# Developing an Alberta Alcohol Strategy

## BACKGROUND INFORMATION

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Alberta Gaming and Liquor Commission

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# The Issue in Brief

## Executive Summary

Alcohol is readily available and widely used in our society. Eight in 10 Albertans aged 15 and older drink alcohol. Drinking is considered acceptable by most Albertans, and alcohol is incorporated into many of our social activities, religious rituals, and holiday and family celebrations. The sale of alcohol generates jobs and revenues that support our economy and contribute to our quality of life. And alcohol is legal, so it's easy to forget that it's also a powerful, mind-altering drug.

Most Albertans who drink do so moderately and responsibly. However, when alcohol is misused, it has the potential to cause considerable harm for individuals, families and communities. Alcohol use can affect our health and safety. It can affect our workplaces and our relationships with our friends and families. It can lead to intoxication and dependence, physical and mental health problems, chronic disease, accidents, injuries, disabilities (including fetal alcohol spectrum disorder), family violence, property damage, criminal behaviour and even death.

Alcohol-related issues affect all of us, whether or not we use alcohol ourselves. In 2002/03, alcohol sales generated $535 million in revenue for the provincial government. In the same year, the cost of alcohol abuse in Alberta was estimated at $1.6 billion—$527 for every citizen of the province. Alcohol abuse cost Albertans $855 million in lost productivity, $407 million in direct health-care costs and $275 million for law enforcement.

It's clear that alcohol is no ordinary drink.

That’s why Canada and nations around the world are developing strategies to protect their citizens from alcohol-related harm. That's why the Alberta Gaming and Liquor Commission (AGLC) and the Alberta Alcohol and Drug Abuse Commission (AADAC) are leading the development of a provincial alcohol strategy. The strategy will consider the benefits of alcohol as well as the social costs, public health concerns and potential for alcohol-related harm. It will help to build a stronger, safer province for all Albertans.

## Why We Need an Alcohol Strategy

Planning for a better tomorrow starts with understanding where we are today. This document outlines the need for an Alberta alcohol strategy. It presents an overview of current alcohol-related issues, and the benefits and harm that is associated with alcohol use. It provides a starting point for discussions to develop an Alberta alcohol strategy that protects the public interest as well as individuals' right to choice.

The use of alcohol is deeply embedded in our society. Alcohol is widely popular, and plays an important social and cultural role for many Albertans. In addition, the sale of alcohol creates jobs, generates revenues for our government and makes a significant contribution to Alberta's economy.

Most Albertans who drink do so responsibly and without experiencing harm. At the same time, the use of alcohol is a serious and growing public health concern with significant implications for drinkers and non-drinkers alike.

Over the past decade, alcohol consumption has increased in Canada and in Alberta. Regular heavy drinking has increased The consumption of alcohol by young people and the incidence of underage binge drinking (drinking to intoxication) has also increased. These trends pose serious concerns, since alcohol-related harm tends to increase as consumption levels rise. As well, people who start drinking at a young age are more likely to be harmed by alcohol than those who don’t drink until they’re older.

In a public opinion survey conducted by AADAC in 2003, nearly 40% of Albertans felt that problems associated with alcohol had increased over the previous year (AADAC, 2003c). In 2004, the Canadian Addiction Survey found that nearly 86% of Albertans felt that alcohol abuse was a serious problem in the province; and close to 78% believed alcohol abuse was a serious problem in their community (Malcolm, Huebert & Sawka, 2006).

Albertans' concerns about the harmful effects of alcohol are borne out by current research and statistics.

Worldwide, in 2000, alcohol caused an estimated 20-30% of esophageal cancer, liver disease, epilepsy, motor vehicle accidents, homicide and other intentional injuries (WHO, 2002)

The World Health Organization reports that about 2 billion people drink alcohol. In 2000, the use of alcohol accounted for 4% of the global disease burden and 3.2% of all deaths (World Health Organization [WHO], 2005). In developed countries like Canada, alcohol was responsible for 9.2% of all disability-adjusted life years lost as a result of factors such as dependence, depression and injuries from traffic accidents.

In Canada, as in other parts of the world, increased alcohol consumption and heavy drinking are significant public health concerns that exert a substantial toll on society. In 2002, the estimated cost of alcohol abuse in Canada was $14.6 billion; the estimated cost of alcohol abuse in Alberta was $1.6 billion (Rehm et al., 2006).

## Building on a Solid Foundation

In developing an alcohol strategy, Albertans can draw on Canadian and international research and build on work that has already begun, both federally and provincially.

### On the National Scene

In 2003, the federal government renewed its commitment to Canada's Drug Strategy, which was launched in 1987 to address substance abuse problems. The strategy identified education, prevention, heath promotion and enforcement measures aimed to create a society in which all Canadians could be free from harm from substance abuse (Health Canada, 2003b). In March 2007, the federal government allocated $63.8 million to the strategy (now called the National Anti-Drug Strategy). The funding will be used to build on existing programs with a focus on reducing the supply of illicit drugs (Government of Canada, 2007).

