Alcohol:

A Snapshot of Elgin St. Thomas

ELGIN ST. THOMAS PUBLIC HEALTH

Alcohol is a popular choice of beverage and a socially accepted part of Canadian culture. Many individuals are exposed to alcohol through their friends, family, at various functions and events, and through the media.[1] A recent Health Canada report indicated that alcohol is the number one psychoactive substance used by Canadians.[2]

In the words of a community member: "Having an alcoholic drink is now portrayed as a normal part of our everyday life. Advertised as having fun with friends..."

From a population health perspective, the issue is not about whether or not individuals should consume alcohol. Rather, the issue is with alcohol-related harm from the proportion of the population who exceed recommended guidelines, engage in binge drinking, drinking to intoxication, overdrinking, or drinking and driving.[3]

In 2014, The World Health Organization (WHO) Global Status Report on Alcohol and Health reported that alcohol consumption is a causal factor in more than 200 diseases and injury conditions.[4] The WHO reports that drinking alcohol is not only associated with diseases such as liver cirrhosis and some cancers, but consumption may be associated with an increased risk of developing mental health and behavioural disorders, cardiovascular diseases, as well as contributing to a number of unintentional and intentional injuries (e.g. road collisions, violence, and suicide). Many people have an understanding of the immediate health effects or risks from over-drinking or intoxication and the accompanying feelings of being unwell the next day. The danger is that the majority of the population may have a limited understanding about the level of drinking at which acute and chronic harms can occur beyond "a hangover", or diseases such as cirrhosis of the liver, or addiction from alcohol abuse.[5]

According to the Canadian Centre on Substance Abuse, significant harms can be associated even with low levels of consumption. Evidence has shown that alcohol consumption, as little as one drink per day, can increase the risk of developing cancer of the breast, colon and rectum, esophagus, larynx, liver, mouth, and pharynx.[6]

Despite the overwhelming evidence highlighting the harms and risks associated with the consumption of alcohol, health continues to be placed at a lower priority when it comes to dialogue about this topic. This report will provide an understanding of the local context of alcohol use and harms, with the goal of starting an important conversation on how alcohol affects our community and what can be done to decrease alcohol related risk and harms.

CONTENTS

Decreasing the Risks 2
Snapshot of Local Drinking 3
Exceeding the Low-Risk Alcohol Drinking Guidelines 3, 4
Heavy Drinking 4, 5
Income 6
Chronic Disease Risk and Alcohol Use 6
Alcohol Related Hospitalizations 7
Alcohol-Related Deaths 8
Alcohol and Injuries 9
Fetal Alcohol Spectrum Disorder 10
Alcohol Use and Young People 11
Mental Health 12
Social Determinants of Health 13
Health Benefits are Limited 13
Alcohol Availability 14, 15
Alcohol Strategies 16
Next Steps 17
Glossary 18, 19
References 20, 21
Appendices 22

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Decreasing the Risks – Lower Risk Alcohol Use

To support drinking in a manner that reduces alcohol risks or harms, Canada's Low Risk Alcohol Drinking Guidelines (LRADG) were developed in 2011. Prior to 2011, provinces offered different information on the level of alcohol consumption that could be considered 'low' risk. In addition, there was a notable increase in per capita alcohol consumption in Canada, as well as a need to review the rapidly growing scientific literature on risks and some possible benefits of alcohol consumption. As such, an independent expert alcohol working group was formed to address the above, and these themes underlay the recommendations for Canada's LRADG.[7]

During the development of the LRADG, three distinct types of risk from drinking were identified:

- Increased long-term risk of serious diseases caused by the consumption of alcohol over a number of years (e.g., liver disease, some cancers);
- Increased short-term risk of injury or acute illness due to the overconsumption of alcohol on a single occasion (e.g. alcohol poisoning, drunk driving); and
- Circumstances and situations that are particularly hazardous (e.g., persons on medication, teenagers) and for which abstinence or only occasional light intake is advised.

The LRADG developed were intended for adults of legal drinking age, who choose to drink alcohol[8] and do not encourage abstainers to start drinking for any possible health benefits.[9]

In order for adults to drink according to the LRADG, it is necessary for alcohol consumers to be aware of what constitutes "a drink".

It is also necessary to know the established limits according to LRADG, in order to decrease long and short-term harms.

Guideline #1 To reduce long-term health risks	• No more than 2 drinks a day or 10 drinks a week for women • No more than 3 drinks a day or 15 drinks a week for men • Plan 2 non-drinking days every week to avoid developing a habit
Guideline #2 To reduce risk of injury and harm (short-terms risks)	• Drink no more than 3 drinks for women and 4 drinks for men on any one occasion • Stay within the weekly limits outlined in #1 • Plan to drink in a safe environment
Guideline #3 Avoid drinking when...	• Operating any type of vehicle, machinery, tools • Taking certain medication and/or drugs • Engaging in sports/other physical activity • Pregnant or planning to become pregnant • Responsible for the safety of others • Making important decisions • Suffering from serious physical illness, mental illness or alcohol dependence
Guideline #4 When pregnant, planning pregnancy or breastfeeding	• The safest option during pregnancy, when planning to become pregnant, or breastfeeding, is to drink no alcohol at all
Guideline #5 For young people	• Delay drinking until the late teens (as alcohol can harm the way the brain and body develop) • If choosing to drink, plan ahead, choose a safe environment and drink at a low level

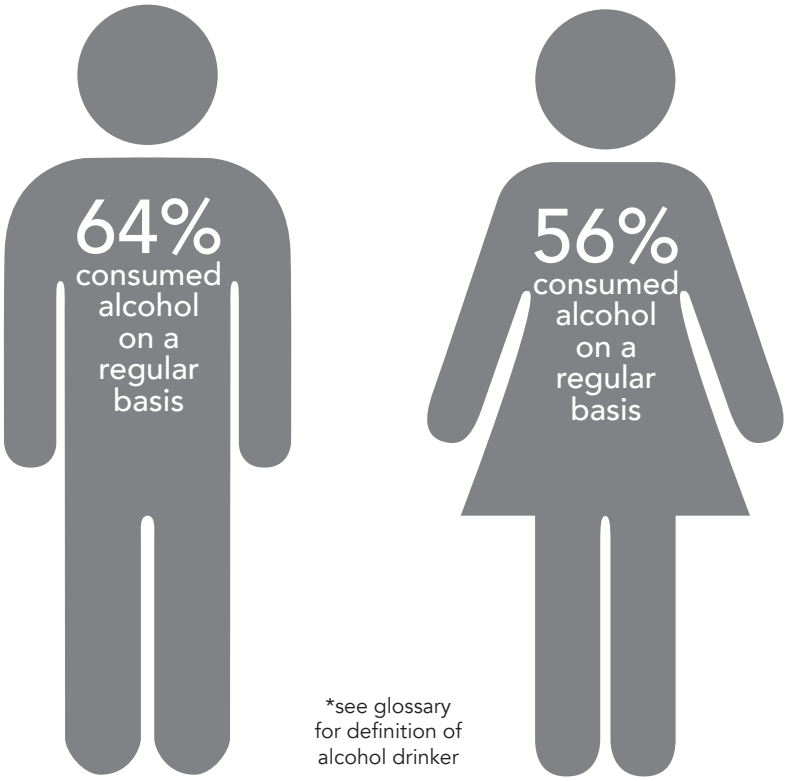
Snapshot of Local Drinking Behaviour

This report provides a snapshot from the Canadian Community Health Survey (CCHS), on self-reported local drinking behaviours in Elgin St. Thomas from 2013-2014. It also provides information on chronic disease and injury-related alcohol attributable hospitalizations and deaths from 2007 to 2014 in Elgin St. Thomas.

Alcohol Use

(from 2013-2014 in adults aged 19 and over)

- An estimated **75%** of Elgin St. Thomas residents drank alcohol last year, of these about **60%** were *regular* drinkers and **15%** drank occasionally.
- More men consumed alcohol on a *regular* basis (64%) than women (56%).
- Nearly twice as many women (20%) as men (11%) drank occasionally.
- The proportion of *regular* alcohol drinkers was almost two times greater for high income residents (75%) than residents in low income (40%).



