

# Alberta Alcohol Strategy

July 2008



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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).





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## Summary

Alcohol is readily available and widely used in our society. Eight in 10 Albertans aged 15 and older drink alcohol. Drinking is considered acceptable by most Albertans, and alcohol is incorporated into many of our social activities, religious rituals, and holiday and family celebrations. The sale of alcohol generates jobs and revenues that support our economy and contribute to our quality of life. And alcohol is legal, so it is easy to forget that alcohol is also a psychoactive drug.

Most Albertans who drink do so moderately and responsibly. However, when alcohol is misused, it has the potential to cause considerable harm to individuals, families and communities. Alcohol can affect our health and safety. It can affect our workplaces and our relationships with our friends and families. It can lead to intoxication and dependence, physical and mental health problems, chronic disease, accidents, injuries, disabilities (including fetal alcohol spectrum disorder), family violence, property damage, criminal behaviour and even death.

It is clear that alcohol is no ordinary drink.

That is why Canada and nations around the world are developing strategies to protect their citizens from alcohol-related harm. It is also why the Alberta Alcohol and Drug Abuse Commission (AADAC) and the Alberta Gaming and Liquor Commission (AGLC) have worked together with community stakeholders and government colleagues to develop a provincial alcohol strategy.

The purpose of the Alberta Alcohol Strategy is to prevent and reduce alcohol-related harm by developing a culture of moderation, in which there is common understanding about what constitutes sensible drinking. The strategy considers the benefits of alcohol as well as the social costs, public health concerns and potential for alcohol-related harm. It builds on the groundwork laid by the Alberta Drug Strategy, and incorporates best practices to help build a healthier and safer province.

Six priorities are identified for the Alberta Alcohol Strategy. These priorities reflect the convergence of issues and ideas identified through the consultation process, as well as analysis of current and emerging trends and research related to alcohol consumption in Alberta. They encompass a range of actions that are meant to focus stakeholder efforts and facilitate achievement of the purpose set out for the Alberta Alcohol Strategy.

- Promote healthy perceptions, attitudes and behaviour toward alcohol use.
- Ensure social responsibility in the production, distribution, regulation and service of beverage alcohol.
- Foster the development of context-specific alcohol policies.
- Enhance the provincewide continuum of alcohol treatment services.
- Expand harm reduction programs for alcohol.
- Support enforcement efforts to reduce alcohol-related crime.

The Alberta Alcohol Strategy is a population-based strategy that is meant to help Albertans accept and adopt responsibility, and reduce risk when choosing to use alcohol. Effective interventions to prevent harm from alcohol use go beyond government; implementation of the strategy will require a co-ordinated and collaborative approach.

The Alberta Alcohol Strategy offers the opportunity for Albertans to come together in developing a culture of moderation and to reduce alcohol-related harm. Realizing this goal means saving lives, reducing costs and building a healthier Alberta.

## Why we need an alcohol strategy

Alcohol use is deeply embedded in our society. Alcohol is widely popular, and plays an important social and cultural role for many Albertans. In addition, the sale of alcohol creates jobs, generates revenue for government and makes a significant contribution to Alberta's economy.

Most Albertans who drink do so responsibly, without experiencing harm. At the same time, the use of alcohol is a serious and growing public health and safety concern with significant implications for drinkers and non-drinkers alike.

Over the past decade, alcohol consumption has increased in Canada and in Alberta. Regular heavy drinking has increased, as has the consumption of alcohol by young people and the incidence of binge drinking (or drinking to intoxication). These trends pose serious concerns, because alcohol-related harm tends to increase as consumption levels rise. As well, people who start drinking at an early age are more likely to be harmed by alcohol than those who do not drink until they are older.

In a public opinion survey conducted by AADAC in 2003, nearly 40% of Albertans felt that problems associated with alcohol had increased over the previous year (AADAC, 2003). In the 2004 Canadian Addiction Survey, 86% of Albertans said they felt that alcohol abuse was a serious problem in the province, and 78% believed alcohol abuse was a serious problem in their community (Malcolm, Huebert, & Sawka, 2006).

Government and community stakeholders consulted in the course of developing the Alberta Alcohol Strategy expressed concerns about issues such as alcohol and violence; drinking and driving; the complex relationships between alcohol, safety and public health; fetal alcohol spectrum disorder (FASD); alcohol abuse among teens and young adults; and alcohol consumption in the workplace.

Albertans' concerns about the harmful effects of alcohol are shared by people around the globe, and borne out by current research and statistics.

The World Health Organization (WHO) reports that in 2000, alcohol use accounted for 4% of the global disease burden and 3.2% of all deaths. In developed countries like Canada, alcohol was responsible for 9.2% of all disability-adjusted life years lost as a result of factors such as dependence, depression and injuries from traffic accidents (WHO, 2005).

In Canada, as in other parts of the world, increased alcohol consumption and heavy drinking are significant public health and safety concerns that exert a substantial toll on society. In 2002, the estimated cost of alcohol abuse in Canada was \$14.6 billion, and the estimated cost of alcohol abuse in Alberta—due primarily to lost productivity and costs for health care and law enforcement—totalled \$1.6 billion (Rehm et al., 2006).

Worldwide, in 2000, alcohol caused an estimated 20–30% of esophageal cancer, liver disease, epilepsy, motor vehicle accidents, homicide and other intentional injuries (WHO, 2002).

Information about provincial initiatives and programs that address alcohol use can be found in the appendix.

In recent years, countries including Canada, Australia, New Zealand and England have developed national strategies for reducing alcohol-related harm. What all these strategies have in common is the recognition that drinking alcohol can be a pleasurable activity, but that the misuse of alcohol can have serious and far-reaching consequences.

