

Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation

Synopsis of a Proposed National Alcohol Strategy*

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1. Introduction

Canada’s first-ever National Alcohol Strategy (NAS) is a comprehensive, collaborative strategy that provides direction and recommends key actions to support a culture of moderation and reduce alcohol-related harm (ARH). It represents an important milestone along the path of renewed efforts nationally to address problematic use of alcohol in a more comprehensive and coordinated way. Organizations from all regions, levels of government, and sectors with an investment in health and addiction have been engaged in the process. Under the leadership of Health Canada, the Canadian Centre on Substance Abuse, and provincial agencies such as the Alberta Alcohol and Drug Abuse Commission (AADAC), the Strategy has taken shape. In framing the Strategy, members of the Working Group were able to draw on the international literature and experience of other jurisdictions in addressing alcohol-related problems. Their work was also informed by an understanding that success of the Strategy will take time and lies in forming partnerships and sharing responsibility for action among all jurisdictions and stakeholders. In taking a comprehensive approach, the NAS has to address an array of issues and, in particular, it must recognize and respond to the unique needs of those who are most vulnerable to acute and chronic alcohol-related health and social problems, including First Nations, Inuit and Métis, pregnant women, under-age youth, the elderly, the homeless, young adults and offenders.

2. Factors Leading to a National Alcohol Strategy

2.1 Benefits and harms of alcohol in Canadian society

Alcohol enjoys enormous popularity and special social and cultural significance in Canada. It serves a variety of functions – including relaxation, socialization and celebration. It plays a significant role in the Canadian economy, creating jobs, retail activity, and export income and tax revenue. Consumed at low to moderate levels, alcohol has been shown to benefit the health of some individuals, for example, by reducing the risk of coronary heart disease.

Alcohol also has great significance because it is a psychoactive drug that can promote relaxation and feelings of euphoria. However, it is also linked to many kinds of alcohol-related harm (AHR). It can impair motor skills and judgment, lead to intoxication and dependence, cause illness and death, and have other harmful effects on our daily social, economic and living environments. ARH can include both *chronic* diseases, such as cirrhosis of the liver, and *acute* events such as road crashes, injury, verbal abuse, violence, disability, and death. The harmful consequences of drinking can affect individuals, families and communities, and may be linked to the workplace, health and safety, recreation, family violence and transportation.

Although alcohol continues to be one of the most widely used psychoactive drugs in Canada, it has come to be called the “forgotten” drug as other substances and addiction issues such as smoking, problem gambling, and use of certain illicit drugs such as cannabis and crystal methamphetamine have recently dominated as a focus of public concern and action. There is evidence of success in dealing with some alcohol-problems (e.g., reduction in rates of impaired driving offences, raising awareness of fetal alcohol spectrum disorder (FASD) issues; however, by most indicators alcohol-related problems have remained persistent or have increased. Addiction treatment clients most often identify alcohol as their main substance of abuse or concern. In addition, across society as a whole, abuse and misuse of alcohol imposes a well-documented burden on individual and population health, wealth, and well-being.

International research estimates that, in the case of developed economies such as Canada, alcohol closely follows tobacco as one of the leading factors in the burden of disease. A recent economic cost study for Canada estimated that, in 2002, the economic impact of ARH totaled \$14.6 billion. This translates to \$463 for every living Canadian. In comparison, the total figure for alcohol is slightly less than the total

estimated costs of tobacco (\$17 billion) but nearly double the total national costs attributed to illicit drugs (\$8.2 billion).

2.2 Drinking patterns in Canada

Heavy drinking on a monthly or more frequent basis is the strongest predictor that someone will experience at least one of several possible ARHs. Also problematic are individuals who may not drink in a chronic, heavy-use pattern, but who on occasion may drink to intoxication.

Data compiled by Statistics Canada indicate that the levels of alcohol consumption have increased in Canada from 7.2 litres of absolute alcohol per person aged 15 years and older in 1997, to 7.9 litres per capita in 2004, ranking Canada in 43rd place out of 185 countries in total adult per-capita alcohol consumption. The recent Canadian Addiction Survey (CAS) also revealed that in 2004:

- A large majority (about 79%) of Canadians 15 years and older can be classified as current drinkers (i.e., drank in the last 12 months).
- 23% of past-year drinkers, 15 years and older, exceed low risk drinking guidelines (developed by the Centre for Addiction & Mental Health (CAMH) of Ontario, with the highest proportion found among those aged 18 to 24 years;
- 17% are considered high-risk drinkers, while 65% are moderate-risk drinkers;
- 6.2% of past-year drinkers are defined as heavy drinkers; the figure rises to 25.5% for those who drink heavily at least once a month. .

