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Provincial Municipal Alcohol Policy (MAP) Scan

Summary of findings from a public health unit survey

December 2015

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How to cite this document:
Ontario Agency for Health Protection and Promotion (Public Health Ontario). Provincial municipal alcohol policy (MAP) scan: summary of findings from a public health unit survey. Version 1.0. Toronto, ON: Queen's Printer for Ontario; 2015.

ISBN 978-1-4606-6895-5 [PDF]

Public Health Ontario acknowledges the financial support of the Ontario Government.

Provincial Municipal Alcohol Policy (MAP) Scan:

Summary of Findings from a Public Health Unit Survey

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Acknowledgements

PHO gratefully acknowledges the leadership and support of the Low-Risk Alcohol Drinking Guidelines Public Health Working Group (LRADG-PHWG) Co-Chairs in the production of this report.

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Disclaimer

This document was developed by Public Health Ontario's (PHO) Health Promotion Capacity Building – Alcohol Policy (HPCB-AP) Resource Centre at the request of The Low-Risk Alcohol Drinking Guidelines Public Health Working Group (LRADG-PHWG). The views expressed in this report do not necessarily reflect the views of PHO.

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Contents

Executive Summary

Purpose

The purpose of this report is to provide a provincial moment-in-time snapshot of the implementation of Municipal Alcohol Policies (MAPs) throughout the province of Ontario. The results received from a 2014 provincial survey of Public Health Units (PHUs), outline the status of MAPs across Ontario, the successes and challenges of MAP implementation, and offer commentary on community involvement in MAP development.

Context

Public health professionals are encouraged provincially and nationally to support local alcohol policies. Provincially, the 2008 Ontario Public Health Standards (OPHS) require Boards of Health to work with municipalities to support healthy public policies in various topics including alcohol use.[1] Additionally, the 2010 Prevention of Substance Misuse Guidance Document outlines how MAPs are seen as evidence-based and encourages public health staff to collaborate with community stakeholders to increase awareness of MAPs and to improve or initiate MAP implementation.[2] The Framework for a Canadian National Alcohol Strategy (NAS) highlights the importance of MAPs and includes MAP development as one of its 41 recommendations to address alcohol-related harms in Canada.[3]

Methodology

In October 2014, an on-line survey was developed and distributed to each local Medical Officer of Health in the province along with staff working closest to alcohol policy initiatives. The survey had an open response time of three weeks and was designed to collect high level information on MAPs in each health unit's geographic area.

Results

Initially, a total of 32 of 36 PHUs completed the survey with all regions of Ontario deemed to be well-represented. The remaining four PHUs completed the survey at a later date and these results are presented in the appendices; however, due to timing of responses, only the original 32 completed survey responses are included in this report.

Background information was collected on each health unit to understand the level of experience respondents had and the size of the department involved in alcohol policy. The survey asked how many known MAP's existed per health unit jurisdiction, if MAPs had been evaluated, and public health unit

involvement in MAP development. The survey also collected qualitative information on successes, challenges, experiences and opinion on MAP development.

Themed areas of noted successes included successful community collaborations, available resources to assist in MAP development, use of planned educational events, use of external experts, and achieving clarity on liability considerations. Themed areas of noted challenges included human resources considerations, lack of community collaboration, competing work priorities, potential loss of revenue for municipalities, lack of political and public readiness, and lack of MAP enforcement. The report provides readers with discussion on the status, implementation and revision of MAPs, a breakdown of MAPs per region, and other qualitative information received through survey analysis.

Conclusions

The Provincial MAP Scan survey provides current data on the status of MAP implementation and evaluation across municipalities in Ontario from the PHU perspective. Qualitative data highlight a number of key areas including successes, challenges and community feedback to help inform future MAP development.

Introduction

Canada's Low-Risk Alcohol Drinking Guidelines Public Health Working Group (LRADG-PHWG) was established early in 2013 to coordinate action with Ontario public health units and key provincial organizations on awareness and knowledge exchange strategies to support the adoption and promotion of Canada's LRADG. This work was intended to help support the Ontario Public Health Standards and Accountability Agreement Performance Indicator: *Percentage of the population (19+) that exceeds the Low-Risk Alcohol Drinking Guidelines.*

The provincial working group was co-chaired by Laura Pisko, Director, Health Promotion Implementation Branch at the Ministry of Health and Long-Term Care and Dr. Hazel Lynn, Medical Officer of Health of the Grey Bruce Health Unit between 2013 - 2015. The group consisted of representatives from Ontario Ministries, Government Agencies, Non-Governmental Organizations, and several public health units across Ontario. Secretariat support was provided by Public Health Ontario's (PHO) Health Promotion Capacity Building - Alcohol Policy (HPCB-AP) Resource Centre.

The purpose of this report is to provide a provincial snapshot of the implementation of municipal alcohol policies (MAPs) throughout the province of Ontario. The results reported in the Provincial MAP Scan represent a public health unit perspective on MAPs, specifically the status of MAPs across Ontario, the successes and challenges of implementing MAPs, and the community's opinion on MAP development.

This document was developed by Public Health Ontario's (PHO) HPCB-AP Resource Centre on behalf of The Low-Risk Alcohol Drinking Guidelines Public Health Working Group (LRADG-PHWG). The views expressed in this report do not necessarily reflect the views of PHO. Health units have not been identified in this report.

Context

Definition of a municipal alcohol policy

A MAP is a civic policy tool that aligns with provincial liquor laws and outlines the appropriate use of alcohol on local government owned or managed property; such as parks, beaches, arenas, sport stadiums and community centres.[4] The purpose of a MAP is to manage the drinking environment, and the goal is to encourage moderate, responsible consumption by changing social norms in the community.[5, 6] The development and enforcement of a MAP demonstrates a community's commitment to safe environments.

Background on municipal alcohol policies

In the early 1980's, researchers from the Addiction Research Foundation (ARF) (now part of the Centre for Addiction and Mental Health - CAMH), concluded that alcohol policy interventions were needed at a local level to complement or pressure national priorities.[7] Both the ARF and public health units actively collaborated in the early 1990's to develop MAPs across Ontario.[7] This led to important research and a comprehensive guide on developing MAPs produced in 2003.[8]

In 1991, it was estimated that 19 municipalities had formal alcohol policies in place in Ontario.[5] In 1994, this number grew to about 97.[5] By 1998, an estimated 238 municipalities had adopted alcohol policies.[9]

Since 1991, many municipalities have merged with each other, as Ontario moved from well over 600 municipalities to 444.[5,10] As a result of these mergers it is not known if municipalities kept their old MAPs, revised MAPs as a result of a merger, or adopted one MAP amongst multiple merged municipalities. This report helps explore the current status of MAPs to address some of these outstanding questions.

