A CULTURE OF SHARED RESPONSIBILITY

MANITOBA’S STRATEGY TO REDUCE ALCOHOL-RELATED HARMs
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Acknowledgment

The Co-Chairs of *A Culture of Shared Responsibility* would like to acknowledge the many partners that supported strategy development, including: support and insight provided by the Canadian Centre on Substance Abuse (CCSA), who led the development of the *National Alcohol Strategy*; and the Manitoba stakeholders, both individuals and organizations, who contributed their time, insights and ideas.
Foreword

Harmful use of alcohol is one of the leading causes of chronic disease and injury. This strategy was developed to address the harms associated with alcohol misuse, such as injury, illness, addiction, family and social dysfunction, and employment breakdown.

As with other disease and injury risk factors, a population health approach is needed to address the factors that contribute to alcohol-related harms. Healthy public policy approaches have been effective in reducing alcohol-related harms at an individual and population level (Giesbrecht and Wettlaufer, 2013; Giesbrecht et al., 2013).

Mandated by the Minister of Healthy Living and Seniors, A Culture of Shared Responsibility fills an identified gap in provincial-level strategy to reduce alcohol-related harms. Aligning with evidence-informed practice and proven policy interventions, the strategy offers recommendations that build on ongoing initiatives across the province. This includes the Manitoba Fetal Alcohol Spectrum Disorder (FASD) Strategy, social responsibility initiatives and research by Manitoba Liquor & Lotteries and the Liquor and Gaming Authority, education programs, awareness campaigns, and driver licensing administration by Manitoba Public Insurance Corporation, and enforcement of impaired driving laws by police forces throughout Manitoba.

Intended to start a conversation that will lead to a culture of shared responsibility, the recommendations in this strategy are multifaceted – reflecting that reducing the harms associated with alcohol requires a collective approach and a commitment to change.
Executive Summary

While most who drink alcohol do not experience harm, harms related to alcohol misuse are far reaching, impacting individuals, families, and communities. Recent data indicate that approximately 20% of drinkers exceed the Canadian Low-Risk Drinking Guidelines (LRDGs) (Statistics Canada, 2013).

The development of *A Culture of Shared Responsibility*, Manitoba's strategy to reduce alcohol-related harms, included a review of current policy and evidence, a cross-sector stakeholder forum with the private and public sector, and a series of cross-sector discussion groups. Additional guidance for strategy development was provided by a steering committee with representatives from government and industry. The Canadian Centre on Substance Abuse provided content specific expertise.


Following the framework of the National Alcohol Strategy, the recommendations identified within *A Culture of Shared Responsibility* have been grouped under four areas of action:

1. **Health promotion, prevention and education – to raise public awareness about responsible alcohol use.**

   **Recommendations:**

   - Disseminate consistent messaging that promotes Low Risk Drinking Guidelines (LRDGs)
   - Promote innovative, sustained and coordinated social marketing campaigns that promote shared key messaging on alcohol-related risks and harms
   - Support the development and evaluation of policies, programs and resources by colleges and universities that challenge current drinking norms, validate the choice not to drink and promote harm reduction
   - Support use of innovative and age appropriate curricula by primary and secondary schools and educators
   - Promote resources for families to encourage healthy attitudes toward alcohol consumption

   "School-based interventions can be an effective approach to alcohol-use prevention, especially when they address multiple domains of a young person’s social environment" (Stigler et al., 2011).
2. Health impacts and treatment – to reduce negative health impacts of alcohol consumption and address its contribution to injury and chronic disease.

Recommendations:

- Work with researchers in Manitoba to better understand and describe the population health impacts and trends of alcohol, including addictions, injury and chronic disease.
- Disseminate and promote the use and training of screening, brief intervention and referral tools and strategies, with a focus on primary care providers.
- Strengthen drug and alcohol curriculum in undergraduate, post-graduate and professional development programs for service providers working to address the harms related to alcohol.
- Promote the development and implementation of a broad, evidence-based provincial strategy to address addictions and substance abuse.

3. Availability of alcohol – to implement and enforce effective measures that control alcohol availability.

Recommendations:

- Evaluate the impact of server-training programs and ensure they include knowledge of the Low Risk Alcohol Drinking Guidelines and standard drink sizes.
- Communicate consistent policies, enforcement and sanctions for people producing or using fake identification, including increasing awareness of consequences.
- Review and analyze Manitoba data to assess outlet density and proximity as it relates to alcohol consumption and harms.
- Review and set minimum retail pricing for sale of wine and spirits at off premise outlets (e.g., Liquor Marts, liquor vendors).
- Review pricing formula for each class, variety and brand of liquor based on alcohol content to mitigate the risk of over-consumption of low cost, higher percentage alcohol products.
- Ensure availability of a broad assortment of low and non-alcohol products.