Other recent research has documented that almost one-third of Canadian undergraduate students report a heavy drinking pattern. Finally, further analysis of CAS data confirms the highly skewed nature of alcohol consumption in Canada with the 10% heaviest drinkers accounting for approximately 50% of self-reported alcohol consumption. As with other self-report prevalence studies, estimates derived from the CAS data likely underestimate the actual concentration of drinking within Canadian society.¹

3. Key Developments and Opportunities

On May 27, 2003, the Government of Canada announced the long-awaited renewal of Canada’s Drug Strategy. Central to the redesign of the Drug Strategy is the development of the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada. The Framework sets out the guiding principles and structure of a process to create an inclusive *national* approach to substance abuse in Canada.²

During the development of the National Framework for Action, several regional consultations were held across Canada in 2003 and 2004 to provide stakeholders with the opportunity to provide input into the process of designing and implementing a renewed approach to problems associated with substance abuse. Within these consultations, alcohol repeatedly emerged as a topic of national concern and Health Canada, along with the Canadian Centre on Substance Abuse, co-hosted the National Thematic Roundtable on Alcohol Policy in Ottawa on November 18 and 19, 2004. The purpose of the Thematic Roundtable on Alcohol Policy was to generate information to inform the development of the portions of the National Framework related to alcohol.³

¹ For instance, when compared to data on actual sales, the CAS survey accounted for approximately 40% of officially recorded sales of alcohol in 2004 (Stockwell, Sturge & MacDonald, 2005).

² Details on the Framework can be reviewed from this website: <http://www.nationalframework-cadrenational.ca>

³ More information on the Thematic Workshop on Alcohol Policy, including background papers and the Final Report, is available here: http://www.ccsa.ca/CCSA/EN/Research/Policy_Documents/

The Thematic Workshop on Alcohol Policy identified five major themes for further analysis:

- Promoting the use of routine screening and brief interventions
- Developing and promoting policies to reduce chronic disease, including FASD
- Addressing the drinking context and promoting the use of targeted interventions
- Structuring alcohol taxes (and prices) in a discerning and purposeful manner
- Developing a culture of moderation versus a culture of intoxication for both youth and adults in Canada.

These strategic themes served as the frame guiding the work of the National Alcohol Strategy Working Group (NASWG) which was formed in the Summer of 2005 to create Canada’s first National Alcohol Strategy.

4. Process of the National Alcohol Strategy Working Group (NASWG)

The National Alcohol Strategy Working Group emerged as the logical “next step” from the Thematic Workshop on Alcohol Policy held in November 2004. The goal of the Working Group was to further investigate the five themes identified at the Thematic Workshop and produce, by consensus and careful consideration, a comprehensive and actionable National Alcohol Strategy for Canada.

From the beginning, the National Alcohol Strategy Working Group (NASWG) was constituted with the principle of inclusion in mind. The Group consists of over thirty representatives and support staff from a broad cross section of stakeholders including:

- Three co-chairs: Beth Pieterston, Health Canada; Murray Finnerty, Alberta Alcohol and Drug Abuse Commission and Michel Perron, Canadian Centre on Substance Abuse
- Sectoral representation from: Federal Government, Provincial Governments, Health NGO’s (e.g., Canadian Public Health Association, Canadian Society of Addiction Medicine), Alcohol Monopolies, Alcohol Regulators, Alcohol Industry (spirits, wine and beer), Hospitality Industry, Academic Researchers, Aboriginal Organizations.⁴

The NASWG held three face to face meetings in December 2005 and March and June 2006. Six background papers were commissioned by the group and discussed in great detail at the first two meetings (these papers are listed in the bibliography). Consultations and research leading to the development of the Strategy identified a wide variety of issues and recommendations, including new and innovative responses and the pressing need for continued research and evaluation of programs and policies. From these discussions, the four strategic areas for action were identified (see Section 6).

5. Vision and Approach for Canada’s National Alcohol Strategy

The fundamental vision of the National Alcohol Strategy is to ensure that all people in Canada live in a society free of the harms associated with alcohol. The NAS signals a new way of thinking about alcohol use in which *implicit* and poorly understood messages are replaced by an *explicit* unifying theme and coordinated approach that reflects healthy standards. Moving towards a culture of moderation does not imply that a culture of "immoderation" exists in Canada; rather, it means adopting new ways of thinking about alcohol use, fostering better understanding the different risks involved in drinking, creating environmental supports and incentives to reduce harmful drinking and helping Canadians in choosing wisely how to minimize those risks. Cultural change is key to achieving this vision. Previous successes in

⁴ See Appendix 1 for a complete listing of Working Group Members.

other areas – smoking, seat belt use, drinking and driving – provide insight into the changes required to achieve a culture of moderation toward alcohol use.

The Strategy identifies nine governing principles and four specific goals based largely on those embedded in the National Framework for Action.

