Alcohol Policy in Canada 1988-2008: Ongoing Efforts to Reduce Harm

Gerald Thomas
Research Associate, CCSA

When the scope of Canada's first National Drug Strategy was being discussed more than 20 years ago, there was some question as to whether alcohol, as a legal commodity, should be included, or whether the Strategy should restrict itself to illicit drugs. Today, alcohol occupies a central place in the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances and is also the focus of provincial-level initiatives such as the Nova Scotia Alcohol Strategy. As CCSA marks its 20th anniversary, we review the progress made on alcohol policy and consider important challenges that will need to be addressed if the health and social harms of alcohol are to be further reduced in Canada.

Alcohol and Canadian Society

Alcohol occupies a special place in Canadian culture, not only because it is the most popular of all psychoactive substances (barring caffeine), but also because it is a major source of social harms. For example, current estimates place alcohol-related health harms between cardiovascular disease and cancer in the overall burden of disease in Canada

The central public policy challenge around alcohol is to minimize health and social harms while optimizing the economic and social benefits it provides society; that is, to use public policy to influence the population so that it relates to alcohol in the healthiest way possible. This is no small task given the scale of the economic benefits and costs involved: alcohol sales totalled over $18 billion nationwide in 2006, and total direct and indirect social costs were estimated at $14.6 billion in 2002 (Rehm et al., 2006). More relevant to policy is the fact that direct revenue from the control and sale of alcohol for all governments totalled approximately $7.7 billion in 2003 (Statistics Canada, 2004, with further analysis from the author).

This paper provides a brief overview of alcohol policy in Canada from 1988 to 2008, highlighting successes and remaining challenges.[1] While it is true that much has been accomplished in the past 20 years, there are several important issues that will need to be addressed if the health and social harms from alcohol are to be further reduced in Canada.