*see glossary for definition of alcohol drinker

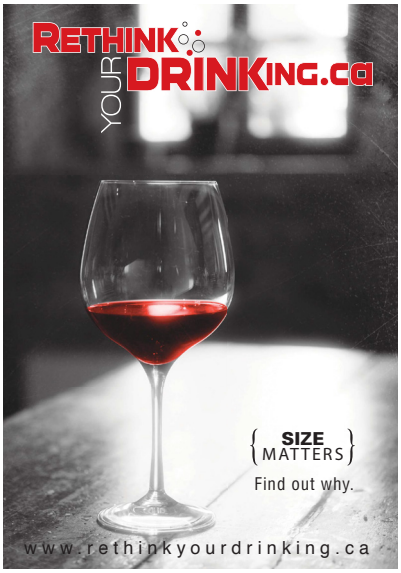
Exceeding the Low-Risk Alcohol Drinking Guidelines (LRADG)

CCHS data on self-reported alcohol use in 2013-2014 suggests that in Elgin St. Thomas of those who drink alcohol on a regular basis, many are frequently drinking at a risky level. **The age-standardized rate** of those drinking in excess of the LRADG indicated:

- Approximately 23% of people exceeded LRADG #1.
- Just over half the population exceeded LRADG #2 at 55%.
- Approximately 49% of the population exceeded both LRADG #1 and #2.
- 59% of men drank in excess of both LRADG #1 and #2 compared to 41% of women in 2013-2014.

Elgin St. Thomas Public Health (ESTPH) participates in the promotion and awareness of the LRADG through the *Rethink Your Drinking* campaign. The campaign messages include:

- Size Matters (serving size)
- Time Matters (number of drinks consumed over a time period)
- Sex Matters (difference in processing alcohol)
- Choice Matters (decisions affected by alcohol)
- Everything Matters (chronic diseases)
- Zero Matters (no alcohol in pregnancy)
- Cancer Matters (alcohol's relationship to cancer)

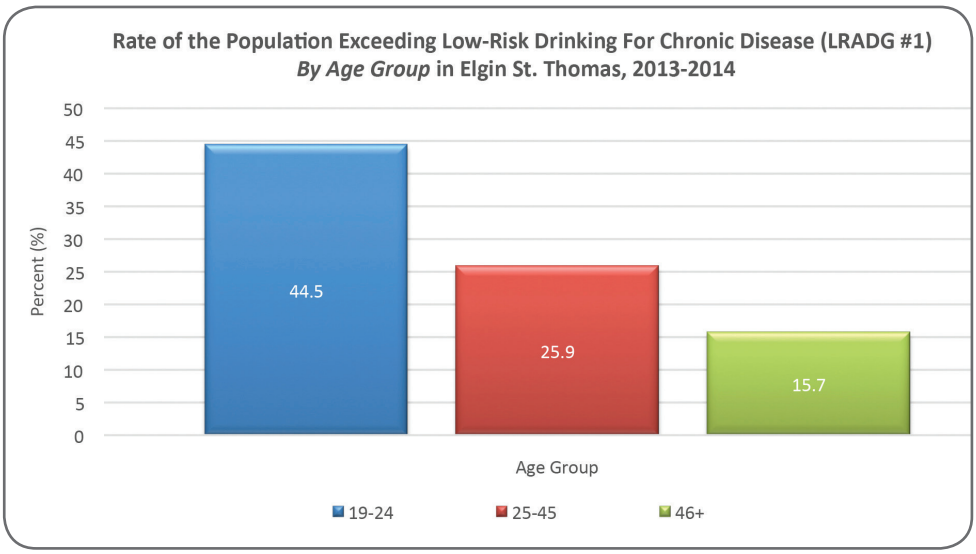


Exceeding LRADG continued

- Elgin St. Thomas residents between the ages of 19-24 self-reported the highest rate of exceeding LRADG #1.
- Young adults (19-24) reported exceeding LRADG #1 at nearly twice the rate of adults between the ages of 25 and 45.

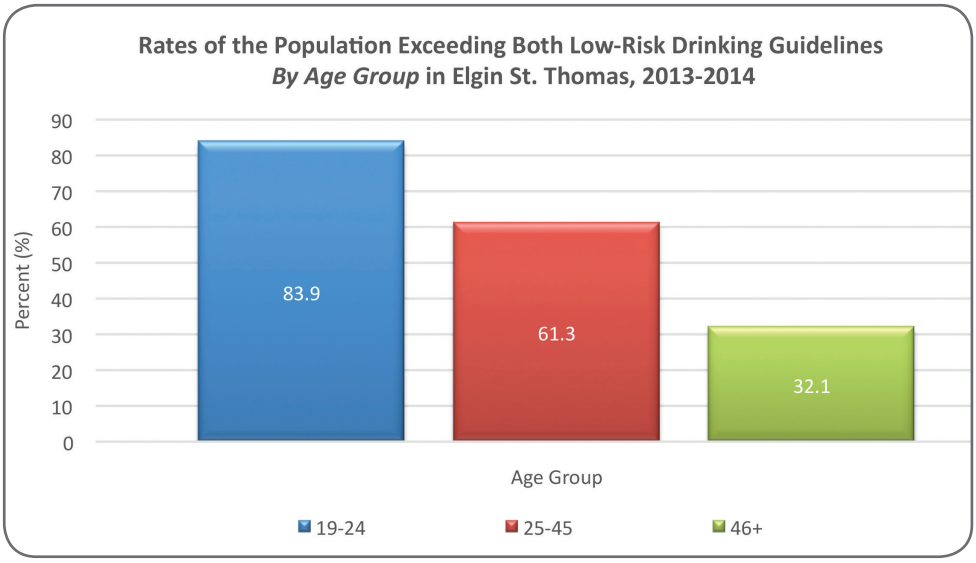
Source: Canadian Community Health Survey, 2013-2014, Share File, Ontario Ministry of Health and Long-Term Care

Note: *Point estimates for all age groups (19-24 and 25-46) in this graph should be interpreted with caution due to high variability.



- The rate of exceeding both LRADG #1 and #2 was highest among adults aged 19-24 and 25-45; at least two-thirds of the adult population in each age group exceeded both LRADG #1 and #2.

Source: Canadian Community Health Survey, 2013-2014, Share File, Ontario Ministry of Health and Long-Term Care



Heavy Drinking

(adults aged 19 and over)

Heavy Drinking is defined as drinking 5 + drinks on one occasion at least once per month in the past 12 months. In Elgin St. Thomas in 2013-2014:

- Among alcohol drinkers, about 27% engaged in heavy drinking.
- Among ***regular* drinkers**, about 34% reported engaging in heavy drinking.
- About twice as many men (36%) compared to women (19%) reported heavy drinking.
- The heavy drinking prevalence was highest among adults aged 19-24 (59%)* as compared to adults aged 25-45 (23%)*, and 46 and over (25%)*.
- Middle and high income groups had a slightly higher proportion of heavy drinkers (29%* and 28%* respectively), compared to the low income population (22%)*.

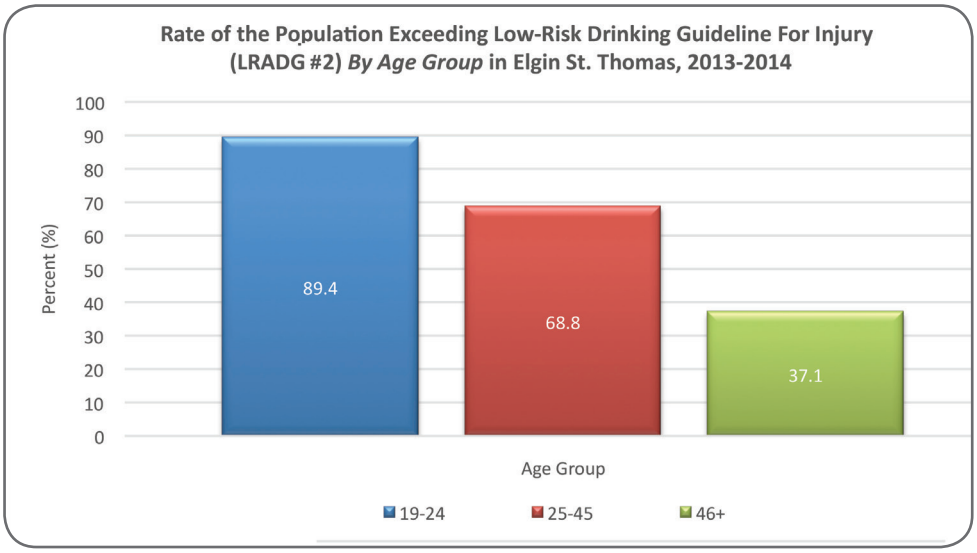
*Estimates should be interpreted with caution due to high variability.

