsuperscript{25}

![Graph showing past-year alcohol use in Ontario by age group (1977-2013).](image)

Figure 2: Daily drinking among Ontario drinkers by age group (1977-2013)\textsuperscript{25}

![Graph showing daily drinking among Ontario drinkers by age group (1977-2013).](image)
ONTARIO MAP SUMMARY

In 2015, Public Health Ontario (PHO) conducted a scan of MAPs by surveying public health units (PHUs) in Ontario. Response rate to the survey was 90 per cent or 32 or 36 health units. PHU respondents indicated that 53 per cent of municipalities had approved MAPs, two per cent had MAPs in development, and 18 per cent did not have a MAP. In 18 per cent of the municipalities the status of MAPs was unknown. In nine per cent of municipalities information about the status of MAP was not reported, and was recorded as not available.5

As summarized in the PHO Provincial MAP Scan5, MAPs in Ontario are fairly well distributed across health unit regions. More than 65 per cent of municipalities in the Central East and Toronto region, Central West region and South West region have approved MAPs. The Eastern (43 per cent), North East (39 per cent) and North West (35 per cent) regions have fewer municipalities with MAPs, but also reported higher numbers of municipalities with MAPs in progress or of unknown status.5

The scan demonstrated that the implementation of MAPs began roughly in the early 1990s. The number of municipalities developing MAPs has varied significantly from year to year. High-level trends suggest that MAP development was associated with the release of two foundational public health documents: the Mandatory Health Programs and Services Guidelines in 1997, and the Ontario Public Health Standards in 2009.6

The release of this second document also appears to be associated with municipalities updating their MAPs. Of the approved MAPs, 17 per cent were reported as evaluated, 29 per cent had not yet been, and the evaluation status of the remaining 54 per cent was unknown at the time of the scan.5

MAPS IN ONTARIO: THE POTENTIAL FOR IMPACT

When planning, developing, revising, implementing or evaluating a MAP, consider its impact in the greater alcohol policy context.

A MAP is a localized policy tool. It aligns with provincial liquor laws and outlines the appropriate use of alcohol on local government-owned or -managed property.5

The purpose of a MAP is to manage the drinking environment, and encourage moderate, responsible consumption by influencing social norms in the community. While MAPs play an important part in a comprehensive approach to alcohol policy, there are a few limitations to note.

The scope of a MAP is typically limited to properties and events run by the municipal government. While this may capture a great number of community properties, it may only have an impact on a fraction of venues and outlets where alcohol is served or sold. Other local venues and outlets may include LCBO stores, private beer and winery stores, as well as bars, licensed restaurants, nightclubs and events held on private property.

Some local alcohol policies have been extended beyond municipal properties. For example, in the absence of provincial minimum alcohol price policies in B.C., the local governments of Victoria, Vancouver, Kamloops and Nanaimo imposed a minimum drink price on liquor sold in licensed establishments within their jurisdictions.26
Additionally, the size of the municipality (in population and geography) may limit the potential reach of a MAP. The impact of a MAP also depends on enforcement. That may be a challenge in communities where resources such as by-law officers may not be sufficient, or where staff on municipal properties may not have the necessary experience to enforce the MAP.\textsuperscript{5}

Finally, there is limited evidence supporting the effectiveness of MAPs in reducing the population level harms of alcohol.\textsuperscript{27-29} MAPs, tailored to the local context, can further support provincial and federal alcohol policies. Therefore strengthening MAPs would strengthen the potential impact of population-level alcohol policies.

To draw firm conclusions about the effectiveness of MAPs, we need more evaluation and local evidence on how MAPs can mitigate alcohol-related harms. Therefore, this document will highlight the importance of evaluating the MAP as part of the policy process.
Section 3: Getting started—the roadmap for MAP development
Section 3: Getting started—the roadmap for MAP development

Think of the eight steps to developing a MAP, outlined in this section, as a roadmap. It tells you where you are, where you are going and how far you are from your ultimate destination.

Although the roadmap is presented as a linear process (Figure 3), your route—and the time and effort spent on each step—depends on your situation. You can start at any point, go back one or more steps if additional work is required, or cycle through the stages more than once.

The development of the roadmap began with an online review of the international research literature regarding local action on alcohol. We paid specific attention to the alcohol policy process. The research results inform the process outlined in this document, with two alcohol policy experts reviewing identified MAP resources.1,30

We also conducted key informant interviews with representatives from Ontario public health units. This was done to draw from local experiences, and to address gaps in the literature about the process and players involved in developing, updating and implementing a MAP.

We recruited representatives from a scan of MAPs in Ontario5—people who had experience with the MAP process in Ontario and had given their permission to participate in follow-up interviews.

