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Making the Case:

Tools for Supporting Local Alcohol Policy in Ontario

Produced by CAMH Health Promotion Resource Centre
and Public Health Ontario

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Centre de toxicomanie et de santé mentale

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The CAMH Health Promotion Resource Centre provides system support, capacity building and access to evidence-based resources to inform programming and policy for Ontario health promotion and public health audiences related to: substance misuse, mental health promotion and tobacco. The CAMH Health Promotion Resource Centre is situated in the Health Promotion and Prevention Team, Provincial System Support Program at the Centre for Addiction and Mental Health. **The Centre for Addiction and Mental Health** (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the areas of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues. For more information, visit *www.camh.ca*.

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- Communicable and infectious diseases
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- Health promotion, chronic disease and injury prevention
- Public health laboratory services

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Introduction

Alcohol-related harms are often experienced at a local level, directly affecting communities, roadways and neighbourhoods. Local alcohol policies can be an important and effective way to promote moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities (Government of British Columbia, 2012). Babor et al. (2010) describe alcohol policy as purposeful efforts or decisions to minimize and/or prevent alcohol-related harms. Policies can include implementing specific strategies, supporting priorities or allocating resources based on need (Babor et al., 2010). Further, local alcohol policy is most effective when it is aligned with provincial and national alcohol strategies and guided by provincial legislation.

The purpose of this resource is to:

- foster awareness about, and underscore the need for local action on alcohol-related harms, and
- support the development and implementation of local alcohol policies within communities across Ontario.

This resource is produced by the Centre for Addiction and Mental Health (CAMH) Health Promotion Resource Centre and Public Health Ontario (PHO). It is designed for Healthy Communities Partnerships and other public health stakeholders in Ontario, particularly those new to the field of alcohol policy.

This resource includes three tools. The tools are supported by information on the Ontario context including key facts about the burden of alcohol and the current public health landscape. The tools include:

1. *Alcohol Policy Approaches Table*. This tool includes dozens of local policy action examples mapped to the seven internationally recommended policy approaches (Babor et al., 2010) and strategies that can be used to address them (Giesbrecht et al., 2011). These are displayed in a user-friendly table found on pages 10-11.
2. *Local Action Tables*. The second tool is displayed in seven tables, one for each of the internationally recommended policy approaches. This tool maps each of the local policy actions from the first tool against the areas of action recommended by the National Alcohol Strategy (National Alcohol Strategy Working Group, 2007), the Ontario Public Health Standards (2008), and who might lead the effort to implement the local action. These tables are on pages 13-20.
3. *Resource Inventory*. This annotated collection of journal articles, reports, toolkits and guides shows places to get further information about taking policy action to reduce alcohol-related harms. The inventory can be found on pages 21-37.

The current landscape

There is enough substantive evidence about the burden of alcohol on chronic diseases, injuries, substance misuse and reproductive health to justify making controls on alcohol a high priority at the Board of Health level and among applicable public health groups. Some of this evidence is presented below.

The burden of alcohol: Key facts

In 2010, alcohol use was one of the three leading risk factors for global disease burden. It accounted for 5.5 per cent of global Disability Adjusted Life Years - DALYs (Lim et al., 2012). The others were high blood pressure (7.0 per cent of DALYs) and tobacco smoking including second-hand smoke (6.3 per cent of DALYs). In Canada, alcohol consumption ranks second behind only tobacco use as an etiologic risk factor in the World Health Organization (WHO) burden of disease studies (World Health Organization, 2009; Giesbrecht et al., 2011).

ALCOHOL CONSUMPTION IN ONTARIO

- Recent research suggests that the proportion of adults consuming alcohol has stayed relatively constant between 1998 and 2011, with about eight out of ten adults consuming alcohol (77 per cent to 82 per cent) (Ialomiteanu et al., 2012).
- Recently, there has been a recorded increase in daily drinking from 5.3 per cent in 2002 to 8.6 per cent in 2011 (Ialomiteanu et al., 2012).
- The average number of drinks consumed weekly has also increased up to 4.7 in 2011 (Ialomiteanu et al., 2012).
- About 17.8 per cent of drinkers engaged in hazardous or harmful drinking (drinking that could increase physical and mental health problems) in 2011 – a concerning increase from past years (Ialomiteanu et al., 2012).
- 2011 binge drinking levels (defined as consuming five or more drinks on a single weekly occasion) remain at the concerning level of 9.1 per cent (Ialomiteanu et al., 2012).

ALCOHOL-RELATED HARMS

- High levels of alcohol consumption have been shown to decrease life expectancy by about two years. These individuals are at 1.2 times greater risk of death than those who do not consume alcohol at these high levels (Manuel et al., 2012).
- Ontarians avoiding unhealthy alcohol use have been shown to increase their life expectancy by up to three years; a potential 12.8 per cent reduction in deaths if alcohol as a risk factor was eliminated (Manuel et al., 2012).
- Alcohol is carcinogenic to humans for some cancers including cancers of the oral cavity, pharynx, larynx, esophagus, colon, rectum, liver and female breast (Baan et al., 2007).
- Regular moderate to heavy alcohol consumption has been causally associated with Type 2 diabetes, adverse cardiovascular outcomes and cardiovascular disease (Cancer Care Ontario; Ontario Agency of Health Protection and Promotion, 2012).
- Other chronic conditions resulting from heavy alcohol consumption include cirrhosis of the liver, fetal alcohol spectrum disorder and fetal alcohol syndrome. Negative acute events associated with alcohol use include crime, family abuse, motor vehicle crashes, and non-intentional and intentional injuries (National Alcohol Strategy Working Group, 2007).

THE COSTS ATTRIBUTED TO ALCOHOL

- Based on 2002 data, the estimated annual cost in Canada for health care directly related to alcohol consumption was $3.3 billion; the total direct and indirect cost was $14.6 billion, compared with $17 billion related to tobacco and $8.2 billion related to illicit drugs (Rehm et al., 2006).
- In Ontario, these estimates translate to approximately $460 per capita (Rehm et al., 2006).

The public health response

INTERNATIONAL

In 2002, the World Health Organization (WHO) identified alcohol as a leading risk factor for chronic disease. They responded to this in 2010 by releasing a *Global Alcohol Strategy*. This strategy includes recommendations about pricing, physical availability of alcohol, drinking and driving, brief interventions and other universal and targeted interventions (World Health Organization, 2010).

CANADA

In 2007, a *Framework for a Canadian National Alcohol Strategy (NAS)* was released through the National Alcohol Strategy Working Group with secretariat and leadership support provided by the Canadian Centre on Substance Abuse (National Alcohol Strategy Working Group, 2007). This framework outlines 41 recommendations to reduce alcohol-related harm and proposes renewed effort in health promotion, prevention, treatment and enforcement.

The NAS outlines four strategic areas for action (National Alcohol Strategy Working Group, 2007):

1. Health promotion, prevention and education to raise public awareness about responsible alcohol use, and enhance the capacity of individuals and communities to participate in a culture of moderation
2. Measure health impact and improve access to treatment to address the contribution of alcohol consumption to injury and chronic disease and reduce its negative health impacts
3. Implement and enforce effective measures that control alcohol availability
4. Work towards safer communities to minimize harms related to intoxication

ONTARIO

Boards of Health throughout Ontario are responsible for implementing *the Ontario Public Health Standards* (OPHS) – legislative requirements for fundamental public health programs and services (Ontario Ministry of Health and Long-Term Care, 2008). These standards include initiatives under the domains of assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. References to alcohol policy and related programming can be found throughout the OPHS, most notably in the following two Program Standards (Ontario Ministry of Health and Long-Term Care, 2008):

1. Chronic Diseases and Injuries Program Standards which include:
    a. Chronic disease prevention with the aim to reduce the burden of preventable chronic diseases of public health importance, and;
    b. Prevention of injury and substance misuse with the aim to reduce the frequency, severity, and impact of preventable injury and of substance misuse.
2. Family Health Program Standards which include:
    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 be prepared for parenthood; and
    b. Child health with the aim to enable all children to attain and sustain optimal health and developmental potential.

Other public health agencies also have active roles to play, including building support and raising awareness of alcohol-related harms within and outside of public health circles. Such agencies may include non-governmental organizations specific to alcohol-related risk factors, along with public health alliances and local networks.

ALCOHOL: No Ordinary Commodity is an annual forum that has been held since 2003. Each year, participants meet to build on the recommendations of alcohol policy experts and practitioners. These annual events provide a venue for discussion and debate and have contributed to a groundswell of action on alcohol policy issues throughout Ontario. Some of the recommendations generated from these events in the last several years include:

- The province of Ontario should establish an alcohol strategy: Based on the high financial, health and social costs associated with alcohol, the province of Ontario should consider creating, implementing, supporting and evaluating a strong alcohol strategy.
- Work can be done locally to build momentum toward an alcohol strategy: Local initiatives may include developing regional alcohol management strategies, creating and/or updating municipal alcohol policies, pressing for strong regulatory controls on alcohol, actively supporting alcohol-related health resolutions, and implementing proven interventions such as the Safer Bars Program (Centre for Addiction and Mental Health, 2012) and evaluated road safety initiatives.
- Alcohol controls should not be further eroded: Medical Officers of Health may be engaged as community champions to the provincial Medical Officer of Health, Members of Provincial Parliament and other influential community members to ensure alcohol controls are maintained.
- A formal alcohol-specific organizing body should exist: This body should coordinate, mobilize, advocate and respond to alcohol policy issues, specifically from a public health perspective.

(Ontario Health Promotion E-Bulletin, 2012)

Approach to tool development

The *Alcohol Policy Approaches Table* and the *Local Action Tables* were based on three key sources:

- Thomas Babor and colleagues' 2010 seminal text *Alcohol: No Ordinary Commodity—Research and Public Policy, 2nd ed.* is a World Health Organization publication based on a critical review of the scientific evidence in seven general areas of alcohol policy.
- *Helping Municipal Governments Reduce Alcohol-Related Harms* (2012) is designed to support municipal governments and local stakeholders with information, advice and tools about implementing effective strategies. This Report is produced by the Centre for Addictions research British Columbia (CARBC), which is an internationally recognized centre dedicated to the study of psychoactive substance use in order to support community-wide efforts to promote health and reduce harm.
- The 2007 *Framework for a Canadian National Alcohol Strategy (NAS)* was released through the National Alcohol Strategy Working Group with secretariat and leadership support provided by the Canadian Centre on Substance Abuse (National Alcohol Strategy Working Group, 2007). This document summarizes the results of extensive, multi-sectoral, cross-Canada consultations.

The *Resource Inventory* includes further information and tools about developing alcohol policy. It was generated through a targeted literature search that reviewed print and online sources in consultation with subject matter experts in the field of alcohol policy.

