



# Policy Domain Results Summary

(Atlantic Canada)

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# Policy Domain Results Summary (Atlantic Canada)

## Introduction

Alcohol is the legal substance most used in Canada and carries extremely high costs and harms due to the way it is currently regulated across the country (see Table 1). The 11 evidence-based policy domains assessed as part of the Canadian Alcohol Policy Evaluation (CAPE) form part of a comprehensive and synergistic approach to preventing and reducing different types of alcohol harms. This summary seeks to strengthen health-promoting alcohol policies by providing policymakers, decision-makers, and knowledge users with detailed assessments of the extent to which effective policies and interventions are in place across Atlantic Canada, which includes the provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island. For detailed recommendations on how Atlantic provinces can improve their alcohol policies, please refer to the individual provincial/territorial results summaries.

**Table 1: Per Capita Consumption and Alcohol Costs**

	Per capita alcohol consumption (standard drink) <sup>1</sup>	Alcohol revenues (millions) <sup>2</sup>	Alcohol harm costs (millions) <sup>3</sup>	Total alcohol deficit (millions)	Loss per standard drink <sup>1,2,3</sup>
<b>NB</b>	452	\$319	\$411	-\$420	-\$0.30
<b>NS</b>	481	\$432	\$652	-\$92	-\$0.54
<b>PE</b>	475	\$70	\$131	-\$219	-\$0.96
<b>NL</b>	540	\$296	\$351	-\$61	-\$0.22

<sup>1</sup>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.

<sup>2</sup>Statistics Canada. Table 10-10-0012-01 Net income of liquor authorities and government revenue from sale of alcoholic beverages (x1,000).

<sup>3</sup>Canadian Substance Use Costs and Harms (CSUCH).

\*CSUCH cost estimates do not include inpatient hospitalization, day surgery, emergency department and paramedic services costs for Quebec.

\*\*Data on premature deaths in Yukon for 2020 were not available from Statistics Canada’s Vital Statistics database. Therefore, meaningful per-person costs for lost productivity could not be calculated for Yukon in 2020.

## What’s in this Document

This summary includes results for the CAPE 3.0 alcohol policy domains across Atlantic Canada with data collected in 2022. A brief description of each of the policy domains is provided as well as details about the best practice policies that were used to assess the jurisdictions. Each section of the summary presents: the overall policy domain scores by province, a breakdown of the scores across different policy indicators, key result highlights from across jurisdictions, and overall recommendations.

The policy domains are presented in ranked order of 1 through 11 which reflects the weighted impact of their overall effectiveness and scope (see the [Methodology and Evidence](#) document for more information on domain weighting). Although ranked, all domains are necessary to create a health-focused alcohol policy environment. Note: the ranked order of domains at the provincial/territorial level differ to ranked order of domains at the federal level.

### CAPE 3.0 Policy Domains

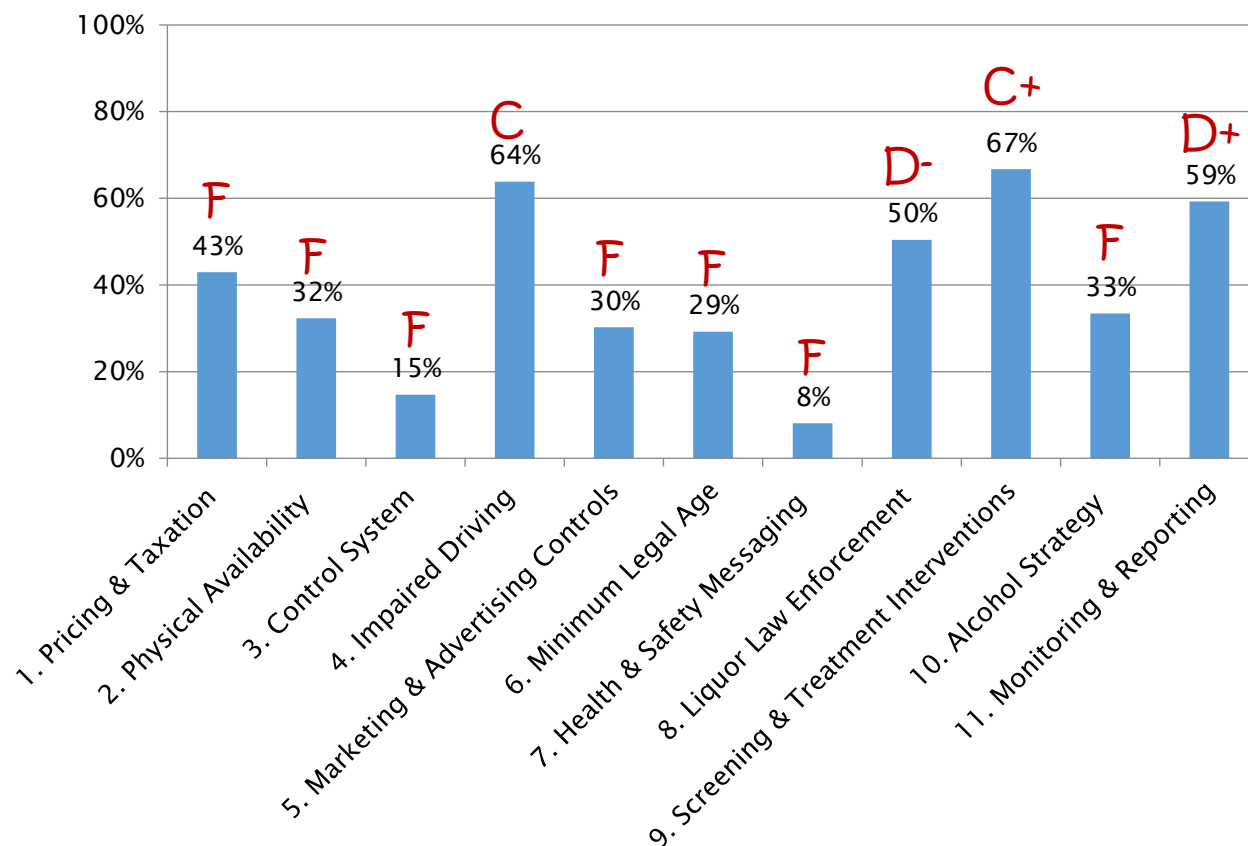
Based on extensive international literature, including meta-analyses and systematic reviews, we developed detailed measures across policy domains that have been shown to be effective in preventing and reducing public health and safety harms from alcohol. The CAPE 3.0 policy domains include: 1. Pricing and Taxation; 2. Physical Availability; 3. Control System; 4. Impaired Driving Countermeasures; 5. Marketing and Advertising Controls; 6. Minimum Legal Age; 7. Health and Safety Messaging; 8. Liquor Law Enforcement; 9. Screening and Treatment Interventions; 10. Alcohol Strategy; 11. Monitoring and Reporting.

### What We Measured

The CAPE domains are comprised of policy indicators that reflect the current best practices based on established or emerging evidence and practice. The indicators for each domain were assigned points values, used to assess implementation of specific policies and practices, up to a maximum of 10 points. The [Methodology and Evidence](#) document provides more details about how domain weighting, scoring and analysis were conducted as well as summaries of the evidence that underpins each of these policy domains.

## Overall Domain Results

Figure 1: Average Score by CAPE Policy Domain, Atlantic Provinces



Across all 11 domains, Atlantic Canada collectively achieved an average of 38% (F) of their potential to reduce alcohol harms with evidence-based policies. Screening and Treatment Interventions (67%) and Monitoring and Reporting (59%) were the two policy domains with the highest average scores. Health and Safety Messaging (8%), Control System (15%) and Minimum Legal Age (29%) were domains with the lowest average scores. Of note is that the two domains ranked highest for their potential to impact alcohol harms each had some of the lower average scores with 32% (F) in Physical Availability and 43% (F) in Pricing and Taxation.

Although overall policy scores were low across the domains, if the Atlantic provinces implemented all the best existing alcohol policies across Canada's P/Ts, their score could increase to 80% (A-). See [Best Practice Policy Leaders](#) document for further details.

Note: CAPE is a point in time evaluation with measurement criteria (e.g. policy indicators) that are reviewed and updated to reflect new and emerging evidence or policy trends. Thus, CAPE scores are not directly comparable to previous assessments; they reflect the current state of policy implementation across the key policies areas that are measured each time.

# 1. Pricing and Taxation

## Domain Overview

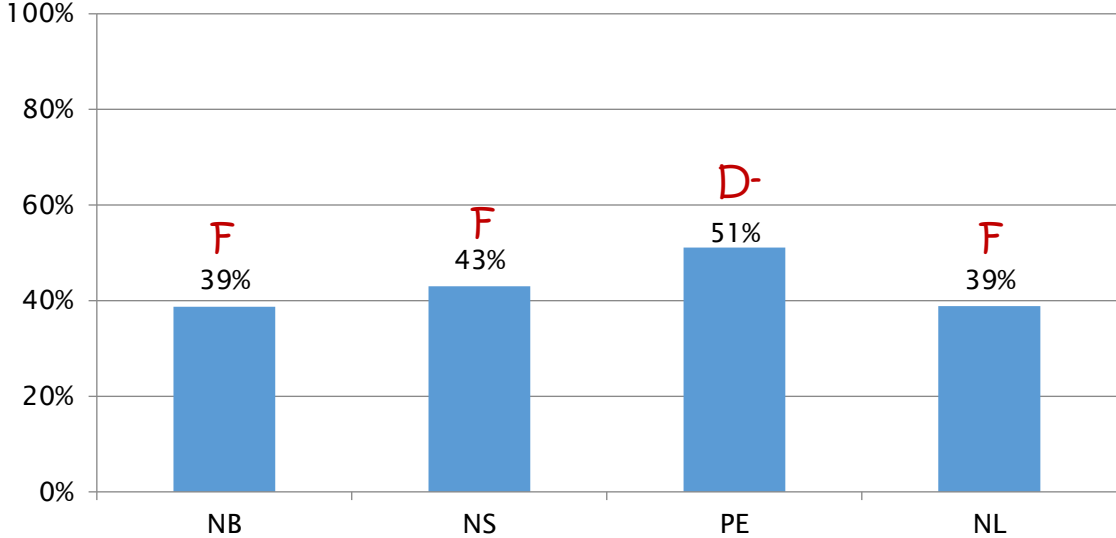
Strong pricing and taxation policies that increase alcohol prices, such as indexed minimum unit pricing, alcohol-specific sales taxes, and retail markups, are highly effective strategies for reducing overall consumption and alcohol harms.