The Alberta Alcohol Strategy provides a co-ordinated framework for preventing and responding to alcohol-related harm. It complements and supports other provincial programs and initiatives, including the Alberta Drug Strategy, the Alberta Traffic Safety Plan, and strategies to prevent FASD and reduce crime. All these initiatives recognize alcohol as a key factor. By co-ordinating and focusing provincial efforts, the Alberta Alcohol Strategy ensures that financial and human resources are used as effectively as possible. It also makes it possible for the province to succeed in efforts to reduce health-care costs, prevent FASD and promote safer roadways, safer workplaces and safer communities.

## The strategy development process

The Alberta Alcohol Strategy considers the benefits of alcohol as well as the social costs, public health concerns and potential for alcohol-related harm. In formulating priorities and recommendations for action, AADAC and the AGLC reviewed the current situation in Alberta with respect to alcohol use, and drew on research and best practices that have proven effective in other jurisdictions. The two commissions considered input from stakeholder consultations held across the province and also worked with colleagues from other government departments to ensure that the strategy will support provincial programs and planned initiatives.

## Building on a solid foundation

The Alberta Alcohol Strategy draws on Canadian and international research, and builds on work that has already begun, both federally and provincially.

## On the national scene

In 2003, the federal government renewed its commitment to Canada's Drug Strategy (CDS), which was launched in 1987 to address problems related to substance abuse, including controlled drugs, alcohol and prescription drugs. The strategy identified education, prevention, treatment, harm reduction and enforcement efforts with the goal of creating a society in which all Canadians are free from the harm of substance abuse (Health Canada, 2003). In March 2007, the federal government allocated \$63.8 million to the strategy (now-called the National Anti-Drug Strategy). This funding will be used to target illicit drug production and trafficking, prevent illicit drug use and treat illicit drug dependency (Government of Canada, 2007).

In 2004 and 2005, Health Canada and the Canadian Centre on Substance Abuse sponsored a cross-country series of roundtables in which more than 450 stakeholders worked together to develop a vision, principles and priorities for action to reduce the harm associated with alcohol and other drugs. Medical experts, caregivers, academics, law enforcement officers, addiction counsellors, human rights workers, representatives from government and non-government agencies, and other stakeholders took part. Their work culminated in June 2005, when more than 100 stakeholder organizations approved the *National Framework for Action to Reduce the Harms Associated With Alcohol and Other Drugs and Substances in Canada* (Health Canada & Canadian Centre on Substance Abuse [CCSA], 2005).

The national framework identified alcohol-related harm as a key priority, and a 30 member, cross-sector working group—co-chaired by AADAC, Health Canada and the Canadian Centre on Substance Abuse—was formed to address this priority. In April 2007, the working group released *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation: Recommendations for a National Alcohol Strategy* (National Alcohol Strategy Working Group, 2007). The recommendations, which encourage responsibility and moderation when alcohol is used, have been reviewed and positively received by several Alberta government ministries.

The National Alcohol Strategy outlines 41 recommendations in four key areas: health promotion, prevention and education; health impacts and treatment; alcohol availability; and safer communities.

### In Alberta

National efforts to address the issue of alcohol and other drug use overlap with several Alberta Government strategies to promote safer communities, reduce violence in and around licensed premises, prevent FASD and impaired driving, and reduce health-care costs.

In 2005, AADAC launched the Alberta Drug Strategy, which sets out a comprehensive and community-based approach to preventing and reducing harm from alcohol and other drug use (AADAC, 2005). The Alberta Drug Strategy identifies principles, priorities and outcomes based on four core elements: prevention, treatment, harm reduction, and policing and enforcement.

These core elements are common to national drug strategies around the world, ensuring a balanced, multi-faceted approach to issues related to alcohol and other drug use.

More than 60 community coalitions in Alberta share ideas and resources to deal with local problems related to alcohol and other drugs.

### Facts about alcohol use in Alberta

Over the past decade, there has been an increase in alcohol consumption, an increase in heavy drinking and an increase in alcohol dependence in Alberta (CCSA, 2004; Tjepkema, 2004). This includes an increase in drinking by Alberta junior and senior high students (AADAC, 2006b).

Based on annual sales data, trends since the early 1990s indicate that Albertans continue to drink more per capita and spend more on alcohol than the national average (Statistics Canada, 2006b, 2007b).

Among Alberta students who drink, 33.2% engage in hazardous or harmful alcohol use and 31.3% report binge drinking (AADAC, 2006b).

In 2002, 11% of Alberta employees reported using alcohol while at work (Malatest & Associates, 2003).

Alberta government revenue from alcohol sales was \$658.3 million in 2006/2007 (Alberta Solicitor General and Public Security, 2007).

An estimated 23,000 Albertans are currently living with fetal alcohol spectrum disorder (FASD). The direct costs of FASD are estimated at \$1.5 million over a child's lifetime (Alberta Children's Services, 2007; Public Health Agency of Canada, 2005).

Despite considerable gains made over the past 20 years in reducing impaired driving and alcohol-related traffic collisions, Alberta continues to have one of the highest rates of impaired driving in Canada (Statistics Canada, 2007a). There has been almost no change in the proportion of Alberta drivers (22.7% in 2006) involved in fatality collisions who were drinking or alcohol impaired (Alberta Infrastructure and Transportation, 2007).

The use of alcohol as a contributing factor in spousal violence has remained upwards of 40% for more than 10 years in Alberta (Alberta Solicitor General, 2004). The spousal homicide rate in Alberta is considerably higher than the national rate, and Canadian data reveal that in the majority of cases, people accused of committing spousal homicide had consumed alcohol or other drugs at the time of the incident (Statistics Canada, 2006a).

