

## High-Risk Alcohol Consumption & Chronic Disease

Alcohol consumption has both positive and negative impacts on the population. For some sectors of the population, there may be health benefits such as reduction of cardiovascular disease risk. However, these health benefits are only for those aged 45 and older, and can be achieved with consuming one standard drink a day or less. Drinking above recommended levels increases the risk of developing alcohol-related disease or injury (Centre for Addiction and Mental Health, 2009).

### Health-Related Consequences

Alcohol misuse is associated with over 60 chronic conditions, cancers, and types of trauma (Babor et al., 2003). Moreover, high-risk alcohol drinking is associated with neuropsychiatric conditions such as alcohol abuse and depression; gastrointestinal conditions such as liver cirrhosis; and maternal and perinatal conditions such as low birth weight and fetal alcohol syndrome (Centre for Addiction and Mental Health, 2009). Alcohol use is also a major contributor to motor vehicle accidents, violence, suicide and immediate toxic effects – such as alcoholic poisoning (Babor et al., 2003).

### Prevalence

Alcohol consumption in Canada has risen 13% between 1997 and 2005, on a per capita basis (aged 15+); the percentage of people reporting having 5 or more drinks on one occasion has also increased (Statistics Canada, 1997, 1999, 2003, 2005a, 2007). Specifically, 20% of young adults (aged 18-29) reported having 5 or more drinks weekly in the past year (Adlaf et al., 2005).

### Cost

High-risk alcohol consumption not only adversely affects health, but also contributes to damage within society. In Canada, several studies conducted from 1950-2000 suggested alcohol sales were associated with changes in: alcohol related mortality (Ramstedt, 2004); homicides (Rossow, 2004); traffic fatalities (Skog, 2003); and total mortality (Norstrom, 2004). The estimated cost (healthcare, law enforcement, prevention and research, productivity lost and other costs) attributable to alcohol abuse in 2002 was estimated to be \$5.3 billion for Ontario, and \$13.9 billion for Canada (Rehm et al., 2006a).

### Reason for Action

Despite the growing evidence that suggest the association between high-risk alcohol consumption and disease risk, disability and costs (World Health Organization, 2002; Rehm et al., 2006b, 2009), it is still not an apparent or a high priority risk factor in most chronic disease initiatives in Canada. Action must be taken now in order to decrease the impact of its avoidable burden and costs.