"By reducing consumption of products with a higher concentration of... alcohol, the overall risk of adverse health effects can be reduced" (CCSA, 2007).
4. Safer communities – to create safer communities and minimize harms related to intoxication.

Recommendations:

- Raise awareness of the responsibilities and potential consequences of hosting private events
- Promote the dissemination and development of workplace wellness resources that promote alcohol awareness and address alcohol-related harms
- Support municipalities and communities to develop and implement policies that address local issues (e.g. municipal alcohol policies)
- Support licensed establishments to improve patron safety
- Continue to strengthen drinking and driving prevention efforts across Manitoba

The recommendations identify policy options and interventions to reduce alcohol-related health and social harms and to reduce the economic burden of misuse. Recommendations are evidence-based, align with international and national calls for action, and respond to topics of special concern to Manitobans.

There is much to gain by talking about how we drink in Manitoba; attention to health and safety promotes individual, social and community well-being and reduces the economic impact of alcohol misuse. *A Culture of Shared Responsibility* encourages Manitobans to join the conversation and identifies next steps for moving forward. Implementation of the strategy will rely on the combined efforts of those working to reduce alcohol-related harms. Through the implementation of *A Culture of Shared Responsibility*, Manitoba will be better positioned to address and reduce alcohol-related harms.

"While individual drinkers maintain a higher degree of personal responsibility for their actions under this ruling, the role of social hosts in non-commercial drinking contexts remains highly significant from a standpoint of strengthening a culture of moderation" (CCSA, 2007).
Why an Alcohol Strategy?

Readily available and widely used, alcohol is part of socializing, religious ceremonies, and holiday celebrations for many Manitobans. Eight in ten Manitobans aged 15 and older drink alcohol, with socializing being the top reason given for drinking (LGA, 2013).

Recent efforts have modernized Manitoba’s liquor laws and have created new opportunities for industry, while also attempting to increase public safety and address underage drinking. While most Manitobans drink responsibly, the misuse of alcohol causes considerable harm for individuals, families and communities, creating significant health and social costs. Through the development of an alcohol strategy, Manitoba will be better able to prevent and reduce alcohol-related harms – with far reaching benefits for individuals, families and communities, as well as significant cost savings in the health, justice and education systems.

Impacts of alcohol
Alcohol contributes to over 65 different medical conditions, from injuries to long-term health conditions, including cancer, diabetes, cardiovascular disease and mental illness. Alcohol ranks as the third leading risk factor for death and disability, and is a causal factor for over 200 disease and injury conditions (WHO, 2015).

Alcohol misuse affects drinkers and non-drinkers.
Alcohol-related harm can include financial problems, workplace issues, chronic disease, impaired driving and alcohol-related accidents, addiction issues, fetal alcohol spectrum disorder, violence in families and communities, mental health problems, and high-risk behaviours such as unsafe sex and the use of other drugs.

In 2013, 60% of Canadian youth aged 15-19 drank alcohol during the previous twelve months (Statistics Canada, 2013) and many young people had their first drink before they turned 16 (CCSA, 2014). Young Canadians are not only vulnerable to the physical effects of alcohol, they can suffer long-term brain development impacts from underage drinking. Sadly, high levels of binge drinking and intoxication often result in alcohol-related harm. Alcohol is a factor in 50% of motor vehicle accidents where a young person dies.

Levels of consumption
While Manitobans drink about the same amount, in absolute volume, as other Canadians (Statistics Canada, n.d.), more beer and spirits are consumed in Manitoba than in other parts of the country. Long term trends indicate that Manitoba drinkers tend to binge drink more than the Canadian average with levels of binge drinking for men decreasing over the past ten years while levels of binge drinking for women are continuing to climb (Young et al., 2014).¹

¹ Binge drinking refers to five or more drinks in one sitting for men, and four or more drinks in one sitting for women (Addictions Foundation of Manitoba, n.d.).
In a similar pattern, college and university-aged young adults regularly exceed the Low Risk Drinking Guidelines. A 2003 study of the universities of Manitoba and Winnipeg found that 60% of students binge drank at least once a month over the previous six months (CCENDU, 2011), putting themselves and those around them at risk. Many reported that drinking had negative impacts such as school absenteeism and unsafe sexual encounters.

