



CAPE 3.0: Results from British Columbia

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.

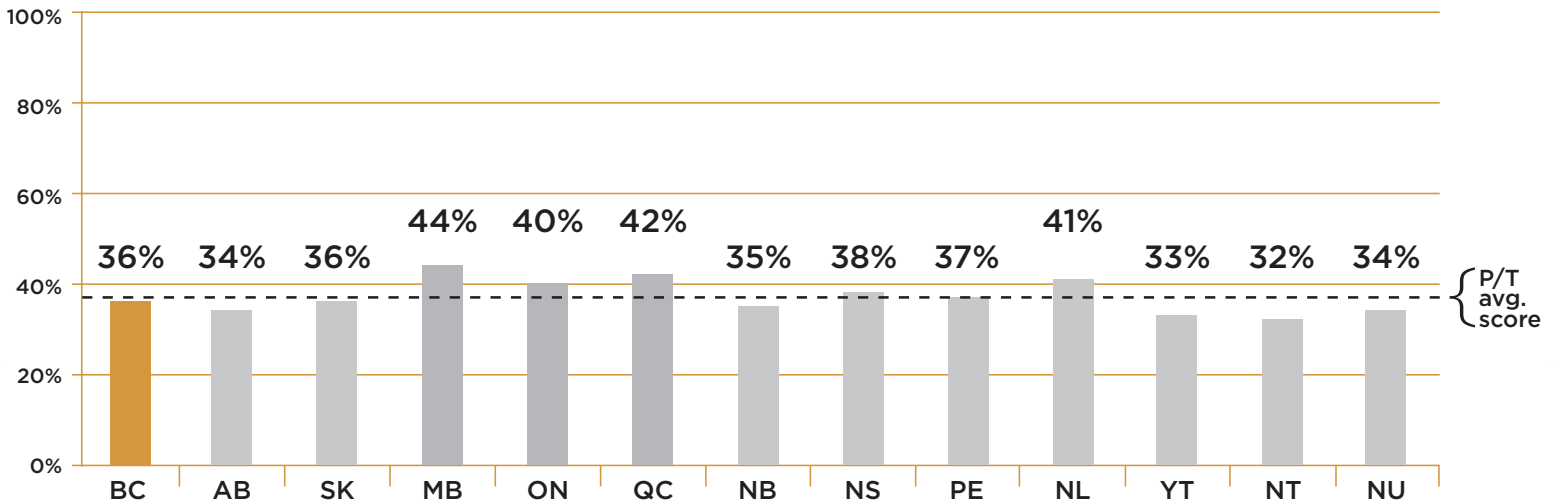
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN BC



WHAT CAN BE DONE: AN ALCOHOL POLICY APPROACH

Evidence-based alcohol policies are the most effective way to reduce harm from alcohol. The scores in this summary represent the degree to which best practice policies have been implemented.

CAPE 3.0 Results: How Does BC Compare?



BC's CAPE Scores: What's Possible?

If British Columbia implemented all the best existing policies across Canada's provinces and territories, their score could change from **36% (F)** to **80% (A-)**.

If we graded BC against best existing policies across provinces and territories, their score would still only be **44% (F)**.

CAPE POLICY DOMAINS: DO THEY ALL HAVE THE SAME IMPACT?

The 11 policy domains in this assessment form part of a comprehensive and synergistic approach to preventing and reducing different types of alcohol harms. Policies examined fall under provincial or territorial control, and each domain reflects the current evidence and is weighted based on its effectiveness and scope of reach. This results in a ranked order from one (i.e., highest overall impact) through 11 (see next page). However, all the domains are necessary to create a health-focused alcohol policy environment. To read more, see Project Methodology.

WHAT BC IS DOING WELL: SELECTED EXAMPLES



While lower than recommended, BC sets an alcohol-specific sales tax of 10% (3% more than the PST on other consumer goods). The minimum price for spirits sold from on-premise establishments exceeds the recommended level.

1. Pricing & Taxation



BC has a moratorium in place prohibiting new licenses for off-premise retail outlets until 2032. Although on-premise alcohol takeout and delivery is allowed, there is a defined food component required that is set in regulation.

2. Physical Availability



BC's graduated licensing program (GLP) has the recommended minimum start age of 16, stage 1 & 2 durations, passenger limits for stage 2 drivers, and a prohibition on GLP drivers testing positive for alcohol.

