

Addressing Alcohol, Cannabis & Tobacco Harms: Opportunities for Municipal Policy or Action in Timiskaming

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Key Messages

Regulated substances like alcohol, tobacco, and cannabis cost the Ontario economy over \$12 billion each year.¹ While selling alcohol, tobacco, and cannabis provides tax revenue to the province, costs linked to health, social services, and policing largely fall to municipalities. All levels of government can use policies to reduce these costs. These include:

1. **Physical Availability:** Bylaws to limit hours of operation, location, and density of alcohol retail outlets.^{27,28,29}
2. **Price and Taxation:** Set minimum prices, sales taxes, and retail markups for alcohol served on municipal property. License tobacco retailers with annual fees.^{27,30}
3. **Minimum Legal Age:** Set minimum age requirements for events on municipal property and restrict where and how alcohol can be consumed. Pass bylaws to limit tobacco possession and consumption on municipal property to people 19 and older.²⁷
4. **Product Distribution and Control Systems:** License tobacco retailers, ban vaping or smoking of nicotine and cannabis products in public places, and disallow alcohol consumption in public parks and beaches, etc.²⁷
5. **Marketing and Advertising Controls:** Ban the alcohol promotion on municipal property, facilities, public transit, and arenas; restrict promoting prices or discounts on alcohol.^{27,31}
6. **Alcohol & Drug-Impaired Driving Countermeasures:** Ensuring RIDE sobriety checkpoints are established regularly at different points throughout the municipality and ensure alternative modes of transportation are available.²⁷
7. **Health & Safety Messaging:** Inform the public about risks of alcohol, tobacco, and cannabis.^{32,33}
8. **Law Enforcement:** Bylaws that mirror the Smoke-Free Ontario Act to facilitate enforcement by by-law officers, fines and penalties for noncompliance, collaboration with law enforcement and public health to address illegal sales and underage drinking. Educate local businesses to support compliance.
9. **Monitoring & Reporting:** Identify and track key indicators concerning substance-related crime rates, use trends, patterns, and health and social outcomes.³²
10. **Drug & Alcohol Strategy** Participate in the Timiskaming Drug and Alcohol Strategy to address substance use and help promote, support, and fund initiatives to reduce the harms of alcohol, cannabis, and tobacco.³⁷

Municipal governments have a vital role in addressing the harms of alcohol, tobacco, and cannabis. Policies can enhance community safety and overall quality of life while creating a more supportive and thriving environment for all residents. Local public health can help.

Introduction & Purpose

In 2020, harms caused by regulated substances such as alcohol, tobacco, and cannabis cost the Ontario economy about \$12.8 billion.¹ Alcohol-related harms resulted in the highest cost at \$7.11 billion, followed by harms related to tobacco (\$4.18 billion) and cannabis (\$890.22 million).¹ These amounts include costs to our healthcare system, law enforcement, lost productivity, and other direct costs such as prevention & research, social assistance, fire damage, etc.¹ While provincial governments receive most of the tax revenue from the sale of regulated substances, municipal governments often incur much of the harm-related costs in terms of public health, social services, and policing. This paper aims to outline effective policy domains and examples of policies that can be used at the municipal level to prevent or reduce many of the harms caused by regulated substances. However, this paper is not meant to replace legal policy advice, and where applicable, the reader is instructed to defer to federal and provincial legislation. Furthermore, the opportunities outlined are only some of the ways the municipalities can take action and are in no way exhaustive.

Substance-Related Harms

Tobacco smoke causes the largest number of preventable cancers and is also linked to heart disease and stroke.^{2,3} In addition to chronic disease, almost 1 in 10 residential fires in Canada are smoking-related.⁴ In the Timiskaming Health Unit (THU) area*, 22% of adults report smoking daily, which is more than double the provincial average of 10.1 percent.⁵ Young people in the THU area are also smoking at alarming rates, with 6% of students in grades 10 and 11 smoking daily, which is more than three times the provincial average of 1.8 percent.^{6,7}

