Submission to the British Columbia Liquor Policy Review

By

The Health Officers Council of British Columbia

September 9, 2013

Contents

About the Health Officer's Council

The Health Officers Council of BC (HOC) is a registered society in British Columbia of public health physicians who, among other activities, advise and advocate for public policies and programs directed to improving the health of populations. HOC provides recommendations to and works with a wide range of government and non-government agencies, both in and outside of BC.

Physicians involved in HOC include medical health officers in BC and the Yukon, physicians at the BC Centre for Disease Control, Ministry of Health, First Nations and Inuit Health and university departments as well as private consultants. Physicians may continue as active HOC members in retirement.

HOC is independent from these organizations and as such positions taken by HOC do not necessarily represent positions of the organization for which the members work.

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Executive Summary

There are a variety of benefits associated with the alcohol related industry and alcohol use, however, its acute and chronic effects cause substantial harm to British Columbians. Alcohol policy and regulation has a critically important impact on these health and safety problems. Eliminating archaic and overly bureaucratic regulation of alcohol must be accompanied by a careful examination of possible unintended consequences, particularly those flowing from any increases in geographic, temporal or financial availability.

HOC believes that achieving a balance of harms and benefits associated with alcohol requires a public health approach. A public health approach focuses on health promotion and prevention of disease, injury, disability, inequity and premature mortality. It also emphasizes that effective health and social services need to be in place to help those people who develop problems with alcohol.

This paper proposes a public health framework for regulating alcohol based on the best available scientific evidence. The framework includes guiding principles, explicit assumptions, an overall goal, and specific objectives. It then goes on to provide concrete recommendations for comprehensive regulation to achieve a coherent and balanced approach to alcohol in BC.

Recommendations

1. Vision, Goals, Processes, Evaluation and Accountability

1.1 Establish a provincial framework which clearly states the assumptions, principles, vision, goals and objectives that should guide alcohol policy and regulation in BC.

1.2 Adopt the goal for managing alcohol in BC to minimize the harm associated with alcohol, while allowing its benefits for individuals, families, communities, and society. Enshrine this goal in legislation.

1.3 Adopt the Provincial Health Officer's recommendations from 2002 (#6) and 2008 ("Other Policies" #6) that public health experts be involved in decisions made about all alcohol policies, programs, and strategies.

1.4 Conduct a health impact assessment on all proposed policy, legislative, and regulation changes BEFORE they are implemented to have a clear understanding of anticipated beneficial or harmful effects of such proposed changes.

1.5 Ensure that any policy development or review takes into account both the government revenue from alcohol sales and taxation and the costs of alcohol consumption related harms in a cost-benefit analysis.

1.6 Monitor the effects of any policy, legislative and regulatory changes made as a result of this review, and use the information to correct any imbalance between economic interests and the health and safety of British Columbians.

2. Availability

2.1 Maintain strong, centralized government control of production, wholesale, distribution, retail and pricing of alcohol.

2.2 Dedicate adequate resources to fulfill the public health and safety mandate by ensuring sufficient numbers of inspectors who are well equipped with the tools to carry out their mandate.

2.3 Do not expand the availability of alcohol. Maintain or decrease the number of off-premise outlets and densities of outlets.

2.4 Enable availability of alcohol to be reduced through provincial or local regulation if the density of on-premise or off-premise alcohol outlets has become associated with excess local or regional health or safety problems.

2.5 Eliminate on-line ordering and delivery services for alcohol.

2.6 Ensure that British Columbians employed in the hospitality, entertainment and tourist industries are adequately trained, competent in their alcohol serving roles , capable of managing dangerous situations, and able to identify and refer as appropriate clients engaging in hazardous drinking.

3. Accessibility

3.1 Adjust pricing to reflect alcohol content. Lower alcohol concentration products should be cheaper and higher ones more expensive.

3.2 Increase the minimum price to $1.50 per standard drink for off-premise purchase and $3.00 for on-premise consumption. This should include de-listed products and specials.

3.3 Index all alcohol prices to inflation, including minimum prices.

3.4 Eliminate price incentives for beverages disproportionately consumed by young people, especially high-strength coolers, high-strength ciders and high-strength beers.

