Let's Start

A conversation about alcohol in our community

Community Perspectives on Alcohol: A Qualitative Research Project

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Introduction

In 2014, the Thunder Bay District Health Unit (TBDHU) Injury and Substance Misuse Prevention team undertook a situational assessment on alcohol use and related harms in Thunder Bay and District. "Let's Start" was launched as a way of gathering local perspectives on the topic to inform a community approach to reduce alcohol-related harms.

1. COMMUNITY CONSULTATIONS

During November and December 2015, six consultation events were held in Thunder Bay and Geraldton at public venues including shopping malls and recreation facilities, attracting 150 participants who shared their thoughts on alcohol. Much of the feedback was gathered through a short paper survey.

2. KEY INFORMANT INTERVIEWS

In March 2015, invitations to participate in an in-person or telephone interview were sent out to the short list of key informants, and followed up with a phone call. Twenty contacts agreed to the interviews, which were conducted between March and May 2015.

What follows are the themes that emerged from the analysis of the data using the survey and interview questions as a framework.

Research Methodology

Understanding how our community sees alcohol will help us to develop a locally-driven plan for reducing alcohol-related harms.

In order to understand the local context and perspectives around alcohol consumption and alcohol-related harms we undertook a process to gather qualitative data:

- 6 open community consultation events:
    - o A Community Forum held on November 19, 2014 in Thunder Bay
    - o 5 Citizen Voice drop-in events held in November and December 2014 in Thunder Bay and Geraldton
- 20 key informant interviews with community stakeholders in Thunder Bay and District conducted in March and April 2015.

Community Consultation Events

The goal of the community consultation events was to reach a broad range of citizens by holding low and medium-threshold outreach events where we could invite input on the topic of alcohol from the broad community. Other than the selection of locations, no targeting of groups or populations was done. We decided on this approach as the most feasible in collecting data about "community norms" around alcohol from a large population base.

The medium-threshold event, the Alcohol Forum, was held in a community centre accessible by bus routes after business hours. No registration was required and some incentives were offered for participating (refreshments and a prize). Citizen Voice Events were planned in places and at times where a variety of people were expected to be for shopping, leisure or other activities. The Community Forum and Citizen Voice events were advertised together. The events were promoted through various outlets including:

- A media conference held at the Thunder Bay District Health Unit on November 13, 2014. The event received coverage from all radio stations, Chronicle Journal, Net News Ledger and TBT News
- Various social media channels including Facebook and Twitter
- Ad in Walleye Magazine
- Sent out via email blast through 211

- Posters posted in public areas around town including all libraries, grocery stores, coffee shops
- Email blast sent to 2500 contacts via Kari Chiappetta Consulting

The community consultation events asked participants to respond to 4 questions:

1. How is alcohol used in our community?

2. How does alcohol affect our community?

3. What exists in our community that is helping the situation? What exists in our community that is making it harder to reduce problems around alcohol?

4. What else could we do to improve the situation?

COMMUNITY FORUM

Community Forum: November 19, 2014- 6:30 pm – 8:30 pm: This facilitated session was open to anyone wishing to provide input into the issue of alcohol in our community. This event was attended by 25 people which included 12 males and 13 females as well as 8 seniors and 17 adults. After a short welcome and introduction, those in attendance were split into 3 table groups. Each group had 2 staff assigned to the group including a facilitator and a note taker. The groups discussed each question and responses were captured by the table facilitator on flip chart paper and in the notes taken by the note-taker.

Facilitators were briefed in advance and given a facilitator package with questions, prompts and facilitation tips to assist in gathering information from participants and facilitating discussion.

CITIZEN VOICE EVENTS

Citizen Voice: 5 drop-in sessions were held where respondents were asked to respond to the four questions above.

These drop-in events were set up to attract citizens to an alcohol display and "Let's Start" posters. Participants had the option of completing a short anonymous paper survey or adding their comments to flip charts using sticky-notes. Because participants overwhelmingly preferred the paper survey, the flip charts were not used after the initial events.

Locations were selected in order to provide a broad sample of citizens by going to sites that were likely to be a destination for a broad range of people.

Staff were available to offer prompts if respondents were unsure what the questions meant or how to respond. Prompts were included in the facilitator package and were consistently used among staff that attended each Citizen Voice session.

A total of 135 surveys were returned:

> **Sports Dome, Thunder Bay : November 22, 2014- 5 – 9 pm-** This event captured input from 25 individuals including 15 males and 10 females. All respondents were adults.

> **Intercity Mall, Thunder Bay: November 23, 2014- 12 – 5 pm:** This event captured input from 31 individuals including 11 males and 20 females. Demographics included 3 youth, 20 adults and 8 seniors.

> **Victoria Ville Mall Thunder Bay - November 26, 2014- 11 am – 2 pm:** This event captured input from 25 individuals including 10 males and 15 females. Demographics included 2 youth, 21 adults and 2 seniors.

> **Northern Horizons Health Centre, Geraldton – December 1, 2014, 1 – 3 pm:** Participants: 22 Participants, Demographics: Youth 5; Adults 13; Seniors 5, Gender: male 12/female 15

> **No Frills Grocery Store, Geraldton – December 4, 2014, 1 – 3 pm:** Participants: 27 Participants, Demographics: Adults 19; Seniors 7, Gender: male 12/female 15

NOTE: demographic information was observed according to the following guide: Youth (up to 24); Adults (25-64); Seniors (65+)

LIMITATIONS OF COMMUNITY CONSULTATION EVENTS

- Studying people who self-select to participate in an event or are easily available at the time of an event can create bias as participants may not be the most informative sources.[1]

- Also, some groups may be overrepresented, underrepresented or missed altogether. While adult and senior demographics are represented, youth are greatly underrepresented in the sample. It is likely that youth input will require more strategic and purposeful approaches.

- The broad "community norms" approach to gathering qualitative data does not allow for analysis of the perspectives of specific sub-populations who may or may not be part of the sample (e.g. marginalized groups). Some of this work has been done by the Thunder Bay Drug Strategy on substances in general, but not specific to alcohol.

- Discussion points recorded at the forum tables and responses to the citizen voice surveys were generally short. This limited the analysts' ability to provide a rich, thick description of the findings.[2]

Key Informant Interviews

A combination of two purposeful sampling strategies, criterion-based and key informants[3] were employed to select interviewees. A long list of potential candidates initially developed in consultation with topic experts within and outside the health unit, and categorized by agency sector.

Candidates were scored based on criteria developed by the planning team. Criteria included: geographic scope of practice (e.g. local vs. regional), level of intervention focus (i.e. universal, targeted, selected), knowledge of the issue, action taken or likelihood of taking action on the issue. Potential informants were then shortlisted based on scoring within each sector to ensure that the final list represented all sectors that we identified. With only one exception, all selected informants agreed to participate in an interview, and an alternative informant was selected to substitute for the candidate that we were unable to reach.

Key informants were provided with the questions in advance, and interviews took place both in person and over the phone. Three staff from the Injury and Substance Misuse Prevention team conducted the interviews using an interview guide, and also received group training to improve the consistency of interviews. All interviews were recorded and transcribed.

Analysis

The community consultations and key informant interviews were analyzed separately at different points in time using the approach described below.

Using the questions as an analytical framework, the units of analysis (forum table discussion notes and citizen voice surveys for the community consultations; interview transcripts for the key informant interviews) were independently coded by two analysts. Each analyst developed their own coding scheme: one used the data management software NVivo 10 while the other coded by hand and typed the results in a word document. Each analyst kept a journal to document and reflect on their analytical thought process. The analysts met to discuss similarities and differences in their codes and together identified common themes across all units of analysis.[4]

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1.   Patton, M. Q. (2014). Qualitative Research and Evaluation Methods (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

2.   Creswell, J. W. (2014). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Thousand Oaks: CA. Sag Publications, Inc.

3.   Patton, M. Q. (2014). Qualitative Research and Evaluation Methods (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

4.   Patton, M. Q. (2014). Qualitative Research and Evaluation Methods (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

How is alcohol used in our community?

As part of everyday life

Participants described alcohol as a "social norm" and "the central thing" in their community. According to participants, alcohol is used to celebrate, to have fun, as a pastime, for socializing, for recreation, and for entertainment.

"Social norm – always offered"

"… all aspects of life"

"Perception that everyone drinks"

"… to fit in socially"

"I would say for everything and everything"

Participants also focused on the vast amount of places where alcohol is used including bars, restaurants, licensed events, banquet halls, arenas, hotels, at home, and on the streets.

"socially… at bars… restaurants… parties"

"At licensed functions, bars [and] homes… too often "down the tracks"

To make social situations more appealing

Particularly for social settings, participants described alcohol as used to make events more appealing

"Makes events more enticing"

"…as a means of "bringing people together"

To help people socialize

Participants also commented on how alcohol enhances socialization by breaking the ice, facilitating conversation, increasing confidence and reducing shyness.

"To enhance parties, weddings [and] other social gathering… to break the ice or "loosen up" people"

"Open up communication"

"Avenue to socialize - helps to get out [of] their shell"

To deal with life circumstances

Participants commented on how alcohol was used to deal with life circumstances. Alcohol was commonly described as a coping mechanism.

From relaxing and unwinding…

> *"to relax after a long day"*

… to relieving stress

> *"As a stress reliever"*

> *"Also a lot for coping strategies with stress, life circumstances"*

… to coping with pain

> *"Subdue emotional pain"*

> *"As a pain reliever"*

> *"…to help ease their pain…"*

… to dealing with mental health issues

> *"Many people with mental illness [treat it with] alcohol"*

> *"It is quite often used for depression"*

… to escaping problems

> *"forget problems.."*

> *"I think a lot of people drink to drown their problems and escape from fast paced life and hardship"*

> *"avoid/escape from larger issues of income problems"*

… to dependency and addiction.

> *"…avoid withdrawal from alcohol – to feel normal"*

> *"Coping strategies that lead to dependency"*

Used excessively

Excessive alcohol use was commonly mentioned by citizen voice participants. Overconsumption of alcohol in general is seen as commonplace and often referred to as "abuse."

> *"It's abused [and] used way [too] much"*

> *"I feel that alcohol is used excessively"*

> *"…is used in the wrong way and in wrong places"*

> *"over-excessively and irresponsibly"*

> *"Alcohol in my eyes for where I live is abused"*

To get drunk

Participants described alcohol use as something that leads to intoxication; specifically, that people intend to get drunk when they use alcohol. Getting drunk was seen as a purposeful behaviour.

> *"People use it in most cases to get drunk"*

> *"People, I feel, drink for the purpose of getting drunk"*

> *"Alcohol is used in our community more for getting drunk than socially."*

Affects families and children

Participants noted that alcohol affects families in their community.

> *"families suffer from the effects"*

> *"hurts families"*

> *"causes stress on families, affected by alcohol"*

> *"family problems"*

Children, in particular, are affected by alcohol.

> *"It's the children that suffer the most"*

> *"Hurts the kids"*

> *"[Affects] our children and the young people"*

Families falling apart, tearing apart and breaking up was commonly mentioned by participants.

> *"It affects our community by [families] falling apart"*

> *"tears families apart"*

> *"family breakups"*

Participants noted the impact that family disputes have on children.

> *"Family disputes pull enforcement away from other opportunities – child agency/child protection services is contacted – which increases the [number] of kids who end up in care – which can be the beginning of historical trauma for the child"*

Participants discussed the effects alcohol has on parenting. Specifically, participants spoke of parents neglecting children and basic necessities like food and clothing.

"[some] people don't think about their children…"

"decrease in parenting (duties neglected)"

"child neglect"

"[money] spent on alcohol instead of feeding/clothing children"

"…they forget about [their] children how sad waste your life to drink and drugs and not food for your children"

Leads to dangerous situations

Participants commented on alcohol affecting the safety of their community.

"Neighbourhood – fighting, car accidents, dangerous"

"When used excessively, it creates a dangerous environment which is not good for anyone"

"It makes it very unsafe for people to drive or even walk around town – a person could be hit by a car"

VIOLENCE

Specifically, participants spoke of violence related to alcohol use. Sexual, physical and mental abuse, and domestic violence were common examples.

"…causing verbal and physical abuse"

"Causes fights [and] violence"

"I think alcohol is having a negative impact. People are drinking and fighting."