Based on hundreds of studies from around the world, it is clear that increasing the price of alcohol is a highly effective strategy for reducing consumption and alcohol health and social harms. Like many other consumer products, when alcohol prices rise, sales decrease if other factors such as income remain constant. In contrast, if prices are not increased over time, alcohol becomes cheaper relative to other goods, encouraging higher consumption.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 2: Pricing and Taxation Policy Domain Scores by Atlantic Province**



Alcohol pricing and taxation policies, the most impactful of all the domains evaluated, vary across Atlantic provinces. PE scored the highest among the Atlantic provinces in this domain (51%, D-) with their off-premise minimum prices and 25% health tax applied to alcohol. The next highest scores was NS (43%, F) followed by NB and NL (both 39%, F).

Although overall policy scores were low, if Atlantic provinces implemented all the best existing pricing and taxation policies across Canada's P/Ts, their score could increase to 88% (A).

See [Best Practice Policy Leaders](#) document for further details.

### Pricing and Taxation: Best Practice Policy Indicators

- **Minimum pricing for alcohol sold from off-premise outlets (3 points)**

Minimum prices are in place for alcohol sold in retail liquor stores across all beverage categories at an average of \$1.83 (2021 prices) or higher for common container sizes. Minimum prices are automatically indexed to inflation each year and adjusted to precisely reflect the ethanol content of the beverage for each major alcohol category using volumetric pricing; no minimum pricing loopholes exist (e.g. discounting of de-listed products below minimum prices etc.). **(Rubric indicators 1.1a-e)**

- **Minimum pricing for alcohol sold from on-premise outlets (1 point)**

Minimum prices are in place for alcohol sold through licensed establishments across all beverage categories at an average of \$3.66 (2021 prices) or higher for common container sizes. Minimum prices are automatically indexed to inflation each year and are adjusted according to a volumetric formula tying the minimum price precisely to the ethanol content of the beverage; no minimum pricing loopholes exist (e.g. complimentary drinks, discounted gift certificates etc.). **(1.2a-e)**

- **General price levels keeping pace with inflation, all premises (1 point)**

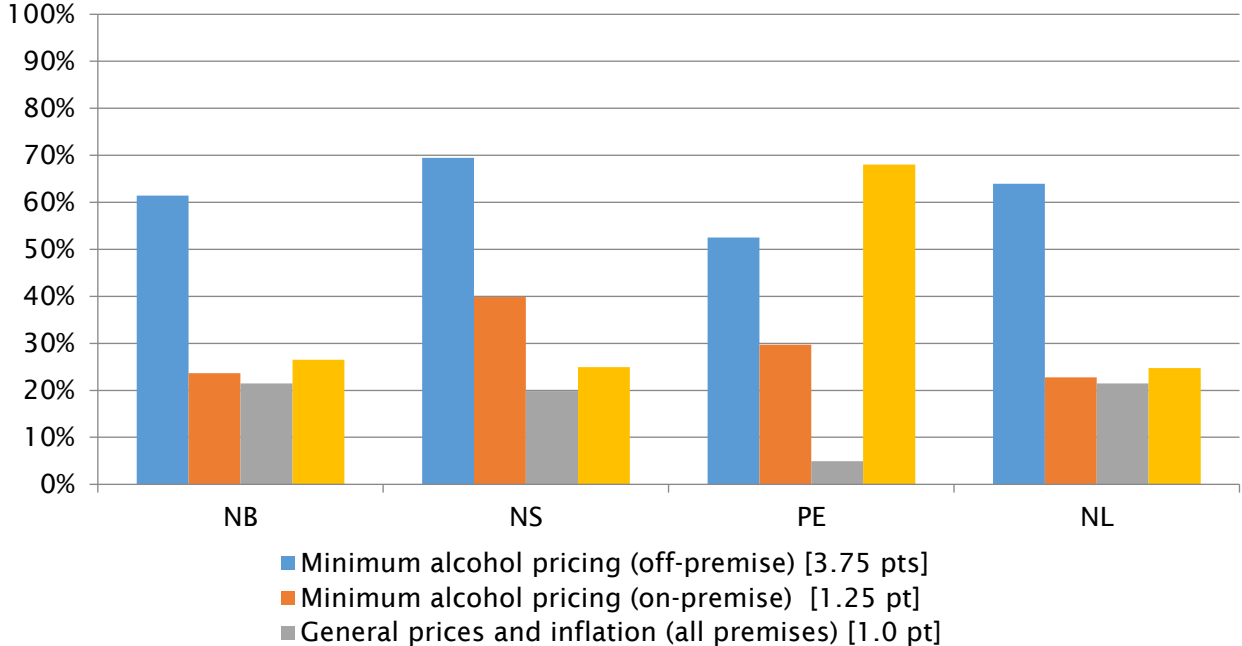
The differential between jurisdiction-specific alcohol price indices for off-premise and on-premise alcohol sales and all item consumer price index (CPI) based on Statistics Canada data was zero or higher for each beverage category. Differences between average CPI and general price levels were examined for the last reporting year as well as over a five-year trend in order to interpret degree of congruence with overall inflation. **(1.3ai-aii)**

- **Alcohol sales tax and markups, all premises (5 points)**

An alcohol sales tax of 37.5% (off-premise) and 22.5% (on-premise) is applied and alcohol is taxed higher relative to other consumer goods with a 27.5% differential for off-premise sales and a 12.5% differential on-premise sales. The level of retail markup for alcohol sold from off-premise outlets is 100% of the landed cost for all beverage types and on-premise licensees purchase at the off-premise retail price. An ad valorem retail markup structure or automatic annual indexation of a flat rate markup in alignment with jurisdiction-specific CPI is in place; no markup loopholes exist (e.g., lower markup rates for craft manufacturers, different markups by license type). **(1.4ai-bii & 1.5ai-bi)**



**Figure 3: Pricing and Taxation Policy Indicator Scores by Atlantic Province**



**● Minimum alcohol pricing (off-premise)**

NS (69%), NL, (64%), and NB (61%) scored the highest among the Atlantic provinces for off-premise minimum pricing policies and PE scored the lowest (53%) (see Table 2). Of the Atlantic provinces that set minimum prices on alcohol sold from off-premise outlets, PE, NS, and NL have the highest average minimum pricing. NL loosely ties minimum prices to ethanol content with broad strength bands as opposed to tying prices precisely to ethanol content (i.e. \$/L ethanol). Only NS and NB index all off-premise minimum alcohol prices to keep pace with inflation; in NB it is a policy of the retailer rather than set in legislation.

**● Minimum alcohol pricing (on-premise)**

NS (40%) scored the highest for minimum pricing policies for alcohol sold from on-premise establishments among the Atlantic provinces followed by PE (30%), NB (24%), and NL (23%) (see Table 2). All four provinces set minimum prices for alcohol sold at on-premise establishments. None currently meet the recommended level of \$3.66 (2021 prices) per standard drink (e.g. 17.05mL ethanol). PE’s average minimum price for all beverages comes closest at \$3.03. NL has the lowest average minimum price across all beverage types at \$1.74 per standard drink. The average minimum price for spirits in NS (\$3.67) exceed the recommended level. None of the Atlantic provinces automatically index on-premise minimum prices to keep pace with inflation.

**Table 2: Minimum Prices for Alcohol**

	Off-premise (ideal of \$1.83*)				On-premise (ideal of \$3.66*)			
	Beer	Wine	Spirits	Coolers	Beer	Wine	Spirits	Coolers
<b>NB</b>	\$1.32	\$1.29	\$1.10	\$1.67	\$1.27	\$1.73	\$2.16	\$3.10
<b>NS</b>	\$1.82	\$2.00	\$1.48	\$1.96	\$2.40	\$2.40	\$3.67	\$1.72
<b>PE</b>	\$2.33	\$2.14	\$1.59	\$2.06	\$2.15	\$3.50	\$3.50	\$2.50
<b>NL</b>	\$1.71	\$1.72	\$1.47	\$2.12	\$1.65	\$1.91	\$2.34	\$1.13

\*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)

\*\*\*Products sold in grocery stores only.

\*\*\*\*Malt-based coolers only.

● **General prices and inflation (all premises)**

NB and NL (both 21%) scored the highest for their general prices followed by NS (20%) and PE (5%). In general, prices for wine and spirits sold from off-premise outlets are not keeping pace with inflation across any Atlantic province based on the most recent year (2021); beer is keeping pace in all Atlantic provinces except NL. In general, prices for beer sold from on-premise establishments are keeping pace with inflation in all Atlantic provinces based on most recent year (2021). Spirits prices are keeping pace with inflation (2021) in all Atlantic provinces.