In 2004 and 2005, Health Canada and the Canadian Centre on Substance Abuse sponsored a cross-country series of roundtables in which more than 450 stakeholders worked together to develop a vision, principles, objectives and priorities for action to reduce the harm associated with alcohol and other drugs. Medical experts, caregivers, academics, law enforcement officers, addiction counsellors, human rights workers, representatives from government and non-government agencies and other stakeholders took part. Their work culminated in June 2005, when more than 100 stakeholder organizations approved the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (Health Canada and the Canadian Centre on Substance Abuse [CCSA], 2005).

The National Alcohol Strategy outlines 41 recommendations in four key areas:

- health promotion, prevention and education
- health impacts and treatment
- alcohol availability
- safer communities

The *National Framework* identified alcohol-related harm as a key priority. To this end, a 30-member cross-sector working group—co-chaired by AADAC, Health Canada and the Canadian Centre on Substance Abuse—was formed in November 2004. In April 2007 the working group released *Recommendations for a National Alcohol Strategy—Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation.* The recommendations, which encourage responsibility and moderation when alcohol is used, have been positively received by the Alberta Government.

### In Alberta

National efforts to address the issue of alcohol and drug use overlap with several Alberta Government strategies to promote safer communities, reduce violence in and around licensed premises, prevent fetal alcohol spectrum disorder and impaired driving, and reduce health-care costs.

For many current government strategies, alcohol is a key driver. An Alberta alcohol strategy is needed to provide a provincewide, co-ordinated framework for preventing and responding to alcohol-related harm.

In 2005, AADAC launched the Alberta Drug Strategy, which sets out a comprehensive and community-based approach to preventing and reducing harm from alcohol and other drug use (AADAC, 2005a). The strategy identifies priorities, objectives and principles based on the core elements of prevention, treatment, harm reduction, policing and enforcement. These core elements are common to national drug strategies around the world: they ensure a balanced, multi-faceted approach to issues related to alcohol and other drugs.

# Facts About Alcohol in Alberta

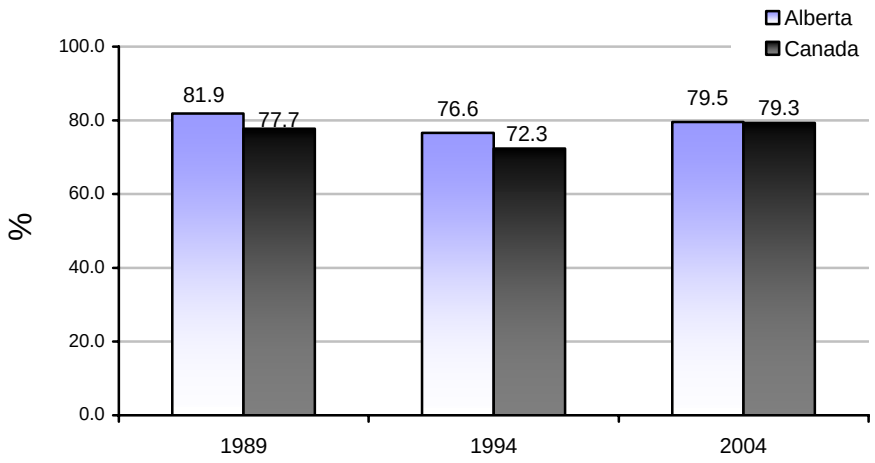
## How Many Albertans Drink?

The majority of Albertans (aged 15 and older) drink alcohol.

According to the 2004 Canadian Addiction Survey, nearly 94% of Albertans aged 15 and older have used alcohol during their lifetime: this represents about 2.2 million people (Malcolm et al., 2006). Eight in 10 Albertans aged 15 and over (79.5%, or 1.9 million individuals) were current drinkers[1] and 14.3% (about 330,000 Albertans) were former drinkers.

As shown in Figure 1, the prevalence of alcohol consumption in Alberta has remained relatively stable over the past two decades, and is similar to the national rate.

FIGURE 1: Prevalence of past-year alcohol consumption for Albertans and Canadians aged 15 and older




## Who Drinks?

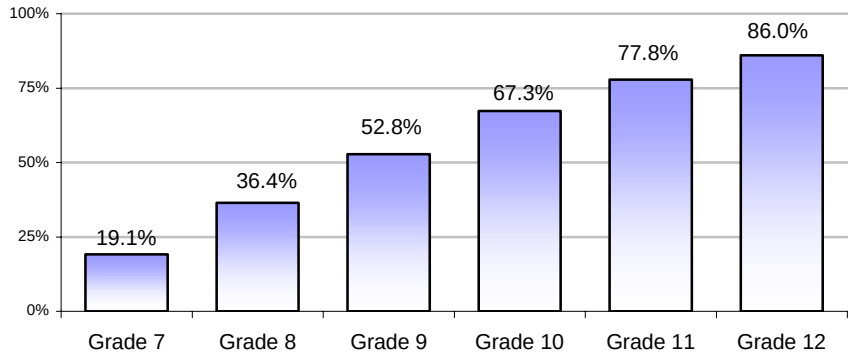
Among Canadian provinces in 2005, only Quebec (69%) had a higher rate of student alcohol consumption than Alberta (AADAC, 2006b).

