



2012, 2017 and 2022 Comparison Scores

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 (CAPE) 3.0: 2012, 2017 and 2022 Comparison Scores. 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.

Background

The Canadian Alcohol Policy Evaluation (CAPE) is an ongoing research project that provides rigorous assessments of the existence of evidence-based, public-health-focused provincial, territorial, and federal alcohol policies in Canada.

The CAPE project began in 2012 (CAPE 1.0) with an initial systematic and comparative review of alcohol policies and programs across all Canadian provinces (territories were not included). The second iteration of the project (CAPE 2.0) conducted in 2017, also assessed the territories and the federal government, as did the third iteration (CAPE 3.0) conducted in 2022.

CAPE comprises a set of evidence-based alcohol policy domains. These policy domains are weighted to reflect their degree of effectiveness and scope. This weighting process results in a ranked order of policy domains from one (i.e. highest overall impact) through 10 (federal) or 11 (provincial/territorial). The domains include specific policy indicators that are assigned point values and form the scoring rubrics against which jurisdictions are assessed (see [Policy Scoring Rubric \(Federal\)](#); [Policy Scoring Rubric \(Provincial/Territorial\)](#)).

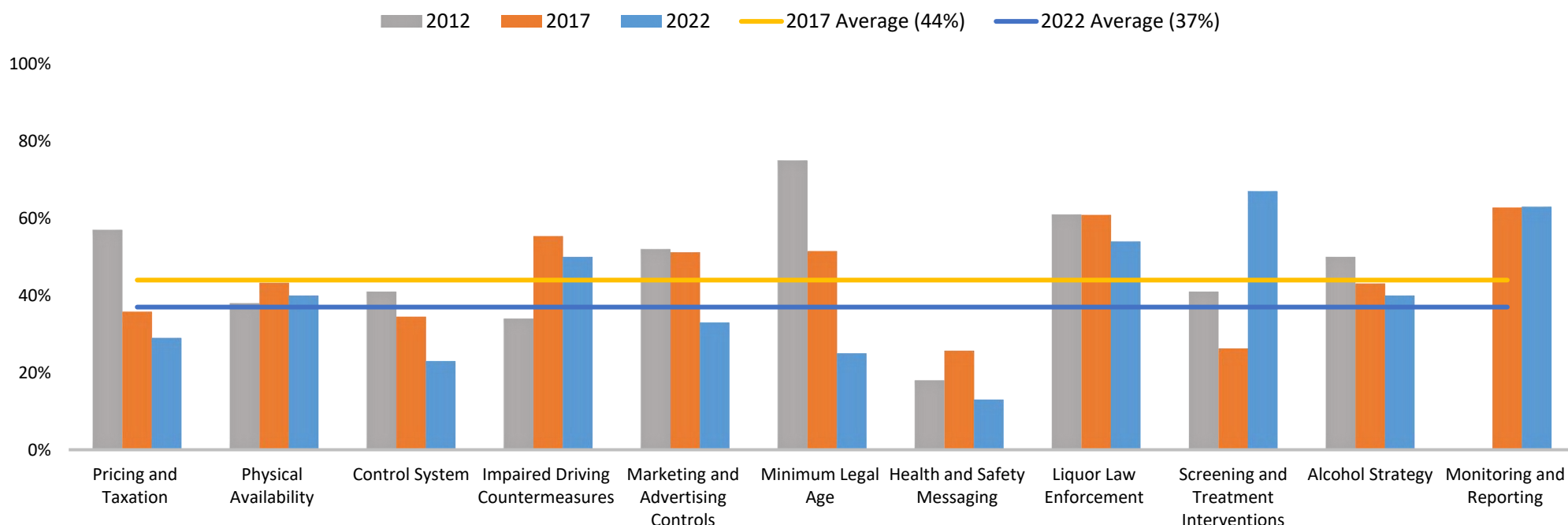
Interpretation of Scores

The CAPE project provides a point-in-time snapshot of alcohol policies in place at the time of data collection. Results of the three CAPE assessments are not directly comparable as policy domains, indicators and methodology are updated during each iteration to reflect the current alcohol policy research and evidence. Results over time do provide an indication of the overall direction of government approaches to alcohol policy to address alcohol harm in Canada.

Key differences between CAPE 1.0, 2.0 & 3.0:

- CAPE 1.0 did not include the domain Monitoring and Reporting; did not assess the territories nor the federal government.
- CAPE 2.0 domains were presented as two different rankings (i.e., direct and indirect); CAPE 3.0 presented a single ranking of domains.
- The rank order of domains differs between CAPE 2.0 and CAPE 3.0 due to
 - updated research evidence which changed how the indicators and domains were weighted.
 - a broader range of policies captured under each domain.
 - methodological adjustments (e.g., more precise (0.5) increments in the 5-point rating scale); and
 - a revised definition of effectiveness that was broadened to include both direct mechanisms and indirect facilitation of policy implementation.
- CAPE 3.0 placed more emphasis on assessing industry impacts and involvement in policy making and implementation.