In July 2012, earlier versions of the tools in this resource were released by the CAMH Health Promotion Resource Centre and PHO and circulated as a consultation document (CAMH Health Promotion Resource Centre, PHO, 2012). Consultations with leading Ontario substance misuse groups and public health stakeholders (see acknowledgement page) were held in October 2012 and March 2013 to obtain feedback about usability and gaps, additional tools, resources or publications to be included, and to identify additional examples of innovative local alcohol policy actions. The current resource incorporates changes to the draft tools based on this input.

Alcohol policy approaches

Babor et al. (2010) suggest that alcohol consumption and harms can be reduced through seven primary approaches. These are shown in the table below with the theoretical assumptions that underlie each approach.

Theoretical Assumptions Underlying Seven Broad Approaches of Alcohol Policy

Policy Approach	Theoretical Assumption
1. Regulating physical availability of alcohol	Reducing supply by restricting physical availability will increase effort to obtain alcohol and thereby reduce total volume consumed and alcohol-related problems
2. Controlling affordability (alcohol taxes and other price controls)	Increasing the economic cost of alcohol (i.e., the price to the consumer) relative to alternative commodities will reduce demand
3. Placing restrictions on marketing	Reducing exposure to marketing, which normalizes drinking and links it with social aspirations, will slow recruitment of drinkers and reduce heavier drinking by young persons
4. Developing drinking and driving prevention and countermeasures	Deterrence, punishment and social pressure will reduce drinking and driving
5. Modifying the drinking context	Creating environmental and social constraints will limit alcohol consumption and reduce alcohol-related violence
6. Developing education and persuasion strategies	Health information that increases knowledge and changes attitudes will prevent drinking problems
7. Providing treatment and early intervention services	Alcohol dependence will be prevented by motivating heavy drinkers to drink moderately; various therapeutic interventions will increase abstinence among persons who have developed a dependence on alcohol

SOURCE: BABOR ET AL., 2010, PAGE 107

Three levels of alcohol policy

The *Alcohol Policy Approaches Table* (pages 10-11) was built on the seven approaches identified by Babor et al. (2010) and is consistent with recommendations made in recent provincial and national public health reports (see *Resource Inventory* at the end of this document for further details). The focus of this table is on local policy, though local policy is often intertwined with the roles and responsibilities of provincial and federal government.

Please note that although research evidence is an important component of policy development, policies must be chosen and implemented so that they complement many other social, cultural and political factors (Lim et al., 2012). Before a local policy is pursued, it should be examined in terms of scope of impact, feasibility, cost to implement, political or public readiness, and other local criterion.

The table shows three levels: approaches to alcohol policy that are internationally recommended; strategy examples; and local policy action examples.

Level 1: Approaches to Alcohol Policy that are Internationally Recommended

Policy approaches found in Table 1 and recommended by Babor et al. (2010) have been further organized into two tiers by Giesbrecht et al. (2011).

TIER 1: Population-Level Interventions

1. Regulating physical availability of alcohol, including maintaining alcohol control systems.
2. Controlling affordability through pricing and taxation.
3. Placing restrictions on marketing, advertising and sponsorship.

TIER 2: Focused Policies and Interventions

4. Developing drinking and driving prevention and countermeasures
5. Modifying the drinking context
6. Developing education and persuasion strategies
7. Providing treatment, screening, early brief intervention and referral services

The first tier focuses on reducing population-level damage from alcohol and reducing high-risk drinking in the future (Giesbrecht et al., 2011). The second tier is oriented to specific drinking situations, risk behaviours, contexts or sectors of the population (Giesbrecht et al., 2011).

Level 2: Examples of Alcohol Policy Strategies

Table 1 includes strategies to help municipalities minimize harms related to alcohol. The examples were drawn primarily from Babor et al. (2010) and the Centre for Addictions Research of BC (CARBC) (2012). The CARBC resource *Helping Municipal Governments Reduce Alcohol-Related Harms* is designed with a British Columbia audience in mind, but provides a clear model for other jurisdictions to follow.

Level 3: Examples of Local Alcohol Policy Actions

The third level includes selected local alcohol policy-related actions. Grounding them within the seven policy approaches ensures that initiatives are informed by the strongest evidence available. These examples are adapted primarily from the CARBC resource, *Helping Municipal Governments Reduce Alcohol-Related Harms* (2012). Also included were 23 of the most locally relevant recommendations from the National Alcohol Strategy.

Some of the policy approaches identified in Table 1 fall under the jurisdiction of other levels of government. For example, the sale and service of alcohol is primarily controlled by the government of Ontario through the Liquor Licence Act (Government of Ontario, 2011a) and the Liquor Control Act (Government of Ontario, 2011b). This means that this particular approach (addressing alcohol affordability through pricing and taxation) may fall outside of the local policy realm.

To identify unintended potential health impacts (both positive and negative) of a policy on vulnerable or marginalized groups, use a health equity lens such as the Health Equity Impact Assessment (HEIA) (Ministry of Health and Long-Term Care, 2011).

However, there are many ways that municipalities and local stakeholders can take action on approaches such as this. For example, Toronto Public Health recently put forth recommendations to mobilize collective action in the staff report: *Action on Alcohol Policy*. This report "proposes action at a municipal level, including updating the City's municipal alcohol policy and establishing indicators to measure and monitor alcohol-related harms" (City of Toronto, 2011).

Municipalities, public health staff and other local stakeholders, such as non-governmental organizations and colleges and universities can also demonstrate leadership by raising community awareness, appealing to other levels of government and engaging in supportive initiatives. Further to that, community-based collaborations can assist in changing the culture of alcohol use by working in alignment with provincial, national and international strategies (Nova Scotia Department of Health and Wellness, 2011).

TABLE 1: Alcohol Policy Approaches ■ TIER 1 – Population-Level Interventions ■ TIER 2 – Focused Policies And Interventions

LEVEL 1: Internationally recommended approach	**POLICY APPROACH 1:** Regulating physical availability of alcohol	**POLICY APPROACH 2:** Controlling affordability
LEVEL 2: Alcohol policy strategy examples	• Limit alcohol density. • Confine hours of service. • Limit alcohol-allowed public events.	• Appeal to provincial government. • Appeal to federal government.
LEVEL 3: Local alcohol policy action examples	a) Strengthen local zoning regulations to avoid density and congestion. b) Evaluate license applications based on potential community impact (i.e., size of venue, number of patrons). c) Evaluate licence application process considering health and safety decisions. d) Provide resolutions to provincial government on alcohol availability concerns. e) Offer alcohol-free entertainment, recreation and social events. f) Conduct impact study for all pending decisions and new applications. g) Maintain 2:00 a.m. venue closures and consider earlier weekday closures. h) Introduce municipal alcohol policy. i) Conduct research to specify magnitude and nature of third-party supply of alcohol in Canada (e.g., supply of alcohol outside legal distribution system and in jurisdictions where alcohol is banned). j) Evaluate outcomes of trial alcohol-control measures in remote communities (particularly the three territories), including total bans, limitations on importing alcohol into the community and severely restrictive selling practices. k) Discourage introduction or expansion of U-Brew and U-Vin industries. Where these industries exist, make licensing contingent upon matching socially referenced price for beverage alcohol in that jurisdiction.	a) Work with communities and government to impose minimum pricing laws, mark-ups and discounting violations. b) Index alcohol prices to cost of living. Keep at or above consumer price. c) Educate political system to maintain alcohol monopoly and high taxation of alcohol sales. d) Work with government to introduce incentives for lower-strength alcohol and disincentives for higher-strength alcohol. e) Direct revenues from alcohol to fund alcohol research and evidence-based programming. f) Collaborate with liquor control boards (LCBO) to ensure alcohol cost and availability in high-risk communities are managed in socially responsible manner. g) Move toward alcohol volumetric pricing (based on volume of ethyl alcohol in alcohol products) within each beverage class. h) Create incentives, through tax or price adjustments, to promote production and marketing of lower-alcohol-content beer and coolers, with overall goal of reducing volume of absolute alcohol consumed per capita.

POLICY APPROACH 3:
Placing restrictions on marketing

- Pursue local regulations.
- Support counter-advertising.
- Appeal for healthier alcohol advertising policies and practices.

a) Strengthen local restrictions on alcohol advertising (e.g., impose constraints on number, location, size, content).

b) Apply sponsorship restrictions to civic events.

c) Discourage venues from advertising and conducting "happy hour" sales.

d) Use various communication tools to counter-advertise and provide health messaging.

e) File advertising concerns and complaints to Advertising Standards Canada, Alcohol and Gaming Commission of Ontario (AGCO), Canadian Radio-television and Telecommunications Commission (CRTC) and advocate new standards.

f) Mobilize communities to build support for healthier alcohol advertising practices.

g) Review existing advertising regulatory systems with view to updating standards, especially as they pertain to youth, as well as the mechanisms of receiving and responding to consumer complaints about alcohol advertising.

POLICY APPROACH 4:
Developing drinking and driving prevention and countermeasures

- Enhance enforcement.
- Shape public attitudes.

a) Increase enforcement activities (i.e., patrols, sobriety checkpoints).

b) Educate public on legislation, penalties, fines, etc.

c) Advocate lower BAC levels.

d) Plan and promote safe transport to and from venues.

e) Encourage screening, brief interventions and remedial skill support for people with impaired driving charges.

f) Promote media campaigns challenging norms of impaired driving.

g) Support random breath testing legislation.

h) Mobilize venues to teach staff the danger and unacceptability of drunk driving.

i) Reinvigorate enforcement around drinking and driving.

j) Endorse and support the Strategy to Reduce Impaired Driving 2010.

k) Pursue approaches that focus on high-risk or alcohol-dependent drivers (i.e., with BACs of 0.15% or higher) to better deter and rehabilitate repeat offenders

These would include:

- technology-based solutions (e.g. ignition interlock systems)
- education and public awareness initiatives
- improved assessment protocols
- improved treatment and rehabilitation, drawing on harm reduction and medical models to better address the concurrent issues of chronic alcohol misuse and possible cognitive impairments

POLICY APPROACH 5:
Modifying the drinking context

- Regulate special events.
- Improve conditions on premises.

a) Regulate, manage and evaluate public special occasion events through by-laws and MAPs.

b) Enact responsible beverage service training and in-house policies following CAMH's Safer Bars Program.

c) Implement server training programs as pre-condition for receiving and/or renewing licenses. Programs should include regular recertification of servers, ongoing enforcement compliance checks and periodic evaluations to sustain and improve impacts over time. Training and compliance checks should occur more often for establishments with history of service-related problems.

d) Present legal liability of licensed venue owners.

e) Strengthen community support for local policy and apply pressure to venues and local government.

f) Enact design standards (e.g., lighting, cameras, low-congestion areas) within local establishments.

g) Give inspectors and police data on problem areas and assist with targeted policing and proactive policing initiatives.