- In 2004, 82.4% of Alberta men consumed alcohol, versus 76.7% of women (Malcolm et al., 2006).
- Adults between the ages of 18 and 29 are most likely to consume alcohol. In 2004, nearly 86% of Albertans in this age group had drunk alcohol in the previous year, versus 82% of 30- to 49-year-olds and 74% of Albertans over 50 (Malcolm et al., 2006).
- Alcohol consumption by students in Alberta has increased in recent years. Among Grade 7 to 12 students who participated in *The Alberta Youth Experience Survey 2005*, 63.4% reported alcohol use in the previous 12 months, versus 56.3% in 2002 (AADAC, 2006b).

[1] Current drinkers are defined as those who had used alcohol at least once in the year before the survey.

- As shown in Figure 2, student use of alcohol in Alberta increases by grade. Research shows that the earlier young people start drinking, the more likely they are to consume more alcohol on a typical occasion, to drink heavily on a regular basis, and to report alcohol-related harm (National Institute on Alcohol Abuse and Alcoholism, 2004-2005).

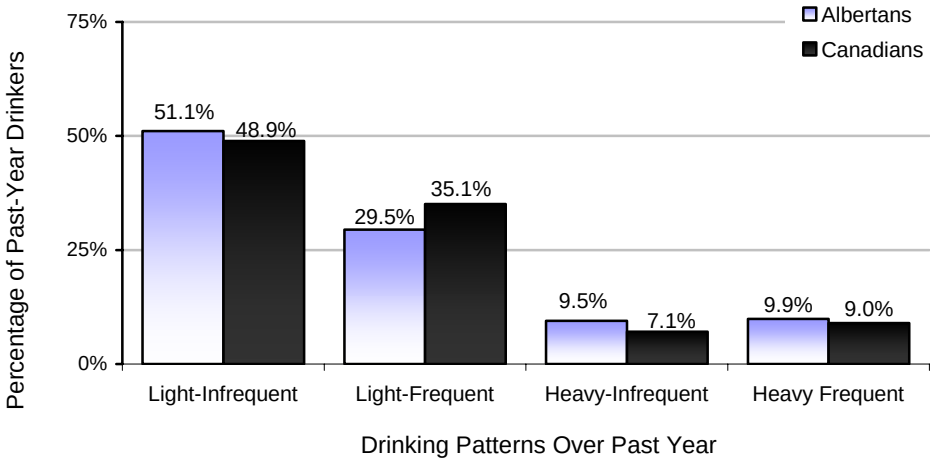
FIGURE 2: Percentage of Alberta students who are current drinkers, by grade, 2005




## How Much Do Albertans Drink?

- Most Albertans—like most Canadians—drink in moderation. The 2004 Canadian Addiction Survey (Figure 3) found that most Albertans had a typical consumption pattern of one or two drinks per day (Malcolm et al., 2006)[2].

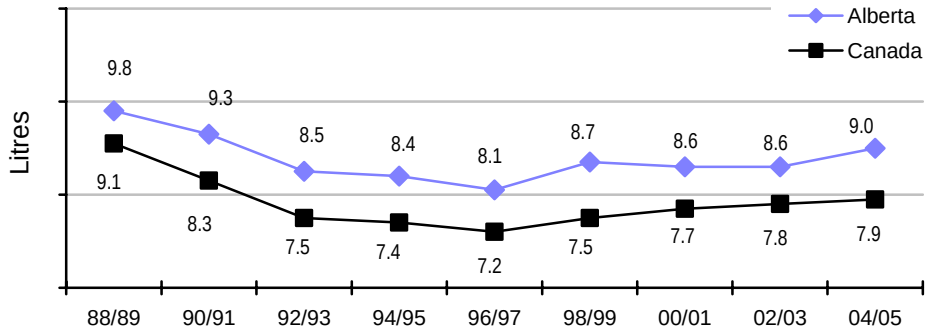
FIGURE 3: Patterns of alcohol use for Albertans and Canadians aged 15 and older, 2004




[2] The 2004 Canadian Addiction Survey defines drinking patterns as follows:
-light infrequent (less than once a week, fewer than five drinks when alcohol is used)
-light frequent (once a week or more, fewer than five drinks when alcohol is used)
-heavy infrequent (less than once a week, five drinks or more when alcohol is used)
-heavy frequent (more than once a week, five drinks or more when alcohol is used)

- In 2004-2005, Albertans purchased nine litres of pure alcohol per person aged 15 or over: this is the equivalent of about 529 bottles of beer (Goatcher, 2006). Only Yukon had higher per capita consumption of alcohol (13 litres per person) than Alberta (Statistics Canada, 2006a).
- Per capita consumption of alcohol in Alberta has risen steadily since 1996, and Albertans continue to drink more than the national average of 7.9 litres per person (Goatcher, 2006; Statistics Canada, 2006a).

FIGURE 4: Trends in per capita alcohol consumption for Albertans and Canadians aged 15 and older, 1988 to 2005.[3]




## Heavy and High Risk Drinking

*Defining heavy and high-risk drinking*

The 2004 Canadian Addiction Survey defines heavy drinking as having five drinks or more at a sitting for men, and four or more drinks at a sitting for women. The survey used the Alcohol Use Disorders Identification Test (AUDIT) to identify high-risk alcohol use that signalled harmful drinking or alcohol dependence. An AUDIT score of 8 was considered an indicator of high-risk drinking.

