

Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation

Recommendations for a
National Alcohol Strategy
April 2007

Dear colleague,

On behalf of the National Alcohol Strategy Working Group, we are pleased to provide you with *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation – Recommendations for a National Alcohol Strategy*.

As you know, alcohol is a legal commodity that has economic and social benefits, but it also has high potential for harm when used inappropriately. The recent Cost of Substance Abuse in Canada Report estimated that, in 2002, the economic impact of alcohol-related harm in Canada totalled \$14.6B, taking into account the costs associated with lost productivity, health care, and enforcement. This amount is slightly less than the estimated cost of tobacco at \$17B, but nearly double the cost attributed to illegal drugs at \$8.2B.

During cross-country consultations on substance use and abuse held in 2005, the need to address alcohol misuse in Canada was repeatedly identified as an issue requiring national attention. As a result, Health Canada, the Canadian Centre on Substance Abuse, and the Alberta Alcohol and Drug Abuse Commission jointly created an expert working group to study the situation and develop recommendations for a National Alcohol Strategy.

The National Alcohol Strategy Working Group was composed of a wide range of stakeholders and included representatives from federal, provincial and territorial governments, addictions agencies, academia, non-governmental organizations, and the alcohol beverage and hospitality industries. Following considerable work, the group reached general consensus on a comprehensive strategy that recognizes the respective roles of all players in addressing alcohol-related harm, and identifies a total of

41 recommendations in four broad areas for action:

- **Health promotion, prevention and education** – which aims to raise public awareness about responsible alcohol use;
- **Health impacts and treatment** – which aims to reduce the negative health impacts of alcohol consumption and address its contribution to injury and chronic disease;
- **Availability of alcohol** – which aims to implement and enforce effective measures that control alcohol availability; and,
- **Safer communities** – which aims to create safer communities and minimize harms related to intoxication.

The notion of sensible alcohol use, or developing a culture where moderation is the goal, underpins the recommendations for a National Alcohol Strategy. Similar to the cultural change that led to a decrease in tobacco use or to acceptance of mandatory seat belt use, reducing alcohol-related harm in Canada will require multi-faceted and long-term approaches which focus on social values and norms, along with a mix of social marketing, community information, regulation, and enforcement activities.

Since the strategy may not completely address the needs of First Nations, Inuit or Metis, the working group supports additional work that more fully engages these communities and their leadership. In addition, it is recognized that the issues around Fetal Alcohol Spectrum Disorder (FASD) are too complex to deal with comprehensively in these recommendations. As such, the working group encourages all sectors to continue to make efforts to prevent FASD and support those who live with it.

Implementing recommendations to reduce alcohol-related harm will take time, commitment and collaboration amongst all key players. The Working Group hopes that you will find the recommendations in this report helpful.

Sincerely,

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Note: This document reflects the general consensus of the National Alcohol Strategy Working Group on recommendations for a National Alcohol Strategy.

Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation

1. Executive Summary

Alcohol is no ordinary commodity. It is a legal psychoactive drug that enjoys enormous popularity and special social and cultural significance in Canada. Evidence also suggests that alcohol consumed at low to moderate levels can benefit the health of some individuals. Alcohol also plays an important role in the Canadian economy, generating jobs and tax revenue for governments.

However, alcohol use is also a public health issue as it can contribute to health and social harms. In 2002, the cost of alcohol-related harm totaled \$14.6 billion, or \$463 for every living Canadian. This included \$7.1 billion for lost productivity due to illness and premature death, \$3.3 billion in direct health care costs, and \$3.1 billion in direct law enforcement costs.

This National Alcohol Strategy is a comprehensive, collaborative strategy that provides direction and recommendations to reduce alcohol-related harm. It proposes renewed efforts in health promotion, prevention, treatment, and enforcement. To implement the Strategy, a range of approaches is required, including those that focus on overall levels of alcohol consumption (population-level approaches) as well as those that target specific, high-risk drinking patterns and/or vulnerable populations (targeted interventions).

The notion of sensible alcohol use, or developing a culture where moderation is the goal, underpins the Strategy. Moving towards a culture of moderation signals a new way of thinking about alcohol use that includes an understanding of when, when not, and how much to drink, appropriate motivations for drinking and settings in which responsible drinking should take place. It requires an

understanding of the different risks involved in drinking – both acute injuries and chronic diseases – and learning how to minimize these risks.

The Strategy identifies four strategic areas for action: *health promotion, prevention and education; health impacts and treatment; availability of alcohol; and safer communities.*

The *health promotion, prevention and education* area aims to raise public awareness about responsible alcohol use and enhance the capacity and resilience of individuals and communities to participate in a culture of moderation. Establishing a common understanding of what constitutes sensible drinking is critical to achieving a culture of moderation that would encourage all Canadians to make healthy and informed decisions about their use of alcohol. A key recommendation is the development of national alcohol drinking guidelines, which would provide a benchmark for Canadians in evaluating their personal drinking practices.

The aim of the recommendations related to *health impacts and treatment* is to reduce the negative health impacts of alcohol consumption and address its contribution to injury and chronic disease. A key recommendation within this section is expansion of the use of various health professionals to implement screening, brief interventions and referrals for those who may be at risk of developing, or may already have developed, alcohol-related problems. It is anticipated that such early interventions would yield savings to both the health and social service and justice systems that would offset the initial costs of implementation. Development of additional treatment options and specialist treatment services is equally important.

The *availability of alcohol* section aims to implement and enforce effective measures that control alcohol availability. It recommends shoring up the social responsibility mandate of government liquor control boards, reinforcing liquor licensing and enforcement regulations, and harmonizing minimum purchase ages across Canada. This action area also touches on key taxation and pricing policies, as well as controls on advertising and promotion.

Finally, the *safer communities* section aims to create safer communities and minimize the harms related to intoxication. It examines how communities can foster a culture of moderation and create safer drinking environments. It addresses the various physical and social contexts in which harmful drinking patterns occur, including the home, workplace, school, licensed establishments and recreation.

It also reviews how the culture surrounding drinking and driving has changed dramatically over recent decades, and how success in that area, as well as in smoking reduction and mandatory seat belt use, provide insight into the changes that are required to achieve a culture of moderation in the use of alcohol in Canada.

In summary, the Strategy provides a long-term vision of how to reduce alcohol-related harm in Canada. It makes 41 specific recommendations across four action areas, and it identifies the stakeholders who should lead their implementation. To ensure successful change in knowledge, attitudes and practices concerning alcohol use, all relevant players must share responsibility for addressing the harm caused by the misuse of alcohol.

2. Introduction

Genesis of this National Alcohol Strategy

This National Alcohol Strategy is a comprehensive, collaborative strategy that provides direction and recommendations to support a culture of moderation that, if embraced, will reduce alcohol-related harm in Canada. This is timely in light of the resolution, passed in 2005 by the World Health Assembly, that encouraged member states to develop national alcohol strategies to address the substantial health, social and economic costs that result from problematic use.

The Strategy reflects the vision, principles and goals of the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*. The product of extensive, multi-sectoral, cross-Canada consultations, the Framework received consensus approval in June 2005 at a meeting in Montreal of some 100 key stakeholders.

This consultation process underscored the serious nature of issues related to harmful alcohol use and the need to address these as a national priority. In November 2004, a workshop on alcohol policy, co-sponsored by the Government of Canada and the Canadian Centre on Substance Abuse, confirmed the need for concerted action in several key areas.

Building on this earlier work, a national working group of more than 30 representatives – including provinces and territories, relevant federal departments, non-governmental organizations, researchers, addictions agencies, and the alcohol beverage and hospitality industries – came together to develop the Strategy.

The Strategy describes the nature and extent of alcohol-related harm in Canada, while acknowledging that alcohol also offers certain benefits. It identifies interventions that will reduce the health, social and economic costs of alcohol-related harm in Canada in a comprehensive and coordinated manner.

Alcohol in Canadian society

Alcohol is no ordinary commodity. It is a legal psychoactive drug that enjoys enormous popularity and special social and cultural significance in Canada, as it does in other societies around the world. Alcohol serves a variety of functions – relaxation, socialization and celebration – often accompanying meals or incorporated into religious rituals and celebrations of holidays and events such as births and weddings. On the positive side, evidence also suggests that alcohol, consumed at low to moderate levels, can benefit the health of some individuals, for example, by reducing the risk of coronary heart disease.

Alcohol also plays an important role in the Canadian economy, generating jobs, retail activity, export income and tax revenue for governments. In 2004, the value of sales of alcoholic beverages in Canada totalled approximately \$16 billion, compared with \$13 billion in 2000. Total revenue and profits to all governments equalled approximately \$7.7 billion.

