

OPHA Issue Series

Alcohol and Social Determinants of Health Strategies to Reduce Alcohol-Related Harms in Ontario

Background

The relationship between alcohol and the social determinants of health (SDOH) is complex, in particular from an equity perspective. Social, economic and health factors can directly and indirectly impact alcohol consumption.¹ Alcohol can both create and exacerbate vulnerable situations (i.e. unemployment) and impact subsequent drinking patterns.²

Alcohol related harms are primarily influenced by the volume of alcohol consumed and the pattern of alcohol consumption. For a given amount of consumption, poorer populations may experience disproportionately higher levels of alcohol-attributable harm.¹

While no single social or economic determinant dominates, factors such as age, sex, and income have been shown to have significant impact on alcohol and health outcomes.²

Facts

Income

- In Ontario, evidence has shown that individuals in higher income groups are more likely to drink and undertake risky drinking than those in low income groups.³
- Research has also demonstrated that individuals living with income inequality experience a greater number and increased severity of consequences associated with alcohol consumption compared to those in higher income categories. These consequences may include stigma, loss of earnings, unemployment and barriers to healthcare access.²

Biological Sex

- In Canada drinking and risky drinking rates are higher in men than women.⁴
- Research has shown that risky drinking is currently on the rise among women, especially those aged 35 and older.⁴
- LGBT individuals, particularly women, are at greater risk for alcohol disorders and related problems.⁵

Biological Age

- In Ontario, 19-24 year olds have the highest rates of binge drinking.⁶
- In Canada, 30-34 year olds represent the highest rate of past year drinkers.⁴
- While seniors (65+) do not have the highest rates of drinking or risky drinking, they may be at increased risk of alcohol-related harms due to confounding factors such as underlying health issues, medication use, social isolation, and increased social acceptability of alcohol use in current generations.⁴

Positive health outcomes for vulnerable populations with dual issues of alcohol misuse and social inequity are most likely to be achieved if first, the SDOH issues (e.g. housing, education, and employment) are addressed and then interventions that specifically address alcohol consumption or personal behaviour patterns are attempted.

Alcohol policy levers and their relationship to the SDOH	Current alcohol policy in Ontario ⁷	Recommendations
<p>Alcohol taxes and other price controls Increasing taxes and prices are levers in decreasing use in some vulnerable populations by reducing the purchasing power of younger drinkers, risky drinkers and those with lower income. There is some evidence to suggest that those who choose to continue to purchase higher priced alcohol may have less income to spend on food, and shelter or may switch to cheaper non-potable alcohol sources.^{3,8}</p>	<p>Minimum prices for all beverage categories, both on and off premises. Minimum prices are currently below levels to impact drinking choices. E.g. Government run liquor stores can undercut minimum prices by as much as 70% and minimum prices do not apply to products sold in ferment on premise outlets. The effects across income and socioeconomic distribution has found that minimum pricing would most likely reduce alcohol-related harm among harmful drinkers of low socioeconomic status.⁹</p>	<p>Adjust alcohol prices to keep pace with inflation.</p>
<p>Regulate physical availability through restrictions on time, place and density of outlets Greater availability results in increased consumption across all groups.¹⁰ Availability and alcohol related harms can be minimized by decreasing outlet density (planning and zoning to decrease excess in disadvantaged areas) and reducing hours of sale.³</p>	<p>There is a current movement to modernize and expand alcohol sales in the province, and to increase market share for Ontario wines and craft beers. Ontario has numerous private and publicly owned off-premise alcohol retail outlets. Currently, the government remains firm in its commitment to maintain the LCBO and existing retail system in Ontario. Ontario recently expanded alcohol sales into non-government run venues (e.g., Farmers' Markets, hair salons, and grocery stores). Hours of operation are regulated by the province. On-premise outlets 11am – 2 am (unless exemption granted for significant events). Days and hours of operation have expanded to enhance alcohol sales.</p>	<p>Involve citizens in determining outlet location and restrict outlets based on population density.</p>
<p>Drinking-driving countermeasures If equitably enforced these strategies are likely to be equally effective across all groups³."</p>	<p>Ministry of Transportation Sanctions</p> <ul style="list-style-type: none"> • 0.00% BAC during graduated licensing program and population under 22 years of age. • Driving with BAC over 0.08 is a criminal offence. • Provincial administrative penalties if you register a BAC from 0.05 to 0.08 (commonly referred to as the 'warn range'). <p>Drinking and Driving awareness campaigns and/or groups include MADD, OSAID, Deflate the Elephant and local campaigns.</p>	<p>Ensure enforcement is equitable across all populations</p>

