



# ALCOHOL USE AND HARMS IN HALDIMAND AND NORFOLK COUNTIES

## EXECUTIVE SUMMARY

## Alcohol Report Executive Summary

The aim of this report is to act as a starting point for discussing and addressing alcohol-related harms in Haldimand and Norfolk counties. These harms are not just personal issues for those who drink, but also an issue that affects the entire community.

This report provides strategies and interventions known to be effective in addressing alcohol-related harms. This will help to provide direction for community members and stakeholders to work collectively to improve and preserve the health and wellbeing of Haldimand and Norfolk residents.

## Why Talk About Alcohol?

- Alcohol is a contributing factor in more than 200 diseases and the second leading risk factor for death, disease and disability with only tobacco causing more harm in high-income nations like Canada.<sup>1,2,3,4</sup>
- We still do not fully understand the dose-dependent health effects of alcohol. Even levels of alcohol consumption as low as one or two drinks per day have been causally linked to increased risk of cancer and other serious medical conditions.<sup>3</sup>
- Alcohol is a socially accepted part of everyday life for most Canadians and is the most widely consumed psychoactive drug in Canada. Many Canadians associate drinking with pleasurable social events and celebrations.

## Why Talking About Alcohol Matters

Alcohol is a topic that requires immediate attention.

- The government plays a key role in regulation of alcohol pricing, hours and access as well as legal drinking age and enforcement.<sup>6</sup> Increased availability of alcohol is linked to increased consumption and alcohol related harms and deaths.<sup>5,6,7</sup>
- Despite this evidence, there has been a shift towards loosening controls around alcohol and partial privatization of the liquor market in Ontario. The introduction of beer, wine and cider to grocery stores will ultimately add 450 more access locations across the province. This is in addition to more than 450 Beer Stores and more than 660 LCBO stores across Ontario.
- Locally, Haldimand and Norfolk counties have a higher density of alcohol outlets compared to the provincial average<sup>8</sup>. This makes alcohol more accessible to local residents.
- Sales of alcohol continue to increase in Canada. From April 2015 to March 2016, Canadians spent \$22.1 billion on alcohol, an increase of 3.5 per cent from the previous year<sup>9</sup>.
- The negative impacts of alcohol use far outweigh the benefits. In Ontario in 2002, the costs of alcohol-related harm exceeded revenue by an estimated \$456 million<sup>10</sup>.
- Impaired driving, alcohol poisoning, mental health issues, unwanted or high-risk sexual encounters, violence, injuries and chronic disease all have direct links to the occasional heavy use of alcohol.<sup>12</sup>
- Alcohol consumption in Canada increased by 13% between 1996 and 2010. National and provincial surveys indicate that approximately 20% of drinkers drink above Canada's Low Risk Alcohol Drinking Guidelines.<sup>1</sup>

### DID YOU KNOW?

In most jurisdictions direct alcohol-related costs exceed direct revenue.<sup>11</sup>

**A significant proportion of alcohol-related harm and costs are associated with the large number of moderate-risk drinkers who occasionally drink above the recommended levels. This is the “prevention paradox,” which states that a large number of people exposed to moderate risk can create more cases of harm than a small number exposed to higher risk.**

(Thomas, 2012)<sup>11</sup>

## Canada's Low Risk Alcohol Drinking Guidelines

Canada's Low Risk Alcohol Drinking Guidelines were developed in 2011 to encourage a culture of moderation and aim for consistency and clarity of alcohol-related health and safety messages.<sup>7</sup>

The guidelines indentify:

1. Circumstances that are particularly hazardous where abstinence from alcohol is advised. (i.e. Women who are pregnant or planning to become pregnant, teenagers, individuals on medications, persons operating machinery, etc.).
2. Increased long-term risk of serious diseases caused by alcohol consumption over a number of years. (i.e. liver disease, cancers, etc.).
3. Increased short-term risk of injury or acute illness due to overconsumption of alcohol on a single occasion (i.e. alcohol poisoning, falls, injuries, etc.).