Role of municipalities

Provincial and Federal jurisdictions have a significant role in minimizing alcohol-related harms and the control of alcohol production and consumption.[11] Municipalities also have opportunities to reduce alcohol-related harm by developing MAPs that control the availability of alcohol in municipally owned spaces.[11] Municipalities have a role in the development, implementation, enforcement and refinement of the policy.[12]

Role of public health units

Public health professionals are encouraged provincially and nationally to support local alcohol policies. The 2008 Ontario Public Health Standards (OPHS) requires boards of health to work with municipalities

to support healthy public policies in various topics including alcohol use.[1] Additionally, the Prevention of Substance Misuse 2010 guidance document outlines how MAPs are seen as evidence-based and encourages public health staff to collaborate with community stakeholders to increase awareness of MAPs and to improve or initiate MAP implementation.[2] The Framework for a Canadian National Alcohol Strategy (NAS) highlights the scope of MAPs and includes MAP development as one of its 41 recommendations to address alcohol-related harm in Canada.[3]

Role of supports

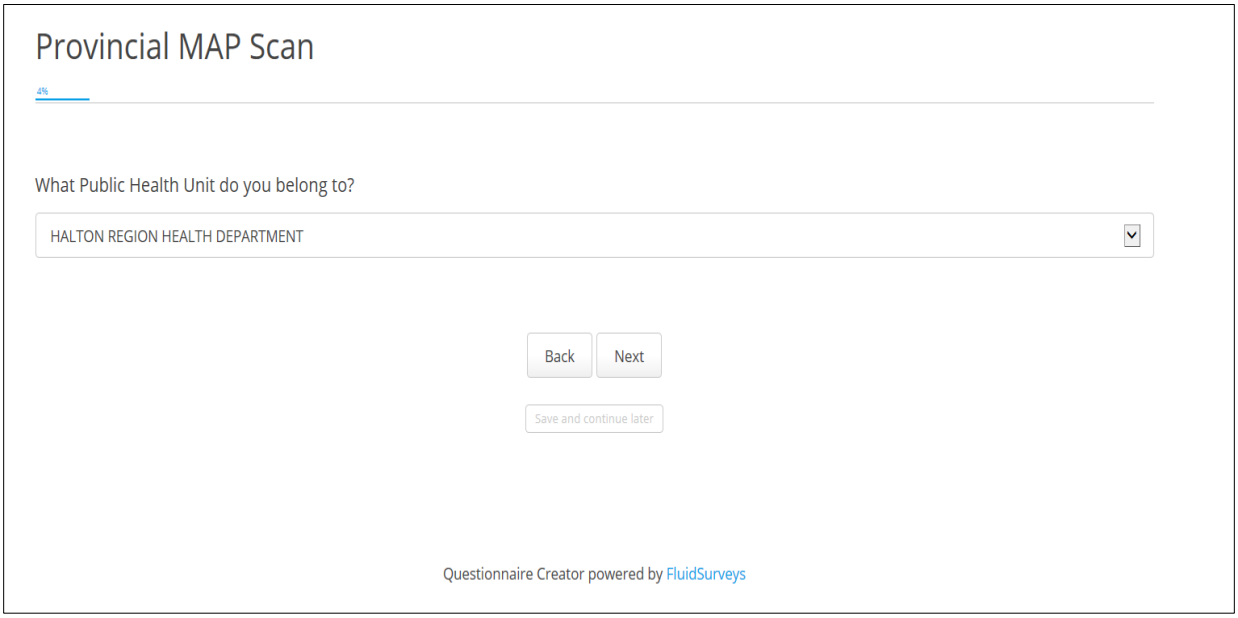
The HPCB-AP Resource Centre supports Ontario's 36 public health units on a variety of different alcohol policy topics as they pertain to healthy public policy and the OPHS. As a means of support, PHO's HPCB-AP team conducted an environmental scan on behalf of the LRADG - PHWG to gather information about the implementation of MAPs throughout the province.