The social and economic costs associated with alcohol use in Alberta are higher than the national average, and rising. In 1992, the total cost of alcohol abuse in Alberta was estimated at \$749 million, or \$285 for every Albertan (Single, Robson, Xie, & Rehm, 1996). In 2002, the total cost had more than doubled and was estimated at \$1.6 billion, or \$527 for every Albertan. Productivity losses (\$855 million), health care (\$407 million) and law enforcement (\$275 million) accounted for most of the total cost in 2002 (Rehm et al., 2006).

#### Alberta's unique situation

- Alberta has one of the youngest populations in Canada. In Alberta, as in other parts of the country, the prevalence of alcohol use is higher for young adults aged 18 to 29 than for other age groups.
- Alberta is the only Canadian jurisdiction that has a privatized liquor distribution system. As of October 2007, 14,449 liquor products were available at 1,170 liquor stores. Nearly 8,100 premises across the province were licensed to sell and serve liquor (AGLC, 2007).
- Alberta is one of only three Canadian provinces with a government-funded addiction agency. AADAC has a legislated mandate to provide programs and services that help people with problems related to alcohol, other drugs and gambling.

More information about prevalence and patterns of drinking, health and social consequences, and economic costs related to alcohol use is available in the companion report, *Developing an Alberta Alcohol Strategy: Background Information*. This report can be downloaded from [www.aadac.com](http://www.aadac.com) or [www.aglc.gov.ab.ca](http://www.aglc.gov.ab.ca)

## Best practices

The Alberta Alcohol Strategy is founded on a best-practice approach. It is a population-based strategy that is meant to help Albertans accept responsibility and reduce risk when choosing to use alcohol. Successful national and international approaches to alcohol policy development typically contain programs and interventions within a framework that includes the following components (Ministerial Council on Drug Strategy, 2006):

- prevention and health promotion, which includes related actions such as education to help people make informed, healthy choices, and prevention activities that denormalize underage drinking and the misuse of alcohol among those of legal drinking age
- treatment, aimed at people who are experiencing alcohol-related problems, as well as interventions that ensure the stigma associated with seeking help is reduced for people who drink and for those affected by someone else’s alcohol consumption
- harm reduction, designed to limit the acute consequences of alcohol use—including impaired driving or violence in and around licensed premises—without requiring abstinence
- legislation, regulation, policing and enforcement, to control the availability and accessibility of alcohol and provide legal sanctions for activities that violate these controls

“Globally, there has been increasing attention on the need to address harmful alcohol use, supported by a growing body of evidence and best practices to help frame approaches to address alcohol misuse” (Department of Health Promotion and Protection, 2007).

The 2004 Canadian Addiction Survey showed that one in four Albertans (25.7%) felt that alcohol taxes should be increased. Albertans were almost equally divided on whether the legal drinking age should remain at 18 (48.7%) or be increased (45.7%) (Malcolm et al., 2006).

## Population-based and targeted interventions

Effective alcohol strategies include both population-based and targeted interventions (Department of Health Promotion and Protection, 2007). Population-based interventions are meant to reduce the level of alcohol consumption in the entire population, and are typically aimed at controlling supply and demand. These interventions generally have greater impact on chronic alcohol-related problems like liver cirrhosis (AADAC, 2006a; James, 2005; Ministerial Committee on Drug Policy, 2006).

Population-based measures include legislation and regulation to control the physical availability of alcohol (for example, restricting the clustering of retail alcohol outlets and the hours and days of sale). Pricing strategies and taxation are population-based measures that control the economic availability of alcohol, based on a considerable body of evidence suggesting that demand for alcohol is sensitive to price. Other population-based measures involve information campaigns to influence social availability and promote responsible alcohol use.

Targeted interventions focus on particular drinking patterns and are intended to reduce alcohol use or alcohol-related harm in certain situations or for certain groups of people. Targeted interventions recognize that a “one size fits all” approach does not work. Research shows that targeted interventions are

most appropriate for acute consequences such as alcohol-related suicides and traffic accidents (James, 2005; Ministerial Council on Drug Strategy, 2006; Secretariat of the World Health Organization, 2007).

In the 2004 Canadian Addiction Survey, 97.1% of Albertans supported random police spot-checks (Malcolm et al., 2006).

Examples of targeted interventions include server intervention and training programs, and impaired driving countermeasures such as graduated licensing, ignition interlocks and police roadside sobriety checks. Other targeted interventions include outreach programs, and alcohol screening and brief interventions in primary care settings.

*“Substance abuse is a problem that must be addressed on all fronts. As a social phenomenon, it is probably unsurpassed in its complexity and deep-rootedness in Canadian life. Potential solutions to problems associated with the use of alcohol, tobacco and illegal drugs must be as subtle and diverse as the problems themselves ... and the people they affect” (Rehm et al., 2006).*

## Consulting with Albertans

From April to July 2007, AADAC and the AGLC hosted a series of consultations and focus groups to gather Albertans’ ideas about what a provincewide alcohol strategy should include. Albertans of various ages took part, from youth and young adults to baby boomers and seniors. Stakeholders represented the health, education and law enforcement sectors, addiction workers, non-profit agencies, Aboriginal communities, the liquor and hospitality industries, and concerned citizens. AADAC and the AGLC also consulted with colleagues from other Alberta ministries to ensure that the Alberta Alcohol Strategy would support provincial programs and initiatives for building stronger, safer and healthier communities.

Consultation participants shared what was happening in their agencies, ministries, peer groups and communities, and offered suggestions on how to improve upon this work. They identified areas in which upgrades or new approaches are needed for existing programs. They assessed the opportunities and challenges that should be considered in developing a provincial alcohol strategy, and brainstormed ideas about who might be involved and in what capacity.

The results of the stakeholder consultations are presented in a companion report, *Developing an Alberta Alcohol Strategy: What We Heard From Albertans*. This report can be downloaded from [www.aadac.com](http://www.aadac.com) or [www.aglc.gov.ab.ca](http://www.aglc.gov.ab.ca)

Key themes emerging from the consultations are summarized below.

