# Alcohol in Our Communities: A Report on Alcohol Use in Northwestern Ontario, 2017

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Executive Summary

This report examines the impacts of alcohol use in a provincial, regional, and community context, and the opinions and perceptions of alcohol consumption gathered from Northwestern Ontario residents and community partners through an online survey and online discussion panel. Additionally, this report highlights best-practice evidence, as well as initiatives currently underway in the region, for denormalizing alcohol use and addressing issues related to alcohol. This information is used to make recommendations for the work of Northwestern Health Unit (NWHU) over the next four years to develop and strengthen alcohol-policy in the region.

In Ontario, alcohol consumption is the second leading risk factor for death, disease and disability. Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. Looking specifically at our region, epidemiological evidence demonstrates the high level of morbidity and incidence of adverse health outcomes related to alcohol consumption in the NWHU catchment area relative to the rest of province.

The report provides a detailed review of the input received in the ‘Alcohol in the Community’ online survey and Talk Public Health: Online Discussion Panel. From the online survey we heard from community members, and health and social service providers in our region share concerns about the relationship between alcohol use and crime/safety; alcohol and addictions; associations with social factors such as homelessness, poverty and unemployment; and, degradation of families. The Online Discussion Panel asked panel participants to specifically weigh-in on their opinions of alcohol-related policy-tools or strategies for addressing alcohol use. Both the panel and online survey shone light on the normalized drinking culture in Northwestern Ontario.

Based on research, and community and partner feedback received, the NWHU, in partnership with other community groups and agencies, will promote a culture of moderate alcohol consumption by working on:

Healthy Public Policy

- Assisting Municipalities to update their alcohol policy where appropriate, and work to educate our communities on why MAPs are important.
- Working with communities towards healthy public policy related to alcohol.

Education & Skill Development

- Educating the public and community groups/coalitions on the benefits of stricter controls on alcohol availability and marketing
- Educating the public on the health harms of alcohol use through awareness campaigns such as Rethink Your Drinking, and skill-building activities.
- Continuing to educate the public on harms associated with underage drinking and the provision of alcohol to minors through local partnerships and campaigns.

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• Continuing to promote Canada’s Low-risk Alcohol Drinking Guidelines and encourage people to drink in moderation.
• Supporting families and youth with skill-building opportunities that help them develop resilience and reduce underage alcohol use and misuse.

Creating Supportive Environments

• Promoting, encouraging and hosting family friendly alcohol-free events in our communities.
• Continuing to work with law enforcement to reduce impaired driving, including distributing Low-risk Alcohol Drinking Guidelines during RIDE programs.
• Working with health care services and other service providers to support pregnant women to reduce alcohol consumption during pregnancy.

We know that changing the culture around alcohol consumption in Northwestern Ontario will not be an easy task, and will require the use of a variety of tools and strategies implemented through community partnerships.
Introduction

Alcohol use is part of many aspects of Canadian society. It plays a role in our culture, economy, politics, health status, and relationships. Many people use alcohol to relax, to socialize and to celebrate. Alcohol accompanies our meals, and is incorporated into our holidays and events. Given that recent statistics show that almost 80% of adult Canadians reported consuming alcohol in 2013 (Public Health Ontario, 2015), it is important to understand the different ways alcohol can impact communities and how municipalities can lead the way in supporting healthy outcomes.

Ontario has recently moved toward wider and more liberal access to alcohol. Changes to the way alcohol is distributed, sold and available in Ontario have been made to increase revenue through alcohol taxation, and to increase consumer convenience and choice (Ontario Public Health Association, 2015). We have seen the introduction of the sale of alcohol at venues that are family centered such as farmer’s markets and grocery stores.

Available evidence and experience from other provinces indicates that increasing alcohol availability and privatization of alcohol sales leads to an increase in alcohol consumption, which in turn leads to an increase in harms, injuries and societal issues in communities (OPHA, 2015). According to the Centre for Addiction and Mental Health, the policy changes in Ontario could increase the number of alcohol related deaths in Ontario by 100+/year. (Centre for Addiction and Mental Health, 2015).

However, the trend continues. In December 2015, 60 grocery stores in Ontario became licensed to sell beer, and the total number of licensed stores will eventually reach 450 in 2017. In addition to beer, wine and cider will also be available in 300 stores. In the 2016 Ontario budget, released in March 2016, we saw the Liquor Control Board of Ontario (LCBO) introduce an ecommerce platform which allows consumers to order alcohol online and have it delivered directly to their home. All of these measures allow alcohol to become more visible and readily accessible in the community.

In order to address these issues, Northwestern Health Unit staff reviewed current literature on alcohol. We then looked at statistics for our region to gain an understanding of alcohol use in our communities. Finally, we conducted both an online discussion panel and a public survey to see what people know about alcohol and its harms, what the issues in our communities are, and what we can do to address these issues. This report is a summary of that information.