● **Alcohol sales tax and markups (all premises)**

PE (68%) scored highest among the Atlantic provinces for alcohol sales taxes and markups, followed by NB (26%), NS and NL (both 25%) (see Table 3). PE applies a 25% ‘health tax’ to alcohol in addition to 15% HST. NB, NL, and NS all tax alcohol at the same rate as other consumer goods.

**Table 3: Alcohol-specific Sales Tax**

	Off-premise	On-premise
<b>NB</b>	None	None
<b>NS</b>	None	None
<b>PE</b>	25%	None
<b>NL</b>	None	None

Pricing and Taxation: Domain Recommendations

- Implement legislated minimum prices for all alcohol sold from all premises that are tied precisely (e.g. \$/L ethanol) to ethanol content. Set minimum prices at a rate per standard drink (e.g. 17.05mL ethanol) of at least \$1.83\* (or \$2.04 in 2023 dollars) for alcohol sold at off-premise retail outlets and \$3.66\* (or \$4.07 in 2023 dollars) for alcohol sold at on-premise establishments, after taxes, and implement automatic indexation (\*2021 prices).
- Update general prices annually to keep pace with inflation, increase sales taxes and tax alcohol at a higher rate than other consumer goods.
- 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

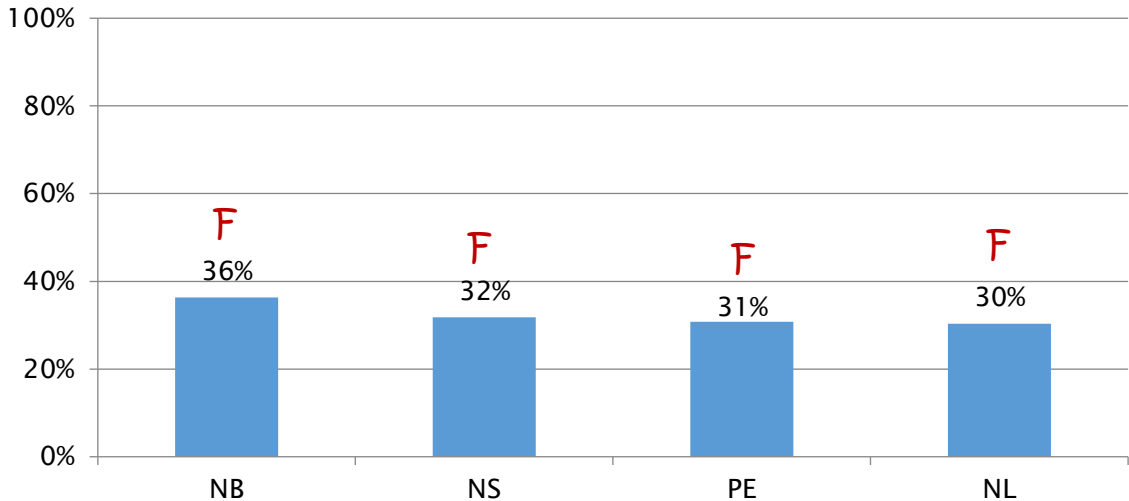
### Domain Overview

Limiting the physical availability of alcohol with reduced outlet density and trading hours is a key population-level intervention that can decrease consumption and prevent alcohol harms. The Physical Availability domain includes the density (per 10,000 capita aged ≥15 years) of off-premise retail outlets (i.e. liquor stores) and on-premise licensed establishments (e.g. restaurants and bars). This domain also includes the hours and days when these outlets and establishments are open, restrictions on where they can be located, and which types of businesses are permitted to sell alcohol.

See the [Methodology and Evidence](#) document for more detail and references.

### Domain Results

**Figure 4: Physical Availability Policy Domain Scores by Atlantic Province**



Alcohol is highly accessible across the Atlantic provinces. NB (36%, F) had the highest score among the Atlantic provinces in this domain followed by NS (32%, F), PE (31%, F), and NL (30%, F), none of which currently have any off-premise or on-premise density limits in place.

Although overall policy scores were low, if Atlantic provinces implemented all the best existing physical availability policies across Canada's P/Ts, their score could increase to 82% (A-).

See [Best Practice Policy Leaders](#) document for further details.

### Physical Availability: Best Practice Policy Indicators

- **Density, placement and hours/days of sale (off-premise) (6.25 points)**

There are provincially or territorially mandated limits on off-premise outlet density (e.g. limits based on population density or number of outlets) and outlet placement (e.g. mandated minimum distance from schools or community centres) with a density cap of 2 outlets or fewer per 10,000 capita age 15+ including private, government run and ferment-on-premise outlets. Mandated hours of alcohol sales at off-premise outlets do not start before 11am or extend beyond 8pm, have fewer than 7 days of sale per week, and are open less than the maximum possible hours of operation per week. **(Rubric indicators 2.1a-c & 2.3ai-bii)**

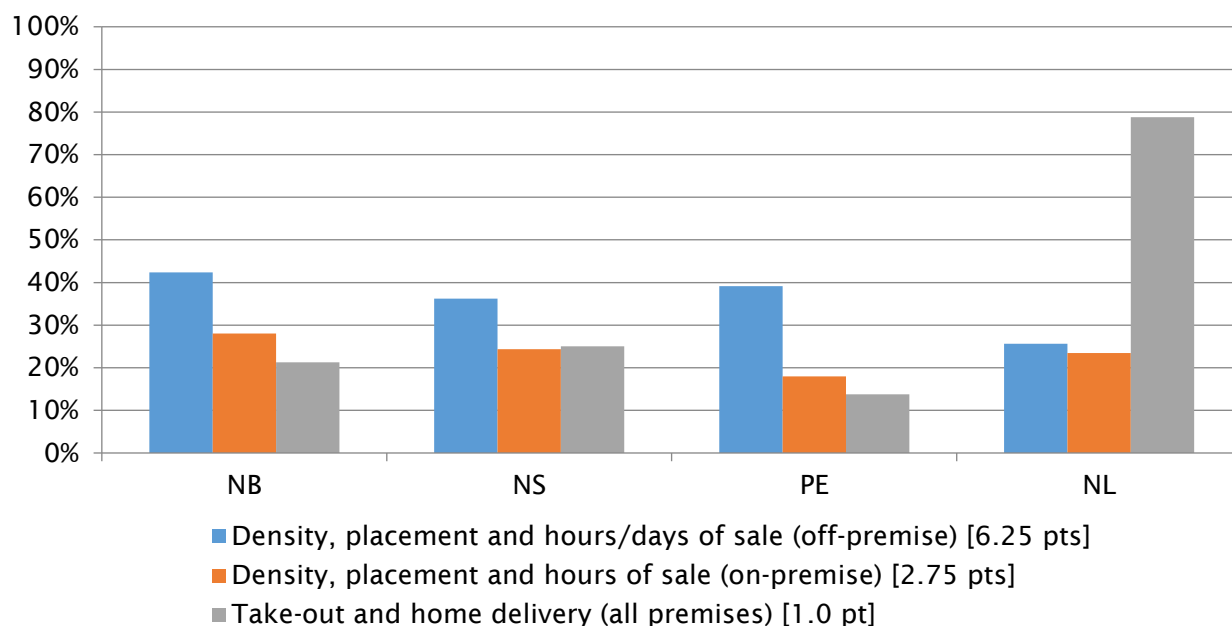
- **Density, placement and hours of sale (on-premise) (2.75 points)**

There are provincially or territorially mandated limits on on-premise outlet density (e.g. limits based on population density or on number of licensed establishments) and outlet placement (e.g. mandated minimum distance from schools or community centres) with a density cap of 15 licensed establishments or fewer per 10,000 capita age 15+. Mandated hours of alcohol sales at on-premise establishments do not start before 11am or extend beyond 1am the following day and are open less than the maximum possible hours of operation per week; no discretionary exceptions or extensions are granted to hours and days of sale (e.g., extending hours of operation for community events). **(2.2a-c & 2.4ai-c)**

- **Take-out and home delivery (all premises) (1 point)**

There are regulations prohibiting home delivery of alcohol for off-premise retail outlets and on-premise establishments or requiring that alcohol home delivery be provided only by the retailer or licensee (with a mandatory food component) rather than third party delivery services (e.g. Uber Eats); requirements around purchase of food must be well defined and be adequate. **(2.5a-bii)**

**Figure 5: Physical Availability Policy Indicator Scores by Atlantic Province**



● **Density, placement and hours/days of sale (off-premise)**

NB (42%) and PE (39%) scored the highest of the Atlantic provinces on their off-premise density, placement and hours/days of sale policies and NL (26%) and NS (36%) scored lowest. Off-premise density levels in NS (4.4 outlets), and NB (5.0 outlets) are near to the recommended limit of 2.0 outlets per 10,000 capita (see Table 4). PE (11.0) and NL (19.1) have very high per capita off-premise outlet density at 5.5 and 11 times the recommended limit respectively. NB and NL have legislative powers to set off-premise density limits that take population into consideration, however they currently do not.

Of the Atlantic provinces, none currently restrict placement of off-premise outlets, although PE has legislative powers to do so. Hours of operation for off-premise retail outlets extend beyond recommended hours in all Atlantic provinces (see Table 5). The closing hours of off-premise outlets in NL are within two hours of the recommended time of 8pm.

