Reducing Alcohol-Related Harms and Costs in British Columbia: A Provincial Summary Report

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Overview

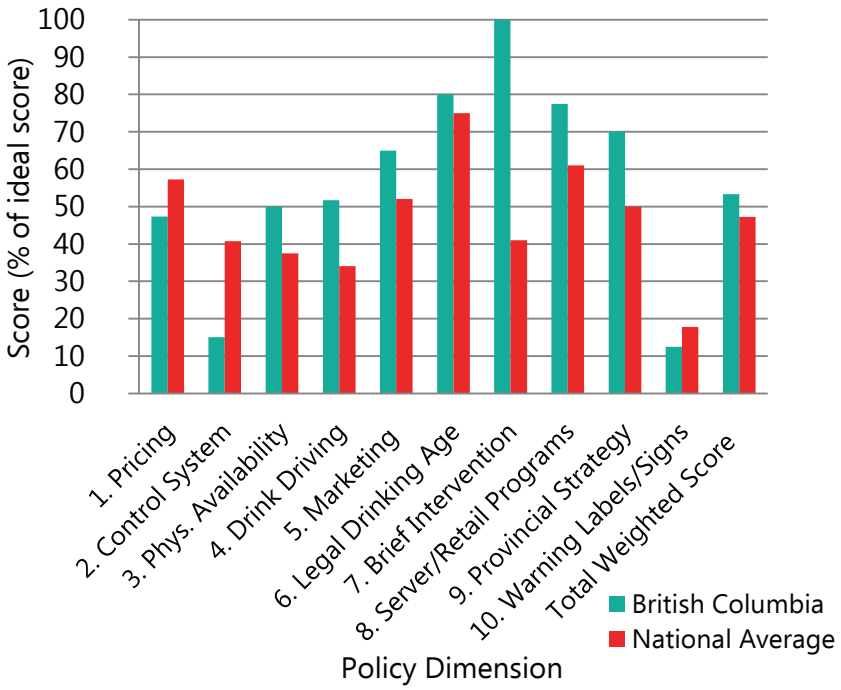
- This bulletin reports on the current state of alcohol policy in British Columbia (BC) from a public health and safety perspective using results from a comprehensive national study
- BC's alcohol policy strengths and weaknesses are highlighted in comparison with other provinces and specific recommendations for improvement provided
- The 10 policy dimensions were weighted by their potential to reduce harm and reach the populations at risk
- BC ranked **2nd** overall nationally with **53.4%** of the ideal score (see Fig. 1), but it fared poorly on the more important policy dimensions of pricing and regulatory control system. Therefore much unrealized potential remains in BC for further public health and safety benefits

Rankings and Recommendations

In order of potential for impact on harms and costs:

1. Pricing (9th): Set minimum prices to at least $1.50 per standard drink in liquor stores and $3.00 for bars and restaurants. Adjust prices to keep pace with inflation and to reflect alcohol strength
2. Control System (10th): Reduce access to alcohol through other channels (e.g., online sales and u-brew); increase social responsibility messaging
3. Physical Availability (2nd): Restrict outlet density based on population; reduce hours of sale
4. Drinking and Driving (1st): Implement all MADD Canada recommendations
5. Marketing and Advertising (1st): Restrict quantity of advertisements; introduce a formal complaint process for advertising violations
6. Legal Drinking Age (1st): Consider increasing the legal drinking age to 21 years of age

Fig. 1 Weighted Policy Scores: British Columbia vs. National Average



7. Screening, Brief Intervention and Referrals (1st): Seek to increase utilization by health care providers
8. Server Training, Challenge and Refusal (1st): Offer face-to-face training; require training and regular recertification for all servers; evaluate strategies to reduce service to intoxicated and underage customers
9. Provincial Alcohol Strategy (3rd): Develop an overarching alcohol-specific provincial strategy
10. Warning Labels and Signs (5th): Implement mandatory warnings on alcohol containers and in all liquor outlets; create specific messages (e.g., include low-risk drinking guidelines)

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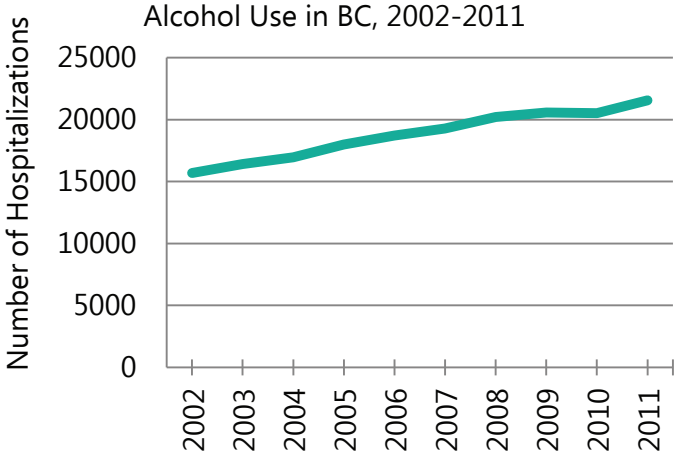
Introduction

