

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
3 November 2016 / 3 novembre 2016**

**Submitted on October 27, 2016
Soumis le 27 octobre 2016**

**Submitted by :
Soumis par:**
Dr./D^r Isra Levy, Medical Officer of Health/Médecin chef en santé publique

**Contact Person
Personne ressource:**
**Gillian Connelly, Manager / Gestionnaire, Health Promotion and Disease
Prevention/ Promotion de la santé et prévention des maladies
Ottawa Public Health / Santé publique Ottawa
613-580-2424, ext./poste 28971, Gillian.Connelly@ottawa.ca**

**Ward: CITY WIDE / À L'ÉCHELLE DE LA
VILLE**

**File Number: ACS2016-OPH-HPDP-
0007**

SUBJECT: TOWARDS A CULTURE OF ALCOHOL MODERATION

OBJET: VERS UNE CULTURE AXÉE SUR LA MODÉRATION

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Receive for information the *Status of Alcohol in Ottawa: Let's Continue the Conversation* report, attached at Document 1; and**
- 2. Approve a community engagement approach for the strategic initiative *Towards a Culture of Alcohol Moderation*, as outlined in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

1. prenne connaissance du rapport *L'alcool à Ottawa : poursuivons la conversation* (ci-joint comme document 1);
2. approuve une approche axée sur l'engagement communautaire pour la mise en œuvre de l'initiative stratégique *Vers une culture de consommation modérée d'alcool*, comme il est indiqué dans le rapport susmentionné.

EXECUTIVE SUMMARY

Ottawa Public Health's (OPH) [Strategic Plan for 2015 – 2018](#) (ACS2015–OPH-SSB – 0006) identifies five strategic directions, including the Strategic Direction – Foster Mental Health in our Community. In June 2016, the Board of Health approved the OPH plan to *Foster Mental Health in our Community*, which includes the strategic initiative *Towards a Culture of Alcohol Moderation*, which aims to assess the drinking culture, reframe alcohol use from an individual to a community focus, and engage the community for local action.

As part of this report, OPH is recommending that the Ottawa Board of Health receive for information the report titled ***Status of Alcohol in Ottawa: Let's Continue the Conversation***. The report highlights-community perspectives on alcohol use – gathered from the online “*Have Your Say*” alcohol survey; statements from collaborating organizations; and local epidemiological data.

While, the majority of Ottawa adults (83%) drink alcohol; 42 percent are considered to be at moderate to high risk of alcohol-related harm.^[1] For young adults and students the picture is also concerning; 44% of young adults report binge drinking at least once a month and 47% of high school students in grades 7 to 12 report drinking alcohol in the past year.

There is a strong association between the amount of alcohol consumed in a given population and the type and number of problems experienced. Alcohol-related harms include acute health effects, chronic health effects, and second-hand effects. Second-hand effects describe the damage and harm experienced from someone else's drinking. These effects reach beyond individuals to families, friends and society which include violence or abuse, suicide, lost productivity, family disruption, crime, and impaired driving, among others. Alcohol has the highest impact, in terms of human harm and

^[1] Moderate risk means binge drinking 3 times or less a month in the past year. High risk means binge drinking weekly or more often in the past year.

financial costs, compared with other substances. This burden can be seen in health care, law enforcement, and lost productivity in the workplace.

Comprehensively addressing local alcohol-related harms goes beyond the mandate, capacity and resources of any one organization. Community support will be crucial. To foster this support, OPH is proposing a three-point community engagement approach with an aim to reframe alcohol use from an individual to a community. OPH will raise awareness about the status of alcohol in Ottawa, seek opportunities for collaborative action with multiple sectors and adapt best practices to inform a local approach. As part of this three-point plan, OPH will invite stakeholders to help inform a local assessment of alcohol policies, which can support the community, raise awareness of harms, influence community social norms, and promote healthier communities.