“In our community, it seems that all events or activities are tied to alcohol use. Hunting, fishing, camping, four wheeling, all have a drinking component to them. Events have beer gardens, the golf course has a beer cart, some activities end the day at the legion, etc.” – Community Member
Economic Burden

Local economies may be boosted by alcohol sales, and municipalities may earn property tax revenue from businesses that sell alcohol. However, municipalities can be negatively impacted by alcohol sales as well. Across Canada, the economic burden of alcohol outweighs any revenue that might be generated by sales. Costs are incurred at every level, including health care, law enforcement, our judiciary system, our social system, the workforce, and premature deaths. Currently, the province receives $3 billion in dividends and taxation from alcohol sales, but the cost to taxpayers is estimated to be $5.3 billion. This is a significant yearly loss. In Canada this amounts to an estimated $473 cost per year for each and every Canadian due to alcohol (OPHA, 2015).

According to the Canadian Centre on Substance Abuse, the economic cost of alcohol related harm across Canada is $14.6 billion per year. These costs include $7.1 billion for lost productivity owing to illness and premature death, $3.3 billion for direct health care costs and $3.1 billion for enforcement costs (Canadian Centre on Substance Abuse, 2016).

Comparing Alcohol Revenue and Cost in Ontario

The following chart shows the breakdown of alcohol revenue versus costs in Ontario in 2002 (CCSA, 2002). This divide has only increased in the years since this study was done.


“Alcohol related crime utilizes a large majority of our police resources, and is a constant battle for officers in our area. This takes away from all other crimes that are in need attention in our community. Along with this, injuries sustained due to intoxication take up many beds in our hospitals and emergency departments.” – Community Partner
Health Harms

In Canada, alcohol is second only to tobacco as the substance that creates the most health, social, economic, and criminal harm to individuals, families and communities. The World Health Organization has linked alcohol consumption to over 200 chronic diseases and illnesses, including many types of cancer, heart disease and stroke (World Health Organization, 2014). Alcohol misuse does not only impact the person who chooses to drink, but often affects an individual's family, friends and community.

Drinking patterns matter - how much and how often a person drinks alcohol are key factors that increase or decrease health impacts. Drinking is a personal choice and there are ways to consume alcohol that are safer and fit as part of a balanced lifestyle. There are also ways of drinking that are harmful to a person's health and overall well-being.

Alcohol is harmful when:

- Consumed by persons for whom abstinence or only occasional light intake is advised (i.e., women who are pregnant or planning to become pregnant, teenagers, persons on medication).
- Used in situations that are particularly risky or encourage mass consumption of alcohol over a short period of time (i.e., consuming alcohol when operating a vehicle or water craft; drinking games or competitions). Harms associated with this type of drinking include impaired driving, injury, violence and assault, and risky sexual behavior.
- Consumed regularly over a number of years, it can take a chronic toll and lead to increased risk of serious disease such as cancer, liver or heart disease, stroke, brain damage and depression.

In Ontario, alcohol consumption is the second leading risk factor for death, disease and disability. Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. Long-term or excessive consumption increases the risk of health harms including cancer, hypertension, stroke, and disease of the liver, pancreas, stomach, heart, and nervous system. According to Cancer Care Ontario, an estimated 1,000 to 3,000 new cancer cases in Ontario in 2010 were attributed to alcohol consumption (Cancer Care Ontario, 2016).

Alcohol and Cancer: Alcohol is a carcinogen. Drinking alcohol increases your risk of developing cancers of the oral cavity, pharynx, esophagus, larynx, liver, and both colorectal and breast cancers (CCO, 2014). Unfortunately, many people are unaware of the link between alcohol consumption and cancer. While 84% of respondents (partner and public) in our community survey could list health harms related to alcohol, only 20% mentioned cancer.
Alcohol Trends in the Region

The NWHU Alcohol Trends Report, 2017 report outlines key population health indicators and health outcomes related to alcohol use within the NWHU catchment area. Indicators related to frequency of alcohol use amongst the population are covered in the report, as well as information on youth alcohol consumption habits, maternal alcohol exposure during pregnancy, and hospitalizations in the area attributable to alcohol use. Comparisons to provincial statistics are provided where possible, as well as results for Local Health Hub (LHH) areas within the NWHU catchment area.

Some of the key findings of the report include:

Over 3 in 5 people (61.7%) in the NWHU area exceeded the low-risk alcohol drinking guidelines in 2013/14, which is statistically higher than the provincial rate of 45.3%.

- The rate is highest in the younger population; 71.9% of those aged 19-44 in the NWHU area exceeded the guidelines.
- The rate is statistically higher amongst males; 61.8% vs 50.6% in females.

The rate of heavy drinking is statistically higher in the NWHU area; 23.3% of the population engaged in heavy drinking in 2013/14 compared to 17.9% of the provincial population.