- Alberta drinkers are more likely than other Canadians to report heavy frequent drinking (7.9% versus 7.1%) and high-risk drinking (15.3% versus 13.6%) (CCSA, 2004).
- Among Albertans who drink, men are more likely than women to be heavy drinkers (32.6% versus 21.1%) and high-risk drinkers (26.4% versus 11.4%) (Malcolm et al., 2006).
- Among Albertans who drink, young people between the ages of 15 and 29 are more likely than older Albertans to be heavy drinkers and high-risk drinkers (AADAC, 2006c; Malcolm et al., 2006).
- Among Alberta students who drink, 33.2% engaged in hazardous or harmful alcohol use and 31.3% reported binge drinking (consuming five or more drinks on one occasion) (AADAC, 2007a).

[3] Per capita consumption is based on volume sales and does not include homemade wine and beer or alcohol purchased at duty-free shops.

## Alcohol-Related Harm

The range of alcohol-related harm can include chronic disease, impaired driving and alcohol-related driving fatalities, fetal alcohol spectrum disorder, violence in families and communities, addiction and mental health problems, financial problems, workplace injuries and lost productivity, and high-risk behaviour such as unsafe sex and the use of other drugs (AADAC, 2005b). For example, recent evidence suggests an association between alcohol-use disorders and HIV/AIDS (WHO, 2005).

In 2004, almost one in 10 current drinkers in Alberta reported that, in the past year, they had experienced harm related to their own use of alcohol. A much larger percentage (38.0%) reported having experienced harm because of someone else's drinking (AADAC, 2005b).

Not only does alcohol-related harm affect drinkers, but it can touch a wide circle of people around them. Alcohol can affect people's home life, social life, friendships and primary relationships. As such, the harm related to alcohol consumption can be significant and long-lasting for individuals, families and communities.

In general, as levels of consumption rise, the overall incidence of alcohol-related harm also rises.

Patterns of drinking (how often and how much alcohol is consumed) also affect incidence of harm. Frequent heavy drinking is the strongest predictor that someone will experience alcohol-related health or social problems. Heavy drinkers are almost twice as likely to experience harm as those who never engage in heavy drinking. The range and extent of immediate harm associated with drinking to intoxication is well documented in the research literature.

### Health Consequences

Alcohol is causally related to more than 65 different medical conditions, ranging from acute health problems such as alcohol poisoning to long-term health conditions such as cancer, cardiovascular disease and mental illness. Alcohol consumption is strongly linked to anxiety and depression, particularly for those who are alcohol dependent (Tjepkema, 2004).

Certain segments of the population are particularly vulnerable to alcohol-related health and social problems. Vulnerable groups include pregnant women, youth, young adults, law offenders, the homeless, the elderly and Aboriginal Albertans.

Young people are particularly vulnerable to the immediate effects associated with drinking alcohol. Most alcohol-related harm experienced by youth—including traffic injuries and fatalities, assault and suicide—is the result of binge drinking or drinking to intoxication. The use of alcohol by teens has also been associated with an increased risk of problem drinking and alcohol dependence in later life.

- In 2004-2005, there were 7,844 alcohol-related hospital separations[4] from acute care and psychiatric facilities in Alberta. This includes separations for patients diagnosed with alcoholic psychosis, alcohol dependence and abuse, toxic effects of alcohol, liver cirrhosis and other liver damage (Goatcher, 2006).

[4] The term separation refers to the discharge or death of a patient.

"FASD is 100% preventable. Drinking alcohol is the only cause."

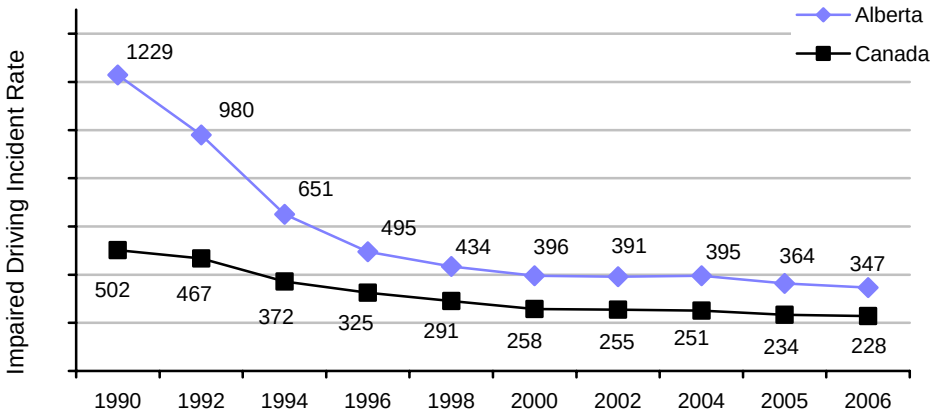
—Alberta Children's Services, *FASD Tip Sheets*, 2003.

- In 2004, 9,109 Albertans died from substance use. Of these deaths, 7% (638) were due to alcohol use (Goatcher, 2006).
- Current estimates suggest that 3.5% of Albertans and 2.6% of Canadians 15 and older are alcohol dependent. Alcohol dependence has increased in Alberta and in Canada since the mid-1990s: estimates at that time were 2.1% and 1.9% respectively (Tjepkema, 2004).
- An estimated 23, 000 Albertans are living with fetal alcohol spectrum disorder (FASD), which describes a range of mental and physical disabilities that can result from prenatal exposure to alcohol (AADAC, 2004; Alberta Children's Services, 2007). Each year, 300–400 Alberta babies are born with FASD (Alberta Children's Services, 2003, 2007). The direct costs of FASD are estimated at $1.5 million over a child's lifetime (Public Health Agency of Canada, 2005).

