Health Equity Impact Assessment:

Health Equity Impacts in the xxxxxx Public Health Unit Following Changes in Provincial Policy Regarding Beer Pricing

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Note: This document is a simulated HEIA created as an educational case study within the author's Master of Public Health program. The author has written the case study from the perspective of a public health unit in Ontario as a learning exercise. This educational simulation was not completed on behalf of a health unit, nor do the views expressed reflect those of a health unit, the Centre for Addiction and Mental Health, the Health Equity Impact Assessment Community of Interest, or necessarily the author. The Health Equity Impact Assessment Community of Interest is sharing this document as an educational resource for those who are learning how to create a HEIA. Identifying information about the health unit and the locale has been redacted at the request of the author.

Introduction

This Health Equity Impact Assessment (HEIA) will be examining health inequities that may arise from the provincial government's policy change regarding beer pricing in the xxxxx Public Health Unit area. The HEIA table is completed in brief following the analysis below.

Health Unit Background

Xxxxx Public Health Unit is the local public health unit for the xxxxx city and district in xxxxx Ontario. Covering over nnnnn square kilometres, it is the xxx largest health unit in Ontario. The primary urban municipality is the city xxxx with approximately nnnnn residents and rurally the district has approximately nnnnn residents. Within the region are many mid-sized to small towns, mining and farming communities, and first nations reserves (Public Health xxxxx, n.d.).

Xxxxx has many large industries including healthcare, mining, and education. The city is home to one university, a medical school, and two colleges. Xxxxx is the tertiary health care centre for the xxxxx region with over 3900 employees, over 400 beds, and over 30,000 surgeries completed per year (Public Health xxxxx, n.d.).

Regarding alcohol consumption in the xxxxx area, there are currently 324 licensed establishments serving alcohol and 4 manufacturers in the region. 84% of people reported drinking alcohol in the last year and 24% report heavy drinking. This is higher than the provincial average of 17% (xxxxx Health Unit, 2015).

Policy Change Background

During the 2018 provincial election, the progressive conservative party campaigned on a promise of bringing back "buck-a-beer". This referred to the plan to lower the minimum sale price for beer from $1.25 to $1.00. This applied only to bottled or canned beer with less than 5.6% alcohol content and did not include draft beer. In order to encourage brewers to reduce prices, the government offered free advertising incentives through the LCBO (Government of Ontario, 2018a).

On October 12th, 2018, the provincial government also announced they would be cancelling a planned tax increase on the sale of beer. For the past three years there has been a 3 cent per litre tax increase on beer annually with another scheduled tax increase in 2018. This tax has now been frozen at the existing taxation levels (Government of Ontario, 2018b).

Scoping

There are essentially two primary ways in which these changes to beer pricing could be problematic for health. The first concern is that lower prices for alcohol makes it more accessible. This is certainly a concern for large price decreases, but it is unlikely to be problematic in this context as the price reductions so far have been negligible. For example, in order to save $10.00 per year from the beer tax cancellation, an individual would have to purchase over 300L of beer. This is assuming the brewer passed on the savings. Further to this, the minimum pricing reduction of $0.25 per beer could have an impact on beer accessibility, but most beer is sold well above the minimum and very few companies are lowering their prices following this policy change.

The primary way that this policy change could have negative effects is through the messaging it provides. Beer is framed somewhat like a household staple and that high prices are hurting Ontarians. The press releases imply that drinking beer is a regular reward for a working day and not an occasional treat (Government of Ontario, 2018b). Recently the Chief Medical Officer of Health for Canada sounded the alarm on how increased advertising and permissive messaging around alcohol is driving increased consumption. This in turns increases the many harms associated with regular or excessive alcohol use (CBC News, 2018).

Regardless of the scale of the impact of either policy change, it is important to examine the differential effects that increasing alcohol consumption can have on different groups. Three primary groups are identified in this assessment; women, those with low income, and those with mental illness/addictions.

Women are at an increased risk of harm from alcohol. Alcohol is biologically processed differently by women which makes the harms more prominent or occur with less alcohol than men. If alcohol is marketed to them in the same way as it is to men, the harm will be disproportionate (CBC News, 2018). Individuals with low-income do not necessarily drink more than others and their rate of heavy drinking was much lower than those with a higher income

(PHAC, 2017). In xxxxx, heavy alcohol use was not associated with living in a more socially deprived area (xxxxx Health Unit, 2013). Regardless, the ability of those with low-income to mitigate against the harms of alcohol is reduced (PHAC, 2017). Finally, increased access to alcohol increases the likelihood of developing dependence or addiction. The increased presence of alcohol can also hinder the recovery efforts of those living with addiction. A list of XXXX related to each group is provided in the table below.