SOMMAIRE

[Le Plan stratégique](#) de Santé publique Ottawa 2015-2018 (ACS2015–OPH-SSB-0006) définit cinq orientations stratégiques, dont l'orientation stratégique *Favoriser la santé mentale dans la collectivité*. En juin 2016, le Conseil de santé a approuvé le *Plan de Santé publique Ottawa pour favoriser la santé mentale dans la collectivité*, qui comprend l'initiative *stratégique Vers une culture de consommation modérée d'alcool*, laquelle a pour objectifs d'évaluer la culture associée à la consommation d'alcool, de redéfinir l'alcool comme un enjeu qui touche l'ensemble de la collectivité et de mobiliser la collectivité autour d'une action locale.

Dans le cadre de ce rapport, SPO recommande que le Conseil de santé d'Ottawa prenne connaissance du rapport ***L'alcool à Ottawa : poursuivons la conversation***. Ce rapport contient une perspective communautaire de la consommation d'alcool qui reflète les résultats du sondage en ligne sur l'alcool *Donnez Votre Avis*, les déclarations d'organismes participants et les données épidémiologiques locales.

Bien que la majeure partie des adultes d'Ottawa (83 %) consomment de l'alcool, 42 % d'entre eux sont considérés comme des consommateurs qui présentent un risque modéré ou élevé de dommages causés par la consommation d'alcool^[1]. Pour les jeunes adultes et les étudiants, la situation est également préoccupante. Quarante-quatre pour cent (44 %) des jeunes adultes déclarent avoir consommé de l'alcool à l'excès au moins

^[1] Un risque modéré correspond à une consommation d'alcool à l'excès trois fois ou moins par mois au cours de la dernière année. Un risque élevé correspond à une consommation d'alcool à l'excès une fois ou plus par semaine au cours de la dernière année.

une fois par mois au cours de la dernière année; 47 % des élèves de niveau secondaire (de la 7^e à la 12^e année) déclarent avoir consommé de l'alcool durant la dernière année.

Il existe une forte association entre la quantité d'alcool consommée dans une population donnée et le type et le nombre de problèmes qui y sont observés. Les dommages liés à l'alcool comprennent des effets aigus et chroniques pour la santé ainsi que des effets secondaires. Les effets secondaires de la consommation d'alcool renvoient aux dommages et aux préjudices causés par la consommation d'autrui. Ces effets vont au-delà de la personne pour atteindre les familles, les amis et la société. Ils incluent la violence ou les agressions, le suicide, la perte de productivité, l'éclatement des familles, le crime et la conduite avec facultés affaiblies, pour ne nommer que ceux-là. Sur les plans humains et financiers, l'alcool a la plus forte incidence comparativement aux autres substances. Le fardeau de l'alcool se manifeste dans les soins de santé, l'application de la loi et la perte de productivité au travail.

Le traitement global des méfaits de l'alcool dépasse le mandat, les capacités et les ressources d'une unique organisation. Le soutien communautaire sera crucial. Pour favoriser ce soutien, SPO propose une approche en trois volets qui est axée sur l'engagement communautaire et qui a pour objectif de redéfinir le choix personnel de consommer de l'alcool comme un enjeu qui touche l'ensemble de la collectivité. SPO sensibilisera le public à la question de la consommation d'alcool à Ottawa, trouvera de nouvelles occasions de collaboration avec différents secteurs et adaptera les pratiques exemplaires de manière à favoriser une action locale. Dans le cadre de cette approche en trois volets, SPO invitera les intervenants à éclairer l'évaluation locale des politiques sur l'alcool afin que celles-ci soutiennent la collectivité, accroissent la sensibilisation à l'égard des méfaits, fassent évoluer les normes sociales communautaires et favorisent des collectivités plus saines.

BACKGROUND

Ottawa Public Health's (OPH) [Strategic Plan](#) for 2015 – 2018 (ACS2015–OPH-SSB – 0006) identifies five strategic directions, including the Strategic Direction – Foster Mental Health in our Community. In June 2016, the Board of Health approved the OPH plan to *Foster Mental Health in our Community*, which includes a focus area entitled 'Towards a more resilient community'. OPH is seeking to support a more resilient community where individuals are better able to cope with stresses and challenges; and looking at opportunities to influence the environment in which we live. Positive mental health environments include healthy social and cultural norms, as well as policies that address inequities in health, poverty and education. The strategic initiative Towards a

Culture of Alcohol Moderation aims to assess the drinking culture, reframe alcohol use from an individual to a community focus, and engage the community for local action.

