So what’s the big deal about alcohol?  
An introduction to effective community 
alcohol policy development

HC-Link Presentation
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An Introduction to the Alcohol Policy Network (APN)
APN is funded through Public Health Ontario and is housed at the Ontario Public Health Association

Mission of APN:
To facilitate the development of policies that prevent problems associated with alcohol use and enhance the health, safety and well-being of individuals and communities across Ontario.

APN supports the development, implementation, assessment and coordination of multi-level alcohol policies and guides alcohol policy related decisions.
Goals of APN:
• To increase informed discussion about alcohol-related issues.
• To promote greater awareness of the health, safety and social effects of alcohol-related policies.
• To enable health professionals, community members and others to participate actively and effectively in the development of alcohol policy at all levels.
Resources of APN:

• Statistics
• Publications (research/position papers, LTA, briefing notes)
• Databases
• People to Contact (3 levels of gov’t)
• Tools for Action (who to contact, how to complain)
• Education & Training (toolkit, wkshps/teleconf, forums, quizzes)
• Best Practices (by topic)
Communication Vehicles:
- Issues to Watch – monthly online news article
- Alcohol in the News – weekly summary of news issues
- Regular topic-based postings to listserv
- Trainings, Workshops, Forums
Harms and Costs of Alcohol: National and Provincial Data
In Canada:

• **23% of Canadian drinkers** in 2003 exceeded Ontario’s Low-Risk Drinking Guidelines

• the overall percentage of drinkers in Canada has risen from 72% in 1994 to **79% in 2004**

“Are those who are Alcohol Dependent the problem?”

Distribution of alcohol-related risk, Canada, 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-risk</td>
<td>6,081,000</td>
</tr>
<tr>
<td>Low-risk</td>
<td>8,915,000</td>
</tr>
<tr>
<td>Moderate-risk</td>
<td>8,961,000</td>
</tr>
<tr>
<td>High-risk</td>
<td>1,623,000</td>
</tr>
</tbody>
</table>

Source: Canadian alcohol and drug use monitoring survey (CADUMS).
“Drinking alcohol is healthy”
Comparison of lives lost and lives saved due to alcohol under different assumptions, Canada, 2002

In Ontario:

- Nearly **8 out of 10 adults** 15 years of age or older consume alcohol
- Over **1 out of 10** engage in heavy drinking (5+ drinks per occasion)
- About **1 out of 10** engage in hazardous drinking (drinking that could increase physical and mental health problems)
- Around **1 out of 4** drinkers report one or more alcohol problems
- Alcohol costs each Ontarian approx. **$465 in direct costs**
- “second-hand drinking” or “hidden hazards” are prominent in the form of unreported crime, family violence, loss of income, etc.

Comparison of Direct Alcohol-related Revenue and Costs, Ontario, 2002-2003

Direct Costs (2002)
- Enforcement Costs: $45,700,000
- Health Care Costs: $1,160,104,734
- Other Costs: $1,276,440,000
- Total Direct Costs: $1,276,440,000

Direct Revenue (FY2002/03)
- Net Revenue: $1,406,451,000
- Sales Taxes: $619,402,996
- Total Direct Revenue: $1,406,451,000

Deficit = $456,390,738
Alcohol is a main or contributing cause of many risks & types of harm

- **Individuals** - risks to personal health, safety & well-being
- **Populations/others**
  - Impacts social & family life, work place & educational settings
  - ‘collateral damage’ or ‘second-hand effects’ - victims are other drinkers, non-drinkers, children
- **Disease** (Babor et al. 2010, p. 49)
  - cancers, neuropsychiatric conditions, diabetes, cardiovascular conditions, gastrointestinal conditions, infectious diseases, maternal and perinatal conditions, acute toxic effects
- **Injury** (Babor et al. 2010, p. 49)
  - Road, transportation, boating, falls, drownings, burns, occupational and machine related, self-inflicted, violence to others
- **Harms go beyond addiction**: Most high-risk drinking events/incidents involve individuals who are not dependent on alcohol
“The harmful use of alcohol is the third leading risk factor for premature death and disabilities in the world and the second leading risk factor for mortality, morbidity and disability in high income countries. It is estimated that 2.5 million people worldwide died of alcohol-related causes in 2004, including 320,000 young people between 15 and 29 years of age.”

Alcohol Policy: International Perspectives
What are Alcohol Policies?

• Authoritative decisions made by governments, organizations, or individuals through laws, rules or regulations.
• Rules used to minimize or prevent alcohol-related harms.
• Policies can be directed at individuals, populations, organizations and health care systems.
• Policies may involve the implementation of a specific strategy with regard to alcohol harms (e.g. increase alcohol taxes).
Alcohol: No Ordinary Commodity, Babor, et. al. (2003) define alcohol policy as:

“Measures designed to control the supply of and/or affect the demand for alcoholic beverages in a population (usually national), including education and treatment programs, alcohol control, and harm-reduction strategies” (pg. 279).

