

Let's Start



Report on Alcohol Use,
Harms & Potential Actions
in Thunder Bay District

EXECUTIVE SUMMARY

December 2015

TBDHU.COM

Why talk about alcohol?

Alcohol-related harms are significant, wide-spread, and standing in the way of optimum health and success for residents of Thunder Bay District. More importantly, these harms are avoidable. Our communities hold the opportunities and resources to contribute to a healthier relationship with alcohol.

The public health focus on alcohol arises from several converging trends:

- Local data showing elevated risky drinking compared to the rest of the province
- Overall increases in risky drinking among women and young people and ongoing elevated drinking levels among men
- Growing evidence describing alcohol as the substance causing the greatest amount of individual and social harm
- Increasing support in the scientific literature for evidence-informed local-level actions that can be taken
- Eroding provincial alcohol controls and a political landscape that favours increased access to alcohol
- Increasing alcohol industry activity targeting youth and young women
- Indications that the social acceptance of risky drinking is increasing



THIS REPORT ASKS 4 QUESTIONS:

1. How much are we drinking?
2. Why does it matter?
3. Who experiences harm from alcohol use?
4. What can be done?

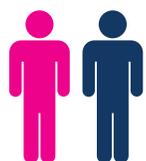
To answer these questions, the TBDHU looked to the following sources of information:

- o epidemiological data
- o the scientific literature
- o community perspectives

How much are we drinking?

Adults

Overall consumption rates and patterns of in-risk drinking – that is, drinking in excess of the Low Risk Alcohol Drinking Guidelines – continue to increase and are higher among drinkers in the Thunder Bay District compared to the rest of the province.



1 in 2

Nearly half of adults 19+ in Thunder Bay District report drinking in excess of the Low Risk Drinking Guidelines.

- Nearly half 48.2% ^(95% CI 43.3-53.1) of adults 19+ in the Thunder Bay District report drinking at levels that exceed the LRADG daily, weekly and special occasion limits; significantly higher than the provincial average. Men are more likely to exceed LRADG than women (PHO Snapshots, 2011-12).
- One in five adults 19+ in the Thunder Bay District report heavy drinking (binge drinking at least once a month in the past year). The rate for our district is higher than the rest of the province (20% ^{95% CI 16.9-23.1} vs. 16.8% ^{95% CI 16.2-17.5}) (PHO Snapshots, 2011-12).
- Women are drinking more. In Ontario, daily drinking among women is increasing, as well as the average number of drinks consumed per week (Ialomiteanu, 2014).

Risky Drinking

“Risky drinking” is drinking that is in excess of the Low Risk Alcohol Drinking Guidelines (LRADG) special occasion limits: five or more drinks for men and four or more drinks for women on one occasion.

This has also been called “binge drinking” or “single-occasion heavy drinking” in the literature. Regular binge drinking (at least one time/month in the past year) is described as “heavy drinking.”

Youth

STUDENTS GRADES 7-12

Compared to the rest of Ontario, Northern students are more likely to report past-year alcohol use, past-month binge drinking, drunkenness, hazardous/harmful drinking, getting drunk before 9th grade and operating off-road vehicles after consuming alcohol. The following data are from the Ontario Student Drug Use and Health Survey (OSDUHS) Northern region (Boak et al., 2013).

- 58.9% of Northern Ontario vs. 49.5% of Ontario students in grades 7-12 reported past-year consumption of alcohol (more than just a sip). There is no discernable difference between males and females.
- Over one third (37%) of secondary students (grades 9-12) in Northern Ontario reported binge drinking at least once in the past month compared to one quarter (25.4%) of secondary students province-wide.
- Although drinking and driving has declined since 2009, about 4% of licensed students in grades 10 through 12 still report drinking and driving at least once in the past year.

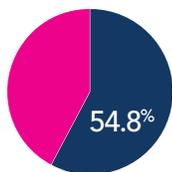


High school students in Northern Ontario report binge drinking at least once in the past month.

Postsecondary Students

Students going on to postsecondary education often maintain or increase their alcohol use into young adulthood.

Self-reported number of times students consumed five or more drinks in a single sitting in the last two weeks.



Over half (54.8%) of Ontario post-secondary students who are drinkers report negative consequences from their drinking in the past 12 months, including risky sexual activity, injury and suicidal ideation.



Post-secondary students in Ontario reported binge drinking at least once in the last two weeks.

Source: ACHA-National College Health Assessment II (2013)

Why does it matter?

“Alcohol is no ordinary commodity”

Our society is so enamoured with drinking that there is now a substantial segment of our population that is drinking too much and — perhaps unwittingly — putting their health at risk. As a legal substance with wide-ranging effects alcohol is no ordinary commodity (Babor, 2010).

Injuries

The occasional heavy use of alcohol (risky drinking) has been linked to acute harms such as **injuries, assaults, risky sexual behaviour, alcohol poisoning** and **impaired driving**. The presence of alcohol increases the risk that the drinker will do harm to themselves or to others (WHO, 2011).



40%

of car crashes involve alcohol.

Drunk driving accounts for almost 25% of all fatalities on Ontario’s roads (MTO, 2010) and 40% of car crashes involve alcohol (OMHLTC, 2012).

“

I think we have a real blasé attitude toward alcohol. It’s not seen as harmful. The general public does not think about the harms associated with alcohol abuse...