Cannabis smoke contains many of the same harmful chemicals found in tobacco smoke.⁸ Heavy cannabis use can increase the risk of developing lung diseases such as chronic obstructive pulmonary disease (COPD), emphysema, and worsening pre-existing COPD and asthma.⁹ Some evidence shows that cannabis use by youth can lead to changes in the developing brain^{10,11} and poor school performance.¹² In the THU area, 31% of students in grades 10 and 11 reported using cannabis at least once in the past year, while 22% reported having used cannabis in the past 30 days compared to the Ontario averages of 23.8% and 14%, respectively.^{6,7} When used with alcohol, greater impairment can result, placing young people at an increased risk of injury and harm.¹³

Alcohol is the leading cause of death and disability among Canadians between 15 and 49 years of age.^{14,15} It is the direct cause of over 60 diseases,¹⁶ including at least seven different types of cancer.^{17,18,19} In the THU area, the rate of hospitalizations entirely caused by alcohol (326.0 per 100,000) is higher than the Ontario average (215.5 per 100,000).²⁰ Like cannabis, using alcohol during the teenage years can impair the brain^{21,22,23} and using before the age of 15 years increases the risk for substance use disorders later in life.²⁴ In the THU area, almost half (49%) of the students in grades 10 and 11 reported having been drunk at least once in their lifetime, 27% reported having been drunk within the past 30 days, and 35% reported having their first drink of alcohol at age 13 years or younger.⁶

*The Timiskaming Health Unit area consists of the district of Timiskaming as well as the areas up to and including the municipality of Temagami.

Policy Domains & Opportunities for Municipal Action

Policies aimed at reducing substance-related harms are needed at all levels of government to protect public health and promote community well-being.^{14,25,26} Municipal policies and bylaws can assist in lowering overall costs, improving quality of life, and creating a safer, healthier community for everyone. Policies spanning various domains have been shown to reduce the harms of regulated substances, as outlined below.

- 1. Physical Availability** (e.g., hours of operation, location, outlet density, etc.): Reducing access and availability of health-harming products through reduced outlet density, trading hours, and retail outlet proximity to schools can decrease consumption and harms.^{27,28,29}

Municipalities can:

- **Create zoning bylaws** to provide municipalities with control over the locations of on- and off-premise alcohol sales (e.g., bylaws can regulate the proximity of retail outlets to schools or residential areas, where licensed outdoor patios can be located, and the hours of operation of outdoor patios).
- **Establish limits regarding the number of liquor-licensed establishments** by neighbourhood, establish proximities to schools and parks, and minimum distances between alcohol outlets.
- **Develop local licensing systems** for tobacco retailers, potentially limiting licences to restrict the density of tobacco retail outlets or mandate specific conditions for their operation while charging a fee that can be applied towards the cost of enforcement.

- 2. Pricing & Taxation:** Minimum unit pricing, sales taxes, and retail markups are effective strategies for reducing the consumption of health-harming products and their associated harms.^{27,30} Raising prices through taxation and minimum unit pricing is especially effective for reducing consumption by those with less disposable income, such as youth, young adults, and individuals from lower socioeconomic backgrounds.³⁰

Municipalities can:

- Establish **minimum prices for alcoholic beverages** served on municipal property.
- Develop a **municipal licensing system for tobacco retailers** that results in an annual fee for retailers, which may increase the price of tobacco products.

- 3. Minimum Legal Age:** Having a minimum legal age assists in delaying the onset of initiation for substance use while reducing overall consumption across the lifespan.²⁷

Municipalities can:

- **Set minimum age requirements** for events on municipal property. For instance, municipalities might restrict access to certain events to individuals 19 years of age or older if alcohol is served, or they might allow attendees under 19 with certain restrictions.
- For family-friendly or community events where alcohol is served on municipal property, allow younger attendees but **impose restrictions on where and how alcohol can be consumed** to ensure a safe environment.
- The Smoke-Free Ontario Act (SFOA) only stipulates a minimum legal age for the purchase of tobacco products. It does not provide a minimum legal age for possession or consumption. Municipalities can **pass bylaws restricting tobacco possession and consumption** to those 19 years of age and older on municipal property (e.g., beaches, parks, etc.) or in public places.

- 4. Product Distribution and Control Systems:** The form of wholesale and retail distribution systems for tobacco, alcohol, and cannabis can impact the levels of related harm experienced by communities.²⁷ Distribution systems can range from complete retail and wholesale government monopolies to entire privatization.²⁷ Government monopolies are ideal as they are more likely to focus on public health than profits.²⁷ Control systems also dictate where products can or cannot be used.

