Alcohol-Related Harm in Alberta and Relevant Policy Approaches

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Issue:

Alcohol is used by individuals and society for a variety of reasons; as a beverage, as a mind-altering drug, and as a celebratory drink at social and cultural events (1). In Alberta, alcohol consumption is considered socially acceptable and alcohol is widely used. In fact, approximately three-quarters of Albertans aged 15 and older have used alcohol in the past 12 months (2). Further, between 2012-2013 and 2013-2014, alcohol sales in Alberta increased by 7% and 4.4% respectively (3, 4). Taken together, provincial profit for alcohol sales sat at $766M in the 2014-2015 fiscal year (5), which is a $77M increase from 2010-2011 (6). Although most Albertans drink in moderation (2), nearly 30% exceeded Canada's Low-Risk Alcohol Drinking Guidelines (acute and chronic) in 2013 (2).

Patterns of drinking among young people and drinking to intoxication (or binge drinking) are key issues for public health in Alberta. In a 2012-2013 survey, 39% of Alberta students in grades 7-12 indicated that they consumed alcohol in the previous 12 months (7). Among those students who drank, 76% reported binge drinking (7). These developments are cause for concern because alcohol-related harm tends to increase as consumption levels rise. Evidence also shows that those who start drinking at an earlier age are more likely to experience harm from alcohol compared to those who start later (1, 8).

Impacts and Costs of Alcohol Misuse:

Alcohol is a legal substance, but governments around the world have started to recognize alcohol misuse as a significant threat to public health. According to the World Health Organization, alcohol ranks among the top five global risk factors for diseases, disability, and death (9). The global burden of diseases, disability, and economic costs from alcohol use is almost equal to that of tobacco (10). However, both the pattern and volume of drinking play an important role in determining the risk for alcohol-related diseases (9).

Although there is recent debate about low-intensity alcohol consumption and whether it has protective associations for some people (11), for many other diseases there appears to be no safe level of alcohol use (12). For example, research has linked alcohol use to an increased risk for developing chronic diseases and several forms of cancer, such as liver, colorectal, mouth and throat, gullet, and breast (1, 12). Along these lines, alcohol is a major contributor to overall rates of disease, disability, and death in Alberta, Canada, and around the world (1, 12-14). According to the 2013 Alberta Vital Stats, alcohol-related deaths reached 7.19/100,000 people in 2009, an increase from 6.11/100,000 people in 2006 (15).

Nation-wide, age-standardized death rates (per 100 000 people above the age of 15) for males and females in 2012 were 10.6 and 5, respectively, for liver cirrhosis, and 11 and 4, respectively, for road traffic accidents (16). Alcohol-attributable fractions are defined as "the proportion of deaths or burden of disease which would disappear if there had not been any alcohol [consumption]" (9). In 2012, Canadian alcohol-attributable fractions for males and females were 62.5% and 64%, respectively, for liver cirrhosis, and 14% and 5%, respectively, for road traffic accidents (16). Despite this, the issue of alcohol-related harm has historically received little attention from all levels of government, and is rarely linked with efforts to reduce chronic disease (17, 18).

In addition to health impacts, alcohol misuse causes considerable social harm and economic costs (8, 14). In Canada, the burden of direct and indirect costs from alcohol use was $14.6 billion in 2002, not far from the estimated costs of tobacco in 2002, at $17 billion (10). In the same year, the total estimated cost of alcohol misuse in Alberta was $1.6 billion (10), up from $749 million in 1992 (19). This is due primarily to lost productivity and costs related to health care

and law enforcement (10). It may be a surprise that the costs of alcohol misuse are higher than revenues from alcohol in most provinces and territories (20).

Alcohol-related diseases, disabilities, and costs decline if excessive alcohol intake is reduced in a population (20). Considering this, the Canadian Public Health Association has called on federal, provincial, and territorial governments to establish comprehensive, multi-pronged policy interventions to reduce alcohol-related harm (20). With that said, the National Alcohol Strategy Advisory Committee (NASAC) currently leads implementation of a national alcohol strategy (21). This strategy consists of 41 recommendations for reducing alcohol-related harm in Canada, which can be found in the 2007 report "Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation" (21). NASAC members are derived from all levels of government, non-governmental organizations, First Nations, Inuit and Métis service providers, and the alcohol industry (22).

Policy Interventions Needed:

It is clear that effective alcohol policies, defined as a "set of measures in a jurisdiction or society aimed at minimizing the health and social harms from alcohol consumption," are needed to promote population health (14). However, policy development is a complex process based on more than scientific evidence. Government action (or inaction) is also influenced by the prevailing social norms and cultural context in each jurisdiction. In Canada, most policy to reduce alcohol-related harm has been inclusive of people's right to drink in moderation (1). Public policy that reframes alcohol misuse as a significant public health hazard, and as a focus for comprehensive interventions, has been less common in many North American jurisdictions (1, 17), including Alberta.

Alberta ranked 5th out of the 10 Canadian provinces in an assessment of its alcohol-related policies, receiving only 47% of the ideal score (15). These scores were calculated based on policies related to pricing, regulatory control, physical availability, drinking and driving, alcohol marketing, drinking age, physician screening and intervention programs, server and retail programs, provincial strategy, and warning labels/signs. There are several areas where Alberta could strengthen its alcohol polices, specifically related to drinking and driving, enforcing the legal drinking age, implementing control systems, and adjusting pricing (23). Alberta is one of only two provinces with a provincial alcohol strategy (15). However, the strategy remains unfunded.