"usually in a negative and often violent way"

CRIME

There were also many comments about crime related to alcohol use. In particular, many participants commented on the increase in crime.

"People are afraid to go out when we hear about the crime linked to alcohol"

"Has become very bad with break ins and vandalism"

"I feel as though a lot of our crimes that are occurring are due to alcohol [and] drugs."

"A lot of our crime is based on alcohol related incidents"

"It brings out crime and causes safety issues for many"

Impacts health

Participants described a number of ways that alcohol affects health including chronic conditions, injury and death.

"[decrease] health"

"affects your health"

CHRONIC CONDITIONS

Participants discussed the negative impact alcohol has on one's health in relation to chronic conditions.

"Health problems – person and family – physically their body – heart; diabetes"

"Liver issues (cirrhosis)"

"causes cancer in various internal organs… damages people's livers, kidneys, brain cells [and] sexual organs"

"contributes/cause FASD"

INJURY

Alcohol-related injuries were commented on in general terms. Participants frequently used the term "accidents".

"[It's] bad sometimes because they can have an accident."

"[Increase] in accidents [and] injuries"

DEATH

Participants also spoke of alcohol contributing to death. Although death was mostly stated with little detail, some participants did mention suicide, motor vehicle collisions and murder.

"Many funerals, suicides of teens – direct and indirect link"

"unnecessary death"

"Also it can kill (Drinking and Driving)"

"people dying"

Contributes to drinking and driving

Related to safety, injury and death, drinking and driving and associated collisions were commonly mentioned by participants.

"dangerous driving"

"Drinking [and] driving – still an issue"

"Contributes to car accidents"

"I have also seen many drunk drivers and hear about them talking about drinking and driving"

"badly (drinking + driving)… lead to death"

"A lot of adults drink and drive though too which is very scary"

Puts strain on systems and services

Participants described the increased use of and strain on many different types of public systems and services resulting from alcohol use, including health, enforcement and justice services.

"Increased violence – sexual abuse – impact on court system"

"[Increase] strain on addiction services"

"More people using medical services e.g. alcohol related injury, detox services"

"frequent use of police, [emergency] responses to deal with public drunkenness… violence"

INCREASES COSTS

Specifically, participants spoke of the costs associated with the strain on these systems and services.

"Cost of medical attention"

"Cost for protective services – police, EMS, fire – to support people at risk"

"increased health care costs"

"it effects the whole community when [it's] abused as we spend money to combat the abuse"

DISPLACES RESOURCES

It was also evident that participants believed that alcohol-related incidents were taking away resources such as time and money from other situations.

"plus our [emergency personnel] spend time handling alcohol related incidents instead of being available for other [emergencies]"

"Strain police services, medical services, emergency department – time better used"

"Family disputes pull enforcement away from other opportunities"

"Puts a burden on health care when [money] could be spent elsewhere"

Changes behaviour

Participants discussed how alcohol affects people by altering or changing their behaviour causing them to act differently than they would without alcohol. Participants associated this behaviour change with poor decisions, violence and unsafe situations.

"Makes some people do things they shouldn't and it affects good people"

"doesn't bring out the best in [people]"

"… when people are drinking they make decisions they might normally not"

"… cause people's behaviour to change… driving while under influence or causing violent or unsafe situations"

"Changes an [individual's] personality which they become violent [and disruptive]"

Affects jobs and employment

Participants described various ways alcohol affects jobs and employment.

For those already employed, alcohol use was mentioned as contributing to issues at work.

> *"More sick time at work"*

> *"… lowers work ethic and personal drive"*

> *"not productive"*

Participants even discussed how alcohol may lead to unemployment.

> *"Loss of employment"*

> *"loss of work"*

For those looking for work, participants noted how alcohol impedes one's ability to get a job.

> *"Criminalizes people within the community (may prohibit someone from entering into a job)"*

Alcohol also impacts future careers by affecting one's education.

> *"Loss of opportunity to continue with studies for students – long term impact on career"*

Creates a negative impact

Participants mentioned that alcohol is contributing to a negative image for the community.

> *"I think at times it gives our community a negative image as there is a lot of alcohol related to crimes and some social problems in town"*

In particular, this negative image was described as affecting children and youth's impression of alcohol use. Participants noted that this image normalizes excessive alcohol use in the minds of young people.

> *"Alcohol affects our youths in a big way. When they see people of age drinking alcohol they think [it's] normal"*

> *"… gives a wrong impression of alcohol use to youth"*

Leads to social issues

Participants also discussed how alcohol leads to social issues and affects basic needs such as finances, food, and housing.

"It makes a lot of people broke"

"…people become addicted [and] waste all their money/resources to get it"

"Housing problems"

"Need for food banks"

"when it is misused leads to other social issues"

Contributes to the economy

Participants commented on alcohol sales as an economic generator in their community and in the province.

"Alcohol taxes [and] bars/businesses are economic generators"

"…bringing in money to local bars"

"Economy – helps with fundraising"

"Revenue to province"

Participants also noted that alcohol provides jobs.

"Creates jobs (LCBO; Bar; Business [for] lawyers, criminal justice systems, social work)"

"Provides jobs in liquor stores/beer stores, brewery…"

Connects people

Participants described the social benefits of alcohol including socializing and networking.

"Enhance socializing… if use properly"

"used to network or create networking opportunities"

"Can create connectedness (i.e. at benefit/fundraiser/party)"

What is helping the situation in our community?

Things that are helping in their community range from things that assist the few experiencing serious and chronic problems with alcohol to community assets that help all citizens.

Treatment and support for alcohol use problems

Treatment and support for individuals dealing with problems with alcohol use was repeatedly mentioned by participants.

TREATMENT

Participants described a variety of services available that help individuals with alcohol use problems.

> *"Treatment centre, more services in general, [increase] capacity in detox"*

> *"Detoxification center for those with dependency"*

> *"many facilities to deal with abuse"*

> *"Addiction Centres"*

> *"rehabilitation centres"*

SUPPORT GROUPS

Support groups such as Alcoholics Anonymous (AA) and Al-Anon Family Groups were also mentioned by participants.

> *"I think we have AA and support groups to help with the situation"*

> *"[Al-Anon]… support groups of families"*

> *"There [are] programs such as AA"*

COUNSELLING

Participants also noted that people and agencies that provide counselling were helping those dealing with alcohol use problems.

> *"Social programs provide addiction counselling"*

> *"[counselling through] a variety of locations"*

> *"drug [and] alcohol counsellors"*

SHELTER HOUSE

Shelter House was frequently mentioned by participants. Specific programs mentioned were the SOS Team and Managed Alcohol Program.

> *"Shelter House offers safe place for people who are intoxicated"*

> *"Managed alcohol program – so those who are dependent have a place to go – alleviate pressure off other systems – i.e. [emergency department]"*

> *"shelter house I believe has the cold weather assistance for the homeless… there was the program that offered people with alcohol problems a place to mildly detox and after a place to stay. Managed alcohol program."*

Other supportive services

Participants also described many social organizations and community services that were helping the situation, including hospitals, family health teams, victim services, cultural centres, health units and churches.

> *"Mental health and special services to raise awareness to guide youth"*

> *"not for profit/social groups… health care…"*

> *"Churches help by promoting, supporting people to drink in moderation or abstain"*

> *"Healthy Babies program (talks about FASD)"*

> *"Thunderbird Friendship Centre"*

Education and awareness

Participants also identified education and awareness efforts around alcohol use and its effects.

> *"strong awareness that the problems exist"*

> *"advertising at LCBO [and] around holidays"*

> *"There is some education about alcohol [and] its damaging effects on people"*

> *"Awareness campaigns by community organizations"*

> *"Public education on FASD"*

Education in schools, in particular, was mentioned by participants as helping the situation.

> *"Education programs in schools"*

> *"Police trying to come together educating in schools"*

Drinking and driving countermeasures

Participants also commented on various efforts focused on reducing the occurrence of drinking and driving. Reduce Impaired Driving Everywhere (RIDE) programs, legislation, education, safe ride home programs and Mothers Against Drunk Driving (MADD) were described as helping the situation.

"RIDE Programs"

"[Zero] tolerance for youth drinking and driving"

"Drunk Driving (DUI) legislation"

"designated driver ads"

"Public Service Announcements not to drink and drive"

"Operation Red Nose"

Police

Police were identified as helping the situation. Police patrols and responses to emergency and unpleasant situations were specifically mentioned by participants.

"The OPP are helping in unpleasant situations"

"police presence (law enforcement)"

"police deal with abuse"

Not much

It was evident that many participants did not believe anything was helping the situation.

"not much. If there is, I haven't seen it"

"None, I don't see much difference"

"Not very much that I know of that really helps"

"Nothing in my community"

"As far as I can tell nothing… everyone stands around and points finger everywhere but at themselves"

What is making the situation harder in our community?

Easy to obtain

In regard to what is making the situation harder, alcohol was described by participants as easy to get a hold of, easy to obtain and easy to access in their community.

> *"Easy to obtain – easy to access"*

> *"it is a substance that is easy to get a hold of"*

> *"availability of alcohol overall"*

> *"too easily [accessible]"*

PLACES THAT SELL ALCOHOL

Many participants attributed alcohol availability and access to the amount, location, and hours of operation of bars, restaurants, Beer Stores and LCBOs.

> *"Bars, liquor stores, Beer Store… Definitely don't need to be selling alcohol out of corner stores."*

> *"Bars that are open Sunday's and other days until [2:00] am"*

> *"liquor stores open every day"*

UNDERAGE ACCESS AND AVAILABILITY

It was also noted that alcohol is easily obtained by those under the legal drinking age. In particular, participants mentioned that adults buying alcohol for underage youth and licensed establishments serving minors are making the situation harder.

> *"Adults [buying] alcohol for kids"*

> *"… underage drinkers being supplied by of age drinkers"*

> *"Alcohol given under the table or by adults that shouldn't be giving it to teenagers"*

> *"Serving underage, allowing underage into Bars"*

> *"Business responsibility, serving minors"*

INADEQUATE REGULATION

Participants commented on liquor laws being too relaxed and not enforced.

"Not enforcing existing liquor laws"

"laws/rules that are too [relaxed]"

Over-serving and excessive spending were two specific areas in need of regulation or monitoring mentioned by participants.

"Over serve until they get super intoxicated"

"And not enough regulation on excessive over spending at the Beer Store or LCBO"

Socially acceptable

The acceptability of alcohol in their community was commented on by participants with respect to making the situation harder. Participants described consuming alcohol as normal and socially acceptable.

"Most people drink [and] don't view it as an issue, but as normal [and] socially acceptable."

"Other people do it so it's hard to say no (social pressure)"

"monkey see, monkey do attitude that persists"

"The pressure of it's 'cool' to drink, even amongst adults"

HEAVY DRINKING

Participants discussed how over drinking, getting drunk, heavy drinking, and binge drinking are normalized in their community.

"norm to over drink or get drunk"

"Normalization of heavy drinking – work hard/play hard which [equals] drink…"

"There seems to be a drinking culture in Thunder Bay. There seems to be a fair bit of binge drinking"

"social influences to over consume"

YOUTH DRINKING

Participants mentioned how drinking alcohol was accepted as a norm for youth. In particular, participants noted peer pressure and isolation as making the situation harder.

"very prevalent/seems to be used by younger [and] younger teens [and] accepted as norm"

"Kids who want to not drink may become lonely and isolated from their peer group"

"peer pressure in young adults & teens"

Many participants described how this norm was being reinforced by parents' acceptance and allowance of their children drinking alcohol.

"Normalizing drinking at home"

"Irresponsible parents letting kids drink too young or doing nothing about the problem."

"My short time here I've heard of so much underage drinking. Worst of all most of the parents are okay with it"

"Parents allowing underage drinking"

FAMILY NORMS

Participants commented on how alcohol was a learned behaviour or habit that was formed in the family context and could be repeated through generations.

"Pattern of behaviour – family norms around drinking – e.g. have a drink after work"

"Alcohol dependency in some homes can be normalized for future generations [and] could perpetuate use…"

"… mothers/grandmothers drank alcohol… fathers/ grandfathers drink alcohol so it's "okay" – hard to break "habits"

Alcohol-centered events

Alcohol being the centre of many community events was identified by participants as making the situation harder. Comments made by participants linked accessibility and availability of alcohol with the social acceptability of alcohol.