Manitoba’s underage youths are also drinking. In 2012/13, just over half of Grade 7 – 12 students had drank once in their life; a quarter of these students said they had a drink in the past month. Some young people are drinking often and to excess. Just over a fifth (25% of young men, 18% of young women) said they drank alcohol on six or more days in the past month; the same proportion binge drank at least once in the same period (PPHL, 2014).

**Alcohol and Injury**
Alcohol use sometimes leads to injury. In fact, alcohol is linked to more than double the number of hospital stays than all other substances combined (CCSA). Almost half of the 3,330 patients admitted for substance related issues in Winnipeg hospitals in 2008-2009 were alcohol-related (CCENDU, 2011).

Impaired driving collisions have declined significantly over the last decade. However, in 2012 Manitoba Public Insurance reported nearly 2,000 alcohol-related Criminal Code offence convictions in Manitoba (MPI, 2013). On average, 29 Manitobans are killed and 39 Manitobans seriously injured annually in motor vehicle collisions involving impaired drivers (2008-2012). Over the same period three in ten fatal motor vehicle collisions, on average, involved impaired drivers (MPI, 2013). Young drivers, especially those between 16 – 24 years of age are highly represented in alcohol-related convictions.

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**What are Low Risk Drinking Guidelines?**
The Low Risk Drinking Guidelines – or “LRDGs” – recommend no more than two drinks a day, 10 per week for women, and three drinks a day, 15 per week for men, with an extra drink allowed on special occasions.

The LRDGs were developed in 2011 by the Canadian Centre on Substance Abuse to promote a culture of moderation – and help all Canadians minimize the risks from drinking (Butt et al., 2011).
Strategy Development

With *A Culture of Shared Responsibility*, Manitoba focuses attention on areas for potential action. Applying the National Alcohol Strategy (NAS) as a framework, strategy development acknowledged NAS recommendations currently underway in Manitoba while focusing on areas of opportunity moving forward.

Strategy development drew on a review of current Manitoba policies and initiatives. A stakeholder forum brought together participants from the private and public sector to gather information and inform strategy recommendations. Cross-sector discussion groups further explored this information. To ensure that diverse perspectives would be considered, the forum and discussion groups consisted of representatives from the restaurant, hotel and bar industry, public health, regulatory authorities, law enforcement and corrections, provincial government, academic institutions, retail and regulation, public insurance, addictions and harm prevention agencies and the community economic development sector (Appendix A).

Through conversations, Manitoba stakeholders raised concerns on several issues, including:

- public awareness of the harms related to alcohol;
- targeted social marketing and public education materials;
- the need for Manitoba-specific evaluation, research and surveillance;
- alcohol harms and young people;
- safe service of alcohol in the home;
- impacts of alcohol misuse in the workplace;
- strategy alignment with other public health initiatives (such as FASD and addictions); and
- alcohol pricing controls and availability.

Some stakeholders described a paradigm shift of cultural and social norms around alcohol consumption; this culture shift includes building awareness of the Low Risk Drinking Guidelines, challenging norms that everyone drinks alcohol, and working across sectors to strike a healthier, balanced approach aimed at responsible drinking.

Strategy development was built on a pan-Canadian jurisdictional review of alcohol-related policies that align with evidence-based indicators used in the national alcohol strategy (Giesbrecht et al., 2013), and informed by the policy landscape at home and abroad. Manitoba’s strategy looked to Canada’s National Alcohol Strategy (NAS), *Reducing alcohol-related harm in Canada* (2007) and the WHO *Global strategy to reduce harmful use of alcohol* (2010) – both of which identify effective alcohol policy interventions (Babor et al., 2010).

Under the leadership of the Committee Co-Chairs, additional guidance for strategy development was provided by a Steering Committee (Appendix B). Representatives from government and industry participated in discussions to identify strategic areas of action and to shape the recommendations (Appendix B).

*A Culture of Shared Responsibility* takes a broad population health approach and aims to reduce health disparities across the province. Addressing legislative, regulatory and policy
change while also nurturing safer communities and promoting health and well-being can reduce harms related to alcohol.

Figure 1 - Development of A Culture of Shared Responsibility
Developing a Culture of Shared Responsibility

Purpose
The goal of the Manitoba Alcohol Strategy is to reduce alcohol-related harms in Manitoba. Through a *Culture of Shared Responsibility*, the strategy will build on and coordinate with existing and future efforts to reduce alcohol-related harms in Manitoba.

