



LIVE WELL PEI
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PEI's Provincial Alcohol Strategy: Background, Lessons Learned, Next Steps

Government of Prince Edward Island
Department of Health & Wellness
Chief Public Health Office
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Land Acknowledgement

We acknowledge that the land we gather on is the ancestral land of the Mi'kmaq and we respect the Mi'kmaq as the Indigenous people of PEI.



Outline

- What is PEI's Provincial Alcohol Strategy?
- Why alcohol?
- Background
- Strategy Development
- Policy Actions
- Implementation, Monitoring & Reporting
- Lessons Learned

What is PEI's Provincial Alcohol Strategy?

Provincial Alcohol Strategy

- Purpose: To prioritize and coordinate alcohol policy interventions that will promote public health, public safety, and reduce costs/harms.
- Where possible, align strategies e.g., DHW MH&A strategy, DTIE's Pathways to Highway Safety, DFA Liquor Control Act.
- Health strategy but also JPS, DTIE, DFA, other gov and community impact.



Provincial Alcohol Strategy

For a Healthy, Safe, and Prosperous
Prince Edward Island

Department of Health and Wellness June 2026

06-2425

Expected Outcomes

- Public health – acute and chronic disease and injury
- Public safety – impaired driving, other crimes
- Public finances – alcohol deficit, lost productivity, personal costs



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Why Alcohol?

Alcohol Use in PEI (pop. 182k)

- 1-in-3 consume alcohol at a level high risk for 7+ cancers, heart disease, etc.
- Est. annual 10,238 ED visits and 1,996 hospitalizations (2024), 135 deaths (2020).
- Highest rate of police-reported impaired driving of all provinces.
- 1-in-3 grade 12 students reported binge drinking (past 30 days, 2025/2026).
- Direct alcohol related costs: >\$131 million per year (highest per-capita Prov.).
 - Costs are higher than revenue: ~\$60 million alcohol deficit
 - Highest of all substance use costs (47%)

Evidence review

- Limited effectiveness of social responsibility messaging (responsible consumption)
- Importance of alcohol policy – But policy/legislative levers are largely outside health



Reduce harmful use of alcohol

Best buy
interventions



Regulate
alcohol
distribution



Restrict or
ban advertising



Increase
prices

Background

Evolution of the Provincial Alcohol Strategy

- Lit review, project charter (2014-2016)
- SR review, Should I Have Another? campaign and paper (2017-2018)
- Finance, PEILCC meetings on alcohol policy (2019)
- CPHO to CCOPP regarding alcohol harms (2020)
- CPHO stakeholder consultation on alcohol policy (2021)
- CPHO to CCOPP on consultation results, SR and policy (2021)
- Draft Action Plan and CPHO Alcohol policy forums (2023,2024,2025)
- CGAH (2023), Less is Best awareness campaign (2023/2026)
- Live Well PEI public consultation / What We Heard report (2024)
- Private member's bill (2024)
- PEI Gov. Committed to PAS (2024); MOA with PEILCC (2024)
- LWPEI Wellness Action Committee & Choose Well CAN (2025)
- Draft PAS with engagement of DOFA, DTIE, JPS (2025)
- CPHO to CCOPP for PAS; PAS released (2026)



Canadian Alcohol Policy Evaluation (CAPE)