> *"Beer gardens [at] local events… planned town parties… bars… no other positive events"*

> *"Lack of… community events that don't revolve around liquor"*

> *"We are not doing enough to lessen alcohol use in all of our activities… most have alcohol… we serve it everywhere"*

Advertising and marketing

Participants noted the constant exposure of alcohol on television and radio, and in commercials, music and movies. Many participants discussed how advertising portrays alcohol as positive, beautiful and safe.

> *"Alcohol is embedded in music, movies – constant exposure to youth"*

> *"Advertising – always there – always positive – women, sports [car]"*

> *"Why make it so beautiful"*

> *"So much urging use to drink… advertising"*

> *"messages that make consumption appear positive"*

> *"commercials portray alcohol as safe"*

Social conditions

Participants associated a variety of social conditions with alcohol use and discussed the role that these conditions have in making the situation harder.

> *"Issues like poverty and housing impact parent's ability engage kids and people's ability to recover and people's hope for [the] future"*

> *"self-evident that the poor and [marginalized] in our community do not have the resources for help and change"*

> *"High housing costs, no (reliable) job market, high cost for groceries, childcare & other [necessities]... people turn to alcohol & other substances for comfort"*

Specific reference was made to homelessness, lack of housing, lack of job opportunities, and poverty.

> *"Wouldn't want to live homeless sober"*

> *"lack of housing"*

> *"Lack of job opportunities"*

> *"no work"*

> *"stress (poverty) often causing addiction or over consumption issues"*

> *"Poverty"*

> *"lower incomes"*

Stigma

Participants discussed stigma related to alcohol use in their community as making the situation harder. Some participants noted that this stigma was associated with people with low incomes and Aboriginal backgrounds.

> *"The attitude and stigma associated with alcohol"*

> *"It might be an attitude by our community/society. But then again - it shows more – reserved for poorer people - You know you are judged."*

> *"Racial stigmatization helps perpetuate the current situation"*

Relocating from rural to urban

Participants noted the challenges in transitioning from rural, remote communities to an urban centre.

"Relocation (from rural/remote to urban)"

Lack of appropriate or adequate treatment and support for alcohol use problems

LACK OF SERVICES AND RESOURCES

The lack of services and resources related to treatment and support for individuals with alcohol use problems was mentioned by participants as making the situation harder.

"No outreach"

"No treatment centres"

"… large lack of [counsellors]/resources"

"lack of addiction services, lack of counselling services"

"Problem that LPH and service related to drug/alcohol decrease"

BARRIERS TO ACCESSING TREATMENT

Participants discussed multiple barriers to accessing treatment for dealing with alcohol use problems including waiting lists, lack of space and agency mandates.

"Addicts must wait months for treatment"

"Not enough treatment beds"

"not enough space in facilities…"

"Limited access to AA/counselling for alcoholics"

"Too much red tape to get people into treatment when in crisis"

"Agency mandates make it hard for people to get help – people get shunted around"

STIGMA

Participants commented on the stigma associated with alcohol use problems and how it prevents those with alcohol use disorders from getting help.

"People don't want to go to programs where they will be recognized, especially for professionals needing help"

"Youth struggling with alcohol don't want to be "labelled" – need non-stigmatizing supports"

"Fear and stigma related to alcohol dependency – prevents general public to support evidence based practices"

"… feel shame and may not seek help"

SEEKING HELP

Participants noted that one's readiness and willingness to seek help is also making the situation harder.

"[Number] of treatment centres deal with alcohol abuse and substance abuse but people [with] addictions may not seek (don't) help"

"there are lots of programs – people need to want to get help if they need it"

"There are groups that are in the community but people do not go there to try and get help or support for themselves"

LACK OF AWARENESS

Lack of awareness of the services and support available for treatment was also mentioned by participants.

"Those most [in] need on street may have hard time knowing where to seek help"

"…familiarity to services"

MENTAL HEALTH SERVICES

Participants discussed the linkage between problems with alcohol use and mental health and the challenges faced by those with concurrent disorders. Specifically, not being able to get early intervention, treatment and support was making the situation harder.

> *"People with mental illness [treat] with alcohol and lack psychiatric services… [increases] problem"*

> *"if turned away from [treatment] more likely [to] use substance, not treated as people, live on street… mental health especially schizophrenia"*

> *"Problem starts in childhood - ADHD, etc., antisocial… mental health… and due to lack of services [and] funding, don't get help they need [and] become troubled adults [with] worse problems and also lacking access…"*

> *"Alcohol use has less stigma than mental health – hard to get treatment if you have both – no/few concurrent disorder programs"*

Lack of public education

Participants mentioned that lack of public education was making the situation harder in their community. Specifically, understanding of the effects of alcohol use and Fetal Alcohol Spectrum Disorder (FASD) were noted.

> *"Funding for education and public health is too low"*

> *"lack of public knowledge on the disease and its effects"*

> *"Lack of education about the dangers of alcohol use in grade schools [and] high schools"*

> *"General lack of awareness and understanding of Fetal Alcohol Spectrum Disorder (FASD)"*

Participants also mentioned the lack of conversation happening about alcohol.

> *"Not talking to our kids about drinking"*

> *"They stop talking to people about drinking"*

> *"Not enough talk about alcohol (the harms of) compared to drugs, because it is socially acceptable"*

Nothing to do

Participants discussed how the lack of activities and things to do in their community was making the situation harder. Drinking alcohol was described as a way to reduce boredom.

> *"Fewer activities to do especially during cold weather and people thinking a weekend of drinking/partying is normal"*

> *"remote living… nothing to do"*

> *"No activities for people… people are bored"*

> *"Don't drink as much in Barrie, other places – perhaps [because] more to do"*

> *"People are not busy; No time to drink if you are busy"*

Parenting challenges

Lastly, various issues with parenting were identified by participants as making the situation harder.

> *"Many parents who lack the skills to supervise their children, so [their kids] end up getting into trouble [and] experimenting with alcohol"*

> *"There should be less latch key children raising themselves [at] times… to survive financially parents may be tending to spend less quality time with their children…"*

How the situation can be improved?

Focus on youth

EDUCATION

Participants believed that educating youth could improve the situation in their community. Specifically, participants mentioned that youth need education on the effects of alcohol use, the reasons for problematic alcohol use and how to drink responsibly.

> *"more education at younger ages"*

> *"Try to educate children and young adults about the dangers and the negative effects alcohol has on our community"*

> *"Educate our youth as to the reasons for drug and alcohol abuse..."*

> *"youth education about responsible drinking"*

> *"Teaching our youth to not villainize alcohol and make control a priority"*

Participants indicated the responsibility that parents have in teaching youth about alcohol.

> *"Parents must teach effects, rights and wrongs..."*

> *"...parents responsible to educate loved ones..."*

> *"education to parents – how to approach the topic, basic facts & not just "don't drink""*

> *"Parents need to talk to [their] kids about it... All the dangers that come with it."*

Schools were another place for education that participants identified.

> *"Start the discussions in schools about negative effects of alcohol [and] how to get help if it is a problem in a child's family"*

> *"Teach in schools at the earliest time that kids will remember"*

> *"bring the information to schools"*

> *"educate our youths in school"*

Participants also focused on building skills to assist youth with managing social relationships and peer pressure.

> *"Need to continue to educate youth – assistance with helping to cope with peer pressure…"*

> *"They have to be made aware that they are okay and don't have to feel the need to fit in…"*

Lastly, it was noted that youth need to be taught to deal with their emotions and build coping skills.

> *"Teach kids and have support to deal with emotions"*

> *"Teaching coping skills [at] an early age"*

YOUTH-FOCUSED PROGRAMS AND FACILITIES

Participants described the need for programs and facilities for youth including programs and a youth centre, drop-in and shelter.

> *"More youth programs"*

> *"Build a youth centre"*

> *"Youth Drop-in – 24/7 support place"*

> *"Youth Shelter"*

ADULT ROLE MODELS

Participants acknowledged the role parents have in modelling responsible, positive behaviours around alcohol.

> *"Provide education to adults/parents how to be positive role models around alcohol"*

> *"Mostly parents needing to show it [is] not okay and how to be responsible about it"*

> *"Help if more families advocated/lived alcohol free"*

Increase public education and awareness

In addition to youth education, participants spoke of education and awareness for the general public.

> *"Have more awareness programs"*

> *"Better education"*

> *"awareness campaigns"*

In particular, participants noted that education and awareness efforts needed to focus on the effects of alcohol use.

> *"More awareness presentations, stories from victims, don't drink, drink in moderation"*

> *"Raising awareness of health issues [and] link to alcohol abuse"*

> *"Showing more harmful effects in the media like smoking"*

> *"education on the effects of alcohol"*

Participants also discussed education and awareness efforts around the reasons behind alcohol use and misuse.

> *"More education around historical trauma to help de-stigmatize use…"*

> *"education around cause of use"*

> *"education around why people abuse alcohol"*

Regulate availability and access

Participants discussed several ways to regulate and limit the availability of and access to alcohol to improve the situation in their community.

LIMIT THE AMOUNT SOLD/SERVED

Limiting the amount of alcohol sold was noted by participants; specifically, the amount that can be purchased and served.

> *"limit the amount of alcohol that can be purchased"*

> *"stricter guidelines for buying"*

> *"stricter control [at] bars for drinks given out"*

> *"stricter guidelines for 'overserving' at bars/restaurants"*

In addition, participants identified refusing the sale of alcohol to those who are intoxicated.

> *"… refuse sale should the person be already intoxicated"*

> *"at the [bars] police should enter premises, [because] they service individuals who are highly intoxicated"*

> *"do not sell alcohol [to those] that are intoxicated"*

Participants also discussed limiting the availability and access of alcohol by focusing on establishments that sell alcohol. Reducing the number of outlets selling alcohol, not expanding the locations where alcohol is sold and closing bars earlier were suggested by participants.

> *"reduce the amount of beer and liquor stores"*

> *"…not selling some of it in [grocery] stores"*

> *"Make sure alcohol sales does not expand from the sources already available"*

> *"NOT [selling] booze/beer in corner stores"*

> *"close bars and pubs earlier"*

DECREASE UNDERAGE DRINKING

Underage drinking was identified as an issue requiring action in order to make the situation better. Strategies for reducing underage drinking were identified by participants, including checking for ID and consequences for those who purchase for underage youth.

> *start by properly carding people maybe"*

> *"keep checking ID for alcohol purchase"*

> *"Get I.D. everywhere, bars, clubs, everywhere they serve alcohol.*

> *"check [at] liquor stores for minors…"*

> *"Older people should stop running for underage."*

> *"[Enforce] how much trouble a person should get if [buying] for minors…"*

RAISE THE LEGAL DRINKING AGE

Participants suggested raising the legal drinking age.

> *"Change drinking age to 21"*

> *"make drinking age higher"*

> *"I think the drinking age should be 21 [years] old"*

> *"raise the drinking age"*

STOP SELLING ALCOHOL

There were also participants who believed that their community should stop selling alcohol altogether. Specifically, participants spoke of closing down licensed establishments, making it illegal and having an alcohol free city.

> *"Stop selling booze"*

> *"Make it illegal"*

> *"close down all [bars] and liquor stores"*

> *"take it off the market"*

"Alcohol free city"

"Ban it"

Encourage alcohol-free events

Participants spoke of having more events in their community that are not centred on alcohol.

"We could show what our community [could] look like if alcohol wasn't always our "go to" choice when socializing"

"Fighting against the drinking culture with even more alternatives/entertainment in the city"

"Encourage non-drinking events"

Improve social conditions

Participants pointed to improving social conditions as a way improve the situation. The suggestions put forward by participants reflect a broad range factors that influence health and include social inclusion, education, employment, housing and poverty.

"Social inclusion strategies/Social Services – housing (affordable), food programs/community kitchens, recreation programs (Pro Kids)"

"stop the cycle – it is hard enough to deal [with one] issue rather than multiple issues"

"In my opinion, the problem of alcohol comes from other problems, i.e. broken homes, hard lives, financial trouble. So improvements have to come through helping relationships thrive, families work through hard things, cost of living dropping."

"more supportive housing, social housing… basic needs met = less abuse"

Participants most frequently suggested focusing on housing, food and jobs.

"cheaper housing"

"… more accessible housing unit(s) for homelessness"

"food programs/community kitchens"

"Food programs (banks, community kitchens)"

"more jobs"

"more work"

Enhance treatment and support

More and improved treatment and harm reduction options for those dealing with alcohol dependency were identified by participants to improve the situation.