● **Density, placement and hours of sale (on-premise)**

PE (18%), NL (23%), and NS (24%) scored lowest of the Atlantic provinces on their on-premise density, placement and house of sale policies and NB scored the highest (28%). NS (28.1), NL (30.8), and PE (38.2) all have high per capita on-premise outlet density rates, ranging between nearly 2 and 2.5 times the recommended limit (see Table 4). There are currently no limits set on density of on-premise establishments in any P/T, although NB and NL have the legislative powers to do so. NS has restrictions on the placement of on-premise establishments (e.g. near schools, hospitals or similar institutions). Hours of operation for on premise establishments extend beyond the recommended 11am opening time and 1am following day closing time across every Atlantic province (see Table 5). All four Atlantic provinces have loopholes that allow for the extension of hours such as for sporting or cultural events.

**Table 4: Alcohol Outlet Density**

	Off-premise density rate per 10,000 capita (ideal of 2.0)	On-premise density rate per 10,000 capita (ideal of 15.0)
<b>NB</b>	5.0	21.5
<b>NS</b>	4.4	28.1
<b>PE</b>	11.0	38.2
<b>NL</b>	19.1	30.8

**Table 5: Regulated Hours of Operation for Alcohol Sales**

	Off-premise <sup>1</sup>			On-premise <sup>1</sup>	
	Open 7 days /week	Regulated hours of operation (unless otherwise noted)	Max operating hours /24 hrs	Regulated hours of operation <sup>1</sup> (unless otherwise noted)	Max operating hours/24 hrs
<b>NB</b>	Yes	6:00am-12:00am for grocery agency stores	18	9:00am-2:00am next day (Licensees that serve full meals: 6:00am-2:00am)	17 (20)
<b>NS</b>	Yes	10:00am-9:00pm* (Agency stores: 7:00am-12:00am) *Not set in regulation	11 (17)	10:00am-2:00am next day (Cabaret license: 6 days/week 11:00am-3:30am)	16 (16.5)
<b>PE</b>	Yes	9:00am-9:00pm* Reduced hours on Sunday: 12pm-5pm (Liquor Agencies: 8:00am-12:00am; reduced hours on Sunday: 12:00pm-12:00am) *Not set in regulation	12 (16)	9:00am-2:00am next day* *Not set in regulation	17
<b>NL</b>	Yes	10:00am-9:00pm* Reduced hours on Sunday: 10:00am-6:00pm *Not set in regulation	11	9:00am- 2:00am next day ('Extended hours license' Thursday to Sunday: 9:00am-3:00am next day)	17 (19)

<sup>1</sup> Hours of operation as defined in regulation for off-premise retail outlets and on-premise establishments unless noted otherwise; Jurisdictions were scored on the longest hours of operation regardless of license type. Different off-premise retail outlet types such as farmer's markets and duty free stores and on-premise license types such as lounges and sports arenas may have hours of operation that vary from the regulated hours noted above in Table 5.

● **Take-out and home delivery (all premises)**

NL (79%) scored highest for policies restricting alcohol takeout and home delivery from off-premise outlets and on-premise establishments and PE (14%), NB (21%) and NS (25%) all scored the lowest (see Table 6). All four Atlantic provinces allow some kind of alcohol takeout or home delivery, often by third-party delivery services such as Door Dash or Uber Eats. NL prohibits delivery from off-premise outlets. NS prohibits delivery from on-premise

establishments; NB allows on-premise delivery of alcohol but not by a third party and requiring a food purchase component. Of the Atlantic provinces that allow takeout and delivery, all have required food components set in regulation.

**Table 6: Alcohol Takeout and Home Delivery**

	Off-premise		On-premise			
	Home delivery allowed	Home delivery by third party allowed (e.g. Uber Eats)	Home delivery allowed	Takeout allowed	Home delivery by third party allowed (e.g. Uber Eats)	Food component required with alcohol purchase
<b>NB</b>	Yes	Yes	Yes	Yes	No	Yes
<b>NS</b>	Yes	Yes	No	Yes	--	Yes
<b>PE</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>NL</b>	No	--	Yes	Yes	Yes	Yes

#### Physical Availability: Domain Recommendations

- Reduce existing outlet density of all premises. Introduce or strengthen density and placement limits for all premises.
- Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales before 11am and after 8pm (off-premise retail outlets) and 1am (on-premise establishments).
- Prohibit alcohol takeout from on-premise establishments. Prohibit alcohol home delivery, especially by a third party, from all premises.

### 3. Control System

#### Domain Overview

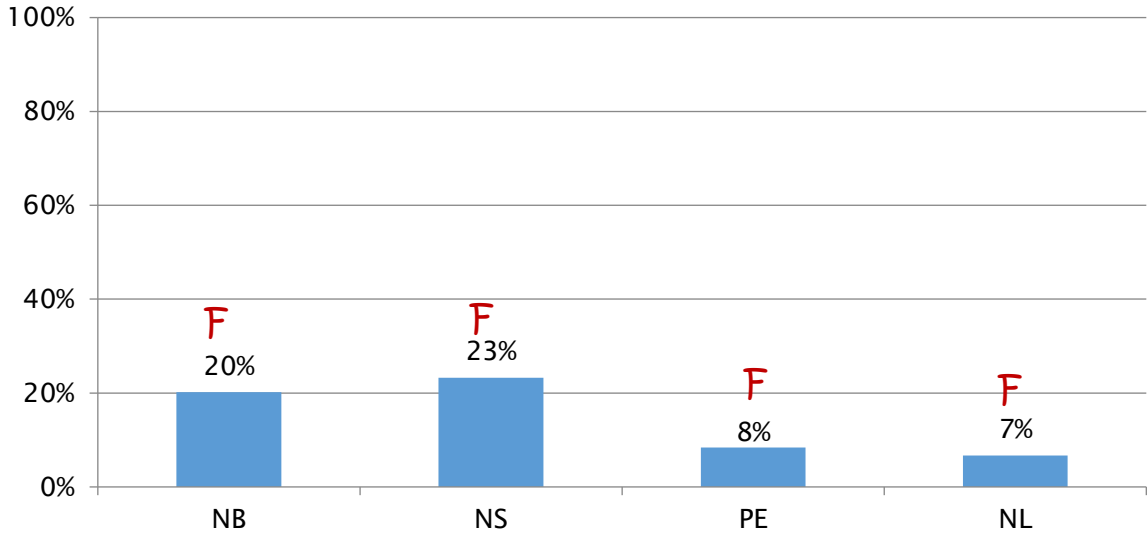
An alcohol control system consisting of a government monopoly to regulate the distribution and sale of alcohol, housed within a health ministry, is an effective way to reduce alcohol consumption and prevent alcohol harms.

Alcohol control systems can range from the ideal of full government monopolies, which are a system of government control over the wholesale, retail sale or distribution of alcohol, to completely privatized retail sales of alcohol. Evidence indicates that privatization and deregulation of alcohol sales leads to greater density of alcohol outlets, which promotes competition that includes longer hours of alcohol sales, lower pricing, and less rigorous interventions to prevent sales to minors or intoxicated patrons.

See the [Methodology and Evidence](#) document for more detail and references.

#### Domain Results

**Figure 6: Control System Policy Domain Scores by Atlantic Province**



Alcohol control systems across the Atlantic provinces are relatively weak. NS (23%, F) and NB (20%) had the highest scores in this domain. The lowest scores were in PE (8%, F) and NL (7%, F), and both also had the lowest proportion of government owned and operated off-premise liquor stores.

Although overall policy scores were low, if Atlantic provinces implemented all the best existing control system policies across Canada's P/Ts, their score could increase to 86% (A).

See [Best Practice Policy Leaders](#) document for further details.



### Control System: Best Practice Policy Indicators

- **Structure of control system (6 points)**

The alcohol regulator and the alcohol retailer/distributor report to a health and safety-focused ministry. If overseen by a non-health ministry, there is ministerial separation of the alcohol retailer/distributor and the regulator. A government wholesaler (or equivalent government wholesaling fee) is always required in the supply chain between the producer/manufacturer and the retailer and on the proportion of outlets that are publicly owned and run (jurisdictions were scored against an ideal of a full (100%) government monopoly). **(Rubric indicators 3.1ai-b, 3.2a & 3.3a)**