3.5 Limit hours of sale to 11:00 AM to 9:00 PM for off-premise sales and 11:00 AM to 1:00 AM for on-premise consumption

3.6 Do not lower the current legal drinking age of 19 years. Maintain rigorous age verification practices and their auditing. Undertake a careful review of the positive and negative consequences of an increase in legal drinking age using the health impact assessment approach advocated for in recommendation 1.4

4. Consumption

4.1 Maintain the province's leading edge approach to impaired driving legislation.

4.2 Implement random breath testing for drivers.

4.3 Extend alcohol driving regulations to off-road vehicle use.

4.4 Extend the period of 0.00% alcohol tolerance for new drivers until three years after full license is granted or age 21, whichever comes first.

4.5 Reduce alcohol's contribution to large-scale unrest, violence, and injury by implementing the recommendations of the Stanley Cup Riot Review, especially exerting more control over hours of sale during special events and large community gatherings.

5. Information, Education, & Promotion

5.1 Prohibit alcohol promotion e.g. advertising, sponsorship etc. that may be seen by anyone under the age of 19.

5.2 Prohibit alcohol related sponsorship of facilities of or events organized by provincial, regional or municipal governments.

5.3 Prohibit alcohol promotion in and around any establishment where alcohol is sold.

5.4 Limit alcohol advertising content to the type, strength, origin, composition and other production characteristics of the alcohol product and the name and address of the manufacturer and agents, as well as methods of sale and consumption.

5.5 Monitor and report on manufacturer use of social media and other marketing that targets under-aged youth.

5. 6 Institute and publicize a formal complaint process for alcohol promotion that may be in violation of promotion regulations.

5.7 Increase spending on alcohol harm reduction messages to equal or exceed spending on government product promotion.

5.8 Increase resources dedicated to alcohol harm reduction messages about drinking while pregnant, drinking and driving, and low-risk drinking guidelines.

5.9 Prominently label alcohol products with their alcohol concentration, potential adverse health effects, and other cautions.

5.10 Require retailers to prominently display objective prevention, harm reduction and dependency treatment information.

6. Services for Problematic Alcohol Use

6.1 Ensure that comprehensive, adequately resourced health and social services are available for screening, diagnosis, intervention, withdrawal management, harm reduction, treatment, rehabilitation and recovery of individuals and communities who develop problems with alcohol.

1. Introduction

Alcohol policy and regulation have a critically important impact on the problems associated with alcohol and hence, public health and safety in BC. The Health Officers Council of BC (HOC) is particularly pleased to have been asked to meet Parliamentary Secretary for Liquor Policy Reform John Yap and to provide input to BC's Liquor Policy Review.

The terms of reference of the review brought three very different images to mind in preparing this submission. The first is a family enjoying a picnic at the beach, the adults openly (and sensibly) drinking BC wine they just purchased at their local farmers' market, without fear of having to 'pour it out'. The second is a family having to leave a pub because their youthful-looking 26 year old daughter, who ordered no liquor, had only one proof of identity. The last is any of the hundreds of You Tube videos of Vancouver's alcohol-driven Stanley Cup Riot.

Can BC really resolve the conundrum of allowing the first, getting rid of the second, and not increasing the likelihood that the third ever happens again? As Dr. Perry Kendall, the Provincial Health Officer, so succinctly said in his letter to Parliamentary Secretary Yap, "Balancing the benefits of consumption, production, distribution, sales and marketing of alcohol with the actual and potential harms will not be a simple task."

In short, it appears that the aim of the review is to favour a change in the regulatory regime to reflect a perceived change in drinking culture in BC. This has commonly been referred to in the press as a change to a more 'European drinking culture', where access to liquor is easier, but drinking **appears** less harmful (at least in some countries). One might encapsulate this idea as: More wine with dinner, less drunken brawling. The challenge arises when we look at the evidence and trends of alcohol use and health effects in North America. Unsafe (binge) drinking is on the rise, as well as per capita alcohol consumption over the last decade and with it the burden of acute poisoning, injury and chronic disease linked to alcohol use.

HOC is in favour of removing policies and regulations which are archaic or overly bureaucratic and whose absence will do no harm. On the other hand, any changes in the regulatory regime must also promote health and social well-being. To do this, the new regime must reflect the evidence from BC and elsewhere that greater availability, easier access to, and low prices for alcohol leads almost inevitably to greater health and social problems.