Heavy Drinking

(adults aged 19 and over) continued

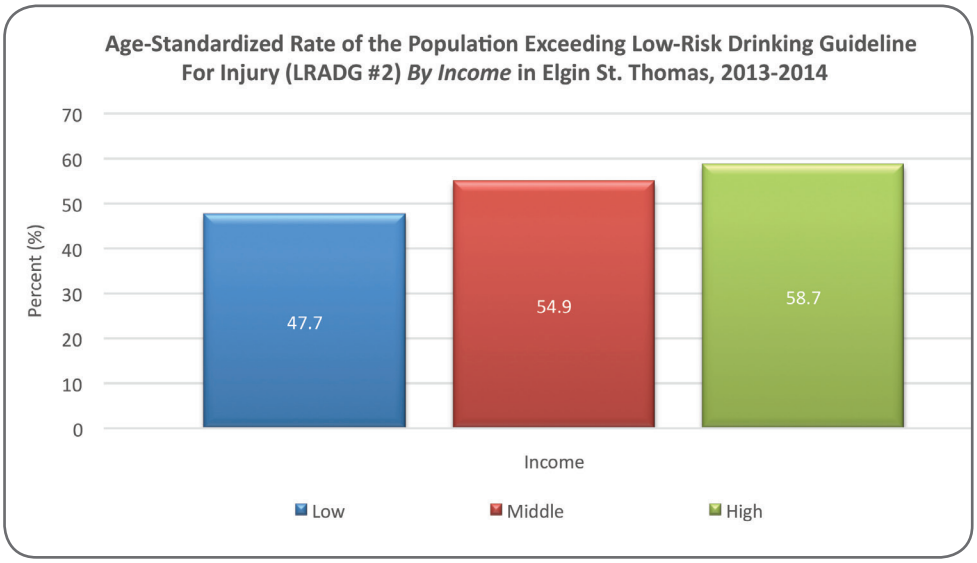
- Elgin St. Thomas residents between the ages of 19 and 24 had the highest self-reported rate of exceeding LRADG #2.
- Adults between ages 25 and 45 exceeded LRADG #2 at nearly twice the rate of adults between aged 46 and over.

Source: Canadian Community Health Survey, 2013-2014, Share File, Ontario Ministry of Health and Long-Term Care



- The **age-standardized rate** of Elgin St. Thomas residents exceeding LRADG #2 was higher among middle and high income groups than low income residents in 2013-2014.
- About half of low income residents exceeded LRADG #2 compared to approximately 60% of high income residents.

Source: Canadian Community Health Survey, 2013-2014, Share File, Ontario Ministry of Health and Long-Term Care



To reduce the risk of injury and harm, LRADG #2 indicates no more than 3 drinks for women, and 4 drinks for men on any occasion.

When hosting a social event ESTPH reminds people not to make alcohol the focus of your get together.

Ensure you have plenty of other non-alcoholic beverages such as flavoured water, pop, or mocktales and serve plenty of food.

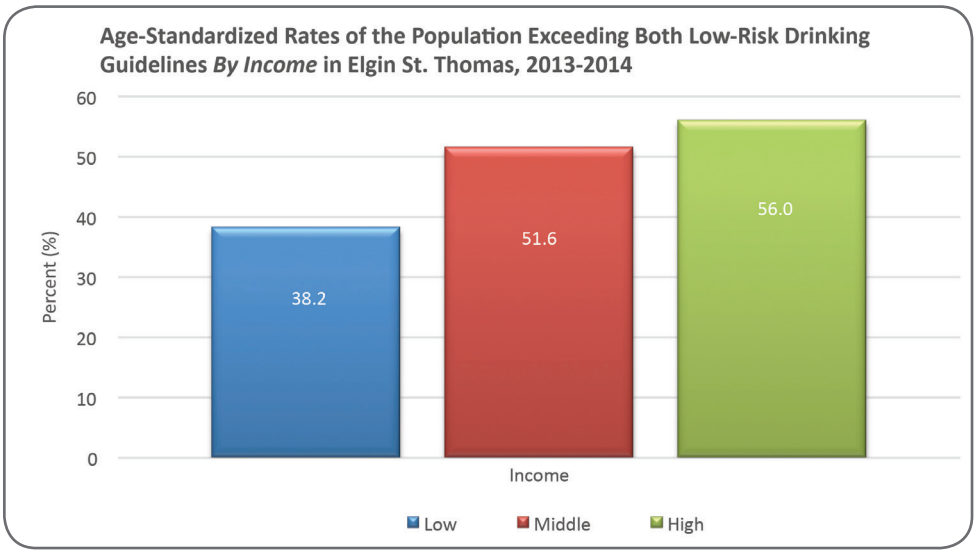
Shared by a community member:

> “Our social life became non-existent as being involved with other people exposed the dark side of my husband when he had too much to drink...”

Income

- The **age-standardized rate** of Elgin St. Thomas residents exceeding both LRADG was higher among middle and high income groups than low income residents in 2013-2014.
- More than half of high and middle income residents exceeded both LRADG #1 and #2 compared to an estimated 40% of low income residents.

Source: Canadian Community Health Survey, 2013-2014, Share File, Ontario Ministry of Health and Long-Term Care



Chronic Disease Risk and Alcohol Use

Alcohol is a risk factor for many chronic diseases and conditions[10], and after tobacco, it is the substance that causes the most harm in Canada.[11] Though a number of chronic disease prevention initiatives in Canada are underway, alcohol remains a downplayed risk factor for chronic disease.[12]

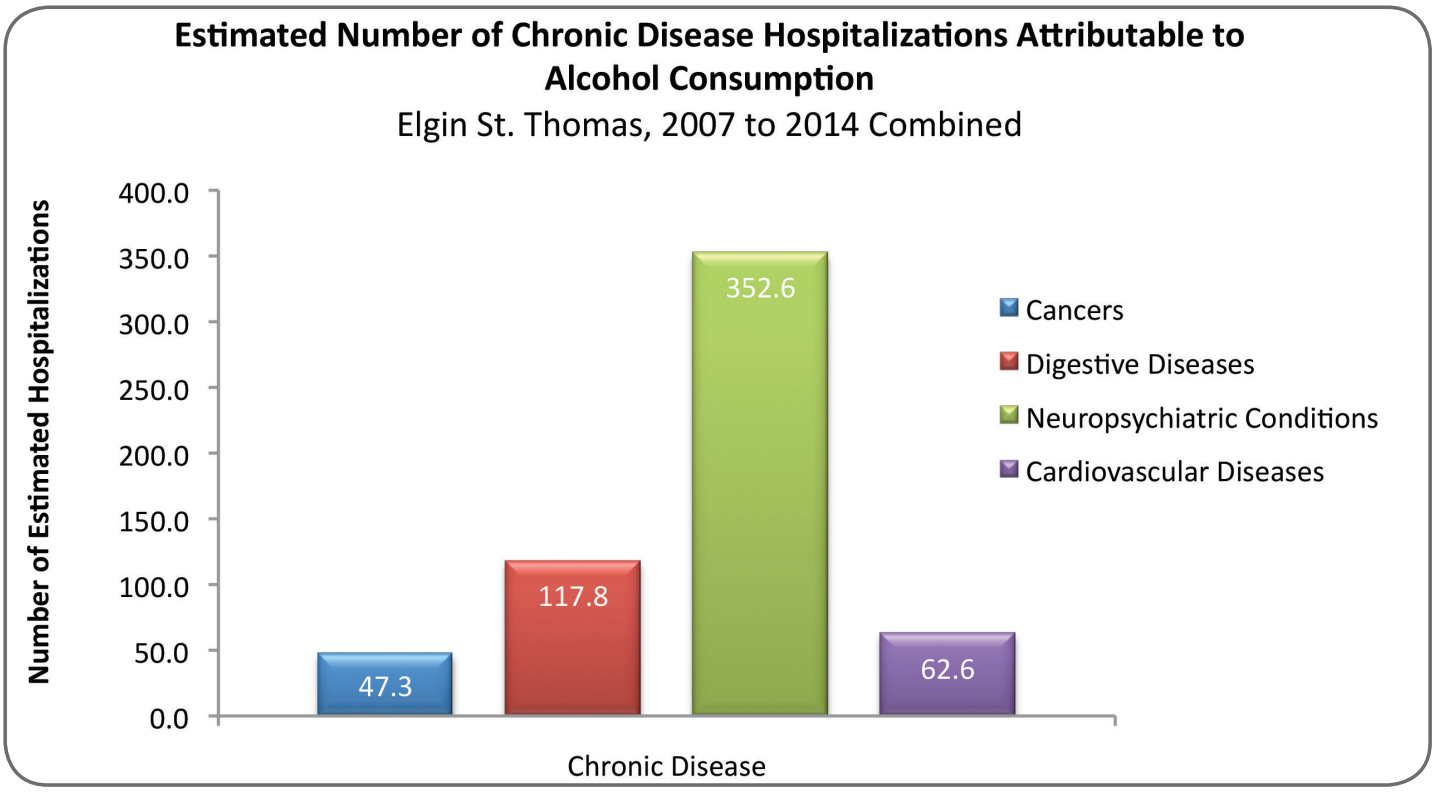
Chronic diseases can include, but are not limited to: liver cirrhosis; hypertension; fetal alcohol spectrum disorders; alcohol abuse; cardiac arythmia.[13]

In addition to limiting the number of drinks consumed per week, to reduce the risk of long term alcohol related health risks, LRADG advises to have two non-drinking days per week to minimize tolerance and to avoid forming a habit.

