



Manitoba Centre for Health Policy

Thinking Before Drinking:

The consequences of excessive alcohol use in Manitoba

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A summary of the report *Health and Social Outcomes Associated with High-Risk Alcohol Use*

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Ah, alcohol! The life of the party, comfort for heartbreak, and famously described by F. Scott Fitzgerald as “the rose coloured glasses of life.”

For some people, alcohol adds a buzz to a fun social activity, or serves to mark a special occasion. But not everyone who drinks does so safely. In fact, about 20% of people who drink alcohol consume more than Health Canada’s low-risk drinking guidelines recommend (Figure 1). The guidelines say that women should have no more than two drinks per day and 10 drinks per week, and men should have no more than 3 drinks per day and 15 per week. Studies have shown that regularly drinking more than that can lead to higher rates of disease and injury.

The impact of excessive drinking isn’t limited just to the person holding the glass. Heavy alcohol users can expect to need more healthcare services than people who stay within the low-risk limits. People who drink heavily might also need more social services, like income assistance, because their drinking might make it hard for them to keep their job or to advance in the workplace. Heavy drinkers are also more likely to be involved with the justice system, for example, on charges for driving while intoxicated.

Manitoba Health is working on a strategy to reduce harms from alcohol use. They asked the Manitoba Centre for Health Policy (MCHP) to look at how patterns of excessive drinking are linked to health and social service use. Here, we use the terms ‘excessive’ or ‘at-risk’ to describe drinking behaviours that don’t fit within Health Canada’s low-risk guidelines.

At MCHP, data describing virtually all Manitoba residents are stored in the Manitoba Population Research Data Repository. These data are collected from the healthcare system, the justice system, and social services each time a Manitoba resident comes into contact with these services. The Repository also includes data from the Canadian Community Health Survey, which collects information about Canadians’ health behaviours, like smoking and drinking alcohol. Before these data arrive at MCHP, all names and addresses are removed, so that researchers there never know ‘who’ the individual people are. But the data can be linked together using numeric codes attached to each record. By connecting the data across sectors and over time, we can explore how at-risk drinking behaviour is linked to Manitobans’ use of health services, social services and the justice system.

Figure 1. Health Canada’s Low-Risk Drinking Daily Limits



Looking at Excessive Alcohol Use in Manitoba

We looked at the impact of excessive alcohol use over a 25 year period (1990-2015). We first described the Manitobans who consumed more alcohol than recommended by Health Canada’s guidelines. Then we looked at their patterns of health services use, social services use and their involvement with the justice system.

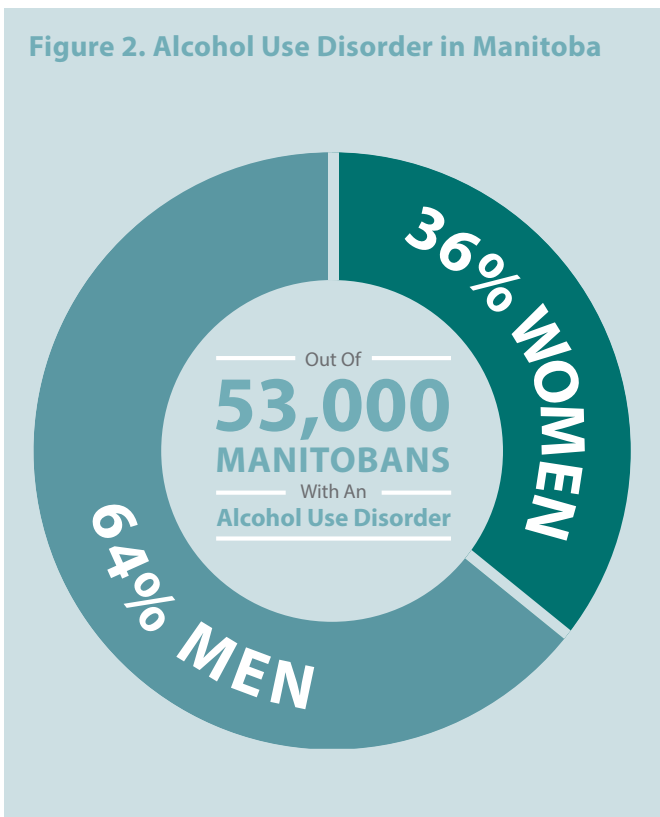
Using the Repository at MCHP, we defined people with at-risk drinking behaviour in two different ways. The first way was to look for people who had been diagnosed with an alcohol use disorder by a healthcare provider. An alcohol use disorder is a medical condition that includes diseases caused by drinking excessive alcohol (like some types of liver disease), or mental disorders related to alcohol (like alcohol dependence).

