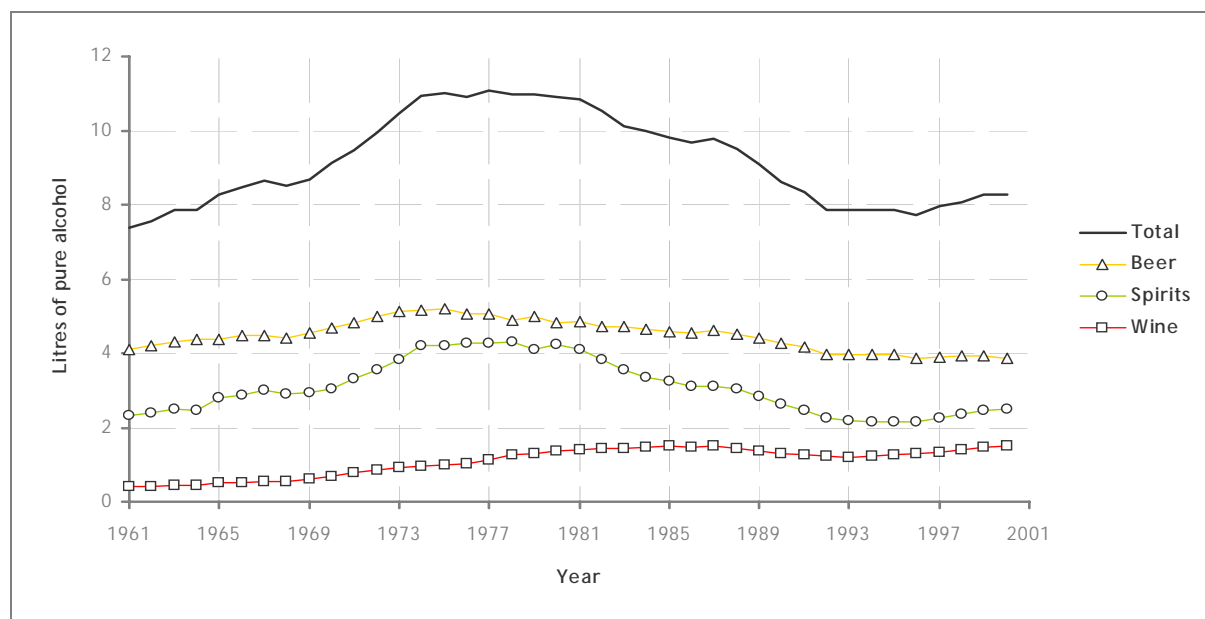


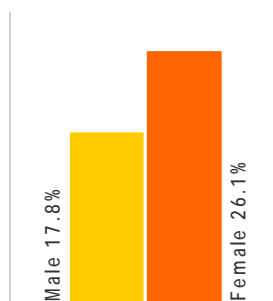
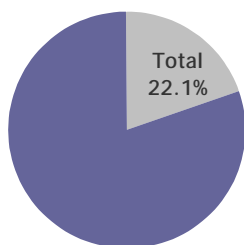
CANADA

Recorded adult per capita consumption (age 15+)



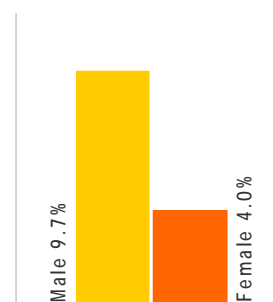
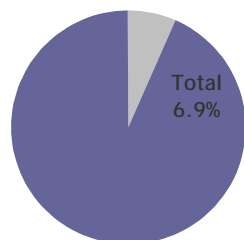
Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Abstainers



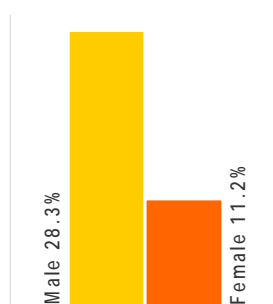
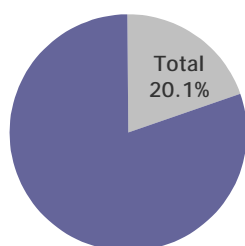
Data from the National Population Health Survey 1998–1999. The original sample size of adults 15 years of age and older was 14 682. The data shown here has been weighted. ‘Abstainers’ here include abstainers and former drinkers.¹

Daily drinkers



Data from the National Population Health Survey 1998–1999. The original sample size of adults 15 years of age and older was 14 682. The data shown here has been weighted.¹