> *"access to treatment [and] detox"*

> *"improve services for Alcoholics"*

> *"more treatment options"*

> *"have better treatment centres like the old days"*

Specifically, participants described the need for tailored approaches and improved continuity of care.

> *"Need out of the box ideas – e.g. managed alcohol program – meet needs of people"*

> *"May need less intense support to make better choices"*

> *"Funding should follow the patient"*

> *"Alcohol treatment programs in community to have outreach to patients in hospital (i.e. attend AA before discharged) (i.e. less division of care in and out patient)"*

Engage community

Participants noted the role the community as whole has in improving the situation.

> *"Strategy for community – event, forum, hear concerns, incorporate community ideas, info – concentrated effort"*

> *"A general community effort and awareness around drinking and effects. Also a general change is needed in the community perspectives."*

COMMUNITY INVOLVEMENT

In particular, participants discussed how people, groups and the community should get "involved".

> *"…stronger community involvement"*

> *"a group effort + leadership"*

> *"As a person, we should try and get people involved… They should have groups who can try and get the ball rolling in the community."*

> *"Start a group to help monitor and do something about it"*

The need for more dialogue and discussion at the community-level was also identified by participants.

"…an open forum for answers and questions"

"more public speaking about situation"

"more dialogue – open discussion"

"… create a safe place to go to share – to just talk… no expectations"

"A person could have meetings about the alcohol problem in our city"

Target drinking and driving

Participants described multiple ways to improve the issue of drinking and driving including increasing RIDE programs, enhancing awareness of legislation, promoting the use designated drivers, increasing the number of and affordability of taxis, and having programs that provide free rides home.

"More RIDE Programs"

"… more random stops (with OPP)"

"police the arenas… especially around tournament times/ signage re: responsible drinking/drinking and driving/"0" tolerance"

"continuing stressing the issue, always have cabs handy at bars, etc."

"provide Designated Drivers after social events"

"more/cheaper cabs to reduce incidences of drinking [and] driving"

"As for drunk drivers maybe have a free organization where volunteers can drive people home for free?"

Increase police patrols

It was mentioned that increased police checks on the streets and in specifics areas would improve the situation.

"Could use more observation on the streets and along railways…"

"Quick checks of high incident areas…"

Underlying Themes

Views on alcohol are influenced by a variety of factors, including our beliefs, attitudes, experiences and the social milieu in which we live. Certain perceptions about alcohol and the people who use alcohol were repeated throughout the consultation by some participants and are important to consider as underlying themes.

Perceptions about people who use alcohol

Often when participants spoke of excessive alcohol consumption in their community, they associated the occurrence with specific demographic groups such as youth, Aboriginal people, people who are homeless and people who have low incomes. The contrast between participants' perceptions of youth versus marginalized groups is striking and therefore, addressed as an underlying theme.

Youth were by far the most frequently mentioned demographic group. Teens, teenagers, underage kids, young people, young adults and minors were terms used by participants to describe this group. The content about youth is extensively captured in the themes presented under each question; however, it is the way participants spoke about youth and how that tone contrasts against expressions about Aboriginal, homeless and low income people that is noteworthy here.

Participants recognized that youth drinking is very prevalent in their community and often described alcohol as overused by youth. However, participants rarely mentioned youth drinking in a way that held youth responsible for the problem. For the most part, participants believed that parents were responsible for youth's access, lack of education, and subsequent behaviour surrounding alcohol.

There was also a strong focus on youth when participants discussed interventions or solutions to improve the situation in their community. Most solutions focused on what individuals, groups, institutions and the community as a whole can do for youth as opposed to placing responsibility for change on youth themselves. The phrase "our youth" was included in several comments, which demonstrates the sense of collective responsibility that participants feel about protecting young people from alcohol-related harms.

Parents played a key role in many youth-focused solutions. Participants used language such as "parents must", "parents responsible to" or "parents needing to" which further supports participants' belief that parents are accountable for the situation around youth drinking.

The tone used to describe marginalized groups was very different than the tone used to describe youth. Marginalized groups identified by participants were Aboriginal, homeless and low income populations.

Unlike youth, comments in relation to marginalized groups were almost exclusively problem-oriented and offered few solutions. There was little evidence of a sense of collective responsibility to improve the situation for these groups.

Under "improving social conditions" there were some suggestions that would benefit marginalized groups as participants considered broad factors affect health and well-being such as housing and poverty.

Perceptions about "good" and "bad" drinking

Another underlying theme relates to how participants described alcohol in their community as belonging to one of the two mutually exclusive categories.

Participants described how people use alcohol in two ways: those who use it responsibly, appropriately, or properly and those who "abuse" it or use it in a harmful way. For participants, alcohol use was not on a continuum from responsible to harmful; it was categorized as either responsible or harmful. In most cases, it was clear that participants were referring to different people when describing these categories. For example, many participants indicated that how alcohol is used in their community is dependent on who is using it. Individuals and their life circumstances, families, and social groups influenced whether one uses alcohol appropriately or abuses it.

When describing how alcohol affects their community, participants often classified effects of alcohol use as positive/good or negative/bad. Participants tied the dichotomous categories of effects to the dichotomous categories of alcohol use by the words "when" or "if". The effects are negative or bad when alcohol is used excessively or abused. The effects are good or positive if alcohol is used responsibility, properly or "in moderation".

There was also use of the word "but" to explain the dichotomy for both use and effects. Participants commented on alcohol being used excessively or affecting the community negatively and then use "but" to talk about the benefits of alcohol use. In these instances, participants used the social aspect of drinking alcohol as example of beneficial alcohol use. Associating social drinking with appropriate or proper alcohol use reinforces that alcohol is a social norm.

In your opinion, what are the main reasons that people use alcohol?

The main reasons that people use alcohol, according to participants, are varied and relate to the social context of drinking, individual circumstances and the environment. Broadly speaking, people drink for social reasons and to cope with problems.

It's normal to drink

Participants described alcohol as a "social norm" and a "normal" part of society, as something that is mainstream and part of the "social fabric". The normalization of alcohol is often tied to its social uses (such as relaxation, recreation and as a social lubricant described under "social mechanism" below). The relationship between normalization and social use is mutually reinforcing in participant comments. The social acceptability of alcohol creates expectations of alcohol use in social situations which further reinforces that alcohol use is normal.

"Social norms – so it's pretty normal to drink. We see it everywhere."

"I think there's a culture of, that drinking is the norm. So from a lifestyle perspective it's people drink when they're having fun. People drink to go out. People drink to be social."

"…it certainly seems to be the social drug of choice, for sure"

Participants also spoke of the normative use of alcohol as it relates to youth, describing it as a "rite of passage" and tied to social expectations around youth identity and "fitting in" with the crowd.

"I see kids using it because it's a rite of passage, they think in their own minds. They have this perspective that it's probably the first really bad thing they can do to break the rules to drink underage, to drink at parties, to fit in, to be cool, to all those things that kids seem to think – and not all kids, though."

"I also think for our young people that peer pressure, right? Definitely. I don't want to say peer pressure, but again it's not for all, of course; but for many young people it's somewhat the norm to use alcohol at a younger and younger age it seems."

Besides youth identities and expectations, participants also mentioned cultural identities that are associated with an acceptance of alcohol, in particular Francophone groups.

"I think in my experience [it is] way more tolerated to drink more. People are going to say – oh, this is sounding like old school or whatever, but my dad works in the bush as a [Francophone]. He's a logger. And my grandpa is too and my grandpa was an alcoholic and it was kind of accepted because he went to work. He functioned. He still went to work. He worked really hard and then he'd come home on the weekends and all the money he made he'd spend on alcohol. And that was accepted because he works hard and it doesn't make him any less of a person because he worked so hard and he deserves it."

Participants also brought attention to the intergenerational aspect of drinking in families, where alcohol use is "normal" and can be a learned behaviour that is passed on through generations.

"On some level there's a lot of it that's learned behaviour. Mom and dad, or mom or dad did this or other family members; and it was just an acceptable thing within the household."

Drinking is social

The normative use of alcohol goes hand in hand with its role in social situations – as "normal" and "expected" – and the two are mutually reinforcing. Drinking in social situations strengthens its status as normal, and these norms in turn set up social expectations that reinforce alcohol as a social lubricant. Participants described alcohol as the drug of choice for "being together", to "have fun" and to "celebrate".

"I think that there is a lot of social drinking and I don't know if that's particular to Thunder Bay or if it happens elsewhere, but it certainly seems to be the social drug of choice, for sure…"

"I'd say one of the main reasons is social, so they use alcohol because it's something that's socially acceptable to do. So when you get together with friends or family, you drink; so it's just sort of part of the whole experience."

Participants also talked about how alcohol adds to social situations by increasing interaction and decreasing social anxiety, helping people to "relax", "loosen up" "socialize" and "celebrate".

> *"But alcohol as I know is sort of a social lubricant and it's a feature of parties and it's a feature of people getting together and feeling a little – you know it's a way of relaxing… a way of sort of lubricating a social situation, demonstrating that you're relaxed "*

People drink to cope with problems

In addition to the social aspects of drinking mentioned above, participants drew attention to alcohol as a coping mechanism. Participants talked about alcohol use as a way to overcome shyness or low self-esteem, as self-medication for physical or mental pain, to cope with trauma including intergenerational trauma and adverse childhood experiences, to deal with life circumstances/social issues, to escape from problems and to deal with mental health issues such as stress, anxiety and depression. People were described as using alcohol to cope both with internal and external problems related to mental health, difficult life circumstances and the social determinants of health. Participants also acknowledged that drinking problems could be both the cause and the effect of difficulties in people's lives and that problem drinking often goes "hand in hand" with social issues.

> *"Well, we know from research that women in abusive relationships use alcohol to cope. And that can be either response to sort of escaping in a way that doesn't put them at risk because leaving is often risky, or it can be about trying to placate a spouse who has a substance use problem. Many women in abusive relationships have other forms of trauma – previous abuse or childhood trauma, and so they're also using substances to cope with that."*

> *"I think, hand in hand with the issue of either homelessness in our city, lack of housing, people either drinking as part of their homelessness or vice-versa – having difficulty coping. I think it goes hand in hand with a lot of the social issues that we have in our community"*

> *"For intergenerational trauma, so we might see that a lot in association with native people because of the historical experiences that native people have had."*

The availability of alcohol makes it an easy choice for self-medication. Participants commented on alcohol as relatively inexpensive, legal and widely available. People may turn to alcohol to alleviate problems related to pain or trauma for example, because they are not able to access other options or opportunities for wellness.

> *"I think people are often self-medicating using alcohol because it's available, so either for pain or for mental health issues, that they haven't been treated – that there isn't treatment available in terms of counseling and the availability, the costs, or the waiting lists…it just seems to me that it's pretty clear that a lot of the drinking behavior relates to other things that are going on in people's lives and they don't have any other way to cope."*

Using alcohol to cope may also be a learned behavior.

> *"I think overall, in general, there are different things that folks resort to using alcohol as a coping mechanism possibly in terms of realities of numbing out feelings, unresolved grief, trauma – there's inter-generational exposure to alcohol as a means of coping; avoidance – I think there's lots of different reasons why folks use alcohol."*

Addiction was often associated with having a history of trauma and unresolved problems for which alcohol was and is a coping strategy. Participants commented on the roots of addiction and tied this to the physical and emotional need to continue using alcohol to cope with difficult life circumstances.

> *"People have been drinking a long time and it is part of their daily life. The difficulty now is that we see a lot more than alcohol. We see non-palatable alcohol. We see pretty much anything that can continue or sustain that state of euphoria or state of impairment and why they're doing it – either because of the physical need, emotional need, drinking away their problems, feeling of helplessness."*

> *"And a lot of times for avoidance of their life problems or their mental health issues or their histories of trauma and that's when you're getting into the real addiction issues, in my opinion."*

Some people drink because they have an addiction

Participants also discussed the fact of addiction – a dependence on alcohol - as a reason people continue to drink "to get through the day" regardless of the root causes of their addiction.

> *"And then there's the addiction that's with alcohol or other substances. We definitely have a group of people that have addiction issues that we see on a regular basis."*

> *"I guess then, unfortunately, those who are addicted use alcohol to get through the day."*

Alcohol is easy to get, affordable and legal

Participants talked about alcohol being "easy to get", "affordable" and" legal", as reasons why people drink.

