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Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies

POLICY RECOMMENDATIONS & BEST PRACTICE LEADERS

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Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies

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Recommendations for Provinces and Territories

We present a series of specific recommendations in each of the identified alcohol policy domains, along with some general, overarching recommendations. These build on strong policies and practices that are already in place in many provinces and territories in Canada. We also identify below some jurisdictions as best current practice leaders where appropriate, though some of their obtained scores were still short of the gold standard best practices recommended in this report. In certain cases asterisks were used to indicate which jurisdictions have implemented the recommended policies in the table below.

Direct Policy Domain Recommendations	Best Current Practice Leaders
<p>1. Pricing and Taxation</p> <ul style="list-style-type: none"> Implement a minimum price of at least \$3.50/standard drink for on-premise sales* and at least \$1.75/standard drink for off-premise sales**, index minimum prices to jurisdiction specific inflation*** and exclude loopholes such as volume discounts; and Set minimum alcohol prices according to alcohol content. 	<p>*BC, **NL, ***ON</p> <p>MB</p>
<p>2. Physical Availability of Alcohol</p> <ul style="list-style-type: none"> Set in regulation maximum trading hours from 11am to 8pm for off-premise outlets* and 11am to 1am the next day for on-premise establishments** with no extensions permitted; and Set upper limits on the density of both on-premise and off-premise liquor outlets based on population. 	<p>*NB, **ON and PE</p> <p>SK and QC</p>
<p>3. Impaired Driving Countermeasures</p> <ul style="list-style-type: none"> Implement graduated licensing programs along with zero BAC limits for new drivers to continue for three years beyond program-completion; Have increased penalties when alcohol is detected in combination with other drugs; Require successful completion of ignition interlock programs as a condition of re-licensing for all alcohol-related <i>Criminal Code</i> impaired-driving offenders Introduce mandatory vehicle impoundment for all drivers with a .05% BAC; and 	<p>SK, MB, ON, QC, NB, PE, and NL</p> <p>ON</p> <p>BC, AB, SK, MB, ON, NB, PE, and NL</p> <p>AB, SK, and NL</p>

<ul style="list-style-type: none"> Have administrative licensing suspensions for at least 3 days for the first 0.05% offence and 7 days for the second. 	BC, AB, SK, MB, ON, NB, NS, PE, and NL
Direct Policy Domain Recommendations	Best Current Practice Leaders
4. Marketing and Advertising Controls	
<ul style="list-style-type: none"> Implement comprehensive restrictions covering placement, quantity, and content of ads as well as sponsorship restrictions for all media; 	None
<ul style="list-style-type: none"> Implement an independent complaint system and penalties that escalate with the frequency and severity of the violation; 	QC
<ul style="list-style-type: none"> Have independent monitoring and enforcement of alcohol advertising and marketing, including pre-screening of ads; and 	QC and NU
<ul style="list-style-type: none"> Require government liquor regulators and/or government retailers to use social media platforms to present evidence-based health and safety messages related to alcohol. 	AB
5. Minimum Legal Drinking Age (MLDA)	
<ul style="list-style-type: none"> Implement a minimum legal drinking age of at least 19 years, without exception; and 	BC, SK, ON, NS, NL, and NT
<ul style="list-style-type: none"> Consider graduated drinking policies with age-based alcohol restrictions, similar to graduated driver's licensing programs (e.g., age-based restrictions on strength and number of drinks to be served up to 21 years). 	None
6. Screening, Brief Intervention and Referral (SBIR)	
<ul style="list-style-type: none"> Implement SBIR practice guidelines endorsed by a credible professional association (e.g. the College of Family Physicians of Canada); 	BC, AB, ON, QC, and NS
<ul style="list-style-type: none"> Fund online or in-person SBIR programs or services; and 	ON, NS, and PE
<ul style="list-style-type: none"> Encourage and monitor SBIR implementation by physicians. 	None
7. Liquor Law Enforcement	
<ul style="list-style-type: none"> Implement Risk-Based Licensing and Enforcement programs for all liquor outlets informed by outlet and licensee characteristics as well as data on violent and impaired driving offences, especially targeting high-risk premises; 	SK and QC