## Traffic Accidents and Impaired Driving

- In 2004, nearly one in 10 Albertans (214,000 individuals) reported that they had driven a vehicle within two hours of consuming two or more drinks. Twice as many Albertans (18.2%) reported having been passengers in a vehicle driven by someone who had been drinking (Malcolm et al., 2006).
- In 2006, 11,698 impaired driving incidents were reported in Alberta (Statistics Canada, 2007).
- Although the rate of impaired driving in Alberta has steadily declined (Figure 5), it is still higher than the national rate. In 2006 (excluding the three territories), Alberta had the third-highest rate of impaired driving, behind Saskatchewan and Prince Edward Island (Statistics Canada, 2007).

FIGURE 5: Impaired driving incidents (rate per 100,000 population), 1990-2006.



- In 2005, 5.3% of Alberta drivers involved in injury collisions and 19.2% of drivers involved in fatality collisions had been drinking or were impaired (Alberta Infrastructure and Transportation, 2006).
- In 2005, alcohol was a significant factor in Alberta traffic collisions involving motorcyclists (6.9%), pedestrians (14.2%) and bicyclists (5.2%) (Alberta Infrastructure and Transportation, 2006).
- In 2005-2006, there were 434 zero-alcohol-tolerance suspensions for drivers licensed under Alberta's graduated driver licensing program. This is almost twice the number of suspensions (226) recorded the previous year (Alberta Infrastructure and Transportation, 2004).

### Workplace Issues

In the workplace, alcohol problems are related to increased absenteeism and health claims, accidents, illness and injuries (R. A. Malatest, 2003). In the short term, alcohol consumption can lead to errors in judgment and affect productivity and safety. In the long term, heavy drinkers can experience social, psychological and medical problems that lead to absenteeism, poor work performance and extended sick leave. These serious outcomes affect individuals and their co-workers, and impose equally serious consequences on employers and on the economy.

- In a workplace study conducted by AADAC in 2002, one in 10 Alberta workers (11%, or approximately 184,118 individuals) reported that, during the previous 12 months, they had used alcohol while at work; 4% reported having used alcohol in the four hours before coming to work (AADAC, 2003a).
- In 2002, 20% of Alberta employers identified alcohol as an extremely or moderately serious issue for their organization, up from 10% in 1992 (AADAC, 2003b).

### Crime

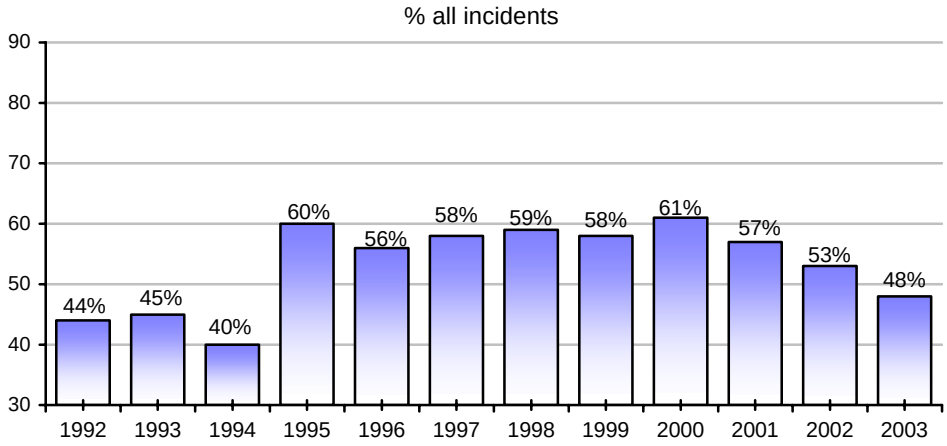
The relationship between alcohol use and crime is a complex one. However, drinking is not uncommon among those involved in the criminal justice system.

- In 2004, there were 75,994 alcohol- and drug-related criminal offences in Alberta. More than one-third (37%) were for non-sexual assault, and 33% were for disturbing the peace (Goatcher, 2006).
- Heavy drinking is associated with higher rates of spousal violence. Canadian rates of spousal violence were six times higher among individuals whose partners drank heavily than among individuals whose partners drank moderately or not at all (Statistics Canada, 2006b).
- Between 1995 and 2004, the majority of Canadians accused of committing spousal homicide (62%) or non-spousal homicide (65%) had consumed alcohol and/or other drugs at the time of the incident. In this

same time period, the spousal homicide rate for Alberta was 6.1 per million[5] versus 4.8 per million for Canada (Statistics Canada, 2006b).

- In Alberta, the role of alcohol as a contributing factor in spousal violence increased steadily from 1994 until 2000, but has since declined (Alberta Solicitor General, 2004).

FIGURE 6: Alberta incidents of spousal abuse involving alcohol, 1992-2003.