Shared by a community member:

> "My husband's health declined due to the use of alcohol. When he first noticed enlarged breasts, he was concerned that he had breast cancer as this was predominant in his family. He was very relieved to find that this was just a side effect of the liver damage he had, as the liver was unable to produce the level of testosterone that he needed. Many other symptoms presented that I found out that other people didn't have a clue that they existed, or could be attributed to alcohol."

Alcohol-Related Hospitalizations



Sources: Inpatient Discharge database, intelliHEALTH ONTARIO, Extracted December, 2016. Canadian Community Health Survey 2007 to 2014, Statistics Canada, Share File, Ontario MOHLTC. APHEO Core Indicator definition used for Alcohol-Attributable hospitalizations – http://core.apheo.ca/index.php?pid=319

Key Findings

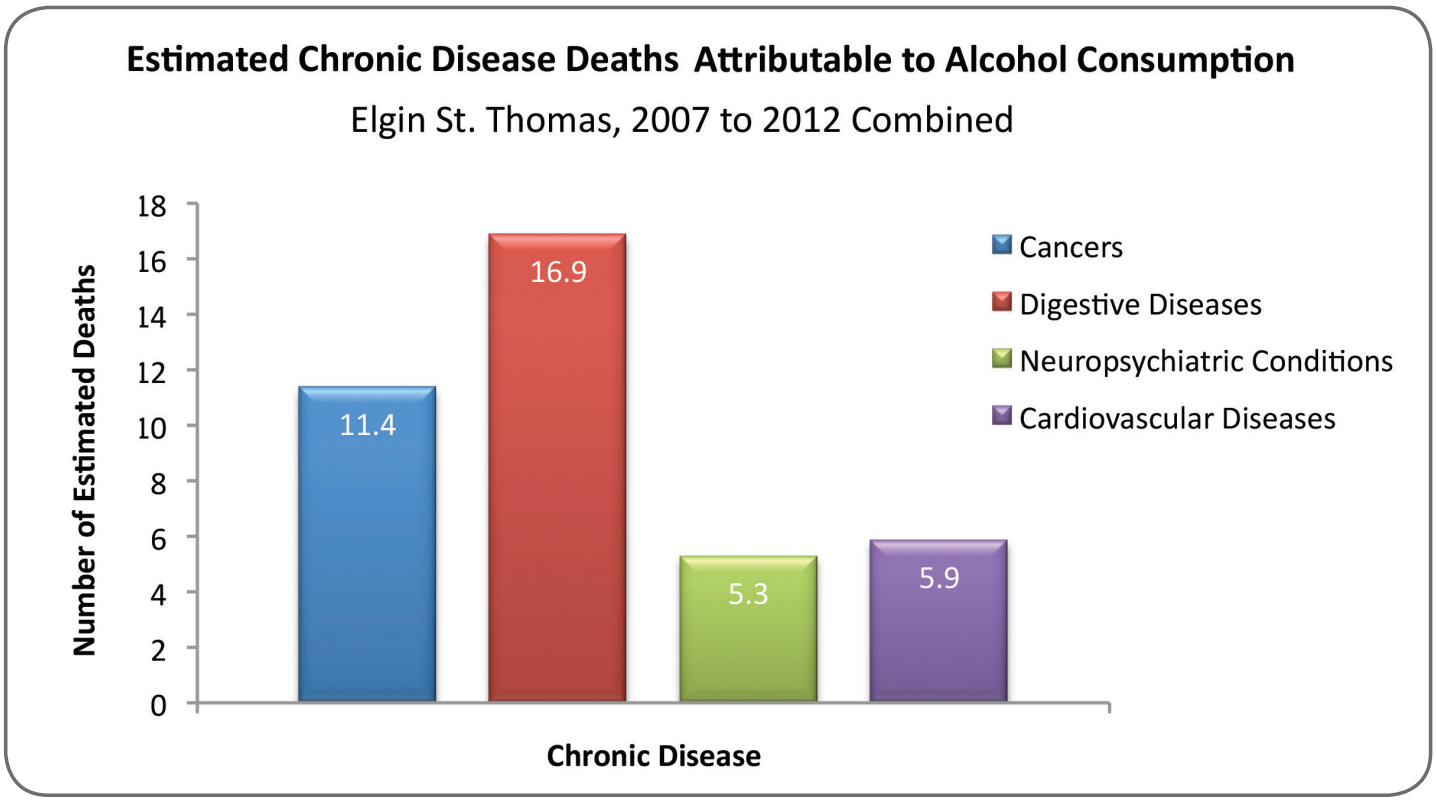
From 2007 to 2014 (combined), in Elgin St. Thomas:

- 581 men and women aged 15-69 were hospitalized due to chronic diseases caused by alcohol consumption.
- The most common alcohol-related hospitalizations were due to neuro-psychiatric conditions (353 hospitalizations) and digestive diseases (118 hospitalizations).
- Alcohol-related hospitalizations due to each of these chronic disease groups include, but are not limited to: alcoholic psychosis, alcohol dependence, alcohol abuse (neuro-psychiatric conditions); cirrhosis (digestive diseases); and cardiac arrhythmias and hypertensive disease (cardiovascular diseases).
- Men were hospitalized 2-3 times more often than women for these conditions over the 8-year time frame.

Shared by a community member:

> “He developed peripheral neuropathy – another side effect of alcohol use – and had difficulty feeling his feet. After another medical consultation, he was now diagnosed with Korsakoff’s dementia. It’s an unusual type of dementia where a person can manage superficially in a conversation, but might not recall what was said and has difficulty demonstrating a task, like saying he could drive a car, but not actually being able to drive it properly.”

Alcohol-Related Chronic Disease Deaths



Sources: Inpatient Discharge database, intelliHEALTH ONTARIO, Extracted December, 2016. Canadian Community Health Survey 2007 to 2012, Statistics Canada, Share File, Ontario MOHLTC. APHEO Core Indicator definition used for Alcohol-Attributable hospitalizations – http://core.apheo.ca/index.php?pid=319

Key Findings

From 2007 to 2012 (combined), in Elgin St. Thomas:

- An estimated 40 chronic disease deaths caused by alcohol consumption occurred among men and women between the ages of 15 and 69 years. This represents approximately 3.1% of all deaths in Elgin St. Thomas for this age group over the 6-year time frame.
- There were an estimated 17 deaths due to digestive diseases which contributed to 43% of the overall alcohol-related chronic disease deaths, followed by 11 cancer deaths or 29%.
- Except for cardiovascular diseases, men died of such causes nearly 3 to 4 times more frequently than women over this 8 year time frame; and women died of cardiovascular diseases nearly 2 times more frequently than men.

To decrease the risks of alcohol attributable chronic disease, LRADG #1 recommends no more than 2 drinks per day, 10 drinks per week for women. No more than 3 drinks per day, 15 drinks per week for men, with two non-drinking days per week.