### The issue is complex

Albertans were optimistic that a comprehensive alcohol strategy could be effective in reducing alcohol-related harm. They were also pragmatic about the challenges that would need to be overcome.

“We need to take alcohol back to being a part of socializing ... part of entertainment, not the entertainment.”

They recognized that alcohol is readily available and socially accepted, but felt that many Albertans do not appreciate the extent of harm that alcohol misuse can cause. They suggested alcohol misuse is a complex problem with a long history, and it needs to be addressed in conjunction with a host of other issues, including poverty, homelessness, unemployment, domestic violence and family breakdown.

Participants believed that most Albertans already endorse a culture of moderation, and that the real challenge is to find ways to reduce excessive drinking among those segments of the population in which alcohol abuse is most prevalent. They suggested that attitudes, funding constraints and the lack of public recognition of the widespread consequences of alcohol misuse are barriers to change.

### Build on what works

“If you support the community action that’s in place and build on this experience, good things can happen. The infrastructure is already in place, but you need to give communities the resources.”

Albertans identified a broad range of community and government programs designed to reduce alcohol-related harm. They cited numerous examples of successful and effective programs and initiatives that they felt should be maintained. They also indicated that community-based partnerships are vital in co-ordinating efforts.

Consultation participants identified areas in which more programs, services and resources are required. They suggested ways in which the Alberta Alcohol Strategy could fill gaps to better address community issues and concerns. The main messages heard were that prevention programs, education campaigns and treatment services are not consistently available throughout the province, and individuals in need of these services are not always aware of them.

### Have a long-term vision

“No strategy will be successful unless all participants are onside with what you want to do.”

Albertans identified a number of prerequisites for a successful provincial alcohol strategy. For example, take a balanced approach that protects the public interest while respecting individuals’ right to choice; develop an evidence base to inform policies and programs; maintain a qualified workforce to deliver services.

Participants felt strongly that the strategy must outline a comprehensive, long-term plan with clear, measurable results. Many felt the Alberta Government must provide leadership, commitment and sustainable funding to ensure action on strategy recommendations.

### Recognize diversity

Different communities have different needs, and local problems need local solutions.

Albertans suggested the alcohol strategy must recognize the diversity of the province’s population and address the needs of Albertans. Programs must be culturally sensitive, age- and gender-specific, and developmentally appropriate.

## Respect the values of Albertans

Consultation participants delivered a strong, clear message about the values Albertans hold and the kind of lifestyle they want. They value safe and secure communities, and the best quality of life possible for their children and families. They value diversity in their province and the uniqueness of each citizen. They value independence, self-determination and citizens' right to make their own choices. Albertans also recognize that the freedom to choose to drink alcohol must be balanced with respect for other people's rights and for the safety and well-being of the entire community.

## Developing a culture of moderation

Alcohol is a legal drug that has both costs and benefits. Albertans want to find ways to minimize harm associated with alcohol use while also respecting the right of individuals to drink, if they so choose.

Achieving a culture of moderation begins with establishing a common understanding of what constitutes sensible drinking. Providing credible and consistent information and setting out ground rules are the starting points for social change. They make it possible for Albertans to make healthy, informed decisions about how and when to use alcohol, where and when drinking should or should not take place, and how much to drink. Informed decisions are based on understanding the potential risks involved in using alcohol, and knowing how to minimize these risks.

“Tis not the drinking that is to be blamed, but the excess.”

—John Selden (1584–1654),  
British jurist, antiquarian  
and scholar

## Purpose

The purpose of the Alberta Alcohol Strategy is to prevent and reduce alcohol-related harm by developing a culture of moderation.

The purpose of the Alberta Drug Strategy is to increase the health and well-being of Albertans by preventing and reducing harmful impacts of alcohol and other drug use.

The Alberta Alcohol Strategy complements and expands upon the Alberta Drug Strategy. However, because alcohol is a legal and widely used drug, priorities and actions must have a more specific focus on drinking patterns and norms, government and industry regulation, and individual and community ability to effectively address alcohol-related health and social harm. The strength of the Alberta Alcohol Strategy, like that of the province's drug strategy, will come from the commitment of government, community organizations and agencies, industry, employers and individual citizens to work together for the common good.

## Principles

The Alberta Alcohol Strategy is founded on the following principles. These principles are compatible with the principles of the Alberta Drug Strategy and Canada's National Alcohol Strategy.

- Alcohol misuse is a public health and safety issue that affects quality of life for individuals, families and communities. By working together

to create a culture of moderation and an environment that supports healthy living, Albertans can prevent or reduce alcohol-related harm.

- The use and misuse of alcohol is shaped by socio-economic, cultural, psychological and environmental factors. The issues are complex and interrelated. Addressing these issues requires an integrated, multi-faceted, culturally appropriate and balanced approach. Proposed solutions must consider biological, psychological, social and economic factors that shape people's attitudes and behaviour.
- Human rights and freedoms must be respected. People have a right to be involved in decisions that affect their health and the health of their communities. The voices of individuals who choose to use alcohol must be considered, and their participation sought when research is conducted and programs and policies are developed and implemented.
- No single approach is adequate. Reducing alcohol misuse requires a continuum of services and approaches, including health promotion and prevention, harm reduction and treatment, and regulation and enforcement.
- Both population-based strategies and targeted interventions are required.
- It takes time to change attitudes and shift patterns of behaviour. There are no easy answers, and no quick solutions. A strategy to reduce alcohol-related harm must be sustained over the long term.
- An effective alcohol strategy is evidence-based and continually evaluated for results. The strategy will draw on local, national and international knowledge and experience, but must also reflect Alberta's unique cultural and social environment. Ongoing research and systematic collection of information are key to effective decision making and better understanding of alcohol-related problems in Alberta.
- Albertans can benefit from a well-articulated alcohol strategy. Employers, communities, service agencies, families, individual citizens and all levels of government must work together, take responsibility for creating a culture of moderation, and be empowered to take action to minimize alcohol-related harm.
- There is power in partnership and strength in working together. Collaboration facilitates the sharing of resources, experience and best practices. It builds knowledge and capacity, creates networks for the exchange of information and ideas, and improves access to services. It empowers individuals and communities to tackle alcohol issues in ways that suit their particular circumstances and needs.