In this spirit, we are fortunate to have a substantial body of evidence on which to base recommendations, and we particularly point the Review to the following documents:

- "Public Health Approach To Alcohol Policy" by BC Provincial Health Officer Dr. Perry Kendall (1)
- "Alcohol: No Ordinary Commodity" by Thomas Babor et al (2)
- "Reducing Alcohol Harms and Costs in British Columbia: A Provincial Summary Report" by Kara Thompson et al (3)
- "Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation – Recommendations for a National Alcohol Strategy" (4)
- "Addressing the harmful use of alcohol : a guide to developing effective alcohol legislation" (5)

Health Officers Council supports the directions suggested by the recommendations of these reports, and through our opportunity to provide input to this Review, wishes to highlight those we feel are particularly important.

We have used our recently published report "Public Health Perspectives for Regulating Psychoactive Substances - What we can do about alcohol, tobacco and other drugs" (6) as the organizing framework for our comments.

Alcohol is one of a variety of psychoactive substances people have been consuming to alter to feelings, mood, sensations, and other mental experiences for thousands of years, with both beneficial and harmful outcomes. Other examples include tobacco, cannabis, products derived from the opium poppy, psychedelic substances, and stimulants such as cocaine and amphetamines.

Societies manage the health, social, and economic consequences of these substances in a variety of ways and with varying degrees of success. One extreme is to treat them as simple commodities to be freely traded, such as was the approach with tobacco until the health effects began to be noted in the 1960s. The other extreme is to make certain substances illegal to possess or sell, except under very limited circumstances, and impose criminal sanctions of varying severity on these activities.

How societies collectively manage psychoactive substances is an important determinant in how these substances affect them. Alcohol is no exception. However, the powerful influence of policy and regulation on health is under recognized, and is largely overshadowed by attention to the direct effects on individuals, such as toxic effects, behavioral changes, or addiction.

This submission highlights only a few facts about the public health effects of alcohol (these have been well summarized in the references previously mentioned), outlines a public health approach to alcohol, and provides recommendations for alcohol policy

that are intended to achieve a coherent and balanced approach to managing alcohol in British Columbia.

2. Harms and Benefits Associated with Alcohol

The harms associated with alcohol consumption create a substantial burden on public health and safety, and a net drain on government resources. Thus, like tobacco, it is a substance requiring thoughtful regulation and control and not a free-market commodity approach.

At the individual level alcohol has acute toxic effects on bodily systems, can severely impair mental functioning, and is addictive. Ongoing consumption has important negative chronic health effects, including the finding by the International Agency on Cancer Research that alcohol consumption, ethanol in alcoholic beverages, and acetaldehyde associated with the consumption of alcoholic beverages are carcinogenic to humans (Group 1) (7).

At the population level, the health impacts associated with alcohol in Canada for 2002 were estimated to account for 3.6 % of all deaths, 6.2% of all potential years of life lost, and 7.4% of all acute care hospital days (8). The total costs of alcohol for BC were estimated at $2.22 billion, with the per capita total costs of alcohol in BC estimated at $536 per person (8).

From 2002 to 2008 the number of government, rural agency, and in particular private liquor stores increased rapidly from 786 to 1294 (a 64 % increase) (9). In particular the trend towards privatisation of liquor outlets contributed to increased per capita sales (9), increased consumption, and the rapidly rising densities of private liquor stores in British Columbia was associated with a significant local-area increase in rates of alcohol-related death (10).

The benefits of alcohol were summarized by the Provincial Health Officer (1) as being related to economic activity, employment, revenue for governments and possible health benefits from low doses of alcohol on cardiac function, blood sugar levels for diabetics, and increased life expectancy, although there is debate about the potential health benefits at the population level.

When comparing direct costs to government to direct benefits from revenue, the Provincial Health Officer estimated that the costs outweighed the benefits such that the net direct **cost** of alcohol to the BC government in 2002-2003 was estimated to be $62 million ($17.83 per BC resident) (1).

3. A Public Health Approach to Alcohol

A public health approach focuses on health promotion and prevention of disease, injury, disability, inequity and premature mortality. The intent is to protect or improve the health of groups of people, or entire populations, including increasing health equity.

An important feature of a public health approach is its goal of maximizing potential benefits while minimizing harms of any intervention.

A public health approach operates within a framework of guiding principles, explicit assumptions, overall goals, and specific objectives and strategies. These guiding principles are social justice including equity, respect for human rights, evidence-informed policy and practice, and utilitarianism – "the greatest good for the greatest number"[1] .