However, alcohol use is also a public health issue, as it can cause harm. For example, it can impair motor skills and judgment, lead to intoxication and dependence, cause illness and death, and have other negative effects on our daily social, economic and living environments. Alcohol-related harm includes both chronic diseases, such as cirrhosis of the liver and some cancers, and acute events, such as road crashes, injury, verbal abuse, violence, disability and death.

Alcohol-related death and disability account for four percent of the overall toll on life and longevity globally. This figure rises to nine percent in Canada, where alcohol is among the top three risk factors contributing to the burden of disease, disability and death (compared with tobacco at 12 percent and high blood pressure at 11 percent).

In 2002, the overall financial impact on Canada of alcohol-related harm totaled \$14.6 billion, including \$7.1 billion for lost productivity due

to illness and premature death, \$3.3 billion in direct health care costs, and \$3.1 billion in law enforcement costs. This translates to \$463 for every living Canadian.

According to the 2004 Canadian Addiction Survey (CAS), approximately 80 percent of Canadians aged 15 and older reported having used alcohol in the 12 months before the survey. Just over seven percent reported having never consumed alcohol, and approximately 13 percent reported not drinking in the year before the survey.

Approximately 14 percent of Canadians (i.e., 3.3 million) are high-risk drinkers, meaning that their pattern of drinking is either currently harmful or significantly increases the likelihood of future harm. Among youth, 13.8 percent of past-year drinkers reported heavy drinking at least once a week, and 46 percent reported heavy drinking at least once a month.

The CAS also revealed that heavy drinking (i.e., five or more drinks on a single occasion for men and four or more drinks on a single occasion for women) on a monthly or more frequent basis is the strongest predictor that someone will experience alcohol-related harm. These drinkers are almost twice as likely to experience harm as those who never engage in heavy drinking. Altogether, nearly one quarter of former or current drinkers reported that their drinking had caused harm to themselves and to others at sometime in their lives.

Overall, consumption levels have increased in Canada, from 7.2 litres of absolute alcohol per person aged 15 years and older in 1997, to 7.9 litres per capita in 2004. This ranks Canada 43rd of 185 countries in total adult per-capita alcohol consumption.

As overall levels of consumption rise, the overall incidence of alcohol-related harm in the population also rises. Individual patterns of alcohol use (i.e., how often and how much) can indicate the likelihood of chronic or acute harm. For example, continuous, long-term use can lead to chronic disease. In contrast, binge drinking (heavy use at one sitting) or drinking

The costs of alcohol-related harm in Canada

- ◆ Totalled \$14.6 billion in 2002.
- ◆ Alcohol cost the Canadian economy \$7.1 billion in lost productivity due to illness and premature death.
- ◆ The cost in direct health care was \$3.3 billion and \$3.1 billion in law enforcement.
- ◆ This translates to \$463 for every living Canadian.

to intoxication can lead to acute events such as road crashes.

Many people identify alcoholism, characterized by chronic, excessive drinking with symptoms of physical dependence on alcohol, as the most serious alcohol-related problem. However, heavy, single-occasion and episodic binge drinking by the much larger population of non-dependent drinkers produces far greater and wider-reaching impacts on the health, safety and well-being of individuals and communities.

In Canada, there are certain segments of the population that are more vulnerable to acute and chronic alcohol-related health and social problems. In addition to youth, these segments include: offenders, the homeless, the elderly, pregnant women, young adults, First Nations, Inuit and Métis.

Components of this National Alcohol Strategy

In order to reduce alcohol-related harm in Canada, a comprehensive National Alcohol Strategy is needed, with investments in health promotion, prevention, treatment, enforcement and harm reduction. To support the Strategy, a range of approaches is required that includes those that focus on the general population to control overall levels of alcohol consumption (population-level approaches) as well as those that target specific, high-risk drinking patterns and/or vulnerable populations (targeted interventions).

The notion of sensible alcohol use, or developing a culture where moderation is the goal, underpins the National Alcohol Strategy. Establishing a common understanding of what constitutes sensible drinking is critical to achieving a culture of moderation that would encourage all Canadians to make healthy and informed decisions about their use of alcohol.

Moving towards a culture of moderation does not imply that a culture of “immoderation” exists in Canada. Rather, it signals a new way of thinking by the large majority of the population, a way of making choices about alcohol use based on a clearer understanding of when, when not, and how much to drink, and the appropriate motivations and settings for

drinking. It also strives to create a better understanding of the different risks involved in drinking, such as acute injuries or chronic diseases, and learning how to minimize these.

Previous successes in other areas provide insight into the changes that are required to achieve a culture of moderation in alcohol use. For example, cultural changes led to a reduction in smoking, acceptance of mandatory seat belt use, and a reduction in drinking and driving. In these cases, multi-faceted and long-term approaches focused on social values and norms, and included a mix of social marketing, community information, regulation, and enforcement activities.

National Alcohol Strategy

Principles	Goals
<ol style="list-style-type: none"> 1. Alcohol misuse is a public health issue. 2. Alcohol misuse is shaped by social and other factors. 3. Successful responses to reduce the harm associated with alcohol reflect the full range of health promotion, prevention, treatment, enforcement and harm reduction approaches. 4. Action is knowledge-based, evidence-informed and evaluated for results. 5. Human rights are respected. 6. Strong partnerships are the foundation for success. 7. Responsibility, ownership and accountability are understood and agreed on by all. 8. Those most affected are meaningfully involved. 9. Reducing the harm associated with alcohol creates healthier, safer communities. 	<ol style="list-style-type: none"> 1. To reduce the harm associated with alcohol use to individuals, families and communities across Canada. 2. To increase common understanding of the impact and scope of alcohol-related harm to Canadian society, and to prevent and minimize negative health outcomes for those affected by alcohol consumption. 3. To develop a comprehensive, coordinated, and effective approach that builds on past and present efforts to prevent, reduce and address alcohol-related issues, and identifies realistic responses. 4. To multiply and strengthen collaborative partnerships among governments, non-governmental organizations, industry, addictions agencies, law enforcement and communities that are affected by alcohol-related harm.

Consultations and research leading to the development of the Strategy identified a wide variety of issues and recommendations, including new and innovative responses and the pressing need for continued research and evaluation of programs and policies. The Strategy groups these issues and recommendations into four strategic areas for action:

- ◆ Health promotion, prevention and education;
- ◆ Health impacts and treatment;
- ◆ Availability of alcohol; and,
- ◆ Safer communities.

The proposed activities in each of these areas must be coordinated and sustained across jurisdictions and sectors to ensure successful change in knowledge, attitudes and practices. Within each area, recommendations are made to both control overall levels of consumption and address the contexts and motivations behind specific high-risk drinking patterns.

This Strategy cannot address completely the needs of all vulnerable populations, but it does recognize the impact of regional and cultural diversity as well as the determinants of health.

Interventions that result from the recommendations can be further reviewed and expanded upon to meet the specific needs of certain populations.

Furthermore, to reach these important populations, it is necessary to establish links with existing national and local programs and policies.

All relevant players must share responsibility for addressing the harm caused by alcohol use. Input and action must come from individuals, local communities, federal, provincial, territorial and municipal governments, health and education providers, law enforcement agencies, non-governmental organizations, and the alcohol and hospitality industries. Accomplishing a longer-term vision of reducing alcohol-related harm in Canada for future generations will require continuous dialogue, ongoing development of a strong evidence base, political will to action and a focus on social responsibility.

3. Strategic areas for action

3.1. Health promotion, prevention and education

Aim: Raise public awareness about responsible alcohol use, and enhance the resilience of individuals and communities and their capacity to participate in a culture of moderation.

Raising public awareness about alcohol is complex, as there are some benefits associated with its use, and a “don’t drink” approach for the general population is impractical and unnecessary. For the majority of Canadians who are of legal purchase age, the public messaging around alcohol should focus on moderation or drinking sensibly. For others, the concept of drinking sensibly means not to drink at all.

In Canada, there is currently no national consensus on drinking guidelines. Provinces such as Ontario and British Columbia have developed their own, yet these are not consistent with each other. Therefore, as a first major step, establishing national alcohol drinking guidelines would give Canadians the information they need to appreciate how their personal drinking practices compare to sensible consumption guidelines. These guidelines would describe appropriate drinking amounts, contexts and motivations to minimize alcohol-related harm. Establishing an understanding of what constitutes sensible or low-risk drinking is critical to achieving a culture of moderation.

National alcohol drinking guidelines would identify 12 risky drinking practices (see table) relating to drinking levels and rates, the contexts in which alcohol is consumed and the reasons for drinking alcohol. They would also provide information on the health impacts of alcohol consumption.

In addition, these guidelines would define what is considered to be a standard drink in terms of the alcohol content in beer, wine and spirit products. A label on each alcohol beverage

container would indicate the number of standard drinks contained therein. This, in turn, would allow Canadians to monitor their daily/weekly alcohol consumption relative to the guidelines.