Through e-mail, we invited key informants to respond to additional questions about their experience with the MAP process. We obtained the necessary ethics approvals through the PHO Research and Ethics Board prior to contacting potential participants. The PHO ethics department approved the interview questions and the process. Key informants signed and returned informed consent forms before the interviews.

Key informants were asked 14 questions about the roles of key players involved in the MAP process; the tools and strategies used to move the MAP process forward, monitor progress and measure success; the barriers they had to overcome; lessons learned; and resources and timelines for the MAP process. To obtain a copy of the interview guide, contact hpcb@oahpp.ca.

Both alcohol policy experts reviewed interview responses. In this way, drawing on local key informant experiences, we tailored the MAP roadmap steps to the municipal context in Ontario. Key informants also identified valuable Canadian tools that helped support their work and highlighted strategies that worked well within their municipalities. Additionally, we consulted MAP experts and researchers from Nova Scotia and British Columbia to draw from cross-provincial experiences.

“It often takes a high-profile event in the community before changes may be considered i.e. a drinking and driving death, or Liquor Licence Act infractions.”

Key informant interview
Figure 3: Roadmap for municipal alcohol policy development

1. Define the problem
   - Identify, describe and analyze
2. Identify policy options
3. Identify and understand municipal decision-makers and influencers
4. Assess readiness for MAP development
   - Is MAP development an appropriate strategy?
     - YES
     - Develop an action plan for the MAP
     - Implement the action plan
     - Facilitate adoption and implementation of the MAP
     - Has the MAP been implemented?
       - YES
       - Monitor and evaluate the MAP
       - Re-strategize
     - NO
6. Implement the action plan
7. Facilitate adoption and implementation of the MAP
   - Awareness and education or environmental strategies

Where did the process break down?
Step 1: Define the problem

The overall aim of this step is to develop a collective understanding of the problem that needs to be addressed and to gather enough information to assess whether the problem can be addressed by developing a municipal alcohol policy. It involves three main sub steps:

- identify, describe and analyze the problem for which a MAP may be a solution
- define goals and objectives of a potential policy
- engage others interested in addressing the problem

In Ontario, many MAPs have been led by the municipality and supported by the public health unit. PHUs are integral in collecting evidence on the problem and the effectiveness of a MAP. Depending on the nature of the issue, gathering information may require a significant amount of resources. You may wish to strike a small, time-limited MAP working group.

This group could include representation from the municipality (i.e., City Clerk, Parks and Recreation, Risk Management, Facilities Management, Transportation Services), health services, law enforcement (police), and alcohol retailing and enforcement (liquor inspectors). Draft a short document that outlines the goals, terms of reference and expected duties and time commitments of committee members.

IDENTIFY, DESCRIBE AND ANALYZE THE PROBLEM

You may have several reasons to develop or modify a MAP. For instance, a MAP can respond to alcohol-related problems at the community level (e.g., high rates of alcohol-related violence among young people in municipal parks). It could be a preventative approach to potential alcohol-related harms. A specific incident can present a window of opportunity. Or a MAP can be associated with changes in the Liquor Licensing Act (LLA).

A situational assessment is often used to identify and analyze public health issues. You may find the Planning Workbook32 and Situational Assessment Focus ON3 valuable resources as you proceed with this step. This process is similar to a needs assessment, except that situational assessments:

- look to broader social, economic political and environmental factors, including the social determinants of health,
- utilize multiple sources and types of information,
- emphasize strengths (i.e., what is working well?) and deficits (what is not working?); and
- apply to entire populations, rather than individuals.

Gathering data on alcohol-related problems might be organized into several categories. For instance, proximal problems may be especially visible in a community: heavy drinking and public intoxication; drinking and driving/boating/snowmobiling; excessive noise, public disruption and property damage; or alcohol-related violence.

Alcohol-related social problems, workplace issues or chronic disease may be less visible. Nevertheless, they have a negative impact at the individual and family levels and on community resources.
Underlying factors can be another part of gathering data, like violations of the LLA (over-service to patrons, service to under-age youth, operating outside official opening hours or below the minimum price).

Try to collect as much local or community-level information about your problem as possible, and provincial data with regional or municipal data. This will help make the case for addressing the problem through a MAP. Each step can involve considerable commitment of time and effort. As such, you may wish to focus first on resources that are likely to efficiently provide local information.

Before collecting local data consider conducting a review of recent studies about the problem or issue of concern. Use keyword searches of online databases such as Medline or PubMed. Literature reviews, systematic reviews, meta-analyses, research reports, peer-reviewed journal articles, and evaluation reports can provide useful information about the effectiveness of potential policy solutions.