POLICY APPROACH 6:
Developing education and persuasion strategies

- Drive media-based initiatives.
- Build support for comprehensive, coordinated, health-oriented strategies and policies.

a) Promote Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs) to encourage a culture of moderation, and aim for consistency and clarity of alcohol-related health and safety messages.

b) Educate the public on alcohol use dangers, consequences, norms, myths and misunderstandings.

c) Challenge the norms of alcohol use and misuse with media campaigns.

d) Introduce a regional alcohol management strategy.

e) Educate political systems about evidence of damage and costs from alcohol.

f) Enhance role of public health professionals in alcohol policy deliberations.

g) Educate political systems and the general public around connections between alcohol consumption and chronic diseases.

h) Develop a comprehensive, sustained, coordinated social marketing campaign with multi-sectoral partners to promote Canada's LRDGs. This would include building on existing social marketing campaigns, such as those targeting drinking and driving and high-risk drinking patterns.

i) Support and fund local communities to develop and implement community-wide health promotion initiatives that emphasize Canada's LRDGs, and prevent and reduce alcohol-related harm.

j) With regard to underage youth, develop and evaluate policies and programs that are appropriate to youth stages of development and that promote: abstinence as a valid goal for everyone; adherence to Canada's LRDGs and avoidance of high-risk drinking for those who choose not to abstain from alcohol.

k) With regard to young adults, through a national collaborative initiative, develop and evaluate policies and programs in schools, colleges and universities.

l) Implement workplace alcohol policy for civic officials and staff.

m) Encourage local businesses and industries to adopt comparable policies.

n) Encourage local colleges and universities to adopt comparable policies.

o) Ensure alcohol is consistently included in policies and programs focused on chronic disease.

p) Strengthen drug and alcohol curriculum in undergraduate, post-graduate and continuing professional development programs.

q) Collect data on alcohol-related health impacts and treatment outcomes specific to First Nations, Inuit and Métis, using appropriate research ethics (including ownership, control, access and possession principles). These data should be comparable to those collected for the general Canadian population.

r) Amend or develop policies and programs that incorporate evidence-based solutions that reduce alcohol-related harm in colleges and universities.

s) Partner with community groups to develop municipal alcohol policies and programs that address local issues.

t) Develop a public awareness campaign to raise awareness about alcohol liability.

POLICY APPROACH 7:
Providing treatment and brief intervention services

- Improve services.
- Appeal to provincial and/or federal government.

a) Work closely with local addiction centres to establish effective referral system within municipalities.

b) Increase promotion of online brief intervention services.

c) Promote adoption and uptake of new Canadian Screening Brief Intervention and Referral Tool.

d) Improve access to addiction services in isolated, rural and remote regions and for vulnerable populations.

e) Evaluate treatment programs to determine promising practices and disseminate findings.

f) Disseminate fetal alcohol spectrum disorder (FASD) screening and diagnostic tools and promote their use by family physicians, pediatricians and other health professionals.

Local action tables

The following seven *Local Action Tables* (pages 13-20) complement Table 1 above by providing more information to help public health, municipal staff, alcohol misuse networks and other local stakeholders make the case for local action, prioritize efforts, facilitate local discussion, and choose and implement appropriate initiatives. Like the *Alcohol policy approaches table*, they include examples rather than a complete list.

The tables show all of the policy actions positioned within the seven policy approaches (Babor et al., 2010) and linked to the National Alcohol Strategy (National Alcohol Strategy Working Group, 2007) areas, (Ministry of Health and Long-Term Care, 2008) and suggested local leads. More specifically, the tables show how each local action is aligned with the following:

1. National Alcohol Strategy areas including:
   - health promotion, prevention and education
   - health impacts and treatment
   - availability of alcohol
   - safer communities
2. Ontario Public Health Standards including:
   - chronic disease prevention
   - prevention of injury and substance misuse
   - reproductive health
   - child health
3. Possible local leads including:
   - public health units,
   - municipality/local government
   - local advocacy network

The designated lead/s are suggestions only. The actual leads chosen should depend on local context, relationships, and mandates. Also some communities may identify other suitable leads (police/enforcement officials) that are not listed here.

LOCAL ACTION TABLE 2A Approach 1: Regulating the Physical Availability of Alcohol	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Strengthen local zoning regulations to avoid density and congestion.			X	X	X	X				X	
b) Evaluate licence applications based on potential community impact (i.e. size of venue, number of patrons).				X	X	X				X	
c) Evaluate licence application process considering health and safety decisions.				X	X	X				X	
d) Provide resolutions to the provincial government on alcohol availability concerns.			X		X	X			X		X
e) Offer alcohol-free entertainment, recreation, and social events.			X	X	X	X				X	
f) Conduct impact study for all pending decisions and new applications.			X	X	X	X				X	
g) Maintain 2:00 a.m. venue closures and consider earlier weekday closures.			X	X	X	X				X	
h) Introduce municipal alcohol policy.			X	X	X	X			X	X	
i) Conduct research to specify magnitude and nature of third-party supply of alcohol in Canada (e.g. supply of alcohol outside legal distribution system and in jurisdictions where alcohol is banned.			X		X	X				X	
j) Evaluate outcomes of trial alcohol-control measures in remote communities (particularly the three territories), including total bans, limitations on importing alcohol into the community and severely restrictive selling practices.			X		X	X			X	X	
k) Discourage the introduction and expansion of U-Brew and U-Vin industries. Where these industries currently exist, make licensing contingent upon matching the socially referenced price for beverage alcohol in that jurisdiction.			X		X	X			X	X	

LOCAL ACTION TABLE 2B Approach 2: Controlling Affordability	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Work with communities and government to impose minimum pricing laws, mark-ups and discounting violations.			X		X	X			X	X	
b) Index alcohol prices to cost of living. Keep at or above consumer price.			X		X	X			X	X	
c) Educate political system to maintain alcohol monopoly and high taxation of alcohol sales.	X		X		X	X			X		X
d) Work with government to introduce incentives for lower-strength and disincentives for higher-strength alcohol.		X	X		X	X			X	X	X
e) Direct revenues from alcohol to fund alcohol research and evidence-based programming.		X			X					X	
f) Collaborate with liquor control boards (LCBO) to ensure alcohol cost and availability in high-risk communities are managed in a socially responsible manner.			X		X	X				X	
g) Move toward alcohol volumetric pricing (based on volume of ethyl alcohol in alcohol products) within each beverage class.			X		X	X				X	
h) Create incentives through tax or price adjustments, to promote production and marketing of lower-alcohol-content beers and coolers, with overall goal of reducing volume of absolute alcohol consumed per capita.			X		X	X				X	

LOCAL ACTION TABLE 2C Approach 3: Placing Restrictions on Marketing	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Strengthen local restrictions on alcohol advertising (e.g., impose constraints on number, location, size, content).			X			X				X	
b) Apply sponsorship restrictions to civic events.			X					X		X	
c) Discourage venues from advertising and conducting "happy hour" sales.			X			X				X	
d) Use of various communication tools to counter-advertise and provide health messaging.	X					X			X		
e) File advertising concerns and complaints to Advertising Standards Canada Alcohol and Gaming Commision of Ontario (AGCO), Canadian Radio-television and Telecommunications Commision (CRTC) and advocate new standards.			X			X			X		X
f) Mobilize communities to build support for healthier alcohol advertising practices.	X		X			X			X		X
g) Review existing advertising regulatory systems with view to updating the standards, especially as they pertain to youth, as well as the mechanisms of receiving and responding to consumer complaints about alcohol advertising.			X			X		X	X	X	

LOCAL ACTION TABLE 2D Approach 4: Developing Drinking and Driving Prevention and Countermeasures	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Increase enforcement activities (i.e. patrols, sobriety checkpoints).				X		X				X	
b) Educate public on legislation, penalties, fines.	X			X		X			X	X	X
c) Advocate lower BAC levels.				X		X					X
d) Plan and promote safe transport to and from venues.	X			X		X				X	X
e) Encourage screening, brief interventions and remedial skill support for people with impaired driving charges.	X	X				X			X		
f) Promote media campaigns challenging norms of impaired driving.	X			X		X			X		
g) Support random breath testing legislation.				X		X			X		X
h) Mobilize venues to teach staff the danger and unacceptability of drunk driving.	X			X		X			X		
i) Reinvigorate enforcement around drinking and driving.				X		X				X	
j) Endorse and support the Strategy to Reduce Impaired Driving 2010.	X			X		X				X	X
k) Focus on high-risk or alcohol-dependent drivers (i.e., with BACs of 0.15 % or higher) to better deter and rehabilitate repeat offenders (NAS). Use technology-based solutions (e.g. ignition interlock systems); education and public awareness initiatives; improved assessment protocols; and, improved treatment and rehabilitation, drawing on harm reduction and medical models to address the issues of chronic alcohol misuse and possible cognitive impairments.	X	X		X		X				X	

LOCAL ACTION TABLE 2E Approach 5: Modifying the Drinking Context	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Regulate, manage and evaluate public special-occasion events through by-laws and MAPs.			X	X		X				X	
b) Enact responsible beverage service training and in-house policies following the CAMH's Safer Bars Program.				X		X				X	
c) Implement server-training programs as pre-condition for receiving and/or renewing licenses for serving alcohol. Programs should include regular recertification of servers, ongoing enforcement compliance checks and periodic evaluations to sustain and improve impacts over time. Training and compliance checks should be conducted more frequently for establishments with a history of service-related problems.				X		X				X	
d) Present legal liability of licensed venue owners.				X		X				X	
e) Strengthen community support for local policy and apply pressure to venues and local government.	X					X			X		X
f) Enact design standards (e.g., lighting, cameras, low congestion areas) within local establishments.				X		X				X	
g) Give inspectors and police data on problem areas and assist with targeted policing and proactive policing initiatives.				X		X				X	