Alcohol use in Ottawa

In 2013, the Board of Health approved the [Substance Misuse in Ottawa Technical Report](#).¹ The report identified alcohol as the most commonly used substance, with adults in Ottawa drinking more heavily than the Ontario average. The report stated the need for a comprehensive approach to reduce the significant burden of alcohol-related harms.

The majority of Ottawa adults (83%) drink alcohol. Forty-two percent of Ottawa adults are considered to be at moderate to high risk of alcohol-related harm.^A For young adults and students the picture is also concerning; 44% of young adults report binge drinking at least once a month and 47% of high school students in grades 7 to 12 report drinking alcohol in the past year. Despite 19 years being the legal drinking age, 22% of Ottawa students binge drink at least once a month.²

Alcohol-related harms

Evidence shows a strong association between the quantity of alcohol consumed in a given population and the type and number of problems experienced in that population.³ Alcohol-related harms can be grouped into three areas: acute health effects, chronic health effects, and second-hand effects.⁴

Acute health effects refer to the short-term consequences incurred by a person who has been drinking including alcohol poisoning, falls, amnesia, memory loss, blackouts, and personal injuries. Alcohol use results in 6,100 emergency department visits in Ottawa every year.²

Chronic health effects speak to the damage developed by consuming alcohol regularly over time, such as cancer, cardiovascular disease and alcohol dependency. How much and how often a person drinks, will influence the negative impacts of alcohol as they are dose-dependent.⁵ Recent evidence shows that alcohol causes seven types of cancer⁶, is a causal factor in at least 60 types of diseases and injuries, and contributes to more than 200 others⁵. Drinking alcohol contributes to chronic health effects, including several

^A Moderate risk means binge drinking 3 times or less a month in the past year. High risk means binge drinking weekly or more often in the past year.

types of cancer, fetal alcohol spectrum disorder, cardiovascular disease, and cirrhosis of the liver.^{5,7}

The second-hand effect of drinking refers to the damage and harm experienced from someone else's drinking.⁴ These effects reach beyond the individual to families, friends and society, to include violence or abuse, suicide, lost productivity, family disruption, crime, and impaired driving, among others.

Alcohol's acute, chronic and second-hand effects also create a financial burden. Alcohol has the highest impact, in terms of human harm and financial costs, compared with other substances. This burden can be seen in health care, law enforcement, lost productivity in the workplace, and more. The estimated 2002 Ontario direct health care costs were \$1.2 billion.⁸

Provincial context

Ontario is considered a leader in the terms of regulating the legal drinking age, drinking and driving prevention and countermeasures, and minimum pricing structures.⁹ However, other policy domains are becoming less supportive of health. Directed by the Government of Ontario, the Alcohol and Gaming Commission of Ontario (AGCO) initiated a regulatory review in 2013.¹⁰ This review focused on the laws, policies and procedures that fall within the existing regulatory mandate of the AGCO, including licensing, manufacturer retail stores, advertising and promotional activities, and local inspections.

Since this provincial review began, regulatory changes have expanded the availability of alcohol. The shifts in regulation to make alcohol more available are continuing. A few of the most recent changes are:

- In December 2015, the Government implemented the sale of beer in grocery stores. Progressively, up to 450 grocery stores across Ontario will be authorized to sell beer.
- In May 2016, the "Wine in Farmers Markets" two-year pilot project became permanent and expanded to include fruit wines and cider along with a number of other changes to expand access to alcohol.
- In July 2016, the Liquor Control Board of Ontario (LCBO) announced online shopping with a home delivery component.