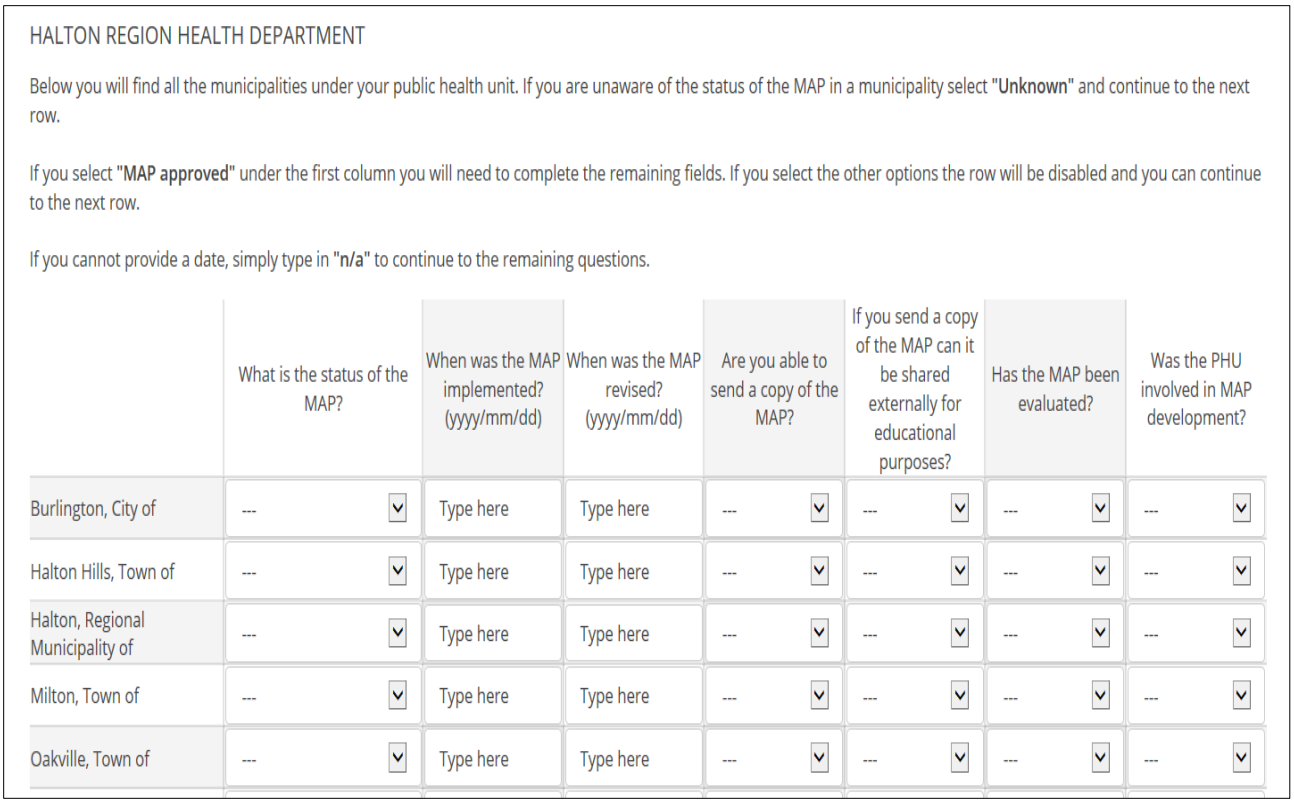
Methodology

An on-line survey was developed and distributed to each Medical Officer of Health in the province in October 2014. In addition, the link was sent to staff of the 36 public health units that worked on alcohol policy. It was requested that staff associated with LRADG programming complete the survey, with one coordinated response requested per public health unit. This survey was designed with the intent that all public health units in Ontario provide high level information on MAPs in their respective jurisdictions.

The survey was divided into three sections. The first section gathered information about the respondent – specifically including number of years of experience, number of people on their team, and the health unit department that supported their work. The second section captured the status of MAPs in each municipality. When the respondent selected the public health unit to which they belonged, a list of all the municipalities in their respective health unit jurisdiction appeared as rows and a series of questions regarding the status of the MAPs were in columns, as seen in Figure 1. The categories of "Out of District", "Unincorporated", and "Unorganized Territory" communities were not included as response options as they were outside the list of municipalities provided by the Ministry of Municipal Affairs and Housing.[10] Respondents could select one of four status categories through a drop-down menu, including "MAP approved", "in development", "no MAP" and "unknown." Selection of "MAP approved" triggered a second set of questions to gather additional information. The third section of the survey included a qualitative component to understand the various successes and challenges public health units have experienced in MAP development and community involvement regarding MAPs.

Figure 1: Example of MAP status question





HALTON REGION HEALTH DEPARTMENT

Below you will find all the municipalities under your public health unit. If you are unaware of the status of the MAP in a municipality select "**Unknown**" and continue to the next row.

If you select "**MAP approved**" under the first column you will need to complete the remaining fields. If you select the other options the row will be disabled and you can continue to the next row.

If you cannot provide a date, simply type in "**n/a**" to continue to the remaining questions.

	What is the status of the MAP?	When was the MAP implemented? (yyyy/mm/dd)	When was the MAP revised? (yyyy/mm/dd)	Are you able to send a copy of the MAP?	If you send a copy of the MAP can it be shared externally for educational purposes?	Has the MAP been evaluated?	Was the PHU involved in MAP development?
Burlington, City of	---	Type here	Type here	---	---	---	---
Halton Hills, Town of	---	Type here	Type here	---	---	---	---
Halton, Regional Municipality of	---	Type here	Type here	---	---	---	---
Milton, Town of	---	Type here	Type here	---	---	---	---
Oakville, Town of	---	Type here	Type here	---	---	---	---

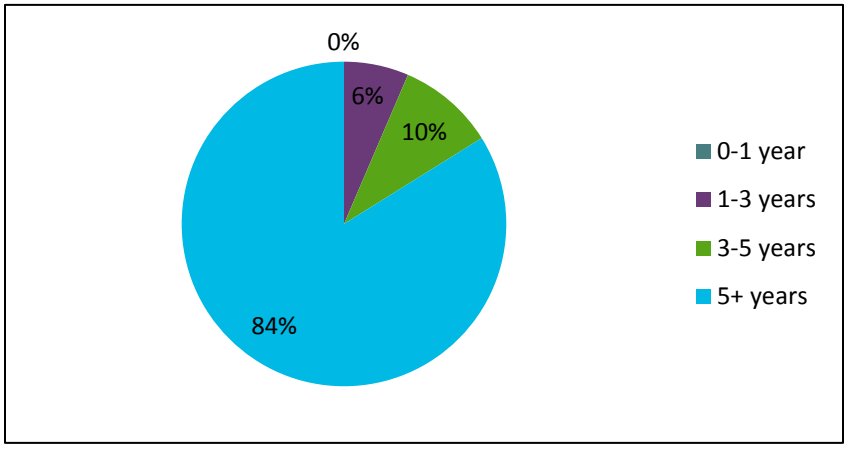
Initially respondents had one and a half weeks to complete the survey. After receiving 29 of 36 responses, the LRADG-PHWG recommended opening the survey up for an additional two weeks; an email was sent to each health unit who did not complete the survey notifying them that the survey would be open for an additional two weeks. As a result of the extension, one public health unit revised their response and an additional three public health units completed the survey. In total, 32 public health units responded to the survey (described herein as the “survey” or “initial survey”) and their data are included.

To help validate the survey results, a draft report of the Provincial MAP Scan survey was presented to the LRADG-PHWG for feedback in early 2015. Feedback has been incorporated into this report.

Survey Results

A total of 32 of 36 public health units completed the survey, giving a response rate of 89.9%[1]. All regions of Ontario were deemed to be well-represented. Background information was collected to understand the level of respondent experience and the size of the department involved in alcohol policy. In total 83.9% of respondents had five or more years' experience, 9.7% had three to five years' experience, 6.4% had one to three years' experience, while zero respondents had less than one year's experience, as seen in Figure 2. The number of people on the team ranged from 1 to 20, with an average number of 7.7 employees on a team, as seen in Table A1 in Appendix A.