LOCAL ACTION TABLE 2F Approach 6: Developing Education and Persuasion Strategies	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Promote Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs) to encourage a culture of moderation, and aim for consistency and clarity of alcohol-related health and safety messages (NAS, 2007).	X	X		X	X	X	X	X	X	X	X
b) Educate the public on alcohol use dangers, consequences, norms, myths and misunderstandings.	X	X		X	X	X	X	X			X
c) Challenge the norms of alcohol use and misuse with media campaigns.	X					X			X		X
d) Introduce a regional alcohol management strategy.				X		X			X		
e) Educate political systems about evidence of damage and costs from alcohol.	X				X	X	X	X	X		X
f) Enhance role of public health professionals in alcohol policy deliberations.	X	X	X	X		X			X		
g) Educate political systems and the general public around connections between alcohol consumption and chronic diseases.	X				X	X			X		X
h) Develop a comprehensive, sustained, coordinated social marketing campaign with multi-sectoral partners to promote Canada's LRDGs. This would include building on existing social marketing campaigns, such as those targeting drinking and driving and high-risk drinking patterns.	X	X			X	X	X	X	X	X	X
i) Support and fund local communities to develop and implement community-wide health promotion initiatives that emphasize Canada's LRDGs, and prevent and reduce alcohol-related harm.	X	X			X	X	X	X		X	
j) With regard to underage youth, develop and evaluate policies and programs that are appropriate to youth stages of development and that promote: abstinence as a valid goal for everyone, adherence to Canada's LRDGs and avoidance of high-risk drinking for those who choose not to abstain from alcohol.	X				X			X	X		

LOCAL ACTION TABLE 2F *Continued*	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
k) With regard to young adults, through a national collaborative initiative, develop and evaluate policies and programs in schools, colleges and universities.	X					X			X	X	
l) Implement workplace alcohol policy for civic officials and staff.	X	X	X	X	X				X	X	
m) Encourage local businesses and industries to adopt comparable policies.	X	X	X	X		X			X		
n) Encourage local colleges and universities to adopt comparable policies.	X	X	X	X	X	X			X		
o) Ensure alcohol is consistently included in policies and programs focused on chronic disease.	X				X	X			X		
p) Strengthen drug and alcohol curriculum in undergraduate, post-graduate and continuing professional development programs.	X					X			X	X	
q) Collect data on alcohol-related health impacts and treatment outcomes specific to First Nations, Inuit and Métis, using appropriate research ethics (including ownership, control, and access and possession principles). These data should be comparable to those collected for the general Canadian population.	X			X	X	X				X	
r) Amend or develop policies and programs that incorporate evidence-based solutions that reduce alcohol-related harm in colleges and universities.	X			X	X	X			X		
s) Partner with community groups to develop municipal alcohol policies and programs that address local issues.	X					X			X		
t) Develop a public awareness campaign to raise awareness about alcohol liability.	X									X	

LOCAL ACTION TABLE 2G Approach 7: Providing Treatment and Brief Intervention Services	NATIONAL ALCOHOL STRATEGY RECOMMENDED AREAS OF ACTION				ONTARIO PUBLIC HEALTH STANDARDS				LOCAL LEADS		
LOCAL ACTIONS	Health Promotion, Prevention & Education	Health Impacts & Treatment	Availability of Alcohol	Safer Communities	Chronic Disease Prevention	Prevention of Injury & Substance Misuse	Reproductive Health	Child Health	Public Health Unit	Municipality/Local Government	Local Advocacy Network
a) Work closely with local addiction centres to establish an effective referral system within municipalities.		X				X			X		
b) Increase promotion of online brief intervention services.		X				X			X		
c) Promote adoption and uptake of new Canadian Screening Brief Intervention and Referral Tool.		X				X			X		
d) Improve access to addiction services in isolated, rural and remote regions and for vulnerable populations.		X				X				X	
e) Evaluate treatment programs to determine promising practices and disseminate findings.		X							X	X	
f) Disseminate fetal alcohol spectrum disorder (FASD) screening and diagnostic tools to, and promote their use by, family physicians, pediatricians and other health professionals.		X				X	X		X	X	

Resource inventory

This resource inventory was created to support stakeholders in the development and implementation of local alcohol policy. It is a compendium of tools, sample drug and alcohol strategies, research and evaluation reports, articles, and other pertinent publications, organized by level of government involved in policy development. Where available, links have been provided to online resources.

Municipal resources: Ontario

1. Communities take action! A practical guide for municipalities, enforcement agencies, community groups and others concerned about the impact of alcohol on public health and safety.
   Addiction Research Foundation; Alcohol Policy Network. Communities take action! A practical guide for municipalities, enforcement agencies, community groups and others concerned about the impact of alcohol on public health and safety. Toronto, ON: Centre for Addiction and Mental Health; 1998. Available from: *http://www.camh.ca/en/education/about/services/camh_library/Pages/librarycamhrepository.aspx.*

   Communities Take Action! is a guide for those concerned about the impact of alcohol on public health and safety. It outlines a proactive, collaborative approach to improving health and quality of life in local communities. Appendix 1 offers seven ways to estimate local alcohol accessibility. These estimates can serve as tools for local planners and health promoters by identifying areas that have above-average rates of access. They can also provide a baseline for monitoring changes as community initiatives get under way.

2. Who's on the MAP? Municipal alcohol policies
   Alcohol Policy Network (APOLNET) [homepage on the Internet]. Who's on the MAP? Municipal alcohol policies. Toronto, ON: APOLNET; c2010. [cited 2012 Apr 18]. Available from: *http://www.apolnet.ca/thelaw/policies/MAPs/ap_MAPs.html.*

   Many municipalities have developed their own alcohol policies. Examining these diverse policies provides significant insight into which strategies are effective at a community level. This list compiled by the Alcohol Policy Network includes an indexed list of Municipal Alcohol Policies for municipally-owned properties and facilities established throughout Ontario, Canada, and internationally.

3. Reducing alcohol-related harm: moving toward a culture of moderation in Grey Bruce. A call for action.
   Barclay, M. Reducing alcohol-related harm: moving toward a culture of moderation in Grey Bruce. A call for action. Owen Sound, ON: Grey Bruce Health Unit; 2012. Available from: *http://www.publichealthgreybruce.on.ca/home/publications/Reports/General/Grey_Bruce_Position_Paper_2012.pdf*

   This position paper produced by the Grey Bruce Health Unit Board of Health and the Grey Bruce Healthy Communities Partnership outlines strategies and interventions known to be effective in addressing alcohol-related harm. This paper provides direction for community stakeholders to work toward a coordinated approach to improve the health and well-being of the community.

4. A policy response to reduce alcohol-related risk in municipal facilities and areas.
   Cameron, J. A policy response to reduce alcohol-related risk in municipal facilities and areas. In: Alcohol Policy Network [homepage on the Internet]. Guelph, ON: Homewood Health Services; 1996 Feb 13 [cited 2012 Apr 18]. Available from: *http://www.apolnet.ca/thelaw/policies/MAPs/rf_map2.html.*

Several Ontario municipalities have adopted formal policies to address the consumption of alcohol in their facilities and other areas. This trend toward the responsible management of municipal assets by addressing potential liability exposure and increasing community enjoyment of municipal facilities, is discussed in this article. A process to guide the development of local policies is also provided, as well as an overview of both policy content and associated implementation strategies.

5. The Toronto Drug Strategy: A comprehensive approach to alcohol and other drugs.
City of Toronto, Toronto Drug Strategy Advisory Committee. The Toronto Drug Strategy: A comprehensive approach to alcohol and other drugs. Toronto, ON: Queen's Printer for Ontario; 2005 [cited 2012 Apr 18]. Available from: *http://www.toronto.ca/health/drugstrategy/pdf/tds_report.pdf*

   The Toronto Drug Strategy provides a comprehensive approach to alcohol and other drug issues for Toronto. This includes action in the areas of prevention, harm reduction, treatment and enforcement—all of which are necessary to effectively reduce the harms of substance use. The key recommendation calls for a Toronto Drug Strategy Implementation Committee. Building on the considerable work done to date, this group would oversee implementation and foster inter-sectoral collaboration, both of which are vital to improving our response to substance use issues.

6. Promoting municipal alcohol policies: an evaluation of a campaign.
Gliksman, L., Douglas, R.R., Thomson, M., Moffatt, K., Smythe, C. & Caverson, R. Promoting municipal alcohol policies: an evaluation of a campaign. Contemp Drug Probl 1990; Fall: 17 (3): 391-420. Available from: *http://www.apolnet.ca/thelaw/policies/MAPs/MAP_campaign_eval-Gliksman.pdf.*

   This paper evaluates the effectiveness of a media campaign in Thunder Bay, Ontario that was developed to promote the new municipal alcohol policy. The results of this study are described in two sections: the impact of the education media blitz on Thunder Bay residents, and the reactions of residents to the policy itself.

7. Reducing problems through municipal alcohol policies: the Canadian experiment in Ontario.
Gliksman, L., Douglas, R.R., Rylett, M. & Narbonne-Fortin, C. Reducing problems through municipal alcohol policies: the Canadian experiment in Ontario. Drug: Educ Prev Polic 1995; 2(2): 105-118. Available from: *http://www.apolnet.ca/thelaw/policies/MAPs/Reducing_Problems_thru_MAPs-Gliksman.pdf.*

   This paper describes a municipal alcohol policy model being recommended to Ontario communities, cities, towns, villages and townships. It reports on the progress that has been made in developing policies in municipalities, initial perceptions of municipal staff about the impact of the policy on alcohol-related problems and on the rental of facilities.

8. Alcohol policy development with Ontario, Canada municipalities: a community action demonstration paper.
Gliksman, L., Rylett, M. & Douglas, R.R. Alcohol policy development with Ontario, Canada municipalities: a community action demonstration paper. Paper presented at the Alcohol, Drugs and Society in Africa: 8th Biennial International Conference; Abuja, Nigeria; Toronto, ON: Centre for Addiction and Mental Health; [cited with permission 2012 Apr 19]. Available from: *http://www.crisanet.org/docs/conference_08/Papers/ALCOHOL_POLICY/Gliksman_Ontario.pdf.*

   This paper describes the application of a Community Action approach to the formulation of municipal alcohol policies and demonstrates a role for community participation in the alcohol policy arena.

9. Integrated drugs and addictions strategy – terms of reference report
Community Network for the Integrated Drugs and Addictions Strategy. Integrated drugs and addictions strategy – terms of reference report. 2006 Feb 16 [cited 2012 Apr 18]. Reference No: ACS2006-CCS-HRS-002. Available from: *http://www.ottawa.ca/calendar/ottawa/citycouncil/hrssc/2006/02-16/ACS2006-CCS-HRS-0002%20E.htm.*

The goal of the Ottawa Integrated Drugs and Addictions Strategy is to ensure that Ottawa residents live in a community increasingly free of the harms associated with problematic substance use. The Strategy provides recommendations for building a new framework to coordinate and guide effective responses. The Strategy also supports an ongoing integrated approach and more comprehensive policies and programs that consider the needs of individuals across all age groups, families and the community at large.