• Benefits of Policies:
  – Policies have Sustainability
  – Policies are Equitable
  – Policies can aid Risk Management
  – Policies Support Healthy Choices
Components of Effective Alcohol Policies

- Effective policy allows individuals to be clear about what is acceptable and not acceptable.

- Policy development needs to be part of a comprehensive approach including education, marketing, evaluation, along with other proven health promotion strategies.

- Education strategies must be supported by a culture that values and promotes healthy lifestyles and policies and practices that are comprehensive, well promoted and well enforced.
Components of Effective Alcohol Policies

- The policy must create and sustain supportive social norms.
- The policy must be based on a solid rationale.
- The policy must be targeted to system-wide change, not just to individuals.
- There must be sufficient regulatory and enforcement infrastructure to achieve the desired effect.
- The policy must be economically feasible to its supporters and those that are affected.
- The required resources for the policy development, implementation and sustainability must be available.

Sources: The Health Communication Unit, Developing Health Promotion Policies, 2004; CAMH, Alcohol Policy Framework for Reducing Alcohol-Related Problems, 2004; & Key Informant Interviews
Components of Effective Alcohol Policies

• The policy must be politically acceptable to the more powerful groups affected by it.
• The policy must be based on research and evaluation.
• The policy must be developed in consultation with a broad range of stakeholders and affected local communities.
• The policy must be socially accepted in the community affected
• The policy must be coordinated as part of an overall plan of action.
“Evidence –based Solutions Exist”  
(Babor et al. 2nd ed. 2010):

First Tier:  
• Pricing and Taxation  
• Physical Availability  
• Alcohol Advertising & Promotion
Second Tier:

- Drinking-Driving Countermeasures
- Altering the Drinking Context
- Education and Persuasion
- Treatment and Early Intervention
Questions?

• Any questions thus far?
Alcohol Policy:
Provincial and Local Perspectives
• Less than half of Ontario municipalities have adequate policies and means to deal with alcohol issues
• 4 provinces in Canada have strategies to deal with alcohol: Ontario is not one of them
• 31% of WHO member states have a national alcohol policy: Canada is not one of them
Assumptions

• Communities may be at different stages of policy development
• Each Community Partner may have distinct challenges or priorities not shared with the group as a whole
• Policy implementation is a long, complex, multi-sectoral process and rarely moves in a straight line
• Policy needs to be cognizant of broader political issues and political readiness – just because you’re ready, doesn’t mean others are
• Media and Public opinion can be powerful tools in moving policy forward
Local Action on Alcohol Policy – pricing and taxation

Public Health and Communities can advocate for:
• minimum prices in all provinces & territories on off-premise (package) sales
• minimum prices in licensed premises for on-premise sales
• Indexing minimum prices to CPI
• Eliminating discount pricing (i.e. de-listed products)
• Applying excise tax & prices graduated by volume of ethanol
• Assessing impact of pricing on youth drinking
• effective controls on beverages oriented to youth market

Local Action on Alcohol Policy – physical availability

Public Health and Communities can work with local councils to:

- Reduce density of outlets
- Assess impact of outlet concentration (e.g. in entertainment districts)
- Assess impact of outlet location & concentration on consumption by youth and young adults
- Limit number of outlets on campus

Local Action on Alcohol Policy – marketing, advertising, and sponsorship

Public Health and Communities can advocate for or work with local councils to:

• Effectively enforce CRTC guidelines & regulations
• Plan efficient interventions for breaches of advertising policies – moving beyond a complaint driven approach
• Eliminate marketing of alcohol oriented to youth
• Reduce marketing by government liquor boards and agencies and by the private sector
• Limit or ban alcohol industry sponsorship of cultural or sporting events
• Eliminate alcohol sponsorship of disease prevention charity events

Local Action on Alcohol Policy – control systems

Public Health and Communities can advocate for:

- A moratorium on partial or full privatization of off-premise alcohol retailing
- Enhanced emphasis on a control mandate for government liquor store agencies and boards

Local Action on Alcohol Policy – drinking-driving countermeasures

Public Health and Communities can advocate for:

• Increased resources for random roadside spot checks
• Implementing a legal BAC of 0.05

Source: Giesbrecht, Stockwell, Kendall, Strang & Thomas. *CMAJ* Feb 7, 2011; Babor et al. 2010 *Alcohol No Ordinary Commodity*, Oxford U Press; Mothers Against Drunk Driving, *Rating the Provinces & Territories* 2009
Local Action on Alcohol Policy – minimum age

Public Health and Communities can advocate for or work with local councils to:

• Raise minimum legal age for purchasing alcohol to 19 in all provinces and territories
• Increase monitoring of practices & enforcement of legislation to prevent service to minors

Local Action on Alcohol Policy – altering contexts

Public Health and Communities can advocate for or work with local councils to:

• Increase ratio of liquor inspectors to outlets
• Implement “Safer Bars” and other evidence-based interventions
• Use only evaluated server training programs in all provinces and territories
• Provide a counter-balance to pressures to drink or consume in risky situations

Local Action on Alcohol Policy – education and persuasion

Public Health and Communities can advocate for or work with local councils to:

• Educate policy-makers about evidence of damage and costs from alcohol and high-impact interventions
• Educate the public on policy changes regarding alcohol
• Enhance the role of public health specialists in alcohol policy deliberations – e.g. MOHs

Local Action on Alcohol Policy – screening and brief intervention services

Public Health and Communities can advocate for or work with local councils to:

• Increase access to screening and brief intervention via clinics, university health care services, hospitals and online
• Orient resources to treatment interventions with evidence of positive impact
• Implement in the context of broader population level policies and interventions

A Population Health Approach to Alcohol Policy:

- Research shows that a comprehensive mix of policy, education, advocacy, community mobilization, and clinical interventions prove the most valuable in altering norms, decreasing harms, and changing behaviours (Green and Kreuter, 2005)

- The healthy decision needs to be the easy decision
How is this done?

- Achieve strong leadership and a broad base of support
- Work within or for supportive policies & interventions at the national, regional and local levels
- Focus on community-based interventions that address over-service, injuries and violence
- Raise awareness of local problems and the need for multiple, sustained, effective interventions

How is this done?

• Work with networks and charities to provide leadership / intel on alcohol issues
• Involve untraditional partnerships: MOH, liquor inspectors, law enforcement personnel, council members, etc.
• Frame issues so they are palatable to decision-makers (e.g. anti-crime bill)
• Conduct analyses on local political environment, influencers, opportunities for engagement, etc.

Who is involved in alcohol policy?

Locally:
- Health Units
- Municipalities
- Recreation Centres
- Police / Enforcement sector
- Workplace / Businesses
- Schools / Campuses
- Community halls and centres
- Sports Associations
- Charity Groups / Faith groups
- Addiction agencies
Alcohol Policy: Key Messages

- Alcohol is no ordinary commodity
- We have a collective, population-level drinking problem
- Strong research and data exist on harms and costs of alcohol with data suggesting costs outweigh revenues at the provincial level
- Evidence-based solutions are available
- Templates and frameworks exist including a global alcohol strategy, a proposed national framework, and provincial alcohol strategies
- Comprehensive, multi-sectoral approaches are needed throughout Ontario
- There is a collective and ethical responsibility for governments, NGOs, and communities to implement effective policies to reduce harm

(adapted from Robert Strang, 2010)
Helpful tools and organizations

Alcohol and Gaming Commission of Ontario
Website: http://www.agco.on.ca/en/h.home.html

Canadian Centre on Substance Abuse
Website: http://www.ccsa.ca/ccsa/

Centre for Addiction and Mental Health
Website: www.camh.net

Ontario Agency for Health Promotion and Protection
Website: http://www.oahpp.ca/index.php

Ontario Injury Prevention Resource Centre (OIPRC) at SMARTRISK
Website: www.oninjuryresources.ca

Ontario Ministry of Health Promotion
Website: http://www.mhp.gov.on.ca/english/default.asp

Ontario Public Health Association (OPHA)
Website: www.opha.on.ca

The Health Communication Unit at The Centre for Health Promotion
Website: www.thcu.ca
Case Study:
Niagara’s *Think and Drive* Road Safety Campaign
Social Assessment

Campaign Partners:

• CAA Niagara
• Niagara Emergency Medical Services
• Niagara Parks Police
• Niagara Regional Police Service
• Niagara Region Public Health
• Niagara Region Public Works
• Ontario Ministry of Transportation
• Ontario Provincial Police
Social Assessment

Campaign Directions:

• Community capacity and partnership building
• Communications and social marketing
• Research and evaluation
Epidemiological Assessment

- Public health road safety campaigns are cost effective investments (Commission for Global Road Safety, 2010)
- MVC in Ontario carry a total social cost of $17.9 Billion and an average MVC cost of $77,000 (Vodden et. al., 2007)
- In Niagara in 2004, there were 7,964 Motor Vehicle Collisions and 34 Fatalities
- Mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations (Wakefield et. al., 2010)
The Regional Niagara Road Safety Committee’s *Road Safety Strategy* health promotion components included:

- Education
- Enforcement
- Engineering
- Advocacy

The Think and Drive campaign focused on:

- Education
- Enforcement
Evaluation

Comprehensive Evaluation Measures should be embedded within implementation plan:

• **Formative Measures** – early feedback to assist in planning before implementation

• **Process Measures** – early feedback to assist in improvements during implementation

• **Outcome Measures** – feedback to determine the effect of the implemented program

• **Impact Measures** – feedback to determine population-level effects
Evaluation Results

Think and Drive’s campaign showed:

- A decrease of 12% in all reportable motor vehicle collisions on regional Niagara roads over the campaign’s five-year timeframe, where factors relating to vehicles, driver actions, and the driving environment are of primary consideration.

- An enhanced ability to effectively share road safety related information among partner agencies and the community.

- An increase in awareness and knowledge and a change in attitude and behaviour amongst road users.
Evaluation Results

Yearly Collision Frequency (2000 - 2009)
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