- Rates are higher in males, who had a rate of 29.3%, statistically higher than the female rate of 17.4%.

In the NWHU area over half of the population (54.1%) aged 12-18 engaged in underage drinking in 2013/14, which is statistically higher than the provincial rate of 31.0%.

In 2015, 7.2% of mothers in the NWHU area consumed alcohol while pregnant, which is over twice as high as (and statistically different from) the provincial rate of 2.5%.

- The rate was highest amongst mothers under 20 years old; 14.3%, which is statistically higher than the rates all other age groups.

In 2015, the incidence rate of emergency department (ED) visits from alcohol misuse in the NWHU was 287.7 per 10,000 people. This was over 6 times as high as the provincial rate of 44.0 per 10,000.

The results of this analysis demonstrate the high burden of disease caused by alcohol consumption in the NWHU catchment area. These indicators provide valuable information for local program planning, and will continue to be tracked to evaluate the health status and needs of our population. For the full report, please visit our website at www.nwhu.on.ca.
Alcohol in the Community Survey

In the fall of 2016, staff from the NWHU conducted an online survey about alcohol. There were two parts to the survey; one for community members and one for community partners. We asked people what they know about the harms associated with alcohol consumption, and how alcohol affects their community. Forty-nine community partners and 159 members of the community completed the survey. Several response themes emerged and are summarized below. The survey questions and a detailed summary of results are provided in Appendix 1.

Health Harms and Benefits – Overall, 84% of respondents were able to list health harms that are associated with alcohol use such as heart disease, liver damage, stroke, high blood pressure, kidney damage and FASD. Respondents also felt that there were some health benefits to drinking alcohol, with 18.2% of community members, and 28.9% of partners saying that red wine is good for your heart.

Crime/Safety – Safety was definitely a concern for survey respondents. People mentioned not feeling safe in their community, or while at work. Public intoxication, violence, assaults, aggressive behavior and driving while impaired are all issues that impact a community. 38.8% of community members and 58.9% of partners listed violence and crime as an issue.

Social Impacts – Alcohol is seen as one of the major contributing factors to the social issues in our communities such as homelessness, poverty, and unemployment. 34.4% of community members and 39.6% of partners mentioned social issues in their response. However, several respondents felt that as a society, we have failed to provide the basic necessities for people, citing a lack of housing and health care as the root cause.

Social Norms – One of the reoccurring themes was that alcohol consumption, and over-consumption, is a common occurrence in Northwestern Ontario. 34.8% of partners listed socially acceptable attitudes towards alcohol as a barrier to addressing issues. Children grow up watching their parents consume alcohol and form the perception that alcohol is required to have a good time. Several respondents also noted that it is not unusual for parents to supply their underage children with alcohol.

Family Unit – 28.6% of partners felt that people in their community are not able to take care of their own children due to alcoholism. This leads to children being removed from the family home and placed in foster care, resulting in families not being able to function as a unit.

Mental Health and Addictions – Mental health and addictions, suicide and self-harm are areas of concern in our region. 34.8% of our partners felt that a lack of resources (funding and services), was a barrier for people seeking help.

“Alcohol is but a symptom. I believe that the root cause is not the alcohol use, but the issues that are not being dealt with at the core level with the individuals.” – Community Member
A Culture of Moderation through Alcohol Policy

One of the most effective tools we can use to reduce harms in our society is to work on healthy public policy. A policy is a principle, value or course of action which guides decision-making. It includes specific expectations, regulations and guides to action, and can be formal or informal. Health policies help adjust the environment where individuals live, work and play in order to make the healthy choice the easy choice.

Alcohol policies are rules used to reduce alcohol-related harms. They can be authoritative decisions made by governments, organizations, or individuals through laws, rules or regulations, or public health policies directed at populations, organizations or health systems (PHO, 2012).

Although many alcohol policy decisions, such as pricing and taxation or minimum drinking age are made by the provincial or federal government, there is still work that can be done at the local level by municipal government. Local alcohol policies can be an important and effective way to promote moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities (Ministry of Health, 2012).

In order to determine which policies would be most effective at reducing alcohol-related harms, and to recommend strategies that could be used at the local level, a provincial working group was formed. In 2014, the Locally Drive Collaborative Project released a report titled Addressing Alcohol and Alcohol-Related Harms at the Local Level (Durham, 2014). The report outlines 13 specific recommendations in the following 7 policy areas:

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

For the full list of recommendations, please see Appendix 2.
Online Discussion Panel

In October 2016, 13 area residents took part in the fourth Talk Public Health: NWHU Online Discussion Panel. During the panel, the participants learned about alcohol use in our region, the health and social harms and costs of alcohol misuse, and potential policy tools for addressing alcohol misuse. They took part in discussions, and made final recommendations about where the health unit should focus its energy with regards to alcohol policy. The final recommendations poll questions and participant responses can be found in Appendix 3.