> "It's accessible. It's inexpensive. And you get drunk and that's a good thing – or people think. So that's why they use it."

> "I mean I think alcohol and alcohol use is certainly prevalent. It's easy to get. It's certainly an affordable thing to get. It's legal if you are over the legal drinking age."

People drink because it's something to do

Alcohol was also described as a sort of default to alleviate boredom and for enjoyment.

> "So I think there could be an element of boredom in some of our communities across the district, in terms of our use. There's not a lot of extra-curricular or recreational activities that they have to access or go to and therefore they end up out of boredom finding things to do on their own; and alcohol happens to be one of those choices."

People drink to get drunk

For young people and postsecondary students in particular, "getting drunk" was described as the goal of drinking.

> "…students would pre-drink because it was cheaper and then head out to the drinking establishment, whatever it would be. And it would be one or two or three drinks. And now students instead will drink as much as a 26-er before they go out and even if they go out, they might not even go out anymore. They might just drink, drink, drink. People who drink to have a good time and get a buzz, and now they're drinking to blackout…"

People drink for enjoyment

Finally, people drink because they enjoy it, and participants discussed how this can be done without alcohol impacting their lives.

> "And then maybe some people drink because they like to. There are wine connoisseurs and there are beer connoisseurs who are not alcoholics; or that is not impacting their lives."

> "It's an interesting topic in that it's legal, so alcohol is something that many people enjoy and they enjoy without it having an impact on their life, and that's fine, that's great."

In your opinion, what are the main consequences of alcohol use in your community/district?

Drinking alcohol affects people's health and safety

Participants commented on a wide range of effects from drinking alcohol related to the health and safety of people in their community. The main themes were violence, crime, impaired driving, health issues, addictions, suicides and deaths.

VIOLENCE

Alcohol as a factor contributing to violence was discussed in the context of domestic and family violence, physical and sexual assaults. Participants also acknowledged that violence affects both the person causing the harm and the victim.

> *"I think the other consequences are – I think there's a correlation with violence and whether it's domestic violence or violence at parties, there's a correlation there. I think there's a correlation with unwanted sexual advances, sexual assaults; so whether a woman is incapacitated due to alcohol or for a man in that instance, whether the perpetrator or the violator is impacted with alcohol I think there's risk there, so unwanted sexual activity."*

CRIME

Participants linked alcohol use to specific crimes such as theft and vandalism, and to an elevated crime rate in some communities.

> *"I have not seen, but I've certainly been made aware of situations where small crimes have been committed such as theft, as well as vandalism is one that would happen."*

> *"Crime is definitely affected by use of alcohol which comes back to making poor decisions when you're under the influence."*

IMPAIRED DRIVING

Alcohol impairment was linked to decreased road safety. Participants regarded drinking and driving as a cause of motor vehicle collisions resulting in injuries and deaths. Participants discussed how getting behind the wheel after drinking has legal, health and other consequences that may impact people.

> *"Decreased personal safety or safety on roads, so impaired driving."*

> *"Poor decisions are made when people are under the influence and, for example, drinking and driving. It definitely happens and that's not a good thing. Yeah – poor decisions by entering a vehicle. "*

HEALTH ISSUES

Participants described the effects of alcohol use on the health of individual; describing acute harms such as injuries and death due to impairment, and long term health issues such as chronic conditions, mental health problems and addiction.

> *"Then, of course, in the mainstream population there are all sorts of issues we see with vehicle collisions and self-inflicted injury and accidental injury and all those sorts of things."*

> *"Well, health outcomes – direct health outcomes, so physical health. And whether we're talking about a bleeding esophagus which happens with consequences of liver damage with alcohol, so cirrhosis and bleeding of esophageal and high blood pressure and strokes – I mean, increased rates of cancer often can be at least tied back to alcohol use as well."*

ADDICTION

Alcohol addiction was described by participants as a consequence of drinking.

> *"Consequences could be addictive, becoming the norm – and I guess that could actually relate to all age groups."*

DEATH

Alcohol contributes to the death of citizens, whether the result of injury or illness, including homicides. Participants described alcohol-involved deaths as responsible for a "significant loss of life".

> *"I mean there are significant loss of life here, significant illness and high morbidity/mortality rates across the board."*

SUICIDE AND SELF-HARM

Participants linked alcohol to an increased risk for suicide and self-harm.

> "And then, of course, we have women who are in – I mean the set of circumstances women get in, especially with the separation and divorces that go on and on – custody problems, access problems, division of assets problems – women are suicidal, right? And they're using alcohol to cope, but it's not helping them be less suicidal, unfortunately. So I wouldn't say that's widespread, but that is what's going on with some of the women that I'm dealing with."

Families and children are affected

Families and children were prominent in descriptions of the consequences of alcohol use. Participants framed alcohol as affecting kids in families through neglect, violence, parenting issues, learned behavior, and in some cases, involvement in the child welfare system and/or addiction treatment services. Participants talked about "broken families", the intergenerational consequences of both alcohol misuse itself and underlying and unresolved issues such as trauma and hardship that perpetuate alcohol problems.

> "I mean the big thing that I see a lot of as a practitioner is, it's the broken families. So it's leading to children being lost in the foster care system and parents sort of losing that connection with their parents and their extended relatives and I think that especially in the aboriginal communities – that loss of connection is devastating because they are a very connected group of people and a lot of their traditional culture and traditional practices is around being connected. And I think that alcohol use is leading to sort of a disconnect or it's at least part of that."

> "The inter-generational consequences – so kids watch Mom and Dad or one of the parents using alcohol. Maybe they get put into care. Now they have an impact on having a broken family unit, being in care, being in the care and custody of the other, larger system which then has an impact on drug and alcohol use. So it's a vicious circle."

Success in life can be limited by alcohol use

Participants described a link between alcohol use and the ability to be productive, self-sustaining and successful in life.

> "Lower life success."

> "You know, depending on where people get involved in alcohol depends on how it can impact their futures."

> "…ability to be, like to be productive in society at times."

School and job success were identified as important spheres that may be impacted negatively and result in lower life success.

> "if you're youth – with your school and your ability to participate in school, which impacts your ability to have the marks that you need in order to go to the next level in life and have access and the ability to go to school, which impacts your ability to get a job, which impacts your ability to be self-sustaining"

> "But you know, even in terms of employment – I mean many people have employment and struggle with substance use; so how much loss of revenue do we see across the country, for example, for people that are just not as productive as they could be because they're heavy alcohol users and maybe they call in sick more or they're late or they're fuzzy or they're missing opportunities that if they weren't affected by substance use, they might be more on the ball."

Difficulties meeting basic needs

Participants discussed how alcohol use can inhibit a person's ability to have and keep the basic necessities of life.

> "They're affected in terms of their – in our case – in terms of their ability to just provide the basic essentials of life are affected. So people are not able to even sustain themselves on social assistance, for example. They can't – they're not stable enough to, necessarily, if they are housed, hold onto their housing, right? So those supports are not there in place to help them manage the very severe and chronic addiction."

The ability to have, find and keep affordable housing was identified as a social factor that puts people at increased risk for experiencing harms from substance use, including alcohol.

> "Well, I mean there's a couple of things to look at the issue of homelessness, lack of affordable housing – that hasn't changed. I think it's actually gotten worse, so you have people that have no place to call home that are feeling helpless and that basically turn to continued substance use in order to cope in life."

For some, the consequences of alcohol use are minimal

At the other end of the spectrum, some participants also talked about consequences being minimal for some people.

"I actually believe that often alcohol use has minimal consequences – very often, possible more than half the time."

Drinking affects relationships

Drinking affects relationships and social networks. Participants talked about relationship conflicts arising between couples, roommates, peers, etc. as a consequence of alcohol use.

"It impacts them on their peers and social networks, the worse it gets… Their relationships with others usually are impacted…"

"It has an impact on relationships or yourself as an individual, but then also the relationships with the people around you"

Alcohol problems can lead to involvement in legal and child welfare systems

System involvement can potentially make things even more difficult – adding to alcohol-related problems and making social conditions onerous. Examples given by participants were involvement in the legal and child welfare systems.

"…involvement with Child Welfare and the legal system"

"And for us, the different criminal acts that we investigate – assaults and things like that – and even things – thefts and that because if the person is addicted enough and they are consuming enough on a regular basis, it starts to consume whatever income they have and then they have to find another way to kind of supplement their income; and we end up with people committing thefts or small frauds to kind of cover up the money being spent on the alcohol."

Participants discussed how systems are not responsive enough to the needs of people with alcohol use problems. Marginalized groups with alcohol-related problems are more likely to be involved in legal and/or child welfare systems, and to have decreased credibility within these systems. In particular, the unique needs of women with alcohol-related problems are not adequately addressed, adding to inequities experienced by women.

> "So women's use of alcohol has many, as I said, both direct and indirect effects – primary and secondary effects. Because women are already seen as not particularly credible, both in the courts, and if a woman has a substance use problem and, say, she is trying to get custody of her kids, you can bet that's going to turn up in the affidavits. And it's really easy to get Child Welfare involvement if you have a substance use problem and that's one of the other issues for women is that people who are methadone, people who use alcohol – they are flagged and it's really hard to get rid of Child Welfare once they're in your life. And sometimes substance use is sometimes a good reason for Child Welfare involvement. Sometimes it isn't. When you think of the people you know who are drinkers some of them live pretty controlled and productive lives. They did drink too much and it's probably to their detriment, but their lives are not out of control. And yet, if you are low income or aboriginal and you drink, pretty likely Child Welfare is going to be involved in your life. So like any systemic impact, the impact of alcohol increases as you look at race and poverty, race and income. So it intersects."

Alcohol consumption means higher costs and demands on social services and systems

Participants described increased dependence on social programs and demand on services due to alcohol consumption.

> "Higher cost to health, social and legal systems. Higher dependence on social programs."

> "…the demand for paramedics related to alcohol misadventure has increased substantially"

> "…the main consequences of alcohol use is a very high demand of police resources for non-core policing function…"

The impacts of alcohol use are multi-layered and interconnected

Alcohol use affects everyone, and its impacts are interconnected. Participants described impacts as being interconnected, multi-layered, inclusive of everyone, and having ripple effects that go beyond the immediate consequences.

> *"…I think there's multiple layers of consequences that are all sort of interconnected in one way or another, so a ripple effect, right?... So I think the main consequences of alcohol use in our community [are] hard to kind of pinpoint to one thing because it has individual impacts. It has family impacts. It has community impacts. It has societal impacts and consequences, so I'm not sure if there's any one specific thing I could even identify."*

What exists in your community/district that is helping to prevent or reduce problems around alcohol?

Social supports and treatment services

SUPPORTIVE/SOCIAL SERVICES

Participants described existing social programs and services that have built-in components to their programming that focus on alcohol/substance and/or mental health in order to reduce barriers, meet clients where they are at with their substance use and link them to appropriate services. Programs and providers mentioned included Addictions Services Initiative at Ontario Works, Brain Injury Services of Northern Ontario (BISNO) Healthy Lifestyles program, the courts / judges and probation services, on-campus programs, system navigators connected to clinical programs, Shelter House Thunder Bay, North of Superior Counselling Programs, Children's Aid Society, Dilico Anishinabek Family Care, Marjorie House, Thunder Bay Counselling Centre and Children's Centre Thunder Bay.

> *"I mean, there's a clear intersection between mental health issues and alcohol and other substance use and just – I'm just thinking about BISNO… they've developed their own substance use counseling program because they're head-injured people didn't do well in traditional treatment."*

"A couple of years ago now we introduced a Social Systems Navigator and Social Worker to our clinics – both clinics – and that person will help – will do alcohol and drug assessments and help get people in touch with the appropriate treatment programs, connect them to counselors in the communities and the services that are in place to help people and families deal with alcohol addiction in particular."

Service linkages and referrals for people with alcohol-related problems were identified as helping the situation.

"Well, access to counseling is really helpful. This walk-in counseling program now that we have between Thunder Bay Counseling and the Children's Centre is great. We send a lot of people there."

TREATMENTS SERVICES

Services that treat alcohol problems and help youth and adults recover from addictions were identified as helping the situation, including detox programs, addiction services, counseling and withdrawal management.