4. Impaired Driving Countermeasures

WHERE BC NEEDS WORK: SELECTED EXAMPLES

BC Minimum Pricing (2021/22)*



Level of minimum pricing is lower than recommended for all alcohol sold in BC, is not tied to ethanol content, and not indexed to inflation. The alcohol-specific sales tax applied to alcohol is lower than recommended.

1. Pricing & Taxation

OFF PREMISE (liquor stores)		ON PREMISE (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
\$1.35	\$1.83 🍺 Beer	\$2.76**	\$3.66 🍺 Beer
\$1.03	\$1.83 🍷 Wine	\$3.45	\$3.66 🍷 Wine
\$1.37	\$1.83 🍸 Spirits	\$5.18	\$3.66 🍸 Spirits
\$1.12	\$1.83 🍹 Coolers	\$2.47	\$3.66 🍹 Coolers

*price per standard drink for a common container size and beverage strength, expressed in 2021 dollars. **for draft beer in serving sizes greater than 1.42 L (50oz).



There are no restrictions on outlet placement for any premises in BC. Hours of sale extend longer than recommended across all premises. BC permits off-premise alcohol home delivery, including by a third party (e.g. Uber Eats).

2. Physical Availability



Less than 10% of off-premise retail outlets in BC are government owned and run. There are no policies prohibiting online sales or alcohol sales alongside other goods and services. The alcohol retailer, LDB, reports to the Ministry of Finance and does not include health and safety in its mandate.

3. Control System

STEPS BC CAN TAKE TO IMPROVE THEIR CAPE POLICY SCORES



The policy domains below are listed in order of impact based on their effectiveness and scope (see page 2 for details). This table is also available in plain-text format.

Policy Domain	Score ⁴	Recommendations (All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.)
1. Pricing & Taxation 	28% F	<ul style="list-style-type: none"> • Increase legislated minimum prices to a rate per standard drink (e.g. 17.05mL ethanol) of at least \$2.04* for alcohol sold at off-premise retail outlets and \$4.07* for alcohol sold at on-premise establishments, after taxes, and implement automatic indexation (*2023 price); BC minimum prices have not increased since 2016. Tie minimum prices for all alcohol precisely to the ethanol content (e.g. \$/ L ethanol) rather than to a litre of beverage. • Update general alcohol prices annually to keep pace with BC-specific inflation and increase the existing 10% level of alcohol sales taxes. • Set off-premise minimum retail markups to be at least 100% of the landed cost for each beverage type and set on-premise markups at or above the off-premise retail price.
2. Physical Availability 	37% F	<ul style="list-style-type: none"> • Reduce existing outlet density of all premises. Set density limits for off-premise retail outlets in legislation (beyond existing time-limited moratorium) and introduce density limits for on-premise establishments. Introduce placement limits for all premises. • Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales before 11:00am and after 8pm (off-premise retail outlets) and 1am (on-premise establishments). Prohibit on-premise alcohol takeout. Prohibit alcohol home delivery, including by a third party, from all premises.
3. Control System 	28% F	<ul style="list-style-type: none"> • Appoint a health and/or safety-focused ministry to oversee alcohol distribution and retail. • Increase the current 7.5% proportion of government-owned and operated off-premise retail outlets and move towards a full government monopoly. Prohibit alcohol sales beyond traditional channels such as in convenience and grocery stores, in other establishments such as spas and sporting facilities, and via online sales; phase out ferment-on-premise outlets and home-brew kits. • Include protection of public health and safety as explicit mandate objectives for alcohol distribution and retail; legislate earmarked funds for harm prevention, research, and treatment; require public health involvement in decision-making and legislative changes; require targeted health-focused public engagement.
4. Impaired Driving Counter-measures 	55% D	<ul style="list-style-type: none"> • Strengthen graduated licensing program (GLP) with stage 2 night-time driving ban. Implement zero tolerance period for all new drivers with less than 5 years' experience; set penalties for all GLP or new driver violations. • Impose comprehensive mandatory ALS and AVI that escalate according to BAC level and repeat occurrences; record on driver's abstracts for at least 5 years. • Require escalating interlock periods for repeat ≥0.08% BAC federal convictions with relicensing based on performance criteria; have interlock program enrollment incentives to discourage unlicensed/uninsured driving.
5. Marketing & Advertising Controls 	19% F	<ul style="list-style-type: none"> • Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions), content (e.g. beyond CRTC rules), placement (e.g. physical location), and price-based promotions/sponsorships for all advertisers (e.g. government retailers, non-licensees/third parties) and all media types. • Appoint independent health-focused enforcement authority to conduct mandatory pre-screening of all alcohol ads, host responsive online complaint system, and enforce penalties applicable to government and private advertisers. Publicly list violations online with advertiser name and nature of violation.
6. Minimum Legal Age 	34% F	<ul style="list-style-type: none"> • Increase minimum legal age to 21 for possession and purchase of alcohol; consider granting graduated access (i.e. restrictions based on alcohol strength or hours of sale). • Require proof of age identification for anyone purchasing alcohol and 2-staged verification (i.e. when ordering and receiving order) for alcohol sales made remotely (e.g. online, via phone, etc.).
7. Health & Safety Messaging 	23% F	<ul style="list-style-type: none"> • Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises. Labels, signage, and messaging should include a variety of evidence-based warning messages (e.g. cancer risk, standard drinks, national alcohol guidance, calories), be prominently displayed and accompanied by pictorials, rotate across all products, and support consumers in making informed decisions about product use. • Enhance ministry-led alcohol health and safety campaigns by including a variety of topics.
8. Liquor Law Enforcement 	57% D+	<ul style="list-style-type: none"> • Apply risk-based licensing and enforcement criteria to off-premise outlet and license holder characteristics and to on-premise license holder characteristics to determine risk level for licensing conditions and enforcement schedules. • Introduce a dedicated police inspection program for on-premise establishments. • Strengthen the existing alcohol sale and service training program by adding an evidence-based public health focus and requiring recertification at least every 2 years.
9. Screening & Treatment^s Interventions 	62% C-	<ul style="list-style-type: none"> • Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support. • Provide health professionals with screening, brief intervention, and referral (SBIR) training and ensure availability of in-person or online SBIR services with health professionals; develop and/or host online self-guided SBIR resources. <p>(^sTreatment indicators measure existence of services only, not quantity or quality.)</p>
10. Alcohol Strategy 	17% F	<ul style="list-style-type: none"> • Implement a standalone government-endorsed alcohol strategy that includes a wide range of evidence-based public health policies (such as pricing and physical availability) and is developed independently of the alcohol industry. Allocate dedicated government funding to the strategy with an identified public health leader, an implementation timeline, reoccurring public-facing implementation assessments and updates at least every 5 years.
11. Monitoring & Reporting 	60% C-	<ul style="list-style-type: none"> • Strengthen systematic and comprehensive tracking of all alcohol-related indicators with annual public reporting of all indicators through centralized public database or reporting system (i.e., website), with leadership from government knowledge broker and tailored knowledge products or activities at least every 2 years.