This bulletin summarizes the current state of alcohol policy in BC relative to best practices and other Canadian provinces using results from a comprehensive national study funded by the Canadian Institutes of Health Research (Grant #234859). BC's alcohol policy strengths and weaknesses are highlighted in comparison with other provinces, and specific recommendations for improvement provided. The objective of this project is to encourage greater uptake of these practices and thereby improve public health and safety in Canada and reduce alcohol-related costs.

Alcohol is widely consumed and enjoyed by many British Columbians, but alcohol consumption also contributes to substance-related injuries and overdoses, violence and the development of many chronic diseases (e.g., pancreatitis, cirrhosis, etc.). Alcohol consumption in BC has been above the Canadian average for the last decade. The rates of hospitalizations in BC for conditions related to alcohol have shown a significant increase since 2002, reflecting an overall increase in alcohol consumption in the province (see Fig. 2). In 2011, there were 21,542 alcohol-related hospital admissions and 1,191 alcohol-related deaths in BC.

Fig. 2 Number of Hospitalizations Related to Alcohol Use in BC, 2002-2011



Method

The BC-specific data in this report were collected as part of a national study funded by the Canadian Institutes of Health Research (Principal Investigator: Norman Giesbrecht). The 10 policy dimensions central to this project were selected based on rigorous reviews of the literature. Data was collected systematically from official sources and verified by representatives from the relevant ministries whenever possible. Each of the 10 policy dimensions were comprised of several scaled indicator measures (tabulated to obtain a raw score out of 10), and were weighted according to their potential both to reduce harm from alcohol and to reach the populations at risk. This study builds on the model implemented by MADD Canada in which the provinces are regularly rated on best practices to reduce impaired driving. A more detailed report of the national study is available at: http://www.camh.ca/en/research/news_and_publications/reports_and_books/Pages/default.aspx.

The results presented below are in order of their potential for impact on reducing alcohol related harms and costs.

Results

1. Pricing

Summary: BC was ranked ninth out of the 10 provinces on the extent to which alcohol pricing policies were assessed as consistent with public health objectives. Systematic reviews identify alcohol pricing as having the strongest evidence of effectiveness. Increasing the price of alcohol reduces alcohol consumption

National Ranking		
Rank	Prov.	Weighted Score /20
1	SK	15.26
2	NS	14.56
3	NB	13.54
4	NL	13.00
5	MB	11.90
6	AB	11.06
7	PEI	10.26
8	ON	9.50
9	BC	9.46
10	QC	6.00

Table 1. BC score breakdown for Pricing

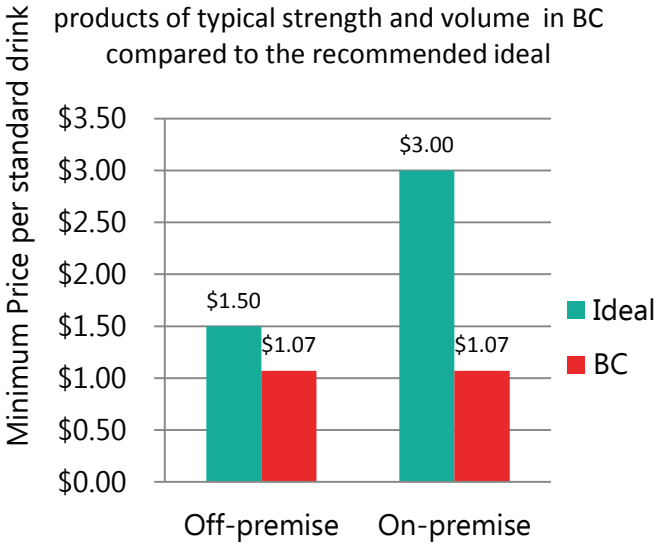
Indicators	Score
Minimum pricing	1.8/4
Indexation to inflation	2/4
Pricing on alcohol content	0.9/2
Total	4.7/10

and alcohol-related harm at the population level (Stockwell et al., 2012). Strong pricing policies include (1) setting minimum prices on alcoholic beverages to reduce economic availability of cheap alcohol, (2) regularly adjusting alcohol prices to keep pace with the cost of living so alcohol does not become cheaper relative to other goods over time and (3) setting prices and taxes based on alcohol content to encourage consumption of lower alcohol content beverages.