Municipalities can:

- Enact a **municipal licensing system for tobacco retailers** would generate revenue for tobacco enforcement through licensing fees and fines for non-compliance. Additionally, applications for new retail outlets would alert the local public health agency, triggering timely tobacco compliance inspections.
- **Pass bylaws banning the vaping or smoking** of nicotine products, tobacco, and cannabis in public places and specific events, festivals, or fairs.
- **Pass bylaws banning alcohol consumption** in public parks and beaches.

5. Marketing and Advertising Controls: Marketing and advertising controls on alcohol, tobacco, and cannabis, including complete bans or extensive restrictions on marketing combined with effective enforcement, have proven effective in mitigating public health risks and reducing consumption, especially among specific populations such as youth.^{27,31} While marketing bans exist for tobacco and cannabis, there are little to no restrictions placed on alcohol marketing.

Municipalities can:

- **Establish policies controlling the promotion of alcoholic beverages** on municipally-owned property or facilities, including transit and associated amenities. Restricting the promotion of alcohol is especially relevant in facilities, areas, and events frequented by children and youth.
- **Establish bylaws restricting the advertising of alcohol prices and discounted alcohol** to the interior of retail outlets.

6. Alcohol & Drug-Impaired Driving Countermeasures: Alcohol and drug-impaired driving countermeasures are crucial strategies designed to enhance road safety and reduce accidents caused by impaired drivers.²⁷ Key measures include sobriety checkpoints and random roadside tests, which act as deterrents by increasing the likelihood of detection and punishment for impaired driving.

Municipalities can:

- **Encourage using taxis, public transit, and designated driver programs** to provide safe transportation alternatives for impaired people.
- **Ensure safe transportation options are available** for patrons attending events on a municipal property where alcohol is served before providing municipal approval for the event.
- **Work with their local police detachments** to ensure "Reduce Impaired Driving Everywhere" (RIDE) sobriety checkpoints are established regularly at different points throughout their municipality, especially during high-risk times, such as weekends or holiday seasons.

7. **Health & Safety Messaging:** Health and safety messages around alcohol, cannabis, and tobacco are essential for informing the public about the risks associated with these substances and promoting healthier choices.^{32,33} Effective communication campaigns focus on the link to chronic diseases, mental health, impaired judgment, accidents, and so forth.^{15,32,34}

Municipalities can:

- **Make it mandatory that an infographic depicting the risks outlined in Canada's Guidance on Health & Alcohol is displayed** at multiple points at events where alcohol is served on municipal property.
- **Provide space free of charge or at a reduced fee for health and safety messaging** on alcohol, tobacco, and cannabis on public transit, bus shelters, arenas, and other municipally-owned facilities or social media while disallowing the advertising and promotion of these products in these areas.

8. **Law Enforcement:** Effectively enforcing tobacco, alcohol, and cannabis policies is essential for safeguarding public health, protecting vulnerable populations, ensuring legal compliance, and maintaining the overall well-being of the community.³² The SFOA prohibits smoking/vaping in many areas. Where municipalities are identified as the employer and/or the proprietor under the SFOA, they are obligated to enforce SFOA compliance in various areas (e.g., enclosed municipal buildings, sporting areas, playgrounds, community recreational facilities, and areas within 20 metres of those areas, including schools).

Municipalities can:

- **Enact bylaws that mirror the SFOA** or are more restrictive, which would allow for enforcement by local bylaw officers.
- **Deputize public health tobacco enforcement officers** to 'support' municipal staff enforcing municipal tobacco and cannabis bylaws.
- **Regularly inspect retailers**, such as tobacco retailers, licensed establishments (including convenience stores and gas stations), cannabis dispensaries, etc., to ensure compliance with local regulations/bylaws and report any provincial infractions to the regulatory body (i.e., AGCO or public health).
- **Implement a system of fines and penalties** for non-compliance, which acts as a deterrent. Measures could include penalties for selling to underage individuals, failing to adhere to advertising restrictions or other regulatory breaches.
- **Collaborate with local police** and other law enforcement agencies, such as public health, to enforce policies effectively, which may include coordinating efforts to address illegal sales, underage drinking, or unlicensed cannabis distribution.
- **Engage in community outreach** or provide resources and support to businesses and community organizations to help them comply with regulations, including guidance documents, workshops, and one-on-one assistance.