Figure 2: Number of years of experience

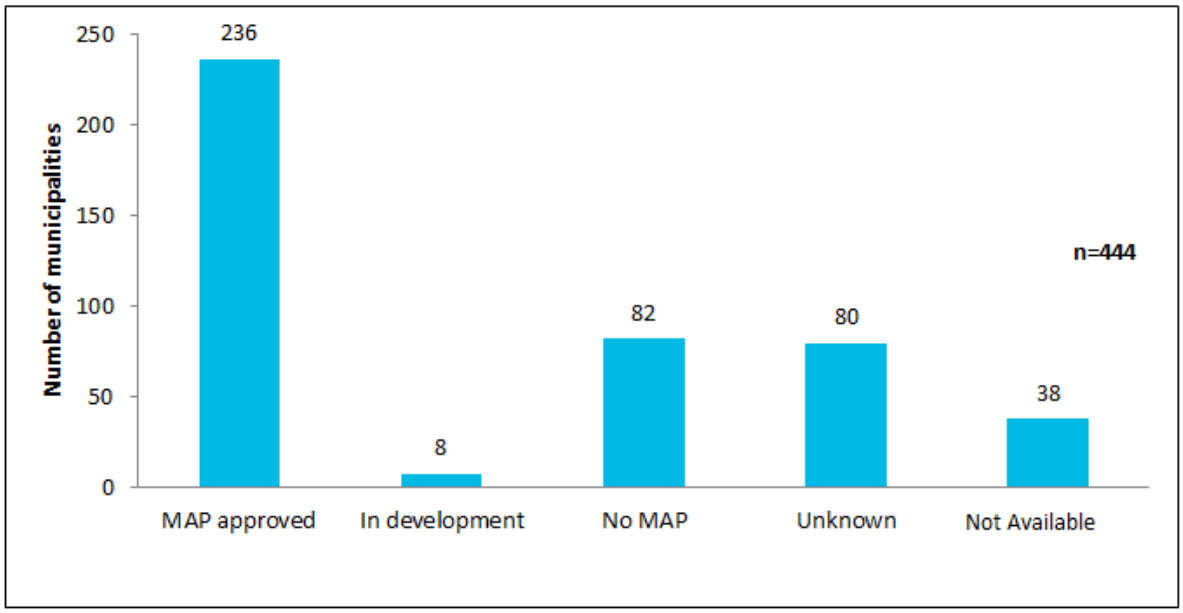


Status of municipal alcohol policies

According to the Ministry of Municipal Affairs and Housing in 2014 there were 444 municipalities in Ontario, across all 36 public health unit regions.[10] There were 406 (91.4%) municipalities represented within the 32 public health units that completed the survey, and 38 (8.6%) municipalities represented within the 4 public health units that did not initially respond to the survey. At the time of initial survey completion, PHU survey respondents indicated that 236 of 444 (53.1%) municipalities had MAPs approved, 8 (1.8%) municipalities had MAPs in development, 82 (18.5%) municipalities had no MAPs, 80 (18.0%) were classified as unknown, and 38 municipalities were not reported on. Information from these 38 municipalities is described as "not available" in Figure 3 and Table 1 below and in both appendices. [1]

[1] Four of 36 PHUs completed the survey after data analysis and report writing was completed; therefore this information is not included in this report, except in Figure 3, Table 1, and both appendicies, where it is described as "not available".

Figure 3: What is the status of the MAP?



Data on MAP status were grouped by health unit regions to provide a more clear depiction of the status of MAPs across Ontario, as seen in Table 1 below and Table B1 in Appendix B. More than 65% of the municipalities in the Central East and Toronto region, Central West region and South West region have approved MAPs.

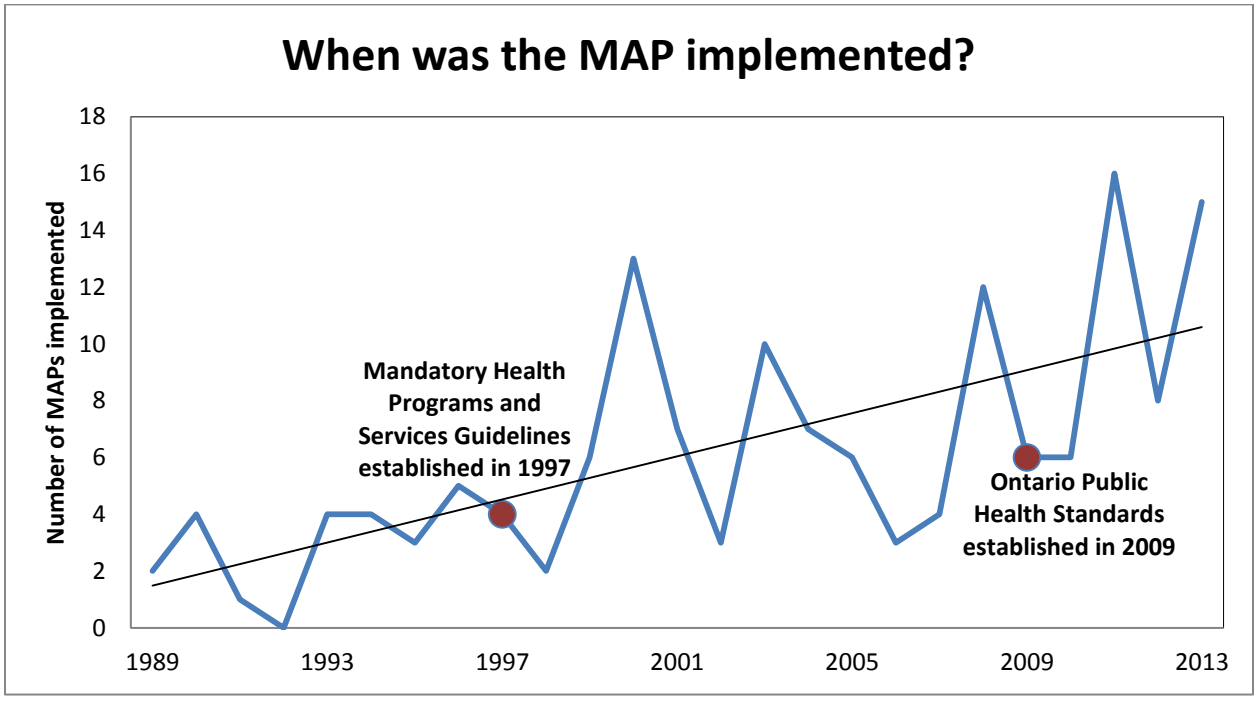
Table 1: Status of MAPs by health unit region, as per cent of municipalities (n=444)

Health unit region	% with approved MAPs	% with MAPs in development	% without MAPs	% with MAP status unknown	% not available at time of initial survey
North West	35.3%	2.9%	8.8%	52.9%	0%
North East	39.1%	3.6%	30.0%	14.6%	3.2%
Eastern	42.9%	2.2%	19.8%	34.0%	<1%
Central East + Toronto	67.1%	1.4%	8.2%	4.1%	3.2%
Central West	69.4%	0%	16.3%	14.3%	0%
South West	67.8%	0%	16.1%	5.8%	2%

