

Illicit Alcohol in British Columbia

STUDY SUMMARY

This summary is an overview of what was found during the Illicit Alcohol in British Columbia (BC) study. For more information please see the [full research report](#).

(<http://www.bccdc.ca/prevention/HarmReduction/Research+Articles.htm>)

BACKGROUND

Illicit alcohol is defined as: alcohol not meant for human consumption; illegally produced homemade alcohol; and store bought alcohol that is used in an illegal way (i.e. drinking in public spaces). This research was done to learn about the practices of people who use illicit alcohol and their feelings about its use, so that useful public health and community services can be identified and put in place. Illicit alcohol use was identified as an issue during previous research done by the BC Centre for Disease Control (BCCDC) and the BC-Yukon Association of Drug War Survivors (BCYADWS). This previous research was done from 2009 to 2010 to find out the needs of drug users in BC. However, people who consume alcohol and illicit alcohol came to these research meetings and spoke about their unique issues. Research was then done on illicit alcohol use in Vancouver with the Eastside Illicit Drinkers Group for Education (EIDGE), a peer group that is part of the Vancouver Area Network of Drug Users (VANDU). This report is about the new research done to learn about the differences and similarities between illicit alcohol use in Vancouver and other BC communities.

HOW WAS THIS STUDY CONDUCTED?

EIDGE and the BCCDC worked together to hold focus groups about illicit alcohol in communities across BC. A total of 114 people participated in 10 focus groups held in Fraser, Interior, Vancouver Island and Northern Health Authorities. Meetings were held in Abbotsford, Fort St. James, Hope, Kamloops, Lytton, Nanaimo, Prince George, Smithers, Victoria and Williams Lake (as shown on map).

The people who came to these meetings were adults who currently consume illicit alcohol or consumed it in the past, and people who did not consume illicit alcohol but supported the issues of those who do. Focus groups were led by EIDGE members who spoke of their experiences in Vancouver with illicit alcohol and asked the group questions about their

experiences. Each participant consented to participate and was given a small honorarium for their time. The discussions at the focus group meetings were recorded by a note-taker who typed notes on a laptop. Each focus group asked participants about their experiences with illicit alcohol, including: what, where and how people are consuming illicit alcohol, the strategies used to reduce the harms of illicit alcohol use, current health services in their



community, and ideas for new services. Ethics approval for this study was obtained from the UBC Behavioural Review Ethics Board.

RESULTS

Illicit alcohol use

In each focus group meeting, participants were asked what they drink. The most common drink was different in each community, however, high alcohol content beer and wine, sherry, and coolers were popular in a number of communities.

What people choose to drink is influenced by store policies, alcohol content, cost, and factors such as what friends consume. In some areas illicit alcohol was easy to obtain; in others, barriers to buying illicit alcohol occurred. For example, in one community, stores only allow purchase of Listerine if the person also bought \$30 to \$40 of groceries.

Participants who buy alcohol from liquor stores said that store policies also impact what they buy and that it can be hard to buy market alcohol. For example, some liquor stores will not sell to people if they believe that the person has been drinking, some may set a limit on the number of times per day a person can come into the store, and others may ban people from the store completely. We also heard that people will purchase a little alcohol at a time so that if they are drinking it outside and have their alcohol taken by the police they will only lose a small amount.

Most participants said that they drink outside in public spaces at least some of the time. Because people are outside so much, we heard that police are a major presence in their daily lives. People spoke of being arrested often and spending a lot of time trying to stay away from the police to avoid having their alcohol poured out, being given a fine, or being put in the police sobering unit (i.e. drunk tank).

What People Consume

- High alcohol content beer and wine
- Sherry
- Coolers
- Hair spray
- Hand sanitizer
- Hard liquor
- Homebrew/moonshine
- Listerine ('List')
- Lysol
- Massage oils
- Pure vanilla
- Rubbing alcohol ('rubby')
- Salt wine (cooking wine or rice wine)

Where people live

The topic of housing came up at every focus group meeting we had. Many people said they did not have a place to live and there were no shelters in the community they could use. There appeared to be many barriers to getting and keeping affordable housing that was supportive or non-judgmental of participants' use of alcohol. Many people told us that they sleep outside all year long, putting them at risk of hypothermia in the winter. The housing issues people spoke of included that there was very little subsidized or affordable housing, long waitlists, restrictive conditions required for staying in certain residences (e.g. not being allowed to have visitors), being evicted for their behavior or substance use, and a lack of overnight shelters in the smaller communities.