National Alcohol Strategy

Principles

1. *Alcohol misuse is a public health issue.*
2. *Alcohol misuse is shaped by social and other factors.*
3. *Successful responses to reduce the harm associated with alcohol reflect the full range of health promotion, prevention, treatment, enforcement and harm reduction approaches.*
4. *Action is knowledge-based, evidence-informed and evaluated for results.*
5. *Human rights are respected.*
6. *Strong partnerships are the foundation for success.*
7. *Responsibility, ownership and accountability are understood and agreed on by all.*
8. *Those most affected are meaningfully involved.*
9. *Reducing the harm associated with alcohol creates healthier, safer communities.*

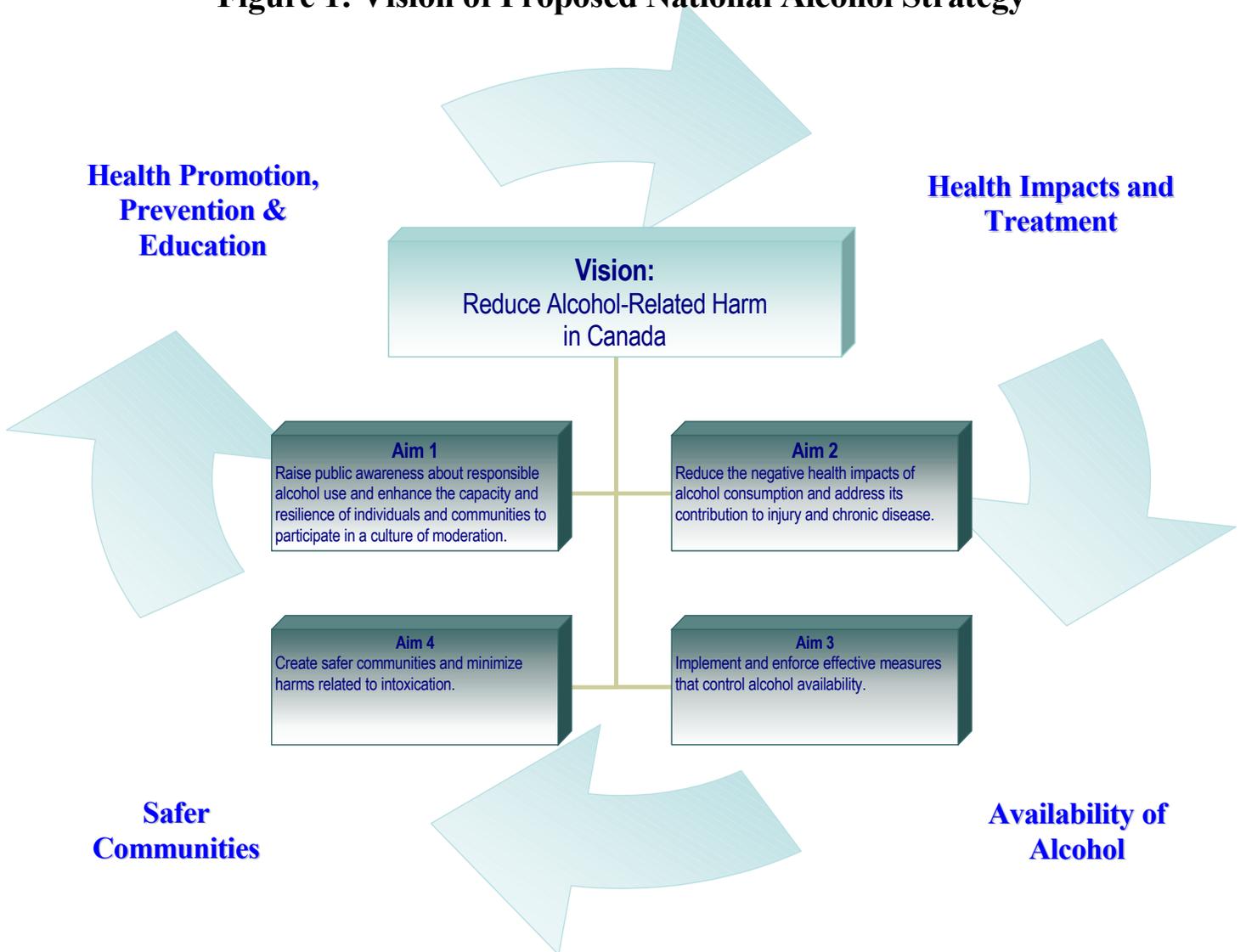
Goals

1. *To reduce the harm associated with alcohol use to individuals, families and communities across Canada.*
2. *To increase common understanding of the impact and scope of alcohol-related harm to Canadian society, and to prevent and minimize negative health outcomes for those affected by alcohol consumption.*
3. *To develop a comprehensive, coordinated, and effective approach that builds on past and present efforts to prevent, reduce and address alcohol-related issues, and identifies realistic responses.*
4. *To multiply and strengthen collaborative partnerships among governments, non-governmental organizations, industry, addictions agencies, law enforcement, and communities who are affected by alcohol-related harm.*

The NAS groups its review of issues, and recommendations, into four strategic action areas: (1) Health Promotion, Prevention and Education; (2) Health Impacts and Treatment; (3) Availability and Accessibility of Alcohol; and (4) Safer Communities (see Figure 1). Finally, the NAS identifies 41 specific recommendations across these four areas and identifies the stakeholders who could potentially lead or be actively involved in their implementation.

