

# **Let's Start the Conversation:**

## *Alcohol use among adults in our community*

North Bay Parry Sound District Health Unit

April, 2017



Contents

Executive Summary..... 3

Introduction ..... 4

Background ..... 5

Purpose ..... 6

Why focus on adults?..... 6

Enforcement snapshot..... 6

Canada’s Low-Risk Alcohol Drinking Guidelines (LRADG)..... 7

Mixed messaging: Health benefits of alcohol are unclear..... 7

Harms associated with alcohol use and misuse..... 8

Alcohol consumption: Where do we stand?..... 9

Health impacts ..... 11

Alcohol outlet density ..... 12

Get involved: Let’s work together ..... 13

References ..... 14

## Executive Summary

In 2015, the North Bay Parry Sound District Health Unit, along with various community partners, decided to start the conversation about alcohol in our community. We wanted to bring forth local, impactful statistics in an effort to generate momentum towards developing a culture of moderation. The long-term goal is to reduce alcohol-related harms in our community.

It is *how often* and *how much* that we are concerned with when it comes to consuming alcohol. We tend to forget that the Low-Risk Alcohol Drinking Guidelines (LRADG) outline a low risk; not a zero risk. Significant health impacts associated with alcohol use include: cancers, cirrhosis of the liver, alcohol dependency syndrome, depression, stroke, and injuries from motor vehicle collisions and intentional self-harm.

This report focuses on adults aged 45-64 years, as this group represents 32% of our population in the North Bay Parry Sound District, and alcohol abuse is particularly critical at this age as the effects of prolonged consumption become apparent. Additionally, those over the age of 45 are more susceptible to serious and chronic injuries resulting from falls or collisions; alcohol is often a contributing factor.

Below is a summary of what we found for the 45-64 year old age group:

- 55% report drinking at levels that **exceed the LRADG** (compared to 38% in Ontario);
- They are 3 times more likely to be **hospitalized** due to alcohol-related incidents (compared to the provincial average); and

Some of the reasons for this may be:

- The **density of alcohol outlets** is 1.5 times higher here than the provincial average;
- **Unemployment** levels (6.2% unemployed) and other **social demographic factors** such as workplace culture (69% are in the labour force) and income influence alcohol use.

These numbers tell a story about our community: We drink often, we drink in large quantities, and we have greater access to alcohol, thus normalizing every-day use of this substance. When considering how to address alcohol in our community, it is best to use a multidimensional strategy; where many interventions are addressed at once rather than individually. Various next steps may include: supporting municipal alcohol policies and zoning by-laws, raising concerns with city counsellors, and educating on, supporting, and promoting the LRADG. Together, we can work towards shifting our culture away from valuing heavy alcohol consumption, to understanding the risks associated with alcohol and practicing moderation.

For more information, please contact:

Hilary Cutler, Community Health Promoter  
Healthy Living Program  
[hilary.cutler@nbpsdhu.ca](mailto:hilary.cutler@nbpsdhu.ca)

## Introduction

*“That's the problem with drinking, I thought, as I poured myself a drink. If something bad happens you drink in an attempt to forget; if something good happens you drink in order to celebrate; and if nothing happens you drink to make something happen.” –Charles Bukowski*

Introducing alcohol; our substance of choice. How many of us are nodding our heads in agreement to the above statement? As Bukowski admits, alcohol is part of our everyday lives. So much so, that you might be wondering why we need to study it in the first place. Why do we promote the moderation of alcohol, and why do we spend so much time educating people about the harms associated with it? After all, 80% of Canadians drink alcohol and do so regularly. But did you know that 20% of us are drinking at unsafe levels, and putting ourselves at risk for serious, chronic complications, including liver cirrhosis, cancers, and alcohol dependency syndrome?<sup>1</sup> Shockingly, we justify doing this to ourselves because we know that we're not alone- our family members, our friends, and our colleagues all consume alcohol. Drinking is not only socially acceptable, it is viewed as completely *normal* behaviour.

This report focuses on adults aged 45-64 years. Why? This age group represents 32% of our population, they are at a greater risk for falls (where alcohol is often a contributing factor<sup>2</sup>), and people in this age group begin to notice the detrimental effects of prolonged alcohol consumption. It is *how often* and *how much* that we are concerned with when it comes to consuming alcohol. Many of us drink often (a glass or two each night), and most of us do not measure our drinks as we pour them. We tend to forget that the LRADG outline a low risk; not a zero risk. We also don't usually consider the fact that there is no safe level of alcohol consumption when it comes to cancer causation.