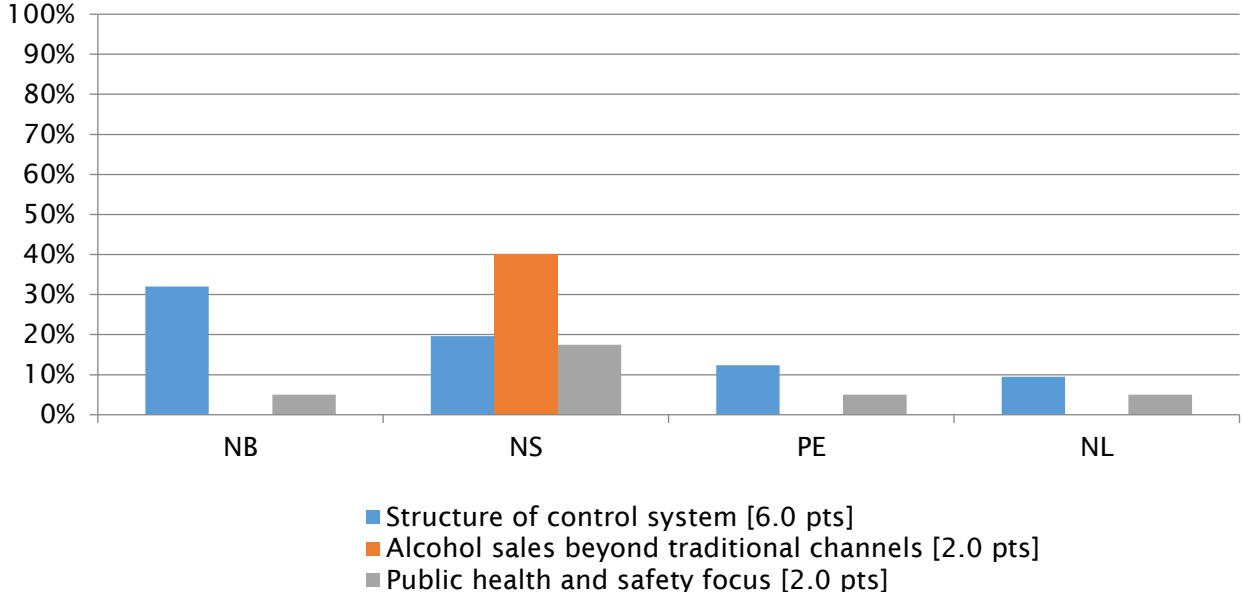
- **Alcohol sales beyond traditional channels (2 points)**

Regulations prohibit alcohol sales in retail outlets that sell other goods alongside alcohol (e.g. grocery stores and markets, corner stores, gas stations, other retail stores) and prohibit online sales from off-premise outlets. Alcohol sales are prohibited beyond restaurants and bars, such as in environments that provide other goods and services (e.g. hair and nail salons, spas, movie theaters, bookstores, golf greens, sporting facilities, community centres, etc.); ferment on premise outlets and ferment at home/ home brew kits are prohibited. **(3.4ai-av)**

- **Public health and safety focus (2 points)**

There is legislation mandating earmarked funds to support evidence-based alcohol harm prevention, research or treatment programs that are designed and developed free of alcohol industry influence or involvement. Protecting public health and safety (beyond reference to 'social responsibility') is stated as an explicit objective of the alcohol control system for the regulator and for the distributor/retailer. To reflect their dual mandate, social media posts are primarily dedicated to adequate health and safety messaging (beyond 'social responsibility' and 'responsible drinking' messages) as opposed to product promotion. There is legislation requiring guidance or input from public health departments on decision-making and legislative changes around alcohol policies and a formal process for engaging underrepresented non-industry priority groups in public consultation pertaining to alcohol policy changes with a focus on health impacts; public consultation process is led independently from the alcohol industry. There is a mandated centralized online public reporting system tracking industry lobbying activities by organization and topic at the P/T level designed for lay public access. **(3.5a-bii, 3.4c & 3.6a-c)**

**Figure 7: Control System Domain Indicator Scores by Atlantic Province**



● **Structure of control system**

NB (32%) had the highest score of the Atlantic provinces for the structure of their control system followed by NS (20%), PE (12%) and NL (9%). The proportion of government owned and run off-premise retail stores in the Atlantic provinces ranges from 3% in NL to 29% in NS (see Table 7). None of the four currently require a government wholesaler in the supply chain between alcohol producer/manufacturer and the retailer. None of the Atlantic provinces’ alcohol regulators are overseen by a public health ministry, although NB is overseen by justice and public safety (see Table 8). None of the Atlantic provinces’ alcohol distributor/retailers are overseen by a public health ministry; all report to finance ministry.

**Table 7: Proportion of Government Retail Monopoly**

	Off-premise
<b>NB</b>	21.0%
<b>NS</b>	28.8%
<b>PE</b>	12.1%
<b>NL</b>	3.4%

**Table 8: Ministries Overseeing Alcohol Regulation and Distribution/Retail**

	Alcohol regulation	Alcohol distribution/retail
<b>NB</b>	Minister of Justice and Public Safety	Minister of Finance
<b>NS</b>	Minister of Service Nova Scotia and Internal Services	Ministry of Finance
<b>PE</b>	Ministry of Finance	Ministry of Finance
<b>NL</b>	Ministry of Finance	Ministry of Finance

### ● **Alcohol sales beyond traditional channels**

All Atlantic provinces scored 0% for policies restricting alcohol sales beyond traditional off-premise retail outlets and on-premise establishments, with the exception of NS, which prohibits the sale of alcohol alongside other retail goods (e.g. grocery stores, convenience stores, gas stations). All Atlantic provinces allow online alcohol sales from off-premise outlets and allow alcohol to be sold alongside other types of services such as in hair salons, movie theatres or at sporting events and recreation centres.

### ● **Public health and safety focus**

NS (17.5%) had the highest score of the Atlantic provinces for the public health and safety focus of their control system and the lowest scores were in NB, PE, and NL (all 5%). No Atlantic provinces have earmarked funds inscribed in legislation to support evidence-based alcohol harm prevention, research, or treatment programs. No Atlantic province has an alcohol regulator nor alcohol distributor/retailer mandate that refers to both public health and to safety. All Atlantic provinces have mandated online public reporting of alcohol industry lobbying activities through a registry system. No Atlantic provinces have legislation requiring public engagement with community and other stakeholder groups.

#### Control System: Domain Recommendations

- Appoint a health and/or safety-focused ministry to oversee alcohol regulation and distribution/retail.
- Require a government wholesaler or equivalent fee between the producer/manufacture and retailer with no exceptions (e.g. manufacturer stores).
- Increase the proportion of off-premise retail outlets that are government-owned and operated 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, bookstores, 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 for regulator and distributor/retailer; legislate earmarked funds for evidence-based harm prevention, research, or treatment; require public health involvement in decision-making and legislative changes; require targeted health-focused public engagement; transparently report industry lobbying via online public platform.

## 4. Impaired Driving Countermeasures

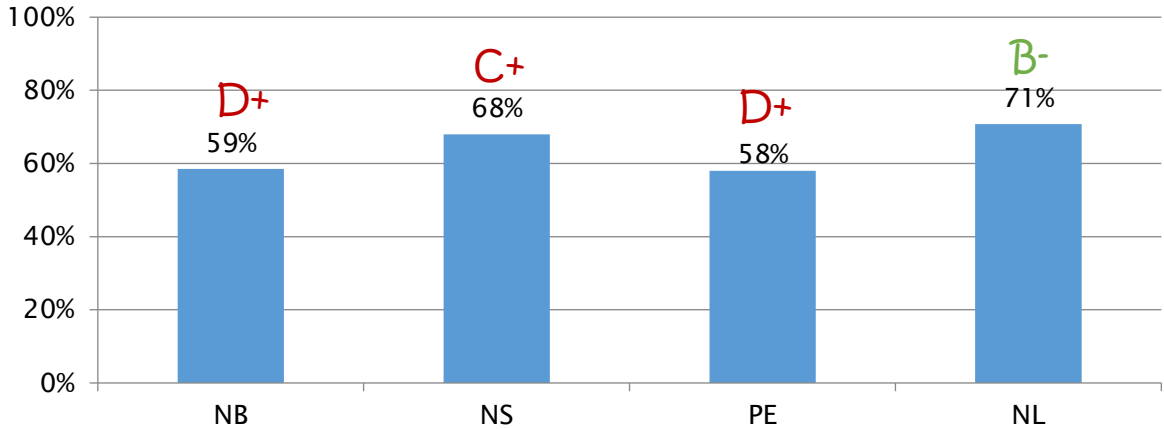
### Domain Overview

Although alcohol-related crashes remain a leading cause of alcohol-related death and injuries in Canada, evidence-based policies can substantially reduce these harms. Impaired driving policies such as comprehensive graduated licensing programs for new drivers, administrative license suspension and administrative vehicle impoundment for drivers with blood-alcohol concentrations (BAC) at or above 0.05%, and mandatory interlock programs, are proven countermeasures that can substantially reduce alcohol-related crashes.

See the [Methodology and Evidence](#) document for more detail and references.

### Domain Results

**Figure 8: Impaired Driving Countermeasures Policy Domain Scores by Atlantic Province**



Scores for Impaired Driving Countermeasures were relatively consistent across the Atlantic provinces. The highest scores for this domain were in NL (71%, B-) followed by NS (68%, C+), NB (59%, D+), and PE (58%, D+).

Although overall policy scores were low, if Atlantic provinces implemented all the best existing impaired driving countermeasures policies across Canada's P/Ts, their score could increase to 96% (A+).

See [Best Practice Policy Leaders](#) for further details.

