

Low-Risk Alcohol Drinking Guidelines Indicator Report

BACKGROUND

The purpose of this report is to present the landscape of drinking behaviours within Hastings and Prince Edward Counties (HPEC). In accordance with the Population Health Assessment and Surveillance protocol of the Ontario Public Health Standards, Hastings Prince Edward Public Health has a requirement to monitor trends over time, emerging trends and priority populations in the area of alcohol use.

Alcohol is no ordinary commodity and is a psychoactive drug that places a significant burden on individuals and society due to its social, economic and health related harms¹. Next to tobacco, alcohol is the most harmful substance in Canada and is a major preventable cause of morbidity and mortality². Use of alcohol above the recommended Guidelines has a significant impact on chronic and acute harms and diseases; which include but are not limited to cancer, alcohol use disorders, preterm birth complications, fetal alcohol spectrum disorders and intentional and unintentional injuries².

Canada's Low-Risk Alcohol Drinking Guidelines (LRADG's) were released in 2011, to assist Canadians to make informed choices and moderate their alcohol consumption to reduce their immediate and long-term alcohol related risk³. A full description of Canada's LRADG's is available through the Canadian Centre on Substance Abuse⁴.

The Hastings Prince Edward Public Health Low-Risk Alcohol Drinking Guidelines Indicator Report is informed by data from the Canadian Community Health Survey (CCHS)⁵.

LOW-RISK ALCOHOL DRINKING GUIDELINES

Below are the Low-Risk Alcohol Drinking Guidelines relevant to the data presented in this report.

Guideline 1:

Reduce your long-term health risks by drinking:



No more than **10**  drinks a week
No more than **2**  drinks a day on most days



No more than **15**  drinks a week
No more than **3**  drinks a day on most days



There should be non-drinking days every week to avoid developing a habit

Guideline 2:

Reduce your risk of injury and harm by drinking:

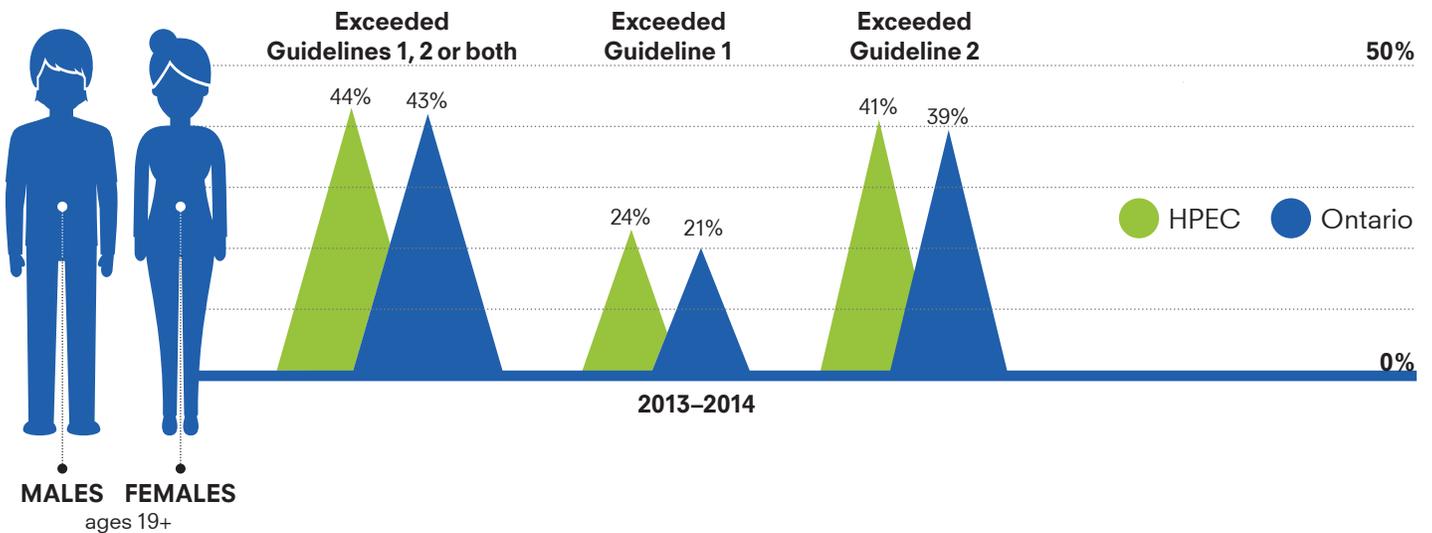
No more than **3**  drinks on any single occasion