"The City identified a need to develop a formal MAP...as a result of a recommendation from an internal audit report. Although the public health unit had advocated for the development of MAP for years, we were invited to act as a subject matter expert through the connection made by our senior management."

Key informant interview

Below are some possible sources of data to collect and analyze to inform a situational assessment:

- **aggregated, de-identified data** on alcohol-related harms. Possible sources include: law enforcement, health, emergency services, municipal office, the Alcohol and Gaming Commission of Ontario (AGCO) or restaurant and bar associations. This might include information on types and number of incidents involving alcohol, especially those related to premises/events where the MAP would be relevant.
- **interviews or focus groups** with key individuals, networks or organizations. Examples include: leaders of community agencies, elected officials or informal community leaders. You will likely need to consult with a wide range of people to accurately assess the issues.
- **newspaper or magazine articles** with relevant information about the problem or issue.
- **social media activity**, such as the degree of coverage/attention an issue receives on Twitter or Facebook. This may indicate community awareness, or the potential level of community support for or opposition to a MAP.
- **provincial-level population health status data** on the incidence and prevalence of alcohol use and alcohol-related problems. One key source is the CAMH monitor e-report, which reports trends in alcohol use among Ontarians age 18 and older. In addition, the Ontario Trauma Registry provides demographic data on alcohol-related injuries in Ontario.

Clearly identifying, describing and analyzing a problem lays the foundation for all other activities.
DEFINE GOALS AND OBJECTIVES FOR THE MAP

What changes do you want to bring about? Setting clear, measurable and attainable goals and objectives is an important part of MAP development. Consider whether goals and objectives are consistent with how you have defined the issue. Are they realistic, given the nature of the problem you are trying to address and the resources available?

A goal is a broad statement summarizing the direction or desired achievement of your policy. Here are sample goals developed for the MAP that the City of Barrie adopted: 34

- Ensure the effective management, supervision and operation of special occasion permit (licensed) events within municipally-owned properties.
- Reduce the risk of alcohol-related issues at special occasion permit (licensed) social events.
- Protect the municipality, its staff, community organizations, volunteers and participants from liabilities associated with special occasion permit (licensed) events.
- Educate municipal staff, sponsors, special occasion permit-holders, patrons and the general public of the alcohol-related risks and legal liabilities affiliated with special events.

An objective is a brief statement specifying the desired impact or effect of a policy—what should happen, how much of it, to whom and by when. Most MAPs have multiple objectives, which you can view as directions or building blocks towards achieving policy goals.

For example, Barrie’s MAP objectives are to: 34

- provide clear operational procedures to manage all possible risks associated with the consumption of alcohol, in accordance with the requirements of the Ontario Occupiers Liability Act and in compliance with the Ontario Liquor License Act. 35,36
- encourage/support the responsible use of alcohol as part of a social function within municipally-owned and -operated properties; and encourage/support the decision of individuals who choose not to consume alcohol.
- provide a balance of licensed and non-licensed properties, facilities and events to ensure that all community members can access safe and enjoyable recreation activities.
- educate and train staff, volunteers, groups and special occasion permit-holders with the knowledge and skills required to effectively manage events and enforce policy.

You can use the PHO Policy Workbook 37 to help identify policy objectives. Here are some tips:

- Consider the probable period needed to meet your goals.
- Focus each objective on one desired policy change or result.
- Have multiple objectives (long-term and short-term) as part of a comprehensive MAP.
- Ensure objectives are measurable so you can evaluate the impact of a MAP.
ENGAGING OTHERS INTERESTED IN ADDRESSING THE PROBLEM

Through identifying the problem and drafting goals and objectives, you will contact others in your community who are interested in reducing alcohol-related harm. Engage them in what you are doing and planning. Consider conducting online searches for other community stakeholders that have an interest in your issue or have taken action in response to it. Seek their views on problems, challenges and potential solutions. Find out about their expertise and networks and use them as assets when work gets underway.

Step 2: Identify policy options

When identifying, assessing and selecting policy options for your proposed MAP, consider:

- How is this issue addressed in the literature?
- In the context of municipal venues that are used for events where alcohol is available, what rules are in place?
- What are other communities/jurisdictions doing to address this issue?
- Are there new or innovative options to address this issue?

This information is critical for making the case for a MAP in your community and addressing the problems you have identified in Step 1.

EXAMINE MAP RESOURCES

To identify examples of MAPs and specific MAP policy options, look at a three-stage process.

Stage 1: Review the academic literature on MAPs. There is a vast body of evidence on alcohol policy. Here are some key resources that can assist with your search.