The province announced a commitment to developing a comprehensive, province-wide Alcohol Policy in 2015, though the policy has not yet been released.¹¹ OPH is

monitoring the situation through involvement with the Ontario Public Health Association and continues to advocate for action in this important policy area.

OPH's role in promoting a culture of alcohol moderation

The *Ontario Public Health Standards* (2008) lay out the requirements of public health units in relation to substance misuse prevention. These include assessment and surveillance; health protection; health promotion; and policy development. Health promotion is further defined as public awareness and capacity building of priority populations. The burden of alcohol is highlighted in many areas of the OPHS, including chronic diseases, injuries, substance misuse, and reproductive health.¹²

OPH's programming to date has mainly focused on surveillance, education and awareness. In order to be more comprehensive, OPH is expanding its scope to include broader community involvement and bring forward evidence to support policy and regulatory changes.¹³

Advancing our scope: Healthy Public Policy

Seeking to advance healthy public policy will be critical, as OPH aims to reframe alcohol use from an individual to a community focus, and engage the community for local action. Local alcohol policies can support the community, raise awareness of harms, influence community social norms, and promote healthier communities.¹⁴ Changing a culture of drinking not only requires an examination of individual drinking patterns, but also elements within the environment that may influence people's opinions and decisions about alcohol use. Examples of environmental influencers over alcohol use include alcohol marketing, social encouragement, modelling, and increased availability.

Policies are most effective when aligned with provincial alcohol strategies and guided by provincial legislation.¹⁴ The Centre for Addiction and Mental Health (CAMH) and Public Health Ontario (PHO) created a resource to support local action within seven alcohol policy approaches.⁷ These approaches are research-based and internationally recognized to reduce alcohol-related harms.¹³

Extensive research reveals that targeted interventions and population-wide approaches are required to reduce the total alcohol-related harm.¹⁵ The seven approaches can be organized into two tiers: population-level interventions; and focused policies and interventions. The population-level interventions focus on decreasing the damage from alcohol and reducing high-risk drinking in the future. They include regulating the physical availability of alcohol; alcohol taxes and pricing to control affordability; and

marketing restrictions.¹⁶ Focused policies and interventions are oriented to specific drinking situations, risk behaviours, contexts or sectors of the population. They include drinking and driving prevention and enforcement measures; interventions to modify the drinking context; education and persuasion strategies; and the provision of treatment and early intervention services.⁷

DISCUSSION

The goal of the strategic initiative is to mobilize the Ottawa community to adopt a culture of drinking alcohol in moderation. This requires that the community recognize alcohol as a health issue, affecting not only individuals, but the whole community; that the community and stakeholders be engaged and committed to collaborate on solutions and that best practice and evidence guide the process.

In 2015-2016, OPH initiated the process by reaching out to community members and key stakeholders and starting the conversation about the effects of alcohol. Concurrently, OPH began its assessment on the current status of alcohol in Ottawa.

Community engagement included the launch of the online “*Have Your Say*” alcohol survey. Over 2000 individuals, 16 years or older who live, work or study in Ottawa responded and shared their [personal stories](#) of alcohol-related harm. Common themes emerged, including concerns about violence, impaired driving, binge drinking and underage drinking; as well as concern for others such as children, youth, women, and family impacts.

Over the course of a year, stakeholders from various sectors were consulted about their experiences addressing alcohol-related harms and received the results of the online “*Have Your Say*” alcohol survey. Specific stakeholders were invited to contribute data collected by their organization with respect to alcohol use and related harms.

Recommendation 1: Receive for information the *Status of Alcohol in Ottawa: Let’s Continue the Conversation* report, attached at Document 1

Information gathered from community and stakeholder consultations lays the foundation for the *Status of Alcohol in Ottawa: Let’s Continue the Conversation* report. The report contains community perspectives on alcohol use from the online “*Have Your Say*” alcohol survey, statements from collaborating organizations, and shared local epidemiological data.