Promising Practices: BC has minimum prices for all beverage categories sold in off-premise outlets.

Areas for improvement: BC is only meeting about half of its potential for effective pricing policy. Figure 3 shows that the average minimum prices per standard drink fall below the recommended benchmarks of $1.50 per standard drink for off-premise outlets and $3.00 per standard drink for on-premise outlets. Additionally, existing pricing loopholes undermine the value of minimum prices including (1) the discounting of de-listed or discontinued products, (2) free on-site tastings, (3) private stores can undercut the minimum prices which apply to government liquor stores, (4) the minimum prices do not apply to ferment on premise outlets (i.e. UBrew and UVin). Alcohol prices have lagged behind inflation since 2006. Further, BC's minimum price and mark-up structures do not take into consideration alcohol content, meaning many higher strength products are cheaper per standard serving.

Fig. 3 Average price per standard drink for products of typical strength and volume in BC compared to the recommended ideal



Recommendations:

- Increase minimum prices for all beverage types to at least $1.50 per standard for off-premise outlets and $3.00 per standard drink for on-premise outlets
- Adjust alcohol prices at least annually to keep pace with inflation
- Place restrictions on discounted alcohol sold below minimum price
- Adjust prices for alcohol content to make higher strength products more expensive

2. Alcohol Control System

Summary: BC was ranked last among the 10 provinces on this important indicator. In addition to the type of retailing system, important elements of an effective control system include restricting the sale alcohol beyond on-premise and off-premise outlets (i.e., on-line shopping and ferment on premise outlets), maintaining a balance between social responsibility and product promotion and aligning liquor retail and control under a ministry that is concerned with

National Ranking		
Rank	Prov.	Weighted Score /15
1	NB	9.38
2	PEI	8.63
3	NS	7.88
4	MB	7.50
5	ON	6.00
6	SK	5.63
7	AB	4.88
8	QC	4.50
9	NL	4.50
10	BC	2.25

Table 2. BC score breakdown for Alcohol Control System

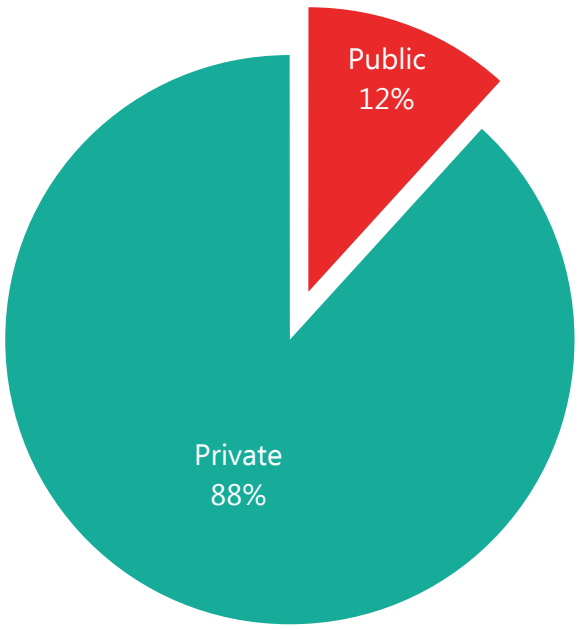
Indicators	Score
Type of retail system	1/4
Alcohol sales beyond on-premise and off-premise outlets	0/2
Emphasis on social responsibility	0.5/3
Ministry responsible for alcohol control	0/1
Total	1.5/10

the health and safety costs of alcohol. Maintaining a government-controlled alcohol monopoly is associated with reduced alcohol consumption and related harms and facilitates the implementation of other evidence-based policies, such as social responsibility messaging (Babor et al., 2010; Stockwell, Zhao, Macdonald, et al., 2009). BC has a mixed system of government operated outlets and private retail outlets which increases the number of access points for alcohol and makes it difficult to implement other evidence-based policies consistently.

Promising Practices: BC introduced a moratorium on issuing new licences for privately owned retail outlets in 2006, and in 2012 this moratorium was extended until 2022. Recently, BC moved the Liquor Control and Licensing Branch and the Liquor Distribution Branch to the Ministry of Justice from the Ministry of Energy and Mines; an indication that alcohol is being recognized as a health and safety issue in BC. Further, both the government run retail outlets and private stores in BC disseminate social responsibility messages in various ways including posters, pamphlets and online content.