Alcohol and Injuries

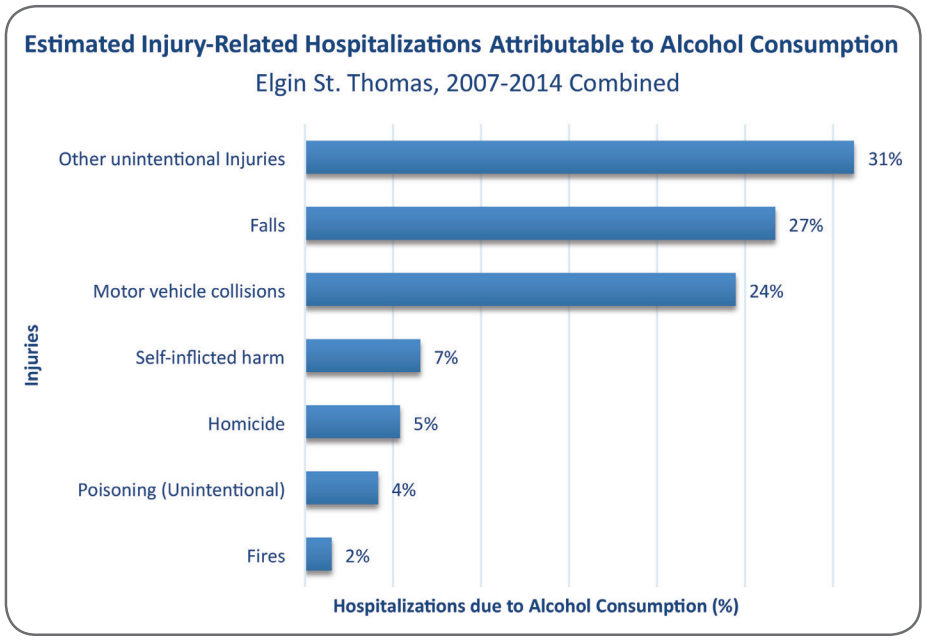
The Ontario Injury Prevention Resource Centre (OIPRC) reports that injuries associated with alcohol use such as motor vehicle crashes, falls and interpersonal violence, add up to millions of dollars per year in direct and indirect costs to individuals and communities. Other costs can be impossible to calculate such as loss of life, or family break downs.

Alcohol and Injuries - Hospitalizations

Key Findings

From 2007 to 2014 (combined), in Elgin St. Thomas:

- There were an estimated **352 injury-related hospitalizations** caused by alcohol consumption among men and women between the ages of 15 and 69 years.
- About one-third of hospitalizations were categorized as 'other unintentional injuries' which include, but is not limited to:
  - Sports and recreation related injuries
  - Transport collisions involving other vehicles
  - Contact/entry of foreign objects



Sources: Inpatient Discharge database, intelliHEALTH ONTARIO, Extracted December, 2016. Canadian Community Health Survey 2007 to 2014, Statistics Canada, Share File, Ontario MOHLTC. APHEO Core Indicator definition used for Alcohol-Attributable hospitalizations - http://core.apheo.ca/index.php?pid=319

Alcohol-Related Injury Deaths

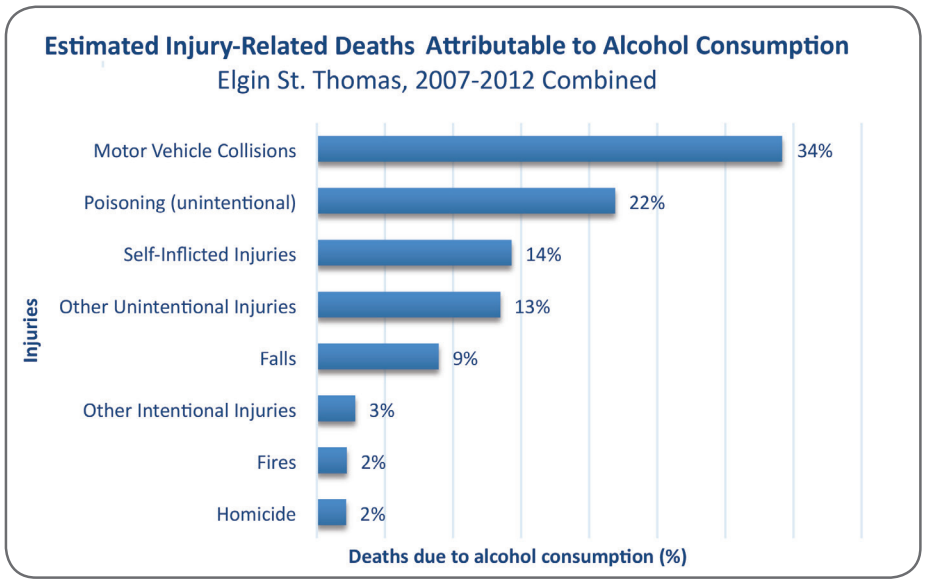
Key Findings

From 2007 to 2012 (combined), in Elgin St. Thomas:

- An estimated **27 injury-related deaths** caused by alcohol consumption occurred among men and women between the ages of 15 and 69 years.

This represents approximately 2.3% of all deaths in Elgin St. Thomas for this age group over the 6-year time frame.

- About one-third of these deaths were due to motor vehicle collisions while an estimated 22% were the result of unintentional poisoning.



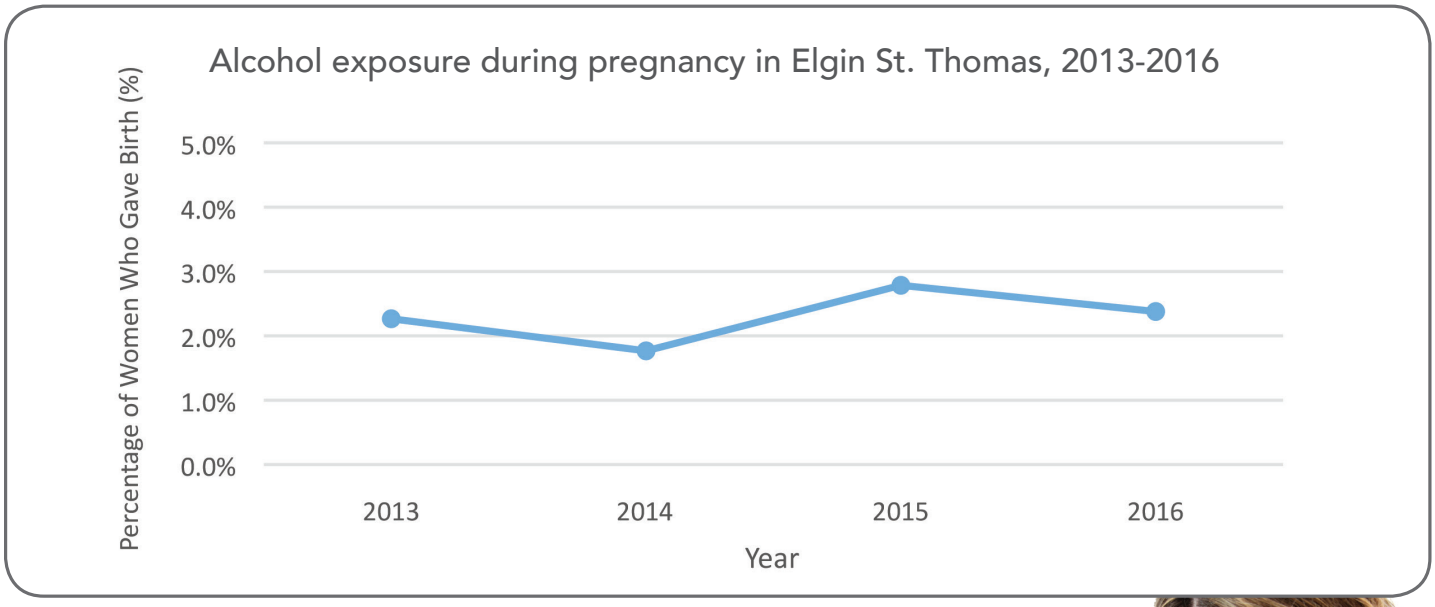
Sources: Inpatient Discharge database, intelliHEALTH ONTARIO, Extracted December, 2016. Canadian Community Health Survey 2007 to 2014, Statistics Canada, Share File, Ontario MOHLTC. APHEO Core Indicator definition used for Alcohol-Attributable hospitalizations - http://core.apheo.ca/index.php?pid=319

Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of effects that can occur in an individual who was prenatally exposed to alcohol. Alcohol exposure during pregnancy results in changes to the developing brain at neurochemical and structural levels.[14] Those who live with FASD may have mild to very severe problems with their health. They may have delays in their development, intellectual problems and problems in their social lives. There is no cure for FASD. People live with FASD for their entire lives. The birth defects and developmental disabilities that result from FASD are 100% preventable by avoiding alcohol during pregnancy.[15]

Alcohol Exposure in Pregnancy

Alcohol exposure in pregnancy is defined as having either one drink per month, 2-3 drinks per month, one drink per week, or more than one drink per week.



Source: BORN Information System (BIS) Ontario (2013-2016), Date Extracted: September 2017

Key Findings

On average, 2-3% of all women who had either a live or still birth consumed alcohol during pregnancy in Elgin St. Thomas. The rate of alcohol exposure during pregnancy has remained about the same from 2013 to 2016.