- Making the case: tools for supporting local alcohol policy in Ontario was produced by the Centre for Addiction and Mental Health and Public Health Ontario. This resource includes an inventory of municipal policy resources as well as a series of tables outlining local MAP options.
- The CAMH Municipal Alcohol Policy guide provides a practical resource for managing alcohol service in recreational settings.
- A local government guide to creating municipal alcohol policy. Created by the B.C. Ministry of Health in collaboration with B.C. Healthy Communities, this is a how-to guide for local governments and First Nations communities in developing MAPs.
- Addressing alcohol consumption and alcohol-related harms at the local level summarizes recent evidence on taking a comprehensive approach to reducing alcohol consumption and related harms at the local level.
- Municipal Alcohol Policies: options for Nova Scotia municipalities highlights MAP efforts locally and internationally, to provide a preliminary review of policy options available to municipalities.
Stage 2: Using a search engine, type in the alcohol-related problem you would like to address (e.g., injuries) with the words “municipal alcohol policies”. Systematically review the findings to generate a list of potential MAPs.
Stage 3: Review local MAPs, in neighbouring communities and beyond, to see if any address the problem your community is faced with. Expand your search to include international policy examples as needed.

The Association of Municipal Managers, Treasurers and Clerks of Ontario search engine[^42] is a useful tool for conducting a custom Google search for MAPs in Ontario.

As you review the documents you find, generate a list of policy options for consideration. It may be helpful to consider the following questions as you note possible policy options for inclusion in your MAP:

- Which MAP options have the strongest degree of supportive evidence in the research literature?
- Which MAP options have the greatest level of uptake (i.e., implemented by multiple jurisdictions)?
- Are there potential feasibility barriers to any of the policy options? These could include lack of technical expertise, necessary infrastructure or supports for implementation.

**KEY MAP COMPONENTS**

Consider MAPs in the broader context of how alcohol is made available and distributed in Ontario communities. The research literature has indicated several alcohol policies that are especially critical, at the population level, in reducing alcohol-related harm[^4,12,16,18,43]. These include:

- alcohol pricing
- type of alcohol retailing system
- physical availability of alcohol
- drinking and driving counter-measures
- controls on alcohol marketing and promotion

Assessments of MAPs in Ontario have identified key components associated with overall perceived impact.[^29,30] The most common include:[^31]

- **designation of properties, facilities and events** that clearly state where alcohol may or may not be used.
- **management practices** that control how alcohol is used (e.g., maximum drink limit).
- **prevention strategies**, such as the mandatory training of servers, that reduce harm and minimize liability.
- **enforcement procedures and penalties** (e.g., fines) that specify appropriate interventions in response to violating rules.
- **signage** to convey municipal authority, clarify rules (e.g., bans on drinking in parks) and provide information.
- **monitoring procedures** to track compliance with the MAP and related outcomes (see Step 8 for additional information).
MAPs strengthen or reinforce provincial and federal alcohol regulations, while tailoring policies to local contexts and issues. MAPs need not be confined to municipal properties; a common but incorrect perception. Among other effective policy interventions, municipalities may restrict hours of operation, influence outlet density and set minimum prices.

Here are additional policy options to prevent alcohol-related harm. While local governments can consider adopting them, note that they go beyond municipal properties.3

- Strengthen local zoning regulations to avoid high-alcohol outlet density and clustering of outlets.
- Evaluate and provide input on local license applications based on potential community impact (e.g., size of venue, number of patrons).
- Evaluate potential health and safety impacts of local license applications.
- Offer more alcohol-free entertainment and social events.
- Implement the required responsible beverage service training44 and in-house policies following CAMH’s Safer Bars45 program.
- Implement server training programs as a condition for receiving event licenses.
- Promote Canada’s Low Risk Drinking Guidelines (LRDG)46 to encourage a culture of moderation in the community.
- Aim for consistency and clarity in all municipal alcohol-related health and safety messages.
- Implement local minimum price policies to prevent the promotion and availability of inexpensive alcohol.40

When considering MAP policy options, be conscious of the limits of municipal power to regulate alcohol distribution. Some components of the MAP may require collaboration and buy-in from other partners, stakeholders and policy-makers.

**Step 3: Identify and understand key players in the MAP development process**

A number of people will have the power and influence to make your proposed MAP a working reality. Part of successful policy development is connecting with and understanding these individuals.
To do this effectively, first identify the decision-makers who can make the necessary changes, and the influencers who can persuade them. In communication terms, the decision-makers are your primary audience and the influencers are your secondary audience. Both are extremely important when working toward passing or changing a MAP.