National alcohol drinking guidelines would provide the cornerstone for undertaking a variety of health promotion, prevention and education initiatives aimed at raising public awareness and achieving changes in knowledge, attitudes and behaviours. Initiatives would be delivered through social marketing and mass-media campaigns, community-based programs, and targeted approaches for specific vulnerable groups in the community. In addition, awareness activities would be developed or strengthened to address key risky drinking practices (e.g. drinking during pregnancy). These initiatives would require sustained action over a long period of time to ensure that each

National drinking guidelines would clearly identify

Twelve Risky Drinking Practices:

1. Drinking more than (#) standard drinks/week
2. Drinking more than (#) drinks/day for men and (#) drinks/day for women
3. Drinking more than one standard drink an hour
4. Drinking and driving
5. Drinking before or during work
6. Drinking before or during sports or other physical activities
7. Drinking during pregnancy
8. Drinking while on medication or with other drugs
9. Drinking with the intention of becoming intoxicated
10. Drinking to cope with difficulties or negative outlook
11. Drinking out of habit
12. Drinking underage

generation of Canadians is aware of the risks and benefits of alcohol consumption.

Underage youth and young adults (18-24 years of age)

Alcohol is part of the youth and young adult culture. The 2004 CAS confirmed that the majority of youth aged 15 years and older have consumed alcohol, both in the past year (82.9 percent) and in their lifetime (90.8 percent). Although there is little difference in the overall prevalence of alcohol consumption by youth and adults, there are many differences in the frequency and patterns of use. More specifically, youth consume alcohol less frequently than adults; however, when they drink, they tend to drink more (binge drinking). The rates of heavy monthly and weekly drinking among youth are almost double those of adults. The rates of hazardous drinking and quantity consumed per occasion are twice those of adults. In light of these findings, it is not surprising that the rate of harm experienced by youth as a result of their own drinking is also significantly higher than for adults.

Of course, youth are not a homogeneous group when it comes to alcohol use and the frequency and quantity of use. Males are likely to drink more frequently than females, to consume more per occasion, and more likely to report drinking heavily. Youth aged 15 to 17 consume less frequently, drink fewer drinks per occasion, and are less likely to drink heavily and hazardously.

Canadian youth are initiated to alcohol use at an average age of 15.6 years. The earlier youth start drinking, the more likely they are to consume more on a typical occasion and drink heavily on a monthly and weekly basis. Youth who start drinking earlier are also more likely to report alcohol-related harm than those who start drinking at a later age. Since it is so tightly connected to the outcomes of their alcohol use, age of initiation is a crucial factor in planning prevention and intervention efforts directed at youth.

It is important to note that shaping a culture of moderation towards alcohol does not imply encouraging underage youth to drink. Rather, developing national alcohol drinking guidelines

geared to adults and people who are of the legal purchase age would assist in modeling or shaping adult drinking habits and practices, which in turn would influence what underage youth and children observe at home and in other social settings where drinking takes place.

While abstinence remains the ideal goal with regard to underage youth, it is well known that many youth under the legal purchase age do choose to consume alcohol. It is important for those who do so to be aware of the risks and to understand how to limit their consumption in ways that prevent harm to themselves or to others.

Youth information and education approaches

By the time teens reach the age of 15, their experience, role models and environment have already formed many of their ideas, attitudes and expectations regarding alcohol. Unfortunately, many teens are not aware of basic information that would help them make informed decisions about their use of alcohol.

Consumption Patterns: Underage Youth and Young Adults

- ◆ Among Canadian youth aged 15 and older, 90.8% have used alcohol in their lifetime and 82.9% have used in the past 12 months.
- ◆ The mean age at which youth started drinking alcohol was 15.6.
- ◆ Of the 82.9% of youth who consumed alcohol over the past year, over one-third (36.9%) reported doing so at least once a week, and 33.7% reported consuming five or more drinks per typical drinking occasion.
- ◆ The most common drinking pattern among youth is light/infrequent (38.7%).
- ◆ Among youth, 13.8% of past-year drinkers reported heavy drinking at least once a week, and 46.0% reported doing so at least once monthly.
- ◆ Youth had higher rates than the general population of reported lifetime harms (33.7% versus 24.2%) and harms in the past year (21.8% versus 8.8%) as a result of their own drinking.

Mass-media campaigns, community-based programs, and school-based curricula are potential vehicles for conveying new health and safety information regarding alcohol to youth. However, to be effective, policy and programming that target underage youth must be based on developmentally appropriate goals, ranging from abstinence (an appropriate goal for the entire age group) to moderate consumption (viewed as the norm as youth approach legal purchase age).

As previously noted, youth and young adult populations learn about drinking (how, where and why) from older adults.

Creating a culture of moderation must begin with older adults who fashion the templates for the attitudes and practices of the younger generation. Transition from the status quo to a newly established culture of moderation, for both younger and older adults, would require at least a generation of education, enforcement and advocacy, given our experience with tobacco and impaired driving.

Health promotion, prevention and education programs for youth are important components of the Strategy, and significant effort needs to be put into the design, implementation and evaluation of future initiatives.

Recommendations:

1. Develop and promote national alcohol drinking guidelines to encourage a culture of moderation, and aim for consistency and clarity of alcohol-related health and safety messages (Health Canada, all governments).
2. Develop a comprehensive, sustained and coordinated social marketing campaign with multi-sectoral partners to promote the national alcohol drinking guidelines. This would include building on existing social marketing campaigns, such as those targeting drinking and driving and high-risk drinking patterns (all governments, NGOs, alcohol and hospitality industries).
3. Support and fund local communities to develop and implement community-wide health promotion initiatives that emphasize the national alcohol drinking guidelines, and prevent and reduce alcohol-related harm (all governments, alcohol and hospitality industries).
4. For alcohol beverage containers, regulate standardized, easily visible labels that convey the number of standard drinks in each container (Health Canada).
5. With regard to underage youth, develop and evaluate policies and programs that are appropriate to youth stages of development and that promote: abstinence as a valid goal for everyone; adherence to the national alcohol drinking guidelines and avoidance of high-risk drinking for those who choose not to abstain from alcohol (all governments, NGOs, alcohol and hospitality industries).
6. With regard to young adults, through a national collaborative initiative, develop and evaluate policies and programs in schools, colleges and universities (all governments, NGOs, alcohol and hospitality industries).

3.2. Health impacts and treatment

Aim: Reduce the negative health impacts of alcohol consumption and address its contribution to injury and chronic disease.

Alcohol is causally related to more than 65 different medical conditions, ranging from injuries to long-term health conditions such as cancer, cardiovascular disease and a variety of mental illnesses. Research in Canada and abroad suggests that rates of chronic disease rise in the population as overall alcohol consumption rates increase.

For 2002, the net total of 4,258 deaths attributed nationally to alcohol accounted for 1.9 percent of all deaths in that year¹. Cirrhosis caused the largest number of deaths (1,246) followed by motor vehicle collisions (909) and alcohol-attributed suicides (603). Alcohol-attributed fatalities resulted in 191,136 potential years of life lost. Alcohol-attributed illness accounted for approximately 1.6 million days of acute care in hospital. The resulting drain on the Canadian economy totaled some \$14.6 billion, which is slightly less than the total estimated impact of tobacco use (\$17 billion) but nearly double the total national costs attributed to illicit drugs (\$8.2 billion).

Other health issues arise when harmful consumption of alcohol is compounded with the use of other drugs (poly-drug use). The interactions between other drugs (tobacco, illicit and prescription) and alcohol are complex. For example, studies reveal a close association between heroin overdose and alcohol consumption at harmful levels at the time of overdose. Among cannabis users, alcohol is almost universally used on a regular basis, with most users consuming alcohol at harmful levels.

¹ The net figure is calculated by subtracting the number of deaths *prevented* from the number of deaths *caused* by alcohol.

The use of alcohol during pregnancy has been shown to affect a developing fetus, often causing a range of permanent neurological disabilities and behavioural disorders known as Fetal Alcohol Spectrum Disorder (FASD). The leading form of preventable birth defects and developmental delays, FASD is a complex, lifelong disability and a public health and social issue affecting individuals, communities, families and society as a whole.

Approximately nine of every 1,000 children in Canada are born with FASD. This disorder is a particular challenge for Aboriginal children and youth, with rates ranging between 55 and 190 per 1,000 births. It is clear that the costs of FASD to society are high. Without taking into account the lost potential and opportunity, direct costs associated with FASD over a lifetime have been estimated at about \$1.5 million per person with FASD.

Interventions and treatment

Availability varies, but all provinces and territories offer a variety of services – ranging from prevention initiatives, to early identification – and treatment for Canadians who experience problems with alcohol.