No more than **4**  drinks on any single occasion

HASTINGS AND PRINCE EDWARD COUNTIES VS. ONTARIO

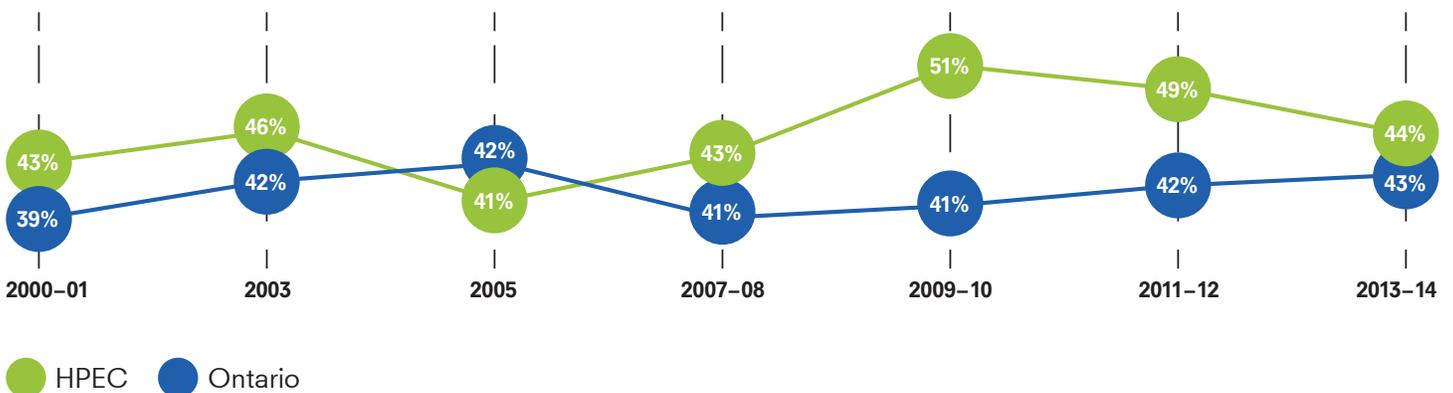
In 2013 and 2014, approximately 44% of adults, 19+, in HPEC exceeded Guidelines 1, 2 or both of the LRADG's. Additionally, 24% of HPEC adults reported exceeding Guideline 1 and roughly 41% reported exceeding Guideline 2.

In 2013 and 2014 in Ontario, approximately 43% of Ontario adults exceeded Guidelines 1, 2 or both of the LRADG's. Additionally, 21% of Ontario adults reported exceeding Guideline 1 and roughly 39% reported exceeding Guideline 2.



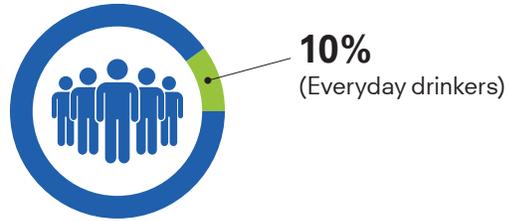
TRENDS OVER TIME

From 2000-2014, there were no trends over time of adults 19+ in HPEC, that reported exceeding Guidelines 1, 2 or both of the LRADG's.



EVERY DAY DRINKING

In HPEC in 2013-2014, 10% of the population 19+ were everyday drinkers. There are no trends over time for everyday drinkers in HPEC.



AGE

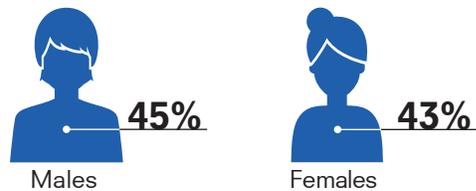
In HPEC, in 2013-2014, adults between 19 and 29 years of age reported exceeding Guidelines 1, 2 or both of the LRADG's more than any other age group; the proportion of those exceeding the Guidelines decreases with increasing age.



Adults (19+) who reported exceeding Guidelines 1, 2 or both by age

SEX

In HPEC in 2013-2014, 45% of males and 43% of females, 19+ exceeded Guidelines 1, 2 or both.



RURAL VS. URBAN

In 2013-2014, 51% of urban residents reported drinking regularly compared to 56% of rural residents in HPEC. In Ontario, rural residents tend to drink more than urban residents.



INCOME

In Ontario the proportion of regular drinkers increases as income increases. This same trend exists for binge drinkers and heavy drinkers. In 2013-2014, there were significantly more regular drinkers in the high income group compared to the low income group in HPEC.



DATA NOTES

For more information on the CCHS, please visit www.statcan.gc.ca

Definitions

A drink is defined by the CCHS as, a bottle or small can of beer, cider, cooler or small draft with 5% alcohol content; a glass of wine with 12% alcohol content; a glass or cocktail containing 1.5oz of spirit with 40% alcohol content.

Regular drinker: had at least one drink a month in the previous 12 months.

Occasional drinker: drank less than once per month in the previous 12 months.

Everyday drinker: had at least one drink a day in the previous 12 months.

Binge drinker: had 4+ (females) or 5+ (males) drinks on one occasion in the previous 12 months. Please note that in our analysis for all years prior to 2013 and 2014 (due to data limitations) both men and women who have 5 or more drinks on any one occasion are considered to have binge drank.

Heavy drinker: had 4+ (females) or 5+ (males) drinks on one occasion at least once a month during the previous 12 months. Please note that in our analysis for all years prior to 2013 and 2014 (due to data limitations) both men and women who have 5 or more drinks on any one occasion at least once a month are considered to be heavy drinkers.

Limitations

The CCHS is composed of self-reported responses that may not be recalled accurately; the small number of the local sample size is unlikely to be a good representation of the entire local population. Data collection for females exceeding Guideline 2 changed in the CCHS in 2013-2014. For this cycle, women are considered to have exceeded Guideline 2 if they reported drinking 4 or more drinks on any one occasion. Previously, women are considered to have exceeded Guideline 2 if they reported consuming 5 or more drinks on any one occasion. Therefore, a change over time may not be a true representation of the population trends; rather, it may be a reflection of the change in data collection.

Statistical Significance

Researchers look at the “confidence intervals” of the point estimates (such as percentages) being compared to decide if there is a statistically significant difference between them. A statistically significant difference means that:

- the difference between two percentages is unlikely to have occurred by chance alone, and
- there is a true difference or change in the percentages.

In this report, confidence intervals are not numerically or visually presented. For a full depiction of the data, including confidence intervals, please contact Hastings Prince Edward Public Health.

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Sources: Please contact Hastings Prince Edward Public Health for a detailed list of references.