The next section presents greater detail on topics covered under the strategic areas for action and summarizes the themes covered by the recommendations for that action area. Just as all four action areas must operate *together* to ensure successful change in knowledge, attitudes and practices, all relevant players must *share responsibility* for addressing the harm caused by excessive or irresponsible alcohol use.

Figure 1: Vision of Proposed National Alcohol Strategy



6. Strategic Areas for Action Under the National Alcohol Strategy

6.1 Health promotion, prevention and education

Aim: Raise public awareness about responsible alcohol use, and enhance the capacity and resilience of individuals and communities to participate in a culture of moderation.

Raising public awareness about alcohol is complex as there are some benefits associated with its use and a “don’t drink” approach for the general population is impractical and unnecessary. For the majority of Canadians who are of legal purchase age, the public messaging around alcohol should focus on moderation or drinking sensibly. For others, the concept of drinking sensibly means not to drink at all.

Health promotion, prevention and education strategies work together to achieve changes in knowledge, attitudes, intentions and skills in order to increase the proportion of drinkers who remain within guidelines for moderation. Initiatives are delivered through the mass media, community-based programs, and target-group-specific interventions.

Health promotion refers to activities designed to influence: health behaviours, such as lifestyle changes and changes to the environment; the underlying *determinants of health*, such as personal, social, economic and cultural factors; and changes to relevant public policy and legislation.

Prevention refers to measures that prevent or delay the onset of alcohol use, as well as those that protect against risk and reduce harm associated with the supply and use of alcohol. Prevention also focuses on issues and factors related to the *reasons* why some people misuse (or do not use) alcohol.

Social marketing is a proven, prevention-based, educational strategy that informs the general public and raises awareness about alcohol, most commonly using the media as the vehicle.

Developing National Alcohol Drinking Guidelines

Establishing consistent *National Alcohol Drinking Guidelines* would allow Canadians to understand how their personal drinking practices compare to moderate consumption guidelines and to monitor their drinking habits, and promote cultural change. These guidelines would serve to indicate appropriate drinking amounts, contexts and motivations for drinking and for minimizing ARH. The *12 risky drinking practices* identified in the Strategy are:

1. *Drinking more than (#) standard drinks/week.*
2. *Drinking more than (#) drinks/day for men and (#) drinks/day for women.*
3. *Drinking more than one standard drink an hour.*
4. *Drinking and driving.*
5. *Drinking before or during work.*
6. *Drinking before or during sports or other physical activities.*
7. *Drinking during pregnancy.*
8. *Drinking while on medication or with other drugs.*
9. *Drinking with the intention of becoming intoxicated.*
10. *Drinking to cope with difficulties or negative outlook.*
11. *Drinking out of habit.*
12. *Drinking under age.*

Currently, in Canada, there is no true “national consensus” on drinking guidelines⁵. Once standards are established that outline acceptable drinking limits, including the option not to drink, other tools and strategies could then provide reinforcement, including *standard drink labelling* that identifies the amount of alcohol consumed based on standard units.

Under-age youth and young adults (18-24 years of age)

Alcohol has become part of the youth and young adult culture in Canada. A large majority of young people 15 years and older report that they had a drink in the past year (83%) and in their lifetime (91%). Although only a minority uses alcohol in ways that cause harm, drinking to intoxication affects a large number of people directly and indirectly within the general population, and results in much injury and loss of life among youth and young adults.

While abstinence remains the ideal goal with regard to under-age youth, it is well known that many youth under the legal purchase age do choose to consume alcohol. It is important for those who do so to be aware of their vulnerability and to understand how to limit their consumption in ways that prevent doing harm to themselves or others.

Canadian youth are initiated to alcohol at an average age of 15.6 years. The earlier youth start drinking, the more likely they are to consume more on a typical occasion and drink heavily on a monthly and weekly basis. Youth who start drinking earlier are also more likely to report ARH than those who start drinking at a later age. Therefore, age of initiation is a crucial factor in planning prevention and intervention efforts directed at youth.

Potential alcohol education and information initiatives for youth include mass media campaigns, community-based programs, and school-based curricula. Policy and programming that targets under-aged youth must be based on developmentally appropriate goals, ranging from abstinence (an appropriate goal for the entire age group) to consumption defined by National Alcohol Drinking Guidelines (viewed as the norm as youth approach legal purchase age).

To a great extent, youth and young adult populations learn about drinking from older adults. Creating a culture of moderation must begin with adults who fashion the templates for the attitudes and practices of the younger generation. Transition from the status quo to a newly established culture of moderation will require at least a generation of education, enforcement and advocacy given our experience with tobacco and impaired driving.