Potential Impacts

There are varying unintended positive and negative impacts of this policy change for the above groups. As mentioned above, women are more biologically susceptible to the harms of alcohol and increased access and permissive messaging regarding consumption will have disproportionate effects. These effects could include increased rates of cancer, liver disease, heart attacks, stroke, and brain hemorrhage (Butt et al., 2011). There are no identified potential positive impacts but more information is needed regarding women's consumption of beer. The policy change only applies to beer and if the pricing changes do occur but women drink less beer than men, then this could reduce the scale of the effect on women. This reduction in effect would not apply to the change in messaging as the impact is likely to affect all forms of alcohol consumption.

Those with low-income are at risk of harm from this policy change and are in a worse position to mitigate against the harms (PHAC, 2017). Alcohol can harm people in many ways including long-term health effects, acute trauma or vehicle accidents, and acute intoxication. The lack of mitigating factors could be due to lack of transportation leading to higher impaired driving, lack of access to healthcare, or lack of resources for exercise and healthy foods which protects against alcohol harms (Perreault et al., 2017). One possible positive impact may be the potential savings for those already drinking beer, but as mentioned above these savings are likely negligible.

Any increase in access to alcohol has potential to increase addictions. More permissive messaging and promotion may also encourage people to experiment with alcohol more or to drink more often. This may also increase addiction rates or risky drinking behaviours. One possible potential benefit would be to those with very severe addictions who must resort to the use of non-potable alcohols (ie. mouthwash, sanitizers). Non-potable alcohols are rarely the first

choice of those with severe addictions, but sometimes a lack of funds or other barriers make them a necessity. These non-potable alcohols are much more detrimental to health and have severe side-effects. A price reduction could potentially reduce their use.

Mitigation

The best mitigation strategy for the above concerns would be a policy reversal coupled with other strategies to reduce alcohol consumption. Price floors could be raised higher and taxes could be re-instated, ideally with those taxes going to programs to mitigate the harms of alcohol. Although this is not a likely solution in the near-term, there are other measures that could be attempted. The first would be increased messaging about the harms of alcohol, particularly directed towards women. Women are being targeted by alcohol ads to drink at the same levels as men, but they are not being told they will suffer much more harm for the same alcohol consumption (CBC News, 2018).

Education on low-risk drinking guidelines could also be beneficial. These guidelines provide evidence and guidance for safer drinking practices such as how much one should drink in a given period, situations when alcohol should never be used (like driving), and provides information on what harms can come from alcohol use (Butt et al., 2011). In the xxxxx area in 2015, only 17% of adults are aware of the guidelines (xxxxx Health Unit, 2015). In addition to current alcohol education campaigns, further information stressing the dangers of increasing use and reminding the public that there is no such thing as no-risk drinking could be important additional messages.

Tertiary prevention measures could also help mitigate harms. Ensuring that those with low-income have access to health care, alcohol education, exercise, and healthy food will help reduce the effects of increased alcohol consumption. Providing rapid assessment addictions clinics and providing early intervention for problematic alcohol use could also help those struggling with addiction or even prevent it.

Finally, if it is found that the beer price changes are having a marked effect, then it is potentially helpful to engage with the municipal government. Municipalities have the right to make their own alcohol pricing laws in certain situations such as events, restaurants, and bars. They also have the power to control the location of these establishments and this can be done strategically to reduce accessibility. This may not have the sweeping effect of a provincial

policy, but could still be beneficial, particularly if the funds are going to other preventive programs.

Monitoring

XXXX currently monitors alcohol use through the Rapid Risk Factor Surveillance System, Canadian Community Health Survey, Ontario Student Drug Use and Health Survey, and Statistics Canada (xxxxx Health Unit, 2015). Continued monitoring should focus on the groups mentioned above and be used to compare alcohol use trends both before and after the policy implementation. Trends should also be monitored to evaluate any of the mitigation measures implemented above. Further surveys of select populations could help determine if any effects seen are a result of the policy or due to other factors.