The content and materials for the panel (including the discussion questions and final recommendations poll) were prepared by NWHU staff, and reviewed by Jason Lemar, Health Promotion Consultant, Alcohol Policy, from Public Health Ontario.

The objective of the panel was to learn more about perceptions of alcohol in Northwestern Ontario communities, and to gather information to be used in NWHU work as well as the work we do with community partners related to alcohol and substance use.

The following policy areas were discussed:

- Municipal Alcohol Policies (MAPs)
- Alcohol at community events run by municipalities, or hosted on municipal property
- The availability of alcohol
- Marketing of alcohol to children and youth

The subsequent sections of this report look at the information provided to the panelists and their responses.

For more information on how you can get involved in our next online discussion panel, please visit our website.
Municipal Alcohol Policy

One way municipalities can target alcohol-related issues and harms is to develop a Municipal Alcohol Policy (MAP). According to the Municipal Alcohol Policy Guide, a MAP establishes rules and regulations, standards, and requirements for the legal operation of events held in municipally owned facilities where alcohol will be served and in a manner consistent with the liquor licence regulations of the respective province. It helps individuals and groups run safer community events where adults can still have fun, raise money and drink alcohol responsibly. It also tells the public about their responsibilities and potential liability when hosting events where alcohol is available (CAMH, 2003).

This is a brief list of some of the items a MAP can include:

- Number of drink tickets sold at an event,
- Safe rides home,
- Having food at events where alcohol is served,
- Alcohol advertising, and
- Server training.

MAPs are proven to help reduce impaired driving, public intoxication, violence and assaults, vandalism and underage drinking.

Many communities in Northwestern Ontario already have Municipal Alcohol Policies. Some are current, well-written and reflect the needs of the community. Others require updating, strengthening, or policy enforcement.

Panel Response – Most panelists were not aware if their community had a Municipal Alcohol Policy (MAP), but agreed that one should exist and it should be up to date and enforced properly, especially at events with children/families. Many panelists agreed that MAPs are only one part of the solution. Additional strategies are needed to address teen drinking, binge drinking, etc.

“Of course a policy plays a part in the overall picture and they should be up to date. The impact it makes is probably questionable. It serves the general population who may have the occasional opportunity to go too far, but does not help in things like teen drinking and other binge type activities which take place outside of organized events.” – Panelist
Community Events

Festivals and concerts, BBQs, sports competitions, fun runs and fishing tournaments are very popular in Northwestern Ontario, especially in the summer months. Alcohol is sold at many of these events. At one time, adults could only purchase and consume alcohol in the event ‘beer gardens’; however, it has become more normalized that drinks can be purchased and consumed throughout the whole event venue.

Evidence show us that when alcohol is more visible in our communities children are more readily exposed to and influenced by the idea that alcohol purchasing and consumption is a normalized activity.

Panel Response – A number of panelists felt that alcohol at community events is generally acceptable, as long as the guidelines/MAPs are followed. Panel members had mixed support for a ban on alcohol sales at events attended by children/families. Some felt it is up to community members and families to decide if they wish to attend an event where alcohol is served. There was also a division in opinion over the use of beer gardens to restrict alcohol use to a separate area.

“Community events per se are usually fundraising events for community endeavors. A large portion of profits for these events does come from the sale of alcohol. If a family does not wish to expose their children to alcohol, they do have the option to not attend.” – Panelist
Availability

In Ontario, the provincial government is loosening controls over alcohol, and we are starting to see alcohol available in more places than ever before. Although this is not yet the case in Northwestern Ontario, beer and wine is available at farmers markets, grocery stores and coffee shops in other parts of Ontario. We know from other provinces that the more places that alcohol is available, the more people will consume alcohol, and this could lead to more alcohol-related harms, such as injury, chronic disease and even death (CAMH, 2015).

Panel Response – Panelists had varying opinions of where alcohol should be available; some felt that sales in certain locations (i.e. grocery stores) would have less of an impact than other locations (i.e. movie theatres, coffee shops, online). Most panel members disagreed with extended alcohol availability due to concerns of increased consumption, police calls, emergency room visits and underage drinking. There was also the feeling that if individuals want alcohol and were going to drink it anyways then changes in availability will have no impact.

“I think increasing the places in which alcohol is available is an incredibly bad idea. In our community we have a real problem with the over consumption of alcohol. This has increased our policing costs, our medical costs, our child welfare costs, and the costs of the judicial system and incarceration rates. I think the Provincial government’s plan to make alcohol available in grocery stores is a terrible idea…. In my opinion, we need more restriction on the sale of alcohol rather than more access to alcohol.” - Panelist
Marketing

Studies show that when young people who are current drinkers are exposed to alcohol marketing, it increases the amount of alcohol those individuals will consume. Additionally, alcohol marketing accelerates the onset of drinking to an earlier age (Durham, 2014).