6.1.1 Themes of Proposed Recommendations

- A core concept of facilitating a ‘culture of moderation’ supported by several key elements, e.g., improving scope, consistency and clarity of alcohol-related health and safety messages.
- Clear and understandable Canadian-endorsed “Alcohol Use Guidelines,” building on the existing Low Risk Drinking Guidelines (LRDG) developed by the Centre for Addiction and Mental Health.
- A comprehensive, sustained social marketing campaign and community-wide health promotion with multiple elements and partners, including funding and support for local community initiatives.

⁵ The Centre for Addiction & Mental Health of Ontario developed drinking guidelines designed to “maximize life, minimize risk” as follows: Zero (0) drinks for lowest risk of alcohol-related problems; no more than 2 standard drinks on any one day; women up to 9 standard drinks a week; and men up to 14 standard drinks a week. These guidelines have been endorsed by a several agencies across Canada (CAMH, n.d.).

- Consumer education and standard-drink labeling.
- Separate but reinforcing elements for targeting under-age drinking, high-risk drinking by youth and young adults, with age-appropriate goals and messaging consistent with National Alcohol Drinking Guidelines for avoiding high-risk drinking.

6.2 Health impacts and treatment

Aim: Reduce the negative health impacts of alcohol consumption and address its contribution to injury and chronic disease.

Alcohol is causally related to more than 65 different medical conditions, ranging from intentional and unintentional injuries to long-term health conditions such as cancer, cardiovascular disease, and neuropsychiatric conditions. In 2002, alcohol-attributed fatalities resulted in 191,136 potential years of life lost in Canada. Alcohol-attributed illness accounted for approximately 1.6 million days of acute care in hospital. The resulting drain on the Canadian economy totaled some \$14.6 billion.

Approximately nine of every 1,000 children in Canada are born with Fetal Alcohol Spectrum Disorder (FASD), a preventable, life-long disability. This disorder is a particular challenge in some First Nations communities, with rates range between 55 and 190 per 1,000 births. The costs of FASD to society are high: without taking into account the lost potential and opportunity, direct costs associated with FASD over a lifetime have been estimated at about \$1.5 million per person with FASD.

Interventions and treatment

Successful implementation of the NAS requires not only appropriate treatments for alcohol-related problems, but also the resources and facilities to make interventions accessible to all who require them. Interventions may include: education and prevention; identification and intervention strategies aimed at people in the early stages of alcohol dependence or related condition; tertiary treatment programs for those whose problems are entrenched or chronic.

Available treatment measures include out-patient or residential care, specialist or generalist interventions, counselling, detoxification services, pharmaceutical interventions, self-help, or various combinations of these approaches.

No single treatment path can help every person in the same way; indeed, individuals may require different approaches at each stage of their recovery. An effective system is therefore one that provides a range of options to meet the diverse needs of those seeking treatment, including the needs of the family and friends of these individuals.

Making use of general health professionals to screen and treat those who may be at risk of developing, or may already have developed, alcohol-related problems is a promising technique. However, many health professionals and their allies lack the resources, support and ongoing information and training required to effectively assess and treat patients with alcohol problems.

The expansion and systematic use of screening, brief interventions and referral (SBIR) would help address the primary health care concerns and costs related to alcohol misuse. The costs of implementation could be at least partially offset by future savings to health and social services generated by early intervention with problem drinkers.

6.2.1 Themes of Proposed Recommendations

- Work more effectively and integrate practice between addictions and the primary health care networks to screen, identify, and to intervene with people who have addiction problems or refer them to the specialized addictions treatment system. Areas of focus include developing screening, brief intervention and referral tools and strategies to integrate their use in primary health care settings.
- Address gaps and develop capacity of specialized addictions services to work in effective partnerships with primary health care providers.
- Build on existing health partnerships and continue to work more collaboratively to provide services to those with special needs or vulnerable populations, e.g., pregnant women, the elderly, homeless, First Nations, Inuit and Métis, and offenders.
- Develop and disseminate messages on the contribution of alcohol to chronic diseases.
- Continue to improve the knowledge base in addictions field and cross-linkages with other areas of health, including, for example, developing a strategic national alcohol research program, reflecting a determinants of health approach.

6.3 Availability and accessibility of alcohol

Aim: Implement and enforce effective measures that control alcohol availability

Effective responses to AHR require an appropriate mix of population-level approaches and targeted interventions.

Population-level approaches limit overall consumption of alcohol by controlling its general availability (for example, via pricing and taxation strategies, hours and days of sale, and minimum purchase ages). They are relatively easy to implement and produce significant government revenue. However, such approaches have an impact on all drinkers, including those who do not misuse alcohol.

Because increases in per-capita consumption nearly always translate into increases in alcohol-related problems, reasonable controls on availability continue to be a cornerstone of any modern response to ARH.

In recent years, certain regulations directed at controlling alcohol availability in Canada have been liberalized (hours and days of sale, number of outlets). Population-level controls need to keep pace with this nationwide trend toward increased access.

The availability of alcohol derives from policies in three inter-related spheres: *physical availability*, *economic availability* and *social availability*.

Physical availability

The physical availability of alcohol depends on such parameters as the number of alcohol outlets, the hours and days of sale, and minimum purchase ages.