"Enhanced withdrawal management services from a treatment and getting into recovery – so the Balmoral Centre has really helped. A treatment program for alcoholism helps, anything for recovery – so whether it's alcohol or anything else."

Participants mentioned AA programs as being available in their communities and relatively well-known as recovery option.

"I believe most small communities have some self-help groups – Alcoholics Anonymous. I see that advertised."

Awareness-raising and education

Education came through in participants' comments as an important activity that is helping the situation. Participants talked about a number of knowledge topics related to alcohol, discussed settings in which education takes place, identified target audiences and described various channels for providing education and increasing knowledge.

Education topics included safe, responsible use; drinking and driving legislation and risks; moderate drinking; reasons for alcohol use; and FASD awareness. Schools, health care settings, postsecondary campuses and alcohol outlets were identified as locations where education is effective. Youth were frequently mentioned as a focus of education efforts. Education via social media, campaigns, presentations and school programs were also mentioned.

"I think knowledge. I think campaigns are good. Everyone talks about these days the social media campaigns and getting information out to kids. I don't think you can be naïve in the fact of like kids aren't going to experiment. I think if you're going to experiment, here's how to do it safely, not that I personally may agree with that or not; but that's a reality."

"So just making people aware – awareness and breaking down kind of barriers to start talking about it. I think lots of people are just so quick to point the finger right away at this, this, this; but when we start to discuss it and kind of what's behind the alcohol use and educating people on that – I think that creates change as well."

Regulations

Regulations limiting the availability and consumption of alcohol as well as drinking and driving legislation were identified as helping to reduce alcohol-related harms.

"I think the legislation that we have in place in terms of our mainstream community – legislation around age of access, legislation around who can sell alcohol, where it can be sold, what hours it can be sold, pricing – all of those kinds of things reduce problems around alcohol so it's concerning to see the Ontario government looking at loosening some of the restrictions because they know that the more alcohol that's available, the higher the problem."

Bar policies and designated driver programs

Policies that help to make the drinking environment safer, such as server training programs and designated driver or alternate transportation programs were mentioned by participants.

"In terms of what helps, things like Smart Serve helps."

"…here we have the designated driver program, so we do not want people to obviously be drinking and driving. So we offer a free cab ride service home, so anyone who does not have a ride, especially with a designated driver, then we do offer the free cabs."

Working together in partnerships

Participant comments reveal a general sense that working together helps and is even necessary as addressing alcohol problems cannot be done by one agency alone. Furthermore, different perspectives are needed to fully understand needs and

solutions to complex problems and to build upon what already exists. Existing partnerships and coalitions in Thunder Bay and District were given as examples of what is helping the situation including the Thunder Bay Drug Strategy, the Union of Ontario Indians, the Thunder Bay District Health Unit and the Crime Prevention Council.

"The only way we can do that is partnering up with other programs, other agencies that are out there, either that already have something in place or work towards new initiatives."

Keeping people engaged in programs and activities

Programs and activities that engage people, keep people involved in alternatives to drinking and connect people to their culture are helpful. Participants particularly mentioned programs that focus on children.

"For us, cultural activities and events – things like language classes, drumming, cultural teachings, [and] ceremonies like the pow-wow or sunrise ceremonies"

"I think any wellness program – like all programs in communities that promote activities give people – you know once you keep people involved in something else, so I think that is helping to prevent in an indirect way. I know of our programs that support families because many of the communities in the district are isolated somewhat – you know, not a lot going on."

Workplace policies

Participants commented on the helpful role of workplace policies and support for employees dealing with alcohol use problems, as well as increased awareness among employers of their obligation to support workers with mental health and addiction issues.

"…I think generally employers are more aware of their obligations to performance management, their obligations under the Human Rights Code, and I think people are having those conversations to say – you don't seem quite yourself today; what seems to be the problem? And I think some of that comes from more of an awareness of mental health issues. Mental health as a concept is – I mean, there's still a stigma, but I think people are aware that it's real and it's legitimate and anybody can be impacted by that."

Of the things that you mentioned, are there any in your opinion that should be expanded or improved?

Treatment

Participants recommended expanding or improving treatment services in a number of ways. The Managed Alcohol Program was mentioned specifically as something that should be expanded.

In general terms, participants described the need for: more mental health services; increased capacity and decreased wait times; more treatment options; better residential treatment for women; more tailored, localized, family-focused approaches; better awareness of services and treatment options; more resources and funding particularly in under-resourced areas; and increased integration among service providers.

> *"I certainly think that there can be more mental health services in general and an addiction component would be great for adults especially, but youth as well."*

> *"…we need the increased ability to, or even localized, options for detox and for access to treatment centres for folks."*

> *"And so, and then on the other end we need better residential treatment. We need more accessible residential treatment for women."*

> *"But a lot of folks end up presenting at the hospital [Emergency Department] with alcohol-related issues and there can be definitely a better collaboration system or integrated services where [Emergency Department] – it wouldn't just be treated as a health issue, but it would be linked to mental health and addiction support, like immediately."*

> *"So it's not just a policing issue. It's housing, sometimes court, probation, police, addictions, kind of more of that core group of services to help an individual get back on their feet. It's all there. It's a matter of bringing it together in kind of a one-stop shop kind of approach; and I don't think we have that."*

The issue of housing was also mentioned frequently in the context of treatment and support services. Participants described a need to increase housing options and supports specific to people with substance use disorders and to better coordinate housing supports with treatment services.

> "I think from our perspective, housing is a huge issue. So what we have found is that the little bit of supportive housing that we're able to provide – granted, this is an extreme dysfunctional state – but I mean we have really helped to stabilize people; so it does reduce problems around alcohol and I think what we're really lacking in our community is a range of housing and housing supports that specifically deal with people that are substance users."

Knowledge/Education/Awareness

In the realm of expanding or improving alcohol education, participants identified the need to do more and to do things differently. Focusing on youth was identified by participants, with an emphasis the need to convey accurate information about alcohol and substances early and often. Messaging was also discussed, including alcohol and "fitting in", responsible use (among post-secondary students), and long-term health impacts.

> "I think it's just bringing that message forward continuously, supportively, so that when [students] hear it and they get into conversations with it – with the adults in their lives and their peers – that they're getting good information."

The Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) program for high school students was mentioned as something that should be continued and improved.

> "Also I put here the Party Program in school is definitely a great thing that's happening and that should be continuing and improving as much as we can."

What exists in your community/district that is making it harder to reduce problems around alcohol?

Drinking alcohol is a social norm

Drinking alcohol is a normal, socially acceptable thing to do in our society. Participants talked about a "drinking mentality" and a "culture of drinking" as the social context that is making it harder to reduce harms around alcohol.

> "Our culture of drinking. I think that's something that gets heavily under-recognized – that Canada has a culture of drinking."

> "The other is, I think we have a real blasé attitude towards alcohol. It's not seen as harmful. The general public does not think about the harms associated with alcohol abuse and that's both when people are partying or at big events like the Blues Festival where lots of beer is flowing and part of the theme and the action and the culture – like people really don't think it's a big deal."

Certain groups were discussed in relation to the acceptance of excessive alcohol consumption, including teens, parents and Francophones.

> "I wonder also with that, when I think about teens, it seems to me that possibly it's more – it's becoming more socially acceptable for teens to start having their "first drink" younger and younger from what I've heard – you know, kids starting to experiment with alcohol in Grade 8."

> "I think in my experience it's way more tolerated to drink more. People are going to say – oh, this is sounding like old school or whatever, but my dad works in the bush as a [Francophone]. He's a logger. And my grandpa is too and my grandpa was an alcoholic and it was kind of accepted because he went to work. He functioned. He still went to work. He worked really hard and then he'd come home on the weekends and all the money he made he'd spend on alcohol. And that was accepted because he works hard and it doesn't make him any less of a person because he worked so hard and he deserves it. We kind of ignore that. We kind of skim over that and just accept it."

Alcohol marketing is prominent, reinforcing social norms around drinking. Participants expressed concern that youth are exposed to and targeted by alcohol marketing. The presence of alcohol marketing and promotion is extensive; participants commented on alcohol promotion through the LCBO, in movies, through sports sponsorships and at events.

> *"Social pressure; advertising; mass media and social media – so these would be that, I don't know if encourage is the right work, but let's say promote alcohol use."*

> *"Well, I think from a very young age students see alcohol as being associated with things that are fun – everything from, you know, if the promotion – like right now, hockey playoffs are on and one of the major sponsors are beer companies; and so that normalizes the use of alcohol. That brand is sort of in their face."*

Of concern is the social acceptability of drinking to intoxication especially among young people.

> *"It's normal for people in their 20's, 30's, 40's, even to go out on the weekends and binge drink to this incredible amount and to sometimes drive home drunk and things like that. That's something normal as part of our society that I think that a lot of people think that are just like not problematic in any way because they don't recognize it as something that could be harmful. So I think it would be a real cultural shift to acknowledge the harm that alcohol can actually have"*

Participants also commented on the "hidden" nature of the negative consequences of alcohol as something that we don't talk about and tolerate as normal.

> *"So I think – what exists in your district that's making it harder to reduce? What exists, I guess, would be a lack of education and awareness and the acceptance to speak about alcohol use and consumption and the impacts of that. We all know that in every community in the district there are issues around alcohol and addictions. Do we talk about it? No. Do we have the resources to help work from a community perspective or approach to help deal with it? No. It's dealt mostly individually on a one-to-one basis through counseling. Is that effective? It is for the one-to-one's who are able to get in, but for the community as a whole and families as a whole, it's not."*

Difficult social conditions

Poverty, lack of education and employment opportunities and homelessness are making it harder for people to meet their basic needs. Participants discussed how this is linked to alcohol problems and how this adds to the complexity of addressing alcohol-related issues. This complexity includes the question of whether problematic alcohol use is a symptom or a cause when it is co-occurring with other problems. There is general agreement that for marginalized people with alcohol problems, solutions have to focus on improving social conditions and providing wrap-around services.

"And it is those societal issues that make it so complex. To me it's always the chicken and the egg – which came first? How do we intervene? ...I think you have to target the issues of poverty at one end, but I also think you have to target the issue of education at the other side."

"We do have often every day and every weekend very high custody rates for strictly liquor infractions, meaning people being well intoxicated and a lot of that goes, I think, hand in hand with the issue of either homelessness in our city, lack of housing, people either drinking as part of their homelessness or vice-versa – having difficulty coping."

Stigma and racism

Participants described how stigma and racism inhibit the ability of individuals to seek help and sustain recovery. The racism experienced by Aboriginal people adds another layer to the stigma associated with alcohol use disorders. Judgemental and racist beliefs limit the ways in which politicians, systems, service providers, the media and communities provide support and help. The result is low community support for what works, bias within health and legal systems and barriers to seeking help.

"I think that there is a stigma associated with alcohol, especially dysfunctional alcohol or alcohol addiction, in particular. So I think people are not very comfortable coming forward that have a problem with their drinking because they know that they're going to be another drunk or whatever."

"I think some of the judgment that exists in that it's perpetuated by media is really difficult; so you know why should my tax dollars pay for people that are using alcohol? Why should I support something like the Managed Alcohol Program? And even in the face of evidence, the stereotypes of people who use substances makes it really hard for politicians to advocate to spend money on programs that are having an effect because they're afraid that if they advocate for these programs that they will lose a percentage of the voter base who chooses to stay in a very judgmental kind of state around what actually works."

Alcohol is a coping mechanism for people dealing with stress and trauma

Participants returned to stress and trauma as root causes for problematic alcohol use. Stress was associated with situations such the demands of the job or school, and financial problems. Trauma was associated with the Aboriginal experience of residential schools and other historical traumas that can affect people over generations. Participants commented on alcohol use as a learned way of coping with stress and trauma in the absence of other coping mechanisms and/or appropriate services to deal with problems.

> *"It's sort of a way of life I guess and like I said, the inter-generational where there's not a lot of other ways to cope with certain problems."*

> *"I think the fact that so many people – that there are a number of Aboriginal people that are dealing with deep seated post-trauma and that have turned to addiction or alcohol to deal with that trauma; and that there seems to be no unique culturally-appropriate service for them."*

Gaps in health care and treatment services

While participants pointed to treatment as something that is helping the situation, certain aspects were identified as making the situation harder. Barriers to accessing appropriate and timely treatment for mental and physical health issues were identified, including the lack of family doctors, wait times for detox or counseling, the lack of culturally appropriate treatment options, the need for wrap-around services and greater coordination between agencies, and lack of knowledge of community resources.