10. The municipal alcohol policy guide: a practical resource for successfully managing drinking in recreational settings.
Narbonne-Fortin, C., Rylett, M., Douglas, R.R. & Gliksman, L. The municipal alcohol policy guide: a practical resource for successfully managing drinking in recreational settings. Toronto, ON: Centre for Addiction and Mental Health; 2003. Available from: *http://www.camh.ca/en/education/about/services/camh_library/Pages/librarycamhrepository.aspx*

    The Municipal Alcohol Policy (MAP) Guide is designed to address particular community needs, whether a municipality is developing a MAP for the first time, reviewing an existing MAP or consolidating two or more MAPs. The MAP Guide helps communities plan ahead and gather the information and materials needed to develop their own alcohol risk management policy. Available in English and French, the MAP Guide includes samples, a workbook, a toolkit and other resources. Also included in the guide is The Blue Ribbon Quality Measures Form, a tool to assist communities in evaluating the effectiveness of their MAP and identifying areas for improvement.

11. Reducing alcohol-related harms in municipalities: what your municipality should know about changes to the liquor licence act.
Ontario Safer Bars Network; Liquor License Changes and Municipal Alcohol Policy Ad Hoc Work Group. Reducing alcohol-related harms in municipalities: what your municipality should know about changes to the liquor licence act. 2012 Mar [cited 2012 Apr 21]. Draft shared with permission. Available from: *http://hclinkontario.ca/images/LLAChanges2011_InfoSheetAndLetterTemplates.pdf*

    An ad hoc working group of the Ontario Safer Bars Network developed this information sheet to highlight areas of municipal alcohol policy that may require review in light of changes to the Ontario Liquor Licence Act. Recommendations are provided to support safer public drinking environments on municipally-owned properties.

12. It starts here: A conversation about alcohol in the city of Kingston.
Research and Evaluation Division of Kingston, Frontenac, Lennox & Addington (KFLA) Public Health. It starts here: A conversation about alcohol in the city of Kingston. Kingston, ON: 2012. Available from: *http://www.kflapublichealth.ca/Files/Research/KFLA_Public_Health_Safe_and_Sober_Alcohol_Report_November_2012.pdf.*

    Developed by KFLA Public Health, this paper explores the links between alcohol and the social determinants of health and chronic disease and injury. It also explores the second-hand effects of alcohol and identifies policy interventions for reducing alcohol-related harms. This paper concludes by exploring the actions that various community stakeholders can take to help reduce alcohol-related harms at a local level.

13. Roadmap for change: toward a safe and healthy community.
Thunder Bay Drug Strategy Steering Committee. Roadmap for change: toward a safe and healthy community. Thunder Bay Drug Strategy. Thunder Bay, ON: Health Canada; Mar 2011 [cited 2012 Apr 19]. Available from: *http://www.apolnet.ca/resources/education/presentations/ANOC9_Shows/TBDS_Report_0311.*

    The Thunder Bay Drug Strategy provides a road map to reduce the harms associated with substance use for Thunder Bay citizens. It provides evidence-based actions that support eight key areas as identified by citizens to be ideal conditions for a healthy city.

14. Waterloo region integrated drugs strategy.
Waterloo Region Crime Prevention Council. Waterloo region integrated drugs strategy. Waterloo, ON: Dec 2011. [cited 2012 Dec 19] Available from: *http://www.preventingcrime.net/documents/2012-WRIDS-FINAL.pdf*

The Waterloo Region Integrated Drugs Strategy is a locally-designed approach to working through issues of problematic substance use, providing a plan for improving the health and safety of the community. It provides 99 recommendations calling for action at the local, provincial and federal levels.

Municipal resources: Outside Ontario

15. In our words: What alcohol use looks like in our towns.
Beaton, E., et al. In our words: What alcohol use looks like in our towns. NS Municipal Alcohol Project; 2011 [cited 2012 Dec 17]. Available from: *http://eleanorbeaton.com/uploads/portfolio/TruroMAPReport_final.pdf*

This report outlines a municipal alcohol policy project in Nova Scotia. It provides an overview of the project and findings, as well as an in-depth analysis of the impact of alcohol in three Nova Scotia towns/municipalities. The report concludes with ideas for community action.

16. Shine a light: What alcohol use in Truro looks like.
Beaton, E., et al. Shine a light: What alcohol use in Truro looks like. NS Municipal Alcohol Project ; 2012 [cited 2012 Dec 17]. Available from: *http://eleanorbeaton.com/uploads/portfolio/TruroMAPReport_final.pdf*

This report outlines a municipal alcohol policy project in Truro Nova Scotia. It examines the impact of alcohol at a local level, provides statistics on alcohol-related harms, and ideas for community action.

17. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms.
Campbell, C.A., Hahn, R.A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., et al. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. Am J Prev Med 2009; 37(6). Available from: *http://www.thecommunityguide.org/alcohol/EffectivenessLimitingAlcoholOutletDensityMeansReducingExcessiveAlcoholConsumptionAlcohol-RelatedHarms.pdf*

This article explores the effectiveness of regulating alcohol outlet density. Most of the studies included in the review found that greater outlet density is associated with increased alcohol consumption and related harms, including medical harms, injury, crime and violence.

18. Helping municipal governments reduce alcohol-related harm.
Centre for Addictions Research of British Columbia (CARBC) [homepage on the Internet]. Helping municipal governments reduce alcohol-related harm. Victoria, BC: CARBC; 2010 [cited 2012 Apr 19]. Available from: *http://carbc.ca/KnowledgetoAction/ToolsResources/HelpingMunicipalGovernments.aspx*

The Helping Municipal Governments resource contains a series of tools to help municipal governments reduce alcohol-related harms. This includes information on effective strategies, advice on implementation, checklists and questions to guide the process, and stories from other communities.

19. Preventing harm from psychoactive substances.
City of Vancouver [homepage on the Internet]. Preventing harm from psychoactive substances. Vancouver, BC: City of Vancouver; 2005 [cited 2012 Dec 19]. Available from: *http://vancouver.ca/people-programs/four-pillars-drug-strategy.aspx*

This drug strategy acknowledges that the use of psychoactive substances (including alcohol) is a part of our society and can occur along a spectrum that ranges from beneficial use, including medications, to use that is relatively non-harmful, to problematic or harmful use and to chronic dependence. This plan is based on a synthesis of international reviews of research and evaluation evidence, examples of successful programs from other jurisdictions, a Vancouver-based community dialogue process on prevention and a public review of the draft prevention plan. It is predominantly concerned with problematic and dependent substance use, or use that has clear harmful effects on individuals and society. The primary focus is on preventing and reducing harm from substance use, while highlighting both the complexity and centrality of prevention in any discussion of a comprehensive Four Pillar approach to harmful drug use.

20. A local government/First Nation guide to creating municipal alcohol policy.
Government of British Columbia. A local government/First Nation guide to creating municipal alcohol policy. Victoria, BC: Government of British Columbia; 2012 [cited 2012 Dec 17]. Available from: *http://www.health.gov.bc.ca/library/publications/year/2012/creating-municipal-alcohol-policy.pdf*

    This guide is intended as a tool for local governments/First Nations in the planning of municipal alcohol policies. It provides a step-by-step approach to developing a municipal alcohol policy (MAP). These steps include setting up a committee, defining terms of reference and key deliverables, and identifying what to include in a MAP. Advice from early adopters in British Columbia is also included.

21. The community guide. Preventing excessive alcohol consumption, 2012
Guide to Community Preventive Services [homepage on the Internet]. The community guide. Preventing excessive alcohol consumption, 2012 [updated 2012 Mar 29; cited 2012 Apr 19]. Available from: *http://www.thecommunityguide.org/alcohol/index.html.*

    The Community Guide is an evidence-based resource from the United States aimed at helping community and public health stakeholders choose programs and policies to reduce alcohol-related harms in their communities. "Preventing excessive alcohol consumption" is one of many topics covered by the Community Guide, which contains recommendations and findings about what works to improve public health.

22. Use of an evidence-based community action intervention to improve age verification practices for alcohol purchase.
Huckle, T., Greenaway, S., Broughton, D. & Conway, K. Use of an evidence-based community action intervention to improve age verification practices for alcohol purchase. Subst Use Misuse, 2007; 42:1899–1914. Available from: *http://informahealthcare.com/doi/abs/10.1080/10826080701723952.*

    This article describes a community action intervention to improve age verification practices for alcohol purchase in New Zealand. Alcohol purchase surveys were undertaken as part of two community action projects (one in a large metropolitan area and one in a small town) aimed at reducing alcohol consumption-related harm for young people.

23. The Regina and area drug strategy report. Paper prepared for the Drug Strategy Reference Committee.
Laude, C. (2003). The Regina and area drug strategy report. Paper prepared for the Drug Strategy Reference Committee. Regina, SK: 2003 [cited 2012 Apr 19]. Available from: *http://www.rqhealth.ca/programs/drug_strategy/pdf_files/report_june03.pdf.*

    The Regina and area drug strategy provides a framework for a coordinated and integrated response to reduce drug- and alcohol-related harm. It presents recommendations and strategies to move sector policy and program development in the four directions of prevention, healing continuum, capacity building and sustaining relationships.

24. Creating local alcohol policy: how to develop an integrated local alcohol policy in Europe.
Mulder, J., van Dalen, M. & Moll, M. Creating local alcohol policy: how to develop an integrated local alcohol policy in Europe. Utrecht, Netherlands: STAP Dutch Institute for Alcohol Policy; 2010 May [cited 2012 Apr 19]. Available from: *http://www.stap.nl/content/bestanden/creating-local-alcohol-policy.pdf.*

This manual describes theoretical evidence on the effectiveness of an integrated local alcohol policy. It informs community leaders and policy makers throughout Europe about the possibilities of developing and implementing proven strategies to reduce alcohol-related harm.

25. Alcohol pricing, public health and the HST: proposed incentives for BC drinkers to make healthy choices.
Thomas, G., Stockwell, T. & Reist, D. Alcohol pricing, public health and the HST: proposed incentives for BC drinkers to make healthy choices. 2009 [cited 2012 Dec 17] Available from: *http://carbc.ca/Portals/0/PropertyAgent/558/Files/9/AlcPricingHST.pdf*

This report explores pricing incentives as effective policies for controlling harms associated with alcohol. It provides three guiding principles to inform the development of targeted alcohol pricing policies in British Columbia.

26. Operator and regulatory best practices in the reduction of violence in and around licensed premises: a review of Australian and Canadian research.
Stockwell, T. Operator and regulatory best practices in the reduction of violence in and around licensed premises: a review of Australian and Canadian research. 2010 [cited 2012 Dec 17]. Available from: *http://carbc.ca/Portals/0/PropertyAgent/558/Files/15/Alcohol&Violence.pdf.*

This report summarizes the evidence on community efforts to prevent violence in and around licensed premises. Based mostly on Australian and Canadian research, operator and regulatory best practices are identified through a systematic review.