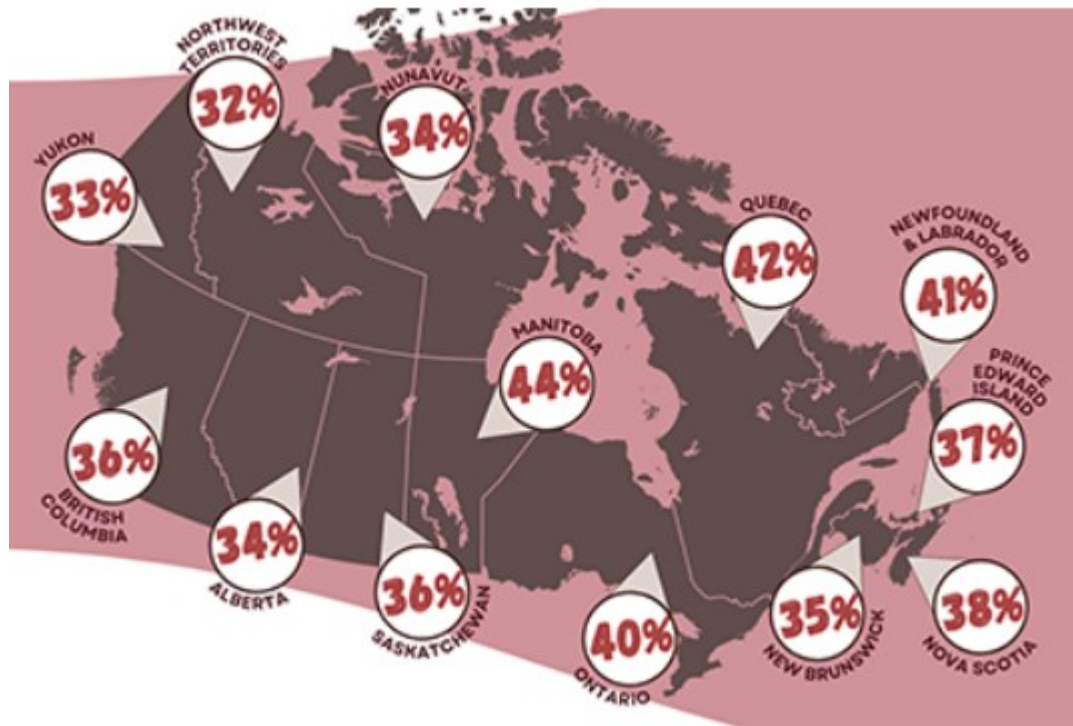


CAPE 3.0: *Results from Prince Edward Island*

The Canadian Alcohol Policy Evaluation (CAPE) provides rigorous assessments of how well each level of government in Canada is implementing policies proven to reduce harm from alcohol use. This is the third edition of the CAPE project; a project which has a track record of strengthening Canada's response to alcohol harm. Policy data for CAPE 3.0 were collected between June 1 and December 1, 2022.



CAPE 3.0 (2023)



PE REPORT CARD: 37% F

DOMAIN	SCORE	GRADE
 1. Pricing & Taxation	51%	D-
 2. Physical Availability	31%	F
 3. Control System	8%	F
 4. Impaired Driving Countermeasures	58%	D+
 5. Marketing & Advertising Controls	41%	F
 6. Minimum Legal Age	24%	F
 7. Health & Safety Messaging	9%	F
 8. Liquor Law Enforcement	49%	F
 9. Screening & Treatment Interventions	54%	D
 10. Alcohol Strategy	15%	F
 11. Monitoring & Reporting	68%	C+

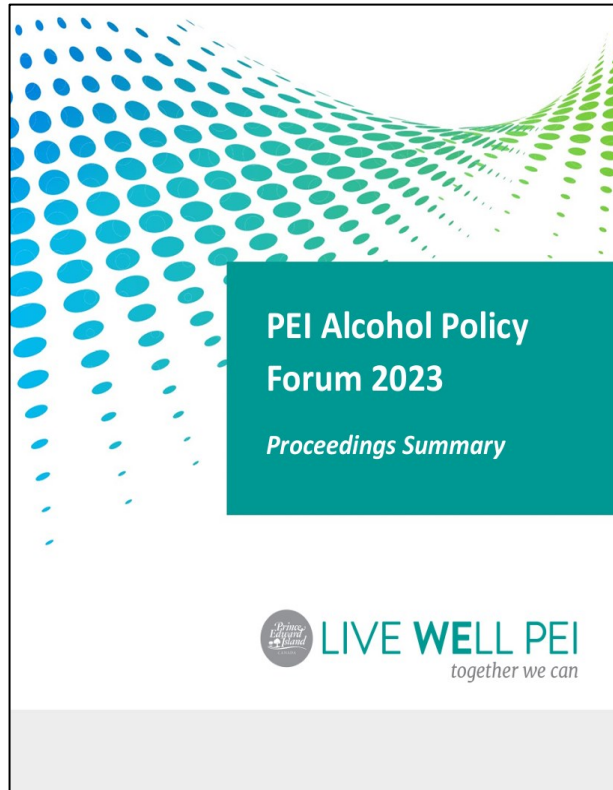
2021 Consultation Results

Agreement from all sectors:

- Alcohol Strategy with funding. Identify a public health leader to facilitate implementation
- Funds for Harm Prevention
- Monitoring and Reporting of consumption and harms
- Screening, Brief Intervention, and Referral