> *"I mean the lack of primary health care – so people don't have family doctors, which is often the entrance into lots of different treatment options. If you want to try to get into counseling to deal with your childhood sexual abuse issues that you've never dealt with, that you drink in the evenings instead, you can't get into any of those. Well, you can; but it's harder if you don't have a family doctor."*

> *"There's not enough treatment. There may not be enough culturally-appropriate treatment and then people need housing. I think what's getting in the way is for the people that need wrap-around services – there is no wrap around approach, that people need lots of different services coordinated and those would be the hardest to serve; and those that need a First Nations plan to moving forward."*

Children & Youth

A strong theme arising from the interviews was the need to focus on children and youth in relation to prevention. Children and youth were identified variously as high school students, elementary students, younger learners and teens.

School-aged youth were described as having specific challenges related to alcohol including peer pressure, vulnerability to sexual assault, and modeling adult or peer behaviour that may be detrimental. Participants noted these concerns in the context of students beginning to drink at younger ages.

Participants recommended a number of educational activities such as providing "honest and practical" alcohol and substance education earlier and at regular intervals, meeting students where they are at, ensuring a safe place to talk, encouraging involvement in activities, and teaching healthy habits and skills. The school setting was seen as a place to enhance protective factors to help students navigate safely the transition to adulthood in a society where alcohol is prevalent.

> *"I think if we're able to provide some real honest and practical education to youth, it would be extremely helpful in terms of trying to navigate some of the challenges that our youth face nowadays and providing some space and opportunity for them to look at what other opportunities or options they might have."*

> *"{Teens are] modeling their behaviour based on what they see their parents do. So if Mom and Dad have a glass of wine or have a cocktail before dinner …It's okay because Mom and Dad are doing it and it's probably not the modeling that we want to have for youth."*

> *"If we're looking at the District of Thunder Bay, in these communities that I mentioned, part of the challenge is that there's nothing for youth to do. So I think by supporting the recreation departments – by supporting the municipalities to not only just focus on alcohol-specific programming, but focus on the development and support for positive lifestyle options for youth to become involved in so they don't resort back to alcohol."*

Post-secondary students

Post-secondary students were identified as a population for prevention measures. Participants described features of this new stage in life that put young people at greater risk, mainly focusing on the transition to increased independence and freedom that starting college or university entails. Post-secondary students may fall into the campus "drinking culture" and/or use alcohol to cope with stress.

"And I think of our postsecondary population too. There's a group of stressed young people…"

Ongoing education around alcohol was seen as valuable into the post-secondary years.

"High use of alcohol and I think just as a coping mechanism – a stress buster. So yeah, I think that you have to continue that education if you really think about prevention, it needs to be heard over and over and over "

Aboriginal people

Aboriginal people were identified as a priority for prevention activities, with the recognition that different prevention strategies are needed to address the unique needs of this group. Participants referred to a number of factors that increase Aboriginal peoples' vulnerability: historical and intergenerational trauma; the experience of "stigma and blaming" in relation to alcohol use; and the need to transition from their home communities to larger centres to study, work or access services.

"I mean I think First Nations needs to be a priority in terms of our focus, whether that – as long as it's able to be done without the stigma and the blaming that so commonly accompanies it otherwise."

"…we know in northern communities that [there are] more addiction problems and things like that. So I think we should also be focusing on aboriginal groups and helping stop that trend where if your parents had an addiction problem that it just continues on."

In terms of what can be done, participants recommended starting prevention at an early age, promoting cultural activities, adopting culturally appropriate prevention strategies, enhancing outreach to First Nations students coming to the city, helping parents with addictions and addressing stigma and racism.

"I think personally I see Native people involved in more cultural activities and to me, I see that as effective. Aboriginal people are the highest group to never touch alcohol at all, so there's got to be something with that that's helping."

"I would say we've had the most success - but we haven't been able to do much of it – is kind of that outreach prior to coming to Thunder Bay to the Aboriginal reserves for all of the kids coming into town for school."

Women and pregnancy

The promotion of maternal health and prevention of alcohol-exposed pregnancies among women was identified as a priority. Participants did not offer specific prevention activities, though one participant emphasized the need to avoid stigmatizing women who use substances and integrate maternal health into a broader perspective that supports women throughout their whole lifespan.

"And also FASD is a big deal, right? So interventions that prevent Fetal Alcohol Disorder is very, very important."

"Let's look at women in their whole lifespan, what it means to have a healthy life and healthy relationships and integrate into that the maternal health piece."

Families

In talking about families as a priority for prevention, participants spoke about the ways in which parents influence children and the ways in which children observe and model the adults around them. Comments reveal a general sense that family environment and role modeling have a large impact on kids. The family environment has the potential to be protective for children and youth when families are supported in having and maintaining adequate housing, food and income and have hope for the future.

"I think parents need to be aware that their behaviours and their drinking and social activity – the kids are watching. It's not like when kids are outside playing 24/7 when we were kids. We were outside all the time. Kids are inside now. They're being rushed from one activity to the next and they see the parents at the hockey rink having a beer while they're watching the game – not the best role modeling."

"So I think prevention really needs to be focused on families and on children and in supporting families to have the ability to raise their children in a healthy environment. So again, back to those determinants of health – and this is not ever a popular answer – but when families have enough to eat and when families have a safe place to live and when families have hope for the future for their children, then they can do a better job. But often times what you see is, especially for families that are living in poverty, that there just isn't enough."

Adults

Adults emerge in participant comments in a variety of ways when discussing prevention. Participants discussed adults as "social drinkers" and "binge drinkers"; they have money to spend on alcohol but low awareness of health consequences, and are therefore a target for prevention. Adults were also described as hard to reach and/or influence with prevention messages.

> "If I go back to the adult side again, targeting adults is not as easy… I just think you can target information and learning, but it has to happen in so many different ways."

> "I also think just the – like I mentioned earlier – the educated working class, higher income people who just sometimes they're social drinkers or they're binge drinkers or whatever, so that they're aware that what they're doing – even though they think that it's just on the weekend or whatever, they're social – there are consequences to that and that it can lead to problem drinking; so whether that's a social media type of campaign or whatever, providing prevention strategies around that particular target group."

On the other hand, certain adults, those with higher incomes and education, were described as being receptive to prevention messaging.

> "Well, I think in terms of adults, when you're doing prevention that works with a certain group of people. It tends to work with people who are literate, who are middle-class, who are educated, who are white; and so I think probably in terms of public health, the most effective intervention is probably with kids."

Some respondents felt that the main focus should be on children and youth, the "next generation" as opposed to targeting adults already set in their ways.

> "If someone is 35 years old, they've made their decisions, right? And I don't think, you know, a public service announcement is going to affect someone who's 42 who's considering going off the wagon or whatever – joining the wagon or joining the party, let's say, for the first time in their life. I think we've got to accept where we're at now and it's children and youth – the next generation."

People with mental health challenges

People with mental health challenges would benefit from prevention activities according to participants. Because alcohol is often used to cope with trauma, anxiety or other mental health issues, prevention that focuses on healthy coping mechanisms can make a difference.

> *"Making awareness that a lot of people use drugs and alcohol as a form of self-medication and defining what that means to people; or bringing people's awareness of the fact that they may be drinking to avoid something else that's going on in their lives. I think a lot of people don't understand that."*

Everyone

In answering the question of "who" should be a priority for prevention activities, participants also talked about the larger picture. They commented on how everyone is potentially a target for prevention.

> *"Anyone above the age of like 11. Yeah. I don't know if I'd want to group in any other category, to be honest with you because I think that it can be an issue for any group of people."*

A multi-tiered approach

Also in response to the question of "who", participants emphasized the need to take a multi-tiered approach that is "interlinked" and "interconnected" rather than isolated targeted approaches. This reinforces the idea above that there is no one group or setting in need of prevention activities alone but that but "everyone" is part of prevention.

> *"I think this is where we're falling short as a system in that you can't just pull out one group and say, if we focus on this it's going to help reduce the consumption of alcohol, when that particular group is so interconnected into the reality of such a larger system. So let's say we pull out Grade 7 and 8's and work with them directly and educate them… We pull them out and we work with them and we provide some education; and we look at the impacts of alcohol and we do all of this work and then we send them home to parents that use alcohol as a coping mechanism themselves, without providing support for the Grade 7 and 8 to understand why his parents or her parents are drinking the way that they do or behave the way that they do, or whatever. So I'm not sure we can look at it in isolated groups. I think there needs to be a multi-tiered approach, as opposed to group-specific… it has to be a multi-tiered approach and there could be a youth approach, parent approach, community approach, and they all have to kind of be interlinked and inter-connected."*

People who are marginalized

Participants identified people who are marginalized or oppressed as a priority for intervention activities. This encompasses different kinds of disadvantage: people with low incomes, street-involved and homeless people, and Aboriginal people. Participants discussed how those who experience marginalization often have compounding issues such as deep-seated trauma and addictions. Homelessness came forward as the most frequently mentioned kind of disadvantage in need of intervention.

> "I would say Aboriginal people or oppressed people, low income people… And people who are less fortunate, who have less opportunities to seek out treatment."

> "And I think from a police perspective for me would be the most marginalized and… the homeless - homelessness in the city."

> "So from my perspective, when you have multiple things that are stressors in your life, whether you cause them or not, the potential for things to get much worse is much higher. And so I don't think that we need to specifically treat people who are homeless because they drink; but I think that if you have an alcohol problem and you don't have a place to live, that will compound your alcohol problem. It will compound the health impacts that you're experiencing and so that's what I mean by people who are more marginalized or more oppressed. Anyone that does not have a home should be a priority population for every service that we have out there."

People experiencing alcohol use problems

Participants talked about targeting interventions to those who experience problems with alcohol use, acknowledging that this is inclusive of all segments of society. Intervention can happen at any stage of use to prevent and reduce harm, from alcohol use that is just starting to be a problem to serious and chronic addiction. Participants also talked about the value of everyone being informed about helping resources and access to treatment in their community.

> *"Well, the populations are those who experience problems with alcohol use. And that crosses socio-economic*

boundaries. So marginalized people have problems. Aboriginal First Nations people have problems. Poor people have problems. Rich people have problems. White Anglo-Saxon, Protestants have problems. Employed, unemployed all have problems. I don't think there's a segment of society that's untouched. I don't think there's a demographic that is remarkably unusual."

"I think the entire community – everybody should be informed and be educated on where they can go if they need help, how they can identify abuse so how they know if they have a parent or sibling or a friend that's abusing alcohol or anything like that."

Young people

In conversation about targets for intervention, participants again identified youth as they did for prevention activities, but shifted to older youth, describing them as "young people", "youth", "student population", "later teens", "mid high school to 30" and "19 to 29".

Participants described the context of young people's alcohol use as being a "normal" activity and the only fun thing to do. Young people were characterized as "high consumers" of alcohol putting them at high risk of physical and sexual violence and other consequences. Early intervention among risky users would potentially stop the progress of alcohol-use problems in their lives and prevent life-long addiction.

For youth dealing with significant alcohol use issues, interventions such as a dedicated place for young people to go for rehabilitation and after care were mentioned by participants.

"Well, young people come to mind, you know – the student population and young people in general. There's obviously a lot of substance use in that age group and it's also a high-risk group for violence, including sexual violence."

"…I think if it's a prevention that's focused on the younger grades then the intervention would come in at an increased age; so I would say targeting groups between mid-high school to age 30, hopefully with a window that we can intervene before it becomes a life-long addiction."

Young families with children

Participants described the particular vulnerability of young families dealing with hardships and parents possibly turning to alcohol to cope. Aboriginal families and families living in poverty were mentioned as facing more difficulties, including a greater likelihood of institutional involvement with child welfare. While interventions are needed, they need to be designed to help and empower struggling families.

> "And definitely our young families in town – our young adults –they find themselves living together whether they're married or not, with young children. And we run into a lot of domestics that way where it's kind of a coping skill. Finances are tight and everything else and the next thing you know, the solution is to every night that they're home, there's drinking occurring. The problems just never get solved and become worse, in fact."

> "And I mean I really have to be careful about how the intervention looks… it would be good if an intervention was not – was actually helpful instead of disempowering."