In Canada, alcohol marketing is regulated by the provincial and federal government, as well as some industry self-regulation. Additionally, local governments often support or extend this legislation through local by-laws or alcohol advertising guidelines embedded in their Municipal Alcohol Policies (PHO, 2016).

Municipalities can control the kind of advertising and sponsorship they permit on municipally owned properties and at events sponsored by municipalities. Sports leagues can implement policies that do not allow sponsorship from alcohol companies. Event organizers can decide who they want to sponsor their event.

Panel Response – Panelists generally felt that the influence of peers and family has more impact on youth drinking than alcohol marketing, but agree that alcohol marketers are very clever. Many panelists think that sponsorships should be allowed; however, several agree that sponsorship should not be allowed for youth/children’s events/teams. Several panel members did not feel that municipalities should regulate sponsorships, especially if funding for events/teams is limited.

“While I agree that alcohol producing companies should not sponsor or advertise at strictly youth sporting activities such as minor hockey or high school events I think that not allowing them to sponsor or advertise at events that children or youth may be present is carrying things too far. It is essential to have these companies support teams and events.” – Panelist
Promising Practices in Northwestern Ontario

Managed Alcohol Program - Kenora

In January 2017, the first Managed Alcohol Program (MAP) in the NWHU catchment area opened in Kenora. The program, funded by the Local Health Integration Network, will provide individuals with a safe and secure living situation to physically stabilize, relearn basic skills and reconnect with the community and their families. The program aims to help with reducing contact with police, emergency department visits, hospital admissions, overall health care costs, and improve participant’s quality of life with the provision of housing and healthcare.

Strengthening Families for Parents and Youth – Kenora

Strengthening Families for Parents and Youth (SFPY) is a nine-week skill-building program for families with teens 12 to 16 years old. The program takes a ‘whole family’ approach that helps parents and teens to develop trust and mutual respect. Each week covers topics like positive attention, communication, clear expectations and supporting goals, fair limits, handling stress and anger, and problem solving. Parents and teens must commit to attending the sessions together as both must participate in the sessions to gain from the program. For more information, visit Parent Action on Drugs.

The Dryden/Ignace and Area Impaired Reduction Strategy (DAIRS)

In 2016, community partners came together to raise awareness of issues in the Dryden and Ignace area, and to educate their community as a whole about the risks, and the safety and legal implications of impaired driving and underage drinking/binge drinking. Through providing educational and skill building opportunities, and more supportive environments to enable safer choices and enforcement, the goal is to create a shift in the drinking culture in the region.

Healthy Community Task Force Drug and Alcohol Strategy (2016) – Sioux Lookout

The Sioux Lookout Community Drug and Alcohol Strategy is a holistic strategy developed by the Healthy Community Task Force (HCTF) to help facilitate improved health and wellness throughout the Community using a five-pillar (Prevention, Harm Reduction, Treatment, Enforcement and Housing) approach. The goal is to improve the health, safety and well-being of all citizens in the community by working together to decrease the harms caused by substance misuse. To read the report, click here.
P.A.R.T.Y. Program – Fort Frances, Atikokan and Dryden

The P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth) Program is a one-day injury awareness and prevention program for youth age 15 and older. Developed in 1986 at Sunnybrook Health Sciences Centre, this program is a vital component of the growing community effort to reduce death and injury in alcohol, drug and risk-related crashes and incidents.

Students hear from police officers, paramedics, doctors, a coroner, nurses, the blood and tissue bank, rehabilitation professionals, and injury survivors. Students hear first-hand experiences from the people who experience them. This program is real, emotional, scientific and lifesaving. For more information, visit the Party Program website.

Low-risk Alcohol Drinking Guidelines Promotion – Partnership with Law Enforcement

The Northwestern Health Unit works with our partners to provide education to the public about alcohol and drug misuse. Since 2013, health unit staff have worked with the OPP and local police in seven communities to share information on the dangers of impaired driving and the effects of alcohol misuse through holiday RIDE (reduce impaired driving everywhere) programs. Canada’s Low-Risk Alcohol Drinking Guidelines have been distributed to hundreds of people, giving health unit staff an opportunity to continue to build strong working relationships with our regional enforcement.

“Although I feel that I am a pretty open-minded, accepting individual, there are times when I feel uncomfortable when walking in the downtown. I feel afraid when I encounter groups of people who have been drinking. I have to wonder how the tourists feel - they are an important part of our economy.” – Community Partner
Next Steps for NWHU

We know that changing the culture around alcohol consumption in Northwestern Ontario will not be an easy task, and will require effort on many levels. The Northwestern Health Unit will continue to work in partnership to address the many issues related to alcohol consumption in our catchment area. We will continue to monitor indicators and trends in our region and to seek feedback from members of our community. The Northwestern Health Unit will also work on:

Policy

- Assisting Municipalities to update their alcohol policy where appropriate, and work to educate our communities on why MAPs are important.
- Working with communities towards healthy public policy related to alcohol.