Areas for Improvement: BC reached only 15% of its potential for effective control system policy. BC's poor score on this dimension is a reflection of the following (1) 88% of retail outlets in BC are privately owned, (2) alcohol is available through various additional channels including liquor delivery services, ferment on premise outlets, ferment at home kits and online sales, which increase the number of access points, and (3) over 75% of BC advertising budgets are spent on product promotion, indicating social responsibility messaging is a low priority.

Fig. 4 Retailing System Ratio of public to private retailers



Recommendations:

- Reduce access to alcohol through other channels such as online sales and delivery services
- Increase spending on social responsibility messaging to be equal or greater than that spent on product promotion

3. Physical Availability

Summary: BC tied for second place with Alberta on policies that restrict the physical availability of alcohol. Reducing access to alcohol by restricting the number of alcohol outlets and limiting the hours and days when these outlets are open decreases the likelihood of experiencing alcohol-related harm, including assaults and alcohol-related crashes, as well as public disturbances (Wilkinson & Livingston, 2012).

National Ranking		
Rank	Prov.	Weighted Score /15
1	ON	8.25
2	BC	7.50
2	AB	7.50
4	NS	6.75
5	MB	6.00
6	SK	5.25
6	NB	5.25
8	QC	4.50
8	PEI	4.50
10	NL	0.75

Table 3. BC score breakdown for Physical Availability

Indicators	Score
Regulations for outlet density	1/2
Outlet Density, off-premise	2/3
Outlet Density, on-premise	1/2
Hours of operation	1/3
Total	5/10

Promising Practices: The hours of operation for on-premise and off-premise outlets are provincially regulated. Regulations in BC provide opportunity for citizen input with regards to the placement of certain alcohol outlets, including licensed establishments and agency stores.

Areas for Improvement: BC is still only reaching half of its potential for physical availability policies. Alcohol outlet density is not provincially regulated and the density of BC stores based on population is average compared to other provinces (See Fig 5). Further, across all alcohol sales channels, alcohol is available for most of the day. Off-premise outlets are permitted to sell alcohol from 9am to 11pm and on-premise retailers from 9am to 4am. These hours far exceed the recommended maximum hours of 11am to 8pm for off-premise outlets and 11am to 1am for on-premise outlets.

Recommendations:

- Explore ways to restrict density of outlets based on population, such as provincial legislation or enhancing municipal policy options, to reduce high-density areas
- Reduce the hours of operation for on- and off-premise establishments, specifically limit the availability of alcohol in the early hours of the morning and very late at night

4. Drinking and Driving

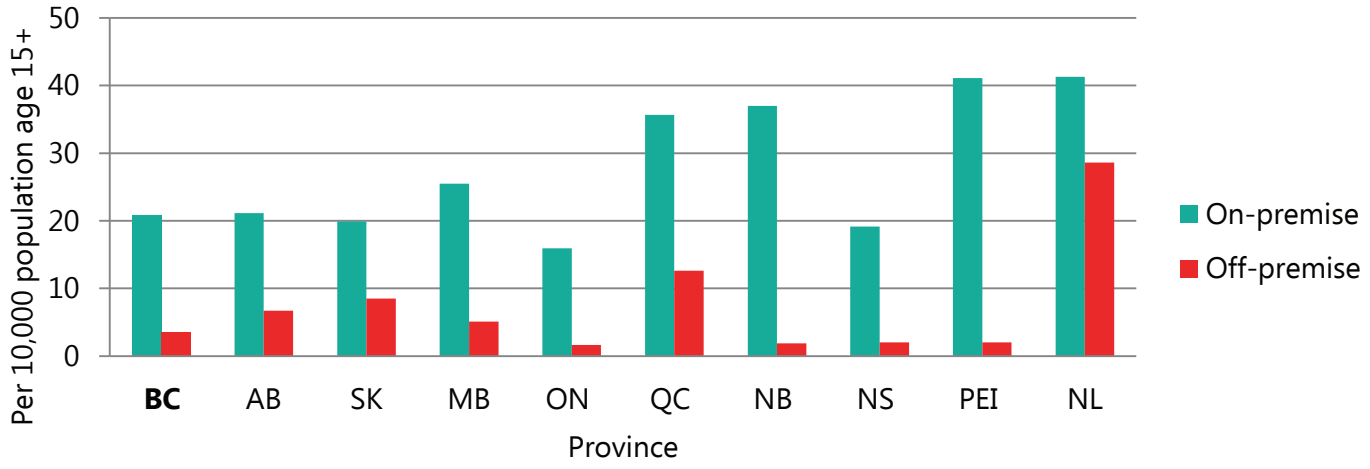
Summary: BC ranked first out of the 10 provinces on drinking and driving policies. Alcohol-related collisions remain one of the leading sources of alcohol-related deaths and injuries in Canada. To effectively reduce alcohol-related collision rates, provinces need to have a comprehensive 3-year graduated licensing program, sanctions for impaired drivers and remedial programs for repeat offenders (Solomon, Cardy, Noble et al., 2012). In recent years BC has implemented several new civil roadside sanctions for impaired drivers which have