The second way we identified people with at-risk drinking behaviour was to look at the Canadian Community Health Survey. If respondents reported that they exceeded the low-risk drinking guidelines, we counted them as at-risk.

Characteristics of Manitobans with At-Risk Drinking Behaviour

During the study period, more than 53,000 Manitobans were diagnosed with an alcohol use disorder. About 36% of these people were women, and 64% were men (Figure 2). The average age of Manitobans with an alcohol use disorder was lower than the average age of the province’s general population. They were more likely to be lower income and more likely to have a mental disorder.

Figure 2. Alcohol Use Disorder in Manitoba



Patterns of Health and Social Service Use

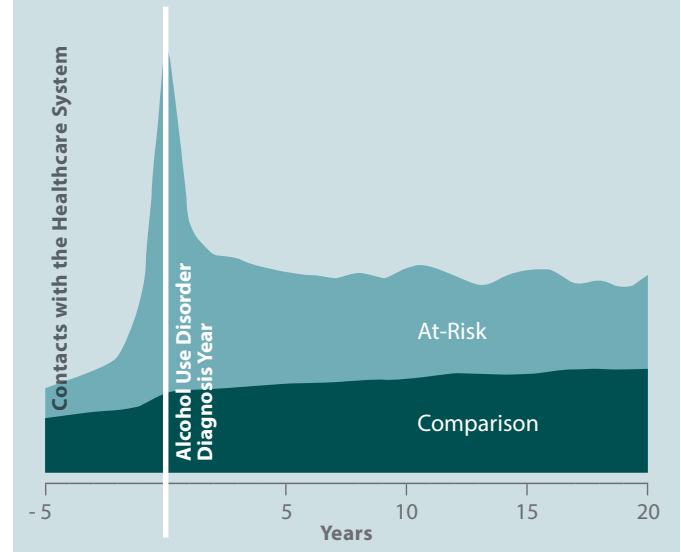
To get a sense of how people with at-risk drinking behaviour use public services in Manitoba, we compared them to a group of Manitobans who had no alcohol use disorder diagnosis and who did not

report using excessive alcohol. We made sure that other characteristics (age, sex and income level) were similar between the two groups, so that we could make a fair comparison.

We can see from Figure 3 that the health services use of people with at-risk drinking behaviour spiked right around the time of their diagnosis. This pattern was similar for family doctor visits, emergency room visits, and hospital stays. Although the rate of health services use by people who drank excessively dropped again after diagnosis, it remained much higher than the comparison group’s rate over the next 20 years.