“At the time we had focused funding, and our community partnership included an individual who was on city council and who also had a law background. He was part of the MAP committee.”

Key informant interview

If you are fortunate, a decision-maker and/or influencer might become a champion for your cause—someone who believes in what you are trying to achieve and can help advance your MAP.

This section focuses primarily on the top two tiers of the key player pyramid, above. However, stakeholders and community members can also play a key role in advancing the status, revision or evaluation of a MAP.

Stakeholders can include other partners who have an interest in developing and implementing a MAP (see Step 4). The community also plays a role. Information from the community will help inform the MAP decision-makers, influencers and champions. The MAPs intended effect will provide positive benefits to the community.

“The Board of Health requested that the public health unit (PHU) work with relevant City departments to update the municipal alcohol policy, to reflect current evidence on measures to reduce alcohol-related harms and liability. The Board’s decision was informed by a PHU report on alcohol policy needs in Ontario.”

Key informant interview
DECISION-MAKERS

For MAP development, there are generally two types of municipal decision-makers: elected officials (e.g., municipal council members) and civil servants (e.g., municipal staff). Both are important.

Ensure a comprehensive understanding of how your municipality is organized with respect to alcohol-related policies. Use this information to learn more about the municipal decision-makers associated with that department. This will help build support for a MAP and prioritize efforts.

Ontario has 444 municipalities, governed by the Ontario Municipal Act, 2001, under the Ontario Ministry of Municipal Affairs and Housing (MMAH). To influence MAP development, it is important to have some understanding of this legislation. It directs what decision-makers do and, to some degree, how they do it. For information about the legislative powers of municipalities, see Public Health Ontario’s resource Municipal By-law Development and Public Health: A Primer (2014).

INFLUENCERS

Many people in the community could influence municipal decision-makers. For example, those working in government; non-government and not-for-profit organizations; service organizations (e.g. Rotary, Lion Club); media outlets; faith groups; private business; community volunteers; parents; or residents. Medical Officer of Health and Board of Health members may be important influencers. So could a Chief of Police, head of emergency at the local hospital, or a committee/department chair in the municipality that oversees alcohol licensing.

These influencers may determine whether your MAP gets adopted and properly implemented.

Consider generating a list of influencers who could help move your MAP development process forward. As you learn about the decision-makers and influencers, it will become more obvious where to focus (see section below).

CHAMPIONS

The most successful champions express enthusiasm and confidence about the issue, know how to get the right people involved, and persist under adversity.

It is better to choose champions who are already considered influential opinion leaders. A champion who is also a decision-maker is a great asset. There is no substitute for an “insider”. That is someone who believes in your issue and can support it, suggesting ways to pitch, present and pass your proposed MAP through council meetings.

UNDERSTAND THE DECISION-MAKERS AND INFLUENCERS

To help you understand decision-makers and influencers, reflect on the following questions in the table below. They are adapted from the Ontario Chronic Disease Prevention Alliance’s Toolkit to Healthier Communities-Influencing Healthy Public Policies. It provides a useful worksheet to organize and document what you know about possible decision-makers (DM) and influencers (I).
Table 1: Questions for understanding decision-makers and influencers

<table>
<thead>
<tr>
<th>Question</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>What processes do they go through before making a decision (e.g., research studies, public hearings, consultations with certain individuals)?</td>
<td>DM</td>
</tr>
<tr>
<td>What decisions do they have the power to make?</td>
<td>DM</td>
</tr>
<tr>
<td>What relationship do they have with the community? Which local groups or factions have supported or opposed their decisions, and why?</td>
<td>DM, I</td>
</tr>
<tr>
<td>What actions or positions have they taken on similar issues in the past?</td>
<td>DM, I</td>
</tr>
<tr>
<td>Where do they stand on the issue and related matters involving alcohol distribution, retailing, pricing or control?</td>
<td>DM, I</td>
</tr>
<tr>
<td>What are the stated goals of their organization (e.g., in a strategic plan)?</td>
<td>DM, I</td>
</tr>
<tr>
<td>What do they stand to gain or lose from the passing of your suggested by-law?</td>
<td>DM, I</td>
</tr>
<tr>
<td>What persuasion or advocacy processes do they use or participate in (e.g., public demonstrations, relationship-building, media advocacy)?</td>
<td>I</td>
</tr>
<tr>
<td>What decisions do they influence?</td>
<td>I</td>
</tr>
</tbody>
</table>

Once you have listed your decision-makers and influencers, prioritize them based on who has the most power, their accessibility, who is the most approachable, etc. Start with people who are most sympathetic and supportive of your cause. Document the results of your research and prioritizing.

