



TIMISKAMING  
DRUG AND ALCOHOL STRATEGY  
STRATÉGIE CONTRE LES DROGUES ET  
L'ALCOOL DU TIMISKAMING

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June 17, 2024

Minister Peter Bethlenfalvy, Ministry of Finance  
Minister Sylvia Jones, Minister of Health

Sent by email to: [peter.bethlenfalvy@ontario.ca](mailto:peter.bethlenfalvy@ontario.ca) and [sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

**Re: Strengthening Alcohol Policy in Northern Ontario to Protect Public Health**

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Dear Minister Bethlenfalvy and Minister Jones,

On behalf of the Timiskaming Drug and Alcohol Strategy (TDAS), we are sharing our recommendations regarding the government's [recent announcement](#) to increase alcohol availability and sales distribution across the province by October this year.

TDAS represents a collaboration of over 20 local health and social agencies, municipal institutions, and indigenous and community organizations in our district in Northeastern Ontario. Our steering committee acknowledges the public health concerns associated with increased alcohol accessibility and affordability, and the need to consider the health and wellbeing of Ontarians alongside the economic benefits the new policy may bring.

Based on research data, we would like to propose the following policy measures to mitigate the adverse effects of alcohol consumption:

1. **Regulate Retail Density:** Strictly regulate any expansion from current alcohol retail density, especially in low Socio-Economic Status (SES) areas where alcohol-related harms are more prevalent.
2. **Enforce Sales Regulations:** Promote awareness, enforce regulations, and invest in enforcement mechanisms of alcohol sale time and ID criteria, to lessen high-risk, or underage drinking.
3. **Strengthen Pricing Policies:** Implement minimum pricing and adjust taxation to discourage excessive, or heavy consumption, especially in low SES areas.

4. **Consider the Costs:** Carefully review the estimated economic benefits and potential costs and harms of any retail expansion.
5. **Health in All Policies:** Integrate public health considerations into all government policies, and to adopt evidence-based policy making.

Our recommendations are inspired by our local data from Public Health Ontario (PHO) and research conducted by Canadian Alcohol Policy Evaluation (CAPE) in Ontario. CAPE's latest report indicates that in 2020, Ontario had an alcohol-net-revenue of \$5.162 billion against a net cost of \$7.109 billion from alcohol-related harms, leading to a net deficit of \$1.947 billion, or a loss of \$0.34 per standard drink sold (2023).

We acknowledge the government's effort in providing additional funding of \$10 million over five years to the Ministry of Health to support social responsibility. However, these figures from CAPE's study reflect the broader economic and social cost, including health and social services, lost productivity, criminal justice, assistance programs, and workers' compensation.

In their [resolution](#), the Association of Local Public Health Agencies (ALPHA) highlighted the well-established association between easy access to alcohol and an increase in consumption and damage (Barbor et al., 2010), and that alcohol is causally related to over 65 medical conditions, and nearly half of all deaths attributed to alcohol are from both unintentional, e.g., drowning, burns, poisoning, falls; and intentional injuries, e.g., acts of violence (WHO, 2012).

Additionally, the link between trauma and the development of mental health and substance use disorders is well established. Alcohol use has been implicated in intimate partner violence (Sontate, 2021), child abuse/neglect (Falon et al., 2024), sexual and physical assaults (Abbey et al., 2024; Gateley et al., 2017), and motor vehicle collisions, unintended injuries, and other traumatic experiences that negatively impact our communities (MTO, 2023; Paradis et al., 2023).

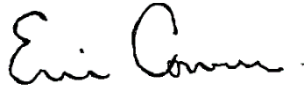
Alcohol-related harms are not experienced equally and contribute to health inequities. Although individuals from lower sociodemographic backgrounds consume alcohol at lower levels, this group tends to experience alcohol-related harms at higher rates (CIHI, 2017). Due to intergenerational trauma resulting from colonial practices and racist policies, Indigenous people are especially vulnerable to the harms of alcohol (Toombs et al., 2023).

Moreover, a significant portion of the Ontario population has already exceeded the low-risk drinking guidelines (23.4%) or engages in hazardous or harmful drinking (15.6%). In Timiskaming alone, there were 133 cases of hospitalization in 2021 that were entirely attributed to alcohol, a rate higher than any health unit area in Southern Ontario, which is concerning given our district's small and sporadic population (CAMH, 2022; PHO, 2023).

Northern Ontario, including Timiskaming, is among the most affected areas in the province by alcohol harms. We would like to suggest that the government to undertake a comprehensive review of the current alcohol policies considering these findings. A scrupulous, evidence-informed approach is necessary to protect our community's well-being and to align with the government's commitment to the health of Ontarians as well as their economic gains.

We sincerely appreciate your attention to our recommendations and look forward to your support in enacting meaningful policy changes to address the challenges posed by the harms of substance and alcohol use.

Sincerely,



Erin Cowan  
TDAS Co-Chair



Angèle Desormeau  
TDAS Co-Chair

cc.

Hon. John Vanthof, MPP, Timiskaming – Cochrane

Hon. Doug Ford, Premier of Ontario

Hon. Greg Rickford, Minister of Indigenous Affairs and Minister of Northern Development

Hon. Doug Downey, Attorney General of Ontario

Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions

Hon. Michael Parsa, Minister of Children, Community and Social Services

Hon. Prabmeet Singh Sarkaria, Minister of Transportation

Hon. Michael S. Kerzner, Solicitor General of Ontario

Dr. Kieran Moore-Chief Medical Officer of Health and Assistant Deputy Minister

Dr. Charles Gardner, President, Association of Local Public Health Agencies

Drug Strategy Network of Ontario

Ontario Boards of Health

Mayor/ Reeves, Timiskaming Health Unit Constituent Municipalities

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## More about TDAS

Launched in 2022, the Timiskaming Drug and Alcohol Strategy (TDAS) is supported by over 20 local organizations and agencies working together to reduce the impact of substance use. We build collective impact through a [common agenda](#), [shared measurement](#), [mutually reinforcing activities](#), and [continuous communications](#) among community partners and the backbone agency.

TDAS operates under the leadership of a multisectoral Steering Committee and is supported by four working groups, which correspond to our four-pillar approach to substance use: [Prevention](#), [Harm Reduction](#), [Treatment](#), and [Community Safety](#).

We recognize the complex nature of substance use and its impacts on individuals, families, and the wider community. To learn more about our progress in the past year and priorities in 2024, please consult our latest [Report to the Community](#).