



Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

Event Summary

CAPE Community of Practice Event #1: CAPE 3.0 Update and Community of Practice Launch Event, January 19, 2022

Presenters: Fariha Alam¹, Amanda Farrell-Low¹, Norman Giesbrecht², Tim Naimi¹, Tim Stockwell¹, Ashley Wettlaufer²
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Thank you to all who attended the CAPE Community of Practice's first live webinar event on **January 19th, 2022**. We were thrilled to have a strong turnout including a wide range of policy stakeholders representing every province and territory across Canada as well as the federal government. Our hope in delivering these events is to connect with a broad cross-section of individuals and stakeholders across jurisdictions and sectors to strengthen and advance alcohol policy change in Canada and ultimately prevent and reduce the harms caused by alcohol. We hope to continue to encourage a diverse membership in our CAPE community of practice and at our webinar events to explore the commonalities and potential synergies between diverse policy stakeholders in public health, alcohol regulation, finance, non-profit, and peer sectors.

Based on input from attendees of our launch webinar, our next CAPE community of practice event will focus on next steps for implementing alcohol warning labels in Canada. Visit the [CAPE project page](#) for more details and to register for the event. Please note that this event will be open to CAPE community of practice members only. If you are not yet a member, you can sign up [here](#) ([en Français](#)).

Below you will find a summary of the webinar presentation and some highlights from the resulting questions and discussion. The first part of the summary includes an overview and update of the CAPE project, and the second part introduces the new Community of Practice, which forms part of the [Canadian Alcohol Policy Evaluation \(CAPE\)](#). Corresponding slides numbers from the PowerPoint presentation are listed for each section of the event summary.

CAPE CoP Event #1 Webinar Links

- [View the event recording \(English only\)](#)
- [Download presentation slide deck / Télécharger les diapositives de présentation](#)
- [Provide feedback on the event / Donnez votre avis sur l'événement](#)
- [Sign up for the community of practice / Rejoindre la Communauté de Pratique de l'ÉPCA](#)
- [Give input on CAPE 3.0 / Partagez vos commentaires sur l'ÉPCA 3.0](#)

All of these resources and more are available on the [Community of Practice tab](#) on the CAPE website

Question or comments? Please email us at: CAPECoPCoord@uvic.ca



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of Victoria

Canadian Institute
for Substance
Use Research

Institut canadien
de recherche sur
l'usage de substances

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CAPE Community of Practice Webinar Event Summary

PART 1: Canadian Alcohol Policy Evaluation (CAPE) overview and update

1.1. Why is alcohol policy important? (see slides 8-19 [in the PowerPoint slide deck](#))

- **Speaker Norman Giesbrecht (CAMH)** began this section by presenting on the importance of alcohol policy, specifically in the Canadian context, and summarized the four main approaches to preventing and reducing harms from alcohol (see to Table I below). He then discussed the importance of the Canadian Alcohol Policy Evaluation (CAPE) project, which systematically assesses the degree of implementation of evidence-based alcohol policies provincially and federally in Canada.
 - Deaths attributed annually to alcohol surpasses deaths to opioids (6,307 in 2020 - [PHAC](#)) and COVID-19 (14,668 in 2021 – [Health Canada](#)) at 18,320 deaths annually in 2017 ([CSUCH](#)) (slide 9).

Table 1. Main Approaches to Preventing or Reducing Harms from Alcohol (slides 10-15)

Approach	Effectiveness	Cost	Strengths/Weaknesses
1. Clinical Interventions	May be effective	Often costly	<ul style="list-style-type: none"> • Does not focus on occasional high-risk drinkers • Does not address alcohol promotion or population level drinking culture
2. Education and Information	Questionable in changing behaviour	Very costly	Potentially useful as supplementary strategy
3. Cultural Change	Unclear	Unclear	No clear roadmap on how to do this
4. Implementing Alcohol Policies	Effective	Low cost	Relevant to all sectors of population and drinking behaviours

Overview of The Canadian Alcohol Policy Evaluation (CAPE) project (slides 16-18)

What does CAPE entail?	<ul style="list-style-type: none"> • Accessible, evidence-based, up-to-date information for policymakers, NGOs, etc • Systematic policy comparisons between jurisdictions and over time • Platform for informing public about effective alcohol policies
Why is CAPE important?	<ul style="list-style-type: none"> • In 2018 the net costs of alcohol exceeded its revenues with all Canadian jurisdictions running a deficit • 30-40% of drinkers (age 15+) report drinking above low-risk guidelines
Important Links	<ul style="list-style-type: none"> • Project Resources: www.alcoholpolicy.cisur.ca





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CAPE 2.0 Methods (see slides 20-25)

- Speaker *Ashley Wettlaufer (CAMH)* then walked through the CAPE 2.0 Methodology, covering the four stages of how the CAPE scoring rubric was developed, as well as applied.

