

**Thursday, December 17, 2009**

## **A SEASONAL MESSAGE ON ALCOHOL AND HEALTH**

Dear British Columbians, we really didn't mean to cause offence.

The University of Victoria's Centre for Addictions Research ([www.carbc.ca](http://www.carbc.ca)) released a report last week on alcohol, public health and drink prices. In this report we pointed out that alcohol use has been rising here for almost a decade and twice as fast as in the rest of Canada. We noted worrying increases in liver cirrhosis deaths and alcohol-related hospital admissions. Because the BC government is planning to increase wholesale mark-ups by 3 per cent on all alcohol sold to compensate for the 3 per cent reduction in sales taxes when the HST becomes effective next July, we suggested it considers health and safety when adjusting prices. We recommended that the price of alcohol be the same on average and that prices should be adjusted to better reflect their alcohol content. We also said to keep the minimum price of alcohol indexed to the cost of living.

We were not expecting loud applause or for the government to eagerly jump to implement these ideas. What did surprise us, however, was the ensuing avalanche of misinterpretation and negative comments about our report. We are reminded that effective policy and popular policy are rarely the same when it comes to alcohol. The report did at least stimulate debate about how to respond to the problems caused by our favourite recreational drug. Having hopefully gotten your attention, we would like to throw in a few more objective facts into this highly charged debate.

Firstly, CARBC adopts a public health approach to alcohol and cannot be caricatured as puritanical or neo-prohibitionist. Some of us at CARBC advocate legalizing or at least decriminalizing the use of marijuana. BC kids are smoking more marijuana than tobacco these days—it seems society does a better job of regulating than prohibiting with smoking.

Only Quebec has more generous drinking guidelines than we recommend! CARBC suggests no more than three drinks on one day or 10 in one week for women, and no more than four drinks on one day or 20 in one week for men. (A standard drink refers to the amount of alcohol found in a 12 ounce or 355 ml bottle of 5 per cent beer, medium glass of wine or 1.5 ounce/45 ml shot of spirits). Additional precautions are needed when pregnant, using medication or drugs, when driving and for both younger and older people.

We don't make this stuff up. We reviewed the relevant science carefully before developing these guidelines. For example, a 2006 paper published in a journal of the American Medical Association by Italian scientists estimated the risk of premature death for men and women according to how much they drank based on 36 high quality studies from around the world. The good news is that there was a slightly lower risk of premature death for light drinkers, with the greatest health benefits associated with about half a drink a day for women and one drink a day for men. The bad news is that every extra

drink consumed per day also increases the risk of a host of serious illnesses including cancer, liver disease and strokes. A breakeven point where drinkers have the same life expectancy as lifetime abstainers was two drinks per day for a woman and three drinks a day for a man. At these levels, health benefits and risks are for most people neatly balanced—but if you have a family history of cancer, for example, you may wish to be more cautious.

Please forgive us for dwelling some more on the negative side of this equation. We recently learned something new and truly appalling about the effects of alcohol. It is well known a few drinks can make you red in the face. While we may associate redness of the face with laughter and conviviality, it's actually caused by a chemical called acetaldehyde which our body creates from alcohol. Acetaldehyde is causally related to cancer of the oesophagus. In 2007, the WHO International Agency for Research on Cancer classified the ethanol in alcoholic beverages as "carcinogenic in humans" with definite causal links to cancers of the mouth, throat, oesophagus, stomach, liver, colon and breast.

Going back to our report on alcohol pricing, the newspaper headlines and talk radio mostly stated we were calling for a "price hike". We were not. We specifically said the average price should stay the same and government revenue from liquor should not change. We have in the past called for an outrageous 2 cents a drink levy to fund more treatment and prevention programs in BC but we were more modest this time round.

It was said our pricing policies were simple-minded and couldn't possibly work without a more comprehensive strategy. Elsewhere CARBC has also recommended other evidence-based prevention, policy and harm reduction strategies. We raise the pricing issue now in anticipation of the changes in pricing that will occur with the HST next summer. We currently pay 10 per cent PST on liquor versus 7 per cent for everything else so, when the HST comes, the price of liquor would fall 3 per cent across the board if prices are not adjusted. Also, scientific review after scientific review has identified the price of alcohol as the most powerful lever for influencing its consumption and levels of associated health and safety problems.

It was said that BC drink prices are among the most expensive in Canada. This may be true on average, but remember we are *not* calling for a price hike! Many thousands of varieties of alcohol are available in BC differing in taste, quality, alcohol content – and price. When you look at the lower end of the market, you can certainly find bargains. Heavy drinkers on average pay much less for a standard dose of alcohol than a moderate drinker, and the science is quite clear: even the heaviest alcohol consumers are price sensitive. Trawling through BC liquor store prices recently, we found a fortified wine delivering a standard drink for 62 cents, a cooler for 71 cents, a beer for 75 cents and liquor for 86 cents.

We were taken to task for suggesting a policy that would further punish impoverished homeless people addicted to alcohol. We are not sure if it's a good policy to allow alcohol to keep getting cheaper to support this group. When there was a spate of alcohol poisonings associated with cheap rice wine in the Downtown Eastside a few years ago, its

removal from corner stores was widely applauded. In our view, a good policy would be to open "wet" shelters for this vulnerable group where, as successfully implemented in Ontario, they are given controlled access to free alcohol. This approach has been shown to improve health outcomes, stabilize troubled lives and even reduce their consumption. Alcohol should be provided tax-free for these purposes.

So, as we head into the festive season, let's take care, be safe and stay healthy. It can sometimes help to enjoy your alcohol with food, but we suggest you pace your drinks to no more than one per hour, provide low-alcohol (if you can find them) or non-alcoholic drinks to your guests and of course have a designated driver.

Happy holidays to one and all – and thanks for all the airtime!

*Tim Stockwell is the director of the University of Victoria's Centre for Addictions Research of BC and Gerald Thomas is its senior policy analyst.*