Education & Skill Development

- Educating the public and community groups/coalitions on the benefits of stricter controls on alcohol availability and marketing
- Educating the public on the health harms of alcohol use through awareness campaigns such as Rethink Your Drinking, and skill-building activities.
- Continuing to educate the public on harms associated with underage drinking and the provision of alcohol to minors through local partnerships and campaigns.
- Continuing to promote Canada’s Low-risk Alcohol Drinking Guidelines and encourage people to drink in moderation.
- Supporting families and youth with skill-building opportunities that help them develop resilience and reduce underage alcohol use and misuse.

Supportive Environments

- Promoting, encouraging and hosting family friendly alcohol-free events in our communities.
- Continuing to work with law enforcement to reduce impaired driving, including distributing Low-risk Alcohol Drinking Guidelines during RIDE programs.
- Working with health care services and other service providers to support pregnant women to reduce alcohol consumption during pregnancy

“I agree that overuse or misuse of alcohol and the attitudes toward it start in the home. However, when alcohol is readily available at community events where families are in attendance, it does become normalized, or a ‘normal’ part of socializing. It will take a huge effort, similar to how the tobacco restrictions were enforced, to change attitudes toward alcohol use.” – Community Member
References


Appendix 1: Alcohol in the Community Survey Results

Public Survey Results

1. The health unit is interested in finding out what community members know about alcohol use. i) Please list any health harms related to alcohol that you are aware of.

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health problems (liver damage, chronic disease)</td>
<td>76.1</td>
</tr>
<tr>
<td>Mental health &amp; addictions</td>
<td>51.6</td>
</tr>
<tr>
<td>Violence and crimes (including assaults)</td>
<td>34.6</td>
</tr>
</tbody>
</table>

ii) Please list any health benefits related to alcohol that you are aware of.

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health benefits</td>
<td>29.6</td>
</tr>
<tr>
<td>None/no benefits</td>
<td>27.7</td>
</tr>
<tr>
<td>Red wine is good for your heart</td>
<td>18.2</td>
</tr>
</tbody>
</table>

2. Can you provide a short example of how you or your community have experienced harm or issues related to alcohol use?

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence and crimes (including assaults)</td>
<td>58.9</td>
</tr>
<tr>
<td>Social impacts: homelessness/poverty/unemployment</td>
<td>34.4</td>
</tr>
<tr>
<td>Public intoxication</td>
<td>24.5</td>
</tr>
</tbody>
</table>
3. Can you provide a short example of how you or your community have experienced benefits related to alcohol use in the past year?

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial benefits</td>
<td>37.3</td>
</tr>
<tr>
<td>None/no benefits</td>
<td>34.1</td>
</tr>
<tr>
<td>Social interaction/community events</td>
<td>25.4</td>
</tr>
</tbody>
</table>

4. From this list of possible issues linked to alcohol, please indicate how concerned you are about:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
<th>No opinion</th>
<th>Somewhat unconcerned</th>
<th>Very unconcerned</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drinking</td>
<td>80 (47.9%)</td>
<td>53 (31.7%)</td>
<td>15 (9.0%)</td>
<td>12 (7.2%)</td>
<td>7 (4.2%)</td>
<td>167</td>
</tr>
<tr>
<td>Violence</td>
<td>119 (70.4%)</td>
<td>34 (20.1%)</td>
<td>7 (4.1%)</td>
<td>5 (3.0%)</td>
<td>4 (2.4%)</td>
<td>169</td>
</tr>
<tr>
<td>Drunk driving</td>
<td>127 (76.0%)</td>
<td>27 (16.2%)</td>
<td>5 (3.0%)</td>
<td>4 (2.4%)</td>
<td>4 (2.4%)</td>
<td>167</td>
</tr>
<tr>
<td>Underage drinking</td>
<td>92 (55.1%)</td>
<td>44 (26.3%)</td>
<td>12 (7.2%)</td>
<td>11 (6.6%)</td>
<td>8 (4.8%)</td>
<td>167</td>
</tr>
<tr>
<td>How easy or hard it is to purchase alcohol</td>
<td>54 (32.9%)</td>
<td>43 (26.2%)</td>
<td>32 (19.5%)</td>
<td>17 (10.4%)</td>
<td>18 (11.0%)</td>
<td>164</td>
</tr>
<tr>
<td>Crime</td>
<td>102 (60.7%)</td>
<td>45 (26.8%)</td>
<td>15 (8.9%)</td>
<td>2 (1.2%)</td>
<td>4 (2.4%)</td>
<td>168</td>
</tr>
<tr>
<td>Public intoxication</td>
<td>102 (59.6%)</td>
<td>35 (20.5%)</td>
<td>13 (7.6%)</td>
<td>12 (7.0%)</td>
<td>9 (5.3%)</td>
<td>171</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>81 (48.2%)</td>
<td>57 (33.9%)</td>
<td>17 (10.1%)</td>
<td>7 (4.2%)</td>
<td>6 (3.6%)</td>
<td>168</td>
</tr>
</tbody>
</table>