Aboriginal people

Participants also specifically mentioned that Aboriginal people should be a priority for intervention activities.

> "… so all populations, but including our Aboriginal population because certainly that is an issue in our small communities."

> "I'm seeing a lot of alcohol addiction with residential school survivors, so that's one group that I think really needs more access to treatment and intervention so, in particular, the age of those aboriginal people between the ages of 40-90, basically."

People with mental health challenges

Participants noted that mental health and substance use problems are often intertwined. Interventions that address a person's whole experience – which may involve anxiety, depression, and trauma - are needed. Participants also identified a need for trauma-focused services for women in particular who have a history of violence or harassment. For those people with addictions based on deep-seated trauma, wrap-around services are needed.

> "I think that those who are – well, mental health is a big one, somebody who is involved in a mental health situation."

" There needs to be a trauma focus in most services for women and I guess children at this point because now we have trauma-sensitive schools just because it's such an issue."

"There are people in our community that are living with such deep-seated addictions based on such deep-seated trauma that they need wrap-around interventions. They need everything – counseling, addictions counseling, housing, everything."

Women and pregnancy

In reference to women and pregnancy, participants noted that intervention activities could be focused on women before and during pregnancy to increase maternal health and the health of the baby.

"And something that came to mind were mothers or people who are expecting, if are drinking and consuming alcohol – the health impacts that that has to the unborn child and then whether or not, what that looks like at the end of the term , in terms of when that baby is delivered. Why not do what you can to save as much of that healthy life of that child before Fetal Alcohol Syndrome"

Men

Interventions that enhance young men's positive development and help fathers be engaged in community and family will help to prevent alcohol-related problems and increase their involvement in their children's lives.

"Men… I think there could be a lot more done for young men and even the adult males. I see some things going on for fathers that I find really encouraging and I'd like to see more of that – so fathers involved in things that make them feel good, like their children's lives."

RECOMMENDED INTERVENTIONS

Participants recommended beneficial intervention activities for the above populations that could be introduced or enhanced. Improving treatment systems and services, focusing on the social determinants of health and engaging in positive activities were identified.

IMPROVE TREATMENT SYSTEMS AND SERVICES

Participants described ways in which treatment services and systems might be improved. More holistic, localized, integrated, culturally-appropriate and family-focused treatment approaches were suggested. Also mentioned was the need for individualized treatment options rather than a "one size-fits-all" approach.

> "We need to treat the whole system – support system, family system, and I don't think that there is a lot of that."

> "As I mentioned earlier, I don't understand why we can't work with hospitals, so an integrated approach with multi-ministerial groups to provide localized options for, say, detox; and then the ability to get folks into treatment centres."

> "Again, like I mentioned before, having a safe, culturally-appropriate medical detox program I think would be a really good thing for this area in particular because it's lacking currently. Having safe, culturally-appropriate family treatment programs – more access to family treatment programs would also be a really good thing so you don't have to necessarily split up families while the parents get the help that they need."

> "…like specifically often we think of treatment as an intervention activity and the treatment that we offer in North American is very one size fits all. It's very abstinence-focused and I think that intervention, so to speak, that acknowledges that people want to use substances and that abstinence is not a realistic goal for every person. So I think in a way the question should be what kinds of intervention activities are we talking about?"

Youth were identified as a group in need of youth-focused treatment options.

> "…so I don't know if there's very much available for the youth. And this gets beyond prevention. It gets into the sort of intervention, right – availability of a place for rehabilitation, so the education and then the follow-up is probably the most important thing and we do have some detox and we have kind of places, but a dedicated place for young people to go, possibly even residential, for a while and with really intense follow-up to deal this those that are sliding off the rails."

Participants also discussed the "bottom line" need for more funding and personnel to reach out to and support people with alcohol-related problems and meet their treatment needs appropriately. Additionally, the need for capacity-building in the area of treating trauma was mentioned.

> "However, the issues I don't believe are who should be – who should we be targeting for interventions. I think we know that. I think our community partners know that. What they don't have access to – it's dollars… it's the dollars that would allow them to reach out to more people."

> "There aren't enough resources to support people. I mean if you think of mental health issues – how long it might take to get into see someone. So yeah, the bottom line always comes down to dollars and those resources and having those trained professionals or those support groups in place."

> "We need more people who are trained in trauma in our community, specifically more people who are trained in treating trauma when youth have been traumatized."

Some participants noted that treatment depends upon readiness of the individual.

> "It's difficult, I think, to put intervention programs in place because if somebody doesn't want the help, you can't necessarily force them to do those kinds of things. So I think the best intervention would be to educate people so that they know when they need help."

Furthermore, there may be a lack of awareness of what agencies offer in the realm of treatment programs and services.

> "People in town, for the most part, are aware of that we have CAS and we have Dilico and that we have Marjorie House. But at the same time I don't think they're aware of what those agencies can do."

FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH

In discussing what kinds of interventions are necessary, participants touched on the broader factors that affect health. Addressing housing needs and reducing poverty in particular were described as a "first step" "start" or "key" to improving the situation.

> "I just think the first step is poverty. We need to address people's resources and the services that are available. People need to feel included as citizens so that they can imagine themselves having a future."

> "So I mean I think for me, honestly from everything I've seen, you have to start with finding a place for these people to live. They need a home. They need a place to call home and to start. Without that, I don't think you have anything. I think for me that's a starting point."

INCREASE OPPORTUNITIES TO ENGAGE IN ACTIVITIES

Participants discussed the benefits of having opportunities to engage in the community and participate in activities.

"I guess when you're thinking of a healthy community, that community has to somewhat embrace everyone to be a part of it. So to me, it's all connected, right? If you have a healthy community with many opportunities to engage in social or physical or community activities, hopefully people are drawn into that and that gives them something else to do."

"Things like rites of passage for boys… we talk a bit about that and there's rites of passage in different cultures so it's not just a native thing."

Who do you see as leaders in moving forward to develop a strategy to reduce alcohol-related harm in your community/district?

Numerous organizations from a variety of sectors and across the district were mentioned in the course of the key informant interviews. Many of these organizations are already engaged in building healthy communities and reducing harms from substance use, and are working in collaboration on research, program delivery and community-wide strategies.

A broad breakdown of the types of agencies mentioned by participants includes: municipal, provincial and First Nation governments; public health; heath care organizations; mental health and addictions service providers; social service organizations; schools and academic institutions; businesses; legal system representatives; policing; organizations serving youth, Aboriginal people, Métis and [Francophone] groups; church organizations; and community leaders including youth advocates and people with lived experience.

In sharing their thoughts on how best to move forward on community-based solutions, participants made frequent reference to existing strategies and coalitions, the need to engage people from the community, and the value of collaboration in building healthy communities and the social determinants of health.

Existing strategies/coalitions

Participants were familiar with the work of other strategies and coalitions and saw in them a model for how to proceed with reducing alcohol-related harms. Participants also identified elements of other strategies that "dovetail" and intersect with both substance use and the social determinants of health.

> "I've become less involved with the Poverty Strategy and more involved with the Food Strategy, but – all these strategies. And there's also the Crime Prevention Council, right? But we see that these things are starting to – the cross-fertilization is starting to happen."

> "I feel like that question's been answered a lot and I think we have leaders who are engaged. I think we have a drug strategy with all the leaders that are engaged who need to be engaged."

Leaders from the community

A number of comments revolved around meaningful engagement with community members as potential leaders, particularly those with lived experience of alcohol use problems.

> "I mean in order to create a strategy that's going to be meaningful and bought into by the district communities, it's going to have to involve community engagement with folks that actually have experience with alcohol consumption as community members. I think they can become leaders in terms of helping inform the planning and development process for a strategy that's going to be meaningful for the district – meaningful and most efficiently effective for the District of Thunder Bay communities, the rural communities within the District of Thunder Bay."

> "And I think people that are leaders and moving forward to develop a strategy – I think any strategy needs to include in some way a consultation with the people that are struggling, whether you're holding focus groups with people that are actually struggling and you ask them what they want. The challenge with that is they've been asked in many cases many, many times and many people are burned out because they're tired of saying – you know, I need a roof over my head or I need to be able to eat without worrying about starving the next day. And then get asked the same question a year later. So I think if we're asking people who are struggling what they think, I think we need to start having some action that follows up those questions."

Collaboration

In discussing leadership on actions to reduce alcohol-related harms, participants emphasized the need for a collaborative approach.

> "Well, I really think it has to be a collaborative approach. I don't think there's any one individual or organization that can do it"

> "I think all agencies and organizations such as ourselves, whether we are in children's service, education, need to work together to support offering alternative or resources, support; and it all kind of brings me back to that holistic community health. You know I think if you have really healthy communities, you would probably have less alcohol-related harm."

Social Determinants of Health

Participants reiterated the importance of addressing the social conditions in which people live.

> "So those are the things that everybody needs to be on board with and then the local Poverty Free group has been doing this – raise the minimum wage to $15, which is not the same as the living wage; but that's been an ongoing strategy. And you know, in my work with the health unit around food security stuff, they do that – the cost of healthy eating every year, so there is that understanding of the social determinants of health, right – the income, all these broad foundational issues are at the root of the issue. And so I think it's important to continue to reiterate that with governments as much as with the people you're working with, that that message has to keep coming back that we need to address these determinants of health to make this – to address these larger issues."

Other considerations

Some additional comments on the subject of moving forward to reduce alcohol-related harms touched on the linking role of public health, the potential of health teaching for children and youth beyond the classroom, the importance of leadership, and caring for each other as human beings.

"I always think of public health as always being a good … champion, as being the pinpoint leader, the point person of a lot of these programs. I think there's – public health is that link between, I think, the healthcare system, the health services and all the agencies that work with that…"

"As I always say, schools are targeted because we're – schools are targeted to reach kids and families because we're easy, because they all come. But we only have them for about five hours a day and there's 19 more hours in the day; and I think – I just try to get people to think outside of the five hours that kids and families are with us, well – where are they? … if I'm at my gymnastics club and my gymnastics instructor says to me – okay, let's spend 10 minutes as part of our gymnastics program – let's talk about your holistic part of your learning, your nutrition, your health. Kids remember that."

"…I think, of course, have the right leader; so whether it's someone from the municipal council. But you need to have the right leader – someone who's respected, someone who isn't afraid of the controversy, but someone who can certainly lead by example. So those are some of the people who come to mind."

"I don't think we're ever going to get rid of alcohol… It's such big business that I'm sure they lobby government – the lobbyists are huge, probably; and the influence on government is huge and the dollars tax-wise are huge… So it's about managing in a way that we care for each other as human beings. We care for those that it's a disease and we try to figure out how we can help them. We care for our kids as part of their education so that they can make smart choices. We care for each other as adults so that if we're in times of trouble because of alcohol that we can help people manage it. And yet, for some I can't deny it has a social purpose… it really does come down to us as human beings helping each other.

Social Determinants – An Overarching Theme

Participants frequently framed individual alcohol use problems as embedded within a larger social context where alcohol use is symptomatic of other problems such as trauma, poverty and marginalization. Addressing these larger issues was therefore important.

> *"Alcohol-related harms is a symptom. It's a symptom of other underlying problems of inequity and trauma and historical marginalization. So I think we all need to address those things and I think that there is some leadership going on."*

> *"The people who have problems with [alcohol] are seen as the problem and I don't think that's the right way to look at it. I think it's a sort of symptom of a bigger problem, so whether than be poverty, lack of housing, lack of nutrition, trauma, sexual abuse, physical abuse, broken homes – all of those things for some reason is leading to a distorted relationship with drinking. So I don't really see the alcohol as the issue. I guess it's sort of a symptom of a bigger problem."*

A repeated theme throughout the consultation was the concept that health is determined in large part by the social conditions that people experience. From this perspective, alcohol use problems are to some degree a symptom of social inequities related to the determinants of health that inhibit people's ability to have a safe place to live, have a job that provides for the necessities, feel included in their community and have hope for their future.

> *"…we have a government at all levels that [seem] to be moving away from the notion that by providing people with a strong, healthy foundation we actually save money in the long run and produce a healthier environment. But we know this is true from evidence. When we're able to provide people with those really strong foundations like education and well-paying jobs and a safe place to live and opportunity to participate in their community, those kinds of things really help.*

Participants emphasized that any effort to reduce alcohol-related harms must address these social determinants that affect the health of individuals and communities.