27. Community control of alcohol and drug risk environments: the California experience.
Wittman, F.D. Community control of alcohol and drug risk environments: the California experience. Subst Use Misuse, 2007; 42: 1835–1849 [cited 2012 Apr 19]. Available from: *http://www.ncbi.nlm.nih.gov/pubmed/18075912*

This article describes how communities in California can use local powers and resources to prevent problems associated with alcohol and other drugs (AOD) by managing AOD risk environments in retail, public, and social domains. The article presents a promising framework used in several counties dedicated to community environment approaches to prevention.

Provincial resources: Ontario

28. Alcohol Policy Network (APN)
    Alcohol Policy Network (APN) [homepage on the Internet]. Toronto: Public Health Ontario; 2010 [cited 2012 Apr 19]. *Available from: http://www.apolnet.ca/Index.html.*

    The Alcohol Policy Network was launched in 1995 under the Ontario Public Health Association and moved to Public Health Ontario's Health Promotion, Chronic Disease and Injury Prevention Department in 2012.The Alcohol Policy Network (APN) website provides information and resources to facilitate the development of policies that prevent problems associated with alcohol use and enhance the health, safety and well-being of individuals and communities across Ontario.

29. Alcohol policy: let's take action.
    Alcohol Policy Network; Ontario Public Health Association. Alcohol policy: let's take action. Toronto, ON: Ontario Public Health Association; 2009. Available from: *http://www.apolnet.ca/resources/pubs/LTA_AlcoholPolicy.pdf.*

    This document is a general synthesis of issues related to taking action on alcohol problems across different populations while proposing comprehensive health promotion solutions including the development of policy. Additionally, this document helps to support the implementation of the 2008 Ontario Public Health Standards (OPHS), which specify the mandatory programs and services to be undertaken by Ontario's public health units.

30. Resolutions: addictions.
    Association of Local Public Health Agencies [homepage on the Internet]. Resolutions: addictions. Toronto, ON: Association of Local Public Health Agencies; 2012. Available from: *http://www.alphaweb.org/general/custom.asp?Resolutions_SubMis.*

    Public health has an important mandate in key areas related to the use of alcohol and other drugs, including activities in chronic disease prevention, injury prevention, substance abuse prevention and harm reduction. Comprehensive strategies to address the potential harms of substance use can only succeed through a combination of interventions: education, prevention, harm reduction, treatment and enforcement.

31. CAMH Knowledge Exchange
    CAMH Knowledge Exchange [homepage on the Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2009 [cited 2012 Apr 19]. Available from: *http://knowledgex.camh.net/Pages/default.aspx.*

    CAMH Knowledge Exchange supports community-based service providers, addiction and mental health specialists, primary care professionals, educators, researchers and public policy and health promoters in efforts to increase the capacity of the mental health and addiction system. CAMH does so by providing practical tools and collections of best available resources, included, but not restricted to those developed by CAMH. These resources: (1) support adoption of best practices by providing one-stop access to resources from a wide variety of sources, (2) facilitate system-wide information and referral by increasing knowledge about the mental health and addiction system and (3) make CAMH research and clinical innovation more widely accessible.

32. Taking action to prevent chronic disease: recommendations for a healthier Ontario.
    Cancer Care Ontario; Ontario Agency for Health Protection and Promotion (Public Health Ontario) [homepage on the Internet]. Taking action to prevent chronic disease: recommendations for a healthier Ontario. Toronto, ON: Queens Printer for Ontario; 2012. Available from: *http://www.oahpp.ca/takingaction/index.html.*

Public Health Ontario partnered with Cancer Care Ontario on this report to address the burden of chronic disease in Ontario. The report identifies policy-based interventions and system-wide changes to inform provincial action to address the four risk factors associated with chronic diseases: alcohol misuse, unhealthy eating, lack of physical activity and tobacco use, and overarching recommendations for a coordinated approach to chronic disease prevention in Ontario. The report features 22 evidence-informed recommendations for actions to prevent chronic disease, including four recommendations focused on the prevention of alcohol-related chronic diseases at a population level.

33. Alcohol policy framework.
Centre for Addiction and Mental Health (CAMH). Alcohol policy framework. Toronto, ON: CAMH; April 2013 Nov [cited 2013 May 1]. Available from *http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/4854-AlcoholPolicyFramework.pdf.*

The purpose of this document is to provide a resource for responding to provincial and federal issues, provide a model for implementing the most effective alcohol policies, encourage a convergence of science and practice within the Centre for Addiction and Mental Health (CAMH) on policy issues, and signal to our partners the perspective of CAMH on alcohol policy. The document may serve as a resource for other groups or as a complement to documents that partners may seek to develop.

34. Centre for Addiction and Mental Health
Centre for Addiction and Mental Health [homepage on the Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2009 [updated 2012 Apr 18; cited 2012 Apr 19]. Available from: *http://www.camh.ca.*

The Centre for Addiction and Mental Health (CAMH) is Canada's leading mental health and addiction organization, integrating specialized clinical care with innovative research, education, and health promotion and policy development.

35. From evidence to action: Reducing harm from alcohol through taxation policies.
Kari, S., LeMar, J. & Rempel, B. From evidence to action: Reducing harm from alcohol through taxation policies. Toronto, ON: Alcohol Policy Network; Ontario Public Health Association; 2011 Feb [cited 2012 Apr 19]. Available from: *http://www.apolnet.ca/resources/pubs/respapers/FromEvidenceToAction-Feb2011.pdf.*

The field of alcohol taxation policy is complex. This document is not a comprehensive report on alcohol taxation, but rather, provides background information and highlights taxation policy directions recommended by the Alcohol Policy Network (APN) from a public health perspective. This document serves to provide a brief introduction to the link between alcohol and taxation policies from a public health perspective, summarize research evidence and policy recommendations and provide advice for public health and health promotion intermediaries on alcohol and taxation policies in Ontario.

36. Alcohol, cancer and other health issues. An action plan for prevention.
Manafò, E. & Giesbrecht, N. Alcohol, cancer and other health issues. An action plan for prevention. Toronto, ON: Toronto Cancer Prevention Coalition (TCPC); 2011 May [cited 2012 Apr 19]. Available from: *http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-38346.pdf.*

In this report, the Toronto Cancer Prevention Coalition (TCPC) calls on the Province of Ontario, public health officials and other stakeholders to take action on alcohol to prevent associated harms including cancer, other chronic diseases, acute illnesses and injuries. The recommendations in the TCPC report reflect current evidence on effective strategies to reduce alcohol-related harm and provide a comprehensive framework for a population-wide approach to alcohol.

37. Prevention of substance misuse guidance document.
Ontario Ministry of Health Promotion. Prevention of substance misuse guidance document. Toronto: Queens Printer for Ontario; 2010. Available from: *http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/PreventionOfSubstanceMisuse.PDF.*

Developed in collaboration with local public health experts, this guidance document provides specific advice about the Ontario Public Health Standards requirements related to the prevention of substance misuse. This document provides background information relevant to the prevention of substance misuse, including the provincial policy direction, strategies to reduce the burden and evidence to support the direction. Also discussed are evidence-based practices, key concepts and practical resources that public health staff may use in health promotion planning regarding substance misuse.

38. Evidence-informed messages: high-risk alcohol consumption.
Ontario Chronic Disease Prevention Alliance (OCDPA). Evidence-informed messages: high-risk alcohol consumption. Toronto,ON: Queen's Printer for Ontario; 2010 [updated 2010 Apr; cited 2012 Apr 19]. Available from: *http://www.ocdpa.on.ca/OCDPA/docs/OCDPA_EM_Alcohol_Full_Package.pdf.*

This information package is designed to provide supportive evidence for OCDPA's messages on alcohol control in order to address high-risk alcohol consumption. The supporting evidence provided in this resource relates to restricting the availability of and accessibility to alcohol thereby improving healthy living conditions in Ontario. By working in parallel to advance OCDPA's key messages, community-based groups can strategically align policy, planning and practice to support an evidence-informed, multiple risk factor, multiple setting approach that strengthens the chronic disease prevention agenda.

39. Toolkit to Healthier Communities: Influencing Healthy Public Policies.
Ontario Chronic Disease Prevention Alliance. Toolkit to Healthier Communities: Influencing Healthy Public Policies. 2011 [cited 2012 Dec 17]. Available from: *http://www.ocdpa.on.ca/ocdpa/docs/ocdpa_hctoolkit.pdf*

This toolkit aims to support stakeholders who want to advance healthy public policy in their communities or encourage policy change at a local level.

40. Alcohol related injury: evidence based practice synthesis document.
Ontario Injury Resource Centre. Alcohol related injury: evidence based practice synthesis document. Toronto, ON: Queen's Printer for Ontario; 2008 [cited 2012 Apr 19]. Available from: *http://www.oninjuryresources.ca/downloads/misc/AlcoholReview-D8.pdf.*

The purpose of this document is to inform Ontario public health professionals and their community partners of evidence-informed practice for the implementation of the Prevention of Injury and Substance Misuse standard of the new Ontario Public Health Standards and Protocols, released October 31, 2008.

41. Promoting healthy communities: a framework for alcohol policy and public health in Ontario.
Ontario Public Health Association (OPHA). Promoting healthy communities: a framework for alcohol policy and public health in Ontario. Toronto, ON: Queen's Printer for Ontario; 1996 [updated 2003; cited 2012 Apr 19]. Available from: *http://www.opha.on.ca/our_voice/ppres/papers/2003-03_pp.pdf.*

The purpose of this report is to provide the OPHA with a foundation on which to base advocacy efforts with respect to alcohol policy interventions and to facilitate the involvement of the public health field in alcohol policy issues. Key assumptions, cornerstones of health-oriented alcohol policy and potential steps OPHA and the public health field can take to inform those involved in alcohol policy development, are discussed.

42. Alcohol, other drugs & related harms in Ontario: a scan of the environment.
Smythe, C. & Caverson, R. Alcohol, other drugs & related harms in Ontario: a scan of the environment. Toronto, ON: Centre for Addiction and Mental Health; 2008 [cited 2012 Apr 19]. *Available from: http://www.apolnet.ca/thelaw/policies/AOD_scan.pdf.*

This environmental scan report of Ontario provides a context or a backdrop for the development of a provincial drug strategy. It includes a profile of alcohol and other drug use in Ontario—who uses, what is being used and what the associated harms and related costs are for the province and the people of Ontario. Information presented has been collected from various sources including: research surveys of the general population, secondary school and post-secondary university and college students, data related to the cost of alcohol and other drug use in Canada, and from published articles. Although this report has been compiled as a companion document to help inform the development and direction of an Ontario Drug Strategy and provincial priorities, it will be a helpful resource for anyone working in the field concerned with alcohol and other drugs.