As a society, we are happy to turn a blind eye to the problems associated with alcohol. We simply hear what we want to hear, believe what we want to believe, and continue to consume alcohol because it's fun. We hope that this report stimulates a frank conversation in our community about a substance that is associated with significant health and societal problems. We encourage you to read this report, critically think about what alcohol means to you, and share this information with your friends and family members. Together, we can start a conversation about alcohol, and move towards a culture of moderation.

## Background

People are more likely to use a drug when it is seen as socially acceptable. We know that alcohol is viewed as socially acceptable within our culture, but what we tend to forget is that alcohol is also a drug (alcohol is a known carcinogen; i.e., it is linked to the development of cancers). Moderate, even heavy, alcohol consumption has an accepted place in our society. We drink at celebrations, holidays, and at other social events. Alcohol is intertwined within our community and embedded within our culture.

Nationally, there is a lack of awareness about the full impact of alcohol on health. In 2008, nearly 70% of Canadians were not aware that alcohol is linked to cancer, and almost 50% did not know of its links to diabetes and heart disease.<sup>1,3</sup> The use (and misuse) of alcohol has been attributed to over 200 acute and chronic illness and injury conditions, such as liver diseases, cancers, gastrointestinal diseases, and cardiovascular diseases.<sup>4,5</sup> Responding to these alcohol-induced problems creates significant social and financial costs to our communities.

In 2011, the Low-Risk Alcohol Drinking Guidelines (LRADG) were introduced to help Canadians make informed choices about alcohol consumption and to encourage a culture of moderation. It is important to remember that alcohol consumption is a personal choice.

For those that choose to consume alcohol, a lot has changed in recent years. Alcohol is becoming more widely available in grocery stores, home delivery options are on the rise, and local wine is sold at select Farmer's Markets in Ontario. The landscape is changing to reflect a greater availability of alcohol. Evidence has shown that alcohol consumption increases with increased availability.<sup>6</sup> Increased availability leads to increased accessibility, and consequently, increased consumption.

The following statistics concerning 45-64 year olds in our district will help set the foundation for our work moving forward. It's time to start the conversation about alcohol. Let's begin by looking at alcohol use among adults in our community.



Photo credit: The Spokesman-Review (2011): *Bill lets farmers markets offer beer, wine tasting*  
<http://www.spokesman.com/stories/2011/mar/12/bill-lets-farmers-markets-offer-beer-wine-tasting/>

## Purpose

The purpose of this report is to:

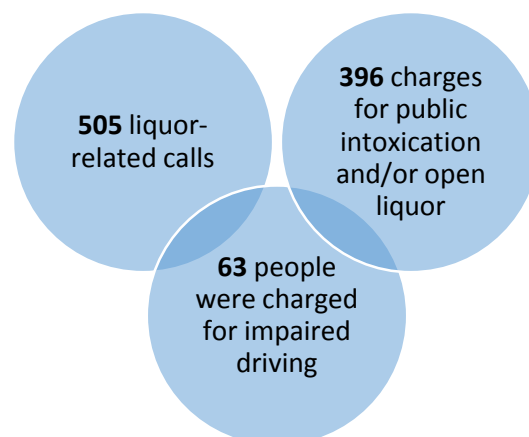
- **Identify harms** associated with alcohol use and misuse;
- Examine **alcohol consumption** in excess of Canada's Low-Risk Alcohol Drinking Guidelines (LRADG) among North Bay Parry Sound District Health Unit residents (aged 45-64 years old), compared to Ontario residents;
- Examine the **health impacts** of alcohol consumption on chronic diseases and injuries;
- Examine the relationship between alcohol **outlet density** and heavy drinking;
- Identify ways in which we can **work together** to support a culture of moderation.