[5] Rate per 1,000,000 legally married, common-law, separated and divorced spouses, 15 years of age and older

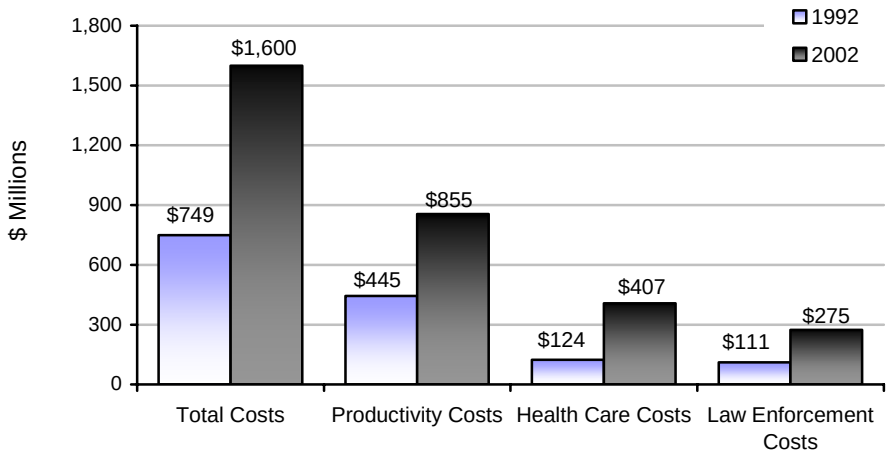
# Costs and Benefits

## Social and Economic Costs

There are significant social and economic costs associated with alcohol abuse in Alberta, and these costs are increasing.

- In 1992, the cost of alcohol abuse was estimated at $285 for every Albertan (Single, Robson, Xie, & Rehm, 1996). By 2002, the cost of alcohol abuse had increased to $527 for every Albertan (Rehm et al., 2006).
- As shown in Figure 7, productivity losses ($855 million), health care ($407 million) and law enforcement ($275 million) accounted for most of the total cost (Rehm et al., 2006).

FIGURE 7: Cost of alcohol abuse in Alberta (millions of dollars), 1992 and 2002.




Per capita, the cost of alcohol abuse in Alberta is higher than in Canada ($527 versus $463). When Canadian provinces are compared, Alberta has the third-highest per capita cost of alcohol abuse, below New Brunswick ($597) and British Columbia ($536).

- Albertans' perceptions of the hazards of substance abuse are not always in line with actual seriousness as measured by costs. In 2004, Albertans rated illicit drug abuse as a more serious problem than alcohol abuse at the national (47.3% vs. 28.8%), provincial (42.8% vs. 26.6%) and local level (32.1% vs. 20.9%). Yet the estimated cost of alcohol abuse in Alberta was $1.6 billion compared to $979 million for drug abuse (Malcolm, et al, 2006).

## Economic Benefits

In 2004-2005, the value of alcohol sales in Alberta was $1.6 billion, up from $1.3 billion in 2000-2001. The net income from the control and sale of alcoholic beverages totaled $566 million (Statistics Canada, 2006b).

The liquor and hospitality industries play an important role in Alberta's economy. Thousands of Albertans are employed in the province's hotels, bars, licensed restaurants and liquor stores. Thousands more work in occupations related to the production and distribution of liquor, and the regulation of liquor and liquor consumption.

- In 2005-2006, Albertans purchased approximately 3.1 million hectolitres[6] of liquor in licensed premises across the province (AGLC, 2006).
- The gross profit from Alberta's liquor sales was $603 million in 2005-2006, versus $570 million the previous year. The retail value was $1.66 billion, of which $1.05 billion was distributed to suppliers and other organizations (AGLC, 2006).
- In 2005-2006, about $584 million—plus an additional $13 million in liquor licensing-related fees—was directed to the province's General Revenue Fund (AGLC, 2006).
- In 2005, Alberta households spent an average of $939 on alcoholic beverages; the Canadian average was $803 (Statistics Canada, 2006c).

## Health-Related Benefits

Not all alcohol consumption is harmful. Medical research suggests that, for certain segments of the population, moderate consumption[7] can reduce the risk of several diseases, including coronary heart disease, peripheral arterial disease, stroke, gallstones and Type 2 diabetes (Goatcher, 2002).

The strongest evidence of the benefits of moderate alcohol consumption comes from research with middle-aged to elderly men who live in developed countries where coronary heart disease is a leading cause of death (Goatcher, 2002). Other research suggests that moderate drinking increases the risk of breast cancer, colorectal cancer and liver disease. For some people, moderate drinking can lead to nutritional deficiencies or to problem drinking (James, 2005).

[6] A hectolitre is 100 litres.

[7] Moderate consumption is broadly defined as no more than two standard drinks per day, with a weekly maximum of 14 drinks for males and nine for females.

## Alcohol and the Alberta Scene

- Alberta has one of the youngest populations in Canada. In Alberta, as in other parts of the country, the prevalence of alcohol use is higher for youth and young adults than for other age groups.
- Albertans have a high disposable income relative to other Canadians, and the price of alcohol in Alberta is relatively low. These factors may contribute to increased rates of alcohol consumption.
- Alberta has higher rates of drinking and heavy drinking than other Canadian provinces, particularly among males aged 15 to 39.
- Alberta is the only Canadian jurisdiction that has a privatized liquor distribution system. As of March 2006, 12,965 different liquor products were available at 1,027 retail liquor stores. Nearly 8,200 premises across the province were licensed to sell and serve liquor (AGLC, 2006).
- Alberta's home brewing industry is smaller than in other provinces. In 2004, 7.9% of Albertans (15 and older) produced their own beer or wine. Each of these people produced an average of 63 bottles of beer and 87 bottles of wine (Malcolm et al., 2006).
- Alberta is one of three provinces (including Quebec and Manitoba) where the legal drinking age is 18. In all other Canadian jurisdictions, the legal drinking age is 19.
- Alberta is one of only three Canadian provinces with a government-funded addiction agency. AADAC has a legislated mandate to provide programs and services that help people with problems related to alcohol, other drugs and gambling.