		Community	Government Social	Government Other	ABCs
CAPE's Policy Recommendations		Community (n=18)	Government: Social Departments (n=4)	Government: Other Departments (n=6)	Agencies, Boards and Commissions (n=3)
Alcohol Policy Domains	Pricing & Taxation				
	Minimum prices				
	Ensure prices reflect volume				
	Update prices annually				
	Physical Availability				
	Restrictions on outlet density				
	Reduce trading hours				
	Impaired Driving Counter-Measures				
	Strengthen ALS program				
	Impose modified/increased penalties when drug is detected in addition to alcohol				
	Marketing & Advertising Controls				
	Implement marketing restrictions on ads				
	Pre-screening requirements for all alcohol ads				
	Minimum Legal Drinking Age				
	Increase minimum drinking age				
	Graduated drinking policies				
	Prohibit the extension of social hosting laws				
	Screening, Brief Intervention/Referral				
	Develop SBIR guidelines and tools				
	Increase proportion of physicians who ask about alcohol use				
	Liquor Law Enforcement				
	Ensure enforcement schedules are informed by ongoing risk assessments				
	Work with law enforcement to inspect drinking establishments				
	Alcohol Control System				
	Prohibit expansion of private sales				
	Prohibit liquor delivery post-COVID-19				
	Phase out ferment on premise outlets				
	Separation of retailer and regulator				
	Ensure funds for prevention initiatives				
	Alcohol Strategy				
	Implement an alcohol-specific strategy				
	Ensure strategic funding & identify public health leader to facilitate implementation				
	Monitoring & Reporting				
	Monitor alcohol consumption and harm indicators				
	Health & Safety Messaging				
	Enhanced alcohol labels with health and safety messages				
	Safety messages displayed in all on-premise establishments and off-premise retail stores				

Alcohol Policy Forums 2023-2025





CONSULTATION PAPER ON WELLNESS IN PRINCE EDWARD ISLAND



LIVE WELL PEI
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Consultation Report
on Wellness in Prince
Edward Island

What We Heard

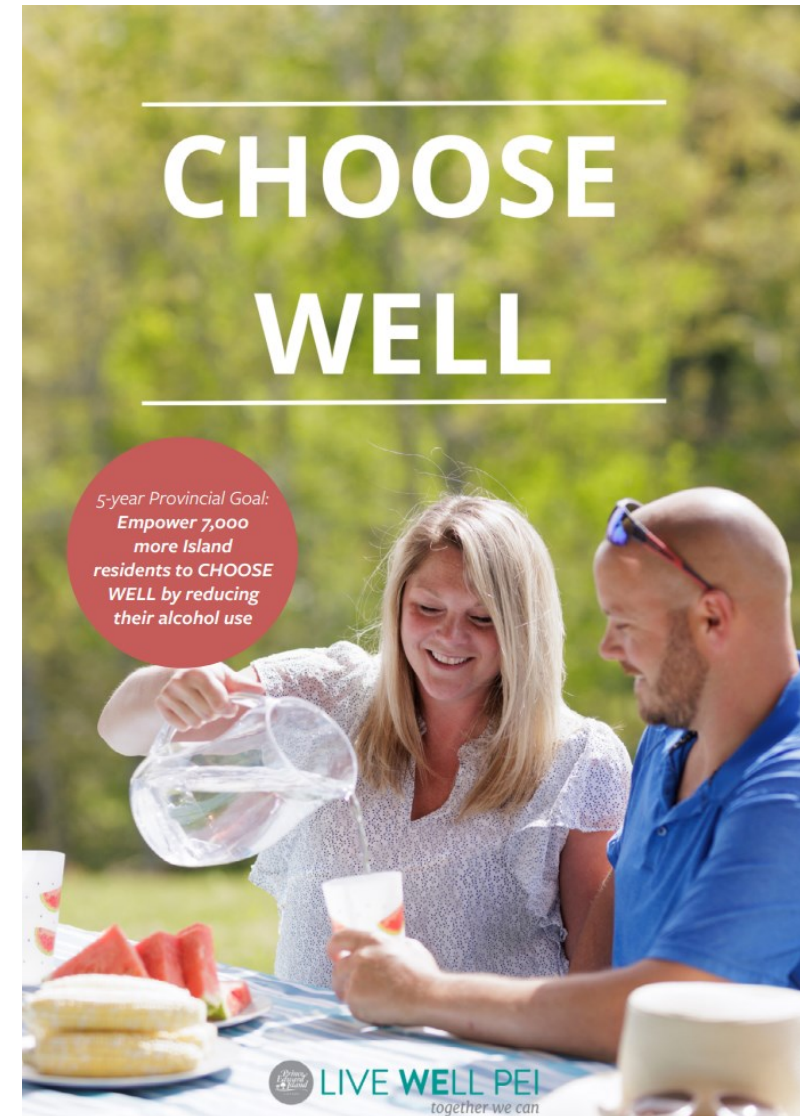


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Choose Well

Reducing Harmful Use of Alcohol

5-Year Provincial Goal
Empower 7,000 more
Island residents to
CHOOSE WELL by reducing
harmful use of alcohol.