In addition to the closed-ended options, respondents noted additional alcohol-related concerns that echo those identified in previous survey questions: public intoxication, criminal activity and violence; mental health and addiction issues; underage drinking; and, the impact of alcohol on the family unit/dynamic. Also, several respondents noted that they feel there exists a social norm or acceptability of the overconsumption of alcohol in Northwestern Ontario communities.
Partner Survey Results

1. The health unit is interested in finding out what community partners know about alcohol use. i) Please list any health harms related to alcohol that you are aware of.

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health harms (liver, kidney, heart, high blood pressure, stroke, cancer, FASD)</td>
<td>92</td>
</tr>
<tr>
<td>Mental health and Addictions</td>
<td>61.2</td>
</tr>
<tr>
<td>Violence and crimes (including assaults)</td>
<td>34.7</td>
</tr>
</tbody>
</table>

ii) Please list any health benefits related to alcohol that you are aware of.

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health benefits: diabetes, cardiovascular, dementia, cancer</td>
<td>33.3</td>
</tr>
<tr>
<td>Red wine is good for the heart</td>
<td>28.9</td>
</tr>
<tr>
<td>None/no benefit</td>
<td>28.9</td>
</tr>
</tbody>
</table>

2. Can you provide a short example of how your organization or community have experienced harm or issues related to alcohol use?

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence and crimes (including assaults)</td>
<td>38.8</td>
</tr>
<tr>
<td>Mental health and addictions</td>
<td>36.7</td>
</tr>
<tr>
<td>Breakdown of the family unit</td>
<td>28.6</td>
</tr>
</tbody>
</table>

3. Can you provide a short example of how your organization or community have experienced benefits related to alcohol use?

<table>
<thead>
<tr>
<th>Theme</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/no benefits</td>
<td>67.4</td>
</tr>
<tr>
<td>Financial benefits</td>
<td>13.9</td>
</tr>
<tr>
<td>Social interaction</td>
<td>9.3</td>
</tr>
</tbody>
</table>

4. How does alcohol use affect your community as a whole?
5. What assets to address alcohol misuse (i.e., binge drinking, over-drinking, underage drinking, etc.) are present in your community?

| Theme                                      | %    ||--------------------------------------------|------|| Addictions counselling                     | 50.0 || Education and awareness                    | 31.8 || AA/Al-Anon                                 | 27.3 |

6. What barriers to addressing alcohol misuse (i.e., binge drinking, over-drinking, underage drinking, etc.) are present in your community?

| Theme                                      | %    ||--------------------------------------------|------|| Socially acceptable attitudes towards alcohol | 34.8 || Lack of funding/resources/services         | 34.8 || Not enough alcohol free activities         | 15.2 |

7. What can be done to enhance those assets or reduce those barriers?

| Theme                                      | %    ||--------------------------------------------|------|| Education and awareness                    | 44.4 || More funding/services                      | 40.0 || Change in attitude/culture                 | 22.2 |
Appendix 2: Recommendations for Reducing Alcohol-Related Harms