# An Alcohol Strategy for Alberta

## Defining the Components

What is a strategy anyway? Here's what the dictionary says: A strategy is "a plan of action...intended to accomplish a specific goal."[8]

Here's what other experts call strategy:

> "A strategy is the pattern or plan that integrates an organization's [or a province's] major goals, policies, and action sequences into a cohesive whole. A well-formulated strategy helps to marshal and allocate an organization's resources into a unique and viable posture based on its relative internal competencies and shortcomings, [and] anticipated changes in the environment..."[9]

Strategies typically include the following components:

- a clear, concise, inspiring statement of purpose
- guiding principles that are built on social values and norms and that embody fundamental truths accepted by all stakeholders
- goals that define the general end purposes toward which efforts are directed, and provide a foundation for objectives, action plans and performance measurement
- specific, explicit objectives that define how goals are to be achieved. For example, an appropriate objective might be to delay the onset of alcohol use (age of onset is associated with physiological problems and abuse in the future).
- action plans that define "who will do what by when," and "with what resources"
- targets and performance measures to assess what's working and what isn't, and to identify where more resources or greater efforts may be required

Well-written objectives are always SMART: **s**pecific, **m**easurable, **a**ttainable, **r**esults-oriented and **t**ime-bound.

[8] ITP Nelson Canadian Dictionary of the English Language, 1998 edition.

[9] Quinn, J. B., "Strategies for Change" in The Strategy Process: Concepts and Contexts by H. Mintzberg and J. B. Quinn (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1992), p. 5. [Original emphases deleted.]

## Starting From Common Ground

Alcohol is a legal drug that has both costs and benefits. Albertans must find ways to minimize the harm associated with alcohol use while respecting the right of individuals to drink, if they so choose, and to use alcohol responsibly.

How can Alberta achieve this goal? Building on best practices that have proven successful in other jurisdictions, Albertans have the opportunity to develop a culture of moderation based on the concept of sensible, responsible alcohol use.

"Tis not the drinking that is to be blamed, but the excess."

—John Selden (1584–1654), British jurist, antiquarian and scholar

Achieving a culture of moderation begins with establishing a common understanding of what constitutes sensible drinking. Providing information and setting out ground rules are the starting point: they make it possible for Albertans to make healthy, informed decisions about how and when alcohol is used, where and when drinking should or should not take place, and how much to drink. Informed decisions are based on an understanding of the potential risks involved in using alcohol and of how to minimize these risks.

Changing people's attitudes and behaviour is a slow and gradual process. The success of programs to reduce drinking and driving and to make seat belt use mandatory show that change is possible. Successful community-based programs around the world have included a mix of public awareness and education, prevention, treatment regulation and enforcement (National Alcohol Strategy Working Group, 2006). These programs have focused on social values and norms, and are built on fundamental truths or basic principles accepted by the community.

### Principles

The following principles are compatible with the principles of the Alberta Drug Strategy, the national alcohol strategy and other endeavours. They should be considered when developing an Alberta alcohol strategy.

1. Alcohol misuse is a public health issue that affects quality of life for individuals, families and communities. By working together to create a culture of moderation and an environment that supports healthy living, Albertans can prevent or reduce alcohol-related harm.
2. The use and misuse of alcohol is shaped by socio-economic, cultural, psychological and environmental factors. The issues are complex and interrelated, and addressing them requires an integrated, multi-faceted, culturally appropriate and balanced approach. Proposed solutions must address the range of biological, psychological, social and economic factors that shape people's attitudes and behaviour.
3. No single approach is adequate. Reducing alcohol misuse requires a continuum of services and approaches, including health promotion and prevention, harm reduction and treatment, and regulation and

enforcement. Both population-based strategies and targeted interventions are required. (These approaches are discussed in detail below.)

4. Changing attitudes and shifting patterns of behaviour takes time. There are no easy answers, and no quick solutions. Alcohol-related strategies must be sustainable and sustained over the long term.
5. Human rights and freedoms must be respected.
6. Effective strategies are evidence-based and continually evaluated for results. They draw on local, national and international knowledge and experience, but also reflect Alberta's unique culture and sociopolitical environment. Ongoing research and information collection are required for effective decision-making and better understanding of alcohol-related problems in Alberta.
7. All Albertans can benefit from a well-articulated alcohol strategy. Businesses, communities, workplaces, service agencies, families, individual citizens and all levels of government must work together, take responsibility for creating a culture of moderation, and be empowered to take action to minimize alcohol-related harm.
8. There is power in partnership and strength in working together. Collaboration facilitates the sharing of resources, experience and best practices. It builds knowledge and capacity, creates networks for the exchange of information and ideas, and improves access to services. It empowers communities to tackle alcohol issues in ways that suit their particular circumstances and needs.
9. Individuals have a right to be involved in decisions that affect their health and the health of their communities. The voices of individuals who use or misuse alcohol must be considered and their participation sought when research is conducted and programs and policies are developed and implemented.