## Outcomes

The following outcomes are expected from the Alberta Alcohol Strategy:

Reduce intoxication, heavy drinking and other risky patterns of alcohol consumption.	These patterns of alcohol consumption are of particular concern because they can result in immediate, long-term or wide-reaching effects on the health and safety of individuals and communities (Alcohol and Public Policy Group, 2003; Ministerial Council on Drug Strategy, 2006).
Improve community safety by reducing alcohol-related harm.	Community safety is endangered by impaired driving and alcohol-related traffic collisions, violence in families and violence in and around licensed premises, workplace injuries and accidents, and other high-risk behaviour related to drinking (Goatcher, 2006).
Increase public awareness of the risks associated with alcohol consumption.	Public education and information can increase people's awareness and understanding of how drinking can lead to harmful outcomes. Alcohol-related harm affects not only those who drink, but also a wide circle of people around them (CCSA, 2004; Department of Health, 2007).
Increase understanding among Albertans that social norms do not support a culture of intoxication.	The use and misuse of alcohol is shaped by social and other factors, as well as the interaction between these factors. Though most Albertans drink sensibly and in moderation, a long-term approach is required to shift attitudes and perceptions about alcohol consumption and to challenge public tolerance of drinking that causes harm (Ministerial Council on Drug Strategy, 2006; Secretariat of the World Health Organization, 2007).
Delay the onset of alcohol use.	Research shows that the earlier young people start drinking, the more likely they are to consume more alcohol on a typical occasion, to drink heavily on a regular basis, and to report alcohol-related harm (Centre for Addictions Research of BC [CARBC], 2006; National Institute on Alcohol Abuse and Alcoholism, 2004–2005).

Decrease the social and economic costs related to alcohol consumption.

Alcohol abuse results in substantial costs to individuals and to society. Strategic investment in a co-ordinated and comprehensive response to alcohol use will reduce avoidable costs to individuals, employers and governments (Department of Health, 2007; Rehm et al., 2006).

Ensure effective policies and measures are in place to control the physical, social and economic availability of alcohol.

Availability and price are factors influencing consumption of alcohol, particularly by young people. Limiting access to alcohol through effective controls and enhanced enforcement are essential and cost-effective ways to reduce alcohol-related harm (CARBC, 2006; Secretariat of the World Health Organization, 2007).

Build capacity so that communities can effectively respond to individual and family problems related to alcohol use.

Communities are well positioned to identify needs, resources, opportunities and gaps in services. They are key in addressing local problems related to alcohol use and play a pivotal role in shaping attitudes and behaviour toward drinking (Secretariat of the World Health Organization, 2007).

The outcomes for the Alberta Alcohol Strategy are interrelated. For example, through focused effort on controllable factors such as liquor prices, service practices and social norms, Albertans' behaviour can change. Reducing underage drinking and delaying young people's introduction to alcohol reduces the chances that they will experience acute harm or develop chronic alcohol-related problems. Likewise, supporting women who decide not to drink while pregnant will reduce the number of children born with FASD.

International experience suggests these outcomes can be achieved, but not overnight. Many of the efforts currently underway in Alberta, as well as those that can be implemented over the next few years, need to be sustained to deliver results. In countries that have succeeded at reducing harm caused by alcohol use, it still has taken a decade or more for reduced consumption to lead to lower levels of disease such as liver cirrhosis (Department of Health, 2007). However, more immediate results can be expected for reductions in the acute consequences of drinking, such as accidents and injuries.

## Strategic priorities and recommendations for action

Policies and programs based on substantive evidence should use an appropriate combination of the following: regulating the marketing and availability of alcoholic beverages; enacting appropriate impaired driving policies; reducing the demand for alcohol through taxation and pricing mechanisms; raising awareness and support for alcohol policies; providing easily accessible and affordable treatment services for people with alcohol problems; and implementing brief interventions for hazardous and harmful alcohol use (Secretariat of the World Health Organization, 2007).

Information alone will not change behaviour but key information about the risk of alcohol use can be important to support more effective interventions (Giesbrecht, 2007).

Six priorities are identified for the Alberta Alcohol Strategy. These priorities reflect the convergence of issues and ideas identified through the consultation process, as well as analysis of current and emerging trends, and research related to alcohol consumption in Alberta. They are important because of their broad and continuing effect on the health and safety of individuals, families and communities, and in some cases, because they include new or innovative responses to alcohol-related harm. Overall, the priorities encompass a comprehensive range of recommended actions. These actions are meant to focus stakeholder efforts, and to achieve the purpose of and realize the outcomes set for the Alberta Alcohol Strategy.

### Strategic priority #1: Promote healthy perceptions, attitudes and behaviour toward alcohol use

Albertans need good information to make informed decisions about their alcohol use. They need to understand that harm from alcohol use may occur at different stages in a person's life and may arise from various contributing causes. They need specific information on what constitutes a standard drink and how many drinks present a risk for immediate or long-term harm. People also need to feel confident that the government, police, local authorities and liquor licensees are doing what they can to encourage responsible drinking behaviour (Department of Health, 2007; Ministerial Council on Drug Strategy, 2006).

