

- Alcohol policies: Why are they not keeping pace with alcohol-related harm in Canada? — *Norman Giesbrecht*
- The frequency and distribution of alcohol advertising on broadcast television in Canada and potential implications for youth and public health policy — *Elise Pauzé*
- Reconciling perspectives on drugs across Canadians who use drugs, law professionals, and health professionals — *Niki Kiepek*
- Cannabis use and self-reported mental health in citizens of the Métis Nation of Ontario: A cross-sectional analyses — *Sarah Edwards*
- Cannabis legalization in Canada: Do we have a safe supply? — *Mike DeVillaer*

**Alcohol Policies: Why are they not keeping pace with alcohol-related harm in Canada? - *Norman Giesbrecht***

**Introduction:**

The evidence of alcohol policies' effectiveness is contrasted with the inaction or contrary action by federal or provincial /territorial governments. Underlying factors are highlighted and a template for a more appropriate policy development protocol is provided.

**Methods:**

We draw on findings from three waves of the Canadian Alcohol Policy Evaluation project (2013, 2019, 2023), which assessed provinces, territories and the federal government on 11 alcohol policy domains. Our data sources were government websites, key informant interviews, original research, systematic reviews and media accounts.

**Results & Analysis:**

In 2020 there were 17,000 alcohol-related deaths in Canada; many Canadians experienced alcohol-related trauma, chronic disease and social problems. Revenues from alcohol sales were substantially less than alcohol-related costs. Contrary to the available evidence that increasing physical availability will increase alcohol-related harm, Ontario introduced alcoholic beverages in supermarkets in 2015, into 7-11 outlets in 2023, and plans to put alcohol into corner stores. The supermarket policy has been linked to an increase in 24,000 alcohol-related hospital admissions. In Saskatchewan alcohol retail outlets were privatized in 2023 in contrast with the long-standing evidence that government owned/operated stores provide more effective constraints on alcohol-related problems.

Despite the strong evidence from the Yukon real-world labelling experiment, the federal government is not supporting Bill S-254 for mandated enhanced warning labels on alcohol containers. During the 2023 House of Commons discussion of raising the federal excise tax on alcohol to keep pace with inflation, media coverage sided with the alcohol industry and retailers opposing the adjustment, instead of highlighting the harm reduction potential of excise taxes.

**Conclusion & Recommendations:**

The policy decision-making process should be dramatically revamped to include public health concerns. Governments need to routinely examine evidence of the harm reduction potential of alcohol policies.

Dedicated alcohol and public health lobby initiatives are needed to better represent these issues in political circles and the media.

### **The frequency and distribution of alcohol advertising on broadcast television in Canada and potential implications for youth and public health policy - *Elise Pauzé***

#### **Introduction/background:**

Alcohol use among youth is associated with many negative health and social outcomes. Exposure to alcohol advertising is a known causal determinant of alcohol consumption. To date, very few studies have examined the extent of alcohol advertising in Canada. As such, this study sought to quantify and characterize alcohol advertising on broadcast television in Canada.

#### **Methods:**

This cross-sectional study analyzed television program logs from 2018 submitted by broadcasters to the Canadian Radio-television and Telecommunications Commission. Descriptive analyses were conducted to quantify alcohol advertisements and examine their distribution by company and station type, programming and language.

#### **Results and analysis:**

In 2018, 501,628 alcohol advertisements aired on 147 television stations with alcohol advertising and 83% of these ads stemmed from only four companies. French-language conventional stations had more alcohol ads (Mdn=3,224; IQR=2262) than those in foreign/mixed languages (Mdn=2,679; IQR=219) and in English (Mdn=1,955; IQR=1563). Sports channels (Mdn=8036; IQR=7393) and those focused on movies and scripted shows (Mdn=7,463; IQR=5937) had the highest frequency of ads among specialty stations. Across all examined stations, a large share of alcohol ads aired at times when youth are likely to be watching: 65% of these ads aired from 3pm-midnight on weekdays and 71% aired from 9am-midnight on weekends. Ten companies advertised a total of 7937 times on four youth-appealing stations, with 4-5% airing from 6am-9pm and 44-45% airing from 9pm-midnight.

#### **Conclusions and implications for policy, practice or additional research:**

Young Canadians are likely exposed to alcohol advertising on youth-appealing stations and those intended for general audiences. Exposure may be higher among some subpopulations (e.g. Francophones, sports fans). Current advertising restrictions, which do not limit when and where alcohol advertisements can be broadcast, are likely not protecting youth adequately. More research is needed.

### **Reconciling perspectives on drugs across law professionals, health professionals, and Canadians who use drugs - *Niki Kiepek***

#### **Introduction/problem definition that demonstrates the need for a policy change:**

Despite public health messaging and regulations, a wide array of psychoactive substances continue to be used in ways that contravene public health advice. In Canada, substance-related public health policies are based on laws and regulations that are polarising and political, with decisions based on assumptions, moral standpoints, and sensationalised portrayals. Internationally, discourses and research are shifting to recognise diverse factors influencing substance use, such as pleasure, performance enhancement, and enhanced lives. We aim to bridge understandings about substance use and contribute to less polarised positions to inform public health policy, to advocate for equitable and just access to resources, and to influence laws aimed at mitigating unintended and/or avoidable harms. A purpose of this research is to examine social contexts and their impact on individual decisions to use (or not use) substances.