Implementation and revision of municipal alcohol policies

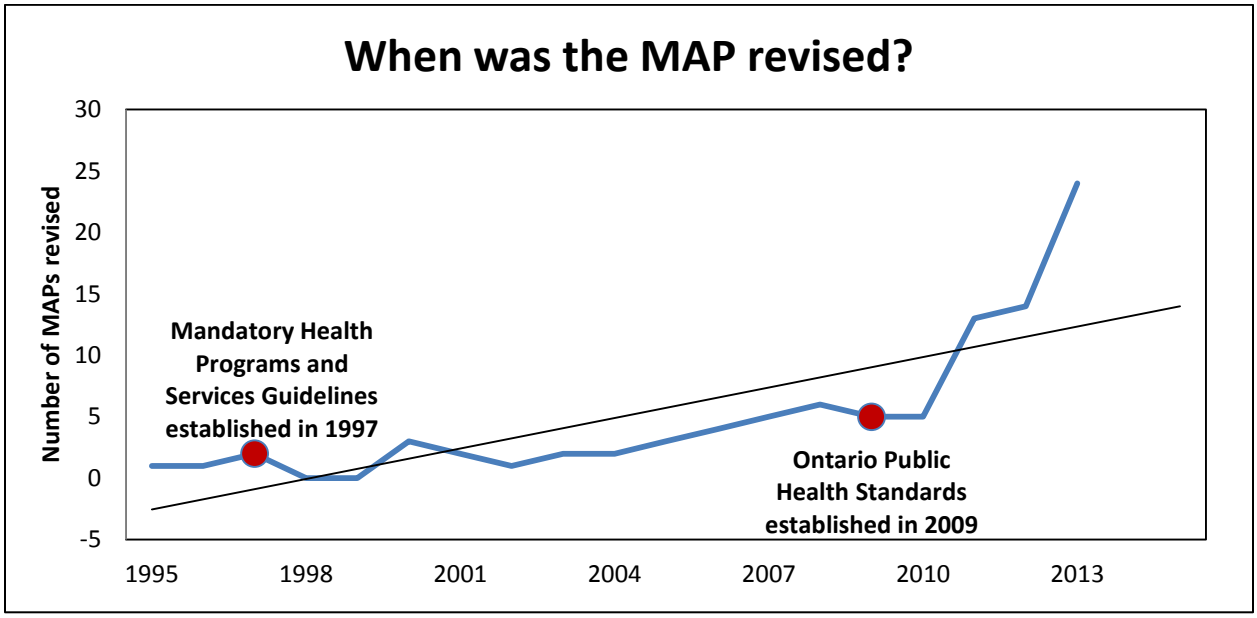
For those municipalities with MAPs approved, there were a series of follow-up questions to gather more information on the MAPs. The survey asked for the year the approved MAPs were implemented and revised, as seen in Figure 4 and 5. The results show that the year of implementation of MAPs significantly varied. Spikes in the data may be attributed to the release of two foundational public health documents: the Mandatory Health Programs and Services Guidelines implemented in 1997 and the Ontario Public Health Standards implemented in 2009.[13] Both documents set forth standards for Boards of Health to meet and included local alcohol policy development as a recommendation to address alcohol-related harms. It is plausible that the introduction of these standards may have influenced the creation and review of MAPs, noting that local influences and municipal priorities also likely played a role in the attention afforded to MAP development. The overall trend illustrated in Figure 4 does not represent separate analysis between three time periods, but rather one trend with the introduction of the two standards noted for reference.

Figure 4: When was the MAP implemented?



Note: The black trend line represents the general direction of implemented MAPs in Ontario between 1989 and 2013

Figure 5: When was the MAP revised?



Note: The black trend line represents the general direction of revised MAPs in Ontario between 1995 and 2013

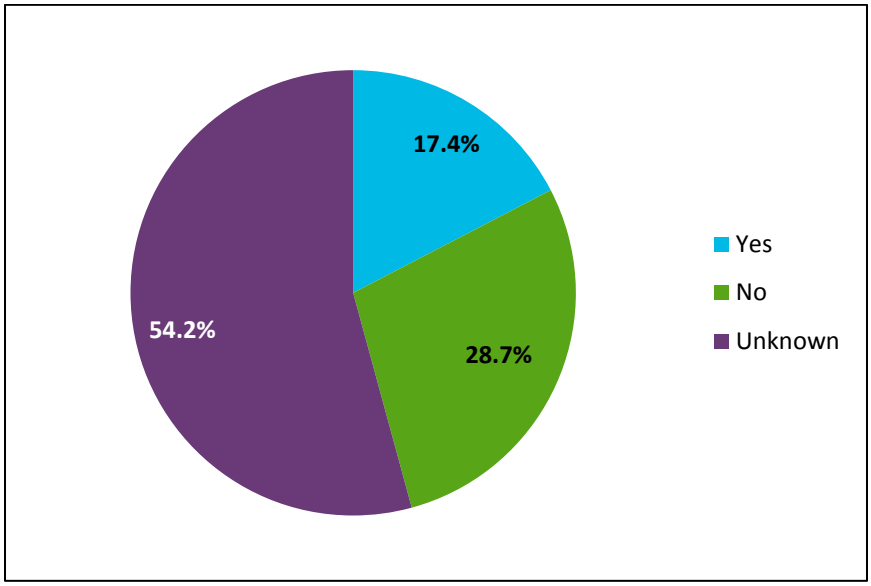
Municipal alcohol policies received

The survey requested public health units to send a copy of approved MAPs and asked whether the MAPs could be shared externally for educational purposes. Respondents either copied links to the MAPs within the survey question or they emailed the HPCB-AP team the documents. In total, 61 (of 236) approved MAPs were received, which can be publicly shared. These are available for review by contacting the Health Promotion Capacity Building team at: hpcb@oahpp.ca.

Evaluation of municipal alcohol policies

Of the approved MAPs (n=236), 41 of 236 (17.4%) were evaluated, 67 of 236 (28.7%) were not evaluated, and the evaluation status of the remaining 128 MAPs (54.2%) is unknown, as seen in Figure 6.

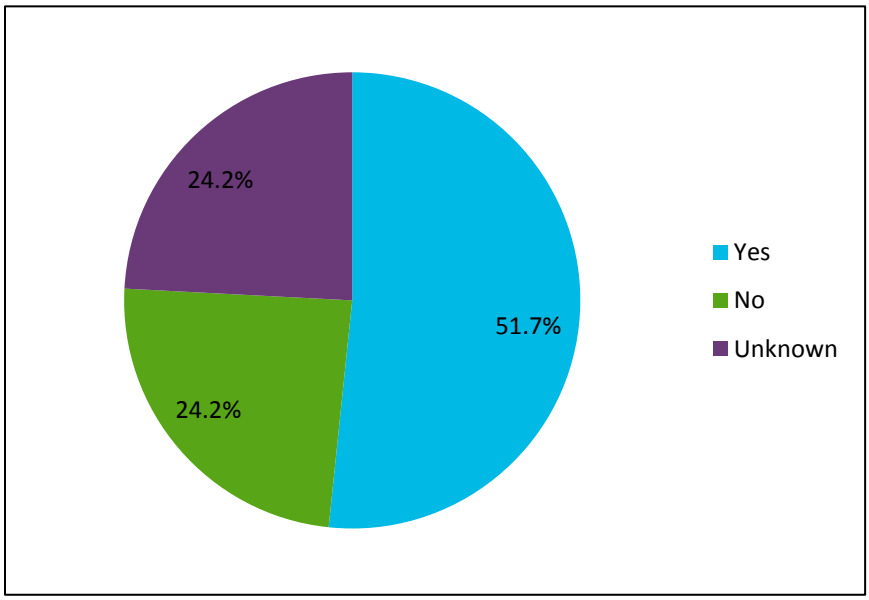
Figure 6. Has the approved MAP been evaluated? (n=236)



Public health unit involvement

Of the approved MAPs (n=236), 122 of 236 (51.7%) had public health unit involvement, 57 of 236 (24.2%) were developed without public health unit involvement, and 57 of 236 (24.2%) were unknowns, as seen in Figure 7.