## Why focus on adults?

- Adults aged 45-64 years account for 32% of the total population in the North Bay Parry Sound District<sup>7</sup>
- Of this age group, 69% are in the labour force, and 6.2% are unemployed.<sup>8</sup> Drinking is perpetuated among many blue-collar workforces<sup>9,10</sup>, and has been linked to unemployment rates<sup>11</sup>
- Alcohol consumption is popular and even glamorized among middle-class households
- The North Bay Parry Sound District Health Unit's 2014-2018 Strategic Plan aims to promote healthy aging in adults by addressing alcohol use, via healthy public policy
- People within this age range may begin to notice health complications, often as a result of unhealthy behaviours, such as prolonged use of alcohol and/or other substances
- Local adults in this age group visit the hospital and become hospitalized due to falls, at a rate that is 1.5 times higher than the provincial average.<sup>12</sup> Alcohol is often a contributing factor<sup>2</sup>

## Enforcement snapshot

In 2015, the North Bay Police Services reported<sup>13</sup>:



## Canada's Low-Risk Alcohol Drinking Guidelines (LRADG)

The Low-Risk Alcohol Drinking Guidelines were developed to help Canadians moderate their alcohol consumption and reduce their risk of injury, harm, and long-term health complications.

The guidelines are **not recommendations** for the amount people should drink. They are also **not guaranteeing any safe level of exposure**. It's important to remember that you are still putting yourself at risk while consuming alcohol. The guidelines are designed to help people **define a low risk**, based on alcohol content and the size of a standard drink.

Recommendations for reducing long-term health risks<sup>14</sup>:

- **Women:** No more than 2 drinks each day; no more than 10 drinks per week
- **Men:** No more than 3 drinks each day; no more than 15 drinks per week

Recommendations to reduce risk of injury and harm on **any single occasion**:

- **Women:** No more than 3 drinks
- **Men:** No more than 4 drinks

Visit [www.ccsa.ca](http://www.ccsa.ca) to learn more.

## Mixed messaging: Health benefits of alcohol are unclear

Many of us believe that alcohol is good for our heart, and that one drink a day benefits our health more than it harms us. However, the picture is more complex than this. It is difficult to define the health benefits of alcohol because the benefits and harms can occur simultaneously.<sup>1,15</sup> For example, just one drink increases the risk of various chronic diseases, and there is no safe level of alcohol consumption when it comes to cancer causation.<sup>1,15</sup> Some evidence suggests that alcohol may have limited heart health benefits, but at low levels of consumption (i.e., one drink every other day). This effect has been reported for people over the age of 45.<sup>1,16</sup> However, the same reported health benefits can occur from eating a healthy diet and being physically active, so consuming alcohol for health reasons does not make sense.<sup>1</sup> While evidence of the beneficial effects of alcohol is limited and mixed, evidence of its harms due to regular use, is not.<sup>15</sup>

NORTH BAY:  
COMMUNITY STORIES

"My son was 4 years old. I was drinking a beer. I was a full-blown drunk. He just looked at me and asked me to stop doing the stuff."

"This was the trend throughout my life. If there was alcohol, there was no way I could stop drinking."

"I couldn't stop once I started. I would drink to the point of blackout."

-anonymous  
community voices

Harms associated with alcohol use and misuse

- Dependence (psychological & physical)
- Injuries (falls, intentional, etc.)
- Chronic diseases, such as:  
*cancers, high blood pressure, stroke, liver disease, neurological damage*
- Impaired driving
- Violence & vandalism
- Health care/service costs
- Law enforcement costs
- Mental health problems
- Family dysfunction
- Unprotected sexual encounters
- Absenteeism in the workplace
- Fetal alcohol spectrum disorder