With respect to alcohol, a public health approach recognizes that only some people choose to use alcohol, that people who use alcohol do so for anticipated beneficial effects and that some people are better off not using alcohol at all. It also emphasizes that effective services need to be in place to help those people who develop problems with alcohol. It is essential to have a health care system which provides adequate and appropriate screening, diagnosis, intervention, withdrawal management, harm reduction, treatment, rehabilitation and recovery services.

A public health oriented regulatory framework includes assumptions, principles, a vision, goals, and objectives. The entire supply and demand chain should be under comprehensive societal control in order to maximize control over availability and accessibility and minimize consumer demand. Production, wholesale, distribution, retail, possession, consumption and demand associated activities such as information and promotion (i.e. advertising, branding, or sponsorship) should be regulated through public health and safety oriented governance in a manner that protects public health and safety, while promoting improved health outcomes.

4. Determinants of Harms and Benefits

Alcohol production, distribution and use are deeply embedded in BC social life, which has resulted in widespread use (77% use in the past 12 months, 58 % use in the past 30 days for those aged 15 and over) (11). People consume alcohol for a wide variety of reasons and generally anticipate experiencing benefits, e.g. relaxation, pleasurable experience, reduction in personal or social anxiety, enhanced social cohesion, relief of psychological pain, to help deal with grief, or enhanced social performance.

[1] http://dictionary.reference.com/browse/utilitarianism

Scientific understanding of the determinants of problematic substance use comes from several disciplines, which consistently point to the interaction of genetic, psychological and social factors (12). Health inequities resulting from poverty, homelessness, unemployment and lack of social support, play key roles (13).

5. Regulation of Alcohol Using a Public Health Approach

Based on evidence, experience, and lessons learned from regulation of alcohol and tobacco, a public health approach for regulating alcohol germane to BC can be constructed as follows:

Assumptions

- Alcohol production, distribution and consumption will continue to be a common feature of BC society well into the future.

- New alcohol products or variations on existing products will continue to be developed and produced, and the consequences of their availability will need to be effectively managed.

- Substantial positive health and social gains can be made with evidenced-based, coordinated, multi-sectoral, public health oriented strategies to managing alcohol.

Principles for Policies

The Health Officers Council of BC (6) has proposed that the following principles be use as foundations for policies, laws and strategies for managing all psychoactive substances, including alcohol:

- Promotion and protection of life, health, security, and human rights and freedoms, attention to the determinants of health, and avoidance of unintended consequences.
- Empowerment through evidenced based information, education, and support for self determination.
- Informed consent about harms and benefits.
- Protection of consumers against false claims and unsafe products.
- Respect for individual autonomy in making decisions that affect one's body.
- Individuals need to be held responsible and accountable for actions that harm others.
- Consideration and respect for spiritual, traditional and therapeutic use of alcohol.
- Criminal sanctions limited to harm to others (i.e. crimes of force, bodily harm, fraud and public safety).
- Compassion for people directly or indirectly adversely affected by alcohol.
- Non-stigmatization and non-discrimination of consumers and providers.

- Evidence, incremental implementation and rigorous evaluation.
- Regulation intensity based on the potential population level harm/benefit ratio.
- Alcohol products that pose the least harm should be the most accessible.
- Easy and readily available access to help for people and communities who do experience problems with alcohol.

Principles for Process

Processes to develop policies, laws and strategies for psychoactive substances, including alcohol should be based on:

- Rational and respectful discussion.
- Consensus building.
- Inclusiveness - Involvement of people who grow, produce, distribute, and retail alcohol related products; those directly affected by alcohol, civil society, and the general public.
- Gaining support of communities and their leadership.
- Access to information and transparency.
- Where evidence is lacking, encouraging pilot projects with careful evaluation.
- Where policies and strategies are made without supporting evidence, this will be made explicit, and evaluation and research will be initiated.
- Decision makers need to be prepared to change course should negative unintended consequences occur.

Policies and regulations that result from these assumptions and principles should be:

- Clear, comprehensive, coherent and connected.
- Feasible, practical, and affordable.
- Easy to understand, straightforward to implement, and encouraging of compliance.
- Supportive of improving public health.

Critical factors for achieving success include:

- ✓ Strong political commitment for comprehensive multi-sectoral measures and coordinated responses.
- ✓ International cooperation.
- ✓ Protection of policies from being co-opted by commercial and other vested economic interests.

