

September 12, 2013

Mr. John Yap
Parliamentary Secretary for Liquor Policy Reform
MLA Richmond-Steveston
East Annex
Parliament Buildings
Victoria, BC, V8V 1X4

Re: Liquor Policy Reform Written Submission

Dear Mr. Yap,

Please accept this written submission from the Pacific AIDS Network (PAN) on the liquor policy review.

The Pacific AIDS Network (PAN) is a vibrant, pro-active member-based coalition that provides a network to support the abilities and efforts of its 50+ member organizations to respond to HIV, hepatitis C (HCV) and related issues in British Columbia. PAN provides face-to-face networking opportunities, opportunities for mutual support; education and skills development; and opportunities for member organizations to participate in community-based research. PAN facilitates knowledge translation and exchange (KTE) activities and the sharing of evidence-based practices; and undertakes collective action to influence public perceptions and policies affecting people living with HIV/AIDS, HCV and those “at risk.”

We commend you on including the guiding principles for this process to “minimize health and social harms caused by liquor” and to “balance economic and social interests by ensuring public safety and public interest of British Columbians and their communities is protected”. When considering changes to liquor policies in British Columbia we would like to highlight issues that impact our membership and people living with HIV and/or HCV in the province.

The prevalence rate of alcohol use in the HIV-infected population is high, with some studies in the

United States showing rates of heavy drinking to be almost twice those found in the non-HIV-infected population¹. While chronic and abusive alcohol use can lead to life-threatening organ system damage, light and moderate consumption can impact the lives of people living with HIV and/or HCV. Alcohol use can:

- Contribute to the transmission of HIV and HCV by affecting people's judgment to practice safe sex or harm reduction when using drugs;
- Impact medical treatment by causing patients to forget to take HIV medication on time, increase the risk of side effects from medication; and change how some prescription drugs work in the body making them less effective;
- Increase risk of injury to the liver, which provides an essential waste elimination function for the body; and
- Can weaken the immune system so that it does not fight HIV and other infections as well.

Alcohol use has an even more dramatic impact on people living with hepatitis C. Research has shown that "even moderate alcohol intake seems to increase fibrosis progression in HCV-infected patients. From that point of view, total abstention ought to be recommended."² Given this and other evidence the CDC in Atlanta come out with a strong recommendation that all persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated.³ Given that an estimated 60,000 of BC's population is living with chronic hepatitis C the morbidity, mortality and cost-savings impacts related to alcohol reduction for this group would be impressive.

Given the impacts of alcohol on people living with HIV and/or HCV we would like to echo and add to the selected recommendations laid out in the PHO's report *Public Health Approach to Alcohol Policy* (2008):

- Continue to actively monitor consumption patterns and regularly assess the benefit/cost ratio of alcohol consumption in BC, especially for people living with HIV and/or HCV;
- Focus on initiatives that will reduce harmful use by youth and young adults;
- Support communities to create partnerships and implement programs that reduce the harms from alcohol misuse and promote safer communities; and

¹ Galvan FH, Bing EG, Fleishman JA, et al. The prevalence of alcohol consumption and heavy drinking among people with HIV in the United States: Results from the HIV Cost and Services Utilization Study. *J Stud Alcohol* 2002;63:179-186. [PubMed Abstract]

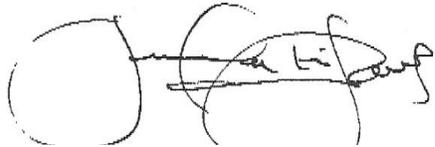
² <http://www.ncbi.nlm.nih.gov/pubmed/12010513>

³ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm>

- Implement a small levy based on standard drinks and use the proceeds to enhance treatment, prevention, and research capacity for addictions in British Columbia, in part these funds would go to people living with HIV and/or HCV.

Mr. Yap, thank you for your consideration. We would be happy to meet with you if you would like to discuss further.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Evin Jones". The signature is fluid and cursive, with a large initial "J" and "E".

Jennifer Evin Jones
Executive Director

Cc. Dr. Perry Kendall, Provincial Health Officer

Warren O'Briain, Executive Director, Communicable Disease Prevention, Harm Reduction and Mental Health Promotion, Ministry of Health

Ciro Panessa, Director, Blood Borne Pathogens, Communicable Disease Prevention, Harm Reduction and Mental Health Promotion, Ministry of Health