Discussions with the public and stakeholder input is also crucial. The beer pricing changes have been very popular policies and may not have a very large health impact. Losing public support over an issue with potentially negligible health effects would not be helpful when resources could be used elsewhere.

Dissemination

Information should be disseminated to appropriate stake-holders, the public, other health units, and provincial and municipal governments. It is important the information be framed in an accessible way in order to not lose the message. For example, if the negligible price changes are not causing harms, it is important to be clear that the lack of harms is due to such a small price change and not that any change in price is harmless. Furthermore, if large effects are found, particularly around alcohol messaging, then it is important to share the information quickly to potentially mitigate harms.

It is important to disseminate this information to other groups who may be able to help mitigate harm. These could include advocacy groups, healthcare providers, mental health organizations, and addictions specialists. In the long-term, findings could also be shared at conferences or in the literature, particularly if there are novel findings.

Summary and Recommendations

In summary, the provincial government in Ontario has made two changes to beer pricing laws; the first lowers the minimum pricing of beer from $1.25 to $1.00 and the second cancels a $0.03/Litre tax on beer sold. This is unlikely to affect beer prices in a significant way, but if there is enough buy-in from brewers to reduce prices then there may be significant reductions. What is more likely is that the messaging surrounding these new measures will have an alcohol promotion effect and could increase consumption by normalizing regular use. In order to mitigate potential harms of increased alcohol consumption, the following plan is proposed:

1. Continue with current alcohol reduction campaigns and incorporate counter-messaging against the normalization of regular use while emphasizing the harms of regular persistent alcohol consumption. These messages should be broad and also targeted to women, those with low-income, and those with addictions. Efforts to improve access to care and improve opportunity for health for these groups should continue as they will have tertiary preventive effects.
2. Monitor for changes in alcohol consumption post-policy change. Special attention should be paid to the above groups at greatest risk.
3. If there is a significant difference, then mitigation strategies should escalate including approaching local governments to institute alcohol regulations, more aggressive education campaigns, re-examining the geography of alcohol establishments in the municipalities, and advocating for more resources to address the effects of increased alcohol consumption.
4. As more information is gathered and trends become clear, this information should be disseminated as mentioned above.

The full effect of this policy change is unclear and very well may not have any effect. Regardless, it is of the utmost importance to prepare accordingly and monitor for potential harms.

Scoping		Potential Impacts			Mitigation	Monitoring	Dissemination
Populations	*Determinants of Health*	*Unintended Positive Impacts*	*Unintended Negative Impacts*	*More Information Needed*			
Sex/Gender - Women	• Income • Biology/Genetics • Healthy Behaviours • Gender		• Alcohol use impacts women more physiologically	• Policy change is regarding beer. Do women drink less beer and may be somewhat protected from this policy change?	• Targeted ads regarding alcohol harms to women • Education campaigns around how alcohol affects women and men differently.	• Continue to monitor health effects of alcohol on women (accidents, cancer, etc.) • Evaluate alcohol consumption before and after policy changes and before and after alcohol interventions	• Share findings with other health units, MOHLTC, women's health advocacy groups, primary care providers, etc.
Low-income	• Income • Employment and working conditions • Education • Physical Environments • Healthy behaviours • Social supports • Access to health services	• Marginal savings from cheaper alcohol	• More likely to have worse effects from alcohol and less able to mitigate effects • Less access to required care		• Prioritizing care access initiatives to those who need it most • Increased transportation availability / food security to mitigate harms.	• Continue to monitor health effects in community of alcohol on those with low income • Re-measure associations between alcohol use and deprivation post-policy change	• Share findings with homeless/low-income advocacy groups, other heath units, addictions groups, primary care providers, etc.
Disability – Mental Illness/Addictions	• Employment and Working Conditions • Social Supports • Healthy behaviours • Access to health services	• Potentially less use of non-potable alcohol.	• Easier access to alcohol can lead to more addiction or stifle recovery		• Advocate less visibility of alcohol • Increase access to rapid access or early intervention addictions clinics	• Measure rates of addictions and other alcohol related mental illness prior to and long after policy change. • Evaluate impact of interventions	• Share findings with other health units, CAMH, advocacy groups, primary care providers, etc.

(Ontario Ministry of Health and Long-Term Care, 2012)

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