Government Liquor Control Boards are responsible for setting and enforcing the most important policies that determine general accessibility of alcohol for off-premise consumption. They were originally designed to ensure that social responsibility issues are not subordinated by economic and financial

considerations. As they are operated today in Canada, liquor boards have been gradually moving away from this original mandate.

Within the context of the current debate over the privatization of retail alcohol sales, Canadian jurisdictions need to focus on control structures that support the social responsibility mandates underpinning effective management of ARH. This should include maintaining reasonable controls on the physical availability of alcohol.

The Working Group flagged an issue involving the aspects of geography and price. It concerns the policy requiring all outlets within a jurisdiction to charge the same price for beverage alcohol. This can lead to lower prices for alcohol relative to other commodities in isolated rural areas if the costs of transportation are not included in the final selling price, thus serving as possible incentive for some people to engage in heavier, high risk drinking.

With regard to *liquor licensing and enforcement*, a significant proportion of drinking takes place in the approximately 65,000 licensed establishments currently operating in Canada. All jurisdictions would benefit from improving implementation and enforcement of existing laws regulating alcohol service, especially in relation to serving under-age and intoxicated patrons.

One way to reinforce responsible beverage service in licensed establishments is to provide approved training to staff. All jurisdictions in Canada currently offer server training programs, but many of these are voluntary. Also, given the high staff turn-over rate within the industry, periodic server recertification is just as important as initial training.

Given the role that alcohol plays in accidents and other social harms, Canadian jurisdictions should also consider making liability insurance mandatory for drinking establishments. However, this should be implemented in a way that does not create undue economic hardship for the hospitality industry.

Raising the *minimum legal purchase age* for alcohol has significant positive effects on under-age drinking and some forms of ARH among both under-age youth and young adults. However, minimum purchase age laws are only effective if they are strictly and consistently enforced. As well, harmonizing minimum purchase ages across jurisdictions would help alleviate certain risky drinking behaviours, where significant numbers of patrons cross provincial/territorial borders to take advantage of less restrictive regulations.

Economic availability

Economic availability refers to decisions that affect the final selling price of alcohol to the consumer, such as taxation and pricing. As a general rule, higher prices translate into lower consumption and reduced ARH, while lower prices lead to increases in consumption and related harms.

Two key strategies for reducing ARH involve pricing alcohol at levels that discourage heavy (high risk) consumption, and maintaining the real value of prices relative to inflation over time.

Canadian jurisdictions can use a number of policy levers to influence and maintain the final price of alcohol, including setting federal, provincial and territorial taxes and markups, and implementing minimum “social reference” prices (setting minimum prices to ensure that “value-priced” alcohol does not fall to a level that increases misuse and ARH).

Social availability

Social availability refers to the general cultural norms governing the use of alcohol, including the perceived acceptability of drinking, the reasons for consuming alcohol, and the pattern of use among one’s social network.

Canadians are exposed to alcohol *advertising and promotion* through television, radio, print advertisements, point-of-sale promotions, and the Internet. Continuous exposure to advertising facilitates the development of pro-drinking attitudes and increases the likelihood of heavier drinking in some people. In addition, alcohol advertising has a cumulative influence in shaping young people’s perceptions of alcohol and in the development of social norms about drinking.

The challenge with alcohol advertising is to ensure compliance with existing standards. Creation of effective and efficient processes for monitoring alcohol advertising and for the public to submit complaints is crucial, especially with the movement toward industry based “self regulation” in Canada. A coordinated approach to ensuring that the standards are upheld, that appropriate changes are made over time and that youth are not over-exposed to alcohol advertising is essential to successfully implementing a culture of moderation.

6.3.1 Themes of Proposed Recommendations

- Advocate for and support provincial liquor authorities to advance their social responsibility mandates in terms of profile and funding across their operations to reduce alcohol-related harm and visibly support a culture of moderation.
- Enhance staff training and enforcement compliance programs, strengthening server intervention and training programs.
- Commit to review and improve business practices on key issues in alcohol availability in Canada, e.g., alcohol costs and availability in high-risk and/or remote communities, third-party supply of alcohol, nature and extent of under-age access to alcohol, use of fake identification.
- Give consideration to harmonizing the legal purchase age to 19 years old across Canada.
- Explore use of price (tax) to encourage production and consumption of lower risk alcoholic beverages, e.g., adopt minimum retail social reference prices for alcohol, indexed to the Consumer Price Index; move to consistent volumetric pricing of alcohol across jurisdictions; consider price (tax) incentives for lower-alcohol-content beers and coolers.
- Support research initiatives to gain a better understanding of how aspects of availability and accessibility of alcohol relate to consumption patterns and problems, e.g., distribution and density of alcohol outlets, with a view to enhance culture of moderate, low-risk use.
- Review the current regulatory systems with respect to alcohol advertising and promotion and, in particular, assess the exposure of youth to such messages.