Public Feedback (2024/2025)

Somewhat Favour / Strongly Favour	
Organizations	Individuals
82%	74%
85%	75%
84%	75%

- 5. Strengthen alcohol policy in PEI by developing a Provincial Alcohol Strategy (Healthy Public Policy)
- 6. Develop a provincial Alcohol Harm Reduction Network [Choose Well Community Action Committee] (Community Action)
- 7. Promote Screening, Brief Intervention and Referral (Preventative Service Delivery)

PAS Development

PAS Project Phases and Deliverables

- Initiation
- Planning
- Research
- Drafting, review, approvals
- Communications and public release

Initiation

- Public commitment to a Provincial Alcohol Strategy by the Minister of Finance in 2024.
- Eventually assigned to Dept. of Health & Wellness, Chief Public Health Office. Started in earnest June 2025.
- Work started with a file review of past work (“reference class forecast”).

Planning

Project management approach to the PAS:

- Project charter
- Stakeholder register
- Requirements register
- Formal project plan: Scope, WBS, Schedule, Budget, Risk Register, etc.
- Others as appropriate.

Research – Multiple Lines of Evidence

- Jurisdictional scan (NL, NWT, NS, SK, etc.)
- Peer-reviewed literature
- Grey literature (NGOs, other Govts)
- PEI engagement data (2020-2025)
- **CAPE Results for PEI (e.g., PEI's 250+ detailed sub-indicators)**
- SME interviews and detailed research on specific policies
- Related GPEI public policies

Drafting, Reviews, Approvals

- Drafting the PAS
 - Long-list to short-list, prioritizing evidence + pop. impact.
- Rounds of review by partnering departments.
 - “Three buckets” approach to feedback
- Endorsement from partnering departments
- Formal approvals

Communications and Public Release

- Briefings throughout (M.O. was “no surprises”).
- Communications plan:
 - Pre-release: Less is Best campaign (2.0), briefings, comms plan.
 - Public release: News release with backgrounder, proactive comms day of (interview).
- “A practical, balanced plan to promote public health and safety, while reducing alcohol related costs and harms”

PAS Policy Actions

PAS Action Plan

Priority #1: Preventative Service Delivery

1. Support development & implementation of SBIR, youth prevention programs, FASD

Priority #2: Healthy Public Policy

2. Update SRP at off-premise outlets based on alcohol content with annual indexation
3. Update policy for off-premise density based on population, geography, seasonality
4. Ensure Finance mandate letter to PEILCC requires at least 3% net profit for SR initiatives

Priority #3: Public Safety and Enforcement

5. Review ignition interlock program to assess effectiveness in preventing recidivism
6. Assess effectiveness of penalties for drivers with a BAC of 0.05–0.079
7. Examine an Immediate Roadside Prohibition (IRP) model
8. Assess penalties & enforcement tools for impaired driving due to alcohol + another drug
9. Review Graduated Driver Licensing program's night-time restrictions for Stage 2 drivers
10. Review off-premise alcohol hours of sale to align with best practices
11. Continue to require two-staged age verification for remote and online alcohol orders
12. Update Risk-Based Licensing & Enforcement Model for on/off-premise outlets

Priority #4: Public Awareness

13. Continue Less is Best campaign based on Canada's Guidance on Alcohol & Health
14. Increase awareness of standard drinks & national guidance at off-premise outlets
15. Establish online, public complaints system with reporting to DFA & PEILCC Board
16. Review alcohol marketing & advertising legislation and policies for children/youth
17. Monitor and report on the Provincial Alcohol Strategy

PAS Implementation, Monitoring, Reporting

PAS Implementation Committee

- Role: Oversee and support implementation of PAS.
- Membership is focused; emphasis on technical policy (e.g., policy, Leg/Regs).
- Small working groups to do most “rowing” (vs. steering).



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Choose Well Community Action Network

- A community committee, part of the Live Well PEI framework.
- Membership is broad (“big tent” approach to alcohol policy).
- Focus is community action.
- Role in PAS: Advisory; can support comms implementation



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Monitoring and Reporting

- To be a working group of the PAS Implementation Committee.
 - Lead: CPHO's PHAS (Epi.) team.
- Monitoring and Reporting:
 - Performance monitoring: Progress reports on PAS implementation
 - Monitoring and surveillance: Health, safety, and policy-specific indicators.
- Reporting to be publicly available and updated at least annually.
- Opportunities to learn from other jurisdictions (e.g., NB, NL, etc.).

Key Lessons Learned

Key Lessons Learned

Persistent:

Working on a contentious policy issue takes time.

Involves a mix of quality work, luck, and timing.

If persistent and have “done your homework”, you will be ready when things align.

Pragmatic:

Be strategic and tailor policies to your jurisdiction.

Each jurisdiction has: areas of relative strength and weakness; higher-impact opportunities and lower-impact hills to die on.

“Better is good.”

Personable:

Interpersonal relationships allow us to get things done.

Especially true with “horizontal” policy issues that cross departmental lines.

Establish rapport and trust with your fellow public servants.



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Thank you!

Acknowledgements

Q&A

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