**Step 4: Assess readiness for MAP development**

Developing a MAP requires a significant investment of time and funding. The more prepared your stakeholder group is for a MAP, the more likely that the work will be successful. The right research and tools will help you to determine whether key stakeholders will be receptive to a MAP.

**COLLECT INFORMATION ABOUT STAKEHOLDERS**

Keep in mind that stakeholders may be at different stages of readiness. In developing a MAP, key community stakeholders include: 32
• municipal decision-makers
• enforcement officials (e.g., Alcohol and Gaming Commission of Ontario, police, security personnel)
• users of municipal facilities (e.g., sports, recreation and cultural organizations)
• health care services (e.g., Emergency Medical Services, hospitals)
• alcohol and addiction services

Politically, a municipality must be ready for MAP development—there are two ways to think about this. One, a community may be more or less ready for a specific MAP, for reasons such as public opinion or recent events. Also, a municipality may also be categorized by its readiness for policy change in general. 50

To collect information about readiness, you can conduct a survey or key informant interviews with community stakeholders, review local council and committee minutes, or review your local media. For instance, do media report on topics that could be factors to support or hinder MAP development? Communities can vary widely in their degree of openness or innovation with respect to a MAP.

POLICY READINESS TOOL

To assist in your research, it is a good idea to consult The Policy readiness tool: understanding a municipality’s readiness for policy change and strategies for taking action, developed by Nykiforuk et al. 53

This tool can help determine how ready a municipality is for new regulations such as a MAP. It helps inform the type and intensity of approach needed for change, depending on the broad categories of innovators, majority and late adopters. 53

This is just one of many sources of information for determining community readiness. 53 Consider all factors together when drawing conclusions about readiness for MAP development. If your assessment indicates political readiness to work on MAP development, your findings will be useful when you focus on developing an action plan for the MAP.

Step 5: Develop an action plan for the MAP

At this point, you should have a solid understanding of your issue (Step 1) and the evidence that supports developing a MAP as a solution (Step 2). You should also understand who you need to influence and engage to advance the process (Step 3) and the state of readiness of community stakeholders to support your MAP option (Step 4).

If you are missing any of these pieces, loop back and revisit some earlier steps. If you feel these areas are well covered, then mobilize support beyond your organization.

This step outlines tactics and strategies around three main activities: 31

• building support for your MAP
• developing an action plan
• identifying roles, responsibilities, timelines and resources
BUILD SUPPORT FOR A MAP

Start by leveraging the active endorsement of decision-makers and key influencers identified in Step 3. This will include: reaching out to community stakeholders to convey knowledge about alcohol-related problems in the community; presenting the MAP as part of the solution; and exploring potential alignments between their work/mandate and MAP development.

The way you frame the MAP will be important for gaining popular support, and may vary depending on your stakeholder group and identified decision-makers and influencers.

For instance, it may be beneficial to frame your MAP as a public health and safety-oriented approach, which speaks to the concerns and needs of everyone in the community. Or, you may want to frame the MAP as a way to manage risk and mitigate municipal liability. Regardless, position a MAP as something that solves problems and improves the quality of life in the community.

To build support for your MAP, here are some suggested strategies:

- build a coalition—a group of supportive community stakeholders—that works as a collective to encourage decision-makers to adopt the MAP. The Bylaw Development Primer from Public Health Ontario offers helpful tips and resources for coalition-building.
- write a briefing note (1-2 pages) that makes the case for a MAP as a solution to community-related alcohol problems. Highlight the evidence that supports this solution. The Canadian Best Practices Portal provides a useful briefing note template.
- host a local-level “think tank” or discussion about community-level alcohol problems and the benefits of a MAP as a potential solution.
- request a 15-minute meeting with an existing committee or partnership to discuss the problem and the benefits of a MAP.
- use social media (i.e., Facebook, Twitter or a listserv) to start an on-line dialogue about the importance of MAPs. Extend it to community stakeholders.
- work with stakeholders in developing timelines. Recognize that they may have their own internal processes for approval that need to be met as the MAP process unfolds.

DEVELOP AN ACTION PLAN

Each community will likely have unique dynamics that will influence the content and flow of their action plan. The following guidelines are a way forward. They draw on a review of the literature on recommended actions for existing MAPs, and in part on experience of those who have implemented MAPs (in Ontario and other provinces such as British Columbia and Nova Scotia). The action plan will include multiple stages. As you move through them, identify who does what, why and when.