#### Recommended actions

- Incorporate the new national low-risk drinking guidelines in health promotion, education, workplace and alcohol treatment settings so that Albertans are informed about their alcohol consumption.
- Develop a sustained social marketing campaign to raise awareness about drinking patterns that cause alcohol-related harm. The campaign should present clear, balanced and credible messages that are linked to similar communications at the national, regional and community levels, including the National Alcohol Strategy.
- Develop educational resources to improve the health and safety of high-risk groups, such as underage drinkers and their parents, young adults who over-drink, women who are pregnant or plan to become pregnant, and seniors.
- Ensure that information about alcohol use is consistently included in policies and programs focused on preventing and treating chronic disease.

To be effective, messages need to be positive in motivating people to take control of their own lives and should represent a shared and interactive model of communication (Department of Health Promotion and Protection, 2007).

“Liberal sales and marketing practices are strong predictors of alcohol-related harm, especially among new and young drinkers” (CARBC, 2006).

*“A considerable body of evidence shows not only that alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm but that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems” (Secretariat of the World Health Organization, 2007).*

## **Strategic priority #2: Ensure social responsibility in the production, distribution, regulation and service of beverage alcohol**

Regulating alcohol involves more than legislation, restricting access or monitoring licensing compliance. Both government and the liquor industry recognize the implications that their business has on society, have invested in a range of initiatives to promote responsible alcohol consumption, and contribute to wider development of balanced alcohol policies (CARBC, 2006).

### **Recommended actions**

- Routinely review and report on Alberta’s alcohol regulatory system to identify and implement changes that promote moderate and responsible alcohol consumption. This includes review of licensing, pricing, markup system, promotional activities, server training programs and regulatory enforcement practices.
- Encourage industry to establish, implement, enforce and evaluate formal standards and codes of practice that support responsible alcohol consumption.
- Work with provincial partners to review advertising standards to ensure that these comply with a social responsibility mandate.
- Educate the public about liquor licensing, liability concerns and hosting responsibilities.

*Partnerships between business, law enforcement and local institutions have been successful in reducing irresponsible marketing and promotional strategies that glorify over-indulgence (CARBC, 2006).*

## **Strategic priority #3: Foster the development of context-specific alcohol policies**

Alcohol-related harm can occur anywhere: in our homes and workplaces, on our roadways and in our communities. Local governments, schools, institutions and organizations are already involved in developing alcohol policies and delivering programs intended to reduce alcohol-related harm. They are well placed to identify current and emerging problems, can plan for local investment and can often quickly mobilize resources when responding to priority issues affecting the people or groups that they serve (Department of Health, 2007).

Research demonstrates that the number, size, location and density of retail alcohol outlets are highly predictive of levels of alcohol-related harm (Ministerial Council on Drug Strategy, 2006).

### Recommended actions

- Work with employers and other groups such as the Drug and Alcohol Council for Safe Alberta Workplaces (DACSAW) to develop evidence-based workplace alcohol policies, prevention and employee assistance programs.
- Assist local governments in making decisions related to liquor licensing by developing a tool kit that includes best practice guidelines for the management of alcohol-related issues in public places and at public events, and the effective use of bylaws and fines to manage local concerns related to location, density or operation of licensed premises.
- Support community mobilization programs designed to reduce the social acceptability of harmful drinking, including efforts to increase parental supervision and restrict access to alcohol.
- Develop alcohol-free contexts for youth through local sports, recreation and cultural activities, and give youth the opportunity to benefit from volunteering and mentorship in order to increase social and employment skills.

*Municipal authorities have opportunities to manage the availability of and access to alcohol within their boundaries. Through municipal alcohol policies, communities can set conditions for business licensing and for serving alcohol at municipal facilities (National Alcohol Strategy Working Group, 2007).*

### Strategic priority #4: Enhance the provincewide continuum of alcohol treatment services

There is good evidence that people exposed to some type of treatment subsequently reduce their use of alcohol and show improved functioning in other life areas (Secretariat of the World Health Organization, 2007). Although treatment is primarily designed to meet the needs of people who are currently experiencing alcohol-related problems, it has secondary benefits for the community by raising awareness, reducing stigma and influencing policy agendas in health and social services.

Brief interventions are brief alcohol “talks” by physicians, nurses or other service providers in primary care settings.

### Recommended actions

- Further establish clinical and non-clinical health-care settings as accessible and non-stigmatizing options for information, early intervention and treatment of alcohol problems.
- Work with primary health-care providers to improve screening, implement brief interventions and enhance referral systems to reach Albertans who otherwise would not seek traditional treatment services for alcohol-related problems.
- Expand provincial FASD networks to increase understanding of FASD and improve prevention, screening and assessment, and support services required for parents whose children are affected by FASD.

- While recognizing the special role and responsibility the federal government has for on-reserve treatment, establish an effective continuum of care for First Nations, Métis and Inuit Albertans living on and off reserve, ensuring that Aboriginal people are involved in developing, implementing and monitoring programs and services for their communities.
- Examine the use of non-traditional treatment approaches such as Internet counselling, home detoxification and interactive self-help materials to expand treatment options for Albertans, particularly those living in rural or remote areas.

*In randomized trials, brief interventions have proven both effective and cost-efficient. They increase early detection and prevention of alcohol-related health problems, and can help heavy drinkers reduce their alcohol consumption (Giesbrecht, Roerecke, & Rehm, 2005; Ministerial Council on Drug Strategy, 2006).*

### Strategic priority #5: Expand harm reduction programs for alcohol

Server training and intervention can reduce the incidence of heavy drinking and other alcohol problems among patrons in licensed premises (Waller, Naidoo, & Thom, 2002).