6.4 Safer communities

Aim: Create safer communities and minimize harms related to intoxication.

Communities can evolve toward a safer and healthier relationship with alcohol by fostering a culture of moderation in which individuals are supported to make well-informed decisions about their alcohol use in situations and environments that minimize the risk of harm. These kinds of decisions and environments usually reflect the prevailing attitudes, practices, informal norms and expectations that develop within a

community, and these are themselves influenced by formal laws, regulations and policies backed by suitable enforcement.

Community contexts for drinking and safety

Targeted interventions attempt to modify the drinking environment (or *context*) in order to reduce drinking to intoxication or drinking in conjunction with activities requiring care or skill such as driving a motor vehicle or operating machinery.

The NAS identifies several key community contexts where alcohol use occurs and which present both pathways to ARH as well as opportunities to design interventions that mitigate the harm.

As a majority of Canadian adults are employed and spend a significant proportion of their time at work, *the workplace* becomes an important context for addressing ARH. In the short term, alcohol consumed in the context of work can affect productivity and safety, and lead to errors in judgment and accidents. In the long-term, heavy drinkers can experience social, psychological, and medical problems that lead to increased absenteeism, poor overall work performance and extended sick leave. Employers have a broad duty to protect their employees against health and safety threats, including those related to alcohol use in the work environment. Employers may also be liable should employees who drink while in their work role cause injuries or damages within the community at large. In response, increasing numbers of employers are implementing workplace policies addressing alcohol use that feature education and Employee Assistance Programs (EAPs) – incorporating counseling and other supports. Municipal authorities have considerable scope to implement bylaws and other local ordinances that help manage availability of, and access to, alcohol within their boundaries. Through *Municipal Alcohol Policies (MAPs)*, communities can specify where and under what conditions access to alcohol will be permitted – and not permitted – in municipally owned facilities. The MAPs concept can be extended beyond municipal facilities to cover the activities of entities such as service, recreational and sporting clubs, as well as events planned by religious groups or private event organizers where alcohol may be available. Such policies may reduce illegal service of alcohol and help educate these hosts about their responsibilities and liabilities.

Safe bars – key initiatives that target high-risk behaviours within bars and restaurants include responsible beverage service (RBS) programs and mandatory training for managers and serving staff to minimize the risk of serving someone to the point of intoxication, someone who is already intoxicated or someone who is under-age. “Safer Bars” programs enable bar owners and managers to assess and manage risks related to such environmental factors as patrons’ access to the bar, its physical layout, characteristics of servers and security staff, and closing time. These programs have become a standard and increasingly mandatory feature of the hospitality industry in most provinces. They are proving to be the most effective means of reducing harms associated with on-premise drinking, especially when supported by increased enforcement and server liability laws.

Responsible hosting – a recent civil liability case from the Supreme Court of Canada determined that social hosts should not generally be held to the same standards of legal responsibility as commercial hosts (bars and other licensed establishments). While individual drinkers maintain a higher degree of personal responsibility for their actions under this ruling, the role of social hosts in non-commercial drinking contexts remains highly significant from a standpoint of strengthening a culture of moderation. Social hosting provides vital opportunities for adults to model responsible use of alcohol, particularly among children and youth.

Recreation - the impairing effects of alcohol on judgment and motor skills make it a risk factor in most sports and recreational activities. As a person’s blood alcohol concentration (BAC) rises, coordination, judgment and reactions all deteriorate and increase the risk of injury or death. These negative outcomes occur especially in sports involving boats, snowmobiles, and other activities with higher participation rates by young males. Initial evaluation results from information campaigns targeting snowmobile users and the boaters, for example, indicate promising reductions in the incidence of alcohol-related problems.

Colleges and universities – risky drinking behaviours typical of college and university students, in particular binge drinking, take place in, on, and off campus locations. Traditional approaches taken to reduce ARH include education, alcohol awareness weeks/events, and residence information programs. More recent initiatives attempt to influence the campus environment, including alcohol-free events or residences, responsible beverage service programs, and restricting availability of alcohol through fewer on-campus pubs and limited advertising. Emerging “promising practices” emphasize the importance of approaches that are comprehensive, long-term, include partnerships (on and off campus), address social norms, and include enforcement.

The culture surrounding *drinking and driving* has changed dramatically over recent decades. What was once a well-entrenched, normalized activity has become unacceptable behavior to a majority of Canadians. It is now well understood that even small amounts of alcohol can impair a person’s ability to drive – especially for young drivers. The resulting increased risk of collision, injury and death carries with it high legal and social costs. Young and novice drivers are known to be at increased risk for road crashes as a result of their inexperience as drivers or inexperience with alcohol, or both. Motor vehicle crashes are the leading cause of death among teenagers in Canada, and 40% of teenage drivers killed in road crashes had been drinking.

Currently in Canada, all jurisdictions except Nunavut have implemented graduated driver licensing (GDL) programs for young and novice drivers that feature such elements as zero tolerance for BAC and restrictions on hours and passengers allowed. A growing body of research confirms the safety benefits of GDL and supports the identification of best practices for multi-stage GDL programs.