Figure 7 Was the public health unit involved in the approved MAP development? (n=236)



Successes in municipal alcohol policy development

The first question in this section examined the respondents' perspectives on the successes in MAP development, specifically what worked well, unintended effects and/or benefits, and new opportunities. Responses centred on a number of common themes, which are listed below followed by excerpts from some responses.

Common themes around success in MAP development:

1. **Collaboration**

   Of the 31 responses received for this specific question, 20 (64.5%) mentioned public health unit involvement and collaboration as a success in MAP development. Public health units have collaborated with municipalities; various internal departments; other public health units; enforcement agencies; businesses; and credible partners.

   > "Some gains have been made with regards to supporting local businesses in managing the sale of alcohol and creating safe environments in areas with a higher density of licensed establishments. This work would be a collaborative effort between municipalities, the business sector, enforcement agencies and public health."

   > "Planning and holding a meeting with key players was a helpful and successful step in the process e.g. City hall, Fire, [local] Police, OPP, [local partnership tables]."

2. **MAP resources**

   The use and/or the development of MAP resources such as MAP templates, models, guides, and fact sheets was discussed as a contributing factor to MAP development and revision by 9 of 31 (29.0%) respondents.

   > "One success we noted was that preparing resources for the [city] helped with "buy in". These were received positively because it helped reduce their workload. Examples included MAP summary, MAP fact sheet."

   > "Based on requests from municipal partners, the [health unit] has worked with both municipal and county partners to develop a common "MAP template" that partners can use. This document is based on best practices and has been adopted by many local municipalities. As reviews arise, this document is helping guide revisions in most cases."

4. Educational events

Seven of 31 (22.6%) respondents discussed how conducting educational events such as workshops and information sessions was effective in introducing and revising MAPs in communities. Education initiatives also supported event hosts in planning safe events and helped increase awareness among business owners about risk management policies.

> "In 2008, [the public health unit] offered a community workshop to provide information about municipal alcohol risk management policies to municipal leaders. The workshop spurred discussion, revision and introduction of MAPs in several communities. That forum led to a similar workshop for golf course owners […] to increase their awareness about need for risk management policies."

> "Our health unit, in partnership with two others, held an educational event in 2013 […] focused on the revised LLA [Liquor Licence Act]. All municipalities were invited to attend and representation from all was noted. Following that event we completed a survey on usefulness of the event (majority found it useful) and offered any follow up/support if any of the municipalities wanted support in updating/reviewing their current MAP. We also requested a copy of each municipalities current MAP. What worked well [was] having experts in the area provide education and answer questions for municipalities."

5. External experts

Four of the 31 (12.9%) respondents stated consultations with external experts on alcohol policy was beneficial.

> "It was also important to include other credible partners in the process such as the AGCO [Alcohol and Gaming Commission of Ontario] Officer and someone who could speak to the legal perspective."

> "We benefit greatly from support from PHO to undertake the planning and consultation for the MAP update and also to plan for how to evaluate it."

6. Liability

Interest from municipalities and businesses on the legal and liability issues of alcohol consumption was mentioned by three respondents (9.7%).

> "The legal/liability issue was very important to municipalities and it certainly assisted in making them understand and realize the need for a MAP."

> "A MAP workshop that was provided this year had representatives from [the majority of] municipalities, which showed us there is a keen interest in the subject. The main topic that they wanted to discuss was liability."

7. **Environmental scans**

Two of the 31 (6.5%) respondents mentioned how their public health unit conducted their own environmental scan.

> "We have recently completed our own MAP scan which included sending letters to municipalities and following up with phone calls. We asked whether a MAP existed, date of creation, if any other bylaws existed relating to the sale of alcohol on municipal property and if they would be interested in attending a workshop to learn more about MAPs and risk management."

> "Internal successes: development of an excel sheet that lists municipalities contacted and whether or not they had a MAP or not, or if they were planning to develop a MAP."

Challenges in municipal alcohol policy development

The second qualitative question asked about the respondents' perspectives on the challenges in MAP development, specifically barriers, unanticipated issues and implementation hurdles. Responses centred on a number of common themes which are listed below, followed by excerpts from some responses.

Common themes around challenges in MAP development:

1. **Human resources**

Human resources was a common challenge among public health unit and municipal staff to develop and revise MAPs. Challenges included a lack of training and knowledge among staff on MAPs and high staff turnover. Of the 32 responses received for this question, this theme emerged 11 times (34.4%).

> "[A challenge is] the lack of training available for PHU's to learn about the implementation of MAP[s]. We have been able to sustain the program due to staff building on past knowledge of implementation prior to 2008; however, with turnover of staff it is becoming more difficult to sustain. This is not always deemed a priority for councils and the need for evaluation of the MAPs do sometimes require legal knowledge, which we do not have in the PHU."

> "Barriers internally include staff turnover and relatively new staff to this program area who had no knowledge of MAP's or the history of MAP's in our area."

2. Municipal relationships

Another challenge commonly cited was the lack of cooperation and collaboration between municipalities and public health units. Municipal relationships emerged as a theme in 11 responses (34.4%).

> "Lack of political will and shared vision in pushing the municipal alcohol policy forward...Low level of interest in collaboration between municipalities and public health."

> "One significant challenge is establishing public health as a key stakeholder in local MAP development since we are rarely/never consulted during MAP development or review. Also, local MAPs could be strengthened, but municipalities tend not to go beyond the minimum requirements."

3. Competing priorities

The next common theme mentioned was competing priorities with other public health topics or municipal issues. Eight of the 32 (25%) respondents discussed this challenge.

> "Competing priorities with other Public Health [requests] of council (smoke-free outdoor space by-laws, actions on social determinants of health, funding and support for community [resources in] priority neighbourhood[s])."

> "Alcohol management is not always a priority among all issues that municipalities are responsible for."