? For more details on policy indicators, see the **POLICY DOMAIN RESULTS SUMMARY**.

WANT TO KNOW MORE ABOUT CAPE?

PROVINCIAL/TERRITORIAL

Other P/T Results Summaries
Policy Domain Results Summary
Policy Scoring Rubric
Methodology and Evidence
Best Practice Policy Leaders

FEDERAL

Federal Results Summary
Policy Domain Results
Policy Scoring Rubric
Methodology and Evidence
Evidence-Based Recommendations for
Labelling of Alcohol Products in Canada

To learn more about the Canadian Alcohol Policy Evaluation or to join our Community of Practice, visit alcoholpolicy.cisur.ca or email cisur@uvic.ca.

Notes: 1. Statistics Canada. Table 10-10-0010-01 Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume.
2. Canadian Substance Use Costs and Harms.
3. Statistics Canada. Table 10-10-0012-01 Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000).
4. Grade ranges: A+ = 90-100%; A = 85-89%; A- = 80-84%; B+ = 77-79%; B = 73-76%; B- = 70-72%; C+ = 67-69%; C = 63-66%; C- = 60-62%; D+ = 57-59%; D = 53-56%; D- = 50-52%; F = 0-49%.

Suggested citation: Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Results from British Columbia. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

Acknowledgments: Thank you to all federal, provincial and territorial stakeholders who provided valuable feedback for this project as well as assisting with data collection and validation activities. Thanks also to our three external expert reviewers, all the extended members of the project team, and our CAPE Community of Practice.

Funding: This project was funded primarily by Health Canada's Substance Use and Addictions Program. Additional funds were provided by the Public Health Agency of Canada and the Social Sciences and Humanities Research Council. The views expressed herein do not necessarily represent the views of Health Canada or the other organizations acknowledged.