National Ranking		
Rank	Prov.	Weighted Score /12
1	BC	6.20
2	ON	5.86
3	MB	5.47
4	SK	4.32
5	PEI	4.13
6	NS	3.57
7	NB	3.05
8	AB	2.94
9	NL	2.89
10	QC	2.44

Table 4. BC score breakdown for Drinking and Driving policy

Indicators	Score
Licensing	0.63/4
Licensing suspensions and revocations	3/3
Vehicle and remedial programs	1.54/3
Total	5.17/10

Fig. 5 Density of on- and off-premise outlets



reduced the rates of mortality and morbidity from alcohol-related collisions (Macdonald, Zhao, Martin et al., 2013).

Note: Data is based on information provided by MADD Canada.

Promising Practices: BC sets the gold standard in administrative licensing suspensions and revocations programs, providing immediate sanctions to impaired drivers and holding them accountable for the risk they pose to themselves and others. For drivers with BACs above 0.05%, or who refuse or fail sobriety tests, BC imposes an immediate 3-day license suspension and vehicle impoundment, a $250 reinstatement fee, a record of suspension and escalating sanctions for repeat offenders. BC is the **only** province to score 100% on this indicator. BC also has mandatory interlock program for federal impaired driving offenders with escalating sanctions for repeat offenders. Finally, BC has a 3-year graduated licencing program that include restrictions on night-time driving, number of passengers, and a ban on electronic devices.

Areas for Improvement: Despite ranking first overall, BC is still only reaching about half of its potential for drinking and driving policies. The effectiveness of BC's graduated licensing program is reduced because of a lack of police enforcement powers. For example, currently police are not authorized to demand an approved screening device test from all new drivers who fall under the graduated licensing program and their supervising drivers. Furthermore, police do not have the authority to suspend the license of drivers who are judged to be impaired by alcohol. BC also does not require a BAC of 0.00% for drivers with less than 5 years of experience or who are under 21 years of age.

Recommendations: (more detailed recommendations can be found in the MADD Canada report, see Solomon et al. 2012):

- Strengthen the graduated licensing program in BC by: introducing night time restrictions for novice drivers, broadening police enforcement powers and introducing a mandatory BAC of 0.00% for drivers with less than 5 years of experience or who are under age 21, as well as for supervising drivers
- Strengthen administrative sanctions for new and young drivers who violate the graduated licensing program
- Introduce mandatory vehicle forfeiture and mandatory remedial programs for drivers with three or more repeat offences within 10 years

5. Marketing and Advertising

Summary: BC is tied for first place with Ontario for policies that regulate alcohol marketing and advertising, but there is still room for improvement. Alcohol advertising encourages drinking, reinforces positive attitudes about alcohol and associated drinking behaviors and is associated with increased drinking, particularly among young people (Anderson, De Bruijn, Angus et al., 2009). Alcohol advertising regulations should control the content of ads, the placement of ads (e.g., reduce exposure to minors) and the number of ads in circulation to reduce overall exposure. Moreover, regulations need to be enforced to hold alcohol advertisers accountable.

National Ranking		
Rank	Prov.	Weighted Score /10
1	BC	6.50
1	ON	6.50
3	MB	6.00
3	NL	6.00
5	AB	5.00
5	SK	5.00
5	NB	5.00
8	QC	4.50
9	NS	4.00
10	PEI	3.50

Promising Practices: BC's provincial marketing regulations extend beyond those required by the CRTC and include restrictions on the placement of ads (i.e., ads cannot be placed in areas where minors

Table 5. BC score breakdown for Marketing and Advertising

Indicators	Score
Provincial marketing regulations	3/4
Enforcement of regulations	2/3
Practice indicator - focus of the liquor board's website	0.5/1
Ad sponsorship	1/2
Total	6.5/10

predominate), as well as restrictions on advertising price (i.e., cannot advertise discounts, 2 for 1 specials or 'happy hour' specials). The Liquor Control and Licensing Branch is responsible for the enforcement of the provincial advertising regulations and has strong penalties for violations of the regulations. BC is one of only two provinces in which the liquor board website balances product promotion messages with social responsibility messaging. Further, BC has clear restrictions on alcohol sponsorship (i.e., if sponsorship includes sale or service of liquor the sponsors must post signs that promote responsible consumption).