Principles
The implementation of Manitoba’s alcohol strategy is guided by five key principles:

1. Alcohol misuse is a public health issue that affects quality of life for individuals, families and communities.

2. Reducing the harms associated with alcohol misuse creates healthier, safer communities for all Manitobans.

3. No single approach is adequate. Reducing alcohol misuse requires a range of services, policies, interventions and approaches, including health promotion and prevention, harm reduction and treatment, and regulation and enforcement.

4. Effective strategies are evidence-based and build on existing initiatives. Action is based on proven best practices that are knowledge-based, culturally-sensitive, evidence-informed and evaluated for results.

5. Ongoing collaboration is the foundation of successful implementation. Businesses, communities, workplaces, service agencies, families, individual citizens and all levels of government must work together to reduce alcohol-related harms in Manitoba.
Desired Outcomes

Recommendations outlined in *A Culture of Shared Responsibility* contribute to the following desired outcomes and address a broader goal of decreasing the social and economic costs related to harms associated with the misuse of alcohol.

**Shift attitudes and perceptions about alcohol consumption**

Research shows that factors such as increased access to alcohol and widespread prevalence of alcohol marketing can lead to higher rates of alcohol consumption (CPHA, 2011). A shift in cultural and social norms around alcohol consumption – such as challenging norms that everyone drinks, or that drinking to excess is accepted – could contribute to a balanced attitude toward alcohol consumption that adheres to the Low Risk Drinking Guidelines. A shift in norms could make it easier for people to share concerns about alcohol use, and help shift perceptions of those who drink.

**Minimize alcohol-related disease and injury**

Alcohol is a major avoidable risk factor linked to chronic disease and a significant portion of injuries (Rehms et al, 2009; CCSA 2007); alcohol is second only to tobacco as a leading factor for death, disease and disability (CPHA, 2011). Targeting patterns of heavy or risky alcohol consumption and focusing on early intervention by primary care professionals can reduce the negative health impacts on individuals.

**Improve community safety**

The harmful use of alcohol has individual and social costs and undermines the well-being of individuals, families and communities (WHO, 2010). Reducing alcohol-related harms at home, in schools, on the streets and at work can help improve the safety and well-being of communities.
Strategic Areas for Action and Recommendations

Building upon areas identified by Canada’s National Alcohol Strategy, Manitoba’s recommendations are structured around four strategic areas of action:

- health promotion, prevention and education
- health impacts and treatment
- availability of alcohol, and
- safer communities.

The national framework was used to frame discussion, elicit interest, and gather input from stakeholders – forming the basis of consultation in this province.

The recommendations reflect issues and ideas identified by Manitoba stakeholders through the consultation process, as well as an analysis of existing provincial efforts and evidence related to alcohol consumption. The strategy aligns with policy research that considers scope of evidence, effectiveness, and the potential for population reach. The recommendations also provide a framework for ongoing dialogue with communities, partners and organizations.

Strategy outcomes will be achieved by working on all areas for action simultaneously. Success of Manitoba’s strategy relies on coordinated actions and policies as well as continuous education, engagement, and work with communities, stakeholders, interest groups, researchers and policy and decision makers. To realize a Culture of Shared Responsibility, collaboration is critical; no one recommendation or action will be achieved without coordinated and multiple efforts. Understanding the successes of these efforts – as well as areas needing further attention – demands a commitment to ongoing monitoring and evaluation.
Health Promotion, Prevention and Education

Recommendations related to *Health Promotion, Prevention and Education* aim to raise awareness about the harmful effects of alcohol misuse and to promote low risk use in order to support Manitobans to make safe and informed decisions within a culture of shared responsibility.

The Low Risk Drinking Guidelines (LRDGs) is a key tool to raise awareness and to establish a common understanding of what constitutes low risk drinking, and can help all Manitobans to make informed decisions about their use of alcohol.

We know that young Manitobans are drinking and often with negative consequences. We therefore have an obligation to act. Initiatives that deliver messages in ways that are relevant and context-specific can have greater impact. This impact on young people is increased if we reach them early and in a continuous way, while ensuring families and schools are supported.

1. Disseminate consistent messaging that promotes Low Risk Drinking Guidelines (LRDGs)
2. Promote innovative, sustained and coordinated social marketing campaigns that promote shared key messaging on alcohol-related risks and harms
3. Promote resources for families to encourage healthy attitudes toward alcohol consumption
4. Support use of innovative and age appropriate curricula by primary and secondary schools and educators
5. Support the development and evaluation of college and university policies, programs and resources that challenge current drinking norms, validate the choice not to drink and promote harm reduction

“Rates of risky and harmful consumption among young adults, both in and out of post-secondary schools, are substantially higher than for adults age 25 and older” (Thomas, 2012).