Screening, brief interventions and referrals

One promising technique involves making use of health professionals, such as doctors, nurses, social workers and allied health professionals, to screen and treat those who may be at risk of developing, or may already have developed, alcohol-related problems. Screening can take place in a community health service clinic, a general practitioner's office or even the emergency or admissions room at a hospital. Referrals can then be made, when appropriate, to treatment and specialist services.

Brief interventions are short-term or opportunistic interventions that both introduce a patient to the notion that he or she may have issues with alcohol and suggest ways to deal with them. Such interventions typically provide information and advice, encourage the patient to consider the positives and negatives of their drinking behaviour, and support patients who decide to reduce their drinking. In most cases, the patients would not have attended the consultation for the specific or primary purpose

of discussing their alcohol consumption. Research suggests that brief intervention counseling can decrease alcohol misuse for at least one year in non-dependent drinkers. They can also help achieve a reduction in the use of health care resources, sick days, drinking-and-driving episodes, and alcohol-related deaths.

The systematic use of screening, brief interventions and referrals should be extended to hospitals, emergency departments, in-patient and out-patient services, public health sites, university campus clinics, health facilities and other initial points of contact with the health care system. However, the need to expand screening, brief interventions and referrals to treatment and specialist services (e.g. pre-natal interventions), comes at a time when communities throughout Canada are facing a shortage of primary health care professionals. Furthermore, these and other professionals are increasingly being expected to serve as the frontline in providing prevention and early intervention responses for a broad range of health issues, including diabetes, obesity, heart disease and cancer, as well as misuse of alcohol and other drugs and substances.

Nonetheless, it is expected that early intervention with problem drinkers would yield future savings to health and social services (e.g. treatment programs), to law enforcement and the justice system, savings that would offset the initial costs of implementation.

Treatment and specialist services

Available treatment measures include out-patient or residential care, specialist or generalist interventions, counseling, detoxification services, pharmaceutical interventions, self-help, or various combinations of these approaches. No single treatment path can help every person in the same way; indeed, individuals often require different approaches at each stage of their recovery. An effective system, therefore, is one that provides a range of options to meet the diverse needs of those seeking treatment, including the needs of the family and friends of these individuals.

In many provinces and territories across Canada, there is a commitment to ongoing quality accreditation of specialist alcohol and drug treatment services. These initiatives require additional support to ensure better treatment outcomes. However, according to the Canadian Centre on Substance Abuse (CCSA), many health professionals and their allies lack the resources, support and ongoing information and training required to effectively assess and treat patients with alcohol problems.

Recommendations:

7. Develop integrated and culturally sensitive screening, brief intervention and referral tools and strategies (P/T governments).
8. Ensure adequate ongoing funding, quality training and accreditation for specialized addiction services (P/T governments).
9. Improve access to addiction services in isolated, rural and remote regions of Canada and for vulnerable populations (all governments).
10. Evaluate treatment programs to determine promising practices and disseminate the findings (all governments, NGOs).
11. Coordinate the transfer of knowledge relating to the evaluation and research of prevention, treatment and population health policies and programs addressing alcohol (Canadian Centre on Substance Abuse).
12. Strengthen drug and alcohol curriculum in undergraduate, post-graduate and continuing professional development programs (P/T governments, NGOs, colleges, universities).
13. Disseminate FASD screening and diagnostic tools to, and promote their use by, family physicians, pediatricians and other health professionals (all governments, NGOs).
14. Regarding the contribution of alcohol to chronic diseases:
 - a) Prepare periodic reports on the impact of alcohol on chronic disease within Canada and coordinate these with the ongoing Costs of Substance Abuse reports (Public Health Agency of Canada);
 - b) Ensure that alcohol is consistently included in policies and programs focused on chronic disease (all governments, NGOs);
 - c) Collaborate with the Chronic Disease Prevention Alliance of Canada (CDPAC) and others to improve the prevention of alcohol-related chronic disease, including implementation of a public awareness campaign (Public Health Agency of Canada).
15. Regarding research:
 - a) Develop a national, coordinated, ongoing data-collection and reporting system of common indicators relevant to acute and chronic alcohol-related harm across Canadian jurisdictions (Health Canada).
 - b) Develop a strategic national alcohol research program that is informed by a determinants of health approach and is directed at gaining a better understanding of the risk and protective factors surrounding alcohol use (Health Canada, Canadian Institutes of Health Research (CIHR)).
 - c) Collect data on alcohol-related health impacts and treatment outcomes specific to First Nations, Inuit and Métis, using appropriate research ethics (including ownership, control, access and possession principles). These data should be comparable to those collected for the general Canadian population (Health Canada, NGOs).

3.3. Availability of alcohol

Aim: Implement and enforce effective measures that control alcohol availability

As noted previously, increases in overall alcohol consumption nearly always translate into increases in alcohol-related problems, and this appears to be especially true for countries in northern Europe and for Canada.²

In addressing the availability of alcohol, population-level approaches are primarily used. Examples include pricing and taxation policies, controls on hours and days of sale and setting of minimum purchase ages. Indeed, population-level approaches that limit the availability of alcohol are some of the most effective ways to manage alcohol-related harm, despite the fact that such approaches have an impact on all drinkers, including those who do not misuse alcohol.

In recent years, certain regulations directed at controlling alcohol availability in Canada have been relaxed, particularly with regard to physical access (e.g. days and hours of sale, number of outlets, etc.). For example, between 1993 and 2004, the number of off-premise alcohol outlets in Canada operated or licensed by government Liquor Control Boards rose from 2,344 to 3,371 – an increase of 43.8 percent.³

² The case of drinking and driving in Canada demonstrates that it is possible to disconnect overall drinking levels with rates of specific alcohol-related harm. In the period between 1992 and 2003, alcohol consumption remained steady and then increased by nearly 10 percent (after 1997) while rates of impaired driving continued to decline significantly. It is important to note, however, that the progress on drinking and driving in the face of stable or increasing rates of drinking was based on 20 years of significant investments to create social change regarding this behavior. Without similar investments to address other types of alcohol-related harm, one can expect the positive relationship between overall drinking and alcohol-related harms to remain valid.

³ These numbers exclude Alberta, since that province privatized retail alcohol sales in 1993.

Overall Rates Of Alcohol Consumption in Canada...

- ◆ peaked in 1980 at just over 11 litres of absolute alcohol per capita among those aged 15 and older;
- ◆ fell to 7.2 litres of absolute alcohol per capita in 1997;
- ◆ increased nearly 10% between 1997 and 2004 to 7.9 litres per capita.

To keep pace with this nationwide trend toward increased access to alcohol, population-level controls that focus on the behaviours, practices and products that contribute most significantly to alcohol-related harm need to be an integral part of any comprehensive strategy.

Physical availability

Physical availability refers to the accessibility or convenience of the product, which has policy implications for preventing alcohol-related harm through controls on the conditions of sale to the drinker as a retail customer.

Government liquor control boards

Government liquor control boards are responsible for setting and enforcing the most important policies that determine general accessibility of alcohol for off-premise consumption. Canada is among a minority of countries that continue to control alcohol distribution and sales, either partially or fully, through government liquor control boards.

While this monopoly arrangement was originally designed to ensure that social responsibility issues were not subordinated by economic and financial considerations, liquor control boards have gradually moved away from focusing on this original mandate to addressing other consumer priorities. Within the context of the current debate over the privatization of retail alcohol sales in some provinces, Canadian jurisdictions need to focus on control structures that support the social responsibility mandates that underpin effective management of alcohol-related harm. This should include maintaining reasonable controls on the physical availability of alcohol

(e.g. number of off-premise outlets, controls on the days and hours of sale, etc.).

A specific issue within existing liquor control boards systems that needs to be addressed is the policy that currently requires all outlets within a province or territory to charge the same price for its alcohol products. This can lead to lower prices for alcohol relative to other commodities in isolated rural areas, if the costs of transportation are not included in the final selling price. This is of concern, as alcohol could be disproportionately cheaper than essential food and beverage products.

Liquor licensing and enforcement

A significant proportion of drinking in Canada takes place in approximately 65,000 licensed establishments such as bars, restaurants and nightclubs. Licences issued to private businesses, allowing them to sell alcohol, are subject to a comprehensive body of laws and regulations that vary somewhat from jurisdiction to jurisdiction. While the laws regulating alcohol service generally provide a sound basis for managing alcohol-related harm, all jurisdictions would benefit from improving their implementation, especially in relation to serving underage and intoxicated patrons. This is particularly critical in light of the current trend toward increasing the availability of alcohol nationwide.