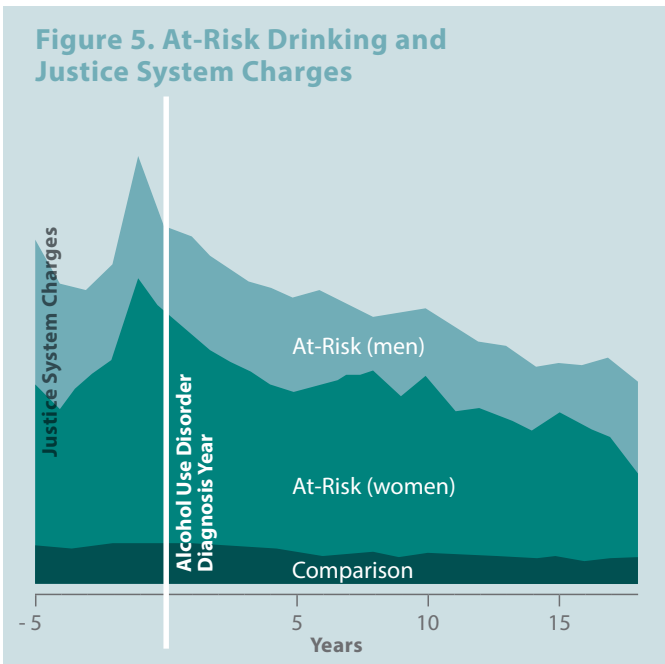
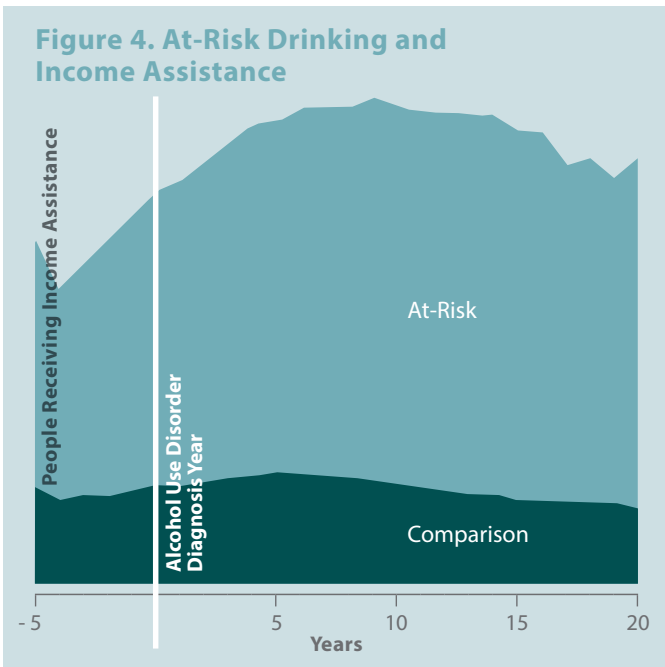
Figure 3. At-Risk Drinking and Use of Health Services

(Similar pattern for family doctor visits, emergency room visits and hospital stays)



The study also found that people with at-risk drinking behaviour relied on income assistance much more frequently than people who did not exceed the recommended amount of alcohol (Figure 4). Contacts with other social services were also higher among people who used alcohol excessively. They were more likely to live in social housing, and more likely to have their children taken into care of Child and Family Services.

In Figure 5, we see that the overall number of justice system charges (which includes driving while intoxicated, family violence, and/or any other criminal charge) is much higher among people who exceeded the low-risk drinking guidelines, and especially among men. There was a spike in the number of charges about one year before diagnosis of an alcohol use disorder. The number of charges dropped after diagnosis, but stayed higher than for the comparison group over the next 15-20 years.



Reducing the Risks of Excessive Alcohol Use

Putting aside our rose-coloured glasses for ones that give us 20/20 vision, we can see that unsafe drinking behaviour is a concern in Manitoba. This study showed that people who drink excessively not only put their own health at risk, but have many more contacts with the health, social and justice sectors than other Manitobans. It's important to put these findings in context as we consider what they might mean. What are the underlying reasons for excessive drinking? In social settings, young people and adults alike may feel pressured to drink in order to feel accepted. Some people are looking for emotional relief when they consume alcohol, but they drink more and more as their tolerance grows over time. Studies have shown that genetics also play a role, and that alcohol dependence can be inherited.

Ultimately, the study tells us that there is a need to better promote low-risk alcohol use to protect Manitobans from harm. What are some of the ways to do this? To start, it would be helpful to be able to identify people with harmful drinking habits sooner rather than later. The study showed spikes in public service use that sometimes occurred long before the person was diagnosed with a drinking disorder. Finding ways to screen for heavy drinking earlier is a first step to reducing the harmful effects of excessive alcohol use. There are also several types of drugs that can help curb alcohol dependence. Greater awareness of these drugs could help get patients treatment that may improve their well-being. Finally, the findings make it clear that heavy alcohol use has long-term impacts across different sectors. It's important that planners from the health, social and justice sectors work together to protect Manitobans at risk of harm from alcohol.

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The **Manitoba Centre for Health Policy** is a research unit in the department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences.

MCHP conducts population-based research on health services, population and public health, and the social determinants of health.

To View the Original Report, Please Visit

http://mchp-appserv.cpe.umanitoba.ca/reference//alcohol_Report_web.pdf



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