Families for Addiction Recovery

Recommendations for an Alcohol Strategy
July 7th, 2016

We have not seen the Ontario government's draft Alcohol Policy Framework. We have seen the Response to the Ontario government's draft Alcohol Policy Framework prepared by CAMH and four other organizations (the "Joint Submission")[1] and generally endorse the recommendations therein with the following amendments, emphasis or additional recommendations:

1. Coordination with Imminent Cannabis Strategy:

Ontario's alcohol strategy should not be developed in isolation from, or without giving any consideration to, any cannabis strategy that the Ontario government (and/or federal government) may be in the process of developing. Ontario will be the first province to develop its alcohol policy after the federal government's announcement that it intends to legalize cannabis. This presents opportunities and pitfalls as discussed in our next few recommendations.

2. Prohibition on Advertising and Promotion:

It is likely that there will be a complete restriction on the ability of the cannabis industry to advertise or promote their products. The alcohol industry, on the other hand, can advertise and promote their products with few apparent restrictions, even though it is clear that alcohol is much more dangerous and costly to the user and to society than cannabis.

Alcohol ranked first and cannabis eighth in a study ranking various psychoactive drugs in terms of their relative harms to self and harms to others[2]. A CCSA report found that in 2002 direct alcohol-related health care costs ($3,306.2 million) were nearly three times as high as for all illicit drugs, excluding cannabis ($1,061.6 million), and over 45 times higher than the direct health care costs of cannabis ($73 million)[3]. Aaron Carroll, a professor of pediatrics at Indiana University School of Medicine, said he would not

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[1] The Need for a Provincial Alcohol Strategy, Response to the Ontario government's draft alcohol policy. http://www.addictionsandmentalhealthontario.ca/uploads/1/8/6/3/18638346/joint_submission_2016-02-23.pdf

[2] Wood E, McKinnon M, Strang R, Kendall PR. Improving community health and safety in Canada through evidence-based policies on illegal drugs. *Open Medicine*. 2012;6(1):e35-e40. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329118/

[3] Thomas, G.B., & Davis, C.G. (2006). Comparing the Perceived Seriousness and Actual Costs of Substance Abuse in Canada: Analysis drawn from the 2004 Canadian Addiction Survey. Ottawa, ON: Canadian Centre on Substance Abuse. http://www.ccsa.ca/Resource%20Library/ccsa-011350-2007.pdf

recommend an adolescent use either alcohol or cannabis, but if he had to pick one, he would pick cannabis[4].

As stated in the Joint Submission:

"Increased exposure to alcohol marketing is associated with earlier initiation of alcohol use, increased consumption and alcohol-related harms, especially among young people. Exposure to alcohol marketing is also associated with the normalization of alcohol use and encourages and reinforces positive attitudes towards alcohol and leads to unrealistic expectations about the effects of alcohol.[14]"

Given that:

- alcohol causes more harm than other psychoactive drugs:
- the cannabis industry will likely be prohibited from advertising and promoting cannabis;
- the tobacco industry is prohibited from advertising and promoting tobacco;
- the Ontario government recently decided to expand the number of retail outlets that can sell alcohol which will increase alcohol harms (discussed under a separate heading below); and
- the treatment of alcohol use disorder, particularly for youth, is grossly underfunded (also discussed under a separate heading below),

continuing to allow the alcohol industry to advertise and promote their products is unconscionable. Further, it is not an evidence based decision.

We recommend that the ability of alcohol companies to advertise or promote their products should be phased out as quickly as possible. Further, if this is not done it is foreseeable that the cannabis industry will argue persuasively and successfully that they should be able to advertise and promote their product because it is safer than alcohol.

3. Awareness Regarding the Relative Harms of All Psychoactive Drugs

Members of the general public, including our youth, use psychoactive drugs regardless of their status as legal, prescribed or illicit. We know that the general public underestimates the harms of alcohol and overestimates the harms of illicit drugs, including cannabis. This is clear from the CCSA report referred to above. It concludes "Just as the wide dissemination of evidence on the health risks of tobacco changed the public's perceptions of smoking, a concerted and sustained effort is necessary to correct misperception of the relative risks and costs associated with alcohol and other drug abuse." People cannot make evidence based and informed decisions to reduce harms to themselves or others without this information. Further, once these relative risks are widely known and understood the general public is more likely to understand and accept a complete ban on alcohol advertising and promotion. Finally, this will help

[4] http://mobile.nytimes.com/2015/03/17/upshot/alcohol-or-marijuana-a-pediatrician-faces-the-question.html?_r=0

address the double standard and stigma society places on those who use illicit drugs compared to those who use legal psychoactive substances.

4. Treatment and Dedicated Funding

Persons struggling with addiction should receive timely, evidence based treatment and the majority of them in Ontario, as in the rest of Canada, are receiving neither, especially our youth.

As the members of our organization have personally experienced, the outcomes of untreated mental illness and addiction in our youth, at every socio-economic level, include:

- chaotic living arrangements: homelessness, group homes (even where the child is from a functional home), psychiatric wards, juvenile detention and revolving door visits to hospital emergency departments;
- illegal activities: prostitution, drug dealing, and stealing to fund the addiction, and driving impaired;
- serious health problems: sexual abuse, physical abuse, HIV, Hepatitis C, substance use induced psychosis, suicide, overdose leading to permanent brain damage, heart attack or death; and
- dropping out of school.