One way to reinforce responsible beverage service in licensed establishments is to provide training to staff. All provinces and territories currently offer server-training programs, but many of these are voluntary. British Columbia, Alberta, Manitoba, Nova Scotia, Ontario, Prince Edward Island and the Yukon have mandatory programs, although some of these apply only to certain types of establishments and situations. For example, Ontario has required server training since 1993 for new liquor licence applicants, transferees, caterers and stadiums; however, participation is voluntary for all other licensed operators. Furthermore, given the high staff turnover rate within the hospitality industry, periodic server recertification is just as important as initial training.

Given the role that alcohol plays in accidents and other social harms, provinces and territories should consider making liability

insurance mandatory for drinking establishments. However, this should be implemented in a way that does not create undue economic hardship for the hospitality industry. One option might be to assist the industry in developing self-insurance programs.

There is much debate over the possible manipulation of operating hours as a means of dealing with problems associated with large numbers of intoxicated patrons leaving multiple licensed premises simultaneously at closing time. Evidence suggests that extended operating hours coincides with higher levels of alcohol consumption and corresponding increases in violent crime, road crashes, illicit drug use and additional public health and tourism costs. Therefore, jurisdictions could consider staggering closing times to address this issue, especially in areas with high outlet density.

Legal purchase age

There is strong evidence that a higher minimum legal purchase age for alcohol can have significant positive effects on underage drinking and some forms of alcohol-related harm among both underage youth and young adults. However, minimum purchase age laws are only effective if they are strictly and consistently enforced in all situations.

Harmonizing minimum purchase ages across jurisdictions would help reduce certain risky drinking behaviours, for example, where significant numbers of youth cross provincial/territorial borders to take advantage of less restrictive regulations in neighbouring jurisdictions. The problem is especially acute

Legal Purchase Ages in Canada and Around the World

- ◆ The United States has the highest minimum purchase age for alcohol in the world at 21.
- ◆ Alberta, Manitoba and Quebec set their minimum purchase ages at 18, with the rest of Canada set at 19.
- ◆ The last time a minimum purchase age was changed in Canada was in 1982 when P.E.I. raised its drinking age from 18 to 19.

at border “hot spots” where alcohol outlets and licensed establishments cluster to meet the demand from cross-border patrons. Jurisdictions should consider the potential benefits of setting a consistent minimum purchase age across Canada.

Taxation and pricing

Taxation and pricing are proven, effective ways of controlling the availability and consumption of alcohol. As a general rule, higher prices translate into lower consumption and reduced alcohol-related harm, while lower prices lead to increases in consumption and related harm.

Final retail prices interact with disposable income to influence rates of consumption of alcohol. In the face of stable disposable incomes, increases in the price of alcohol translate into decreases in overall consumption and, by extension, lower alcohol-related harm. Two key strategies for controlling alcohol-related health and social problems involve pricing alcohol at levels that discourage heavy (high-risk) consumption, and maintaining the real value of prices relative to inflation over time.

Governments and industry can use a number of policy levers to influence and maintain the final price of alcohol, including setting taxes, markups and implementing minimum prices consistent across Canada to ensure that prices do not fall to a level that encourages misuse and increases alcohol-related harm (social-reference price).

By reducing consumption of products with a higher concentration of ethyl alcohol, the overall risk of adverse health effects can be reduced. Currently in Canada there appears to be an absence of incentives for choosing beers and coolers with lower alcohol content, due to the fact that most jurisdictions calculate taxes and markups based on overall volume of the product rather than on the concentration of ethyl alcohol in the product. This can potentially lead to a situation where an individual can purchase products with higher alcohol content for less than products with lower alcohol content. Other jurisdictions, such as Australia, have addressed this situation by

creating incentives to offer consumers products with lower alcohol content at lower prices.

Another issue that requires attention is the tax advantage available for do-it-yourself brewing and winemaking facilities in some jurisdictions. U-Vin and U-Brew facilities are generally able to produce alcoholic beverages for consumers at a lower cost in comparison to the beverages sold by licensed retailers. As the current situation can potentially lead to individuals inexpensively producing and consuming harmful levels of alcohol, action should be taken to ensure that prices at these facilities accurately reflect the social-reference price for alcohol products within the jurisdiction.

Advertising and promotion

Canadians are exposed to alcohol advertising and promotion through television, radio, print advertisements, point-of-sale promotions and the Internet. Many types and brands of alcohol are linked in the marketplace with a range of different sports, lifestyles and consumer identities. Continuous exposure to advertisements facilitates the development of pro-drinking attitudes and increases the likelihood of heavier drinking in some people. In addition, research now shows the cumulative influence of alcohol advertising in shaping young people’s perceptions of alcohol and the development of social norms about drinking.

Three main bodies govern alcohol advertising in Canada: (1) the Canadian Radio-Television Telecommunications Commission (CRTC)’s Code for Broadcast Advertising of Alcoholic Beverages is the primary regulatory vehicle at the federal level; (2) individual provincial and territorial governments establish advertising standards built on the federal regulations; and, (3) Advertising Standards Canada identifies industry standards for alcohol advertising. None of these bodies exercise any form of control over alcohol advertising and promotion that occurs over the Internet.

The CRTC Code prohibits alcohol advertising from targeting underage drinkers. For example, people who are, or appear to be, underage cannot appear in advertisements, and alcohol use cannot be associated with symbols,

activities and/or personalities that are popular with people under the legal purchase age.

Provincial and territorial guidelines, which are not consistent across all jurisdictions, also prohibit a wide range of activities that could encourage minors to drink, including the use of advertising in media targeted at minors or broadcast at times when minors constitute the bulk of the audience. These guidelines often prohibit alcohol advertising that features family scenes, children's fairy tales, nursery rhymes, characters that may appeal to children or music that appeals to minors.

The challenge with alcohol advertising is to ensure compliance with existing standards. Creation of effective and efficient processes for

monitoring alcohol advertising and for the submission of public complaints is crucial, especially with the movement toward industry-based self-regulation in Canada.⁴ A coordinated approach to ensuring that the standards are upheld, that appropriate changes are made over time and that youth are not over-exposed to alcohol advertising is essential to successfully implementing a culture of moderation.

⁴ According to the annual reports from Advertising Standards Canada, alcohol advertising accounts for a significant number of public complaints about advertising each year. Although very few of these complaints are upheld in decisions by the CRTC, industry sponsors frequently discontinue ads that the public deems to be offensive.

Recommendations:

Note: where the term "liquor control board" is used, it also refers to a comparable agency within a province or territory.

16. Maintain current systems of control over alcohol sales (P/T governments). Under these systems, it will be important to:
 - a) Require liquor control boards to maintain a social-responsibility frame of reference for all matters pertaining to their operations and governance, and to maintain or increase their spending and programming in this area;
 - b) Enhance staff training at outlets and implement ongoing enforcement compliance programs to ensure that alcohol is consistently sold in a socially responsible way and in accordance with the law; and
 - c) Encourage the systematic re-examination and analysis of hours and days of alcohol sales and outlet density, recognizing that increased physical availability of alcohol can lead to increased harm.
17. Collaborate with liquor control boards to ensure alcohol cost and availability in high-risk communities are managed in a socially responsible manner (P/T and municipal governments).
18. Request all liquor licensing authorities and liquor control boards to collect and make public detailed information on both off-premise and on-premise alcohol-outlet density (P/T governments).
19. Conduct research to specify the magnitude and nature of third-party supply of alcohol in Canada (e.g. supply of alcohol outside the legal distribution system and in those jurisdictions where alcohol is banned) (all governments).
20. Evaluate the outcomes of trial alcohol-control measures in remote communities (particularly in the three territories), including total bans, limitations on importing alcohol into the community and severely restrictive selling practices (P/T and municipal governments, First Nation communities).
21. Implement server-training programs in Canada as a pre-condition for receiving and/or renewing licences for serving alcohol. These training programs should include regular recertification of servers, ongoing enforcement compliance checks and periodic program evaluations to sustain and improve impacts over time. In addition, server training and compliance checks should be conducted more frequently for establishments with a history of service-related problems (P/T and municipal governments, First Nation communities).