Heavy episodic drinking (last year among drinkers)



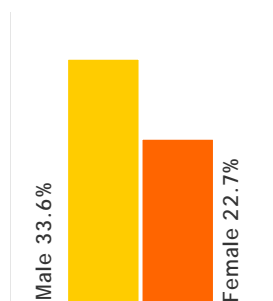
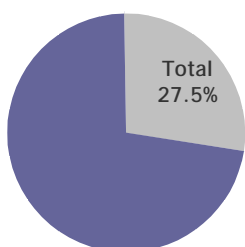
Data from the 2000/2001 Canadian Community Health Survey. Heavy episodic drinking was defined as consuming five or more drinks on one occasion, twelve or more times in the last year. Data is for current drinkers only.²

Data from the National Population Health Survey 1998–1999 (original sample size of adults 15 years of age and older was 14 682) shows that the rate of heavy episodic drinking was 4.5% (total), 7.3% (males) and 1.5% (females). Heavy episodic drinking was defined as having five or more drinks once a week. The data shown here has been weighted.¹

In a 1989 national survey of 5689 men and 5945 women aged 15 years and above, the rate of last year binge drinking among drinkers was 62.1% (males) and 35.4% (females). Binge drinking was defined as having five or more drinks per drinking occasion.³

In a 1993 regional survey of Ontario residents (553 men and 481 women aged 18 years and over), the rate of past year binge drinking among current drinkers was found to be 55% among men and 22% among women. Binge drinking was defined as having five or more drinks per drinking occasion. In a 1990 regional survey of Ontario residents (22 967 men and 24 028 women aged 12 years and above), the rate of past year binge drinking among current drinkers was found to be 34.8% among men and 14.1% among women. Binge drinking was defined as having 10 or more drinks per drinking occasion.⁵

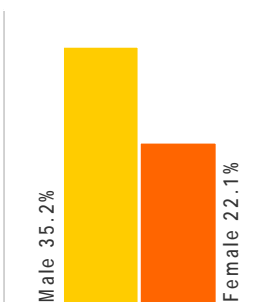
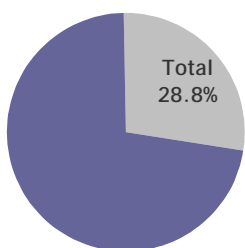
Youth drinking (drink at least weekly)



Data from the Health Behaviour in School-aged Children (HBSC) survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1207$.⁴

According to the 1997/1998 HBSC survey (total sample size $n = 2403$), 22% of 15-year-old boys and 17% of 15-year-old girls reported drinking beer, wine or spirits at least weekly.⁵

Youth drinking (heavy episodic drinkers among drinkers)

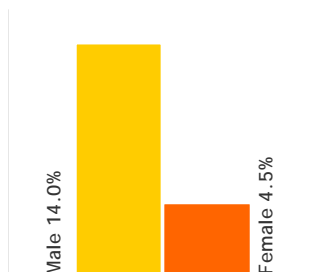
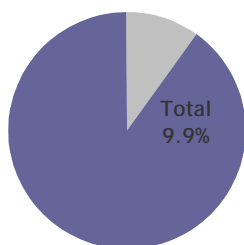


Data from the 2000/2001 Canadian Community Health Survey. Data shown is for subsample age group 15–19 years old. Heavy episodic drinking was defined as consuming five or more drinks on one occasion, twelve or more times in the last year. Data is for current drinkers only.²

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1625$), the proportion of 15-year-olds who reported having been drunk at least two or more times was 30.4% for boys and 22.7% for girls.⁴

Alcohol dependence (last year)



Data from the 2002 Canadian Community Health Survey, Mental Health and Well-being (total sample size $n = 36\ 984$; subjects aged 15 years and over). Alcohol dependence classification was based on a set of questions which examined aspects of alcohol tolerance, (for example, needing more to have an effect), withdrawal, loss of control, and social or physical problems related to alcohol use in daily life.⁶

A survey of a representative household sample using the University of Michigan version of the CIDI of the Ontario population aged 15–64 years found the rate of lifetime prevalence of alcohol dependence to be 12% (total), 19.2% (males) and 4.8% (females).⁷