1. Review goals and objectives identified in Step 1. Prioritize them based on three criteria: importance to overall success; resources required to implement; sequencing of activities.
2. Conduct a brief community scan to see how current or emerging local activities on alcohol issues, or municipal council agenda, might affect the above (especially sequencing).
3. Review local support for the MAP and available resources, and assess that impact on achieving goals and objectives.
4. For each objective, develop a detailed plan of action steps required to achieve the desired outcome.
5. Estimate the resources needed and identify how and where to obtain them.
6. Determine which strategies and tools you need for achieving each objective: awareness, education, skill-building, environmental support, policy development.
7. Drawing on local support and interest, determine who can provide the expertise to support the necessary strategies and tools.
8. Revise the action plan, taking into account the conclusions from numbers five and six. Provide a short preamble and circulate the draft plan to key stakeholders and supporters.

As you move forward, the reality of implementation may vary from the plan. Track these differences.

IDENTIFY ROLES, RESPONSIBILITIES, TIMELINES AND RESOURCES

As you define roles, timelines and document resources within an action plan, keep in mind the scope of the initiative. A MAP can be a lengthy and resource-intensive process, spanning several months to years. The availability of resources may change over the course of developing, revising, implementing and evaluating the MAP. This can range from changes in funding, to the election of new city officials, to staff turnover.

Roles: At a minimum, there are four main roles: information/evaluation specialist; community organizer; MAP policy developer; and lead advocate/facilitator. One person might have more than one role. The roles were proposed, in light of experience, as a minimum and do not constitute a comprehensive list. They are based on the steps of building a MAP and the minimum necessary expertise.

For these and any others that you identify, create a short description of the role and responsibilities. Indicate the main functions and activities, who the person is expected to interact with and report to, and projected milestones.

Timelines: The detailed action plan could use a spreadsheet format, listing the key objectives along one column and key roles along the top. In the cells, add details about how each person is expected to contribute to achieving the objectives.

When developing timelines, pay attention to sequencing, as initiating some steps depends on completing others.

Resources: Note several types exist, i.e. in-kind contributions of materials, facilities, promotional efforts or personnel; core funding; and special funding. Link the resources to the detailed action plan. An additional column on the spreadsheet could indicate the projected resources to achieve each objective.

Step 6: Implement the action plan

The local coalition/committee working on the MAP project may not do the actual drafting. It is appropriate to seek input from several groups/sectors, e.g., legal, risk management and/or liability experts, insurance expertise, and others affiliated with the municipality.

The local committee should obtain copies of MAPs in other Ontario jurisdictions that have been successfully implemented. PHO conducted a scan of MAPs in Ontario; you can find information on the
In addition, we encourage committees to consult with their municipal decision makers to obtain advice on how to overcome challenges.

**CONSULT COMMUNITY STAKEHOLDERS**

The local committee should also consult with community stakeholders while preparing a draft. This consultation will provide insightful feedback on the content, and encourage buy-in and support as the MAP is implemented and enforced. When developing a MAP, key community stakeholders include (based in part on the list in Step 4):

- municipal decision-makers
- enforcement officials (e.g., Alcohol and Gaming Commission of Ontario, police, security personnel)
- users of municipal facilities (e.g., sports, recreation and cultural organizations)
- health care services (e.g., Emergency Medical Services, hospitals)
- alcohol and addiction services

It may not be feasible to consult with all groups. However, at minimum, consult stakeholders from municipal government, law enforcement, users of the facility and health care sectors.

**Step 7: Facilitate the adoption and implementation of the MAP**

Implementation, like evaluation, is often positioned as a late stage in the process. It is important to consider elements of implementation earlier, e.g., as part of the discussion when securing support among decision-makers, and certainly as the MAP is being written. This will help to garner support and facilitate uptake of the MAP.

**PROCEDURES FOR APPROVAL**

There are many possible activities to facilitate the adoption of a MAP. They will vary depending on your policy components and your municipality’s governance structure. Possible steps:

- Make a deputation to a municipal council.
- Build a relationship with a municipal clerk. This person keeps the records related to municipal administration and municipality procedural requirements such as member voting, decisions and proceedings.
- Work with the municipality to create and adopt a bylaw to enforce the MAP. For information about the bylaw development process, please refer to the PHO By-Law Development Primer.

It is important to know the procedural requirements for your municipality. Specific steps for the approval process may vary between jurisdictions. Key questions to consider include:
• How and when should members of a council review a draft of a MAP?
• What is the process for notifying the public about a proposed MAP?
• Is a public meeting required as part of the approval?
• Should there be second and third readings of the MAP at municipal council prior to enactment?