22. Investigate the implications of making liability insurance mandatory for all licensed establishments in Canada, using options that do not place undue economic burdens on the hospitality industry (for example, self-insurance programs) (P/T governments).
23. Conduct research on the nature and extent of underage access to alcohol, including in licensed venues, and implement appropriate programs and policies to respond to the issue (P/T governments).
24. Given the relationship between legal purchase age and alcohol-related harm, consider increasing the legal purchase age of alcohol to 19 years (governments of Alberta, Quebec and Manitoba).
25. Strengthen enforcement and sanctions for people producing or using fake identification (P/T governments).
26. Adopt minimum retail social-reference prices for alcohol and index these prices, at least annually, to the Consumer Price Index (CPI). A competent body should review alcohol pricing throughout Canada, at least annually, and publish a report recommending increases where prices are not keeping pace with inflation (P/T governments).
27. Discourage the introduction or expansion of U-Brew and U-Vin industries. Where these industries currently exist, make licensing contingent upon matching the socially referenced price for beverage alcohol in that jurisdiction (P/T and municipal governments).
28. Create incentives, whether through tax or price adjustments, to promote the production and marketing of lower-alcohol-content beers and coolers, with the overall goal of reducing the volume of absolute alcohol consumed per capita in Canada (all governments, alcohol industry).
29. Move towards alcohol volumetric pricing (based on the volume of ethyl alcohol in alcohol products) within each beverage class (all governments, alcohol industry).
30. Coordinate funding for research and publication of an annual report documenting the exposure of underage youth in Canada to alcohol advertising (Health Canada).
31. Review existing advertising regulatory systems with a view to updating the standards, especially as they pertain to youth, as well as the mechanisms of receiving and responding to consumer complaints about alcohol advertising (all governments).

3.4. Safer communities

Aim: Create safer communities and minimize harms related to intoxication.

Alcohol-related harm occurs not only to drinkers, but also to a potentially wide circle of people around them. Alcohol is a contributing factor in impaired driving, injuries, assaults, homicides, fires and other events that threaten public safety and community wellness. Some of these impacts occur as a result of chronic heavy drinking; others are acute affects arising from isolated or single-session drinking occasions. Drinking to intoxication greatly increases the risk of harm to oneself or to others.

Through community mobilization, communities can minimize the likelihood of alcohol-related harm by both fostering a culture of moderation and creating safer drinking environments. These environments are facilitated by implementing policies, programs, regulations and laws and by backing these up with appropriate enforcement.

To improve community safety, harmful drinking patterns must be addressed in various contexts including the home, workplace, school, licensed establishments, recreation and other local settings. While some interventions focus narrowly on the drinking behaviours of individuals, other interventions modify the environment where drinking takes place to mitigate the potential for intoxication and its consequential harm.

Did you know that ...

- ◆ A large majority (85%) of Canadians reported in a recent study that they had not driven after drinking in the month prior to the survey. However, that leaves about 15% or 3.2 million Canadians who did.
- ◆ According to the most recent Canadian Campus Survey (2004), 32% of undergraduates reported patterns of harmful drinking; 10% of those surveyed reported alcohol-related assaults, 9.8% reported alcohol-related sexual harassment, and 14.1% reported having unplanned sexual relations due to alcohol.
- ◆ An Alberta workplace study found that 11% of employees overall reported consuming alcohol at work in the previous 12 months, with the highest rates in the finance/insurance/real-estate industry (22%) and in the manager/professional occupation (14%).

Workplace

As a majority of Canadian adults are employed and spend a significant proportion of their time at work, the workplace becomes an important context for addressing alcohol-related harm. Patterns of alcohol use in relation to the workplace include: consumption prior to or during the workday; employees who arrive at work under the influence or feeling the effects of a hangover; consumption on the worksite including the parking lot; and, consumption during business meetings or work-sponsored events.

Alcohol use may be compounded by a workplace culture that promotes heavy drinking or by other workplace factors, such as stressful working conditions or frequent travel. Patterns and levels of alcohol use are highly influenced by the context surrounding the workplace and vary considerably across industries and occupations.

In the short term, alcohol consumed in the context of work can affect productivity and safety and lead to accidents and errors in judgment. In the long term, heavy drinkers can

experience social, psychological, and medical problems that lead to increased absenteeism, poor overall work performance and extended sick leave. These serious outcomes not only affect the individual and co-workers, but also impose equally serious responsibilities, costs and consequences on the employer and the economy.

Employers have a broad duty to protect their employees against health and safety threats, including those related to alcohol use in the work environment. Employers may also be liable should employees who drink while in their work role cause injuries or damages within the community at large. In response, increasing numbers of employers are implementing workplace policies addressing alcohol use. These policies feature education and employee assistance programs that typically incorporate counseling and other supports.

Comprehensive workplace alcohol policies that give direction toward responsible use and, in specific situations, abstinence, are especially necessary in safety-sensitive professions. All such policies should include language about obligations and liabilities of both workers and employers. Wherever possible, they should build on existing, broader employee assistance programs.

Municipal alcohol policies

Municipal authorities have considerable scope to implement bylaws and other local ordinances that help manage availability of, and access to, alcohol within their boundaries. Through municipal alcohol policies, communities can specify where and under what conditions access to alcohol will be permitted and not permitted in municipally owned facilities. Pursuant to these policies, permits issued to serve alcohol typically contain such elements as roles and responsibilities of management; strategies such as standard servings to limit intoxication, low-alcohol drinks, no last call and enforcement procedures and penalties should rules not be followed.

The municipal alcohol policy approach was successfully demonstrated via a collaborative project involving a number of municipalities in Ontario and the Centre for Addiction and

Mental Health of Ontario.⁵ The municipal alcohol policy can be extended beyond municipal facilities to cover the activities of entities such as service, recreational and sporting clubs, as well as events planned by religious groups or private event organizers where alcohol may be available. Such policies may reduce illegal service of alcohol and help educate these hosts about their responsibilities and liabilities.

Safe bars

Bars and restaurants that are licensed to serve alcohol provide environments that can potentially lead to intoxication of patrons, which, in turn, can result in alcohol-related injuries and assaults. In addition, this alcohol-related harm can place others at risk within the surrounding community as a result of impaired driving and other problem behaviours.

Key initiatives that target high-risk behaviours within this drinking environment include server-training programs for managers and staff to minimize the risk of serving someone to the point of intoxication, someone who is already intoxicated or someone who is underage [Refer to section on mandatory server training, physical availability]. There are also promising violence-prevention programs that aim to minimize the likelihood of violence resulting from alcohol consumption in licensed establishments.

These programs enable bar owners and managers to assess and manage risks related to such environmental factors as patrons' access to the bar, its physical layout, characteristics of servers and security staff, and closing time.

These programs have become a standard and increasingly mandatory feature of the hospitality industry in most provinces for curbing the problems of underage drinking, over-consumption, violence and impaired driving. Especially when supported by increased enforcement and server liability laws, these programs are the most effective means of reducing harms associated with on-premise drinking.

⁵ The Centre for Addiction and Mental Health has prepared a field resource manual to assist municipalities interested in developing alcohol policies.

Did you know that...

- ◆ There is a proven relationship between overall alcohol consumption rates in Canada and traffic fatalities, homicides, liver cirrhosis, suicide and total mortality.
- ◆ Use of alcohol is an important risk factor for injuries, which in turn represent a significant public health burden. Figures vary by community and region, but studies indicate that alcohol is implicated in 17% to 70% of violent injuries and 7% to 32 % of accidental injuries.
- ◆ There is a strong association between the occurrence (and recurrence) of traumatic injuries and alcohol or other drug dependence.
- ◆ Between 35% and 50% of people who arrive at emergency rooms with traumatic brain injuries have a history of abusing alcohol or other drugs.
- ◆ Young people between 10 and 24 years of age represented the highest proportion (27%) of people admitted to a specialized trauma hospital in 2002-03 due to alcohol-related injuries. Motor vehicle crashes accounted for over half of the alcohol-related trauma hospitalizations in 2002-03.
- ◆ A Canadian study of an emergency department found that 42% of those with violent injuries had a blood alcohol level over 0.08%, the Criminal Code "legal limit."

Responsible hosting

A recent decision by the Supreme Court of Canada in a civil liability case determined that social hosts should not generally be held to the same standards of legal responsibility as commercial hosts (bars and other licensed establishments) to fulfill a duty of care and to demonstrate due diligence in providing for the safety and well-being of guests and third parties when drinking occurs in their home or in other social venues. In this particular case, the host did not provide the alcohol, and no liability was found.

While individual drinkers maintain a higher degree of personal responsibility for their actions under this ruling, the role of social

hosts in non-commercial drinking contexts remains highly significant from a standpoint of strengthening a culture of moderation. Social hosting provides vital opportunities for adults to model responsible use of alcohol, particularly among children and youth.

Recreation

Alcohol is often consumed in recreational contexts, although its impairing effects on judgment and motor skills make it a risk factor for harm in most sports and recreational activities. As a person's blood alcohol concentration rises, coordination, judgment and reactions deteriorate, increasing the risk of injury or death. Canadian injury statistics indicate that these negative outcomes occur especially in sports involving boats, snowmobiles, and other activities with high participation rates by young males.

Information campaigns targeting snowmobile users and boaters have been conducted in Canada, and initial evaluation results indicate promising reductions in the incidence of alcohol-related problems. As noted previously, such initiatives can build on municipal policies and include the participation of key stakeholders such as the insurance industry.