## Alcohol consumption: Where do we stand?

### Our adults are drinking a lot:

55% report exceeding the LRADG, compared to 38% provincially

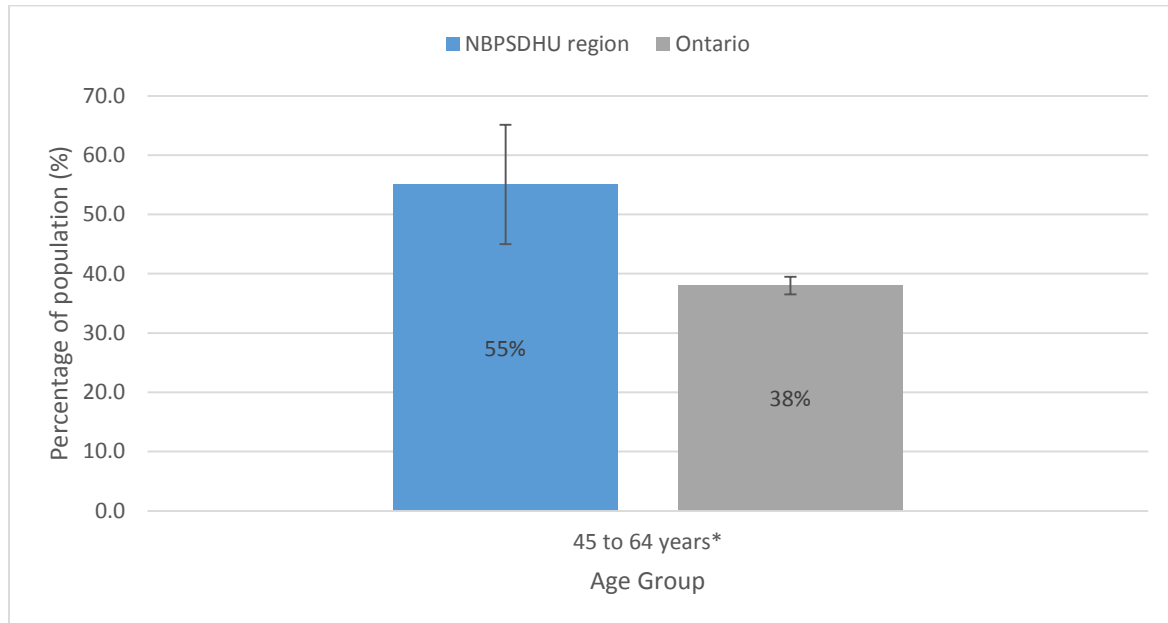


Figure 1. Percentage of adults aged 45 to 64 years who exceeded the LRADG, 2013-14

\*Estimate is significantly higher than the corresponding estimate for Ontario

Error bars on the graph represent the 95% confidence interval.

**Note:** This graph is showing the proportion of the population aged 45 to 64 years old, excluding pregnant and breastfeeding women, who are exceeding the LRADG in any one of these forms:

- Males that drank more than 15 drinks per week, females that drank more than 10 drinks per week, OR
- Males that drank more than three drinks per day, females that drank more than two drinks per day, OR
- Males or females with less than two non-drinking days a week, OR
- Males or females that drank five or more drinks on any one occasion in the previous year

Source: Public Health Ontario. Snapshots: North Bay Parry Sound District Health Unit: Self-reported rate of exceeding either low-risk alcohol drinking guidelines (age-specific rates) 2013-14. North Bay Parry Sound District Health Unit, ON: Ontario Agency for Health Protection and Promotion; 2016 Feb 1 [cited 2016 Sept 12]. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours--Alcohol-Use.aspx>

## Our adults are heavy drinkers:

28% of our adults are drinking heavily, compared to 15% provincially

45-64 year-olds drink heavily, just as much as their younger counterparts, and more than their older peers