The LRADG recommend that women who are pregnant, planning a pregnancy or breastfeeding do not drink alcohol.

Alcohol Use and Young People

The Ontario Student Drug Use and Health Survey (OSDUHS) is a population survey of Ontario students in grades 7 through 12. The OSDUHS began in 1977 and is the longest ongoing school survey in Canada, and one of the longest in the world. This self-administered, anonymous survey is conducted across the province every two years with the purpose of identifying epidemiological trends in student drug use and other health factors.[16]

The 2015 OSDHUS survey showed that by far the most commonly used drug is **alcohol** with **45.8%** of students in grade 7-12 reporting use during the 12 months before the survey.

Survey results also showed that:

- About one-third of 12th graders report binge drinking and getting drunk at least once in the past month.
- 22% of students in grade 9-12 reported playing drinking games at least once in the past month.
- The most common method of obtaining alcohol was to receive it from a family member.[17]

Canadian Community Health Survey (CCHS), on self-reported local drinking behaviours in Elgin St. Thomas from 2013-2014.

Key Findings

- An estimated 34%* of youth between the ages of 12 to 18 reported drinking alcohol, from 2013-2014, in Elgin St. Thomas.
- Over one-third of underage boys (32%)* and girls (37%)* reported drinking alcohol from 2013-2014, in Elgin St. Thomas.

Note:* Estimates should be interpreted with caution due to high variability.

Evidence shows that brain development continues well into the twenties, and that drinking alcohol interferes with these ongoing developmental changes. The young adult brain is therefore more susceptible to the negative effects of alcohol. The LRADG recommend that youth delay drinking alcohol for as long as possible, at least until the legal drinking age.[18]

- Elgin St. Thomas Public Health (ESTPH) supports delaying the initiation of alcohol use, and decreasing harms for those who may use.
- ESTPH supports peer led substance prevention initiatives such as *Challenges, Beliefs and Changes* (Parent Action on Drugs).
- ESTPH also supports parent groups and others with information and resources to provide guidance in talking to young people and teens about alcohol use.

Mental Health

According to The Centre for Addiction and Mental Health (CAMH), more than 15% of people with a substance use problem have a co-occurring mental illness.[19]

In 2012, alcohol was the most commonly used substance for which Canadians met the criteria for substance abuse or dependence.[20]

In 2015/16, Addiction Services of Thames Valley reported alcohol as the most common substance for which treatment was being provided, with 47% of clients receiving this support.[21]

In Elgin St. Thomas, the most common alcohol-related hospitalizations were from neuropsychiatric conditions, with 353 hospitalizations noted between 2007-2014.[22]

The LRADG recommend that people living with mental health problems or alcohol dependence do not drink alcohol.

Part of ESTPH's ongoing education and awareness about the LRADG is a reminder for friends and family members to consider not making alcohol the focus of their social gathering. This includes not offering alcohol as the first social gesture. This avoids putting those with a mental health diagnosis, or alcohol abuse or dependence disorders in situations that are not supportive of their health condition.

Shared by a community member:

> "His need for alcohol and his inability to stop was a challenge we lived with for 35 years. During our life, my husband made attempts to quit drinking and actually remained sober for almost a year. But he was not able to stop."

Among youth there is a reported overlap between coexisting hazardous/harmful drinking and psychological distress (i.e. symptoms of anxiety and depression). The 2016 Mental Health and Well Being of Ontario Students survey showed that one in ten students in grades 9 to 12 reported both hazardous drinking behaviours and signs of elevated psychological distress. [23]

CAMH reports that 70% of mental health problems have an onset during childhood or adolescence, and that young people aged 15-24 are more likely to experience mental illness or substance use disorders than any other age group. [24]

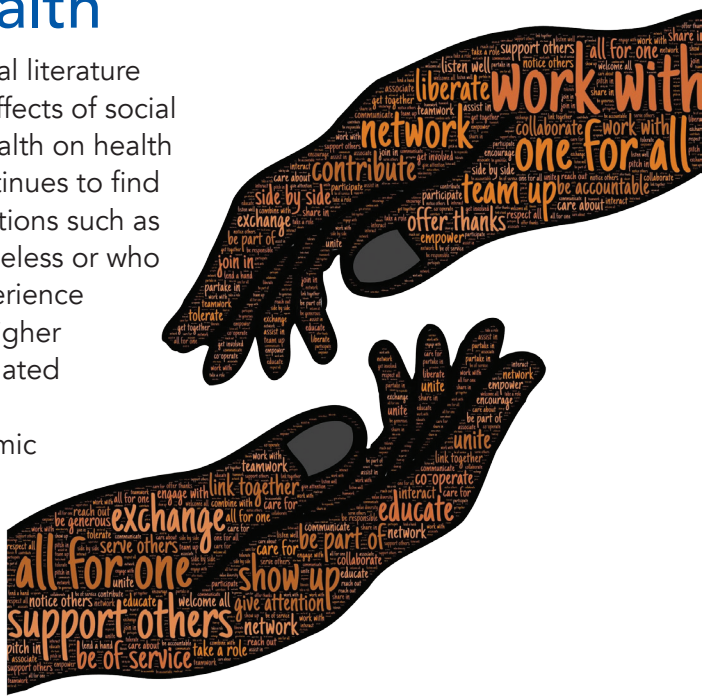
The LRADG recommends youth delay drinking as long as possible, until at least the legal drinking age.

Social Determinants of Health

The social determinants of health are the social and economic factors that influence people's health. This can include, but is not limited to: income, gender, education, employment and job security, early childhood development, food security, housing, social exclusion, and health services.[24]

Drinking above the LRADG has negative impacts across all sectors of the population, and evidence has shown that those with higher incomes are likely to consume more alcohol.[25]

However, substantial literature has reviewed the effects of social determinants of health on health outcomes and continues to find that certain populations such as those who are homeless or who live in poverty experience disproportionally higher levels of alcohol-related harm than those of higher socioeconomic groups.[26]



The issue of inequities and the role of the social determinants of health is one with many complexities. Elgin St. Thomas Public Health has made the consideration of social determinants of health a priority and an "equity lens" is applied to all programs and services.

Health Benefits are Limited

People often report the perceived health benefits of alcohol such as "it's good for my heart". Generally, these benefits have been associated with low levels of alcohol consumption to decrease risks of illness and premature death, notably from ischemic heart disease, ischemic stroke and diabetes.[27]

Research suggests that average daily consumption of alcohol in amounts equal to that found in less than one standard drink might be associated with the maximum health benefit an individual could obtain.[28]

However, any health benefits achieved from the low level of alcohol consumption are notably cancelled when alcohol is consumed above the guidelines. [29] Of note, there is no safe limit in terms of alcohol consumption in relation to cancer risk.

The LRADG do not recommend that people start consuming alcohol to achieve any perceived health benefits.

There are other recommended behaviours with less risk, such as following a healthy diet, or being physically active, that achieve health benefits equal to alcohol consumption and that provide improvements in health.[29]

Alcohol Availability

Alcohol is often noted as an important, economically embedded commodity employing people, and generating tax revenues.[30]

The Regulatory Modernization in Ontario's Beverage Alcohol Industry initiative (2014), through the Ministry of Finance and the Alcohol and Gaming Commission of Ontario, has increased alcohol availability in Ontario through initiatives including VQA wine in Farmers' Markets, Liquor Control Board of Ontario (LCBO) Express Kiosks, support to industry, increased hours of sale and removal of special event and festival restrictions, and the expansion of beverage alcohol into local supermarkets.[31, 32]

Currently beer and cider sales have expanded to 130 supermarkets, with 70 of those also selling wine. Ontario is planning on expanding beer and cider sales to an additional 450 locations across the province with 300 of those locations also set to sell wine. Expanding the sale of beer by up to 450 more locations is roughly equal to the existing number of Beer stores, and is in addition to the more than 600 LCBO stores across the province.[33]

As well as increased store accessibility of beer and wine, online alcohol ordering was announced in June 2016, available through the LCBO.[34]

Shared by a community member:

> "There was always the risk of him losing his job, but there was a very high tolerance for alcohol use at his workplace. I was very relieved, however, when he was able to retire and we were very fortunate that he was able to receive a pension."