Vision

Based on previous HOC work, the following vision is proposed to guide alcohol policy and regulation

- Alcohol is managed in a mature, compassionate and open manner. This includes using the law as an important source of rules for behaviour, while also promoting autonomy and individual responsibility, and therefore making only sparing use of the laws of constraint of individuals.
- Consumption is not promoted and is appropriately discouraged.

- People are supported to seek their own well-being and development and recognize the presence, difference and equivalence of others.
- Individuals, families, and communities with problems associated with alcohol are able to find accessible, appropriate, effective and non-discriminatory services.

Goal

Minimize the harm associated with alcohol, while allowing its benefits for individuals, families, communities, and society.

Objectives (some examples)

- Reduced demand for alcohol
- Reduced consumption by younger people
- Delayed onset of alcohol use by youth
- Reduced risky use of alcohol
- Reduced harm associated with public drunkenness, violence, or traffic crashes.
- Reduced injury associated with alcohol use.
- Reduced harm to children, including reduced incidence of FASD
- Reduced use of concentrated forms of alcohol
- Reduced affordability
- Reduced the availability
- Reduced exposure to alcohol marketing

To create a coherent and balanced approach other sectors for which objectives could be established include social welfare, education safety, public order, justice, agriculture, and business and finance sectors.

Accountability and Evaluation

The positive and negative effects of policy and regulation changes on individuals, families, communities and society as a whole will need to be carefully monitored. Adequate investments in dedicated resources for evaluation will be essential to provide the information needed to guide such important changes.

Evaluation will be required to answer questions regarding regulation and best practices implementation and effectiveness or harms of the new regulations on health, crime, social, economic, and safety. These evaluation reports should be produced regularly and made available to the public. Research will be necessary to address questions which arise from these evaluations and from other challenges.

Recommendations:

1.1 Establish a provincial framework which clearly states the assumptions, principles, vision, goals and objectives that should guide alcohol policy and regulation in BC.

1.2 Adopt the goal for managing alcohol in BC to minimize the harm associated with alcohol, while allowing its benefits for individuals, families, communities, and society. Enshrine this goal in legislation.

1.3 Adopt the Provincial Health Officer's recommendations from 2002 (#6) and 2008 ("Other Policies" #6) that public health experts be involved in decisions made about all alcohol policies, programs, and strategies.

1.4 Conduct a health impact assessment[2] on all proposed policy, legislative, and regulation changes BEFORE they are implemented to have a clear understanding of anticipated beneficial or harmful effects of such proposed changes.

1.5 Ensure that any policy development or review takes into account both the government revenue from alcohol sales and taxation and the costs of alcohol consumption related harms in a cost-benefit analysis.

1.6 Monitor the effects of any policy, legislative and regulatory changes made as a result of this review, and use the information to correct any imbalance between economic interests and the health and safety of British Columbians.

Policies and Regulations

Availability - Governance, Business Model, Wholesale, Distribution, Revenue, Retailing

Availability of alcohol is heavily influenced by the governance and business model employed to control wholesale, distribute, and retail alcohol. From a public health perspective, the governance and business model should be based on public interest, especially public health and safety, rather than private interests. That is, the model should be one in which public health and safety rather than revenue generation and

[2] Health Impact Assessment is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects (http://www.who.int/hia/about/en/index.html).

profit making are the main focus, and accountability for outcomes is to the public through government.

Public interest government monopolies on alcohol such as exist in BC and other jurisdictions are important to preventing alcohol related harms ,with the evidence supporting the value of state-run alcohol monopoly-type models in moderating alcohol consumption and alcohol-related harms (2). The National Alcohol Strategy has recommended that to reduce harm the provincial and territorial monopoly systems of control over alcohol should be maintained (4). Recent publications by Stockwell et al have documented the effects of moving from a government monopoly-type model to partial privatization of alcohol in BC, including increased consumption (9) and increased harms as indicated by increased mortality (10).

Government monopolies on alcohol retail sales are a low cost and effective way to reduce alcohol-related harm, provided public health and public order objectives are the primary rationale for the system, rather than revenue maximization (2).

On the retail side strategies include significant penalties for unlicensed sales and sales to minors, and effective training of retailers and servers about the harms associated with alcohol, including training about harmful substance use and support services for problematic use. Finally, reducing promotion will limit demand; this can be accomplished by ensuring, retail shops are nondescript, have limited signage, and do not present external advertising (see below for additional comments on advertising and promotion).