9. Monitoring & Reporting: Monitoring and reporting alcohol, cannabis, and tobacco indicators are vital for informed public health strategies and effective policy-making.³⁵ By systematically tracking data on usage patterns, health, and well-being outcomes, as well as compliance with regulations, municipalities, and health organizations can identify emerging trends, evaluate existing policies' impacts, and proactively address issues.³⁵

Municipalities can:

- Collaborate with local police detachments to **obtain data for indicators related to crimes involving substances**, such as physical and sexual assaults, domestic disputes, property crimes, impaired driving, etc.
- Collaborate with public health, local police detachments, drug and alcohol strategy committees, and other community partners to **identify a list of key indicators to monitor** over time that will assist in identifying trends, including usage patterns, health and social outcomes, crime rates, and compliance with regulatory requirements.

10. Drug & Alcohol Strategy: A comprehensive, evidence-informed municipal drug and alcohol strategy is crucial for addressing substance-related issues,³⁶ and applying a strategic pillar approach helps focus resources and coordinate efforts to address substance use-related problems.³⁷

Municipalities can:

- Collaborate with local health agencies, law enforcement, community organizations, and substance use services to **develop and coordinate strategies to reduce substance use and the associated harms** while ensuring that municipal policies align with these goals and objectives.
- **Assist in promoting, supporting, and funding initiatives** and programs implemented by the local drug and alcohol strategy committees.
- Work with local drug and alcohol strategies to **collect data and monitor indicators** to assess the effectiveness of municipal policies or areas of concern.

Conclusion

Municipal governments have a vital role in addressing the harms associated with tobacco, cannabis, and alcohol, as these substances can significantly impact public health and community well-being. Implementing targeted and adequately enforced policies that place limits on physical access and advertising, restrict where products can be consumed, and include impaired driving countermeasures can help reduce the harms associated with legal substance use while reducing social service, healthcare, and policing costs, enhancing safety, and improving overall quality of life. Investing in policies and programs that manage and mitigate risks associated with tobacco, cannabis, and alcohol use helps create a more supportive and thriving environment for all residents. Local public health unit staff are available to support this work.

Prepared By:

Walter Humeniuk Research, Planning, and Policy Analyst

Reviewed By:

Amanda Mongeon, Manager of Community Health

Joel Tessier, Tobacco Enforcement Officer

Laurel Beardmore, Public Health Promoter

Kim Peters, Public Health Promoter

References

1. Canadian Substance Use Costs and Harms [CSUCH] Scientific Working Group. (2023). Canadian substance use costs and harms 2007-2020. Online Interactive Tool. Accessed from <https://csuch.ca/explore-the-data/>
2. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US). Available from: <https://www.ncbi.nlm.nih.gov/books/NBK179276/>
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Toronto, ON: King's Printer for Ontario. Accessed from https://www.publichealthontario.ca/-/media/Documents/B/2023/burden-health-smoking-alcohol-report.pdf?rev=2bbb255245404a3599a1e11e0f34709c&sc_lang=en
4. Garis, L. & Biantoro, C. (2019). Fires in Canada Originating from Smoking Materials: Analysis of Canadian Fire Incidents. University of the Fraser Valley School of Criminology & Criminal Justice. Accessed from <https://cjr.ufv.ca/wp-content/uploads/2019/03/Fires-in-Canada-Originating-from-Smoking-Materials-March-2019.pdf>
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). Self-reported adult smoking rate – Age-standardized rate (both sexes) 2019-2020. Accessed from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Smoking-Status>
6. Planet Youth Timiskaming District (2024). Timiskaming school-wide assessment. Timiskaming, ON: Planet Youth Timiskaming. Accessed from <https://timiskamingyouth.ca/regional-findings/>
7. Boak, A., & Hamilton, H. A. (2024). Drug use among Ontario students, 1977–2023: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health. Accessed from https://www.camh.ca/-/media/research-files/osduhs-drug-use-report_2023.pdf
8. Martinasek, M.P., McGrogan, J.B. & Maysonet, A., (2016). A systematic review of the respiratory effects of inhalational marijuana. *Respiratory Care*, 61(11), 1543-1551 <https://doi.org/10.4187/respcare.04846>
9. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. (2017). The Health Effects of Cannabis and Cannabinoids: The Current State of

