

'It's like saying to a cancer patient: 'We can't treat you yet because your cancer isn't at Stage 4.' Patrick Smith

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"Let's say there's a frog pond where some of the frogs are developing odd-looking growths, and others are sterile. Do you send in surgeons to remove the growths, and fertility experts to deal with the sterility? Or do you say to yourself: maybe there's something in the water?"

Dan Reist, assistant director, knowledge exchange, Centre for Addictions Research of B.C.

Is there something in the water?

Robert Strang is certain there is. The chief medical officer of Nova Scotia knows that the culture of normalized heavy drinking is a serious and growing issue in Canada.

"This is not an addiction issue," says Strang. "Addiction is the far end of the spectrum. This is about the impact of alcohol right across society. Lots of harms are coming from those who are not addicted. Periodic, episodic binge drinking leads to acute and chronic problems in society. The problem with alcohol? We don't acknowledge it as a drug. And we haven't paid enough attention to it."

Strang is speaking over a cheese omelette at a chain hotel. It's a balmy Sunday, but he's spending the day in an airless convention centre, addressing a crowd at a major health conference. Strang's on a mission.

"It's about changing social norms, getting those communities already aware of the damage to work together — the medical community, the FASD community, the violence against women community, the road safety community, the Breast Cancer Foundation. We need to have a robust discussion about this issue: how does alcohol play out in your community? In terms of suicides? Kids being abused? Violence? Teens in emergency rooms? Are we having an adult discussion? I don't think so."

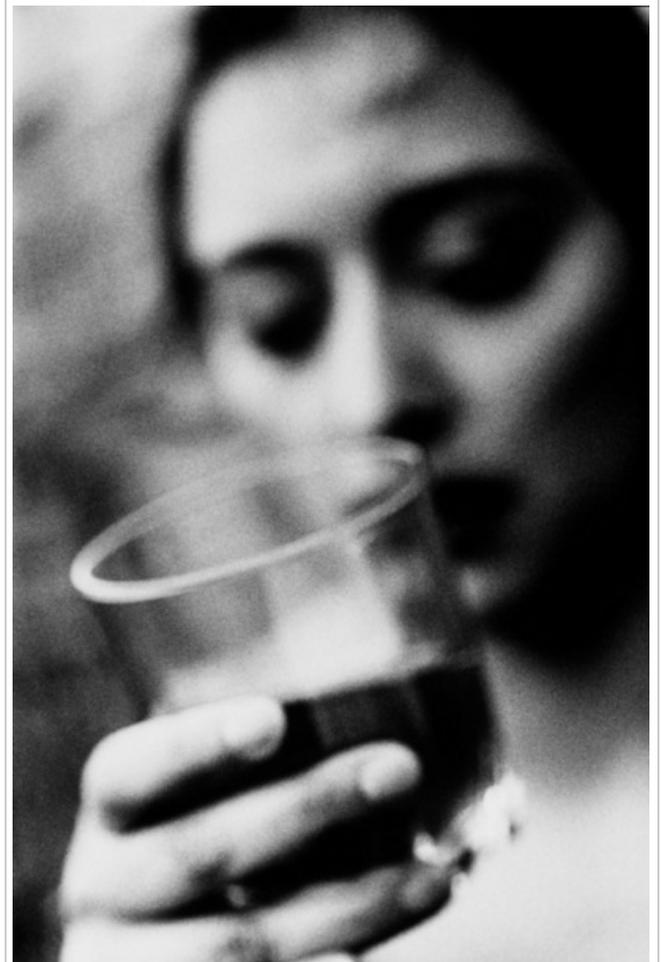
Strang is willing to jumpstart the dialogue. Is alcohol the new tobacco? Strang believes the answer is yes.

A veteran of the tobacco fight, he is determined that the harms from drinking will be recognized faster than they were with smoking. "We had to work 30 or 40 years on tobacco," he says. "If we apply what we learned on tobacco control concerning price, advertising and access, we could make significant progress on alcohol in a much shorter period of time."

What Strang is envisioning is a comprehensive public health response to the harms caused by alcohol. His province has an alcohol strategy. Ontario does not. In fact, most provinces don't. It's hard to imagine alcohol policy becoming a key priority of the Harper government, or any provincial government for that matter. What government wants to tamper with our favourite drug?

Strang is far from alone in his fight to move alcohol to the top of the public agenda.