Areas for Improvement: There are currently no restrictions on the quantity of alcohol advertisements in BC and the complaint process is not user-friendly for the public. As a result, it is likely that many complaints go unreported, despite violations. Further, while not addressed in this evaluation, social media is rapidly becoming a popular medium for alcohol advertising. Consideration should be given to whether existing regulations and enforcement policies are adequate for this new form of marketing.

Recommendations:

- Introduce restrictions on the quantity of alcohol advertisements
- Introduce a formal process for complaints and violations of advertising regulations

6. Legal Drinking Age

Summary: BC is tied for first place with Saskatchewan, Ontario, Nova Scotia, Prince Edward Island and Newfoundland on legal drinking age policies. Minimum legal drinking age laws play an important role in reducing alcohol use and related harm among younger populations (Babor et al., 2010). There are two minimum legal drinking ages in Canada, 18 and 19, depending on the province. A comprehensive review of the evidence concluded that a legal age of 21 is the most effective for reducing related problems among younger drinkers (Wagenaar and Toomey, 2002). However, the effectiveness of a minimum legal drinking age is also strongly influenced by the level and consistency of law enforcement efforts.

National Ranking		
Rank	Prov.	Weighted Score /8
1	BC	6.40
1	SK	6.40
1	ON	6.40
1	NS	6.40
1	PEI	6.40
1	NL	6.40
7	AB	5.60
7	MB	5.60
7	NB	5.60
10	QC	4.80

Table 6. BC score breakdown for Legal Drinking Age policy

Indicators	Score
Legal drinking age and supporting legislation	4/5
Enforcement of legal drinking age (off-premise)	3/3
Enforcement of legal drinking age (on-premise)	2/2
Total	8/10

Promising Practices: BC is reaching 80% of its potential for legal drinking age policies. The minimum legal drinking age in BC is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor under the age of 19. Enforcement of the minimum legal drinking age in BC is strong in both off- and on-premise outlets. The LCLB has a liquor inspection program (Minors as Agents) to enforce the legal drinking age and also collaborates with law enforcement to enforce the legal drinking age in on-premise establishments.

Areas for Improvement: The minimum legal drinking age in BC is 19 years of age, below the recommended age of 21.

Recommendations:

- Consider increasing the minimum legal drinking age in BC to 21 years of age

7. Screening, Brief Intervention and Referrals

Summary: BC was ranked first out of the 10 provinces and scored 100% on Screening, Brief Intervention and Referral (SBIR) policies. This is the **only** policy area where a province has scored 100%. Systematic reviews conclude that the use of SBIR in health care settings reduces alcohol consumption and related problems, reduces demand on health care, and health care costs (Rehm, Gnam, Popova et al., 2008). The uptake of SBIR in practice requires dissemination of practice guidelines or a position paper to physicians and financial support for SBIR activities (Johnson, Jackson, Guillaume et al., 2010).

National Ranking		
Rank	Prov.	Weighted Score /8
1	BC	8.00
2	ON	7.20
3	SK	4.80
3	NL	4.80
5	AB	3.20
5	QC	3.20
7	NS	1.60
8	MB	0.00
8	NB	0.00
8	PEI	0.00

Table 7. BC score breakdown for SBIR

Indicators	Score
The inclusion of SBIR in a provincial strategy	2/2
Practice guidelines and/or position paper	3/3
Fee for service codes	5/5
Total	10/10

Promising Practices: BC sets a stellar example for other provinces. Screening brief intervention and referral are included in BC's provincial strategy: *Healthy Minds, Healthy People: a 10 year plan to address mental health and substance use in British Columbia*. BC also provides provincial guidelines and a specific fee for service code that supports SBIR uptake by physicians. BC is the only province to score 100% on any of the 10 policy dimensions.

Recommendations:

- Seek to increase utilization of SBIR by health care providers

8. Server Training, Challenge and Refusal

Summary: BC ranked first out of the 10 provinces on server training as well as challenge and refusal programs. However, much work remains to improve the quality of such programs. The goal of server training programs is to reduce service of alcohol to minors and intoxicated patrons. Research suggests that the effectiveness of such programs is greatest when the programs are mandatory, comprehensive, valued by provincial alcohol management authorities, actively enforced and periodically evaluated (Babor et al., 2010).