“School-based interventions can be an effective approach to alcohol-use prevention, especially when they address multiple domains of a young person’s social environment” (Stigler et al., 2011).
Health Impacts and Treatment

Recommendations related to *Health Impacts and Treatment* aim to reduce the negative health impacts of alcohol misuse and its contribution to injury and chronic disease. Investing in early intervention can save long term costs to our health, social and justice systems.

Research suggests that working with health and allied health professionals to support screening, brief intervention and referral “can decrease alcohol misuse for at least one year in non-dependent drinkers – and help reduce the use of health care resources, sick days, drinking-and-driving episodes and alcohol-related deaths” (CCSA, 2007).

The strategy supports ongoing efforts to prevent and reduce harms related to alcohol. This includes recommendations to continue working with provincial partners who connect with Manitobans in various settings who may be experiencing alcohol-related harms.

6. Work with researchers in Manitoba to better understand and describe the population health impacts and trends of alcohol, including addictions, injury and chronic disease

7. Disseminate and promote the use and training of screening, brief intervention and referral tools and strategies, with a focus on the implementation within primary care settings

8. Strengthen drug and alcohol curriculum in undergraduate, post-graduate and professional development programs for service providers working to address the harms related to alcohol

9. Promote the development and implementation of a broad, evidence-based provincial strategy to address substance abuse and addictions
Availability of Alcohol

Recommendations related to Availability of Alcohol strive to maintain, implement, strengthen and enforce effective measures that control alcohol availability.

Access to, and availability of alcohol may result in an increase of alcohol-related harms. Increasing the price of alcoholic beverages is a proven and effective way to reduce alcohol-related harms (WHO, 2010). Setting minimum pricing for alcohol (also known as Social Reference Pricing, or SRP) also helps those who are experiencing the greatest alcohol-related harms (NASAC, 2015).

Targeted interventions such as lower prices for lower alcohol content beverages and minimum price levels to discourage purchase of cheaper alcohol can support safer drinking (Thomas, 2012).

Recommendations to review pricing related to alcohol content build on Manitoba’s current uniform pricing for beer products, which is based on alcohol volume by container size. This is supported by point-of-sale interventions, such as Liquor Mart server training. Minimum prices for alcoholic beverages served at licensed premises such as restaurants, lounges, and socials, is a long established regulatory requirement in Manitoba.

10. Evaluate the impact of server-training programs and ensure they include knowledge of the Low Risk Alcohol Drinking Guidelines and standard drink sizes

11. Communicate consistent policies, enforcement, and sanctions for people producing or using fake identification, including increasing awareness of consequences

12. Review and analyze Manitoba data to assess outlet density and proximity as it relates to alcohol consumption and harms

13. Review and set minimum retail pricing for sale of wine and spirits at off premise outlets (e.g Liquor Marts, liquor vendors)

14. Review pricing formula for each class, variety and brand of liquor based on alcohol content to mitigate the risk of over-consumption of low cost, higher percentage alcohol products

15. Ensure availability of a broad assortment of low and non-alcohol products
Safer Communities

*Safer Communities* focuses on how communities can create safer drinking environments, including at home, in the workplace and at licensed establishments. Building safer communities means reaching out to individuals, and enhancing education and awareness; it can also be achieved by adapting the environments where people drink to mitigate the harmful use of alcohol and potential negative impacts.

Whether it is the harms resulting from longer term, chronic heavy drinking or single drinking events, alcohol-related harm impacts those who drink and those around them.

Manitobans want to understand better the liabilities of serving alcohol to friends and family in the home and private spaces. Addressing the impacts of alcohol-related harm in other settings, such as the workplace, is also important – with negative impacts felt at the level of individual, family, community and broader economic health.

These recommendations build on a number of initiatives, such as the zero Blood Alcohol Concentration (BAC) restriction for new drivers under the Graduated Licensing Program (GLP), and recently introduced legislation to strengthen further Manitoba’s impaired driving laws by extending roadside driver license suspensions for first-time low BAC or drug impaired driving, and requiring all convicted impaired drivers to participate in Manitoba’s Ignition Interlock program as a condition of license reinstatement following mandatory post-conviction driver license suspension.