Colleges and universities

Risky drinking behaviours typical of college and university students – in particular binge drinking and drinking during initiation rituals – take place in on- and off-campus locations (e.g. residences, student housing, pubs). Harmful alcohol use can result in intoxication and alcohol poisoning and lead to unwanted sexual advances, sexual assault and rape. The context in which drinking takes place plays a significant role in the amount consumed and in the problems that may ensue. However, it can also present opportunities for interventions.

Traditional approaches taken on college and university campuses to reduce alcohol-related harm include education, alcohol awareness weeks/events, and residence information programs. Many current initiatives attempt to influence the environment within which alcohol is used on campus, including alcohol-free events or residences, responsible beverage

service programs, and restricting availability of alcohol through fewer on-campus pubs and limited advertising. While several campuses across Canada have adopted alcohol policies, additional empirical evaluation of these initiatives is required.

Drinking and driving

The culture surrounding drinking and driving has changed dramatically over recent decades. What was once a well-entrenched, normalized activity has become unacceptable behavior to a majority of Canadians.

It is now well understood that even small amounts of alcohol can impair a person's ability to drive a motor vehicle such as a car, truck, motorcycle, snowmobile, boat or personal watercraft, especially for young drivers. The resulting increased risk of collision, injury and death carries high costs.

Did you know that...

- ◆ Police statistics indicate that the overall rate of impaired driving incidents decreased by 60% between 1980 and 2002.
- ◆ The percentage of fatally injured drivers who had been drinking prior to an accident decreased from 48% (1991-92) to 33% (1999) to 35% (2002). In 2003, the figure rose slightly to 38%.
- ◆ Nevertheless, drinking and driving remains a persistent social concern among Canadians, with 81% indicating that they were somewhat or very concerned about it.
- ◆ Since 1999, the percentage of fatally injured drivers who test positive for alcohol has increased about 3% per year.
- ◆ In 2001, there were an estimated 195 alcohol-involved injury crashes per day and 648 alcohol-involved property crashes per day in Canada.
- ◆ While the overall trends on various measures of impaired driving remain positive, researchers at the Traffic Injury Research Foundation conclude that "the rate of improvement has slowed ...[and]...the magnitude of the problem is still substantial."

Like most developed countries, Canada has a three-tier system of sanctions: zero blood alcohol concentration (BAC) for young or novice drivers, a 0.05 percent BAC level, where administrative sanctions such as a 24-hour licence suspension apply; and a 0.08 percent BAC level, above which criminal sanctions are invoked. Canada's system reflects two different levels of government responsibility: the 0.05 percent level, where provincial and territorial highway traffic law applies, and the 0.08 percent level, where the federal Criminal Code applies. Most provinces now have some provisions for roadside screening and short-term administrative driving provisions for drivers with BACs between 0.05 percent and 0.08 percent.

Young and novice drivers are known to be at increased risk for road crashes as a result of their inexperience as drivers or inexperience with alcohol, or both. Any alcohol use compounds these risks, especially for youth, for whom other factors such as peer pressure and thrill seeking may also come into play. Motor vehicle crashes are the leading cause of death among teenagers in Canada, and 40 percent of teenage drivers killed in road crashes had been drinking. The likelihood of death for drinking drivers under 25 is the greatest of any age group. One-third (34 percent) of alcohol-related motor vehicle crash fatalities involved people aged 25 years or younger.

Currently in Canada, all jurisdictions except Nunavut have implemented graduated driver-licensing programs for young and novice drivers. These programs feature such elements as zero tolerance for BAC and restrictions on hours and passengers allowed, although considerable variation exists across program elements. A growing body of research confirms the safety benefits of graduated driver licensing and supports the identification of best practices.

While significant progress has been made to reduce impaired driving in Canada, it remains a serious problem, especially with regard to repeat offenders.

Canadians indicate that they are generally supportive of drinking and driving countermeasures such as police check stops,

ignition interlocks and immediate vehicle impoundment for those who fail breath tests. Clearly, vigorous enforcement contributes to fewer people drinking and driving. However, continued and strengthened public awareness initiatives are important in supporting these efforts.

The inter-related issues of drinking, driving, impairment and harm have been the long-standing concerns of transportation authorities such as Transport Canada, provincial ministries responsible for highway safety, and research organizations such as the Traffic Injury Research Foundation.

In 1990, the Council of Ministers responsible for transportation and highway safety directed the Canadian Council of Motor Transport Administrators (CCMTA) to develop a comprehensive initiative that would reduce the number of traffic fatalities involving impaired drivers across Canadian provinces and territories. This initiative, called the Strategy to Reduce Impaired Driving (STRID) was extended for a five-year period from 1995–2001. It was then renewed to become STRID 2010, with the

Did you know that...

- ◆ Comparisons of the crash risks of young drivers indicate that drivers of age 16–19 years have a fatality rate four times that of drivers of age 25–34 and nine times that of drivers in the 45–54 age range).
- ◆ Most drinking drivers who are killed are 19 years old.
- ◆ Males make up 87% of fatally injured drinking drivers (89% of those seriously injured).
- ◆ Death or injury is most likely to occur in the summer, and least likely in the winter.
- ◆ Most fatalities and injuries occur on weekend nights.
- ◆ Automobiles are the most likely type of vehicle used, and often the crashes are single-vehicle.
- ◆ In almost two-thirds of the alcohol-involved multiple-vehicle crashes, the fatally injured teen driver (but not the other drivers) had been drinking.

goal of bringing about a 40-percent decrease in the number of road users fatally or seriously injured in crashes involving alcohol. It takes a comprehensive and coordinated approach that includes a wide range of initiatives targeting

the hardcore drinking driver, young/new drivers, social drinkers, and the first-sanctioned driver. It also includes proposed actions to handle low BAC level infractions more effectively.

Recommendations:

- 32. Develop and adopt comprehensive policies for alcohol within every sector of the Canadian workforce, with special emphasis on safety-sensitive professions (all governments, NGOs, industries).
- 33. Partner with community groups to develop municipal alcohol policies and programs that address local issues (P/T governments, municipal governments, NGOs).
- 34. Implement the use of proven violence-prevention programs in licensed establishments (P/T governments, alcohol and hospitality industries).
- 35. Develop a public awareness campaign to raise awareness about alcohol liability (all governments, NGOs, alcohol industry).
- 36. Amend or develop policies and programs that incorporate evidence-based solutions that reduce alcohol-related harm in colleges and universities (colleges and universities, NGOs)
- 37. Endorse and support the Strategy to Reduce Impaired Driving 2010 (all governments).
- 38. Adopt the Canadian Council of Motor Transport Administrators’ (CCMTA) short-term suspension model and other proposed actions to address drinking drivers with lower BACs (P/T governments).
- 39. Re-invigorate law enforcement around drinking and driving (all governments).
- 40. Pursue approaches that focus on high-risk or alcohol-dependent drivers (i.e. with BACs of 0.15 percent or higher) to better deter and rehabilitate repeat offenders (P/T governments, NGOs). These would include:
 - a) Technology-based solutions (e.g. ignition interlock systems);
 - b) Education and public awareness initiatives;
 - c) Improved assessment protocols; and
 - d) Improved treatment and rehabilitation, drawing on harm reduction and medical models to better address the concurrent issues of chronic alcohol misuse and possible cognitive impairments.
- 41. Adopt, within their graduated driver-licensing programs, zero-tolerance alcohol (0.00 percent BAC) provisions for all drivers until age 21 (P/T governments).

4. Conclusion

When used in moderation, alcohol can give pleasure to many. However, when used irresponsibly, alcohol can be a dangerous drug that can result in a variety of health and social harms. To address alcohol-related harm in Canada, this National Alcohol Strategy was developed as a broad call to action based on extensive stakeholder consultations and input. It proposes renewed efforts in the areas of health promotion, prevention, treatment, and enforcement to support a culture of moderation. Moving towards this culture of moderation signals a new way of thinking

about alcohol use, a better understanding of the different risks involved in drinking and a determination to help Canadians in choosing wisely how to minimize those risks. This National Alcohol Strategy makes 41 specific recommendations across the four action areas and identifies the stakeholders who should lead their implementation. Just as all the action areas must operate *together* to ensure successful change in knowledge, attitudes and practices, all relevant players must *share responsibility* for addressing the harm caused by excessive or irresponsible alcohol use.