### Impaired Driving Countermeasures: Best Practice Policy Indicators

● **Graduated licensing and zero tolerance laws (4 points)**

The minimum start age for the graduated licensing program (GLP) is 16 years with a minimum duration of 12 months for stage 1 and 24 months for stage 2 to completion of the GLP, all regardless of whether the applicant is enrolled in a driver education course. Stage 2 drivers have a nighttime driving ban (e.g. 12am-5am) subject to limited exceptions (e.g. drivers who are 22 or older, supervised and/or are driving for employment purposes) and are limited in the number of permitted non-family passengers beyond the number of seatbelts. GLP and all new drivers with less than 5 years' experience are prohibited from testing positive for alcohol and penalties include: mandatory 40-day administrative license suspension (ALS), 7-day administrative vehicle impoundment (AVI), and 'restarting of relevant GLP stage' for GLP drivers and mandatory 40-day ALS, 7-day AVI and 1 year extension of the zero-tolerance period for fully licensed new drivers under age 22 or with less than 5 years' experience. **(Rubric indicators 4.1a-e & 4.2ai-bii)**

● **Accessible container laws and poly-substance penalties (0.5 points)**

Penalties imposed for alcohol (opened or unopened) that is readily accessible to any person in the vehicle; increased penalties imposed when the presence of a drug is detected in addition to alcohol. **(4.3a & 4.4a)**

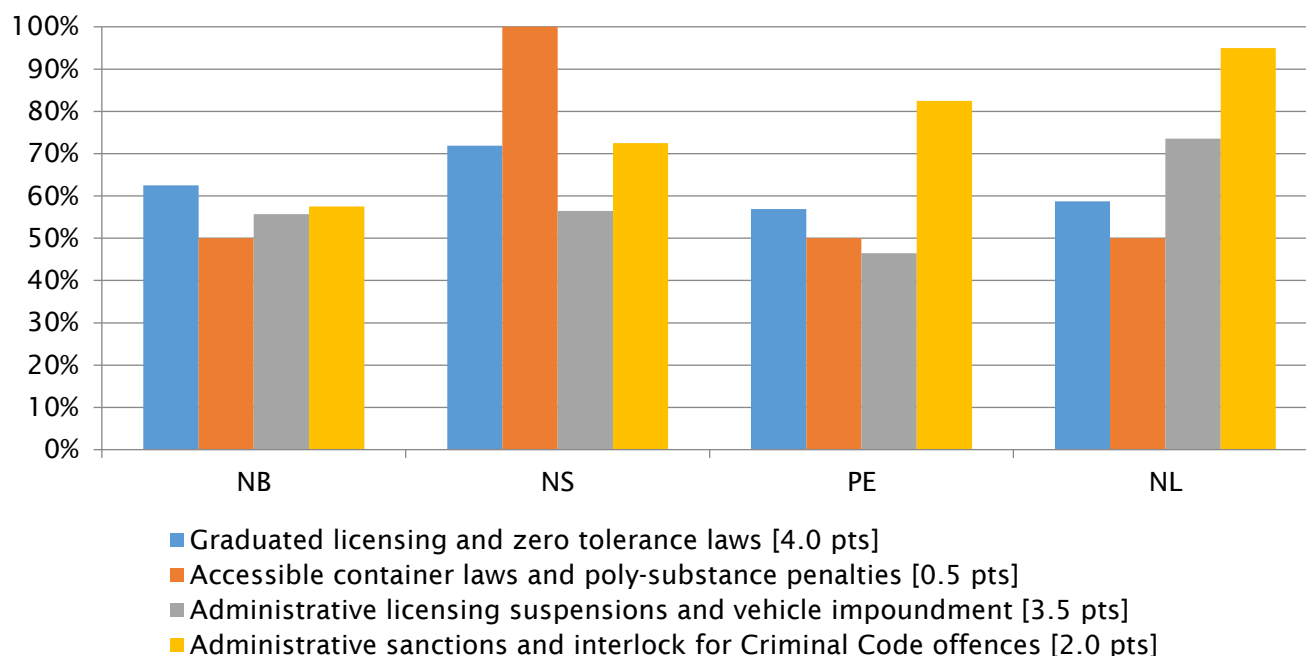
● **Administrative licensing suspensions and vehicle impoundment (3.5 points)**

Mandatory 24-hour ALS and AVI for drivers reasonably believed to be affected by alcohol (no breath test or standard field sobriety test (SFST) conducted) and mandatory 7-day ALS and AVI for drivers with 0.05%-0.079% BAC or who fail an alcohol-related SFST are imposed. Escalating ALS, AVI and mandatory remedial requirements are imposed for repeat impaired driving occurrences at the 0.05%-0.079% BAC level (or failed SFST) within a 5-year lookback and which are recorded on driver abstracts or records for at least 5 years. Mandatory 90-day roadside ALS and AVI for drivers with a  $\geq 0.08\%$  BAC on two alcohol screening devices, or one approved instrument (evidentiary breath testing machine) or who fail or refuse to submit to any required impairment related test or examination are imposed. Escalating ALS, AVI and mandatory remedial requirements are imposed for repeat impaired driving occurrences at the 0.08% BAC level within a lookback period of 5 years; drivers who register a  $\geq 0.08\%$  BAC and receive a 90-day ALS are subject to a 6-month interlock order; and additional administrative penalties (e.g. fine, longer ALS) are imposed for federal alcohol-related impaired driving offenders with aggravated BAC levels (e.g.  $\geq 0.120\%$ ). **(4.5ai-cv)**

● **Administrative sanctions and interlock for Criminal Code offences (2 points)**

Mandatory 1-year ALS for drivers' first, 3-year ALS for drivers' second, and 10-year ALS for drivers' third and subsequent  $\geq 0.08\%$  BAC federal impaired driving convictions are imposed in addition to any federal court-imposed sanctions. Successful completion of a 1-year interlock program for first time and 3- and 5-year interlock programs for second- and third time  $\geq 0.08\%$  BAC federal alcohol-related driving offenders for offences within a 10-year period is required in addition to any federal court-imposed sanctions; interlock programs include relicensing based on performance criteria. Incentives are offered for enrollment in interlock programs to discourage unlicensed and uninsured driving with federal impaired drivers given reduced 'hard' P/T license suspension periods (i.e. reduced periods of no driving) that align with federal driving prohibitions; offenders convicted of impaired driving causing death or bodily harm are ineligible for reduced "hard" P/T license suspension periods. **(4.6ai-e)**

**Figure 9: Impaired Driving Countermeasures Policy Indicator Scores by Atlantic Province**



● **Graduated licensing and zero tolerance laws**

NS (72%) and NB (63%) had highest scores for graduated licensing program (GLP) policies and PE (57%) and NL (59%) had the lowest. All four Atlantic provinces have the recommended minimum GLP start age of 16. None have the recommended minimum stage 1 duration of 12 months with no exceptions. NS and PE have the recommended minimum stage 2 duration of 24 months. NS and NL have a stage 2 nighttime driving ban that meets recommended criteria. PE has a stage 2 passenger limit for non-family passengers. All Atlantic provinces have a prohibition on being positive for alcohol for all GLP drivers. NB has penalties for violating zero tolerance laws for GLP drivers that meet the minimum of a 30-day administrative licensing suspension (ALS), 7-day administrative vehicle impoundment (AVI) and restarting relevant GLP stage. No Atlantic province has the recommended penalties in place for new drivers (e.g. 22 years or older).

● **Accessible container laws and poly-substance penalties**

All Atlantic provinces scored at least 50% for having accessible container laws in place with penalties for alcohol (opened or unopened) that is readily accessible to any person in the vehicle. NS (100%) scored highest with increased penalties in place for poly-substance detection when the presence of a drug is detected in addition to alcohol.

● **Administrative licensing suspensions and vehicle impoundment**

NL (74%) had the highest score of the Atlantic provinces for their administrative licensing suspensions (ALS) and administrative vehicle impoundment (AVI) policies followed by NB and NS (both 56%) with PE (46%) the lowest. NS has ALS for drivers reasonably believed to be affected by alcohol (no breath test or standardized field sobriety test conducted) and no Atlantic

province has mandatory AVI in place in those instances. NB, NS, PE, and NL have mandatory 7-day ALS for drivers with a BAC of 0.05%-0.079% with NL the only jurisdiction to also have mandatory 7-day AVI in those instances (see Table 9). None of the four provinces have mandatory 90-day ALS for drivers with  $\geq 0.08\%$  BAC or require mandatory 6-month interlock programs in those instances. No Atlantic province has escalating penalties for repeat impaired driving occurrences at the  $\geq 0.08\%$  BAC level that meet recommended criteria. PE has penalties for aggravated BAC levels of  $\geq 0.12\%$  that meet recommendations.

**Table 9: Administrative Sanctions for Impaired Drivers 0.05-0.079% BAC Levels**

	<b>ALS for drivers with 0.05-0.079% BAC levels</b>	<b>AVI for drivers with 0.05-0.079% BAC levels</b>	<b>Escalating penalties for repeat impaired driving occurrences at the 0.05-0.079% BAC level</b>
<b>NB</b>	Mandatory 7-day	None	Yes**
<b>NS</b>	Mandatory 7-day	Discretionary 7-day	Yes*
<b>PE</b>	Mandatory 7-day	None	Yes*
<b>NL</b>	Mandatory 7-day	Mandatory 7-day	Yes*

\*Escalating ALS or AVI or remedial programs

\*\*Escalating ALS, AVI and remedial programs

### ● Administrative sanctions and interlock for Criminal Code offences

NL (95%) had the highest score of the Atlantic provinces for their administrative sanctions and interlock programs for Criminal Code offenses, followed by PE (83%), NS (73%), and NB (58%). All Atlantic provinces have long-term ALS for first  $\geq 0.08\%$  BAC federal impaired driving convictions as well as escalating long-term ALS for second convictions in addition to any federal court-imposed sanctions. NL (95%) scored highest for having all recommended administrative sanctions and interlock programs for federally impaired drivers in place except for mandatory 10-year ALS for third and subsequent  $\geq 0.08\%$  BAC federal impaired driving convictions; no Atlantic province currently has this in place. PE (83%) had next highest score. All but NB require relicensing based on interlock performance criteria for  $\geq 0.08\%$  BAC federal impaired driving convictions; PE and NL have interlock as a condition of relicensing for first convictions for all categories of federal impaired drivers and escalating 3- and 5-year interlock periods for repeat convictions, and all but PE have reduced “hard” license suspension for enrollment in interlock programs in place to discourage unlicensed and uninsured driving.

