

# Addressing Alcohol Consumption and Alcohol-Related Harms at the Local Level

*A resource for public health professionals in Ontario*

**Locally Driven  
Collaborative  
Project (LDCP)  
– cycle 2**

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# Acknowledgements

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# Executive Summary

Of the 26 risk factors associated with increased mortality and morbidity, alcohol consumption is a leading risk factor for death, disease and disability worldwide (World Health Organization [WHO], 2011).

Ontario statistics demonstrate the high levels of alcohol consumption in the province. Approximately 20% of Ontarians report exceeding the recommended low-risk alcohol drinking guidelines (LRADG). Weekly binge drinking continues to be a concern as 18.9% of young adults, aged 18-29, participate in this activity (Ialomiteanu, Adlaf, Hamilton, & Mann, 2012). Furthermore, the gap between men and women is narrowing, with increasing levels of alcohol consumption among women (Ialomiteanu et al., 2012).

The consequences of alcohol consumption impact not only drinkers but also those around them. Research consistently demonstrates many devastating “second-hand effects” of alcohol consumption, including; psychological harms, work absenteeism, violence, community safety and marital discord (WHO, 2011).

There is ample current evidence for national and/or provincial level policy interventions that effectively decrease rates of drinking and related harms. However, there is a need for more evidence regarding effective local level comprehensive public health strategies that will reduce alcohol consumption. This report, *Addressing Alcohol and Alcohol-Related Harms at the Local Level*, aims to present evidence based recommendations to fill this gap in knowledge.

## The objectives of the report are to:

1. Describe a comprehensive public health approach to decrease alcohol consumption at an at-risk level, and alcohol-related harms at the local level.
2. Identify the barriers and facilitators that public

health units (PHUs) experience (e.g. support, knowledge, resources) in addressing alcohol at the local level.

The Ontario Public Health Standards (OPHS) direct Ontario Boards of Health to address alcohol consumption and alcohol-related harms using a comprehensive health promotion approach, which includes (Appendix P):

- supporting healthy public policy
- engaging and working with community partners
- increasing public awareness
- building capacity of priority populations
- linking clients to community resources and services
- utilizing surveillance data and conducting epidemiological analyses
- creating safe and supportive environments that promote optimal preconception health, healthy pregnancies and healthy birth outcomes
- working with schools and workplaces

This report uses evidence from a literature search, a survey of Ontario PHUs and interviews with key informants to establish recommendations for local action. The evidence and 13 recommendations have been categorized into the following seven areas:

- pricing and taxation controls
- regulating physical availability
- marketing and advertising restrictions
- modifying the drinking environment
- drinking and driving countermeasures
- education and awareness-raising strategies
- treatment and early intervention

## Pricing and Taxation Controls

Strong evidence to support controls on pricing and taxation of alcohol exists in both systematic reviews and the grey literature. The evidence that these controls can decrease consumption, and consequently, decrease alcohol-related harms, makes them a best practice which should be promoted at the local, provincial and national levels.

The survey of Ontario PHUs and interviews with key informants reveal that pricing and taxation measures are one of the least advocated alcohol policy measures within health departments and units. Barriers observed in the surveys and interviews on which Boards of Health may have some influence include political apathy to increase the price or taxation of alcohol and alcohol industry pushback and pressure to increase sales.

Community partnerships are critical to overcome these barriers. Education and raising awareness about the potential social, economic and health benefits of alcohol pricing controls are also important.

## Regulating Physical Availability

Both systematic reviews and grey literature present regulating the physical availability of alcohol as an effective strategy to reduce alcohol consumption and related harms. Research has repeatedly shown that consumption and related problems increase as alcohol becomes more available, and vice versa.

The decisions about regulating the hours and days of sale, alcohol outlet density and maintaining government control of alcohol sale rest mainly at the provincial level. The current socio-political and economic environments have endorsed the view that Ontario be “open for business” when it comes to the sale and service of alcohol. Consequently, changes in provincial-level regulations and policies have allowed for increased alcohol availability, making local action to control alcohol access essential.

Key informants commonly advised addressing the physical availability of alcohol as an important strategy for local government to employ to reduce access to alcohol. The PHU survey results agreed with this approach and indicated that PHUs are also working to affect alcohol availability through policy, advocacy, awareness and education, community partnerships and municipal regulation.