Provincial resources: Outside Ontario

43. Alberta drug strategy: a provincial framework for action on alcohol and other drug use.
Alberta Alcohol and Drug Abuse Commission. Alberta drug strategy: a provincial framework for action on alcohol and other drug use. Edmonton, AB: Alberta Health Services; 2005 [cited 2012 Apr 19]. Available from: *http://agrs.justice.alberta.ca/uploads/1101/albertadrugstrategyf92006.pdf.*

This report lays the groundwork for a coordinated and community-based approach to alcohol and other drug issues in Alberta. It builds on the considerable work underway, and is informed by consultations to date with a variety of provincial and community stakeholders. At the core of the Alberta Drug Strategy is a commitment to collective action to reduce the harms associated with alcohol and other drug use.

44. Alberta Alcohol Strategy
Alberta Health Services. Alberta Alcohol Strategy; 2008 July [cited 2012 Dec 17]. Available from: *http://aglc.ca/pdf/social_responsibility/AAS_Full.pdf*

The 2008 Alberta Alcohol Strategy provides an overview of the strategy development process, identifies six strategic priorities and recommendations for action and discusses critical factors for success.

45. Following the evidence: preventing harms from substance use in BC.
British Columbia Ministry of Health. Following the evidence: preventing harms from substance use in BC. Victoria, BC: British Columbia Ministry of Health; 2006 Mar [cited 2012 Apr 19]. Available from: *http://www.health.gov.bc.ca/library/publications/year/2006/followingtheevidence.pdf.*

This paper lays out conceptual foundations and strategic directions necessary to plan an integrated and comprehensive approach to preventing and reducing the harms from substance use. It provides an overview of the political context in which responses to problematic substance use are created. It addresses the nature of substance use and factors that can make it problematic, and articulates foundational concepts such as prevention, harm reduction, population health and social capital. This paper outlines the best available evidence in population health and prevention to identify key strategic directions for action by ministries, health authorities, local governments and agencies involved in the development of healthy public policy in British Columbia.

46. Changing the culture of alcohol use in Nova Scotia: an alcohol strategy to prevent and reduce the burden of alcohol-related harm in Nova Scotia.
Department of Health Promotion and Protection; Addiction Services Alcohol Task Group. Changing the culture of alcohol use in Nova Scotia: an alcohol strategy to prevent and reduce the burden of alcohol-related harm in Nova Scotia. Halifax, NS: Province of Nova Scotia; 2007 [cited 2012 Apr 19]. Available from: *http://www.gov.ns.ca/hpp/publications/alcohol_strategy.pdf.*

The goal of the Nova Scotia Alcohol Strategy is to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Opportunities and recommendations for achieving the provincial Alcohol Strategy's vision and goals have been delineated in five interrelated key directions: (1) Community Capacity and Partnership Building; (2) Communication and Social Marketing; (3) Strengthening Prevention, Early Intervention and Treatment; (4) Healthy Public Policy; and (5) Research and Evaluation.

47. Premier's project hope: Saskatchewan's action plan for substance abuse.
Government of Saskatchewan. Premier's project hope: Saskatchewan's action plan for substance abuse. Regina, SK: Government of Saskatchewan; 2005 [cited 2012 Apr 19]. Available from: *http://www.gov.sk.ca/news-archive/2005/8/04-732-attachment.pdf.*

This high-level summary of the Premier's Project Hope outlines Saskatchewan's action plan to address substance abuse in the province. Project Hope enlists a multitude of communities, health care services, law enforcement agencies and educational programs in a concerted and sustained effort to prevent substance abuse and to lessen its harms to individuals and families. This action targets the following areas of intervention: accessible and flexible treatment, coordinated efforts and improved knowledge, production and distribution of drugs, and education and changing societal attitudes.

48. La consommation d'alcool et la santé publique au Québec.
Institut national de santé publique du Québec. La consommation d'alcool et la santé publique au Québec. Gouvernement du Québec, 2010 [cited 2012 December 17]. Available from: *http://www.inspq.qc.ca/pdf/publications/1087_AlcoolEtSantePublique.pdf.*

This report provides an overview of alcohol consumption in Quebec from a public health perspective. It explores the impact of alcohol on health and well-being, the consumption of alcohol per capita and provides public health recommendations.

49. Public health approach to alcohol policy: an updated report from the Provincial Health Officer.
Kendall, P.R.W. Public health approach to alcohol policy: an updated report from the Provincial Health Officer. Victoria, BC: Ministry of Healthy Living and Sport; 2008 [cited 2012 Apr 19]. Available from: *http://www.health.gov.bc.ca/library/publications/year/2008/alcoholpolicyreview.pdf.*

This report is an update of the 2002 report: A public health approach to alcohol policy. It assesses the impacts of the 2002 policy change and provides updated recommendations to address the health and social harms from alcohol in BC. This report reviews in detail: levels and patterns of alcohol consumption, rates and trends of alcohol-related health and social harms, the current cost-benefit profile of alcohol in BC, best practice policies for managing alcohol in society, and the status of current alcohol policies in BC relative to these best practices.

50. Unis dans l'action: plan d'action interministériel en toxicomanie 2006-2011.
Ministry of Health and Social Services, Government of Quebec. Unis dans l'action: plan d'action interministériel en toxicomanie 2006-2011. Ville de Québec, QC: 2006. Available from: *http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2005/05-804-01.pdf.*

This report from the province of Quebec outlines a five-year action plan to address provincial substance misuse. Available in French only.

National resources

51. Alcohol and health in Canada: a summary of evidence and guidelines for low-risk drinking.
Butt, P., Beirness, D., Gliksman, L., Paradis, C. & Stockwell T. Alcohol and health in Canada: a summary of evidence and guidelines for low-risk drinking. Ottawa, ON: Canadian Centre on Substance Abuse; 2011 [cited 2012 Apr 19]. Available from: *http://www.ccsa.ca/2011%20CCSA%20Documents/2011-Summary-of-Evidence-and-Guidelines-for-Low-Risk%20Drinking-en.pdf.*

This document is intended for health professionals, policymakers, communication experts and members of the public who wish to be informed about low-risk alcohol use. It was developed by an expert working group with members drawn from Canadian addiction research agencies. It has also been significantly strengthened by a process of international peer review conducted by three invited experts on alcohol epidemiology and feedback from concerned individuals and organizations. The Guidelines are intended to provide a basis upon which to advise all Canadians on how to minimize risks from their own and others' drinking in this complex environment.

52. Canada's Low-Risk Drinking Guidelines.
Canadian Centre on Substance Abuse. Canada's Low-Risk Drinking Guidelines. Mar 2012 [cited 2012 Dec 17]. Available from: *http://www.ccsa.ca/2012%20CCSA%20Documents/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf*

53. Low-Risk Drinking Guidelines: Frequently Asked Questions.
Canadian Centre on Substance Abuse. Low-Risk Drinking Guidelines: Frequently Asked Questions. 2012 [cited 2012 Dec 17]. Available from: *http://www.ccsa.ca/2012%20CCSA%20Documents/2012-FAQs-Canada-Low-Risk-Alcohol-Drinking-Guidelines-en.pdf*

54. Too high a cost: a public health approach to alcohol policy in Canada.
Canadian Public Health Association (CPHA). Too high a cost: a public health approach to alcohol policy in Canada. Ottawa, ON: Canadian Public Health Association; 2011 Dec [cited 2012 Apr 19]. Available from: *http://www.cpha.ca/uploads/positions/position-paper-alcohol_e.pdf.*

The purpose of this CPHA position statement on alcohol is to mobilize the public health community to respond to the growing burden of health and social problems associated with alcohol consumption in Canada. The background statement first outlines the harms and social costs caused by alcohol and how these are evident in different contexts, settings and sectors of the Canadian population. Based on a review of the evidence, it then provides a combination of population-based and targeted policies and interventions that can be selected by public health communities to effectively reduce the harm caused by alcohol. The statement is consistent with the new WHO Global Alcohol Strategy that Canada signed in 2010.

55. Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies.
Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R. et al. Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto, ON: Centre for Addiction and Mental Health; 2013. Available from: *http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf*

This report provides a comparative review of existing programs and policies across all ten Canadian provinces, ranking them across ten policy dimensions. It provides policy-specific recommendations and two general recommendations and urges provincial authorities, in collaboration with public health and other local stakeholders, to strengthen their policies as highlighted in this report.

56. Alcohol in Canada: reducing the toll through focused interventions and public health policies.
Giesbrecht, N., Stockwell, T., Kendall, P., Strang, R. & Thomas, G. Alcohol in Canada: reducing the toll through focused interventions and public health policies. Can Med Assoc J. 2011; 183(4): 450-5. Available from: *http://www.cmaj.ca/content/183/4/450.full.pdf.*

Alcohol consumption has risen in Canada while controls have eroded, a situation that may increase an already high burden of harms that include acute and chronic disease, trauma and social problems. CAMH's Dr. Norman Giesbrecht and colleagues present evidence for a comprehensive response that includes restructured alcohol prices, controlled availability, curtailed marketing, lowered legal limits on blood alcohol concentration, improved access to services for high-risk drinkers, and public education.

57. A complex picture. Trends in consumption, harm and policy: Canada, 1990-2010.
Giesbrecht, N. & Thomas, G. A complex picture. Trends in consumption, harm and policy: Canada, 1990-2010. Nordic Studies on Alcohol and Drugs; 2010; 27: 515-539. Available from: *http://www.nordicwelfare.org/PageFiles/4910/515_538_Giesbrecht.pdf*

This article explores developments in prevention and alcohol policy, trends in consumption, drinking patterns and damage from alcohol in Canada over the last two decades. Resources used for this overview include archival data on alcohol sales, findings from national and regional population surveys, studies of natural experiments and time series studies, as well as national- and provincial-level alcohol action plans.

58. Mothers Against Drunk Driving (MADD)
Mothers Against Drunk Driving (MADD) [homepage on the Internet]. Oakville, ON: Mothers Against Drunk Driving; [cited 2012 Apr 19]. Available from: *http://www.madd.ca/madd2/.*

MADD Canada is a registered Canadian charitable organization that is volunteer driven. The organization has a National Board of Directors representing membership from all regions of Canada. MADD Canada was formed in 1989 to create a national network of victims and concerned citizens working to stop impaired driving and to support victims. MADD Canada works to achieve its mission through various strategies including the promotion of public policy and legislative measures, at both the federal and provincial/territorial levels, to address the impaired driving problem in Canada.

