HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

Position Statement on Alcohol

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 Health Authority, 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.

This document is available on the web at https://www.healthofficerscouncil.net/positions-and-advocacy/publications/alcohol/.

Introduction:

In 2013, HOC made a submission to the Liquor Policy Review that proposed a public health framework for regulating alcohol. Specific recommendations were proposed for comprehensive regulation to achieve a coherent and balanced approach to alcohol in BC (Health Officers Council of BC, 2013).

Alcohol policy changes which increase access to and availability of alcohol are known to result in increases of alcohol-related health harms. Ten years after the 2013 submission, alcohol consumption rates in BC have been trending upwards while Canadian consumption rates have remained relatively stable. In 2020, alcohol health harms included 160,413 ER and hospital visits, and 2600 deaths. As of 2020/21, alcohol revenues in the province were $2.04B, while harms cost the province $2.81B, a total deficit of $768M (Naimi et al., 2023).

The 2023 Canada Guidance on Alcohol and Health recommends a significant reduction in alcohol consumption to reduce alcohol related harms and reflects that there are risks associated with all alcohol consumption (Paradis et al., 2023). In applying the 2023 Canada Guidance on Alcohol and Health to alcohol consumption in BC, an estimated 56% of the population 15 years of age and older are in the "increasingly high risk" category (7+ drinks per week). At the October 2022 HOC, membership adopted Resolution #156-02 that BC alcohol policy changes made since the start of COVID-19 which increase access and availability of alcohol be reversed, in the interests of protecting public health. There was also a need to refresh HOC's position on alcohol policy in BC based on updated evidence. These recommendations, updated from the original 2013 submission, are outlined in this statement. Specific measures made permanent since the pandemic referenced in the 2022 HOC AGM resolution have been highlighted where applicable.

The social and health burdens of alcohol use are inequitably distributed and policy interventions must both address the inequities and ensure that any additional financial, administrative, or other harms from policy interventions to specific populations are identified and mitigated. Within this, HOC recognizes historical and ongoing impacts of alcohol policy on Indigenous people in the communities that we serve.

These impacts have been and are experienced differently by individuals and communities. As such, discussion, modification and/or implementation of any/all of the recommendations proposed in this statement must recognize Indigenous Peoples as rights and title holders and specifically their right to self-determination and jurisdiction over their health.

We thank those HOC members who have volunteered their time to develop this position statement, as well as the work by Ministry and academic partners to provide updated evidence and commentary on this statement.

Overarching recommendations

1. **Establish a provincial framework/strategy that clearly states the assumptions, principles, vision, goals and objectives that should guide alcohol policy and regulation in BC.**

2. **Adopt a goal of reducing per capita alcohol consumption in BC to reduce the health and social harm associated with alcohol. Enshrine this goal in legislation.**
   HOC's recommended objectives of the provincial framework/strategy are as follows:

Objective 1: Reduce availability and accessibility

1.1 Strengthen centralized government control of production, wholesale, distribution, retail, and pricing of alcohol ensuring that there are accountabilities to public health and policies are developed and implemented without industry involvement. Increase the current proportion of government-owned and operated off-premise retail outlets (i.e. liquor stores) and move towards a full government monopoly.

1.2 Reduce the availability of alcohol. Maintain or decrease the number, density and/or hours of operation of alcohol outlets. Also consider the type of outlets (on- or off-premise/type of license/business), location, and proximity of sales to places where children, youth and other vulnerable populations frequent. Maintain the current moratorium on liquor retail licenses.

1.3 Eliminate or restrict on-line ordering and delivery services for alcohol.

1.4 Restrict/do not allow any further expansion of alcohol sales in grocery stores or in places where alcohol is not traditionally sold (such as bookstores, barber shops or coffee shops).

1.5 Restrict /do not allow any future expansion of alcohol consumption in public spaces such as parks and plazas.

1.6 Reduce hours of sale, starting with reverting to pre-COVID-19 pandemic levels (11:00 AM to 9:00 PM for off-premise sales and 11:00 AM to 1:00 AM for on-premise consumption).

1.7 Increase legal drinking age to 21 years. Maintain rigorous age verification practices and their auditing.

1.8 Ensure that British Columbians employed in the hospitality, entertainment and tourist industries maintain adequate training, competency in their alcohol serving roles, capability in managing dangerous situations, and ability to identify and refer as appropriate clients engaging in hazardous drinking.