DEVELOP A COMMUNICATIONS PLAN

Once the MAP has been adopted, having a communication plan can help you to:

• educate people about the existence of the MAP and its purpose;
• inform people about how to comply with the MAP, and consequences for non-compliance; and
• convey key messages about the importance of the MAP.

Depending on the resources available and an estimate of the potential impact, consider a range of communication vehicles and use more than one. You can refer to PHO’s *Health Communication Workbook* when developing your communication plan. Here is a short list of communication tools:

• posters/announcement at municipal sites
• newspaper, television or radio stories
• social media
• announcements or community meetings via events organized by stakeholder groups
• webinar or townhall meeting in connection with the MAP launch
• presentations/deputations to specific groups, such as law enforcement, council.

Step 8: Monitor and evaluate the MAP

Monitoring and evaluation activities are an important part of any health promotion approach. MAP development is no exception. The purpose of this step is to ensure that the MAP is: 1) implemented as intended; and 2) having the desired impact on the problem(s) it was designed to address. Although this is the last step in the model presented, consider monitoring and evaluation activities throughout the process of developing a MAP.

MONITORING SYSTEMS AND EVALUATION CONSIDERATIONS

The public sector uses monitoring systems widely, as they are designed to track selected indicators at regular intervals. These systems cannot replace evaluation. Still, they provide information to managers and policy-makers in an effort to: improve decision-making; provide data to use in an evaluation; highlight when an evaluation should occur; and provide accountability to a range of stakeholders.

Evaluations are often conducted for accountability purposes. However, they also provide a learning opportunity, helping to highlight successes and identify possible challenges. In the evaluation, aim to answer a few overarching questions:

• Are there foreseeable developments that may affect the policy?
• Is the policy being implemented as intended?
• If the policy was not as effective as anticipated, why not?
• Is the situation better than before the policy was implemented?

For a detailed description of the steps involved in the evaluation process, see PHO’s *At a Glance: Ten steps for conducting an evaluation.* Briefly, the steps to planning and implementing a successful evaluation include:

1. Clarify what is to be evaluated and the evaluation design
2. Engage stakeholders
3. Assess resources
4. Determine your evaluation questions
5. Determine appropriate methods of measurement and procedures
6. Develop an evaluation plan
7. Collect the necessary data
8. Process the data and analyze the results
9. Interpret and disseminate the results
10. Apply the evaluation findings

**PROCESS AND OUTCOME INDICATORS**

MAP evaluations should focus on two broad aspects. Process evaluations assess how the MAP was implemented, while outcome evaluations look at the impacts of the MAP. Both types use indicators that are specific measurements of success. They help answer evaluation questions and assess the degree to which objectives have been achieved. Collect both quantitative and qualitative indicator data in an attempt to answer evaluation questions.

Examples of process indicators for MAP implementation:

- number of staff hours expended
- number of educational materials developed and disseminated
- number of signs installed within municipal facilities
- participant satisfaction with training about MAP implementation

Examples of outcomes indicators:

- rates of compliance with the MAP
- per cent of community residents aware of the MAP
- number or percentage change in alcohol-related violent crime at municipally-run facilities
- number or percentage change in alcohol-related property damage at municipally-run facilities

**COMMUNICATE AND ACT ON YOUR RESULTS**

Evaluation results should be acted upon. At a minimum, communicate the information to stakeholders. Those more involved in implementation should use the results to strengthen it and improve future MAP development efforts.
For a more detailed discussion of interpreting, communicating and applying evaluation results, see Steps 9-10 of the PHO’s *At A Glance: The ten steps for conducting an evaluation*.\(^5^7\)

Public Health Ontario provides a variety of resources and expertise to enable municipal alcohol policies and planning and implementation of alcohol-related interventions. Feel free to complete our [Online Service Request Form](#) or email us at: [hpcb@oahpp.ca](mailto:hpcb@oahpp.ca).
Section 4: Conclusion
Section 4: Conclusion

By creating an environment supportive of health, MAPs make socially-responsible alcohol consumption the easy choice. Effective MAPs reinforce and complement existing provincial and federal alcohol policies, which can increase the potential for reducing alcohol-related harm.\textsuperscript{12,16,43}

Once MAPs are in place, they are likely to endure. However, the impact of changes such as: the control of the retail system; locations where alcohol may be sold and consumed; drinking and driving laws; products such as Palcohol or alcohol vaporizers; or drinking trends may require changing the existing MAP.

The eight stages of MAP development are usually an iterative process rather than a linear one. As alcohol consumption, the alcohol retail system and the political landscape all evolve, consider how you might need to update a MAP or revisit earlier steps.

Whether a MAP is new or revised, its development is a valuable health promotion strategy, and part of addressing an important public health issue.
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