CAPE 2.0 Policy Domain Scoring Rubric (slides 22-24)

Development of Rubric	Application of Rubric
1. Selection of domains and indicators	1. Data Collection (Phase 1 & 2)
2. Development of domain weighing	2. Data Validation
3. Development of indicator scoring	3. Data Scoring
4. External Peer Review	4. Tabulation of Scores

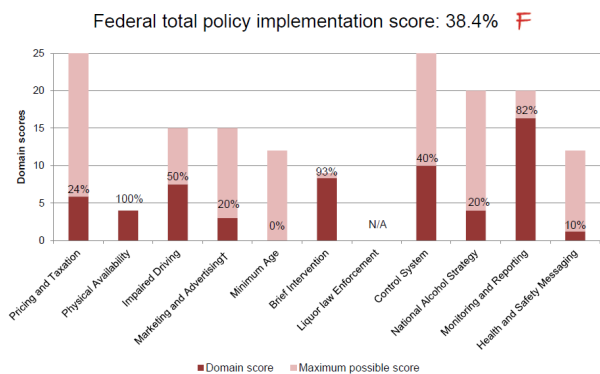
1.2. CAPE 2.0 recap (see slides 26-34)

- Speaker *Tim Stockwell (CISUR)* presented main findings of CAPE 2.0's failing federal and provincial policy implementation scores, and the best current practices in each jurisdiction reported by CAPE 2.0. He then summarized the various knowledge products produced by CAPE 2.0, as well as reports and publications, highlighting the breadth of CAPE 2.0's impact.

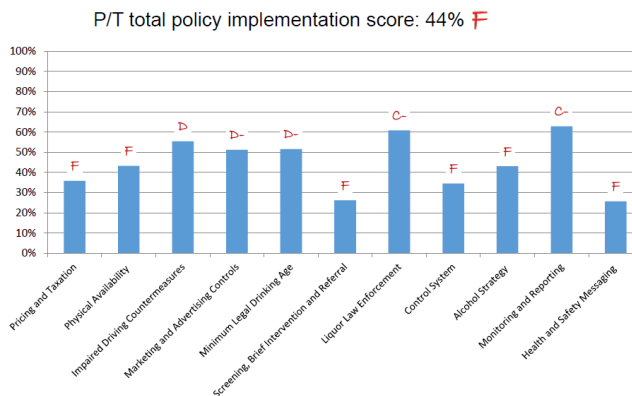
CAPE 2.0 overall policy implementation scores (slides 27-30)

- Total federal policy implementation score = **38.4% (F)**
- Average Province/Territory total policy implementation score = **44% (F)**
- Overall best current practice Province/Territory score if all policies implemented consistently = **86.8 (A)**

CAPE 2.0 Federal Policy Domain Scores



CAPE 2.0 Provincial/Territorial Policy Domain Scores





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CAPE 2.0 knowledge dissemination (slide 34)

- **Media articles** → 390+ media articles published about CAPE findings
- **Summary reports** → 13 provincial and territorial summary reports created
- **Webinars** → Health/regulation/retail stakeholders across 9 provinces & territories requested jurisdiction specific results webinars
- **Reports** → Project completion letters and reports sent to 45 stakeholder contacts and 75 government contacts

1.3. Alcohol policy changes during COVID-19 in Canada (see slides 35-44)

- **Speaker Fariha Alam (CISUR)** presented on alcohol policy changes during the pandemic, in which Canada observed the relaxation of several policies which increased accessibility of alcohol. She summarized these key policy changes by CAPE 2.0 domains, and by Canadian jurisdictions.
- Canada observed relaxation of many alcohol-specific policies over the pandemic, since March 2020 (see Table 2)

Table 2. Summary of COVID alcohol policy changes March 2020-present (slide 37)

Summary of Key Alcohol Policy Changes Implemented during Pandemic (March 2020-Present)