COVID highlight:
- Reverse allowing home delivery services to purchase liquor on behalf of a customer from a liquor store or from any licensee authorized to sell in unopened containers post-pandemic
- Reverse authorization for extended hours of retail service from 9 am to 7 am post-pandemic

- Reverse Expanded Service Areas have been made permanent (previously known as Temporary Expanded Services Areas)

Objective 2: Adjust pricing to support lower risk consumption

2.1 Adjust pricing to reflect alcohol content (ex. minimum unit pricing). Lower alcohol concentration products should be cheaper and higher ones more expensive.

2.2 Increase the minimum price to $1.75 per standard drink for off-premise purchase and $3.00 for on-premise consumption.[1] This should include de-listed products and specials.

2.3 Index all alcohol prices annually to inflation, including minimum prices.

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

COVID highlights:

- Reverse reduced wholesale pricing for retailers made permanent post-pandemic

Objective 3: Increase provision of information about risks of alcohol

3.1 Prominently label alcohol products with the number of standard drinks, alcohol concentration, potential adverse health effects/health warnings, and nutritional information (calories, allergens, and intolerants). Health warnings should:
   a. Be large, significant, and visible (similar to Health Canada's warning on tobacco products).
   b. Meet duty to warn requirements.

3.2 Increase spending and resources dedicated to messages about alcohol risks, harm and harm reduction (including information about Canada's Guidance on Alcohol and Health, drinking while pregnant, drinking and driving). Spending should be equal to or exceed government spending on alcohol product promotion.

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

Objective 4: Reduce exposure to promotion and advertising

4.1 Prohibit alcohol promotion e.g., marketing, advertising, sponsorship, etc. that may be seen by anyone under the legal drinking age. Explore similar approaches taken around tobacco and include warnings at the end of advertisements similar to pharmaceuticals (counter-advertising).

4.2 Prohibit alcohol related sponsorship of facilities of or events organized by provincial, regional and municipal governments, including government funded organizations.

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

4.4 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.

[1] This is based on the 2013 submission. RHAs have since supported $1.75 PPSD for off-premises purchases as of 2021/22.

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

Objective 5: Reduce harms related alcohol impaired driving, Services for Problematic Use

5.1 Maintain random breath testing for drivers. Increase frequency and coverage of existing drinking and driving countermeasures and ensure measures extend to venues that sell alcohol, such as ferries, ski hills, and big sporting events.

5.2 Extend alcohol driving regulations to off-road vehicle use, including boating and any other use of motorized vehicles.

5.3 Extend the period of 0.00% alcohol tolerance for new drivers after new licence is received. Evaluate the effectiveness of 0.00% alcohol tolerance for all drivers and increase services to get people home safely after drinking (e.g., free busses after 10pm).

Objective 6: Improve services for people experiencing problem use

6.1 Ensure that comprehensive, adequately resourced health and social services are available for the continuum of response to harmful alcohol use[2]

Objective 7: Enhance monitoring and reporting

7.1 Monitor the effects of any policy, legislative and regulatory changes made as a result of this review (see overarching recommendations), and use the information to improve the health and safety of British Columbians. Apply an equity lens, monitoring the impacts of alcohol policy changes on sub-populations and regions within BC, not just at the provincial level. Primary responsibility for this would be held by both the Ministry of Health and Liquor and Cannabis Regulation Branch.

7.2 Enforce and regulate the monitoring and reporting of marketing/promoting of alcohol.

7.3 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.

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[2] Harmful alcohol use definition: "Use of alcohol that is known to have caused tissue damage or mental illness in a particular person (Edwards et al., 1981). In ICD-10, it is defined as a pattern of alcohol consumption that is causing mental or physical damage. Currently, the WHO uses it in in two different meanings: (1) as a diagnosis in ICD-11, it refers to the individual's pattern of heavy drinking that has caused damage to the individual's physical or mental health or has resulted in behaviour leading to harm to the health of others; (2) in the context of the 2010 WHO Global Strategy to Reduce Harmful Use of Alcohol, the concept of harmful use is defined broadly as it encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker, and society at large, as well as the patterns of drinking that are associated with an increased risk of adverse health outcomes." (Babor et al., 2023, p.334).

References:

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