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

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Recommendations</th>
<th>Consider the following…</th>
</tr>
</thead>
</table>
| Pricing and Taxation    | 1. Work with community partners to support the creation and advancement of a local stakeholder group to educate the public and policy makers.  
                           2. Work with local municipalities to identify and implement local pricing strategies.*17, 27, 28, 29, 33 | □ Assess how decreasing alcohol-related harms fits into stakeholders’ agenda.  
                                                                           □ Define common goals among stakeholders  
                                                                           □ Utilize existing evidence and examples to support evidence-based pricing policies |
| Physical Availability   | 3. Work with community stakeholders to continue to prevent further expansion of alcohol sales.*16a, 19, 20, 27  
                           4. Continue to influence policy development around outlet density and hours of alcohol sale at the provincial and/or local level.*16c, 18, 27, 33 | □ Assess the potential threats of increasing availability of alcohol through:  
                                                                           • The potential privatization or semi-privatization of the LCBO  
                                                                           • Increase in privately-owned channels of alcohol access (e.g., farmers markets and convenience stores)  
                                                                           • Increase in retail outlets that offer alcohol at prices which do not meet minimum pricing (e.g., ferment-on-premise businesses) |
| Marketing and Advertising| 5. Implement youth engagement strategies to empower youth to advocate against alcohol marketing and advertising.*5, 31  
                           6. Continue to explore effective counter-marketing approaches to alcohol advertising and marketing. | □ Partner with educational institutions and/or other community youth serving organizations  
                                                                           □ Consider using the “healthy schools model” with schools  
                                                                           □ Work with other Ontario public health units and community stakeholders to identify a coordinated approach to countering alcohol marketing  
                                                                           □ Utilize social media and other communication channels that appeal to youth |
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Recommendations</th>
<th>Consider the following...</th>
</tr>
</thead>
</table>
| Modifying the Drinking Environment  | 7. Create an alcohol report about your community to show alcohol consumption, availability and alcohol-related harms at the local level.*8, 16, 21, 25, 26, 31, 32, 35, 37   | □ Participate in active public health surveillance of local outlet density, alcohol consumption and alcohol-related harms  
□ Collaborate with community stakeholders to frame alcohol as a community issue not just a health issue  
□ Encourage local bars to implement a licensed establishment alcohol policy  
□ Encourage local municipalities and law enforcement authorities to continue to enforce liquor laws and regulations  
□ Advocate for safer drinking environments and communities |
|                                    | 8. Work with local businesses and stakeholders to modify the drinking environment.*5, 16, 21, 22, 23, 25, 31, 32, 35, 36 |                                                                                          |
| Drinking and Driving Countermeasures| 9. Work with law enforcement and community stakeholders to incorporate local surveillance data on alcohol-related harms into a community report, including local drinking and driving statistics. 10. Support municipalities and law enforcement to continue to enforce existing laws and regulations around drinking and driving.*37 | □ Identify and target high-risk areas within your community |
| Education and Awareness-Raising    | 11. Implement education and awareness-raising strategies as a part of a balanced and comprehensive approach.*5, 6, 12, 14c, 32, 35 | □ Focus education and awareness-raising strategies on influencing attitudes and increasing knowledge in the target population  
□ Move current and future education and awareness-raising initiatives towards a more comprehensive approach  
□ Continue to use education and awareness-raising strategies as one important step in the policy road map |
| Treatment and Early Intervention    | 12. Build the capacity of health care professionals to implement early intervention and screening into their practice.*7, 1, 12, 13 | □ Share evidence and information about early intervention strategies with local health care professionals  
□ Explore the development and use of practice standards or guidelines for early intervention with professional practice organizations  
□ Use online self-screening tools on public health unit websites to provide normative feedback  
□ Include alcohol screening and brief intervention in public health direct-client service programs |
|                                    | 13. Implement early intervention strategies as a part of an overall strategy to reduce alcohol-related harms.*7, 13 |                                                                                          |

*Refers to the alignment with specific recommendations within the National Alcohol Strategy Working Groups, Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation - Recommendations for a National Alcohol Strategy (National Alcohol Strategy Working Group, 2007). Please note that this has been provided as a suggestion and others may find that the recommendations align differently.

Source: Durham Region Health Department, Region of Waterloo, Public Health, York Region Community and Health Services, Public Health Branch & Halton Region Health Department. (2014). Addressing alcohol consumption and alcohol-related harms at the local level: A locally driven collaborative project. Retrieved 02/16/2017 from [www.oninjuryresources.ca/ldcpalcohol](http://www.oninjuryresources.ca/ldcpalcohol)
## Appendix 3: Online Discussion Panel – Final Poll Results

<table>
<thead>
<tr>
<th>How important is it for municipalities to:</th>
<th>Important</th>
<th>Not Important</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update and strengthen their Municipal Alcohol Policy</td>
<td>69.2%</td>
<td>23.1%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Provide community education about the MAP and why it is important.</td>
<td>84.6%</td>
<td>15.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Promote family-friendly, alcohol free events.</td>
<td>69.2%</td>
<td>7.7%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Limit the number of community events on municipal property that are allowed to sell alcohol.</td>
<td>30.8%</td>
<td>53.8%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Plan and promote safe transportation to and from events where alcohol is being consumed.</td>
<td>75.0%</td>
<td>8.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Ask the province to retain provincial ownership and regulation of alcohol through the LCBO.</td>
<td>30.8%</td>
<td>38.5%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Ask the province to revisit recent legislation that allows for an increase in the accessibility of alcohol</td>
<td>30.8%</td>
<td>30.8%</td>
<td>38.5%</td>
</tr>
<tr>
<td>in family centered venues such as farmers markets and grocery stores.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ban alcohol advertising at municipal properties.</td>
<td>15.4%</td>
<td>46.2%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Ban alcohol advertising at municipally sponsored events where children are present.</td>
<td>46.2%</td>
<td>7.7%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Ban alcohol advertising at community events hosted by third parties on municipal properties where children</td>
<td>30.8%</td>
<td>23.1%</td>
<td>46.2%</td>
</tr>
<tr>
<td>are present.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate the public on the harms of alcohol use through awareness and skill-building activities.</td>
<td>76.9%</td>
<td>15.4%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>