The consumption of alcohol is embedded in society, and it is not realistic or desirable to advocate for complete abstinence. People do and will continue to drink alcohol, and there are benefits from alcohol consumption that cannot be ignored. At the same time, discouraging hazardous and harmful patterns of drinking, particularly among teens and young adults, is essential for reducing alcohol-related harm. Approaches that target the drinker and the drinking environment—as well as approaches that offer alternatives to drinking—are practical and do not impede freedom of choice.

#### Recommended actions

- Review local transportation options for bar patrons, including taxi, shuttle and bus service, volunteer and commercial designated driver programs.
- Work with the insurance industry to develop strategies to minimize the risk associated with alcohol use.
- Revise, develop (where necessary) and disseminate best practice guidelines related to the physical design, social environment and management of licensed premises to reduce the incidence of violence, public disorder and other alcohol-related crime on the premises and in the neighbourhood.

*The available evidence supports harm reduction approaches as an effective strategy that can save lives and reduce harm among those who use alcohol—particularly in relation to traffic accidents and injuries (Toumbourou et al., 2007).*

## Strategic priority #6: Support enforcement efforts to reduce alcohol-related crime

Random breath testing has been shown to be effective in reducing fatalities, injuries and road crashes (CARBC, 2006).

Community-based programs and services that address alcohol use often focus on problems connected to injury, disease and mental health. It is well known, however, that alcohol is directly and indirectly linked to crime and public disorder (CARBC, 2006). Some alcohol-related crimes are highly visible; others, including domestic violence, are largely hidden. Considerable resources are currently consumed in the efforts of police, the courts and correctional services to prevent alcohol-related crime and ensure public safety.

### Recommended actions

- Develop a monitoring system that tracks serious harm associated with drinking at particular licensed premises. This could include data on the “last place of drinking” for all incidents of alcohol-related crime and disorder.
- Maintain a focus on impaired driving using a mix of effective countermeasures such as ignition interlock, roadside sobriety checks, graduated licensing, administrative licence suspension and remedial treatment for those people convicted of drunk-driving offences.
- Continue to endorse and support the Canada Road Safety Vision 2010.
- Pursue approaches that focus on high-risk or alcohol-dependent drivers (i.e., those with BACs of 0.15 per cent or higher) to better deter and rehabilitate repeat offenders. This would include technology-based solutions, improved assessment protocols and improved treatment programs.

*There are at least two ways that substance use is linked to crime. The first is intoxication, which may make an individual behave in ways he or she would not normally behave. For example, alcohol consumption can lead to aggressive behaviour, including criminal assault. The other pathway to crime is through addiction or dependence. In such cases, individuals may be compelled to commit crimes such as breaking and entering to pay for their drug of choice (Rehm et al., 2006).*

## Critical success factors

Planning experts define critical success factors as the essentials that must be in place for goals to be achieved. The following critical success factors will be required to ensure the success of the Alberta Alcohol Strategy:

### Leadership and accountability

Strong leadership is required to facilitate a collaborative response to alcohol problems and sustain the participation of a wide variety of stakeholders in implementing strategy recommendations. At the outset, there is a critical need to establish co-ordination and accountability structures for the Alberta Alcohol Strategy. This leadership role includes but is not limited to

- articulating and promoting a shared vision for reducing alcohol-related harm in Alberta
- inspiring public participation and support for the strategy
- establishing an office or advisory committee that is responsible for co-ordinating inter-sectoral efforts, allocating resources, and monitoring and reporting on strategy progress and outcomes
- continuing to work with Aboriginal community leaders to identify, evaluate and expand programs that show promise in preventing and responding to alcohol-related health issues

The complex set of factors that influence alcohol-related harm calls for caution and continual re-evaluation of policy and program interventions. Efforts to reduce harm, even with the best of intentions, may have unintended consequences (CARBC, 2006).

### Evidence-based practice

Responding to alcohol-related harm requires ongoing development of the evidence base that informs policy and practice (Secretariat of the World Health Organization, 2007). Sound research and policy development are needed to ensure programs provide the best service and best return on investment. Creating and implementing an integrated research and evaluation framework is required to inform the Alberta Alcohol Strategy. At a minimum, this includes

- using research and consultation to develop clear, balanced and consistent messages and social marketing campaigns aimed at the population as a whole, and at specific subgroups
- supporting program evaluation and systematic data collection within government, and co-ordinating performance measures for the Alberta Alcohol Strategy with those of other provincial strategies and initiatives that include a focus on alcohol
- conducting specific studies (for example, with Aboriginal people and communities), including research to investigate risk and protective factors related to alcohol use

- focusing on the transfer of knowledge by establishing a health-care collaboration to disseminate research, provide training and routinely share best practices in alcohol prevention and treatment
- undertaking a provincial cost-benefit study to identify policies, programs and other interventions that reduce alcohol-related health and social harm

## Sustainable funding

Long-term funding is required to implement elements of the strategy and monitor its progress. Because resources are finite, the choice of investment must be guided by expected return. Research and experience suggest the most prudent course is to invest in policies and programs that (1) target patterns of alcohol use that contribute most to individual and social harm (e.g., drinking to intoxication, chronic heavy use) and (2) show evidence of effectiveness or program fidelity.

Social capital refers to features of personal interactions that facilitate co-operation for mutual benefit. Social capital enables collective action (CARBC, 2006).

At the same time, resources for implementing the Alberta Alcohol Strategy go beyond financial ones. Social capital and the development of community capacity are significant assets that will influence the reduction of alcohol-related harm and shift prevailing attitudes toward drinking.