The report is a broad collection of data sources to provide a picture of the current status of alcohol use in our community while looking at the acute, chronic and second-hand

effects. Every year there are, on average, 140 alcohol-related deaths and 1,270 hospitalizations. At least \$24.5 million is spent in direct health care costs from paramedic responses, emergency room visits, hospitalizations and community or residential treatment program costs in Ottawa. In 2015, there were 4,444 offences in Ottawa where the police officer flagged that alcohol, or alcohol and drugs were a factor. One quarter of all fatal motor vehicle collisions in Ottawa involved alcohol.

Recommendation 2: Approve a community engagement approach for the strategic initiative *Towards a Culture of Alcohol Moderation*, as outlined in this report

Comprehensively addressing local alcohol-related harms goes beyond the mandate, capacity and resources of any one organization. Working collectively has the potential to achieve more than working alone or independently. It leads to greater community support, more ideas, a better understanding of the community context, and more effective use of resources.¹⁷

Three pre-conditions are required for this collective impact: the presence of influential champions, sufficient resources, and a sense of urgency to address alcohol-related harms as a community. Once these conditions are in place, collective action is guided by best-practice and evidence.¹⁸ Working towards collective action, OPH proposes a three-point community engagement action plan for the next 12 to 18 months. These actions will be completed concurrently:

a) Public Awareness: Disseminate the *Status of Alcohol in Ottawa: Let's Continue the Conversation* report

OPH will disseminate the report to community members and stakeholders. In sharing this data, OPH will seek to shift the conversation in order to reframe alcohol use from an individual to a community focus and to engage the community for local action. Drawing attention to the documented second-hand effects and to the stories from the online survey will help build the case that alcohol is a community issue. This will be followed by a call to action to community members and stakeholders in order to continue the conversation about alcohol and to reflect on their potential role in addressing alcohol-related harms.

b) Seek opportunities for collaborative action

Changing the drinking culture in Ottawa will take collaborative efforts from key players, including members of the public, community champions and decision-makers. OPH will

work to bring together multiple sectors from across the broader community in order to discuss alcohol issues and how to address them. Participation from committed local leaders and decision-makers will be essential for success. As part of engaging the community, OPH has begun gathering community perspectives about alcohol in Ottawa to identify the needs, the problems and the solutions that are meaningful to them.

OPH recognizes that creating a culture of alcohol moderation will take time and collective action, just as it took decades for seatbelt use to become the norm, and just as it took many years of collective effort to reduce the smoking rate in Ottawa to nine percent. However, the key to success lies in matching interventions to the community's level of readiness. The degree to which the community is willing and prepared to take action on the issue of alcohol will depend on five key dimensions: their knowledge of the issue, their knowledge of current efforts, community climate, leadership, and available resources.¹⁹ OPH will monitor community readiness and look for opportunities to collaborate. Where there is little acknowledgement about harms related to alcohol in the community and little readiness for change, interventions will focus on public awareness, education, and outreach. As the community engages, OPH will seek opportunities to collaborate on policy options.

c) Adapt best practices to Ottawa

The policy options, as outlined earlier in this report, are considered best practices in creating a culture of alcohol moderation. OPH will invite stakeholders to help inform a local assessment of these alcohol policy approaches. This will include identifying community strengths and strategies that could be enhanced, as well as identifying opportunities to collaborate on next steps. The decision to move forward on options will depend on community and stakeholder readiness.

Public health actions on the three-point plan will occur concurrently. Finally, OPH staff will report to the Board of Health on advances made *Towards a Culture of Alcohol Moderation*.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Stakeholders in health, enforcement and government contributed local data into the *Status of Alcohol in Ottawa: Let's Continue the Conversation*. The report includes a list of contributors.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

Risks have been considered in the writing of this report and are being managed by OPH through appropriate mitigation strategies.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

Accessibility impacts were considered in the writing of this report.

SUPPORTING DOCUMENTATION

Document 1 – Status of Alcohol in Ottawa: Let's Continue the Conversation report

DISPOSITION

OPH staff will implement the community engagement approach, as outlined in the report.

¹ Ottawa Public Health. Substance misuse in Ottawa technical report: March 2013. Ottawa: Ottawa Public Health; 2013.