National Ranking		
Rank	Prov.	Weighted Score /6
1	BC	4.65
2	PEI	4.35
3	NL	4.20
4	ON	3.90
5	NS	3.75
6	MB	3.60
7	AB	3.45
8	QC	3.30
9	NB	3.00
10	SK	2.40

Table 8. BC score breakdown for Server Training, Challenge and Refusal

Indicators		Score
Server and management training program (on-premise)	Program status	0.75/1
	Quality of the program	0.5/2
	Program enforcement	2/2
Challenge and refusal program (off-premise)	Program status	1/1
	Quality of the program	1.5/2
	Program enforcement	2/2
Total		7.75/10

Promising Practices: BC is reaching 78% of its potential on this policy dimension. BC has a mandatory server training program for both on- and off-premise retailers called Serving it Right. This program includes a comprehensive set of challenge criteria including challenging those who look under age or who appear to be intoxicated. BC evaluates

its off-premise program through the use of mystery shopper programs and is one of only three provinces to track challenges and refusals for on-premise outlets in addition to off-premise outlets.

Areas for improvement: While the Serving it Right program is mandatory, there are several exceptions including servers in restaurants without a licensed lounge and servers at special occasion license events. Further, the program has not yet been evaluated for effectiveness in reducing over service and service to minors, is offered online only and does not require recertification.

Recommendations:

Improve server training programs by:

- incorporating scenario based activities
- offering training face-to-face, in addition to online
- require periodic retraining
- require training for all individuals who serve alcohol, including servers at restaurants without a licensed lounge and servers at special occasion license events
- incorporate Canada's low-risk drinking guidelines into the program content
- conduct an outcome evaluation of Serving it Right for effectiveness and institute these changes to increase success
- BC may also consider offering the Safer Bars program. Safer Bars is a 3-hour training program designed to increase bar staff's ability to manage aggressive customers and keep customers and others from becoming violent, aggressive or injured. More information can be found at http://www.camh.ca/en/education/about/camh_publications/Pages/safer_bars_program.aspx

Note: Several of the Canadian provinces have server training programs with their own areas of strength. It is recommended that there be increased collaboration among provinces with regards to these initiatives and that these programs undergo outcome evaluation to determine their effectiveness.

9. Provincial Alcohol Strategy

National Ranking		
Rank	Prov.	Weighted Score /5
1	AB	4.00
1	NS	4.00
3	BC	3.50
3	QC	3.50
5	SK	2.50
5	NB	2.50
5	ON	2.50
5	NL	2.50
9	MB	0.00
9	PEI	0.00

Summary: BC tied for third with Quebec on this policy dimension. A provincial strategy that includes alcohol, such as the *Healthy Minds Healthy People: a 10-Year plan to address mental health and substance use in British Columbia*, provides a comprehensive set of goals that address a wide range of population level policies including health services responses, community action, pricing and marketing policies as well as monitoring and evaluation. Moreover, a provincial strategy marks alcohol as an important health and social issue worthy of government attention and helps shape a coordinated response to address these goals (Babor et al., 2010).

Table 9. BC score breakdown for Provincial Alcohol Strategy Indicators

Indicators	Score
Focus of the provincial strategy	1/2
Range of WHO policy interventions	6/8
Total	7/10

Promising Practices: Alcohol is included in BC's *Healthy Minds Healthy People: a 10-Year plan to address mental health and substance use in British Columbia* provincial report, as well as the *Following the Evidence: Preventing harms from substance use in BC* provincial report. Together these strategies recognize the importance of 9 out of 10 of the priorities in the World Health Organization Global Strategy on Alcohol (2010) including:

- leadership, awareness and commitment
- a health services response; mobilizing community action
- drinking and driving policies and counter measures

- availability of alcohol
- marketing of alcoholic beverages
- pricing policies
- reducing negative consequences of drinking and alcohol intoxication
- monitoring, surveillance and evaluation activities

Areas for Improvement: BC does not have an alcohol specific provincial strategy. The issue of alcohol consumption is significant enough in terms of public health and safety and has enough ramifications for policy and practice across multiple sectors of government to warrant a focused and overarching strategy. The development of an alcohol specific strategy, which consolidates components of the two current strategies, would help shape a more comprehensive and coordinated response to address alcohol use and related harms in BC and mark alcohol as a key health priority requiring a population health approach.