– Key Informant

”

Chronic health effects

A growing body of evidence links even moderate levels of alcohol consumption to over 65 chronic diseases and conditions including cancer (Cancer Care Ontario, 2014).



65+

Alcohol is related to **over 65 diseases** and conditions and is a known risk factor for cancer.

Research shows that alcohol use can lead to the development of **high blood pressure, heart disease, stroke, liver disease, digestive problems, diabetes, certain cancers, mental health problems** and **alcohol dependence** (Butt et al, 2011).

Alcohol use disorders (AUDs) such as alcohol dependence and fetal alcohol spectrum disorder (FASD) are 100% attributable to alcohol.

Harm to others

Emerging evidence points to significant second-hand effects of alcohol with over one-third of Ontario adults reporting harm due to drinking by others (Giesbrecht et al., 2010). Individual alcohol consumption has effects that can extend beyond health consequences to the drinker and lead to overlapping social harms such as **physical and sexual violence, public disorder, family and interpersonal problems, financial problems** and **work and school-related problems**.



1 in 3

adults in Ontario report experiencing harm from someone else's drinking.

The cost of alcohol

Concurrent with the tremendous human cost of alcohol-related harms are economic ones. In 2011, alcohol consumption cost Ontario an estimated \$1.7 billion in direct health care costs and \$3.6 billion in indirect costs (Durham, 2014).



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Who experiences harm from alcohol use?

Experts describe a complex interplay of internal and external factors that may lead to the onset and misuse of alcohol for an individual including biological and developmental factors such as age and sex, adverse life experiences, mental health status, and social determinants such as poverty, access to education and employment, and social exclusion.

Alcohol and the social determinants of health

The burden of alcohol harms is disproportionately borne by individuals who face barriers related to the social determinants of health, despite lower overall consumption rates (WHO, 2011). In general, those with lower incomes consume less alcohol overall and are more likely to be abstainers but they experience higher levels of alcohol-related deaths and health problems. Put simply, marginalization increases harm (CPHA, 2011).

“

I think there is a stigma associated with alcohol, especially dysfunctional alcohol or alcohol addiction, in particular.

– Key Informant

”

Who is more at risk of experiencing alcohol-related harms?

The following are the main groups described in the literature who experience disproportionately the negative effects of alcohol:

- Youth (15-24 years)
- Youth who identify as LGBTQ
- Women
- Aboriginal people
- People who have inadequate housing, income or employment
- Older adults
- Workers in industrial/blue-collar occupations
- People living with a mental health diagnosis
- People who use substances
- People who are incarcerated

What can be done to reduce harms?

Canada's Low Risk Alcohol Drinking Guidelines

Canada's National Low Risk Alcohol Drinking Guidelines (LRADG) were released in 2011. The guidelines provide Canadians with science-based recommendations for alcohol consumption that could lower their health and safety risks (CCSA, 2013).

“

When we're able to provide people with those really strong foundations like education and well-paying jobs and a safe place to live and opportunity to participate in their community, those kinds of things really help.

– Key Informant

”

A comprehensive approach

A major theme running through the research is the importance of taking a comprehensive approach and this was reiterated by community members and key informants. Multi-level strategies are more effective than single-track approaches (Durham, 2014).

Action on the Social Determinants of Health

Drinking has often been called a personal choice, but the choices we make are influenced by our living conditions, social context and the opportunities that we have (SDHU, c2015).

Community participants frequently framed individual alcohol use problems as embedded within a larger social context where alcohol use is symptomatic of other problems such as trauma, poverty and marginalization.

Recommendations for local-level actions

Drawing on a substantial evidence base and in consultation with experts, the recent Public Health Ontario Locally Driven Collaboration Project (LDCP) report Addressing Alcohol Consumption and Alcohol-Related Harms at the Local Level (Durham, 2014) makes recommendations for local-level actions related to seven policy areas.

TIER ONE – POPULATION-LEVEL INTERVENTIONS

1. Pricing and taxation controls
2. Regulating physical availability
3. Marketing and advertising restriction

TIER TWO – FOCUSED POLICIES AND INTERVENTIONS

4. Modifying the drinking environment
5. Drinking and driving countermeasures
6. Education and awareness-raising strategies
7. Screening, brief intervention and referral strategies

Areas of focus for TBDHU

From a public health perspective, the following prevention-oriented areas to focus on over the next three to five years have been identified:

As starting points:

- Support community strategies that address social inequities, build healthy connected communities, and support the positive development of families and children.
- Continue awareness-raising and education on low-risk drinking, encourage a culture of moderation and build support for healthy policies related to alcohol.
- Assist local governments to implement alcohol policies and practices that limit alcohol availability beginning with municipal alcohol policies.
- Support law enforcement and municipalities to enforce existing laws and regulations around drinking and driving.

Further evidence-based actions to explore:

- Implement youth engagement strategies to empower youth to advocate against the alcohol industry and promote low-risk drinking.
- Explore opportunities and build capacity for implementation of screening and brief intervention in health practice settings.
- Work with local businesses and stakeholders to create safer drinking environments.
- Work with community stakeholders to build support against the further expansion of retail sales.
- Participate with stakeholders in active monitoring of shared community indicators around alcohol.

Want to learn more?

For the full report visit
bit.ly/letsstarttbay

Taking collective action

Preventing and reducing alcohol-related harms at the local level are shared responsibilities. As partners in this enterprise, public health is a key player but cannot act alone. This report is a first step in finding common ground and shared goals for a community approach to alcohol.

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