### Impaired Driving Countermeasures: Domain Recommendations

- Implement or strengthen graduated licensing programs (GLPs) with a minimum start age of 16, a stage 1 minimum of 12 months and a stage 2 minimum of 24 months; set a stage 2 night-time driving ban and passenger limit (beyond number of seatbelts). Implement a zero-tolerance period with penalties to all GLP drivers and new drivers with less than 5 years' experience.
- Enact accessible container laws and impose increased penalties when the presence of alcohol plus another drug is detected.
- Impose mandatory, comprehensive ALS and AVI sanctions that escalate according to BAC level and repeat occurrences; record on driver's abstracts for at least 5 years.
- Impose mandatory 1-year ALS for first  $\geq 0.08\%$  BAC federal conviction with escalating long-term ALS for subsequent ones. Require completion of interlock program as relicensing condition (and based on performance criteria) for first  $\geq 0.08\%$  BAC federal conviction and escalating interlock periods for subsequent ones; have interlock program enrollment incentives to discourage unlicensed/uninsured driving.



# 5. Marketing and Advertising Controls

## Domain Overview

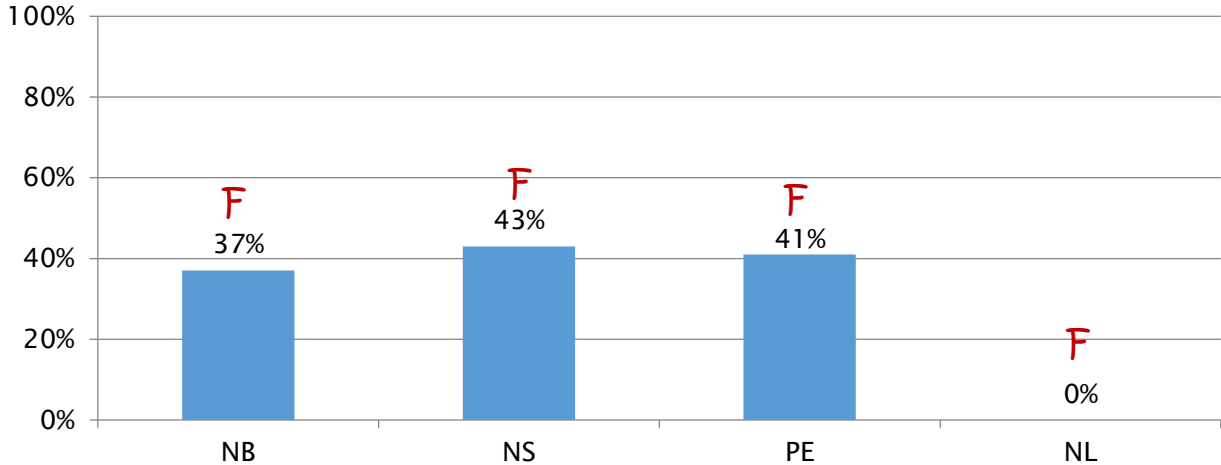
Marketing and advertising controls such as a complete ban or comprehensive restrictions on alcohol marketing across all advertisers and media types combined with effective enforcement by an independent authority, are some of the most effective policies for reducing alcohol harms as they challenge the current social norms around alcohol in society.

Restrictions on alcohol marketing can include the volume of advertisements, advertisement content, price-based promotions and placement of advertisements. The effectiveness of marketing policies is contingent on controls applying to all advertisers and media types (including digital and social media) and having an independent regulatory body (without alcohol industry involvement) with the authority to monitor and enforce these restrictions.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 10: Marketing & Advertising Controls Policy Domain Scores by Atlantic Province**



Scores for alcohol marketing and advertising controls in the Atlantic provinces were comparable across NB (37%, F), NS (43%, F), and PE (41%, F). The lowest score was in NL (0%, F), where there are no P/T level policies to restrict and enforce marketing and advertising activities.

Although overall policy scores were low, if Atlantic provinces implemented all the best existing marketing and advertising control policies across Canada’s P/Ts, their score could increase to 72% (B-).

See [Best Practice Policy Leaders](#) for further details.

### Marketing and Advertising Controls: Best Practice Policy Indicators

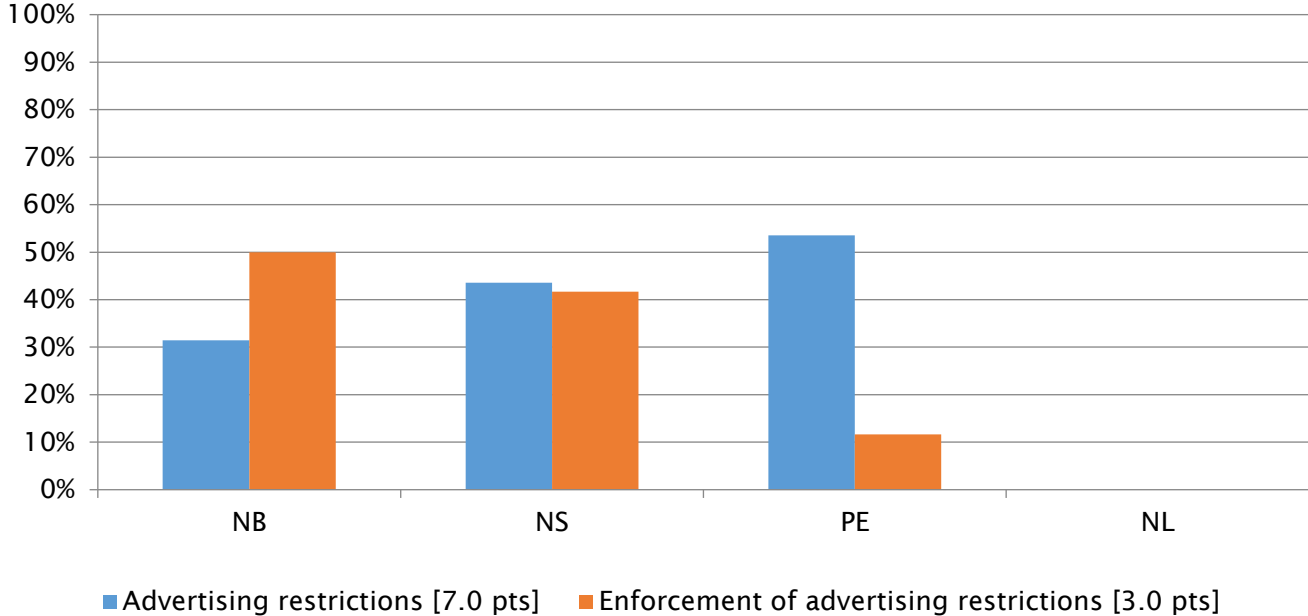
- **Advertising restrictions (7 points)**

There are advertising bans or restrictions on the volume of alcohol advertising permitted (e.g. on the number of advertisements or % of ad space occupied by alcohol ads etc.), across all media types (e.g. broadcast, online, social media etc.) There are content restrictions that go beyond the CRTC code for broadcast advertising of alcoholic beverages for all media types, and restrictions on the placement of advertisements within all media types (e.g. restrictions prohibiting alcohol ads near schools or treatment centers, bans on alcohol ads in media where the target audience is under the minimum legal age). There are restrictions on price-based marketing strategies/promotions (e.g. policies restricting the advertisement of “cheap” drinks or volume based specials such as 2 for 1 deals), beyond policies only prohibiting the advertisement of alcohol below the minimum price, across all media types. Alcohol advertisements by non-licensees (e.g., third parties not involved in the production, manufacturing, or sale of alcohol such as food delivery services) are prohibited and alcohol advertising restrictions (see 5.1 a-d) apply to all advertisers (e.g. government retailers, private retailers and licensees, ferment on premise outlets, manufacturers and their agents, special occasion permit holders). **(Rubric indicators 5.1a-f)**

- **Enforcement of advertising restrictions (3 points)**

There is a mandatory pre-screening process across media types, regardless of the advertiser (i.e. government, private), that is conducted by a representative independent from the alcohol industry and alcohol sales (e.g. in public health), to ensure alcohol advertisements adhere to the regulations. There is a specific independent authority responsible for enforcement regardless of the advertiser and an online complaint system geared to the lay public to ensure alcohol advertising and marketing violations and complaints are effectively addressed; complaints against alcohol advertisements are adjudicated efficiently within a 30-day timeframe. Penalties for violations of advertising and marketing regulations are commensurate with the severity of the violation and escalate with frequency and severity; listings including the advertiser name and nature of the violation are publicly available. **(5.2a-dii)**

**Figure 11: Marketing & Advertising Controls Policy Indicator Scores by Atlantic Province**



**● Advertising restrictions**

PE (54%) scored highest on comprehensiveness of marketing and advertising restrictions followed by NS (44%), and NB (31%) with NL (0%) the lowest. There are no full bans on alcohol marketing and advertising in any Atlantic province and no jurisdiction has comprehensive restrictions on the volume of advertisements allowed across media types (e.g. broadcast, internet, social media etc.) or advertisers (e.g. government or private). All but NL have restrictions on alcohol advertising content across all media that go beyond the CRTC code requirements. PE has restrictions on placement of alcohol ads (e.g. near schools or in media with youth as target audience) and NB, NS, and PE all prohibit advertising by non-licensees or third-party advertisers like Door Dash or Uber Eats. None of the Atlantic provinces ban price-based promotions advertising cheap drinks or volume-based discounts.