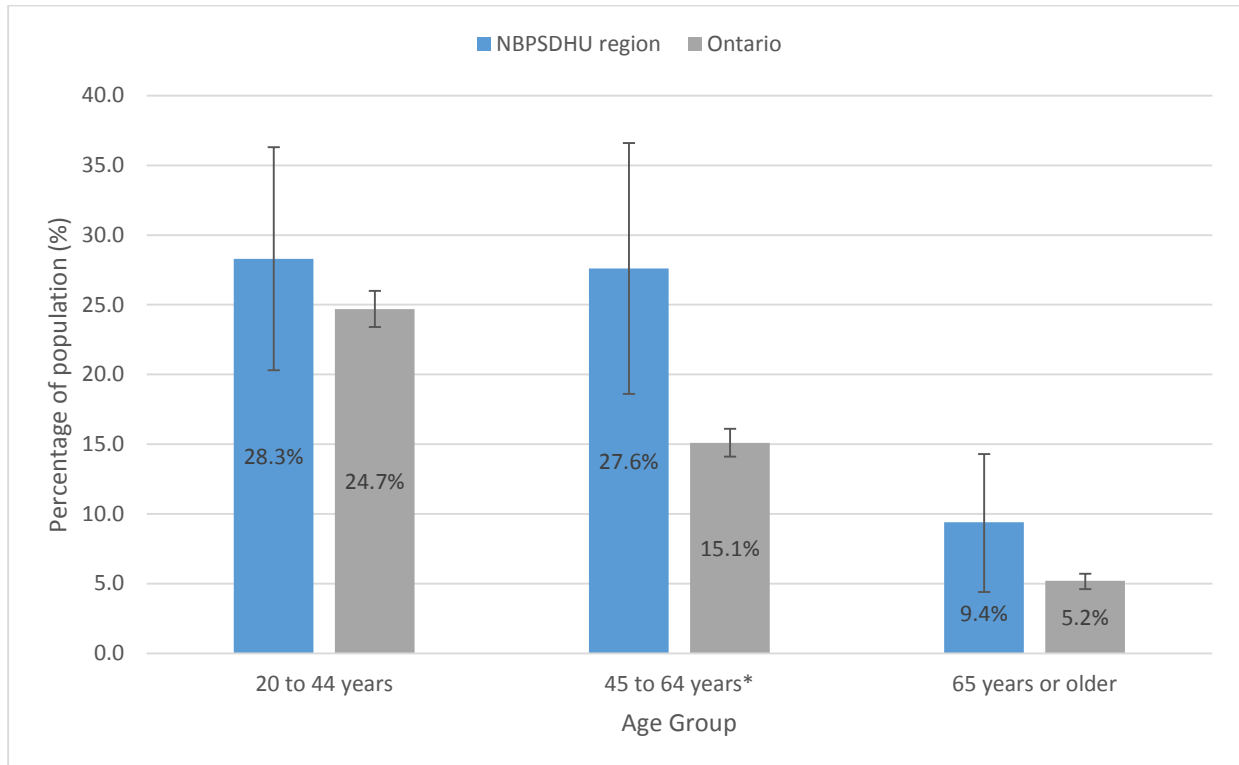


Figure 2. Percentage of adults aged 20 years or older who self-reported heavy drinking, by age group & region, 2013-14

\*Estimate is significantly higher than the corresponding estimate for Ontario

Error bars on the graph represent the 95% confidence interval.

**Note:** Heavy drinking is defined as the proportion of the population aged 12 years or older who reported drinking five or more drinks on at least one occasion per month, in the past 12 months.

**Source:** Public Health Ontario. Snapshots: North Bay Parry Sound District Health Unit: Self-reported rate of exceeding either low-risk alcohol drinking guidelines (age-specific rates) 2013-14. North Bay Parry Sound District Health Unit, ON: Ontario Agency for Health Protection and Promotion; 2016 Feb 1 [cited 2016 Sept 12]. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours---Alcohol-Use.aspx>

## Health impacts

Consuming alcohol affects our body and mental state in many ways. Alcohol can change our mood and influence behaviour. It is difficult to think clearly and move with coordination when consuming alcohol. Alcohol-related injuries (intentional and unintentional) are often a result of heavy drinking. You might be surprised to learn that among all psychoactive drugs, alcohol-related disorders were the top cause of hospitalizations in Canada in 2011.<sup>17</sup>

Alcohol consumption increases our risk for injuries such as falls, assaults, and alcohol poisoning. From 2007–2014, there were an estimated 2,306 alcohol-attributable injury hospitalizations amongst 15–69 year olds in the North Bay Parry Sound District.<sup>18</sup> This represents an average of **288 hospitalizations each year** due to alcohol. Health impacts include alcohol related-conditions such as: Cancers, cirrhosis of the liver, alcohol dependency syndrome, depression, stroke, and injuries from motor vehicle collisions and intentional self-harm.

### Alcohol contributes to hospitalizations:

Injury-related alcohol hospitalizations occur 3 times more often in our district, compared to the provincial average