Canada is blessed with more than its fair share of renowned researchers on the alcohol file, a brain trust of internationally respected



Second-hand drinking causes more harm than does second-hand smoke. Alcohol is sparking a public health crisis that needs urgent attention

Josh Pulman/GETTY IMAGES

individuals. People like the straight-talking Tim Stockwell, head of the Centre for Addictions Research of B.C. (CARBC), who has just returned from presenting to Scottish MPs on the minimum pricing of alcohol. Or the cerebral Jürgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health (CAMH), author of more than 500 journal articles and 10 books. Of the 15 researchers who wrote the bible on international alcohol policy—*Alcohol: No Ordinary Commodity*—three are based at CAMH, and Rehm is the star.

Is there something in the water? Rehm thinks so. Stockwell does too.

This is a major public health concern, begging for vision, energy and leadership.

To create strong policy, we need to take a hard look at the best available evidence, examine our core values, and ask ourselves: what do we want? What is best for our country? Only then can we begin to work with the political realities.

This is tough work. Often, we're clear on our values, but missing any evidence to argue our case. At other times, our values and evidence are clear, but political realities create an insurmountable hurdle.

In this case, the evidence is rock-solid. Since 1996, consumption has risen steadily in Canada. More than 80 per cent of us drink, and we drink more than 50 per cent above the world average. In 2010, alcohol sales totalled \$19.9 billion—but direct alcohol-related costs for health care and enforcement exceeded the direct revenue in most Canadian jurisdictions, Ontario included. In British Columbia, experts estimate that alcohol-related hospitalizations will overtake those related to smoking by 2014. Great evidence: we have a problem, and an expensive one at that.

What about our values? Well, they seem a little fuzzy. When it comes to alcohol, it's usually the other person's problem. And if it's ours? We're just trying to drink like the French. Or the Italian. Who, by the way, are drinking less than they did 30 years ago, but are having their own issues with binge-drinking youth. Mediterranean drinking is not what it used to be.

According to Gerald Thomas, one of the more provocative advocates for change, it all comes down to misconceptions. Senior researcher and policy analyst for the Canadian Centre on Substance Abuse (CCSA), Thomas has outlined a series of commonly accepted myths about alcohol.

Myth: "Alcoholics are the problem." Actually, only a small proportion of the population are alcoholic: roughly 2.5 per cent of Canadians. There are 20 million current drinkers in Canada. Nine million qualify as moderate risk drinkers.

Myth: "Governments make a lot of money from alcohol." Yes, and no. As noted above, alcohol-related costs exceed alcohol revenue in most of Canada. Currently, no province or territory monitors these direct costs to the health system or enforcement.

What about harm to others — or second-hand drinking: violence, sexual abuse, and much more? Last year, in the first major study of its kind, Australian researchers estimated that the costs of harm to others matched the traditional costs of the drinker to society. Says Rehm: "Alcohol consumption creates more harm to others than second-hand smoke.

It's about time we took a hard look at the problems that drinkers cause in their immediate environment and in society at large. This starts with family problems and ends with drunk drivers.

Myth: "Regular heavy drinking by young adults is a harmless phase that most people outgrow." Partially true. From the ages of 18 or 19 to 24, more than half of Canadians engage in risky drinking, and this contributes significantly to the harms and costs of alcohol across the country. After five drinks, your relative risk of incurring a serious motor vehicle injury increases by 500 per cent. Says Thomas, "Given that unintentional injuries are the leading cause of death and disability among young adults, and that alcohol is the leading contributing cause to these injuries, regular heavy drinking by this group is not a harmless phase."

Perhaps we should tackle one more myth.

Myth: Alcoholics who want to change their lives can find the right kind of help.

In fact, many fall through the cracks. One of the primary challenges navigating different systems of poorly coordinated services and supports.

Says Patrick Smith, co-chair of the National Treatment Strategy working group, "To get treatment, you have to demonstrate that you are the worst of the worst: it's like saying to a cancer patient: 'We can't treat you yet because your cancer isn't at Stage 4.'" We wouldn't tolerate it in any other area of health. There are pockets of excellence, but these are more the exception than the rule. Truthfully? There haven't been

many other health issues that have been so systematically overlooked.”

Nancy Black, director of concurrent disorders at St. Joseph’s Care Group in Thunder Bay, agrees: “The system has a huge capacity problem. There hasn’t been substantive targeted investment since the 1980s. There are some places in the province where the waitlist for assessment is more than six months.”

Is there something in the water? Smith knows there is. So too does Black.

What is public policy? At its very essence, it’s a simple equation: evidence plus values plus politics equals movement. In this case, substantive evidence plus fuzzy values plus political inaction equals a vacuum in public policy.

Is there something in the water? Clearly, there is.

We need to clarify our values around alcohol and prod the political system to do better. We need a comprehensive response to a public health crisis.

We can do better. Canada deserves better.