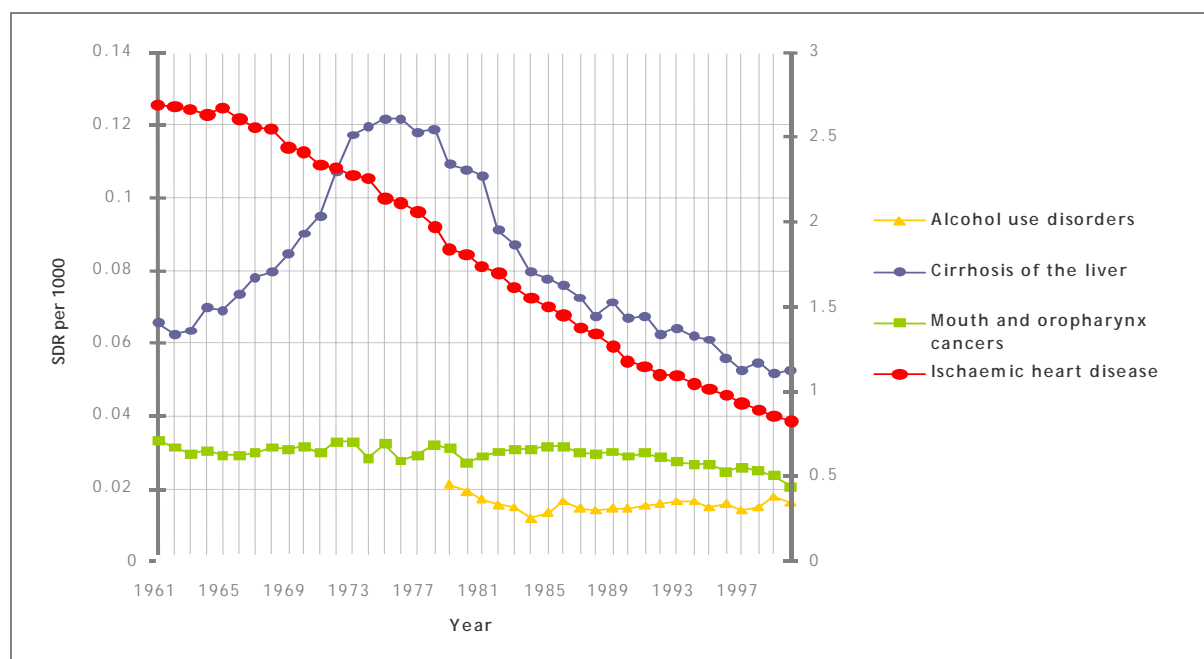
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Canada is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).⁸

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

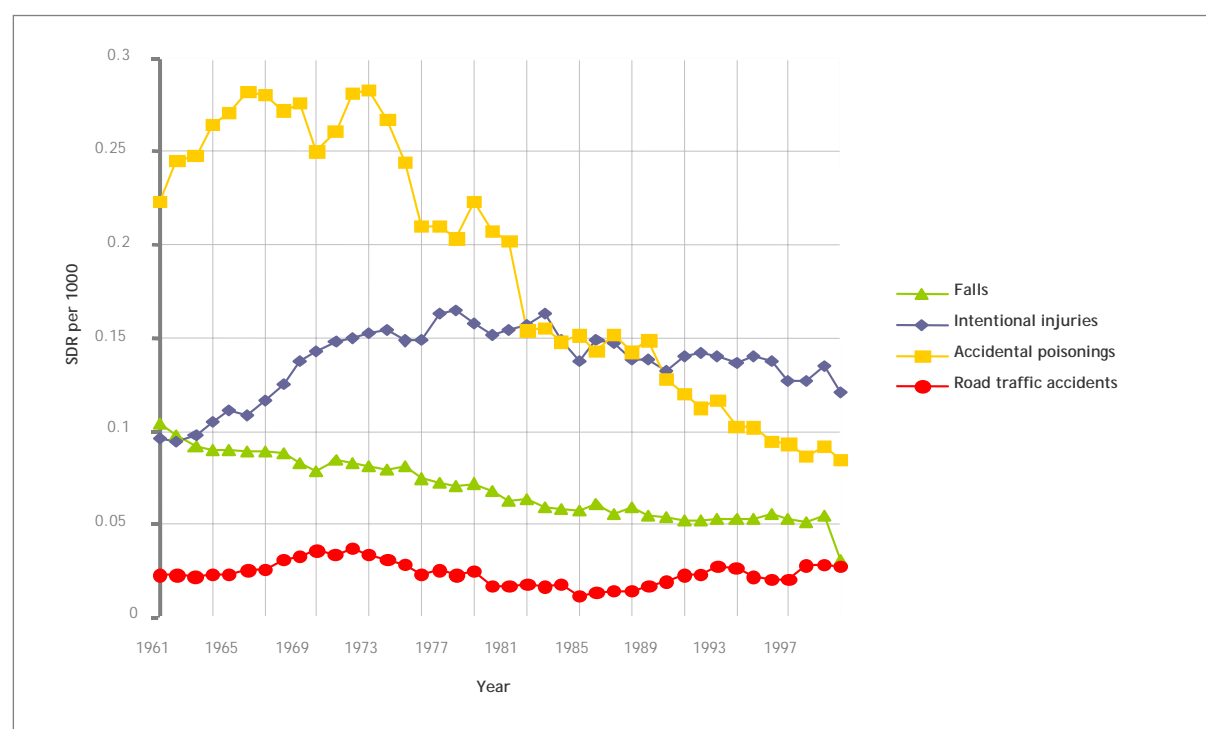
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