## Restrictions on Marketing and Advertising

The available evidence demonstrates that alcohol industry marketing and advertising that targets youth and young women is a growing public health concern. The lenient governmental controls over marketing and advertising, as well as the growing use of technology and social media communication channels, means that this issue will continue to grow and continue to be a public health concern.

According to the survey of Ontario PHUs, the lack of advertising and marketing regulations impact efforts to address alcohol and reduce alcohol-related harms at the local level, especially for the highly-targeted youth population.

Key informants reiterated the impact of alcohol marketing on young women and youth. They called for a proactive approach which includes a pre-approval process for alcohol advertisements in Canada. Under the current system, advertisements are only pre-screened at the request of advertisers or broadcasters and are only investigated if a public complaint is made. A proactive approach would prevent harmful advertisements from being aired and viewed by the public.

## Modifying the Drinking Environment

The available evidence demonstrates that a comprehensive, multi-component community-based program is the best intervention PHUs can implement to modify the drinking environment. The evidence also demonstrates that the majority of interventions used to modify the drinking environment have very little or no impact in decreasing alcohol consumption or alcohol-related harms when they are implemented in isolation and outside of a comprehensive approach.

The PHU surveys found that modifying the drinking environment is an evidence-based alcohol policy measure that is highly advocated for, or is in place, in various communities across Ontario.

The importance of community partnerships was reiterated throughout key informant interviews, which noted the need to partner with community stakeholders, local businesses and other health care professionals to make decreasing alcohol consumption a community issue.

The key informant interviews and PHU surveys both recognized that building community partnerships is



vital to creating a comprehensive, multi-component community-based intervention to modify the drinking environment at the local level.

## Drinking and Driving Countermeasures

Ontario statistics show that drinking and driving continues to be a public health issue. Drinking and driving countermeasures can be implemented alone or can be part of a broader strategy to modify the drinking environment. The literature demonstrates that drinking and driving countermeasures work best when implemented as part of a multi-component strategy that includes an enforcement component.

The PHU surveys and key informant interviews highlight the importance of having surveillance data on alcohol consumption and alcohol-related harms within local communities. Surveillance data can help local communities address alcohol-related issues such as drinking and driving and recognize high-risk areas within their geographic regions.

## Education and Awareness-Raising Strategies

Evidence demonstrates that education and awareness-raising strategies used on their own remain an ineffective method to create sustained behaviour change. Their use to increase knowledge and alter social norms, however, is an important aspect of any comprehensive approach to address alcohol.

The Ontario PHU survey findings noted that education and awareness raising strategies are highly valued and used within public health.

Key informants also confirmed the important role of education and awareness raising strategies in a comprehensive approach to alcohol which is implemented at every level of action and targets many different audiences. Education and awareness strategies are also recognized as significant components in both the development and adoption of evidence-based policies to decrease alcohol consumption and alcohol-related harms.

## Treatment and Early Intervention

There is strong evidence to support early intervention strategies to reduce harmful patterns of alcohol use. The evidence shows that screening and brief intervention is an effective strategy with priority

populations, including men, women of childbearing age and university or college-aged young adults. Evidence also indicates that early intervention strategies are effective whether delivered electronically or face-to-face by a service provider.

The Ontario PHU survey shows that strong relationships exist between public health, health professionals and local agencies which can be built on to increase use of early intervention strategies. The survey results also indicate that several PHUs in Ontario are completing knowledge exchange activities with health professionals to support their use of screening and brief intervention tools.

Key informants suggest that early intervention to prevent alcohol-related harms is an appropriate investment of public health resources. One key informant identified British Columbia as a leader in supporting early intervention strategies in health professionals' practice by introducing a billing code for time spent on alcohol screening and brief interventions.

## Recommendations

Based on the research evidence and grey literature on reducing alcohol consumption and alcohol-related harms at the local level, as well as the PHU survey and key informant interview findings, the following recommendations are offered:

Policy Area	Recommendations	Consider the following...
<b>Pricing and Taxation</b>	<ol style="list-style-type: none"> <li>1. Work with community partners to support the creation and advancement of a local stakeholder group to educate the public and policy makers.</li> <li>2. Work with local municipalities to identify and implement local pricing strategies. *17, 27, 28, 29, 33</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assess how decreasing alcohol-related harms fits into stakeholders' agenda.</li> <li><input type="checkbox"/> Define common goals among stakeholders</li> <li><input type="checkbox"/> Utilize existing evidence and examples to support evidence-based pricing policies</li> <li><input type="checkbox"/> Risk mitigation, through municipal alcohol policies may be appealing to local leaders</li> <li><input type="checkbox"/> Minimizing local pricing wars and the discounting of alcohol by addressing alcohol density</li> </ul>
<b>Physical Availability</b>	<ol style="list-style-type: none"> <li>3. Work with community stakeholders to continue to prevent further expansion of alcohol sales. *16a, 19, 20, 27</li> <li>4. Continue to influence policy development around outlet density and hours of alcohol sale at the provincial and/or local level. *16c, 18, 27, 33</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assess the potential threats of increasing availability of alcohol through: <ul style="list-style-type: none"> <li>• The potential privatization or semi-privatization of the LCBO</li> <li>• Increase in privately-owned channels of alcohol access (e.g. farmers markets and convenience stores)</li> <li>• Increase in retail outlets that offer alcohol at prices which do not meet minimum pricing (e.g., ferment-on-premise businesses)</li> </ul> </li> <li><input type="checkbox"/> Participate in active public health surveillance of outlet density and associated harms</li> <li><input type="checkbox"/> Gather and present evidence on the need to set outlet density limits</li> <li><input type="checkbox"/> Assist municipalities to develop, implement and evaluate municipal alcohol policies and other strategies to address alcohol availability</li> </ul>
<b>Marketing and Advertising</b>	<ol style="list-style-type: none"> <li>5. Implement youth engagement strategies to empower youth to advocate against alcohol marketing and advertising. *5, 31</li> <li>6. Continue to explore effective counter-marketing approaches to alcohol advertising and marketing.</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Partner with educational institutions and/or other community youth serving organizations</li> <li><input type="checkbox"/> Consider using the 'healthy schools model' with schools</li> <li><input type="checkbox"/> Work with other Ontario public health units and community stakeholders to identify a coordinated approach to countering alcohol marketing</li> <li><input type="checkbox"/> Utilize social media and other communication channels that appeal to youth</li> </ul>

Policy Area	Recommendations	Consider the following...
<b>Modifying the Drinking Environment</b>	<p>7. Create an alcohol report about your community to show alcohol consumption, availability and alcohol-related harms at the local level. *18, 33</p> <p>8. Work with local businesses and stakeholders to modify the drinking environment. *6, 16b, 21, 22, 23, 25, 33, 24, 35, 36</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Participate in active public health surveillance of local outlet density, alcohol consumption and alcohol-related harms</li> <li><input type="checkbox"/> Collaborate with community stakeholders to frame alcohol as a community issue not just a health issue</li> <li><input type="checkbox"/> Encourage local bars to implement a licensed establishment alcohol policy</li> <li><input type="checkbox"/> Encourage local municipalities and law enforcement authorities to continue to enforce liquor laws and regulations</li> <li><input type="checkbox"/> Advocate for safer drinking environments and communities</li> </ul>
<b>Drinking and Driving Countermeasures</b>	<p>9. Work with law enforcement and community stakeholders to incorporate local surveillance data on alcohol-related harms into a community report, including local drinking and driving statistics.</p> <p>10. Support municipalities and law enforcement to continue to enforce existing laws and regulations around drinking and driving. *37</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify and target high-risk areas within your community</li> </ul>
<b>Education and Awareness-Raising Initiatives</b>	<p>11. Implement education and awareness-raising strategies as a part of a balanced and comprehensive approach. *5, 6, 12, 14c, 32, 35</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Focus education and awareness-raising strategies on influencing attitudes and increasing knowledge in the target population</li> <li><input type="checkbox"/> Move current and future education and awareness-raising initiatives towards a more comprehensive approach</li> <li><input type="checkbox"/> Continue to use education and awareness-raising strategies as one important step in the policy road map</li> </ul>
<b>Treatment and Early Intervention</b>	<p>12. Build the capacity of health care professionals to implement early intervention and screening into their practice. *7, 11, 12, 13</p> <p>13. Implement early intervention strategies as a part of an overall strategy to reduce alcohol-related harms. *7, 13</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Share evidence and information about early intervention strategies with local health care professionals</li> <li><input type="checkbox"/> Explore the development and use of practice standards or guidelines for early intervention with professional practice organizations</li> <li><input type="checkbox"/> Use online self-screening tools on public health unit websites to provide normative feedback</li> <li><input type="checkbox"/> Include alcohol screening and brief intervention in public health direct-client service programs</li> </ul>

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