Provinces/Territories	Pricing and Taxation	Physical Availability of Alcohol		Alcohol Control System		Marketing and Advertising
		Hours On-Premises	Hours Off-Premises	Home Delivery/Takeaway from On-Premises Establishments	Ferment on Premise	
British Columbia			P	P		
Ontario			P	P		
Saskatchewan				P		
Alberta				P		
New Brunswick				P		
Nova Scotia						
Yukon						
Nunavut						
Northwest Territories						
Quebec				P		
Prince Edward Island				P		
Manitoba				P		
Newfoundland and Labrador				P		
Legend	Policies Relaxed		Policies Relaxed Permanently		Stricter Policies Implemented	

Special thanks to the CCSA Working Group for compiling COVID-19 alcohol policy data across Canada, which can be accessed by contacting policy@ccsa.ca.



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These changes include, but are not limited to: (slides 38-41)

1. **Wholesale discounts and reduced prices on alcohol** in British Columbia, Ontario, Nova Scotia and Newfoundland and Labrador
2. **Reduced minimum pricing of spirits** onsite in Ontario
3. **Extension of liquor store hours** in BC, Ontario and Quebec
4. **Reduced hours of operation and on-site capacity for on-premise retailers** across all provinces and the Northwest Territories
5. **Cross-promotion of alcohol in Ontario grocery stores:** Increased flexibility to cross-promote alcohol with non-alcoholic products
6. **Home delivery & takeout of alcohol from restaurants and bars** with purchase of food across all provinces and the Northwest Territories

1.4. CAPE 3.0 – Next steps and updates (see slides 42-49)

- **Speaker *Tim Naimi (CISUR)* gave an update on CAPE's next iteration, CAPE 3.0, the project team, and CAPE's new directions. He also summarized the knowledge products CAPE 3.0 aims to produce, and acknowledged the support received by funding partners.**

CAPE 3.0 Project team (slide 44)

Canadian Institute for Substance Use Research (CISUR)

- Fariha Alam
- Dr. Russell Callaghan
- Amanda Farrell-Low
- Dr. Marilou Gagnon
- Dr. Tim Naimi
- Dr. Adam Sherk
- Dr. Tim Stockwell
- Kate Vallance
- Nicole Vishnevsky

Centre for Addiction and Mental Health (CAMH)

- Dr. Norman Giesbrecht
- Dr. Robert Mann
- Dr. Kevin Shield
- Ashley Wettlaufer

Other institutions

- Dr. Mark Asbridge, Dalhousie University
- Dr. Jacob Shelley, University of Western Ontario/HELP Lab
- Prof. Robert Solomon, University of Western Ontario
- Dr. Kara Thompson, St. Francis Xavier University

...and many additional knowledge use collaborators and partners!



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CAPE 3.0 update and new directions (slides 45-56)

- CAPE 3.0 is a similar and improved version of CAPE 2.0
- Currently revising 250+ indicators to develop CAPE 3.0 scoring system/rubric
- COVID related policy changes include, but are not limited to: new ways to access alcohol (i.e. home delivery, curbside pickup, take-away alcohol from bars and restaurants)
- Hot topics: minimum pricing, labelling

CAPE 3.0 knowledge products (slide 47)

- **Summary sheets** → policy domain or individual indicators
- **Policy data packages** → at the provincial, territorial and federal level
- **Webinars** → on topics recommended by community of practice members

PART 2: CAPE Community of Practice (CAPE CoP)

2.1. CAPE Community of Practice (see slides 51-61)

- **Speaker Amanda Farrell-Low (CISUR)** introduced the CAPE Community of Practice, going over the rationale for starting one, the vision of CAPE's Community of Practice, the process for developing it, and the make-up of its current members and their interests.

Why start an alcohol community of practice?

Throughout CAPE 1.0 and 2.0, we were put in touch with many individuals working within alcohol policy across Canada. A need for a space where people across jurisdictions, and areas of expertise could collaborate, and learn from each other emerged.

When developing our community of practice, we asked ourselves: what would be useful for advancing policy change or strengthening policy?

Taking inspiration from other CISUR community of practice models (MAPS CoP, Co/Lab CoP) helped us develop what we hope to be a space of collaboration and learning that is driven by membership, but supported by the CAPE CoP team and coordinating committee. A space that is free of industry involvement.

As the community of practice now stands, we have members representing every jurisdiction across Canada, including at the national and federal levels. Most members have affiliations with public health/ health service organizations, but membership is vast and there are members who represent NGOs, government regulators, research organizations, individual interest, persons with lived and living experience, just to name a few.