- Evidence and Recommendations for Research. Washington (DC): National Academies Press (US), 7, Respiratory Disease. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425753/>
10. Jacobus, J., & Tapert, S. F. (2014). Effects of cannabis on the adolescent brain. *Current Pharmaceutical Design*, 20(13), 2186–2193. <https://doi.org/10.2174/1381612811319999042>
 11. Gruber, S. A., Dahlgren, M. K., Sagar, K. A., Gönenç, A., & Lukas, S. E. (2014). Worth the wait: effects of age of onset of marijuana use on white matter and impulsivity. *Psychopharmacology*, 231(8), 1455–1465. <https://doi.org/10.1007/s00213-013-3326-z>
 12. Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J., & Room, R. (2017). Lower-risk cannabis use guidelines: A comprehensive update of evidence and recommendations. *American Journal of Public Health*, 107, e1-e12, <https://doi.org/10.2105/AJPH.2017.3030818>
 13. Bramness, J. G., Khiabani, H. Z., & Mørland, J. (2010). Impairment due to cannabis and ethanol: clinical signs and additive effects. *Addiction (Abingdon, England)*, 105(6), 1080–1087. <https://doi.org/10.1111/j.1360-0443.2010.02911.x>
 14. Government of Ontario. (2024). Balancing act: an all-of-society approach to substance use and harms. Chief Medical Officer of Health 2023: annual report. Toronto, ON: King's Printer for Ontario. Available from: <https://www.ontario.ca/page/chief-medical-officer-health-2023-annualreport>
 15. Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's Guidance on Alcohol & Health: Final Report. Ottawa, ON: Centre on Substance Use and Addiction. Available from https://ccsa.ca/sites/default/files/2023-01/CCSA_Canadas_Guidance_on_Alcohol_and_Health_Final_Report_en.pdf
 16. World Health Organization. (2011). *Global status report on alcohol and health 2011*. Geneva, Switzerland: World Health Organization. Available at https://apps.who.int/iris/bitstream/handle/10665/44499/9789241564151_eng.pdf;jsessionid=F8FA5C0819E9A8B3D0128F56876CAE35?sequence=1
 17. Goldstein, B.Y., Chang, S.C., Hashibe, M., LaVecchia, C., & Zhang, Z.F. (2010). Alcohol consumption and cancer of the oral cavity and pharynx from 1988 to 2009: An update. *European Journal of Cancer Prevention*, 19(6), 431-465. DOI: [10.1097/CEJ.0b013e32833d936d](https://doi.org/10.1097/CEJ.0b013e32833d936d)
 18. Bagnardi, V., Rota, M., Battan, E., Tramacare, I., Islami, F., Fedirko, V., ...LaVecchia, C. (2014). Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112, 580-593. DOI: [10.1038/bjc.2014.579](https://doi.org/10.1038/bjc.2014.579)
 19. Cao, Y., Willett, W.C., Rimm, E.B., Stampfer, M.J., & Giovannucci, E.L. (2015). Light to moderate intake of alcohol, drinking patterns, and risk of cancer: results from two prospective US cohort studies. *British Medical Journal*, 351:h4238. DOI: <https://doi.org/10.1136/bmj.h4238>
 20. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2024). Alcohol harms snapshot PHU (2012 to 2023)>> Hospitalizations for conditions entirely attributable to alcohol – age standardized rate (both sexes) – 2023. Accessed from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Harms>
 21. Grant, I. (1987). Alcohol and the brain: neuropsychological correlates. *Journal of Consulting Clinical Psychology*, 55: 310-324. <https://doi.org/10.1037/0022-006X.55.3.310>