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6. Recommendations

Health promotion, prevention and education

1. Develop and promote national alcohol drinking guidelines to encourage a culture of moderation, and aim for consistency and clarity of messages across all alcohol-related health and safety arenas (Health Canada, all governments).
2. Develop a comprehensive, sustained and coordinated social marketing campaign with multi-sectoral partners to promote the national alcohol drinking guidelines. This would include building on existing social marketing campaigns such as those targeting drinking and driving and high-risk drinking patterns (all governments, NGOs, alcohol and hospitality industries).
3. Support and fund local communities to develop and implement community-wide health promotion initiatives that emphasize the national alcohol drinking guidelines, and prevent and reduce alcohol-related harm (all governments, alcohol and hospitality industries).
4. For alcohol beverage containers, regulate standardized, easily visible labels that convey the number of standard drinks in each container (Health Canada).
5. With regard to underage youth, develop and evaluate policies and programs that are appropriate to youth stages of development and that promote abstinence as a valid goal for everyone, adherence to the national alcohol drinking guidelines and avoidance of high-risk drinking for those who choose not to abstain from alcohol (all governments, NGOs, alcohol and hospitality industries).
6. With regard to young adults, through a national collaborative initiative, develop and evaluate policies and programs in schools, colleges and universities (all governments, NGOs, alcohol and hospitality industries).

Health impacts and treatment

7. Develop integrated and culturally sensitive screening, brief intervention and referral tools and strategies (P/T governments).
8. Ensure adequate ongoing funding, quality training and accreditation for specialized addiction services (P/T governments).
9. Improve access to addiction services in isolated, rural and remote regions of Canada and for vulnerable populations (all governments).
10. Evaluate treatment programs to determine promising practices and disseminate the findings (all governments, NGOs).
11. Coordinate the transfer of knowledge relating to the evaluation and research of prevention, treatment and population health policies and programs addressing alcohol (Canadian Centre on Substance Abuse).
12. Strengthen drug and alcohol curriculum in undergraduate, post-graduate and continuing professional development programs (P/T governments, NGOs, colleges, universities).
13. Disseminate FASD screening and diagnostic tools to, and promote their use by, family physicians, pediatricians and other health professionals (all governments, NGOs).
14. Regarding the contribution of alcohol to chronic diseases:
 - a) Prepare periodic reports on the impact of alcohol on chronic disease within Canada and coordinate these with the ongoing Costs of Substance Abuse reports (Public Health Agency of Canada);
 - b) Ensure that alcohol is consistently included in policies and programs focused on chronic disease (all governments, NGOs);
 - c) Collaborate with the Chronic Disease Prevention Alliance of Canada (CDPAC) and others to improve the prevention of alcohol-related chronic disease, including implementation of a public

awareness cam-paign (Public Health Agency of Canada).

15. Regarding research:

- a) Develop a national, coordinated, ongoing data-collection and reporting system of common indicators relevant to acute and chronic alcohol-related harm across Canadian jurisdictions (Health Canada).
- b) Develop a strategic national alcohol-research program that is informed by a determinants of health approach and is directed at gaining a better understanding of the risk and protective factors surrounding alcohol use (Health Canada, CIHR).
- c) Collect data on alcohol-related health impacts and treatment outcomes specific to First Nations, Inuit and Métis, using appropriate research ethics (including ownership, control, access and possession principles). These data should be comparable to those collected for the general Canadian population (Health Canada, NGOs).

Availability of alcohol

Note: Where the term “liquor control board” is used, it also refers to a comparable agency within a province or territory.

16. Maintain current systems of control over alcohol sales (P/T governments). Under these systems, it will be important to:

- a) Require liquor control boards to maintain a social-responsibility frame of reference for all matters pertaining to their operations and governance, and to maintain or increase their spending and programming in this area;
- b) Enhance staff training at outlets and implement ongoing enforcement compliance programs to ensure that alcohol is consistently sold in a socially responsible way and in accordance with the law; and,
- c) Encourage the systematic re-examination and analysis of hours and days of alcohol sales and outlet density, recognizing that increased physical availability of alcohol can lead to increased harm.

17. Collaborate with liquor control boards to ensure alcohol cost and availability in high-risk communities are managed in a socially responsible manner (P/T and municipal governments).

18. Request all liquor licensing authorities and liquor control boards to collect and make public, detailed information on both off-premise and on-premise alcohol-outlet density (P/T governments).

19. Conduct research to specify the magnitude and nature of third-party supply of alcohol in Canada (e.g. supply of alcohol outside the legal distribution system and in those jurisdictions where alcohol is banned) (all governments).

20. Evaluate the outcomes of trial alcohol-control measures in remote communities (particularly in the three territories), including total bans, limitations on importing alcohol into the community, and severely restrictive selling practices (P/T and municipal governments, First Nation communities).

21. Implement server-training programs in Canada as a pre-condition for receiving and/or renewing licences for serving alcohol. These training programs should include regular recertification of servers, ongoing enforcement compliance checks and periodic program evaluations to sustain and improve impacts over time. In addition, server training and compliance checks should be conducted more frequently for establishments with a history of service-related problems (P/T and municipal governments, First Nation communities).

22. Investigate the implications of making liability insurance mandatory for all licensed establishments in Canada, using options that do not place undue economic burdens on the hospitality industry (for example, self-insurance programs) (P/T governments).

23. Conduct research on the nature and extent of underage access to alcohol, including in licensed venues, and implement appropriate programs and policies to respond to the issue (P/T governments).

24. Given the relationship between legal purchase age and alcohol-related harm, consider increasing the legal purchase age of alcohol to 19 years (governments of Alberta, Quebec and Manitoba).
 25. Strengthen enforcement and sanctions for people producing or using fake identification (P/T governments).
 26. Adopt minimum retail social-reference prices for alcohol and index these prices, at least annually, to the Consumer Price Index (CPI). A competent body should review alcohol pricing throughout Canada, at least annually, and publish a report recommending increases where prices are not keeping pace with inflation (P/T governments).
 27. Discourage the introduction or expansion of U-Brew and U-Vin industries. Where these industries currently exist, make licensing contingent upon matching the socially referenced price for beverage alcohol in that jurisdiction (P/T and municipal governments).
 28. Create incentives, whether through tax or price adjustments, to promote the production and marketing of lower-alcohol-content beers and coolers, with the overall goal of reducing the volume of absolute alcohol consumed per capita in Canada (all governments, alcohol industry).
 29. Move towards alcohol volumetric pricing (based on the volume of ethyl alcohol in alcohol products) within each beverage class (all governments, alcohol industry).
 30. Coordinate funding for research and publication of an annual report documenting the exposure of underage youth in Canada to alcohol advertising (Health Canada).
 31. Review existing advertising regulatory systems with a view to updating the standards, especially as they pertain to youth, as well as the mechanisms of receiving and responding to consumer complaints about alcohol advertising (all governments).
- Safer communities**
32. Develop and adopt comprehensive policies for alcohol within every sector of the Canadian workforce, with special emphasis on safety-sensitive professions (all governments, NGOs, industries).
 33. Partner with community groups to develop municipal alcohol policies and programs that address local issues (P/T governments, municipal governments, NGOs).
 34. Implement the use of proven violence-prevention programs in licensed establishments (P/T governments, alcohol and hospitality industries).
 35. Develop a public awareness campaign to raise awareness about alcohol liability (all governments, NGOs, alcohol industry).
 36. Amend or develop policies and programs that incorporate evidence-based solutions that reduce alcohol-related harm in colleges and universities (colleges and universities, NGOs).
 37. Endorse and support the Strategy to Reduce Impaired Driving 2010 (all governments).
 38. Adopt the Canadian Council of Motor Transport Administrators' (CCMTA) short-term suspension model and other proposed actions to address drinking drivers with lower BACs (P/T governments).
 39. Re-invigorate law enforcement around drinking and driving (all governments).
 40. Pursue approaches that focus on high-risk or alcohol-dependent drivers (i.e., with BACs of 0.15 percent or higher) to better deter and rehabilitate repeat offenders (P/T governments, NGOs). These would include:
 - a) Technology-based solutions (e.g. ignition interlock systems);
 - b) Education and public awareness initiatives;
 - c) Improved assessment protocols; and
 - d) Improved treatment and rehabilitation, drawing on harm reduction and medical models to better address the concurrent issues of chronic alcohol misuse and possible cognitive impairments.
 41. Adopt, within their graduated driver-licensing programs, zero-tolerance alcohol (0.00 percent BAC) provisions for all drivers until age 21 (P/T governments).

7. National Alcohol Strategy Working Group members

Chairpersons:

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(Health Canada)

Michel Perron, CEO, (Canadian Centre
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Murray Finnerty, CEO, (Alberta Alcohol
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British Columbia: Dr. Tim Stockwell

Ontario: Dr. Louis Gliksman

Federal Government Representatives

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Hal Pruden, Criminal Law Section,
Justice Canada

Kelly Stone, Public Health Agency
of Canada

Dr. Dennis Wardman, First Nations and
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Chris McNeil, Canadian Association
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