While significant progress has been made to reduce impaired driving in Canada, it remains a serious problem, especially with regard to repeat offenders. In 1990, the “Strategy to Reduce Impaired Driving” (STRID) was developed to reduce the number of traffic fatalities involving impaired drivers across Canadian provinces and territories. The initiative was extended for a five-year period from 1995–2001 and was then renewed to become STRID 2010, with the goal of bringing about a 40% decrease in the number of road users fatally or seriously injured in crashes involving alcohol.

Early STRIDs emphasized, as core program elements, enforcement and awareness, legislative initiatives and communications, and the development of capacities within jurisdictions to address impaired driving in a more consistent fashion. STRID 2010 takes a more comprehensive and coordinated approach, including a wide range of initiatives targeting the hardcore drinking driver, young/new drivers, social drinkers, and the first-sanctioned driver and drivers with blood alcohol concentrations (BACs) below the 0.08% level.

6.4.1 Themes of Proposed Recommendations:

- Pursue an umbrella of policies and programs that attempt to address and reduce alcohol-related risks particularly for intoxication and injury or violence in a variety of community contexts – workplace, public venues such as stadiums and community halls, college and university settings,

home hosting, and sport and recreation. This would entail a variety of sector-and-context-specific initiatives, building on existing foundations such as Municipal Alcohol Policies (MAPs) Employee Assistance Programs (EAPS), violence prevention programs, and evidence-based solutions that reduce alcohol-related harm in colleges and universities.

- Renew efforts to address one of the biggest risks posed by alcohol to public health – traffic and highway safety, primarily by increasing support for the elements of the current national Strategy to Reduce Impaired Driving (2010), by the Canadian Motor Transport Administrators (CCMTA). Key target groups include high risk or alcohol-dependent drivers as well as first-time offenders and those with mid-range BACs. Possible approaches include: technology-based solutions, education and public awareness initiatives, improved assessment protocols, improved treatment and rehabilitation to address concurrent issues of chronic alcohol abuse and possible cognitive impairments.
- In devising strategies and actions, look at the issues through three different lenses, i.e., for adults, for youth and young adults, and for special needs and vulnerable populations.

7. Next steps

At the time of writing this paper, the Final Report on the National Alcohol Strategy is in the hands of the Working Group Members who are seeking endorsement and support in principle of the Strategy from their respective organizations and constituencies during the Fall, 2006. This will be an opportunity to build interest and commitment to the National Alcohol Strategy as well as to continue planning and taking action on specific recommendations. Once the endorsement process is completed, it is expected that the Strategy will be made public probably early in 2007.

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Appendix 1: Membership of the National Alcohol Strategy Working Group

Chairpersons:

Beth Pieterston, Director General, (Health Canada)
Michel Perron, CEO, (Canadian Centre on Substance Abuse)
Murray Finnerty, CEO, (Alberta Alcohol and Drug Abuse Commission)

Provincial/Territorial Representation

Nova Scotia - Carolyn Davison (Nova Scotia Department of Health)
British Columbia - Dr. Tim Stockwell (Centre for Addiction Research, BC)
Ontario - Dr. Louis Gliksman (Centre for Addiction and Mental Health)

Federal Government Representatives

Fraser Macaulay, Public Safety and Emergency Preparedness Canada/RCMP
Hal Pruden, Criminal Law Section, Justice Canada
Kelly Stone, Public Health Agency of Canada
Dr. Dennis Wardman, First Nations and Inuit Health Branch, Health Canada (and Assembly of First Nations)

Non-Government Organizations

Dr. Elinor Wilson, Canadian Public Health Association
Andrew Murie, Mothers Against Drunk Drivers Canada
Chris McNeil, Canadian Association of Chiefs of Police
Dr. Peter Butt, College of Family Physicians of Canada (Saskatchewan)
Jan Lutke, FASD Connections, Vancouver
Don Lussier, Canadian Association of Liquor Jurisdictions
Dr. David Marsh, Canadian Society of Addiction Medicine
Michael Ferrabee, Executive Vice-President, Gov. Affairs, Canadian Restaurant and Foodservice Association
Maureen Spier, representing Association of Liquor Licensing Authorities of Canada
Catherine Dallas, Health Department, Inuit Tapiriit Kanatani

Researchers

Dr. Louise Nadeau, University of Montreal
Dr. Christiane Poulin, Dalhousie University

Alcohol Industry

Dan Paszkowski, Canadian Vintners Association
Howard Collins, Brewers Association of Canada
Jan Westcott, Association of Canadian Distillers

Secretariat Support

Linda Dabros (Health Canada)
Heidi Liepold (Health Canada)
Ed Sawka (Alberta Alcohol and Drug Abuse Commission)
Gerald Thomas (Canadian Centre on Substance Abuse)
Sandra Song (Health Canada)
Nathan Lockhart (Health Canada)