<ul style="list-style-type: none"> Employ at least 1 liquor inspector per 300 outlets; 	AB, SK, MB, NS, YT, and NT
<ul style="list-style-type: none"> Implement Mystery Shopper and police inspection programs with publicly reported penalties escalating with frequency and severity of offences; and 	SK, ON, and QC
<ul style="list-style-type: none"> Mandate evidence-based Responsible Beverage Service Training for all venues and levels of staff. 	BC, AB, and PE
Indirect Policy Domains Recommendations	Best Current Practice Leaders
8. Alcohol Control System	
<ul style="list-style-type: none"> Maintain a government-owned and run retail network for off-premise outlets* that reports to a ministry with a mandate to protect health and safety**; 	*NS and NU **BC
<ul style="list-style-type: none"> Include the protection of public health and safety as a stated objective of the control system; 	YT and NU
<ul style="list-style-type: none"> Legislate earmarked funds to support harm reduction and health promotion initiatives; 	MB, QC, and NU
<ul style="list-style-type: none"> Discontinue plans for privatisation of retail alcohol sales; and 	None
<ul style="list-style-type: none"> Phase out online ordering, liquor delivery services and ferment on premises. 	NT and NU
9. Provincial and Territorial Alcohol Strategy	
<ul style="list-style-type: none"> Create an alcohol-specific strategy incorporating a full range of evidence-based interventions and policies; 	AB
<ul style="list-style-type: none"> The alcohol strategy should be developed independently from the alcohol industry, be government-endorsed, and reviewed at least every five years; 	AB and NU
<ul style="list-style-type: none"> Fund a lead organisation with a public health and safety mandate to facilitate implementation of the strategy; and 	None
<ul style="list-style-type: none"> Fund on-going independent monitoring of the strategy's implementation. 	None
10. Monitoring and Reporting	
<ul style="list-style-type: none"> Fund the tracking and public reporting of key alcohol-related harm indicators annually through a centralized system with an identified lead agency; and 	BC

<ul style="list-style-type: none"> Track indicators that include: per capita consumption; alcohol-related hospital admissions and deaths, and alcohol-related crime. 	BC, AB, SK, MB, ON, NB, PE, and YT
11. Health and Safety Messaging	
<ul style="list-style-type: none"> Require prominent placement of alcohol labels that include rotating health and safety messages, standard drink information and Low-Risk Drinking Guidelines; and 	YT and NT
<ul style="list-style-type: none"> Require health and safety messaging at all on and off-premise outlets* supported by other suitable media platforms**. 	*BC and ON ** AB, MB, ON, and QC

General Recommendations
<ul style="list-style-type: none"> Given the substantial and increasing harm from alcohol use, all provinces and territories should give greater priority to funding and implementing effective alcohol policies.
<ul style="list-style-type: none"> Following some European countries, liquor regulation should be located within ministries directly concerned with health and safety rather than with finance and economic development.
<ul style="list-style-type: none"> The recent trend to treat alcohol as an ordinary commodity to be sold alongside food and other grocery items should be reconsidered as this leads to greater consumption and related harm.
<ul style="list-style-type: none"> All provinces and territories are encouraged to learn from each other's experiences with successful implementation of effective alcohol policies.
<ul style="list-style-type: none"> There needs to be concerted action involving government, NGOs and other stakeholders in implementing a combination of population level policies and more focused interventions for priority populations.
<ul style="list-style-type: none"> Greater investment in public education about the risks of alcohol, including the comparative risks of alcohol and other substances, is needed to create a more supportive climate for enacting effective policies. This can be achieved with initiatives such as mandatory warning labels on all alcohol containers and clear and consistent public health messaging on a range of health topics.
<ul style="list-style-type: none"> Careful documentation of policy changes and regular monitoring and evaluation of public health and safety outcomes are needed to inform future policy development.