² Ottawa Public Health. Status of Alcohol in Ottawa: Let's Continue the Conversation. Ottawa: Ottawa Public Health; 2016.

³ Centre for Addiction and Mental Health. Alcohol policy framework [Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2013 [cited 16 September 2016]. Available from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/4854-AlcoholPolicyFramework.pdf

⁴ Durham Region Health Department, Halton Region Health Department, Region of Waterloo Public Health, York Region Community and Health Services Public Health Branch. Cycle 2 locally driven collaborative project: addressing alcohol consumption and alcohol-related harms at the local level a resource for public health professionals in Ontario. Ontario: Public Health Ontario; 2014.

⁵ Public Health Agency of Canada. The Chief Health Officer's Report on the State of Public Health in Canada 2015. Alcohol Consumption in Canada. Ottawa, ON: Government of Canada; 2016.

-
- ⁶ Connor J, Alcohol consumption as a cause of cancer. *Addiction* [internet]. 2016 [cited 2016 July 28]. Available from *Addiction* DOI: 10.1111/add.13477.
- ⁷ CAMH Health Promotion Resource Centre, Public Health Ontario. Making the case: tools for supporting local alcohol policy in Ontario. Toronto: Centre for Addiction and Mental Health; 2013.
- ⁸ Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J, Popova S, Sarnocinska-Hart A, Taylor B, Adlaf E, Recel M. The costs of substance abuse in Canada 2002. Ottawa: Canadian Centre on Substance Abuse; 2006 Mar:1-4.
- ⁹ Giesbrecht N, Wettlaufer A, April N, Asbridge M, Cukier S, Mann R, McAllister, Murie A, Plamondon L, Stockwell T, Thomas G, Thompson K, Vallance K. Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto, ON: Centre for Addiction and Mental Health; 2013
- ¹⁰ The Alcohol and Gaming Commission of Ontario. Regulatory Modernization in Ontario's Beverage Alcohol Industry: AGCO Consultation. Toronto, ON: Service Ontario; 2013
- ¹¹ Government of Ontario, Office of the premier. Developing Policy to Support Responsible Alcohol Use [Internet]. news.ontario.ca. 2015 [cited 7 October 2016]. Available from: <https://news.ontario.ca/opo/en/2015/12/ontario-developing-policy-to-support-responsible-alcohol-use.html>
- ¹² Ontario Public Health Standards 2008. [internet]. Government of Ontario; 2014 [cited 7 October 2016]. Available from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf
- ¹³ Babor TF, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol: no ordinary commodity – research and public policy. 2nd ed. Oxford: Oxford University Press; 2010.
- ¹⁴ Government of British Columbia. A local government guide to creating municipal alcohol policy [Internet]. 2012 [cited 16 September 2016]. Available from <http://www.health.gov.bc.ca/library/publications/year/2012/creating-municipal-alcohol-policy.pdf>
- ¹⁵ Canadian Centre on Substance Abuse. Alcohol Price Policy Series: Reducing Harm to Canadians (Policy Brief). Ottawa, ON: Canadian Centre on Substance Abuse. 2012.
- ¹⁶ Giesbrecht N, Stockwell T, Kendall P, Strang R, Thomas G. Alcohol in Canada: reducing the toll through focused interventions and public health policies. *Canadian Medical Association Journal*; 2011. 183(4), 450-5.
- ¹⁷ The Community Tool Box, Section 8. Identifying and Analyzing Stakeholders and their Interest. <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>
- ¹⁸ Born P. Collective impact webinar series: the first 12 months. Presentation presented online; 2016. [slidedeck](#)

¹⁹ Oetting E, Plested B, Edwards R, Thurman P, Kelly K, Beauvais F, modified and expanded by Stanley L. Community readiness for community change; tri-ethnic center community readiness handbook [Internet]. 2nd ed. Fort Collins: Tri-Ethnic Center for Prevention Research; 2014 [cited 3 October 2016]. Available from: http://triethniccenter.colostate.edu/docs/CR_Handbook_8-3-15.pdf