AVERAGE SCORES BY CAPE POLICY DOMAIN (PROVINCIAL/TERRITORIAL)

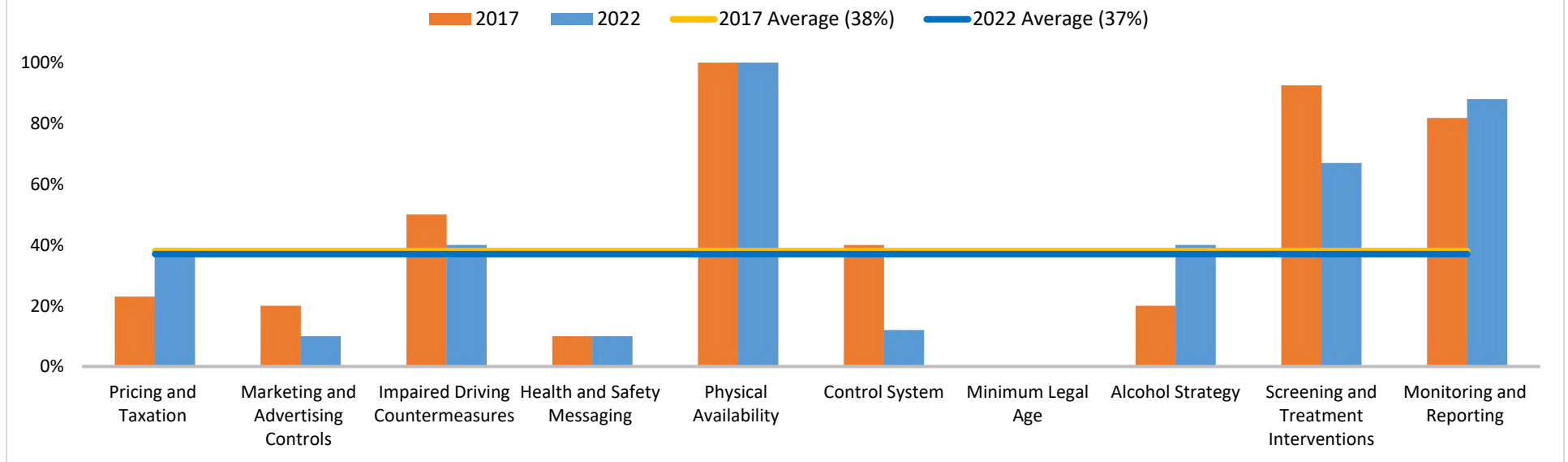


Provincial/Territorial Results

The CAPE provincial/territorial assessment included 10 policy domains in 2012 and 11 policy domains in 2017 and 2022 (see [Policy Domain Results Summary \(Provincial/Territorial\)](#)). The chart above shows that average scores for each policy domain (except screening and treatment interventions, and monitoring and reporting) were lower in the 2022 assessment compared to 2017. In 2017, the provinces and territories achieved an overall average score of 44% across all 11 domains compared to 37% in 2022. Scores declined both as a result of policy erosion and optimization of the scoring rubric. Policies towards deregulation and privatization have continued over time (e.g. expansion of alcohol sales in grocery and convenience stores, and online; extended trading hours; alcohol home delivery and takeout; higher proportion of privately-owned and -operated retail outlets). Optimization of the 2022 scoring rubric included more focus on alcohol-specific taxes (Pricing and Taxation); ministries responsible for alcohol regulation and sales, types of alcohol retail systems (Control System); industry involvement, digital media (Marketing and Advertising Controls); age verification (Minimum Legal Age); and government health campaigns (Health and Safety Messaging).

Note: Screening and Treatment Interventions* higher score in 2022 from 2017 is due to changes in indicators assessed.

FEDERAL SCORES BY CAPE POLICY DOMAIN



Note: Scores are not directly comparable over time; CAPE is a point-in-time assessment.

Federal Results

The CAPE federal assessment included 10 policy domains in 2017 and 2022 (see [Policy Domain Results \(Federal\)](#)). The chart above shows that scores for four of the policy domains were lower in the most recent 2022 assessment compared to 2017, three were the same, and three were higher. The chart shows low scores for the policy domains that offer the most effective policies for reducing alcohol harm (i.e. highest ranked). Some score differences between 2017 and 2022 resulted from optimization of the scoring rubric. For example, more comprehensive indicators used to assess policy for Pricing and Taxation and Alcohol Strategy domains contributed to their higher scores. The federal government's overall score across all 10 domains was 38% in 2017 and 37% in 2022. While scores are not directly comparable due to methodological differences, the scores suggests that federal alcohol policy has not significantly changed between these two time points.

*Screening and Treatment Interventions indicators measured existence (not quality or quantity) of services.