16. Raise awareness of the responsibilities and potential consequences of hosting private events

17. Promote the dissemination and development of workplace wellness resources that promote alcohol awareness and address alcohol-related harms

18. Support municipalities and communities to develop and to implement policies that address local issues (e.g. municipal alcohol policies)

19. Support licensed establishments to improve patron safety

20. Continue to strengthen drinking-and-driving prevention efforts across Manitoba

“As a majority of Canadian adults are employed and spend a significant proportion of their time at work, the workplace becomes an important context for addressing alcohol-related harm” *(CCSA, 2007).*

“While individual drinkers maintain a higher degree of personal responsibility for their actions under this ruling, the role of social hosts in non-commercial drinking contexts remains highly significant from a standpoint of strengthening a culture of moderation” *(CCSA, 2007).*
Going Forward

Effectively implementing the Manitoba Alcohol Strategy will require collaboration within and beyond government. These recommendations are a framework for an ongoing dialogue with communities, partners and organizations. Non-government organizations, businesses, schools, police, cultural and social organizations, workplaces, households, and media need to work together to address the harms related to alcohol misuse. Individual Manitobans also have a role to play – taking responsibility for their drinking choices and encouraging the people around them to do the same.

The strategy offers Manitobans the opportunity to collectively develop a culture of shared responsibility and reduce alcohol-related harm. It represents the beginning of a conversation. Together, we must continue to engage the voices and ideas of Manitobans. Implementing the Manitoba Alcohol Strategy will require collaboration and shared efforts to achieve desired outcomes.
Appendix A – Stakeholders

Addictions Foundation of Manitoba
Addictions Policy and Support Branch, Manitoba Health, Healthy Living and Seniors
Alcoholics Anonymous
Behavioural Health Foundation
Manitoba Children and Youth Opportunities
College of Registered Nurses of Manitoba
Downtown Biz
Dugald Liquor Vendor
Manitoba Education and Advanced Learning
Healthy Child Manitoba
Headingly Correctional Centre
Life’s Journey
Liquor and Gaming Authority of Manitoba
Mothers Against Drunk Driving (MADD) Canada
Mothers Against Drunk Driving (MADD) Winnipeg
Main Street Project
Manitoba College of Physicians
Manitoba Family Services,
Manitoba Hotel Association
Manitoba Liquor & Lotteries Corporation
Manitoba Public Insurance Corporation
Manitoba Restaurant & Foodservices Association
Manitoba Tourism Education Council
Public Health, Manitoba Health, Healthy Living and Seniors
Restaurants Canada
Royal Canadian Mounted Police
Siloam Mission
Spirits Canada
Manitoba Status of Women
Tamarack Recovery Centre
University of Manitoba
West Alexander Residents’ Association
Winnipeg Folk Festival
Winnipeg Police Service
Winnipeg School Division
Appendix B – Co-Chair and Steering Committee members

Dr. Michael Routledge, Chief Provincial Public Health Officer (Chair), Manitoba Health, Healthy Living and Seniors
Marcia Thomson, Assistant Deputy Minister, Manitoba Health, Healthy Living and Seniors (Co-Chair)
Susan Olynik, Vice-President, Corporate Communications & Social Responsibility, Manitoba Liquor & Lotteries (Co-Chair)
Yvonne Block, Former CEO, Addictions Foundation of Manitoba (Sept. 2013 – Dec. 2014)
Ben Fry, CEO, Addictions Foundation of Manitoba (as of July 2015)
Jan Sanderson, Deputy Minister, Manitoba Children and Youth Opportunities
Elizabeth Stephenson, Chief Administrative Officer, Liquor and Gaming Authority of Manitoba
Bev Mehmel, Director, Corporate Social Responsibility, Manitoba Liquor & Lotteries
Jim Baker, President and CEO, Manitoba Hotel Association
Andrea Coulling, Regulatory Affairs Manager, Manitoba Hotel Association
Dwayne Marling, Vice President, Restaurants Canada
Scott Jocelyn, Executive Director, Manitoba Restaurant & Foodservices Association
Ward Keith, Vice President, Business Development & Communications and Chief Product Officer, Manitoba Public Insurance Corporation
Tina Leclaire, Executive Director, Healthy Living and Seniors, Addictions Policy and Support

Committee Support

Michel Perron, Former Chief Executive Officer, Canadian Centre on Substance Abuse (Sept. 2013 – Aug. 2014)
Rita Notarandrea, Chief Executive Officer (Interim), Canadian Centre on Substance Abuse
Cathy Steven, Executive Director, Health in Common
Erin Huck, Planning and Evaluation Facilitator, Health in Common
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