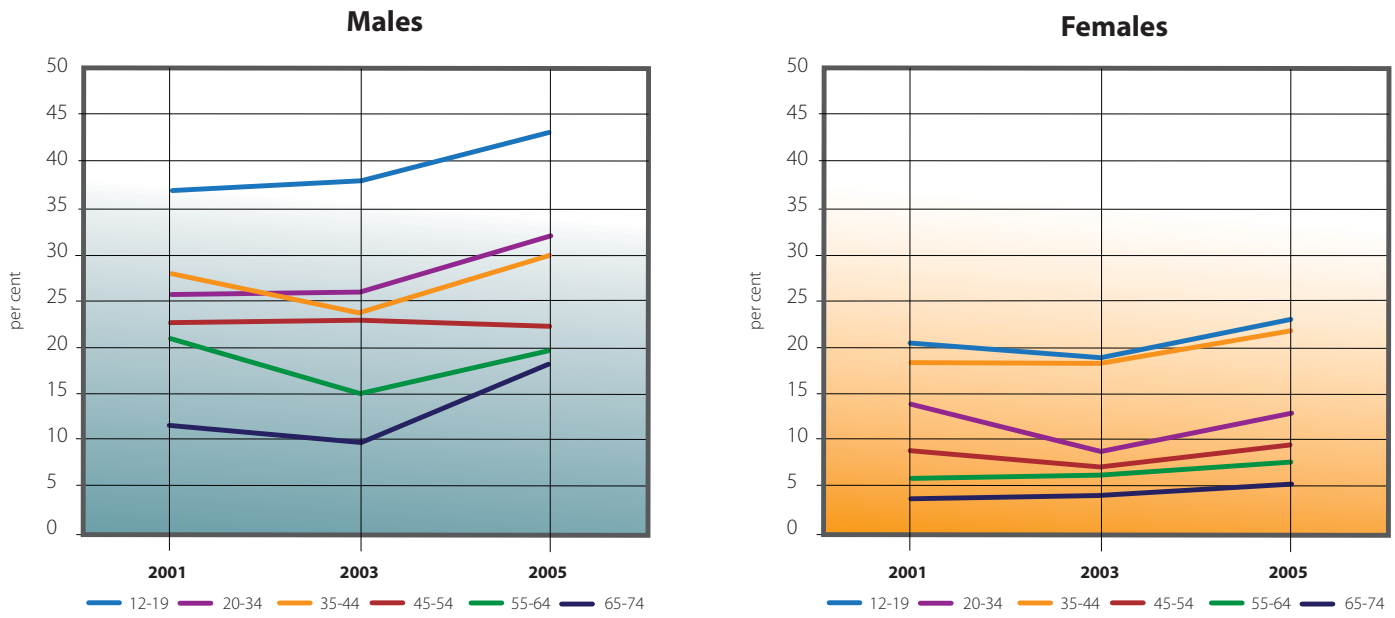
Alcohol and Canadian Society

According to sales data from Statistics Canada, per capita (age 15+) consumption declined from an overall high of approximately 11.5 litres of pure alcohol in the late 1970s, to an overall low of 7.2 litres in 1997. Since 1997, per capita consumption has increased 12.5% to 8.1 litres in 2007 (Statistics Canada, 2008 and various years). Thus, it appears that Canada is indeed moving into a "wetter" phase with regard to alcohol consumption. This is significant because research suggests that the overall level of consumption in society is a strong predictor of levels of social harms (Babor et al., 2003).

The relationship between use and harms depends, however, on many factors. For example, the higher the prevalence of risky drinking, often defined as having five or more drinks on a single occasion, the higher costs will be at any given overall level of consumption. Unfortunately, as shown in Figures 1 and 2, survey research suggests that risky drinking is common in Canada, especially among younger male drinkers, and that it has increased in prevalence for some age groups between 2001 and 2005.

[1] This paper offers a high level summary of this topic. Specialized responses to problematic alcohol use are required for specific segments of society including women, visible minorities and Aboriginal peoples. These matters are discussed in greater detail elsewhere (e.g., Dell, 2005; National Alcohol Strategy Working Group, 2007; National Treatment Strategy Working Group, 2008).

Figures 1 and 2: Self-Reported Monthly Risky Drinking, Current Drinkers, Canada, 2001–2005



Source: Statistics Canada, n.d. a.

Best Practice Alcohol Policies

In 2003, a group of experts conducted an in-depth review of the international literature on alcohol control policy (Babor et al., 2003). Ten best practice policies for reducin g alcohol-related health and social harms emerged from this review:

- alcohol taxes and prices;
- government monopoly of retail alcohol sales;
- restrictions on days and hours of sale;
- outlet density restrictions;
- raising minimum legal purchase age;
- sobriety checkpoints;
- lowered BAC limits;
- administrative licence suspension for those close to the legal BAC limit;
- graduated licensing for novice drivers;
- screening and brief interventions for risky drinkers.

An expert working committee in Canada drew upon many of these best practices when they created recommendations for Canada's first-ever National Alcohol Strategy in 2007 (National Alcohol Strategy Working Group, 2007). With these best practices in mind, we now turn to consider the current policy situation in Canada.

Alcohol Policy Successes in Canada

Compared with other countries, Canada fairs quite well with regard to best practice alcohol policies. For example, Canada has relatively high prices and taxes, it maintains at least partial government retail monopolies in most provinces and territories,[2] the majority of provinces and territories have a minimum purchase age of 19,[3] and all jurisdictions have comprehensive suites of impaired driving countermeasures.

Indeed, if there is one area where policy has likely had the most positive impact on the health and safety profile of alcohol, it is drinking and driving. Starting in the early 1980s and continuing until around 2000, there has been a remarkable decline in alcohol-impaired driving in the wake of greatly increased enforcement and heightened social awareness of its dangers. Four of the 10 best practice alcohol policies identified by Babor et al. are impaired driving countermeasures, and all Canadian provinces and territories employ these policies to varying degrees.[4] These policies have undoubtedly contributed directly to the significant reduction in alcohol-impaired driving in Canada between 1980 and 2000.[5]

A different kind of policy success involving alcohol that deserves mention is the remarkable growth in government revenue from the sale of alcohol over the past 20 years: net revenue to provincial and territorial governments from alcohol increased 72.2%

[2] Only Alberta has fully privatized retail sales, although several other provinces use "mixed systems" of public and private retailing.
[3] The minimum purchase age is 18 in Alberta, Manitoba and Quebec.
[4] For a detailed analysis of drinking and driving countermeasures in the provinces and territories, see: MADD Canada, 2007.
[5] Since around 1999–2000, some indicators related to alcohol-impaired driving have increased and this has led to calls for renewed vigilance and enforcement.

from $2.91 billion in 1989 to $5.01 billion in 2007 (Statistics Canada, 2008, and various years). Further, the rate of growth of revenue appears to be increasing: the average annual growth rate between 1988 and 2002 was 2.32% while the average from 2003 to 2007 increased to 3.51%. Given the large health and social harms associated with alcohol use in Canada, these increasing revenues could be used to fund programs and policies shown to be effective for addressing alcohol-related harms.