4. Loss of revenue

The concern of losing revenue because of MAPs was mentioned by eight respondents (25%).

> "Our biggest challenge has been feedback from municipalities that as they strengthen their MAP's they lose revenue to surrounding communities where the rules are less stringent. Residents hosting "buck and does" [private event/fundraiser for an engaged couple] will often travel to neighbouring communities for facility rentals and event hosting where the MAP's are not as strong."

> "[Municipalities] do not want to offend potential tourists or risk losing tourist dollars by tightening up Municipal Alcohol Policies."

6. Political and public readiness

Six (18.8%) respondents discussed the lack of political and public readiness as barriers in MAP development and revision.

> "…there is little political and public readiness to develop and/or amend existing MAP's. However, we continue to closely monitor the local media and other outlets to keep a pulse on emerging issues and to assess readiness for policy development."

> "Lack of political will and shared vision in pushing municipal alcohol policy forward."

7. Enforcement challenges

The challenge of enforcing MAPs was highlighted by five respondents (15.6%).

> "Parks and recreation staff (many who are part-time, high-turnover, [less experienced]) do not feel confident to approach or enforce the "no drinking rule" with a hockey team in a dressing room or a men's baseball team on the baseball diamond. Thus, even if a policy exists, enforcement can be challenging."

> "The degree to which the policies are implemented and enforced may vary from municipality to municipality."

8. Small municipalities

Four respondents (12.5%) stated that smaller municipalities may not see the need for MAPs.

> "Very small municipalities don't see it as a priority or are satisfied with having alcohol addressed as part of their Rental Policy."

> "Some communities are very small and lack public spaces where a MAP would apply."

9. Geography

Three of the 32 (9.4%) respondents mentioned working with a large number of municipalities as a challenge.

> "The large number of municipalities […] in our region makes municipal work difficult because it means […] different groups to advocate to, support and work with."

> "Geography is a barrier: working with municipalities in the district is a challenge if HU staff driving the process are not there in that community to play an advocacy role and develop relationships."

10. **Evidence supporting MAPs**

Two (6.2%) respondents highlighted the lack of evidence and information supporting MAPs as a challenge.

> "[There is a] lack of evidence supporting the effectiveness of MAPs in reducing the population harms of alcohol."

> "[There is] limited reliability [of] local surveillance data to substantiate the importance of municipal alcohol policy."

Community reaction and feedback

Finally respondents were asked to describe the types of community reaction and feedback to-date on MAPs through media and community partners. Responses centred on a number of common themes, which are listed below and followed by excerpts.

Common themes around community reaction and feedback:

1. **No reaction**

Of the 29 responses received for this question, 17 (58.6%) respondents were not aware of any reaction or feedback to MAPs or mentioned that there was a lack of understanding or awareness on MAPs.

> "We have no information about community reaction/feedback through media, partners etc. Generally there is little understanding about role of policy in addressing alcohol harms."

> "To the best of our knowledge there has been no community reaction to the local MAPs."

2. **Mixed reaction**

Seven (24.1%) respondents discussed how communities in their public health unit had a mix of positive and negative reactions towards MAPs.

> "One community was very pleased with their MAP. They had previously experienced community tragedy related to alcohol misuse. Community partners and councilors in other communities are negative about the possibility of limiting alcohol consumption, for fear of losing tourist dollars or indicating there nothing else to do in the community."

"Event organizers at first can be reluctant about having to adhere to the MAP. Some actually choose not to have alcohol as part of their event. Others embrace the MAP and realize it is there to protect the event host and will follow it as they host their event."

3. Positive reaction

Four (13.8%) respondents highlighted the interest among municipalities on MAP development.

"Feedback has been generally positive with the release of the [health unit's] template. About [eight] municipal partners were involved in the process of developing this template so support has been high. Recently, the Board of Health adopted a position paper drafted locally that supports a culture of moderation."

"Municipalities do not normally think about public health having a role in municipal alcohol policy but when they do utilize our services, they have remarked that they find our involvement helpful. Municipalities have found guidelines such as the low-risk drinking guidelines useful in setting parameters for drinking. The Blue Ribbon MAP checklist from the Centre for Addiction and Mental Health / Ontario Recreation Facilities Association resource has been a useful tool to guide policy development and review."

4. Negative reaction

One (3.4%) respondent reported a negative response to MAPs.

"Negative response to new regulations which affected events such as "buck and does" [private event/fundraiser for an engaged couple]."

Discussion

Status of municipal alcohol policies

According to survey data, more than half of all municipalities in Ontario have MAPs approved (53.1%), with the Central West health unit region of the province having the highest proportion of municipalities with MAPs (69.4%) among the 32 health units responding to the initial survey.

Implementation and revision of municipal alcohol policies

During the review of the survey results, the LRADG-PHWG members identified additional factors that may have influenced MAP implementation and revision. One of these potential factors included the FOCUS Community Program which funded 21 communities across Ontario to address alcohol and other drug abuse issues since 1998.[14] This program, which ceased in 2010, was cited by two respondents as part of successes in MAP development. The Municipal Alcohol Policy Guide released by CAMH in 2003 was also mentioned in the qualitative responses as an aid in MAP development; this guide provides suggestions for developing and implementing an effective MAP.[8] The rise in MAP revisions in 2013 may also be attributed to the establishment of the Public Health Unit-led Alcohol Management in Municipalities group which supports public health units involved in MAP development and evaluation.

Municipal alcohol policies received

Of the 61 MAPs received, over half (57.4%) came from the South West region; 21.3% came from the Central West region; 9.8% came from Central East and Toronto; 6.6% came from the North West region; 3.3% came from the Eastern region; and 1.6% came from the North East region. These MAPs are available for review by contacting the Health Promotion Capacity Building team at: **hpcb@oahpp.ca.**

Evaluation of municipal alcohol policies

Based on the survey results, over half of Ontario municipalities have MAPs, however, only a small portion (17%) have been evaluated. Without evaluation data, it can be a challenge to provide positive case studies and models for implementing MAPs in the rest of Ontario.

Public health unit involvement

Despite the benefits of having public health unit involvement in MAP development, the results demonstrate that only about 50% of MAPs had public health unit involvement. Although writing of the MAP is beyond the scope of most public health units, public health units can provide education and valuable information on signage and the LRADG. Therefore, increasing public health unit involvement across Ontario is recommended as it may strengthen existing MAPs and increase MAP development.

Success in municipal alcohol policy development

A number of themes emerged from the qualitative responses. In terms of successes of MAP development, respondents identified that public health unit involvement and collaboration with other stakeholders were deemed to be useful. The use of existing MAP templates and resources from other organizations as well as resources created by public health units were also helpful in MAP development. Additionally, public health unit led workshops and information sessions with municipalities were effective in introducing and revising MAPs. Finally, workshops were also seen to be relevant to businesses that serve alcohol, such as golf courses.