## Best Practices

> Substance abuse is a problem that must be addressed on all fronts. As a social phenomenon, it is probably unsurpassed in its complexity and deep-rootedness in Canadian life. Potential solutions to problems associated with the use of alcohol, tobacco and illegal drugs must be as subtle and diverse as the problems themselves...and the people they affect (Rehm et al., 2006, p. 12).

Successful national and international approaches to alcohol strategy development typically incorporate the following components:

- health promotion and prevention: Actions include information and education to help people make informed, healthy choices and to prevent the misuse of alcohol.

- harm reduction and treatment: Actions are designed to limit the acute consequences of alcohol use—including impaired driving or violence in and around licensed premises—without requiring abstinence. Treatment is aimed at those who are experiencing alcohol-related problems.
- regulation and enforcement: Actions control the availability and accessibility of alcohol. They restrict imports and exports, production, distribution or possession, and provide sanctions for activities that violate the controls.

## Population-Based Approaches and Targeted Interventions

Effective alcohol strategies include both population-based and targeted interventions. Research shows that, "in terms of effectiveness, population-based approaches have a greater impact on chronic alcohol-related problems like liver cirrhosis"; targeted approaches are more appropriate for preventing acute consequences such as alcohol-related suicides and traffic accidents (James, 2005).

### Population-Based

The 2004 Canadian Addiction Survey found that one in four Albertans (25.7%) felt that alcohol taxes should be increased. About half of Albertans (48.7%) thought the legal drinking age should remain at 18; about half (45.7%) thought it should be raised (Malcolm et al., 2006).

Population-based approaches are intended to reduce the level of alcohol consumption in the entire population, and are typically aimed at controlling supply and demand (James, 2005; AADAC, 2006a; Ministerial Committee on Drug Policy, 2007; Alcohol Policy Network, 2005).

Population-based measures include legislation and regulation to control the physical availability or supply of alcohol. For example, restrictions on the clustering of retail alcohol outlets and on hours or days of sale can influence alcohol consumption and reduce alcohol-related problems.

Pricing strategies and taxation are also population-based measures that control the economic availability of alcohol. A considerable body of research evidence suggests that the demand for alcohol is sensitive to price.

Other population-based measures involve information campaigns to influence demand, promote responsible alcohol use and decrease the social availability of alcohol.

### Targeted

In the 2004 Canadian Addiction Survey, 97.1% of Albertans supported random police spot-checks (Malcolm et al., 2006).

Targeted interventions focus on particular drinking patterns, and are intended to reduce alcohol use or alcohol-related harm in certain situations or for certain groups of people (James, 2005). Targeted intervention recognizes that a "one size fits all" approach doesn't work.

Examples of targeted interventions include server training programs, graduated licensing for novice drivers and ignition interlocks. Research supports the effectiveness of police roadside sobriety checks and blood alcohol content

(BAC) laws in preventing impaired driving and reducing alcohol-related fatalities.

Other targeted interventions include alcohol treatment and outreach programs, and alcohol screening and brief interventions in primary care settings (for example, doctors and nurses advising patients in hospital emergency departments).

## Moving Forward

The social costs and public health concerns related to alcohol use must be considered in relation to the economic, social and health benefits of alcohol consumption. That's why Alberta needs an alcohol strategy.

Through discussions with stakeholders across the province, AADAC and the AGLC hope to inspire a broad range of ideas on how Albertans can work together to transform attitudes toward alcohol and develop a culture of moderation. The results of these discussions will be synthesized to create an Alberta alcohol strategy, and summarized in a final report that will be presented for consideration by the provincial government.

Working together, governments, communities and individual citizens can get involved as "part of the solution." By developing a comprehensive, co-ordinated strategy that reduces the harmful effects and cost of alcohol abuse, all Albertans can help to build a stronger, safer province.

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## About the Sponsors

The *Alberta Alcohol and Drug Abuse Commission* is an agency funded by the Alberta Government. Under the Alcohol and Drug Abuse Act, AADAC's mandate is to deliver information, prevention and treatment services for alcohol, other drug and gambling problems and to conduct related research.

AADAC operates and funds programs and services in communities across the province. In 2006-2007, about 35,000 Albertans received treatment services and more than 150,000 benefited from AADAC's information and prevention services.

For more information, see the AADAC website at www.aadac.com

The *Alberta Gaming and Liquor Commission* licenses and regulates the province's liquor and gaming industries. Under the Alberta Gaming and Liquor Act and related legislation, the AGLC's mandate is to control the manufacture, importation, sale, purchase, possession, storage, transportation and consumption of liquor in Alberta. This generates revenue for the province and contributes to the growth of Alberta's economy.

The AGLC develops and enforces policy to ensure the socially responsible management of Alberta's liquor industry. It sponsors education and awareness programs and supports research. The AGLC ensures that its operations, policies and programs protect minors, reflect the values of Albertans, honour the right to personal choice and respect the rights of communities to make decisions that reflect local interests.

For more information, see the AGLC website at www.aglc.gov.ab.ca


For more information, contact your local AADAC office, call 1-866-33AADAC or visit our website www.aadac.com


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