59. Reducing alcohol-related harm in Canada: toward a culture of moderation – recommendations for a National Alcohol Strategy.
National Alcohol Strategy (NAS) Working Group. Reducing alcohol-related harm in Canada: toward a culture of moderation – recommendations for a National Alcohol Strategy. Ottawa, ON: Health Canada; 2007 [cited 2012 Apr 19]. Available from: *http://www.nationalframework-cadrenational.ca/uploads/files/FINAL_NAS_EN_April3_07.pdf.*

The National Alcohol Strategy (NAS) is a landmark Canadian initiative which sets out a comprehensive and collaborative strategy and 41 recommendations for developing a culture of moderate alcohol use, with the aim of reducing alcohol misuse and related harm. This report was released by a diverse working group established by the Canadian Centre on Substance Abuse (CCSA), Health Canada and the Alberta Alcohol and Drug Abuse Commission. It describes ways to better educate Canadians on the potential harms associated with alcohol use as well as guidelines for "Safe Drinking." It also promotes a Safer Community approach and encourages limits on the sale and distribution of alcohol.

60. Alcohol-related harms and control policy in Canada.
Thomas, G. Alcohol-related harms and control policy in Canada. Ottawa, ON: Canadian Centre on Substance Abuse; 2004 Nov [cited 2012 Apr 19]. Available from: *http://www.ccsa.ca/2004%20CCSA%20Documents/ccsa-004840-2004.pdf.*

Central to the redesign of Canada's Drug Strategy was the development of the National Framework for Action on Substance Use and Abuse. The Framework set out the guiding principles and structure of a process to design and implement an inclusive national approach to substance abuse in Canada. Health Canada, along with the Canadian Centre on Substance Abuse, co-hosted a thematic roundtable on alcohol policy to develop a focused discussion on matters related to alcohol policy. The purpose of this paper was to provide background information for the Roundtable. As a background document, this paper was intended to be a compact and accessible resource to inform the facilitated discussions that took place at the roundtable meeting.

61. Levels and patterns of alcohol use in Canada.
Thomas, G. Levels and patterns of alcohol use in Canada. Ottawa, ON: Canadian Centre on Substance Abuse; 2012. Available from: *http://www.ccsa.ca/2012%20CCSA%20Documents/CCSA-Patterns-Alcohol-Use-Policy-Canada-2012-en.pdf.*

The first report in the Alcohol Price Policy Series produced by the Canadian Centre on Substance Abuse provides a summary of data on the levels and patterns of alcohol use in Canada, focusing on trends in risky drinking from 2003 to 2010.

62. Analysis of beverage alcohol sales in Canada.
Thomas, G. Analysis of beverage alcohol sales in Canada. Ottawa, ON: Canadian Centre on Substance Abuse; 2012. Available from: *http://www.ccsa.ca/2012%20CCSA%20Documents/CCSA-Analysis-Alcohol-Sales-Policies-Canada-2012-en.pdf.*

Second in the Alcohol Price Policy Series, this report discusses the economic and governmental context of retail alcohol sales by comparing the direct revenue and costs of alcohol at the provincial/territorial level with the latest available data.

63. Price policies to reduce alcohol-related harm in Canada.
Thomas, G. Price policies to reduce alcohol-related harm in Canada. Ottawa, ON: Canadian Centre on Substance Abuse; 2012. Available from: *http://www.ccsa.ca/2012%20CCSA%20Documents/CCSA-Price-Policies-Reduce-Alcohol-Harm-Canada-2012-en.pdf.*

Third in the Alcohol Price Policy Series, this report summarizes the evidence on the effectiveness of price policies for reducing alcohol consumption and alcohol-related harm and costs, and it also presents information on alcohol pricing policies from six provinces.

64. Alcohol Misuse.
Public Health Agency of Canada. Alcohol Misuse. Ottawa, ON: Public Health Agency of Canada [cited 2012 Dec 19]. Available from: *http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/alcohol-misuse/*

Based on Canadian and international evidence, the Public Health Agency of Canada provides a range of resources to help plan programs to help minimize harms related to alcohol. This includes: data on alcohol misuse, strategies to prevent and reduce alcohol misuse, best practice programs via the Canadian Best Practices Portal, guidance on what works to prevent alcohol misuse and systematic reviews of the research.

International resources

65. Alcohol: no ordinary commodity—research and public policy, 2nd Ed.
Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K. et al. Alcohol: no ordinary commodity—research and public policy, 2nd ed. Oxford, UK: Oxford University Press; 2010.

This book presents the accumulated scientific knowledge on alcohol research relevant to the development of alcohol policy at local, national and international levels. It provides an objective analytical basis on which to build relevant policies globally and informs policy-makers who have direct responsibility for public health and social welfare. This book locates alcohol policy primarily within the realm of public health and draws attention to the growing tendency for governments, both national and local, to consider alcohol misuse as a major determinant of ill health, and to organize societal responses accordingly.

66. Reducing harm from alcohol: call to action.
Casswell, S. & Thamarangsi, T. Reducing harm from alcohol: call to action. Lancet 2009; 373: 2247–57. Available from: *http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60745-5/abstract*

Despite clear evidence of the major contribution alcohol makes to the global burden of disease and to substantial economic costs, focus on alcohol control is inadequate in most countries. Expansion of industrial production and marketing of alcohol is driving an increase in alcohol use. Cost-effective and affordable interventions to restrict harm exist, and are in urgent need of scaling up. Most countries do not have adequate policies in place. Factors impeding progress include a failure of political will, unhelpful participation of the alcohol industry in the policy process and increasing difficulty in free-trade environments to respond adequately at a national level. An effective national and international response will need governments and non-governmental organizations to support and hold government agencies to account.

67. The Alcohol Learning Centre
The Alcohol Learning Centre, Liverpool John Moore's University, Liverpool, UK.
Available from: http://www.alcohollearningcentre.org.uk/

The Alcohol Learning Centre collates, co-ordinates and disseminates learning and promising practices from across England. The Centre contains alcohol-specific documents, guidance and tools, examples of alcohol harm reduction initiatives and provides training resources to support frontline practitioners and commissioners.

68. International Center for Alcohol Policies (ICAP)
International Center for Alcohol Policies (ICAP) [homepage on the Internet] The ICAP blue book: practical guides for alcohol policy and prevention approaches. Washington, D.C.: International Center for Alcohol Policies; 1995-2012. [cited 2012 Apr 19]. Available from: http://www.icap.org/PolicyTools/ICAPBlueBook.

This resource offers a comprehensive guide to key issues in alcohol policy development and an integrated approach to prevention, drawing upon the best available research and experience from around the world. The Blue Book is a tool to assist those seeking guidance in developing policy and prevention approaches, be they governments, intergovernmental organizations, public health officials and specialists, researchers, nongovernmental organizations, the beverage alcohol industry and its related bodies, or civil society groups. It can be used to address simple issues or to craft broader and more comprehensive approaches to policy. (Note: ICAP is a not-for-profit organization, supported by major producers of beverage alcohol *(http://www.icap.org)*).

69. Handbook for action to reduce alcohol-related harm.
World Health Organization. Handbook for action to reduce alcohol-related harm. Denmark: WHO Regional Office for Europe; 2009 [cited 2012 Apr 19]. Available from: *http://www.apolnet.ca/resources/docs/WHO_EuropeAlcoholHarm_Handbook.pdf.*

This handbook is designed primarily for people working in health ministries or who are responsible at the regional or municipal level for developing strategies and action plans to reduce alcohol-related harm. The handbook begins by setting out the infrastructure needed for an effective action plan on alcohol. It then describes ten areas for effective action: alcohol pricing, availability, marketing, illegally and informally produced alcohol, drinking and driving, drinking environments, health care interventions, public awareness raising, community and workplace action, and monitoring and evaluation. For each area, the handbook outlines strategies, lists questions to consider, offers options for action, lists partners for action and provides a short bibliography of tools and supporting materials.

70. Global strategy to reduce the harmful use of alcohol.
World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva, Switzerland: World Health Organization, 2010 [cited 2012 May 09]. Available from: *http://www.who.int/substance_abuse/alcstrategnlishfinal.pdf.*

The global strategy to reduce the harmful use of alcohol, endorsed by the Sixty-Third World Health Assembly in May 2010, recognizes the close links between the harmful use of alcohol and socioeconomic development. It represents the commitment by the Member States of the World Health Organization to sustained action at all levels. It also builds on several WHO global and regional strategic initiatives, including the action plan for the global strategy for the prevention and control of non-communicable diseases which was endorsed by the World Health Assembly in 2008.

Policy development resources and guides

71. Policy Readiness Tool: Understanding a Municipality's Readiness for Policy Change and Strategies for Taking Action.
Nykiforuk, C.I.J., Atkey, K.M., Nieuwend, L.M., Raine, K.D., Reed, S. & Kyle, K. Policy Readiness Tool: Understanding a Municipality's Readiness for Policy Change and Strategies for Taking Action. Edmonton, AB: School of Public Health, University of Alberta, 2011. [cited 2012 Dec 17], Available from: http://policyreadinesstool.com/wp-content/uploads/Policy-Readiness-Tool_English.pdf

    This resource helps stakeholders assess the readiness of municipalities for policy change through a step-by-step policy readiness tool. It also identifies key strategies to gain support for healthy public policy at a local level.

72. Toolkit to Healthier Communities: Influencing Healthy Public Policies.
Ontario Chronic Disease Prevention Alliance. Toolkit to Healthier Communities: Influencing Healthy Public Policies. 2011 [cited 2012 Dec 17] *Available from: http://www.ocdpa.on.ca/ocdpa/docs/ocdpa_hctoolkit.pdf*

    This toolkit aims to support stakeholders who want to advance healthy public policy in their communities or encourage policy change at a local level.

73. Health equity impact assessment workbook: how to conduct HEIA.
Health Equity Impact Assessment (HEIA) Workbook and Template. Ministry of Health and Long-Term Care. Health equity impact assessment workbook: how to conduct HEIA. Toronto, ON: Queens Printer for Ontario; 2011. Available from: *http://www.health.gov.on.ca/en/pro/programs/heia/*

    The HEIA is a decision support tool to help users identify how a policy, program or initiative will affect populations in different ways by identifying unintended impacts. The HEIA tool includes a template and a workbook. The HEIA also includes a Public Health Unit (PHU) supplement to assist PHUs in meeting the Ontario Public Health Standards; and a French Language Supplement which clarifies and supports integration of FLS considerations.

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Babor, T.F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K. et al. (2010). *Alcohol: No Ordinary Commodity*—Research and Public Policy (2nd Ed.). Oxford, UK: Oxford University Press.

Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2012). Taking action to prevent chronic disease: recommendations for a healthier Ontario. Toronto: Queen's Printer for Ontario. Retrieved January 29, 2013 from: *http://www.oahpp.ca/resources/documents/takingactionreport%20Mar%2015-12.pdf*

Centre for Addictions Research of British Columbia.(2012). *Helping municipal governments reduce alcohol-related harms.* Retrieved from: *http://carbc.ca/KnowledgetoAction/ToolsResources/HelpingMunicipalGovernments.aspx.*

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