Recent research have shown statistically significant associations between alcohol consumption and overall fatal accident rates in all Canadian provinces for males, and in all provinces except Ontario for females. For Canada at large, an increase in per capita alcohol consumption of 1 litre was accompanied by an increase in accident mortality of 5.9 among males and 1.9 among females per 100 000 inhabitants. Among males there was a significant association with alcohol for both falling accidents, motor vehicle accidents and other accidents. Among females, the association with falling accidents and other accidents was significant.⁹ In a study to determine the prevalence and context of alcohol use in the deaths of children and youth in the British Columbia province, it was found that alcohol was present at the time of death in two fifths of motor vehicle accidents and one third of suicides and drownings.¹⁰ According to the official statistics of 1997, alcohol was involved in 38.6% of fatal motor vehicle crashes.¹¹

A study that compared traumatic deaths occurring while driving a snowmobile and a control group of fatal motor vehicle driver and motorcycle driver accidents found that blood alcohol concentrations in snowmobile fatalities exceeded provincial limits in 64% of the cases. When snowmobile fatalities were adjusted for occurrence during suboptimal lighting conditions, only alcohol use was associated independently with fatal outcome. Drivers in snowmobile fatalities are associated with an approximately fourfold greater use of alcohol than are age- and sex-matched drivers in automobile and motorcycle fatalities.¹²

An analysis of 29 air rage cases reported in the Canadian Press for the time period 1998 to 2000 found that excessive alcohol use was an important precipitating factor.¹³

A study conducted in 1999 of 1001 adults (542 women) aged 18 and over found that the proportion of respondents who reported that at least one person had been drinking in the most recent incident of aggression was 38.1% for arguments, 56.5% for threats and 67.9% for physical aggression. Bivariate analysis suggested that drinkers were significantly more likely than nondrinkers to report aggression, with 11.4% of drinkers reporting verbal aggression only and 13.8% reporting physical aggression, compared to 6.9% and 7.4% of abstainers.¹⁴

A national Canadian survey on violence against women revealed that women with drunkard partners are six times more at risk of violence since alcohol is considered as one of the major factors of wife assault.¹⁵

Groups considered to be at particular risk from harm associated with alcohol and other drugs include women, youth, seniors, First Nations and Inuit peoples, and driving-while-impaired offenders. First Nations youths are at

two to six times greater risk for alcohol-related problems than their counterparts in other segments of the Canadian population.¹⁶ In Canada at large, a 1-litre increase in per capita consumption of alcohol was associated with a 17% increase in male total cirrhosis rates and a 13% increase in female total cirrhosis rates. Alcohol consumption had a stronger impact on alcoholic cirrhosis, which increased by fully 30% per litre in alcohol per capita for men and women.¹⁷

Economic and social costs

The abuse of alcohol in 1992 cost Canada approximately \$7.52 billion, including \$4.14 billion for lost productivity due to illness and premature death, \$1.36 billion for law enforcement and \$1.3 billion in direct health care costs.¹⁸

Country background information

Total population 2003	31 510 000	Life expectancy at birth (2002)	Male	77.2
Adult (15+)	25 838 200		Female	82.3
% under 15	18	Probability of dying under age 5 per 1000 (2002)	Male	6
Population distribution 2001 (%)			Female	5
Urban	79	Gross National Income per capita 2002	US\$	22 300
Rural	21			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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