Recommendations:

- Consider the development of an overarching alcohol specific provincial strategy consistent with the evidence base and World Health Organization alcohol policy initiatives (2010)
- Ensure a health perspective based on evidence is included in the provincial liquor review

10. Warning Labels and Signs

Summary: BC is tied for fifth with Quebec, Prince Edward Island and Newfoundland on this policy dimension. Warning labels on alcohol containers and warning signs at points of sale are important components of a comprehensive alcohol strategy. They inform consumers of the health and safety risks associated with alcohol consumption and improve public discourse so that more effective alcohol policies can be implemented (Giesbrecht, 2007). However, their effectiveness is contingent on the quality, visibility and content of the messages.

National Ranking

Rank	Prov.	Weighted Score /4
1	ON	1.50
2	MB	1.00
3	AB	1.20
4	SK	0.70
5	BC	0.50
5	QC	0.50
5	PEI	0.50
5	NL	0.50
9	NS	0.40
10	NB	0.30

Table 10. BC score breakdown for Warning Labels and Signs

Indicators	Score
Warning labels on alcohol containers	0/1
The quality of warning label messages	0/3
The status of warning signs, on-premise and off-premise outlets (1pt. each)	0/2
The quality of warning signs, on-premise and off-premise outlets (2pts. Each)	1.25/4
Total	1.25/10

Promising Practices: BC liquor retailers display social responsibility messages about drinking and driving, drinking during pregnancy and messages indicating that individuals who appear to be under the age of 25 will not be served without proper government-issued identification.

Areas for Improvement: BC is reaching only 12.5% of its potential in this policy area. BC, along with all other provinces, does not have mandatory warning labels about the health risks of alcohol on beverage containers or alcohol packaging. Further, BC does not have mandatory warning signs for on- and off-premise establishments, leaving it up to individual retailers to post social responsibility messages. Moreover, the warning messages BC does have about drinking and driving, serving to minors and drinking during pregnancy are of poor quality (i.e., lack precision, a health focus and graphics). Finally, current warning signs do not make reference to the risks of chronic diseases associated with alcohol or how to reduce these risks (i.e., the low-risk drinking guidelines). For example, vague 'please drink responsibly' messages should be replaced with expanded text offering concrete advice on daily and weekly drinking limits, as well as specific advice on how the drinker can achieve more responsible levels of alcohol consumption.

Recommendations:

- Implement mandatory warning labels about the health risks of alcohol consumption on alcohol beverage packaging
- Make the posting of warning signs in on- and off-premise outlets mandatory

- Warning messages should cover the following topics: drinking and driving, the risks of underage drinking, the risks of drinking during pregnancy (e.g. FASD), low-risk drinking guidelines and alcohol's contributing role in serious chronic diseases
- Messages should be clear, visible and concise, have a health focus and use graphics

Recent Developments in Alcohol Policy in British Columbia

(since Nov 1st 2012 when data collection for this project was completed)

- There have been only modest changes to alcohol policy and practice in BC since the end of the data collection period of the main report in fall 2012
- The Liquor Control and Licensing Branch and the Liquor Distribution Branch has recently been moved to the Ministry of Justice from the Ministry of Energy and Mines, reflecting a positive shift towards viewing alcohol as a health and safety issue in BC
- BC will be shortly reviewing the 1996 BC Liquor Control and Licensing Act
- There are several projects underway, funded by the Ministry of Health, to assist campuses in addressing alcohol-related problems and to work with local governments to develop municipal alcohol policy
- However, overall recent changes to alcohol policy largely reflect a loosening of controls around event sponsorship. For example, manufacturers are no longer required to notify the Liquor Control and Licencing Branch of sponsorship activities worth more than $1,500 and licensed establishments are now legally permitted to sponsor events or activities
- Further, breweries and distilleries may now apply for endorsements on their licence to provide additional opportunities for patrons to consume liquor while visiting the facility (e.g., in a lounge or tour area)

Conclusion

Extensive international and national research has pointed to alcohol policies as being central to controlling and reducing the harm from alcohol and its associated costs to society. This bulletin summarizes the current state of alcohol policy in BC relative to best practices and other Canadian provinces. It highlights current policy strengths in BC and points to future opportunities where further actions can be undertaken, and which policies can be modified or enhanced. While ranking second place overall, BC has only reached 53% of the ideal score, signaling there are still significant areas for improvement. In addition, BC placed ninth and tenth in terms of performance in relation to the two most important policies from a public health and safety perspective: alcohol pricing and the system of regulatory control. It is hoped that this review will act as a catalyst and facilitate discussion and change in BC alcohol policy and provide useful information for the provincial liquor review. In order to refine and implement these recommendations it will require leadership, commitment to reducing alcohol-related harm and a spirit of collaboration among key stakeholders including various ministries and sectors of government, NGOs working on health issues, public health advocates, communities and representatives from the private sector.

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