# **Alberta Alcohol and Drug Abuse Commission**

# POLICY ON ALCOHOL February 2006

# POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission recognizes beverage alcohol as a legal substance that can adversely affect the health and well being of many Albertans. In acknowledging the hazardous nature of alcohol, the Commission is committed to actions that will minimize the harm associated with alcohol use. These actions should interfere as little as possible with the freedom of individuals to exercise personal responsibility in their use or non-use of alcohol products.

#### **CONTEXT**

- 1. Beverage alcohol is a legal product that can adversely affect the health and well being of many people. Harm occurs through the direct effect of alcohol on those who use it to excess or in situations of risk, while a greater number are affected by the consequences of other people's alcohol consumption.
- 2. In 2004, 79.5% of Albertans (15 and older) were current drinkers and 15.3% drank at hazardous or harmful levels. Among Albertans who consumed alcohol, 9.5% reported harm to themselves from drinking, including physical health problems, adverse effects on friendships, marriage, or social life and financial difficulties. A much larger percentage (38.0%) reported experiencing harm as a result of someone else's drinking (e.g., humiliation, verbal abuse or physical assault, marriage or family problems).
- 3. Governments are responsible for controlling all hazardous commodities in a way that permits legitimate use while protecting health. AADAC, as an agency of the Government of Alberta, shares this public health responsibility.
- 4. Long-term research confirms that a relationship exists between alcohol availability, consumption, and alcohol-related harm. However, availability of alcohol is not in itself sufficient to directly determine the level of drinking-related problems apparent in a given population. Many personal and environmental factors influence how much individuals will drink, and the kinds of problems that may result.
- 5. Accumulating evidence suggests that moderate alcohol consumption has health benefits. The positive effects of moderate drinking are most pronounced in reducing the risk of coronary heart disease among middle-aged and older individuals, especially men. For women, the benefits of moderate consumption are offset by an increased risk of breast

<sup>&</sup>lt;sup>1</sup> In Alberta, the legal drinking age is 18 years.

cancer. Health professionals believe there is little reason to recommend moderate alcohol intake to those persons who are currently non-drinkers. Similar health benefits can be achieved by other means such as exercise, smoking cessation, and diet.

- 6. Low-risk drinking guidelines do not apply to adolescents, individuals with chronic health problems, mental illness, a personal or family history of drinking problems or in situations where attention and co-ordination are required (e.g., operating a vehicle or machinery, playing sports, in the workplace).<sup>2</sup>
- 7. No safe limit of alcohol consumption during pregnancy has been established. Women who are trying to get pregnant, are pregnant or breastfeeding should avoid drinking alcohol.
- 8. Although formal regulations governing the sale and consumption of alcohol are outside of AADAC's mandate, the Commission recognizes that a variety of policy measures are essential to a comprehensive alcohol control strategy. Effective regulation of beverage alcohol involves a balance between public health, safety and economic interests.

Research and experience suggest there are a number of population-based approaches that affect consumption and the development of alcohol-related problems. These include:

- (1) controlling physical availability through socially accepted and enforceable legislation and licensing restrictions;
- (2) controlling economic availability through pricing strategies, including taxation; and
- (3) influencing social availability through prevention programs and information strategies that promote responsible alcohol use, including abstinence.

These options should be complemented by targeted approaches that focus on particular drinking patterns, situations or populations. There is growing empirical support for the use of harm reduction strategies like server training, impaired driving countermeasures and brief health interventions. These are considered effective in reducing the acute consequences of drinking (e.g., accidents and injuries) and can strengthen the capacity of individuals and communities to identify and respond to alcohol-related problems.

Population-based and targeted approaches to control alcohol must be clear, socially acceptable and enforceable within the community.

<sup>&</sup>lt;sup>2</sup> Maximum two standard drinks per day with maximum 14 drinks per week for males, nine drinks per week for females. *Source:* Centre for Addiction and Mental Health (2004). <u>Low-risk drinking guidelines</u>.