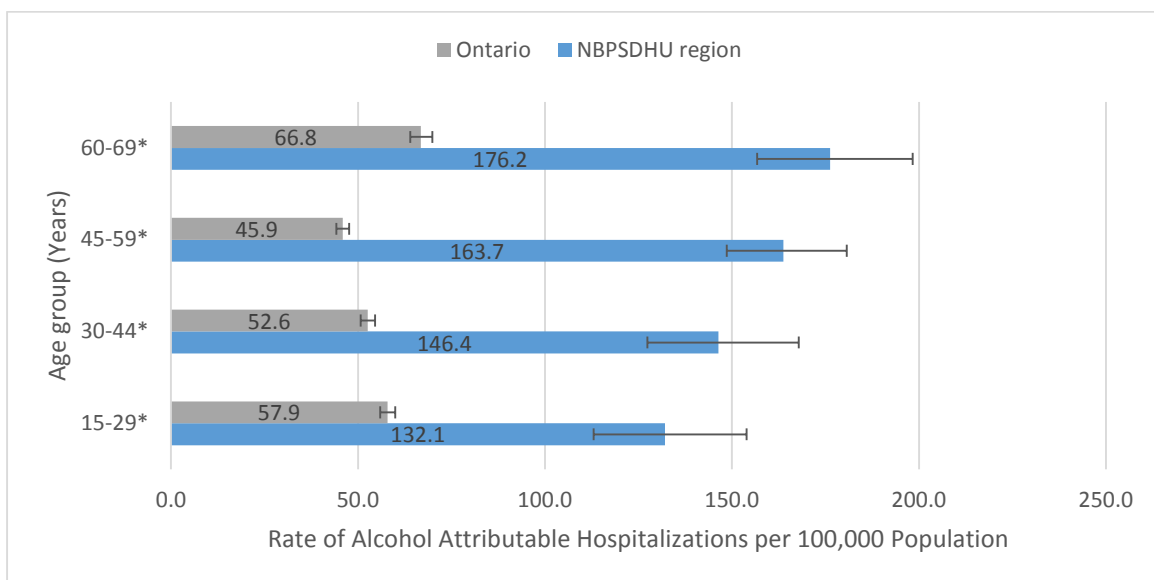


Figure 3. Injury-related alcohol attributable hospitalization rate per 100,000 population, by age group & region, 2007-14 (NBPSDHU region) & 2013-14 (Ontario)

\*Estimate is significantly higher than the corresponding estimate for Ontario. Error bars on the graph represent the 95% confidence interval.

Sources: NBPSDHU Hospitalizations: National Ambulatory Care Reporting System 2007-2014, Ontario Hospitalizations: National Ambulatory Care Reporting System 2007-2014, NBPSDHU Population estimates: Population estimates 2007-2014, Ontario Population estimates: Population estimates 2013-2014, NBPSDHU Prevalence of Alcohol Consumption: Canadian Community

## Alcohol outlet density

Newer research shows that greater densities of outlets for purchasing alcohol, along with extended hours and days of sale, are associated with high-risk drinking and alcohol-related problems.<sup>19</sup> With an increase in the concentration of outlets, alcohol becomes more widely available, thus increasing access. Increased access contributes to the perception of alcohol consumption as a normal behaviour, thus increasing consumption. It is important to remember that local governments have the power to restrict the density of alcohol outlets through zoning by-laws.<sup>15</sup> As shown in Figure 5, in the North Bay Parry Sound District, both on and off-premise alcohol outlet densities are higher, compared to the provincial average.

### Alcohol is more available here:

The density of outlets in our district is 1.5 times higher than the provincial average