Alcohol Availability

In 2014 the Middlesex London Health Unit (MLHU) reported there were 12,000 alcohol retailers serving 13.3 million people in the Province of Ontario. This equated to approximately one alcohol retailer for every 11,000 people. In comparison, the Middlesex London area reported 51 retailers, approximately 1 store for every 7,500 people.[35]

With 16 alcohol retailers in Elgin and St. Thomas (Appendix A) and a population over the age of 15 of approximately 72, 275* people (Census, 2016), this equals one store for approximately every 4,500 people. Additional retailers located in close proximity to our county lines increase the number of accessible retailers to 22, which equates to one store for every 3,285 people. With the addition of 130 grocery stores selling alcohol in Ontario, and the plan to boost that to an additional 450 in 2017 in Ontario, it will increase the Provincial total of retailers per person in the upcoming years.

In general research strongly indicates that when alcohol is readily available, consumption and associated problems increase.[36]

There are 16 alcohol retailers in Elgin St. Thomas:

- 7 LCBOs (with an additional four in close proximity to county lines)
- 3 beer stores (with an additional two located in close proximity to county lines)
- 6 independent retailers

* There are also 4 establishments where you can make your own alcohol.

The most 'recent' data available on the total cost of alcohol-related harm in Ontario is from 2002. This data showed that Ontario was burdened by a sum of 5.3 billion dollars due to direct costs (healthcare and enforcement), and indirect costs (reduced productivity, etc.).[37]

Looking at all forms of substance misuse, alcohol has the highest impact in terms of harm to individuals, families and communities, as well as financial costs.[38]

(courtesy CAMH)

Locally, we do not have an indicator by which we can measure the total cost of alcohol in terms of lost time at work, harms to individuals, police support for calls involving alcohol, fire department calls that may be related to alcohol, the costs of alcohol addiction treatment, or the costs to workplaces, family and friends. This will be an important discussion for our community to have in the future.

*correction from original April 2017 report

Alcohol Strategies

In December 2015, the Government of Ontario announced it was developing a comprehensive, province wide Alcohol Strategy to be released in the fall of 2016. To date, no policy has been released.

In addition, there remain gaps in Ontario's existing mental health and addiction strategy, which does not emphasize the importance of interventions or policies that specifically target alcohol, such as limiting the availability of alcohol, measures to counter drinking and driving, reducing alcohol marketing, assessing alcohol pricing policies, and other work to reduce the public health impact of alcohol.[39] For alcohol related harms to be mitigated it requires a whole government approach.[40]

Policy Recommendations shared by the World Health Organization's (WHO) Global Strategy to Reduce The Harmful Use of Alcohol in 2010 includes components which:

- **Regulate the marketing of alcoholic beverages (in particular to younger people).**
- **Regulate and restrict availability of alcohol (drinking age, government monopoly, hours/days of sale, outlet density).**
- **Enact appropriate drinking and driving policies (lower blood alcohol limits, zero blood alcohol for young drivers, sobriety check points, graduated licensing).**
- **Reduce demand through taxation and pricing mechanisms (to limit purchase power).**
- **Raise awareness of public health problems caused by harmful use of alcohol and ensuring support for effective alcohol policies (modification of the drinking environment, education to increase knowledge and change attitudes).**
- **Provide accessible and affordable treatment for people with alcohol-use disorders and implement screening and brief interventions programs for hazardous and harmful drinking in health services.**[41]

ESTPH Activities to Date:

- Advocacy to the Premier of Ontario to discourage the increased availability of alcohol distribution.
- Participation in support of the creation of Province-wide Alcohol Strategy.
- Support for Municipal Alcohol Policies.
- Support for Smart Serve training and alcohol education.
- Creation and implementation of LRADG campaigns such as *Rethink Your Drinking* www.RethinkYourDrinking.ca.
- Advocacy to the Prime Minister's office to encourage continued support for the implementation of Canada's National Alcohol Strategy.
- Ongoing work with community partners to provide impaired driving messaging/campaign support.
- Peer-led education to delay the initiation of alcohol use and decrease harms.
- Education at community events on LRADG.
- Community referral to alcohol treatment and supports.
- Encouragement of alcohol, screening and referral tools for Heath Care Professionals.
- Creation and implementation of an internal alcohol strategy.
- Creation of this Alcohol Snapshot for stakeholders, partners and community

ESTPH will continue to advocate for inclusion of the WHO policy recommendations in the development of any Provincial Alcohol Strategy. ESTPH will also continue with education and support for the implementation of drinking/driving policies, sobriety check points, promotion and awareness of health harms caused by alcohol use, increased awareness of alcohol screening and brief intervention, and of local alcohol referral supports and treatment agencies.

Next Steps

Advocate for a Provincial Alcohol Strategy

To include a comprehensive review of alcohol impacts on our society, a limit on the number of alcohol outlets, strengthened restrictions on alcohol marketing, policies on pricing and taxation, a standard measure of collecting timely data on alcohol related harms, and increased education and awareness of alcohol harms.

Encourage and provide support for Municipal Alcohol Policies

Support all municipalities in review and updates to their current alcohol policy. Encourage 100% of trained alcohol servers at community events where alcohol is sold, restrictions on alcohol advertising at youth events, and consideration for alcohol-free community events that are family or youth focused.

Education and awareness of LRADG

Implement the *Rethink Your Drinking* campaign locally. Provide community education on the harms and risks of drinking above the guidelines. Disseminate this report to community partners. Support parent and youth alcohol prevention education.

Encourage Alcohol Screening, Brief Intervention and Referral (SBIR)

Advocate provincially for a SBIR billing code for physicians, encourage physicians to utilize the screening tool developed by the College of Family Physicians of Canada and the Canadian Centre on Substance Abuse. http://www.sbir-diba.ca/

Include alcohol in any community drug strategy initiatives

Facilitate community discussions about alcohol and implications for any future strategy to support the movement towards a culture of lower risk alcohol drinking.

This report is intended to provide a better understanding of our community's use of alcohol and of the different risks involved in drinking. The objective is to help Elgin St. Thomas stakeholders and residents make informed decisions in order to minimize these risks.

Changing our understanding of alcohol risks can encourage us to look more closely at our current approaches to determine how we can do more to decrease the health harms associated with alcohol.

When consumed at lower risk levels, alcohol may appear to give pleasure. However, when it is consumed in amounts above the recommended LRADG, alcohol is a dangerous drug that can result in a variety of health and social harms.[42]

Starting a conversation about alcohol in our community is an important first step in shedding light on the alcohol related issues. Together, we can move towards a culture of lower risk drinking in Elgin and St. Thomas, with a future of decreased alcohol related chronic disease and injury.

Glossary

Age-Standardized (or Age-Adjusted) Rate – is a summary measure of a population characteristic (e.g. self-reported alcohol use) that is adjusted for differences in age distributions of a given population. This type of age adjustment can make comparing a population characteristic between different age groups more fair. In this report, the age-standardized (or age-adjusted) rates for LRADGs are per 100,000 population and have been calculated using the 2011 Canadian Census population as a standard population. For example, in 2013/14, the age-standardized rate of low income residents in Elgin St. Thomas who exceeded low-risk drinking guideline #1 was approximately 16%; this rate was slightly lower than for middle (25%) and high income (27%) groups.

Alcohol-attributable fraction is a measure that represents the extent to which alcohol contributes to a health outcome, such as falls, injuries, alcohol poisoning, and other intentional or unintentional injuries. It can be interpreted as the proportion of a given health outcome that would not exist if consumption was equal to zero.

Alcohol-attributable hospitalization (e.g. alcohol-related hospitalization) – the proportion of hospitalizations in the population that are attributable to alcohol.

Alcohol-attributable death (e.g. alcohol-related death) – the proportion of deaths in the population that are attributable to alcohol.

Alcohol Drinker (or Current Drinker) – Reported consuming an alcoholic beverage or a 'drink' during the past 12 months. In the CCHS, a respondent who answers that they had a drink of beer, wine, liquor or any other alcoholic beverage that corresponds to a list of specific alcoholic beverages and their alcohol content. See definition for a 'Standard **Drink**'. Reported drinking alcohol in the past 12 months. In the CCHS a respondent who answers '**Yes**' to the question *"During the past 12 months… have you had a drink of beer, wine, liquor or any other alcoholic beverage?"*.

For a list of specific alcoholic beverages and their alcohol content that meets the criteria for a 'drink', see definition for a 'Standard Drink'.

Binge Drinking – see definition for Heavy Drinking.

Cardiovascular Diseases – A disease of the circulatory system, such as hypertension, ischaemic heart disease, cardiac arrhythmias, hemorrhagic stroke, ischaemic stroke and esophageal varices.

Chronic Disease – In this report, the International Classification of Diseases (ICD-10) codes were used to identify the following chronic diseases: mouth and oropharynx cancer, esophageal cancer, liver cancer, laryngeal cancer, breast cancer, other cancers, epilepsy, hypertension, cardiac arrhythmias, esophageal varices, cirrhosis, pancreatitis, psoriasis, diabetes mellitus, and cardiovascular diseases (see definition for cardiovascular diseases).

