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Alcohol Policy Framework

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A PAHO/WHO Collaborating Centre
Fully affiliated with the University of Toronto

Un Centre collaborateur OPS/OMS
Affilié à part entière à l'Université de Toronto

Why alcohol policy is important

The majority of Ontarians drink. In 2010, 75% of Ontarians reported drinking at least once in the past year—just under the national average of 77% (Health Canada, 2011). As a nation, Canadians drink over 50% more than the global average (Shield et al. 2013). Most people drink without causing harm to themselves or others, but in 2010 6% of Ontario drinkers reported that in the past year they had experienced harm as a result of their own alcohol consumption (Health Canada, 2011). Approximately 20% of Canadians exceed the national low-risk drinking guidelines (Thomas, 2012).

Alcohol is the third leading cause of the global burden of disease and injury (Lim et al., 2012). Almost 4% of all deaths worldwide are attributed to alcohol (WHO, 2011). In Ontario, alcohol is responsible for the highest rate of substance-related morbidity and mortality after tobacco; it is estimated that alcohol misuse leads to the loss of about 80,000 health-adjusted life-years per year (Ratnasingham et al., 2012). In 2002, the annual cost of direct health care, law enforcement, corrections, prevention, lost productivity and other alcohol-related problems was estimated to be $5.3 billion for Ontario alone – well above the alcohol revenue accruing to the provincial government (Rehm et al. 2006).

As with most disease outcomes the relationship between alcohol consumption and disease is a dose-response relationship—in other words the more one drinks, the higher the risk (e.g. Corrao et al., 1999). Evidence of the range of problems associated with alcohol and the extent of damage appears to be growing. Recent reports, summarized in Babor et al. (2010), note a number of major alcohol-related health conditions that contribute to morbidity and mortality. These include:

1. Cancers: head and neck cancers, liver cancer, breast cancer, as well as cancers of the gastrointestinal tract.
2. Neurological and psychiatric conditions: alcohol dependence syndrome, alcohol abuse, depression, anxiety disorder, neuropathies, and organic brain disease.
3. Diabetes: although alcohol can be protective in small amounts, in larger amounts it can increase risk.
4. Cardiovascular conditions: including ischaemic heart disease, cerebrovascular disease.
5. Gastrointestinal conditions: alcoholic liver cirrhosis, cholethithiasis, and pancreatitis.
6. Maternal and perinatal conditions: low birth weight, intrauterine growth retardation, fetal alcohol spectrum disorder.
7. Acute toxic effects: alcohol poisoning.
8. Injuries: road and other transport injuries, fall, drowning and burning injuries, occupational and machine injuries.
9. Self-inflicted injuries: suicide.
10. Violent deaths: assault injuries.

This does not take into account the social costs of alcohol abuse and dependence, and the problems created by alcohol in the family, the workplace, and the community, which, while difficult to measure, are known to be significant (Babor et al., 2010; Laslett et al., 2010).

To summarize, alcohol consumption is a significant and well documented factor in numerous health problems (both chronic and acute) and social problems. Health-focused, evidence-based public policy can help mitigate these harms.

What we know

There is a strong association between the quantity of alcohol consumed in a given population and the type and number of problems experienced in that population.

Put simply, consumption correlates with harm at the population level. This has been the conclusion of extensive international research over the past 40 years (e.g. Bruun et al., 1975; Moore & Gerstein, 1981; Edwards et al., 1994; Babor et al., 2010). Canada-based research has also concluded that if there is more drinking in a population, the risks of serious consequences increase, demonstrating a positive association between population-level drinking rates and overall harm from alcohol (Norström, 2004; Ramstedt, 2004; Rehm et al., 2008; Rossow, 2004; Skog, 2003; Xie et al., 2000). Policy tools that reduce consumption in the general population can substantially reduce levels of harm and can benefit people with a wide range of drinking patterns, including those who drink very little or no alcohol.

At the individual level, overall alcohol consumption and high-risk drinking practices are strong predictors of alcohol-related problems.

High-risk drinking practices may include, for example: long term, regular consumption of alcohol at high levels; the consumption of large amounts of alcohol at one time; the combination of alcohol with activities which require alertness, judgment and physical coordination or skill; and the use of alcohol in combination with other drugs or medications. Risky drinking patterns contribute to the overall burden of disease and disability of a country, especially to traumatic events that are associated with drinking (Babor et al., 2010). Controlling drinking levels and patterns, including the extent and frequency of high-risk drinking, can curtail the burden of death, disease, disability and social disruption from alcohol (Babor et al., 2010; Anderson et al., 2009).

A relatively small proportion of drinkers consume most of the alcohol, but drinkers with lower average volume contribute to a significant share of alcohol problems.

Estimates from Canada indicate that about 20% of the drinkers account for about 70% of the alcohol consumption (Thomas, 2012), but about 50% of the overall burden from alcohol is related to consumption by people who do not qualify as being dependent on alcohol (Rehm, 1999). Therefore, it is important that policies and prevention strategies address the occasional risky drinking behaviour of the typically moderate consumer, in addition to measures that focus on the habitual heavy drinker. Both population-level policies and more focused interventions are needed as part of a comprehensive approach (Giesbrecht et al., 2011).