The evidence base for implementing a comprehensive strategy for reducing alcohol-related harm is compelling and well developed (1, 17). To be effective, alcohol policy must be multi-sectoral, long-term, evidence-based, aimed at both the individual and the population as a whole, while also protecting vulnerable populations. Further, it must target general consumption as well as high risk drinking (1, 12, 14, 20, 24). While treatment and early intervention services can be effective, they are relatively expensive and primarily benefit those who access services (1). In contrast, increasing alcohol taxes, limiting days, hours, places and conditions of alcohol sales and service, implementing drinking and driving countermeasures, and enforcing minimum legal drinking age, are all policies proven to be both cost-effective and successful in reducing alcohol-related harm when part of a comprehensive strategy (1, 17, 24-26). Restricting alcohol advertising is also critically important to reduce irresponsible marketing. In addition, promotional strategies that target and attract youth or encourage binge drinking should be regulated (1, 17, 20, 27). The evidence is clear: prioritizing policy interventions that promote population health is essential to reducing alcohol-related harm for all Albertans.

Benefits to Taking Action:

- All Albertans would benefit from evidence-based alcohol policies (8). Other national and international jurisdictions have successfully used policy to reduce both levels of harm and economic costs related to health care, lost productivity, and law enforcement (1) .
- Population-based alcohol policies are cost-effective interventions for governments and taxpayers. For instance, increasing alcohol taxes not only reduces alcohol consumption and related harm (1), but also provides new government revenue that can be reinvested in to public health initiatives.

- Alcohol policies can reshape drinking norms in Alberta to create a culture of moderation. A sustained policy approach will change attitudes about alcohol use and will denormalize drinking patterns that cause acute and chronic harm (24, 25).
- Policies and strategies that increase understanding of what constitutes lower-risk drinking, such as Canada's Low-Risk Drinking Guidelines, can assist in reducing patterns of harmful drinking consumption in Alberta, if implemented as part of a comprehensive strategy (17, 20, 23, 28).

Considerations:

Commercial/Industry

- The sale of alcohol creates jobs and revenue. If used appropriately, alcohol may also contribute to quality of life for Albertans (8). Consequently, several competing interests and values challenge alcohol policy in Alberta.
- The Government of Alberta and liquor retailers share a common commercial interest in alcohol use. In 2014-2015, the Alberta Gaming & Liquor Commission reported liquor sales totalling $2.5 billion, resulting in over $766M in general government revenue (6).
- Alberta is the only Canadian jurisdiction with a privatized liquor retailing system. Prior to privatization (1993), there were 208 Alberta Liquor Control Board stores; as of December 2015 there are 1,407 retail liquor stores (29) .
- An Alberta-focused study found that the privatization of Alberta's retail system and the resulting increase in the number of liquor outlets was not a benign action (30); it was associated with an increase in consumption of spirits (31). There have been numerous studies on the association between the density of retail alcohol outlets and harm from alcohol use (1, 32, 33). One study reports evidence linking outlet density to violence, harm to others, and drinking and driving fatalities (33).
- An effective policy response to reducing alcohol-related harm must include a focus on the alcohol industry (1, 20, 34). Globally, the alcohol industry has been successful in securing a role in the policymaking process through monetary donations, using pro-health messaging that is seemingly aligned with public health professionals (i.e. drink responsibly) (34), and through other 'partnerships' with public health and government sectors. As a player at the policymaking table, the alcohol industry has an opportunity to demonstrate its commitment to social responsibility by supporting actions to minimize the harm caused by its products (35). At the same time, this opportunity is constrained by the industry's need to protect their own commercial interests and be accountable to their shareholders (1). The industry's main objective is to maximize profits. Therefore, it has an active interest in keeping alcohol taxes low and limiting government regulation of marketing and other industry activities (1). As a result, the WHO Expert Committee on Problems Related to Alcohol Consumption (24) recommends that all governments avoid engaging with the alcohol industry during the policymaking process.

Public Perspectives

- Most (86%) Albertans feel alcohol misuse is a serious problem, and 78% believe alcohol misuse is a serious problem in their communities (36).
- While only 66% of Canadian university students reported using alcohol in the last 30 days, young adults perceive that 96% of their peers have used alcohol in the last 30 days (37). Such perspectives of normative alcohol consumption are worrisome because overestimating alcohol use strongly predicts actual alcohol use in young adults (37).
- Inflated perceptions about health benefits related to drinking, combined with a limited understanding of how alcohol use increases risk for cancer and other chronic disease, have slowed the broad understanding that alcohol misuse is a public health issue in Alberta (1).
- Alcohol misuse is often perceived as an isolated problem for individuals rather than a public health issue requiring population-level policy interventions. When surveyed, about 48% of responding Alberta policy influencers from the government, schools, workplaces, and the media agreed with the statement, "when someone has a problem with alcohol it is their own fault" and about 88% agreed with the statement "when someone has a problem with alcohol it is their responsibility to deal with it" (38). In contrast, only 51% of policy influencers surveyed agreed with the

statement “when someone has a problem with alcohol it is society's responsibility to deal with it” (38). These beliefs contrast with strong evidence showing that alcohol misuse is shaped by complex and interrelated social, economic, cultural, psychological, and environmental factors (39).

- While information and persuasion techniques are often given high priority within government as a means to address alcohol-related problems, their potential impact or ability to show value-for-money invested can be very limited (1).

APCCP Priorities for Action:

- Increase public and decision-maker understanding of alcohol-related harm as a complex and significant public health issue in Alberta.
- Advocate for a comprehensive, evidence-based approach for reducing alcohol-related harm in Alberta.

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