Harms faced from consuming illicit alcohol

We heard from participants that the physical harms that result from drinking illicit alcohol range from minor cuts and scrapes to liver failure. People also spoke of emotional harm from consuming illicit alcohol. This emotional harm

is the result of stigma and because of health issues and premature death of loved ones due to alcohol-related illnesses. Personal safety was an issue brought up at many meetings. People said that they face harms to their personal safety because of impaired awareness when drinking and due to being marginalized within their community so people are unaware of their issues. It was clear at many of the meetings that it was difficult for some participants to speak about their illicit alcohol consumption. Many people didn't want to be open about their drinking and wanted to keep that information from their friends and families.

Current strategies used to reduce the harms of illicit alcohol use

Harm reduction methods include drinking in groups, looking out for one another, eating before drinking, mixing drinks to dilute them and drinking water to remain hydrated. Many people in the focus groups stated that they consume illicit alcohol with a group of friends and look after one another, share food, and make sure people get home safely if they are drinking. People at the focus groups also knew a lot about how to mix drinks to make them safer.

Services currently available

There were major differences in the health and social services available to people in the different communities we visited. People at one meeting could not think of anywhere they would go if they needed help. At other meetings people knew health and social service providers well and knew there were lots of low-barrier services available to them, though these services were not specifically geared to those drinking illicitly. In the smaller communities people spoke of services being too far away for them to use. Most people we spoke to did not have access to cars, and bus service was limited or not available so they depended on rides, hitchhiking, or walking to get where they needed to go. In contrast, in Vancouver, a wide range of health and social services are available, such as: community outreach, drop-in day centers, alcohol detoxification (detox), and primary healthcare services.

Perceptions of new harm reduction services

At the meetings, the EIDGE facilitators asked people about whether they thought a managed alcohol program would be a good thing in their community. Many participants in the focus groups thought that a managed alcohol program would be a good thing. They believed that it would help them manage their alcohol intake. People were also supportive of opening indoor spaces to drink, something that EIDGE is working to open in Vancouver. This indoor space would provide a safe place where people could look after one another and be away from the police.

Managed Alcohol Programs

Market alcohol is provided to people in the program at regular intervals throughout the day to help people stabilize their drinking.

SIMILARITIES AND DIFFERENCES BETWEEN VANCOUVER AND OTHER COMMUNITIES

Differences between Vancouver and other communities

Major differences between Vancouver and other communities included the availability of illicit alcohol, the opportunity to talk about illicit alcohol consumption and the availability of affordable housing and shelter beds (as discussed above).

In Vancouver there are more stores that sell illicit alcohol than in smaller communities. This makes it easier for people to buy it because if one store refuses to sell to them they can go to another store. In smaller communities if a store will not sell to someone they don't have as many options for other places to go.

Another major difference between many communities and Vancouver was that there are fewer opportunities to talk about alcohol consumption and participate in support groups outside Vancouver. At the time of this study, there were no peer support groups that focused on illicit drinking in BC other than the EIDGE group in Vancouver. Many people would like to see one in their community, especially in Victoria where meeting participants said they are working to get a peer group started. Due to the fact that there aren't peer groups in other communities, people are more guarded when talking about their consumption of illicit alcohol than they are in Vancouver.

Similarities between Vancouver and other communities

In Vancouver and the other communities, people told us that they often drink in groups of friends and look out for one another when drinking. In addition, in both Vancouver and other communities, people spoke of waiting to get into detox programs. This was seen as a major issue because when people want to go to detox they want to go immediately, not weeks or months from the time that they make that commitment.

CONCLUSION

This research is an important step in learning about illicit alcohol use, harms and harm reduction methods. Our findings show immediate steps that can be taken to improve the health and well-being of people who consume illicit alcohol in BC communities by increasing low-barrier shelter beds and affordable housing units and creating indoor spaces for people using illicit alcohol so they are able to look after one another.

NEXT STEPS

The BCCDC and EIDGE are working together to share the results from this research and to do advocacy work to promote health and community services to aid those who consume illicit alcohol.

The results of this research have been presented at many conferences and the report is being shared with community groups and policy makers to help increase awareness of illicit alcohol in BC.

Poster presentations on the results of this research were given at:

- Public Health Association of BC's annual meeting in November, 2012,
- Alcohol Policy Conference in Washington, D.C., in April, 2013,
- Canadian Public Health Association's Annual Conference in Ottawa in June, 2013.

A PowerPoint presentation on this study was given at the Alberta Harm Reduction Conference in Calgary in May, 2013. In the future this research may also be presented at other forums.