Requirements for retail sites could include:

- Retailers trained and required to pass courses to be sources of objective information about the risks and benefits of the alcohol. Training would also be required in recognizing people experiencing problems related to their consumption patterns, and in referral for people who may be experiencing problems with use.
- Staff should be required to have training in management of people under the influence of alcohol as well as basic first aid to deal with potentially difficult situations e.g. someone under the influence of alcohol causing disruption in a retail location.
- Retailers should be required to ensure that objective, health-based prevention, harm reduction and dependency treatment information is prominently displayed.
- Retailers required to develop good neighbour agreements, may be limited in terms of reasonable distance from schools and the density of outlets, and would have limited hours of operation. Local community authority to vary these standards within limits on a case by case basis could be included.

Recommendations:

2.1 Maintain strong, centralized government control of production, wholesale, distribution, retail and pricing of alcohol.

2.2 Dedicate adequate resources to fulfill the public health and safety mandate by ensuring sufficient numbers of inspectors who are well equipped with the tools to carry out their mandate.

2.3 Do not expand the availability of alcohol. Maintain or decrease the number of off-premise outlets and densities of outlets.

2.4 Enable availability of alcohol to be reduced through provincial or local regulation if the density of on-premise or off-premise alcohol outlets has become associated with excess local or regional health or safety problems.

2.5 Eliminate on-line ordering and delivery services for alcohol.

2.6 Ensure that British Columbians employed in the hospitality, entertainment and tourist industries are adequately trained, competent in their alcohol serving roles , capable of managing dangerous situations, and able to identify and refer as appropriate clients engaging in hazardous drinking.

Accessibility – Age, Price, and Taxation

Even though a comprehensive review of the evidence (14) concluded that a legal drinking age of 21 is effective in reducing alcohol related problems among youth, increasing the legal age in BC may have unintended negative consequences that need to be considered. At the same time lowering the drinking age would be expected to increase alcohol related problems for youth. The health impact assessment process previously mentioned could assist in determining whether to raise the drinking age, as is suggested by the evidence of beneficial effect.

Price affects use and consequent harms (2, 3). Pricing and taxation of products can be used to reduce harm by inhibiting or altering patterns of consumption. HOC realizes that consideration about pricing and taxation will be undertaken through an alternative process, but because of the importance of this measure from a public health perspective, we provide the following recommendations at this time. In fact, we consider these to be among the most important of our recommendations. They best satisfy the requirements of decreased harm while being neutral or positive to government revenue.

In addition, despite governments' general aversion to dedicated taxes, we know that taxes directed to public health promotion and protection can be very effective. For

example, from 1992-1997, the Northern Territory of Australia placed a small levy on alcoholic drinks stronger than 3% alcohol by volume (i.e. exempting low alcohol beer) to fund alcohol harm reduction programmes. The combination of price increase and programme implementation significantly reduced acute alcohol-related mortality in the Territory, an effect which did not continue after the levy was removed (15).

Recommendations:

3.1 Adjust pricing to reflect alcohol content. Lower alcohol concentration products should be cheaper and higher ones more expensive.

3.2 Increase the minimum price to $1.50 per standard drink for off-premise purchase and $3.00 for on-premise consumption. This should include de-listed products and specials.

3.3 Index all alcohol prices to inflation, including minimum prices.

3.4 Eliminate price incentives for beverages disproportionately consumed by young people, especially high-strength coolers, high-strength ciders and high-strength beers.

3.5 Limit hours of sale to 11:00 AM to 9:00 PM for off-premise sales and 11:00 AM to 1:00 AM for on-premise consumption

3.6 Do not lower the current legal drinking age of 19 years. Maintain rigorous age verification practices and their auditing. Undertake a careful review of the positive and negative consequences of an increase in legal drinking age using the health impact assessment approach advocated for in recommendation 1.4

Purchase, Consumption, and Use

Measures directed at individuals whose behaviour injures and kills others consequent to their use of alcohol are very important to prevent those behaviours from taking place. BC has made important advancements in controlling driving after drinking and the province is recognized as a leader in this regard. However more can be done. Random breath testing is a proven measure (2) that could be implemented, the new driver alcohol and driving restrictions could be strengthened, and off–road vehicle alcohol impaired driving regulations developed.

BC experienced a major public disturbance due to alcohol impairment which was internationally embarrassing and resulted in much property damage and injuries. The review of that incident resulted in many recommendations (16) to prevent such events in the future.