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<p>Education and persuasion “Guidelines may potentially have greater impact on those who are more health literate and receptive to health messages, and who have higher capacity to implement behaviour change³.” Interventions that rely on technology may be inappropriate or inaccessible³. When used alone education does not reduce alcohol related harm and may exacerbate inequities.⁸</p>	<p>Sandy’s law requires posters at locations selling alcohol. These posters outline the risks of consuming alcohol while pregnant. The LCBO promotes social responsibility messaging (e.g. drinking and driving, ID check for under 25) under the banner “Always Taking Care”. Low Risk Alcohol Drinking Guidelines promoted across Canada Individual public health organizations or regional programs and campaigns including “Rethink Your Drinking” Drinking and Driving awareness</p>	<p>Education and persuasion activities can increase inequities if vulnerable populations are not considered in planning. Reaching a target population not affected by inequities may escalate disadvantages for those who do.</p>
<p>Regulate Alcohol advertising and other markets Low income individuals and youth spend more time watching television, therefore potentially increasing exposure to alcohol-related advertising.³ Increased marketing to specific target groups especially women. Lack of regulations for online marketing and cultivation of youth and young adult online participation in marketing.</p>	<p>Alcohol advertisements must adhere to self-regulated standards from:</p> <ul style="list-style-type: none"> • Advertising Standards Canada • Canadian Radio-Television and Telecommunications Commission • Alcohol and Gaming Commission of Ontario <p>Reviews are based on consumer complaint. Advertising that contravenes regulations may be publically viewed before it is removed. Restrictions on the placement of ads in areas which are frequented mostly by persons under the legal drinking age. Regulations do not restrict the advertisement of price by off-premise outlets. Ontario has no restrictions on the quantity of alcohol advertising. Use of the LCBO logo and branding, often depicting sales and other marketing incentives such as customer loyalty programs. No restrictions exist on alcohol cultural event and sport sponsorship.</p>	<p>Develop policies stipulating the amount of alcohol-related advertising permitted. Restrict advertisement of price or incentives by on and off premise outlets. Restrict alcohol companies’ sponsorships, especially those targeting youth, young adults</p>
<p>Conduct screening and brief intervention (SBIR) Effectiveness not determined for vulnerable populations.³ Reduce financial, geographical and cultural barriers to accessing primary care and alcohol treatment services for groups experiencing disproportionate alcohol-related harm.⁹</p>	<p>SBIR supported by College of Physicians and Surgeons No direct fee for service related to alcohol screening, brief intervention and referral (but may use a counselling fee) SBIR tool not directly linked to the health care provider preventative care checklist forms by College of Family Physicians of Canada. Last updated 2015</p>	<p>SBIR for alcohol use–dependent on client access to service. More research needed in the use of SBIR and vulnerable populations⁹.</p>

The relationship between inequities, alcohol consumption and alcohol-related harms is complex and influenced by many factors. Each policy intervention needs to be introduced in the context of the local situation and population.

- Apply a Health Equity lens to all policies
- Pair effective policy approaches with other approaches that help to mitigate inequities such as increased access to supportive housing, non-punitive sobering up spaces and access to primary healthcare.

Call to action for the Province of Ontario:

- ✓ Conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario.
- ✓ Support and develop a provincial alcohol strategy that includes policies that reach all populations.
- ✓ Bring all government ministries together to ensure health and safety implications are considered when developing new public policy or making changes to existing policies.

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