Current Drinker – Reported consuming an alcoholic beverage or a 'drink' during the past 12 months. In the CCHS, a respondent who answers that they had a drink of beer, wine, liquor or any other alcoholic beverage.

For a list of specific alcoholic beverages and their alcohol content that meets the criteria for a 'drink', see definition for a 'Standard Drink'.

Digestive Diseases – In this report, diseases of the digestive system include cirrhosis of the liver, cholelithiasis, acute and chronic pancreatitis.

Emergency Department (ED) Visits – ED visits occur when a person presents to the emergency department, or a hospital-based urgent care centre, either by their own means or by ambulance, and without a prior scheduled appointment.

Heavy Drinking – Drinking 5 or more drinks on at least one occasion per month during the past 12 months (among respondents aged 12 and older, unless age group specified).

Hospitalizations – Hospitalizations are referred to as "hospital discharges" or "hospital separations" because a hospital visit is not recorded when a patient is admitted to hospital, but at the time of discharge or transfer to another institution like a long term care facility.

Injuries – Injuries can be categorized as unintentional (e.g. not planned) such as falls and motor vehicle collisions, or as intentional (e.g. deliberate) such as assault, abuse and self-harm. 'Other unintentional injuries' include exposure to inanimate mechanical forces, exposure to animate mechanical forces, other unplanned threats to breathing, exposure to electric current, radiation and

Glossary

extreme ambient air temperature and pressure, contact with heat and hot substances, contact with venomous animals and plants, exposure to forces of nature, overexertion, travel and privation, unplanned exposure to other and unspecified factors and additional 'other' unintentional injuries.

Low-Risk Drinking – Following an alcohol drinking pattern that adheres to the Canadian low-risk drinking guidelines for reducing long-term risks from alcohol consumption. LRDGs advise that women should drink no more than 2 drinks a day or 10 drinks a week, and men should drink no more than 3 drinks a day or 15 drinks a week, AND also ensuring non-drinking days during the week.

Mortality – Death

Motor Vehicle Collisions – the motor vehicle collisions in this report are based on the population of registered vehicles and not on the population of drivers.

Occasional Drinker – Reported consuming an alcoholic beverage or a 'drink' no more than once a month over the past 12 months. In the CCHS, a respondent who answers that they drank alcoholic beverages no more than once a month when asked "During the past 12 months, how often did you drink alcoholic beverages?" For a list of specific alcoholic beverages and their alcohol content that meets the criteria for a 'drink', see definition for a 'Standard Drink'.

Other Unintentional Injuries - see definition for injuries.

Prevalence – the total number of people in the population who have a disease divided by the total number of people in the population who are at risk for a disease, at a particular point in time.

Regular Drinker – Drinks alcoholic beverages at least once a month over the past 12 months; In the CCHS questionnaire, a respondent who answers that they drank alcoholic beverages at least once a month when asked *"During the past 12 months, how often did you drink alcoholic beverages?"*. For a list of specific alcoholic beverages and their alcohol content that meets the criteria for a 'drink', see definition for a 'Standard Drink'.

Standard Drink – 13.45 grams of alcohol

- One bottle or can of beer (12 oz. or 341 ml of 5% alcohol)
- One glass of wine (5 oz., or 142 ml of 12% alcohol)
- One drink of distilled alcohol – rye, gin, rum, etc. (1½ oz. or 43 ml of 40% alcohol).

95% Confidence Interval – The 95% Confidence Interval represents the range for the *sample* estimate/value within which the true population estimate/value lies. It is important to report the confidence interval because when we are sharing estimates or values about a certain characteristic in our population, there is a degree of uncertainty or sampling error that affects the precision of our estimate. Therefore, the 95% CI can be interpreted as being 95% likely that a given estimate is true *if* we had sampled every single person in our population. A number of sampling design issues can affect the precision of a given estimate/value and consequently, result in a biased estimate of a given population characteristic. As such, large confidence intervals represent greater uncertainty in the reported estimate while a smaller confidence interval reports greater precision, or less sampling error.

For example: our report states that among alcohol drinkers in 2013/14, approximately 27% $^{(22.1\%, 33.2\%)}$ engaged in heavy drinking. The 95% CI's in superscript text suggests that *if* every single person in the population was sampled, *then* it is 95% likely for the true population estimate of heavy drinkers to fall somewhere in the range between 22.1% and 33.2%.

Underage Alcohol Drinking – proportion of adolescents aged 12 to 18 that have consumed alcohol in the past 12 months.

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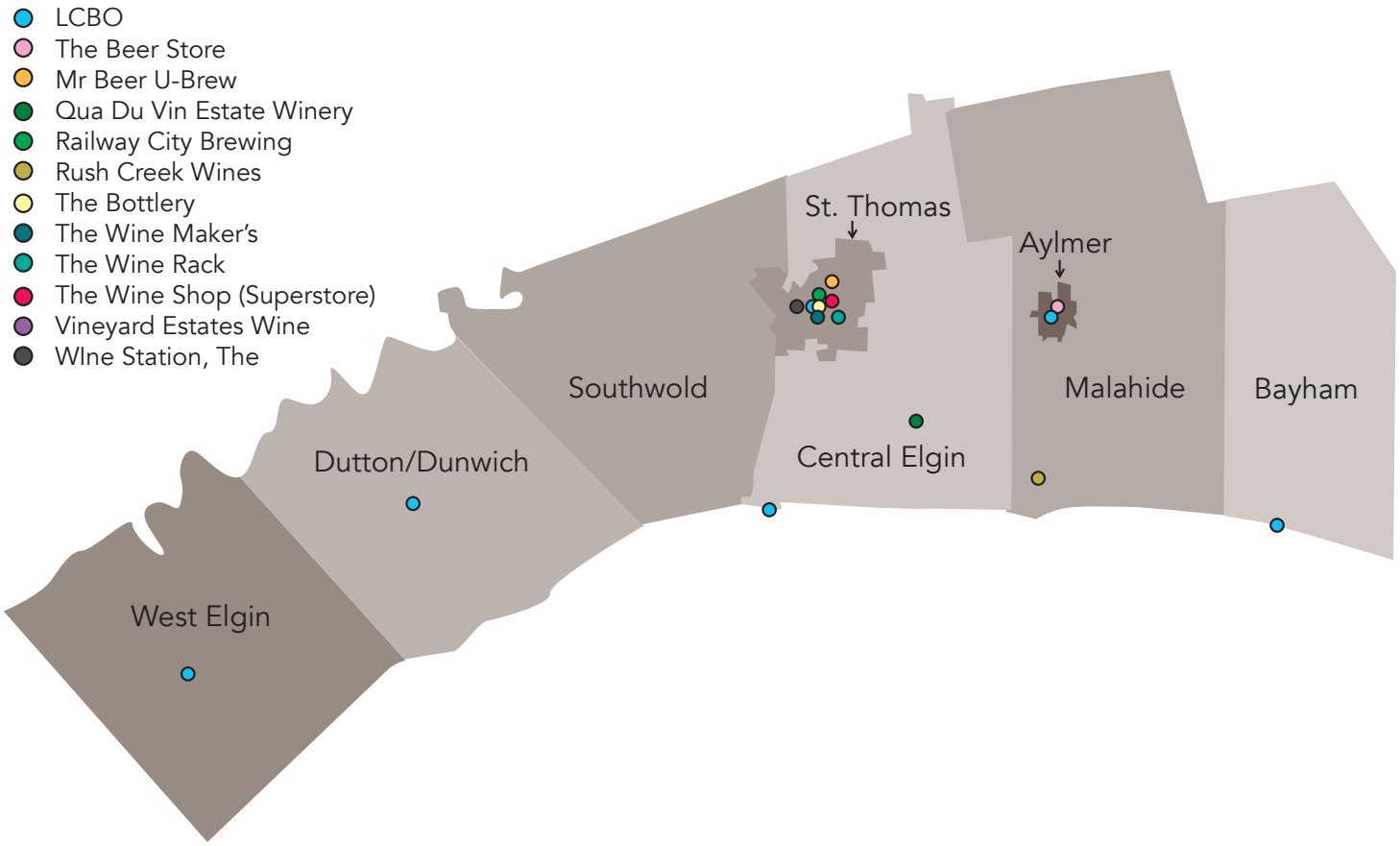
Appendices

Appendix A

Alcohol Retailers in Elgin St. Thomas, 2016



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