**Research methods:**

Photo elicitation methodology, involving participant-generated photos and elicitation interviews, is used to examine the question: What constitutes a “good life” and how do substances (legal, illegal, and prescribed) fit into that (e.g., enhance, impede)? Photos elicit emotions, thoughts, memories, and interpretations of lived experience and engage participants in critical reflection. Participants are Canadian health professionals (n=20), law professionals and law enforcement personnel (n=20) and people who use substances (n=20). Data is analyzed according to narrative analysis.

**Results and analysis:**

Based on early data, participants confront and challenge dominant social perspectives on drugs and risk-based public health policies and approaches. Participants identified societal factors that influence use of drugs, the importance of addressing disproportionate adverse impacts of substance on marginalised populations, and eliminating punitive and exclusionary practices and policies that negatively impact people who use substances.

**Recommendations and implications for policy, practice or additional research:**

Effective public health approaches to substance use is predicated on accurate and relevant understandings of diverse lived experiences and disciplinary perspectives. The findings of our project can contribute evidence to informed, relevant, and timely policy decisions, with increased public support.

**Cannabis use and self-reported mental health in citizens of the Métis Nation of Ontario: a cross-sectional analyses - Sarah Edwards****Introduction/background:**

Evidence exists in mainstream populations in Canada that demonstrate an association between poorer mental health and cannabis use. However, little research on cannabis use and mental health outcomes for Métis people exists to date. Métis people are one of three constitutionally recognized Indigenous Peoples in what is now Canada. Our study used cross-sectional survey data to examine the association between self-reported cannabis use and self-reported mental health in citizens of the Métis Nation of Ontario (MNO), the only recognized Métis government in the province of Ontario.

**Methods:**

A population-based online survey was implemented by the MNO in May-Jun 2022 (n=4,164 respondents, 30% response rate). Questions included cannabis use in the last three months, frequency of use and purpose (medical, non-medical, both). Self-rated mental health was also captured using a 5-point Likert scale. Descriptive statistics and multivariate logistic regression models (adjusted for sociodemographic variables) were used to analyze the association between cannabis use and mental health.

**Results and analysis:**

One third of MNO citizens reported cannabis use in the last 12 months and 65% reported using cannabis at least monthly. Cannabis users were younger, reported a lower income and were more likely to be men or non-binary (versus women). The odds of MNO citizens who were cannabis users reporting good mental health were lower than for MNO citizens who were not cannabis users even after adjusting for sociodemographics (OR=0.58, CI: 0.49-0.70).

**Conclusions and implications for policy, practice or additional research:**

This research contributes to the knowledge base for Métis health, particularly considering Canada legalized cannabis use in 2018. Future research will examine the longitudinal effects of cannabis use on mental health for MNO citizens.

**Cannabis Legalization in Canada: Do We Have a Safe Supply? - *Mike DeVillaer*****Introduction/problem definition that demonstrates the need for a policy change:**

Decades of investigation have demonstrated an inability of alcohol, tobacco and pharmaceutical companies to balance pursuit of revenue with protection of public health. Government regulation has fallen short of addressing this challenge. An objective of cannabis legalization in Canada was to replace an illegal supply of unknown integrity with a safe, regulated supply of known integrity from a law-abiding industry.

**Research methods:**

This work draws from Health Canada's "Compliance and Enforcement Reports" and its "Recalls and Alerts" database, as well as from academic policy literature, health policy authority reports, and investigative journalism to determine how well legalization of cannabis has achieved the stated objective.

**Results and analysis:**

Compromises in product integrity detected at production and retail included 2,963 infractions, of which 1,108 were "major" or "critical", resulting in 35 product seizures and 85 retail recalls. Reasons included package mislabelling and product contaminated with mould, bacteria, and unapproved pesticides. Other infractions with implications for product integrity included purchasing illegal seed and product, unauthorized cultivation, selling illegal product to legal retailers, and misleading and obstructing inspectors. Many producers were repeat offenders. In some cases, infractions were sufficiently serious to result in suspension and revocation of production licenses. Some of the most serious infractions were identified not during inspections, but when company employees alerted the regulator. The extent of infractions may be greater than routinely detected and under-detection may increase.

**Recommendations and implications for policy, practice or additional research:**

Surveillance of cannabis producers must be improved by increased inspection capacity. There must also be meaningful consequences for repeat offenders to motivate compliance, while retaining license suspension and revocation for the most serious infractions. There are important implications for the safety of cannabis for both recreational and therapeutic use and for the rigor of research. There are important lessons for health authorities working in other jurisdictions considering cannabis legalization, and for the international interest in legalizing psychedelic drugs.