# PRINCIPLES FOR ACTION

AADAC recognizes that no single agency or isolated policy intervention can effectively address all relevant aspects of the complex relationship between alcohol consumption and alcohol-related problems. Although AADAC is not a regulatory agency, the Commission supports and participates in the efforts of individuals, governments, the alcohol and hospitality industries, and communities to establish formal and informal controls that reasonably regulate alcohol and minimize the harm associated with alcohol use. These efforts must be sensitive to the needs and interests of individuals and communities, and must include the provision of information, prevention and treatment services.

# *Information*

AADAC will provide accurate and current information about alcohol use. The Commission will develop and distribute print and web-based materials and other information resources that assist AADAC clients and stakeholders in acquiring knowledge and understanding about alcohol. This will include information about the health benefits and risks of moderate alcohol consumption.

#### Prevention

AADAC takes a comprehensive and multi-dimensional approach to prevention, viewing this as key in shifting attitudes, increasing knowledge and changing behaviours to reduce the risk of alcohol problems. Successful prevention requires consistent application over time, and must involve strategies that target all Albertans as well as those that target specific groups such as youth.

AADAC will deliver quality prevention programs and services that delay the onset of drinking, prevent the development of alcohol problems, and increase protective factors and reduce risk factors associated with alcohol abuse. Programs will place primary emphasis on providing accurate information, promoting skill development and decision-making, and encouraging individual, family and community responsibility for preventing alcohol-related health and social harms.

Prevention strategies and activities will support stakeholder collaboration, contribute to community capacity and be based on best practices established through research and experience.

#### **Treatment**

AADAC will provide treatment programs and services that promote health recovery among persons affected by alcohol problems. Treatment programs and services will be guided by research and best practices in the addictions field.

The Commission will provide client access to a range of treatment options. Clients will be actively involved in defining their treatment goals and the most appropriate methods of achieving them.

#### Harm Reduction

AADAC is committed to reducing harm among those people who consume alcohol. Concern goes beyond high-risk behaviours and situations involving only very heavy drinkers, to include the majority of Albertans who drink in moderation. Even at low levels of consumption, acute consequences such as injury can result from the impairing effects of alcohol.

The Commission opposes any availability or alcohol-marketing practices that would be expected to increase the risk of harmful consequences. This includes instances where:

- (1) promotions or products are targeted to underage drinkers;
- (2) promotions or products encourage excessive alcohol consumption or drinking to intoxication;
- (3) a community has a history of high levels of consumption and related alcohol problems;
- (4) there are few individual or community controls on heavy or frequent use of alcohol;
- (5) there is limited access to programs for the prevention and treatment of alcohol-related problems.

# Legislation and Regulation

Legislation and regulation should be designed to promote the health and well being of society by minimizing the harm that can result from alcohol use. Alcohol policies and legislation should be sensitive to changing community needs and values, and be capable of responding to these changes.

AADAC supports the use of pricing strategies, including taxation, as a means of controlling economic access to alcohol and ensuring that the real cost of alcohol remains consistent with the cost of other consumer goods. The limitations of pricing strategies must also be kept in mind. Unintended consequences may result if alcohol taxes (or prices) become onerous for consumers (e.g., increased home production, increased crime associated with black market distribution, use of non-beverage alcohol products by low income problem drinkers).

#### Joint Initiatives

AADAC will continue to work with individuals, other government agencies, the beverage and hospitality industries, and community groups to promote responsible alcohol use and reduce adverse consequences. The alcohol industry and others who benefit from liquor sales should adhere to and enforce all regulations governing their business. They should recognize community standards and be diligent in assisting to reduce the harmful use of their products.

# Research

Well-conceived and executed research into the prevalence, causes, prevention and treatment of alcohol problems should be conducted on an ongoing basis. The results of such research should be communicated to advance public and professional knowledge and improve program and service delivery.

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