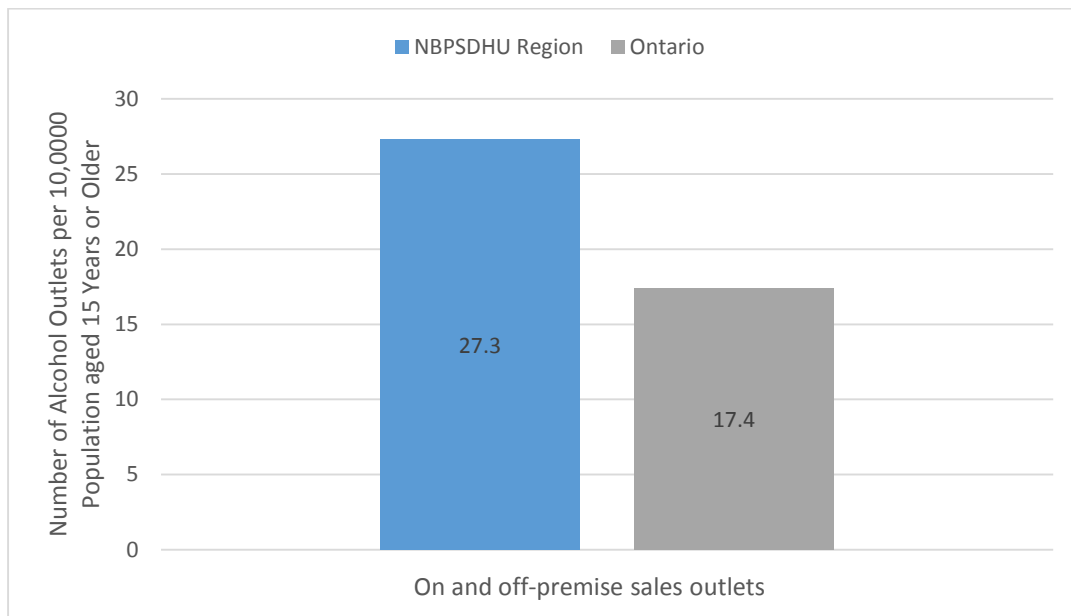


Figure 4. Number of alcohol outlets per 10,000 population aged 15 years or older, by region, October 2014

Sources: Cancer Care Ontario, 2016. Lists of ferment-on-premise, The Beer Store, distillery, brewery, on- and off-site winery locations, 2014 (Alcohol and Gaming Commission of Ontario); Agency Store List and Store Managers List, 2014 (Liquor Control Board of Ontario) (as cited in Cancer Care Ontario, 2015).

## Get involved: Let's work together

When considering how to address alcohol in our community, it is best to use a multidimensional strategy, where many interventions are addressed at once rather than individually.<sup>6,16</sup> This is best done when agencies partner together, instead of working alone. Here are some ways in which we can start the conversation about alcohol:

- **Start talking about alcohol** with colleagues, friends, and family. Brainstorm ideas and ways that we can come together to make the greatest impact. Together, we can address risky alcohol use to support healthy public policy and minimize the damage associated with alcohol.
- **Support Municipal Alcohol Policies (MAPs)**. Consider the following options:
  - Municipalities can restrict or ban alcohol advertising on bus shelters and public property
  - Municipalities can confine alcohol use to designated locations, allowing families to participate in local events like music festivals and fun days. Support **zoning by-laws** to help create a safe, public entertainment space for all ages while engaging a diversity of businesses
- **Talk to a city counselor** to outline your concerns about alcohol availability and alcohol-related harms in our community. These people are community drivers and should be included in the conversation
- **Be aware of alcohol-related corporate sponsorship** at local community events.
  - Understand that **marketing is everywhere**. Educate youth and others about how the alcohol industry uses marketing to influence our behaviours
- **Promote responsible hosting**. Consider offering alcohol-free/ low-alcohol content beverages, help arrange safe transportation, and lead by example when it comes to moderation
- **Educate about, support, and promote Canada's Low-Risk Alcohol Drinking Guidelines (LRADG)** to minimize the health risks of alcohol use.
  - Consuming alcohol is a personal choice, not a rite of passage/mandatory event
  - For those who choose to drink, help them understand the LRADG
- **Encourage** a culture of alcohol **moderation**.
  - Lead by example
  - Educate youth, friends, and family members
- **Discourage driving under the influence** of alcohol.
  - Contact your local Mothers Against Drunk Driving (MADD) chapter for more information
- **Advocate for screening and brief intervention** referrals and programs.
  - Health care providers can start this conversation with their clients and support them by providing advice and referrals
- **Contact the Health Unit** for more information on how to get involved.