Treatment is the most effective and cheapest alternative. However, the vast majority of our youth do not receive any treatment. The **wait time** at Ontario's Pine River Institute, for example, the only long term treatment center in Ontario for youth with concurrent mental illness and addiction was **14 months** in 2012 and **16 months** in 2014. There are currently 204 youth on the waiting list. **Most of these youth have problematic use of alcohol and/or cannabis.** Bad things happen when youth wait for treatment. It has been estimated that 70% of juvenile offenders have mental illness and/or addiction.

Canada spends just over 7% of its public health budget on mental illness and addiction but the burden of these diseases in Canada in 2013 was between 10% and 11%[5]. By comparison, countries like New Zealand and the UK spend 10%-11% of their public health budget on mental illness and addiction. In 2012, the Mental Health Commission of Canada in Changing Directions, Changing Lives, The Mental Health Strategy for Canada, called for Canada to increase the amount it spends on mental illness and addiction from 7% to 9% over 10 years. This recommendation pre-dates the federal government's commitment to legalize cannabis, which will generate income for the federal and provincial governments, and the current opioid overdose epidemic which is killing thousands of Canadians annually, many of them our youth and young adults with addiction and mental health problems.

[5] Institute for Health Metrics and Evaluation (2015). *Global Burden of Diseases, Injuries, and Risk Factors Study, 2013*. Data retrieved from http://www.healthdata.org/data-visualization/gbd-compare

We recommend that a portion of the revenue from alcohol sales be dedicated to the treatment of all substance use disorders and mental illness, not just alcohol use disorder, especially if minimum prices for alcohol are raised as recommended in the Joint Submission. We also recommend that the Ontario government take any other necessary measures to redress this chronic underfunding that so adversely affects families affected by addiction and mental illness.

With respect to increased access to naltrexone, we also recommend that the Ontario Government coordinate with Health Canada to ensure that Vivitrol is approved for use in Canada. Vivitrol is a monthy injection of naltrexone which is both more convenient and also better for those who have difficulty complying with taking medication daily.

5. Decision to Expand Retail Outlets

The Ontario government's decision to expand retail outlets that sell alcohol, when this is known to increase consumption and harm, at a time when our youth are waiting 16 months for treatment for alcohol use disorder is not disappointing; it is unconscionable.

6. Education of All Medical Professions

Medical doctors, and many other service providers, receive next to no training regarding the harms of alcohol (and other psychoactive drugs) or regarding alcohol use disorder (and other substance use disorders). This directly impacts their empathy, motivation to treat, and knowledge of how to treat these disorders. This, in turn, results in inadequate treatment or a lack of treatment altogether. It is discrimination imposed on vulnerable patients with these disorders and their families. Stigma also prevents them from asking their patients about their alcohol use, as well as the use of any other psychoactive drugs.

We recommend that all medical students, nursing students, and paramedics be required to take a course regarding alcohol use disorders (and other substance use disorders) to increase empathy, decrease stigma and improve the treatment and outcomes for those struggling with substance use disorder. We further recommend that those already in practice be required to take a professional development course regarding substance use disorder.

7. Family Engagement

If, as suggested in the Joint Submission, an entity responsible for coordinating and implementing Ontario's alcohol strategy is created, persons affected by addiction and their families must be represented.[6]

[6] Person-directed services. People with lived experience of a mental illness or addictions, and their families, bring their strengths, wisdom, and resilience to their care. They must have a voice as essential partners in system design, policy development, and program and service provision, and the opportunity to make informed decisions about their personal care and support. (From Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions Strategy)

8. One Overarching Strategy for Psychoactive Drugs

As a final comment, our bodies do not know whether a drug has been classified as legal, prescribed or illicit. If the drug is psychoactive there is a potential for addiction. We know that members of the general public are using psychoactive drugs whether they are legal, prescribed or illicit. We need one overarching strategy in order to reduce the harms of, and the demand for, psychoactive drugs be they legal, like alcohol or tobacco and soon cannabis, or prescription or illicit. People, including our youth, are dying from illicit drugs that they have purchased on the internet. We need a strategy for illicit drugs too.

A list of our recommendations is attached.

Recommendations
Regarding an Alcohol Strategy for Ontario

Families for Addiction Recovery recommends that the Ontario government:

1. draft its alcohol strategy keeping in mind the likely provisions of the imminent federal and provincial regulatory framework for cannabis and the impact of those regulations on the regulation of alcohol;

2. phase in a complete ban on the advertising and promotion of alcohol products by the alcohol industry as quickly as possible;

3. launch a public awareness campaign regarding the relative harms of psychoactive drugs;

4. provide that a portion of the revenue from alcohol sales is dedicated to the treatment of all substance use disorders and mental illness, not just alcohol use disorder;

5. take any other necessary measures to redress the chronic underfunding of the treatment of substance use disorder and mental illness until these health expenditures are equal to the burden of the disease;

6. coordinate with Health Canada to ensure that Vivitrol is approved for use in Canada and Ontario;

7. ensure that all medical, nursing and paramedic students are required to take a course regarding alcohol use disorders (and other substance use disorders) to increase empathy, decrease stigma and improve the treatment and outcomes for those struggling with substance use disorder;

8. ensure that doctors, nurses and paramedics already in practice are required to take a professional development course regarding substance use disorder; and

9. ensure that any entity responsible for coordinating and implementing Ontario's alcohol strategy includes representation of persons affected by addiction and their families.