Best practices for the prevention of alcohol problems have been identified and should be employed.

After an extensive review of the literature, a recent WHO-sponsored report (Babor et al., 2010) offered a list of best practices for the minimization of alcohol problems at both the population and individual levels. Evidence of the effectiveness of these interventions is strong.

Population-level approaches:

- Pricing: as alcohol prices increase, demand declines, even for heavy drinkers;
- Restrictions on physical availability: minimum legal purchase age, government monopoly of retail sales, restrictions on retail outlet density, and limits on hours and days of sale are all associated with reductions in alcohol consumption and alcohol-related harm.

Focused interventions:

- Drinking and driving countermeasures: sobriety check-points, lowered blood alcohol content limits, administrative license suspension, and graduated licensing for novice drinkers are all effective interventions;
- Screening, brief interventions, and referrals (SBIR) for at-risk drinkers and treatment for those with dependence problems: SBIR can be effective in preventing alcohol-related harms; alcohol dependence can be treated, and cognitive-behavioural treatment and pharmacological therapies have been found effective (WHO, 2010).

Principles for an Ontario approach to alcohol policy

CAMH believes that the sale and consumption of alcohol should be regulated with public health and safety as primary concerns. Based on the evidence reviewed above, CAMH offers the following principles for an Ontario approach to alcohol policy. For each principle, examples of action are given.

1. Government decisions on alcohol should be made in the public interest, from a health and safety perspective.

   Examples of action that results from this principle:

   - Government decisions are informed by the net costs of alcohol to society. This can be defined as alcohol revenues minus the economic and social costs to individuals, families, communities, and society.
   - Policies are developed in consultation with a broad range of stakeholders.
   - Planned policy changes are preceded by social and population impact assessments.
   - A provincial alcohol strategy is drafted, launched, funded, and evaluated.

2. Alcohol is no ordinary commodity; regulation of sales, pricing, and marketing is necessary in order to minimize alcohol-related problems.

   Examples of action that results from this principle:

   - The minimum age of 19 is maintained and strictly enforced.
   - A moratorium is imposed on further privatization of alcohol retail sales.
   - The availability of alcohol is controlled through restrictions on hours of sale and retail density.
   - Minimum prices for licensed premises and retail establishments are calculated per standard drink and indexed to the cost of living.
   - Excise taxes, graduated by volume of ethanol, are applied.
   - Marketing, advertising, and sponsorship are strictly controlled – particularly marketing aimed at youth and vulnerable populations.

3. Focused interventions with proven effectiveness are needed.

   Examples of action that results from this principle:

   - Policies and programs are evaluated, and there is a strong orientation toward interventions that have been evaluated and have demonstrated a positive impact.
   - Government provides support to alcohol research and implementation of research results toward clinical practice guidelines.

4. Ontarians whose lives are affected by alcohol dependence or abuse should have access to high-quality, culturally appropriate care.

   Examples of actions that result from this principle:

   - Ontarians have access to services across the province, both in person and online.
   - Evidence-based treatment approaches, both cognitive-behavioural and pharmacological, are promoted and made broadly available.

- Primary care clinicians are supported with the tools and resources to provide screening and brief intervention services.
- Community-based and inpatient treatment are available.
- Multicultural, multilingual outreach and services are made available.

Conclusion

Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. An approach to alcohol policy that prioritizes public health and considers the costs associated with alcohol consumption is critical to our health and well-being. The adoption of the principles in this framework would ensure that alcohol is sold and consumed in a socially responsible manner and would mitigate the risks associated with alcohol use. We urge governments at all levels to consider this approach.

Background and purpose

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues.

The Centre for Addiction and Mental Health (CAMH) plays a unique and important role in the field of addictions. CAMH's provincial mandate includes providing advice on alcohol and other psychoactive substances, and undertaking research, prevention, and treatment designed to reduce associated problems. This work includes documenting patterns of alcohol use as well as societal attitudes towards alcohol; studying neurobiological substrates of alcohol dependence and developing novel therapeutic strategies; studying the link between alcohol use and the prevalence of chronic diseases, injury, and social problems; assessing the impact of alcohol use on morbidity and mortality; reviewing the impact of regulatory and public policy initiatives on alcohol-related problems; and working with the provincial government, NGOs, and local communities to develop effective policies towards alcohol that maximize health promotion and prevention and reduce the risks of alcohol-related problems.

The purpose of this framework document is to:

- Facilitate responses to emerging alcohol policy-related issues with all levels of government;
- Provide a model for the development and implementation of alcohol policies that effectively address the health and social harms that often accompany alcohol use;
- Inform provincial and local initiatives with regard to health and safety issues;
- Encourage a convergence of research and practice within CAMH on alcohol policy issues.

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