## References

1. Public Health Agency of Canada. (2015). *The Chief Public Health Officer's Report on the State of Public Health in Canada 2015: Alcohol Consumption in Canada*. Ottawa, ON. Available from <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/departement-ministere/state-public-health-alcohol-2015-etat-sante-publique-alcool/alt/state-phac-alcohol-2015-etat-aspc-alcool-eng.pdf>
2. Volpe, Richard. (2014). *Best Practices in the Prevention of Mid-life Falls in Everyday Activities*. Final report to the Ontario Neurotrauma Foundation. University of Toronto.
3. Canadian Partnership Against Cancer (2011). *Alcohol Use and Cancer in Canada*. Cancer Control Snapshot 5 Available from: [http://www.cancerview.ca/idc/groups/public/documents/webcontent/rl\\_crc\\_snapshot\\_5.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/rl_crc_snapshot_5.pdf)
4. WHO. (2015, January). *Media Centre Alcohol*. Available from WHO Alcohol. Available from <http://www.who.int/mediacentre/factsheets/fs349/en/>
5. Canadian Public Health Association Position Paper. (2011). *Too High a Cost: A Public Health Approach to Alcohol Policy in Canada*. Ottawa: Canadian Public Health Association.
6. Durham Region Health Department, Halton Region Health Department, Region of Waterloo, Public Health, York Region Community and Health Services, Public Health Branch. (2014). *Cycle 2 Locally Driven Collaborative Project: Addressing Consumption and Alcohol-Related Harms at the Local Level; A resource for public health professionals in Ontario*. Available from [http://www.oninjuryresources.ca/downloads/workgroups/ldcpalcohol/LDCP\\_report\\_rev\\_Oct\\_14\\_6.pdf](http://www.oninjuryresources.ca/downloads/workgroups/ldcpalcohol/LDCP_report_rev_Oct_14_6.pdf)
7. North Bay Parry Sound District Health Unit. (2014). *Strategic Plan: 2014-2018*. Available from [http://www.myhealthunit.ca/en/clinicsclassesandevents/resources/Strategic\\_Plan\\_2014\\_-\\_2018.pdf](http://www.myhealthunit.ca/en/clinicsclassesandevents/resources/Strategic_Plan_2014_-_2018.pdf)
8. North Bay Parry Sound District Health Unit. (2015). *Baby Boomers in the North Bay Parry Sound District Health Unit: A Demographic Profile*. Available from [http://www.myhealthunit.ca/en/partnerandhealthproviderresources/resources/Reports\\_Stats/Baby\\_Boomers\\_Demographic\\_Profile.pdf](http://www.myhealthunit.ca/en/partnerandhealthproviderresources/resources/Reports_Stats/Baby_Boomers_Demographic_Profile.pdf)
9. Bamberger, Peter A, Sonnenstuhl, William J, Vashdi, Dana. (2006). *Screening older, blue-collar workers for drinking problems: An assessment of the efficacy of the Drinking Problems Index*. *Journal of Occupational Health Psychology*, Vol 11(1), 119-134. Available from <http://dx.doi.org.proxy.queensu.ca/10.1037/1076-8998.11.1.119>
10. Janes, CR and Ames, G. (1989). *Men, blue collar work and drinking: alcohol use in an industrial subculture*. *Culture, Medicine, Psychiatry*. Sept.13 (13), 245-74.
11. Boden, JM, Lee, JO, Grest, CV, and McLeod, GF. (2017). *Modelling possible causality in the associations between unemployment, cannabis use, and alcohol misuse*. *Social Science & Medicine*. Feb. (175). 127-134. Available from doi: 10.1016/j.socscimed.2017.01.001
12. Ontario Injury Prevention Resource Centre and North Bay Parry Sound District Health Unit. (2016). *Adult Falls in North Bay Parry Sound: infographic*.
13. North Bay Police Services. (2017). Email correspondence February 17, 2017.

14. Canadian Centre on Substance Abuse. (2013). *Canada's Low-Risk Alcohol Drinking Guidelines*. Developed on behalf of the National Alcohol Strategy Advisory Committee. Available from <http://www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>
15. Ottawa Public Health (2016). *Status of Alcohol in Ottawa: Let's Continue the Conversation*. Available from [https://documents.ottawa.ca/sites/documents.ottawa.ca/files/state\\_of\\_alcohol\\_2016\\_en.pdf](https://documents.ottawa.ca/sites/documents.ottawa.ca/files/state_of_alcohol_2016_en.pdf)
16. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N. et al. (2010). *Alcohol: no ordinary commodity: research and public policy*. Oxford University Press; February 25.
17. Young, M.M., Jesseman, R. (2014). *The impact of substance use disorders on hospital use*. Ottawa, ON: Canadian Centre on Substance Abuse.
18. Ministry of Health and Long-Term Care. (2016). *Inpatient diagnosis and external cause*. IntelliHEALTH ONTARIO.
19. Giesbrecht, N. S. (2011). *Alcohol in Canada: Reducing the toll through focused interventions and public health policies*. CMAJ Analysis, 1-6.