Challenges in municipal alcohol policy development

A challenge faced during the MAP development and implementation process included the lack of knowledge among public health and municipal staff regarding MAPs and high staff turnover. Public health staff and municipal stakeholders can refer to existing MAP resources such as the Municipal Alcohol Policy Guide released by CAMH to increase their knowledge on the topic.[8] Additionally, attending relevant conferences, collaborating with other stakeholders and consulting external experts such as the Alcohol and Gaming Commission of Ontario and PHO's HPCB-AP Resource Centre can also help new and existing staff become familiar with the topic.

The challenge of working with municipalities to develop and/or amend MAPs may be overcome by conducting information sessions, which was highlighted as a success to MAP development. This recommendation can also mitigate the concern that MAPs lead to a loss of revenue. Another opportunity that was mentioned was to raise awareness on the legal and liability issues which were important concerns for municipalities.

Community reaction and feedback

Many respondents were not aware of any community reaction or feedback regarding MAPs (58.6%). Some respondents reported a mix of both positive and negative reactions to MAPs; communities had negative reactions to MAPs when it introduced new regulations that affected events such as "buck and does" (private events/ fundraisers for engaged couples), but others supported MAPs when they recognized it protected them from harm and liability. Thus it is important to raise awareness of the benefits of MAPs for the community to understand its purpose and worth. Information sessions can raise the profile of MAPs in the community.

Survey limitations

There are some limitations to this survey. First, given variability in the number of municipalities across health units, the length of the survey varied greatly between public health units; some public health

units had to fill out responses for one municipality while others had to fill out responses for multiple municipalities. This may have threatened the reliability of responses due to time commitment.

Second, though our response rate was high, there were a significant number of unknown responses, as seen in the survey results section. This could be due to the fact that respondents did not have the capacity to provide answers for all the questions (i.e., they didn't have the time to find accurate responses and/or didn't know the answer). The survey was self-reported and the accuracy of the information received was not validated; validity checks would have been prohibitively time consuming. In addition, the results presented are from a public health perspective and do not include other stakeholders in MAP development. Moreover, the time of year the survey was distributed (i.e., during municipal elections) and the short turnaround time given for completion were seen to be potential limitations to obtain accurate and complete responses. Lastly, as the scan was conducted on behalf of the LRADG-PHWG, there is a potential for social desirability bias among some respondents.

Conclusions

The Provincial MAP Scan survey provides current data on the status of MAP implementation and evaluation across municipalities in Ontario from the PHU perspective. Qualitative data highlight a number of key areas including successes, challenges and community feedback to help inform future MAP development.

This report is a summary of themed results and suggested recommendations. For further information on this survey or the LRADG-PHWG, please contact the Health Promotion Capacity Building team, at hpcb@oahpp.ca.

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Appendix A

Table A1: Public health unit demographics (Table includes all 36 public health units)

Public health unit	# of staff involved in alcohol policy	# of years of experience
A	8	5+
B	1.2	5+
C	4	5+
D	11	1-3
E	-	5+
F	1	3-5
G	20	5+
H	4	5+
I	14	5
J	13	5+
K	5	5+
L	10	5+
M	13	5+
N	-	-
O	10	3-5
P	8	5+
Q	2	5+
R	2.5	5+
S	10	5+
T	4	3-5
U	12	5+
V	-	5+
W	6	5+
X	10	5+
Y	17	5+
Z	1.5	5+
AA	11	5+
AB	17	5+
AC	-	5+
AD	2.5	5+
AE	7	1
AF	13	5+
AG	0.5	5+
AH	13	5+
AI	3	5+
AJ	4	5+

Note: - denotes information not available; public health units are randomized.

Appendix B

Table B1: Status of MAPs by public health unit (Table includes all 36 public health units)

Public Health Unit	Approved MAPs			In Development %	No MAP %	Unknown %
	Approved %	Evaluated %	Public health unit involvement %			
A	27.8%	0.0%	0.0%	0.0%	72.2%	0.0%
B	90.0%	0.0%	22.2%	0.0%	10.0%	0.0%
C	62.5%	100.0%	100.0%	12.5%	18.8%	6.3%
D	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%
E	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
F	69.2%	0.0%	0.0%	0.0%	30.8%	0.0%
G	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
H	56.0%	0.0%	0.0%	0.0%	4.0%	40.0%
I	22.7%	0.0%	20.0%	13.6%	45.5%	18.2%
J	64.5%	0.0%	100.0%	3.2%	32.3%	0.0%
K	90.0%	0.0%	100.0%	0.0%	10.0%	0.0%
L	89.5%	5.9%	100.0%	0.0%	10.5%	0.0%
M	37.5%	0.0%	0.0%	0.0%	12.5%	50.0%
N	88.0%	54.5%	95.5%	3.2%	4.0%	4.0%
O	80.0%	0.0%	0.0%	0.0%	20.0%	0.0%
P	40.0%	12.5%	25.0%	0.0%	5.0%	55.0%
Q	71.4%	0.0%	20.0%	0.0%	28.6%	0.0%
R	18.2%	0.0%	50.0%	0.0%	0.0%	81.8%
S	50.0%	0.0%	100.0%	0.0%	0.0%	50.0%
T	20.0%	0.0%	0.0%	0.0%	0.0%	80.0%
U	88.9%	0.0%	12.5%	0.0%	11.1%	0.0%
V	75.0%	22.2%	77.8%	0.0%	25.0%	0.0%
W	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%
X	50.0%	0.0%	100.0%	0.0%	50.0%	0.0%
Y	100.0%	0.0%	20.0%	0.0%	0.0%	0.0%
Z	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

Public Health Unit	Approved MAPs			In Development %	No MAP %	Unknown %
	Approved %	Evaluated %	Public health unit involvement %			
AA	60.0%	100.0%	100.0%	0.0%	40.0%	0.0%
AB	47.4%	0.0%	0.0%	5.3%	15.8%	31.6%
AC	66.7%	0.0%	33.3%	0.0%	33.3%	0.0%
AD	47.4%	0.0%	22.2%	0.0%	52.6%	0.0%
AE	55.6%	0.0%	0.0%	0.0%	5.6%	38.9%
AF	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%
AG	78.6%	0.0%	0.0%	0.0%	0.0%	21.4%
AH	28.6%	0.0%	100.0%	0.0%	0.0%	71.4%
AI	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%
AJ	77.8%	0.0%	0.0%	0.0%	22.2%	0.0%

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