Canada's Low Risk Alcohol Drinking Guidelines set limits to reduce short and long term effects alcohol consumption has on health.

It is important to remember that these are:

- low-risk, not no-risk guidelines;
- the guidelines set limits, not targets;
- the guidelines are for adults aged 25-65 who choose to drink

**Guideline #1** - If choosing to drink, reduce your risk of chronic disease by drinking no more than:

- 10 standard drinks a week for **women**, with no more than 2 drinks a day, most days.
- 15 standard drinks a week for **men**, with no more than 3 drinks a day, most days.
- Plan non-drinking days during the week to avoid developing a habit.

**Guideline #2** - If choosing to drink, reduce your risk of immediate injury and harm by drinking no more than:

- 3 standard drinks for **women** on any single occasion and stay within the weekly limits.
- 4 drinks for **men** on any single occasion and stay within the weekly limits
- Drink slowly. Have no more than 2 drinks in any 3 hours. For every drink of alcohol, have one non-alcoholic drink. Eat before and while you are drinking. Set limits for yourself and stick to them.

## Summary of Local Findings

### Alcohol Use:

- 66% of Haldimand and Norfolk residents, aged 19 years and older, were regular drinkers (2013-2014).
- In 2013/14, 24.2% of Haldimand and Norfolk residents (≥19) reported exceeding the *Low Risk Alcohol Drinking Guidelines* for chronic disease (Guideline #1).
- 43.8% of Haldimand and Norfolk residents (≥19) reported exceeding the *Low-Risk Alcohol Drinking Guidelines* for injury (Guideline #2) (2013-2014).
- In 2013/14, 47% of Haldimand and Norfolk residents reported exceeding either of the *Low-Risk Alcohol Drinking Guidelines*.
- Heavy drinking (frequent binge drinking) increased from 17.7% in 2011-2012 to 19.8% in 2013-2014 among adults. Heavy drinking leads to an increased short and long-term health risks.
- Heavy drinking was higher for Haldimand and Norfolk residents with higher education compared to lower levels of education (23% vs. 9%).

### Alcohol Harm:

- From 2005 to 2015, there were 2,812 emergency department visits in Haldimand and Norfolk due to alcohol-related chronic conditions, all were 100% preventable.
- From 2010 to 2015, there were 147 emergency department visits for alcohol-related acute causes in Haldimand and Norfolk, all of which could have been prevented.
- Between 2010 and 2015, the average rate of emergency department visits for acute alcohol-related causes was 25.2 per 100,000 in Haldimand and Norfolk (Ontario= 17.7 per 100,000).
- Between 2007 and 2011, 56 deaths have been caused by alcohol in Haldimand and Norfolk, all of which were preventable.

At the population level, alcohol consumption tends to be related to accessibility; therefore those with higher disposable income or socio-economic status (SES) are likely to drink more<sup>13</sup>. SES is a factor that is based largely on income, education and employment<sup>14</sup>. In Canada, men and women with high SES are more likely to drink and undertake risky drinking than those with low SES<sup>15</sup>. However, people with lower SES appear to be more vulnerable to tangible problems and consequences of alcohol consumption<sup>16</sup>. Data from Haldimand and Norfolk also mirrors this.

## What Do We Do Now?

The report presents recommendations for local level actions, as outlined by the Locally Driven Collaborative: Addressing Alcohol Consumption and Alcohol-Related Harms at the Local Level report. These are strategies that are evidence based and effective.

**Population-level interventions** focus on addressing pricing and taxation, physical availability, alcohol marketing and advertising and can lead to creation of a supportive environment and development of healthy public policy.

**Focused policies and interventions** are intended to protect and support individual behaviour change and tend to address drinking and driving prevention and countermeasures, modifying the drinking environment, developing education and awareness strategies and providing treatment, screening, early brief intervention and referral services.

An effective response to alcohol-related problems is beyond the scope of a single government, government department, organization, agency, community or individual. Reducing alcohol related harms requires a collaborative approach with strong leadership and support at all levels.

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