Recommendations:

4.1 Maintain the province's leading edge approach to impaired driving legislation.

4.2 Implement random breath testing for drivers.

4.3 Extend alcohol driving regulations to off-road vehicle use.

4.4 Extend the period of 0.00% alcohol tolerance for new drivers until three years after full license is granted or age 21, whichever comes first.

4.5 Reduce alcohol's contribution to large-scale unrest, violence, and injury by implementing the recommendations of the Stanley Cup Riot Review, especially exerting more control over hours of sale during special events and large community gatherings.

Demand Reduction – Information, Education, Promotion

An important role for government is to address the biopsychosocial and economic determinants of demand.

One of the most important lessons learned from the commercialization of alcohol is that product promotion is a significant driver of consumption and consequent increases in population harms, including linking exposure of youth to alcohol marketing to greater likelihood of drinking, earlier onset of drinking, heavier drinking, and experiencing drinking problems at a later age among young people (2). Conversely, bans or partial bans can contribute to reducing alcohol related harm (2).

Therefore all promotion of alcohol should be very tightly controlled, and prohibited in many settings.

Promotion comes in many forms and includes advertising, branding/naming, sponsorship, gifting, product association with film, leading personality recruitment, associating use with attractive activities such as sporting, socialization, sex, and vacations; pricing reductions (i.e. loss leaders); labelling suggestive of pleasure, enhanced performance, over stated benefits; creating youth attractive products (e.g. alcopops); and other messages suggestive of performance enhancement.

Many jurisdictions have restrictions or prohibitions on various types of advertising (both exposure and content), sponsorship, sale or signage in sport facilities, and promotions by licensed premises. Examples of health supporting laws implemented by a variety of jurisdictions and recommendations are included in a recent book from the World Health Organization "Addressing the harmful use of alcohol: a guide to developing effective alcohol legislation" (5)

Recommendations:

5.1 Prohibit alcohol promotion e.g. advertising, sponsorship etc. that may be seen by anyone under the age of 19.

5.5 Prohibit alcohol related sponsorship of facilities of or events organized by provincial, regional or municipal governments.

5.6 Prohibit alcohol promotion in and around any establishment where alcohol is sold.

5.7 Limit alcohol advertising content to the type, strength, origin, composition and other production characteristics of the alcohol product and the name and address of the manufacturer and agents, as well as methods of sale and consumption.

5.5 Monitor and report on manufacturer use of social media and other marketing that targets under-aged youth.

5. 6 Institute and publicize a formal complaint process for alcohol promotion that may be in violation of promotion regulations.

5.7 Increase spending on alcohol harm reduction messages to equal or exceed spending on government product promotion.

5.8 Increase resources dedicated to alcohol harm reduction messages about drinking while pregnant, drinking and driving, and low-risk drinking guidelines.

5.9 Prominently label alcohol products with their alcohol concentration, potential adverse health effects, and other cautions.

5.10 Require retailers to prominently display objective prevention, harm reduction and dependency treatment information.

6. Services For Problematic Alcohol Use

In spite of the best regulations, programs and services there will still be health and social problems associated with alcohol.

Comprehensive, adequately resourced health and social services are needed for those who develop problems with alcohol use. These include health promotion, education, prevention, protection, harm reduction, discrimination reduction, screening, diagnosis, brief intervention, withdrawal management, treatment, rehabilitation and recovery. Access to behaviour related, supportive, and social services e.g. spiritual, financial, interpersonal, and ensuring adequate resources for daily living such as housing and food

and, if indicated, pharmaceutical and/or natural agents under appropriate supervision, will be important for patients that have problems with their personal management of alcohol.

Recommendations:

6.1 Ensure that comprehensive, adequately resourced health and social services are available for screening, diagnosis, intervention, withdrawal management, harm reduction, treatment, rehabilitation and recovery of individuals and communities who develop problems with alcohol.

7. Conclusion

There are many benefits associated with alcohol in British Columbia. However the harms are also substantial due to acute and chronic effects. Alcohol policy and regulation has a critically important impact on the problems associated with alcohol and hence, public health and safety. Achieving a balance of benefits and harms requires implementing a public health approach.

Implementation of the public health framework and concrete recommendations proposed in this paper will provide for comprehensive regulation to support achievement of a coherent and balanced approach to alcohol in BC.

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