22. Silveri, M. (2012). Adolescent brain development and underage drinking in the United States: Identifying risks of alcohol use in college populations. *Harvard Review of Psychiatry*, 20(4), 189-200. <https://doi.org/10.3109/10673229.2012.714642>
23. Squeglia, L.M. & Gray, K.M. (2016). Alcohol and drug use and the developing brain. *Current Psychiatry Reports*, 18, 46. <https://doi.org/10.1007/s11920-016-0689-y>
24. Trujillo, C. A., Obando, D., & Trujillo, A. (2019). An examination of the association between early initiation of substance use and interrelated multilevel risk and protective factors among adolescents. *PloS one*, 14(12), e0225384. <https://doi.org/10.1371/journal.pone.0225384>
25. Government of Canada (2024). Regulating tobacco and vaping products: Tobacco products regulations. Ottawa, ON: Health Canada. Accessed from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/regulating-tobacco-vaping/tobacco.html>
26. Government of Canada (2021). Cannabis Legalization and Regulation. Ottawa, ON: Department of Justice Canada. Accessed from <https://www.justice.gc.ca/eng/cj-jp/cannabis/>
27. Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J, Sherk, A., Shield K., Solomon, R., Thomas, G., & Thompson, K. (2023). Canadian Alcohol Policy Evaluation (CAPE) 3.0 Project: Policy Domain Results Summary (Provincial/Territorial). Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria. Access from <https://www.uvic.ca/research/centres/cisur/assets/docs/cape/cape3/pt-domainresults-en.pdf>
28. Finan, L. J., Lipperman-Kreda, S., Abadi, M., Grube, J. W., Kaner, E., Balassone, A., & Gaidus, A. (2019). Tobacco outlet density and adolescents' cigarette smoking: a meta-analysis. *Tobacco control*, 28(1), 27–33. <https://doi.org/10.1136/tobaccocontrol-2017-054065>
29. Lee, J. G. L., Kong, A. Y., Sewell, K. B., Golden, S. D., Combs, T. B., Ribisl, K. M., & Henriksen, L. (2022). Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: a meta-analysis. *Tobacco control*, 31(e2), e189–e200. <https://doi.org/10.1136/tobaccocontrol-2021-056717>
30. Bader, P., Boisclair, D., & Ferrence, R. (2011). Effects of tobacco taxation and pricing on smoking behaviour in high risk populations: A knowledge synthesis. *International Journal of Environmental Research and Public Health*, 8(11), 4118-4139. <https://doi.org/10.3390/ijerph8114118>
31. World Health Organization report on the global tobacco epidemic (2021). Addressing new and emerging products. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. Accessed from <https://iris.who.int/bitstream/handle/10665/343287/9789240032095-eng.pdf?sequence=1>
32. Brennan, E., Schoenaker, DAJM, Dunstone, K., Slater, M., Durkin, S.J., Dixon, H.g., Pettigrew, S., Wakefield, M.A. (2021). Understanding the effectiveness of advertisements about the long-term harms of alcohol and low-risk drinking guidelines: A mediation analysis. *Social Science & Medicine*, 270, 113596. <https://doi.org/10.1016/j.socscimed.2020.113586>
33. Pettigrew, S., Booth, L., Jongenelis, M.I., Brennan, E., Chikritzhs, T., Hasking, P., Miller, P., Hastings, G., & Wakefield, M. (2021). A randomized controlled trial of the effectiveness of combinations of 'why to reduce' and 'how to reduce' alcohol harm-reduction communications. *Addictive Behaviors*, 121, 107004, <https://doi.org/10.1016/j.addbeh.2021.107004>

34. Elder, R.W., Shults, R.A., Sleet, D.A., Thompson, R.s., Rajab, W., MS Task Force on Community Preventive Services. (2004). Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes: A systematic Review. *American Journal of Preventive Medicine*, 27(1), 57-65. <https://doi.org/10.1016/j.amepre.2004.03.002>
35. Nsubuga P, White ME, Thacker SB, et al.(2006). Public Health Surveillance: A Tool for Targeting and Monitoring Interventions. In: Jamison DT, Breman JG, Measham AR, et al., editors. *Disease Control Priorities in Developing Countries*. 2nd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; Chapter 53. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK11770/>
36. Government of Canada (2023). *The Canadian Drugs & Substances Strategy: The Government of Canada's Approach to Substance Use Related Harms and the Overdose Crisis*. Ottawa, ON: His Majesty the King in Right of Canada. Accessed from <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf>
37. Piscitelli, A. (2017). Learning from Ontario's municipal drug strategies: An implementation framework for reducing harm through coordinated prevention, enforcement, treatment, and housing. *Journal of Community Safety and Well-Being*, 2(2), 58-62. <https://doi.org.10.35502/jcswb.42>