## Workforce development

Maintaining workforce capacity is a key factor in delivering the Alberta Alcohol Strategy. Focusing on reducing harm from alcohol use creates both opportunities and challenges for addiction service providers, health authorities and community partners. Effective training and professional development programs must be available to ensure the workforce has the knowledge, skills and resources to provide an effective response to alcohol problems. Initial emphasis includes

- strengthening alcohol and other drug education in undergraduate medical and nursing curricula, as well as the level of practice supports and continuing education available to health-care graduates
- providing teacher training to improve delivery of high-quality and interactive school-based alcohol education
- providing ongoing professional development for police and emergency medical services personnel to increase capacity in responding to alcohol problems in the community
- continuing delivery of alcohol-focused learning opportunities and training events for those working in addiction prevention, early intervention and treatment services

## Making it happen

Effective interventions to prevent harm from alcohol use go beyond government. Many groups must be involved in taking action to achieve the purpose and outcomes established for the Alberta Alcohol Strategy. Community and voluntary organizations, local authorities, police, schools, media, the alcohol industry and the wider business community all have a vital role to play in delivering the strategy. Individuals also play an important part, by taking personal responsibility for their drinking behaviour and encouraging their friends, family members and work colleagues to do the same.

Within the context of the six priorities outlined for the strategy, policy makers and service providers can all identify areas of expertise and areas in which greater effort and involvement are needed. Some responses will require partnerships; others might best be achieved independently. In the end, however, the benefits of the strategy will be achieved by working on all priorities simultaneously.

The Alberta Alcohol Strategy offers the opportunity for Albertans to come together in developing a culture of moderation and reducing alcohol-related harm. Realizing this goal will require sustainable funding and long-term commitment. It will require both population-based and targeted approaches, and research-based efforts in the areas of prevention, treatment, harm reduction and enforcement. Success means saving lives, reducing costs, and building a healthier Alberta.

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## Appendix

Alberta Government ministries, departments and agencies are directly and indirectly involved in addressing alcohol use and abuse. These include AADAC, the AGLC, Children and Youth Services, Health and Wellness, Transportation, and Solicitor General and Public Security, among others. Some government initiatives and actions to reduce harm related to alcohol use are driven by legislation (e.g., Gaming and Liquor Act). Other initiatives are derived from the understanding that complex social issues like substance use require a co-ordinated and multi-faceted response, and these initiatives involve collaboration on the part of a number of government ministries, departments and agencies (e.g., Traffic Safety Plan, FASD Strategic Plan). There are also initiatives that represent partnerships between the Alberta Government and other levels of government (federal, municipal), professional and industry organizations, community agencies and advocacy groups (e.g., Injury Control Strategy).

Based on consultation with Alberta Government ministries, departments and agencies in April 2007, the following lists ministry and cross-ministry initiatives and programs that relate to the six strategic priorities identified for the Alberta Alcohol Strategy. This information is not exhaustive, but offers an overview of current and planned government action.

- Aboriginal Mental Health Framework (Lead: Alberta Mental Health Board)
- Aboriginal Policy Initiative (Lead: Aboriginal Relations)
- Aboriginal Youth Suicide Prevention Strategy (Lead: Children and Youth Services)
- Administrative Licence Suspension Program (Lead: Transportation Safety Board)
- Alberta Bullying Prevention Strategy (Lead: Children and Youth Services)
- Alberta Checkstop (Lead: municipal enforcement agencies and RCMP)
- Alberta Children and Youth Initiative (Lead: Children and Youth Services)
- Alberta Drug Strategy (Lead: AADAC)
- Alberta Family Violence Prevention Strategy (Lead: Children and Youth Services)
- Alberta Impaired Drivers Program (Lead: Transportation)
- Alberta Injury Control Strategy (Alberta Centre for Injury Control and Research)
- Alberta Server Intervention Program (Lead: AGLC)
- Building Capacity—A Framework for Serving Albertans Affected by Addiction and Mental Health Issues (Lead: AADAC)

- Crime Prevention and Safe Communities Task Force (Lead: Justice and Attorney General)
- FASD Provincial Strategic Plan (Lead: Children and Youth Services, Health and Wellness)
- Framework for a Healthy Alberta (Lead: Health and Wellness)
- Graduated Driver Licensing: Alberta Zero Alcohol Tolerance Program (Lead: Transportation Safety Board)
- Ignition Interlock Program (Lead: Transportation Safety Board)
- Positive Futures: Optimizing Mental Health for Alberta's Children and Youth (Lead: Health and Wellness)
- Provincial Mental Health Plan (Lead: Alberta Mental Health Board)
- Safe and Caring Schools (Lead: Education)
- Traffic Safety Plan (Lead: Transportation)
- Under 25 Initiative (Lead: AGLC)
- Work Safe Alberta (Lead: Employment and Immigration)

## About the sponsors

The **Alberta Alcohol and Drug Abuse Commission (AADAC)** is an agency funded by the Alberta Government. Under the Alcohol and Drug Abuse Act, AADAC's mandate is to deliver information, prevention and treatment services for alcohol, other drug and gambling problems and to conduct related research.

AADAC operates and funds programs in communities across the province. In 2006/2007, about 35,000 Albertans received treatment services and more than 150,000 benefited from AADAC's information and prevention services.

The **Alberta Gaming and Liquor Commission (AGLC)** licenses and regulates the province's liquor and gaming industries. Under the Alberta Gaming and Liquor Act and related legislation, AGLC's mandate is to control the manufacture, importation, sale, purchase, possession, storage, transportation and consumption of liquor in Alberta. This generates revenue for the province and contributes to the growth of Alberta's economy.

The AGLC develops and enforces policy to ensure the socially responsible management of Alberta's liquor industry. It sponsors education and awareness programs and supports research. The AGLC ensures that its operations, policies and programs protect minors, reflect the values of Albertans, honour the right to personal choice and respect the rights of communities to make decisions that reflect local interests.

For more information, see the AGLC website at [www.aglc.gov.ab.ca](http://www.aglc.gov.ab.ca)