We now turn to consider the challenges that need to be addressed if alcohol-related health and social harms are to be further reduced in Canada.

Remaining Challenges

Several issues will require attention in Canada if alcohol-related health and social harms are to be adequately addressed. These include (1) improving the health profile of Canada's pricing and taxation policy, (2) managing growth in the physical availability of alcohol, (3) creating capacity for screening, brief interventions and referrals (SBIR) in primary care, and (4) reducing the prevalence of risky drinking in youth and young adults.[6]

Alcohol Prices and Taxation

Canada's economic policies on alcohol could be improved if minimum prices were indexed to the cost of living at least annually, and if alcohol content was taken into account in pricing protocols. In essence, higher alcohol content products should have higher prices so that a minimum social reference price per unit of alcohol is maintained. A related policy move would be to adjust pricing and taxation structures to create incentives for the production and consumption of lower alcohol content products, a policy that was recommended in the National Alcohol Strategy (NAS). It has been demonstrated that consumers often cannot distinguish one product from another and lower alcohol content products generally translate into lower average blood alcohol content for drinkers in real-world drinking contexts (Stockwell & Segal, 2007).

Alcohol Availability

Two of Babor's best practice policies relate to the physical availability of alcohol: restrictions on the days and hours of sale and outlet density restrictions. The physical availability of alcohol has increased substantially in Canada over the past 20 years with most provinces and territories expanding hours and days of sale as well as the number of liquor outlets. In particular, the overall number of private and "agency" (rural) liquor stores in Canada has more the doubled since 1999 (Statistics Canada, 2008, and various years).[7] As the physical availablity of alcohol increases, it will be important to closely monitor both consumption and harms to ensure that alcohol-related health and social costs do not increase unacceptably. The BC Alcohol and Other Drug (AOD) Monitoring Project provides an operating example of the level of monitoring necessary to assess the effect of policy changes on an ongoing basis.[8]

Screening, Brief Interventions and Referrals (SBIR)

Implementing routine screening for hazardous alcohol use and providing brief intervention to at-risk drinkers is one of the most cost-effective ways of reducing alcohol-related harms (Babor et al., 2004). In jurisdictions where dedicated substance abuse agencies still exist at the provincial level (e.g., Manitoba and Ontario) these organizations could perhaps support and promote the training of doctors and other health professionals to conduct routine screenings and apply brief interventions for at-risk drinkers. Outside of these channels, however, there are few public policy opportunities for promoting such practices in Canada at this time. Fortunately, there is work underway that may help create capacity for SBIR in Canada. The College of Family Physicians, in cooperation with the Canadian Centre on Substance Abuse, is currently updating the Alcohol Risk Assessment Instrument (ARAI), which was first developed in the early 1990s to help primary care physicians screen and intervene with patients who use alcohol in risky ways. While updating the ARAI instrument is important, significant effort will need to be directed at promoting its use in primary care settings across Canada if it is to have the desired effect on risky drinking within the general population (Brown, 2006).

Risky and Hazardous Drinking Among Youth and Young Adults

Data from the Canadian Community Health Survey suggests that risky drinking is most common in youth and young adults in Canada. These findings are confirmed in the Canadian Addiction Survey (2004) where nearly 30% of youth aged 15–17 reported five or more drinks as their "usual" quantity consumed. That number increased to a disturbing 42.5% for respondents aged 18–19 (Demers & Poulin, 2005). Rates of risky drinking among young adult women, in particular, have increased substantially in recent years (Dell, 2005). Reducing the prevalence of risky drinking among youth and young adults is likely to be one of the biggest challenges for future alcohol policy because these behaviours are deeply embedded in the social and economic reality of modern society. Fortunately, there is innovative research work underway in Canada into ways of responding to risky and hazardous alcohol use among college students.[9]

Discussion

This paper provides a brief overview of alcohol policy in Canada. What it does not answer is the question: Where do we want to be in the future with regard to alcohol? To start that discussion, it may be useful to consider Figure 3.

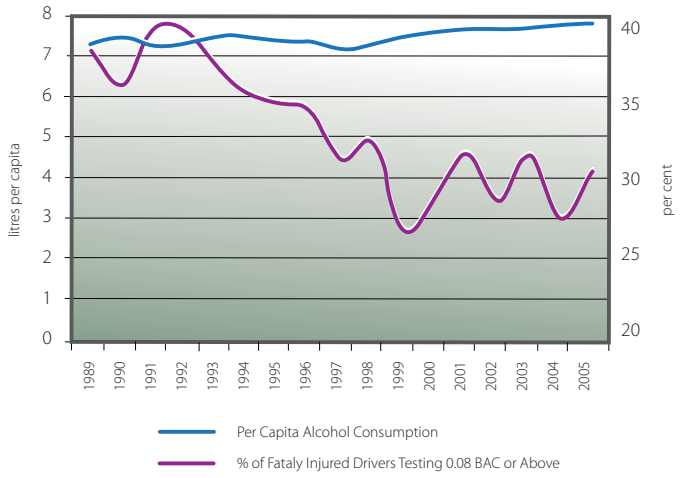
[6] A number of Babor's 10 best practices policies could affect hazardous drinking by youth and young adults, including taxes and prices, government retail monopolies, raising the drinking age, and screening and brief interventions for risky drinkers.

[7] Rates of growth in agency and private liquor outlets have been greatest in BC, Newfoundland, New Brunswick and Quebec.

[8] More information on the BC AOD Monitoring Project is available at this website: http://carbc.ca/Default.aspx?tabid=402

[9] For more information on the Campus Alcohol Project, contact Dr. Tim Dyke at the Centre for Addiction Research of BC: http://www.carbc.ca

Figure 3: Percentage of Fatally-Injured Drivers Testing 0.08 BAC or Above and Per Capita Alcohol Consumption, Canada, 1989–2005



Source: Statistics Canada, 2008, and various years; TIRF, 2008.

What this chart shows is that the percentage of fatally-injured drivers testing 0.08 blood alcohol concentration (BAC) and above fell substantially in the face of stable or slightly increasing alcohol use between 1989 and 2005. Thus, the case of impaired driving demonstrates that *it is possible to change the relationships between specific alcohol-related harms and overall rates of consumption.* While this change took many years to occur and was very expensive to bring about, it did, in fact, occur. The goal of future alcohol policy, then, should be to replicate this result for other major types of alcohol-related health and social harms.

Conclusion

If Canada wants to further address the costs of alcohol it must obviously create, implement and enforce policies and programs that reduce risky and hazardous drinking in the population. The problem, of course, is that the types of responses needed are complex, costly and sometimes politically unpopular. In fact, their high cost is what drives public health advocates to call for policies that effectively reduce overall drinking rates (e.g., raising taxes) as the best way to reduce alcohol-related harms in society.

When thinking about alcohol-related harms, it is important to consider causes and not just policies to manage them. So, relevant questions become, Why do very large numbers of young adult Canadians regularly drink to the point of intoxication? What causes approximately 4–5% of casual drinkers to develop alcohol dependency throughout the course of their lives? While preliminary answers to these questions have been identified in research over the years, there are very few policies or programs designed to translate this knowledge into effective population-level interventions anywhere in the world. For one thing, policies designed to get at the causes of these behaviours will necessarily take us deep into the realms of economic policy, health policy, social policy and education policy (Eckersley, 2005). The required changes in any one of these areas are enormous. Viewed as a whole, they can and do appear overwhelming. At the very least, an effective response will require a comprehensive, highly coordinated, cooperative, well-funded and sustained approach to this problem, something Canada has never had at the national level.

Fortunately, the potential foundations of a coordinated national response to alcohol in Canada already exist. As stated previously, in 2007 a diverse expert working group chaired by CCSA, the Alberta Alcohol and Drug Abuse Commission and Health Canada created the National Alcohol Strategy (NAS). The NAS involves a wide cross-section of alcohol stakeholders both within and outside of government and provides 41recommendations that could significantly reduce alcohol-related harms in Canada (National Alcohol Strategy Working Group, 2007). Further, a second national working group just released the National Treatment Strategy (NTS), which provides more guidance to reduce the health and social harms from alcohol (National Treatment Strategy Working Group, 2008). However, the recommendations from the NAS and the NTS are just that—recommendations—until such time as the political will is found to provide the resources to meaningfully implement them. With governments in Canada continuing to increase their profits from alcohol, perhaps the resources to meaningfully implement these two Strategies will be forthcoming in the future.

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