**● Enforcement of advertising restrictions**

NB (50%) and NS (42%) had the highest scores for enforcement of advertising restrictions and NL (0%) and PE (12%) scored lowest. No Atlantic province requires mandatory pre-screening of alcohol ads across all media types and advertisers. No Atlantic province has an online complaints system run independently from the alcohol industry and alcohol advertisers. NB has a specific authority independent of the alcohol industry responsible for enforcement regardless of the advertiser (e.g. government or private) but no complaints system in place. Of the four Atlantic provinces, NS and PE publicly list marketing and advertising violations with advertiser name and the nature of violation. Penalties for advertising violations in NB and NS Atlantic provinces were commensurate with the violation and escalate with repeat offenses.

### Marketing and Advertising Controls: Domain Recommendations

- 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 (e.g. broadcast, online, social media etc.).
- Appoint an 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.
- Set commensurate, escalating penalties for any marketing and advertising violations; publicly list violations online with advertiser name and nature of violation.

# 6. Minimum Legal Age

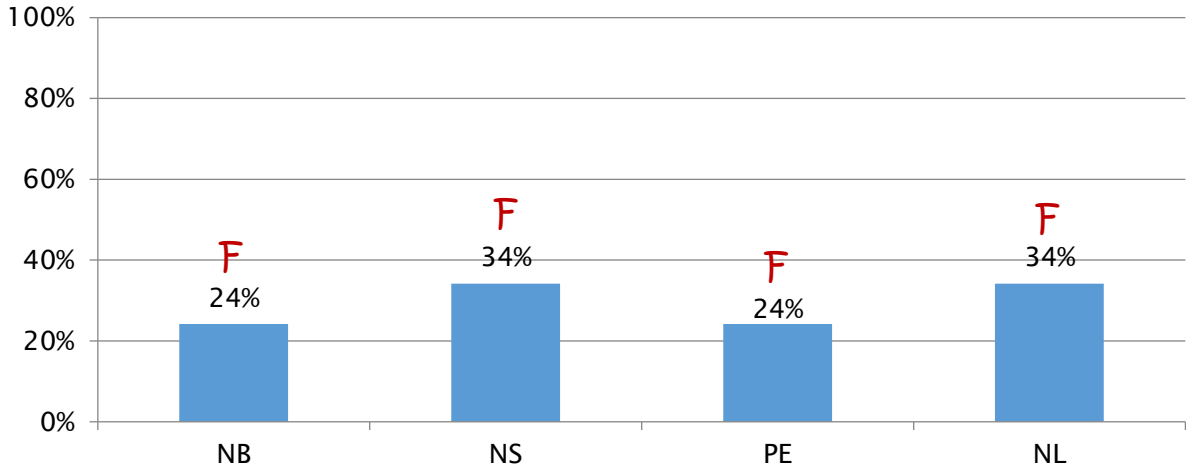
## Domain Overview

There is well established evidence that minimum legal age laws (MLA) offer health and safety benefits at the population level, act to delay the onset of problematic alcohol use, and may also reduce overall alcohol consumption across the life course. In addition to making it more difficult for young people to consume alcohol, MLA laws also help communicate a message about community norms, beliefs, and behaviours around alcohol, which helps to shape consumption patterns and reduce underage drinking.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 12: Minimum Legal Age Policy Domain Scores by Atlantic Province**



No Atlantic province currently sets their minimum legal age for the sale, purchase, and possession of alcohol to the recommended level of 21 years of age. The highest scores were NS and NL (both 34%, F), where the minimum legal age is 19 with no exceptions to the laws, followed by NB and PE (both 24%, F).

There is substantial room for improvement in this domain, even if all the best existing policies across Canada’s P/Ts were implemented their score could only increase to 34% (F).

See [Best Practice Policy Leaders](#) document for further details.

## What We Measured

### Minimum Legal Age: Best Practice Policy Indicators

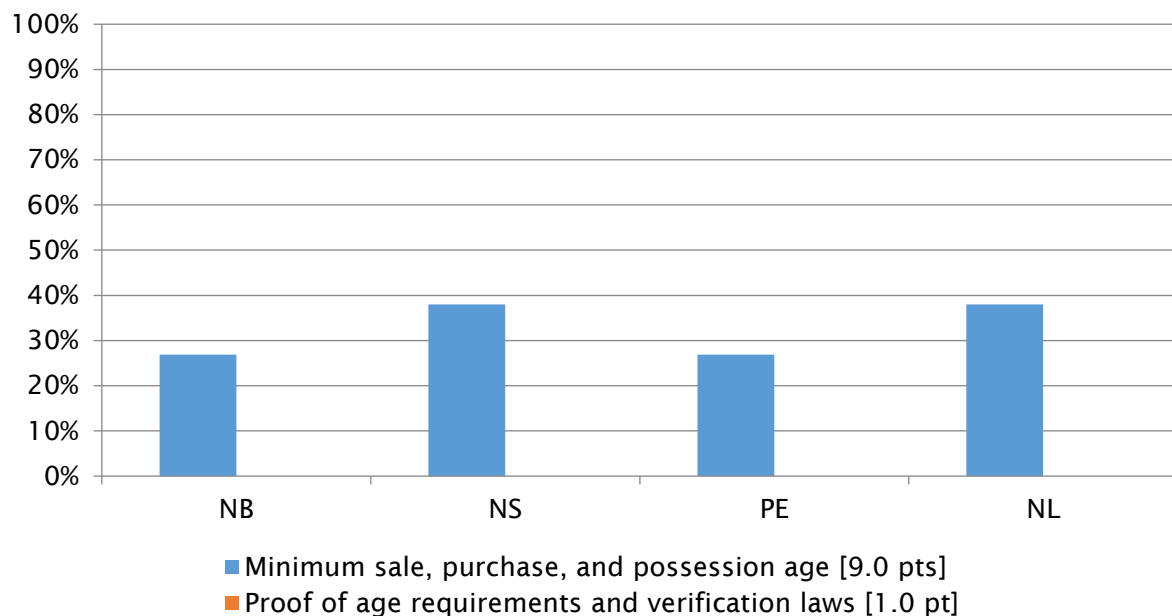
- **Minimum sale, purchase, and possession age (9 points)**

The minimum legal age for individuals to whom alcohol can be lawfully sold, for which individuals may purchase, or possess alcohol is set at 21 years old and there is legislation prohibiting third-party purchase or provision of alcohol to minors; there are no exceptions to the legislation allowing parents, legal guardians, or spouses to provide minors with alcohol beyond private residences such as in licensed establishments or at special events. **(Rubric indicators 6.1a-d)**

- **Proof of age requirements and verification laws (1 point)**

There is legislation that requires staff to request proof of legal age in the form of government issued photo identification for all individuals purchasing alcohol across all premises. A two-stage proof of age verification process (e.g. to place and to receive the order) is required for alcohol sales made remotely (e.g. via phone, online etc.). **(6.2a-b)**

**Figure 13: Minimum Legal Age Policy Indicator Scores by Atlantic Province**



● **Minimum sale, purchase, and possession age**

NS and NL had highest scores (both 38%) for their minimum legal sale, purchase, and possession age of 19 with no exceptions to legislation allowing the supply of alcohol to minors in specific environments beyond private residences (see Table 10). NB and PE (both 24%) also have a minimum age of 19, however they have exceptions such as allowing parents, legal guardians, or spouses to provide minors with alcohol in public places or at special events. No Atlantic province currently has any policies in place to strengthen their minimum legal age laws by granting graduated access to alcohol using a stepped approach with limits on volume, ethanol strength, or hours of availability (e.g. for those under age 25).

**Table 10: Minimum Legal Age and Exceptions to Legislation**

	<b>MLA</b>	<b>Exceptions* (Summarized)</b>
<b>NB</b>	19	When in the presence of parent or spouse, where beer or wine is supplied to the minor for beverage purposes with meals by the parent or spouse during an event at a church/community hall or in any licensed premises.
<b>NS</b>	19	None
<b>PE</b>	19	When supplied to a minor by a parent, guardian, or spouse for beverage purposes.
<b>NL</b>	19	None

\*Exceptions refer only to those which extend beyond a private residence or medicinal/religious uses.

● **Proof of age requirements and verification laws**

No Atlantic provinces currently have mandatory proof of age policies requiring that government issued photo identification be presented by all individuals purchasing alcohol across all premises so all scored zero. All Atlantic provinces have “Check 25” or “Check 30” program in place, although not legislated, that require staff to check identification for individuals purchasing alcohol who appear to be minors or under a certain age. However, in practice this policy is highly discretionary and inconsistently applied which limits its effectiveness. No Atlantic province requires proof of legal age for instances where alcohol sales are not made in person (e.g. online sales) through a two-stage verification process when order is placed and upon receipt.

**Minimum Legal Age: Domain Recommendations**

- Increase minimum legal age to 21 for the sale, possession, and purchase of alcohol; consider granting graduated access to alcohol with limits on volume, ethanol strength, or hours of availability for those under a certain age (e.g. 25 and younger).
- Prohibit policies allowing exceptions to MLA laws that permit parents, legal guardians, or spouses from providing alcohol to minors beyond the home.
- Require proof of age identification for anyone purchasing alcohol in person and 2-staged verification (i.e. when ordering and receiving order) for alcohol sales made remotely (e.g. online, via phone, etc.).

## 7. Health and Safety Messaging

### Domain Overview

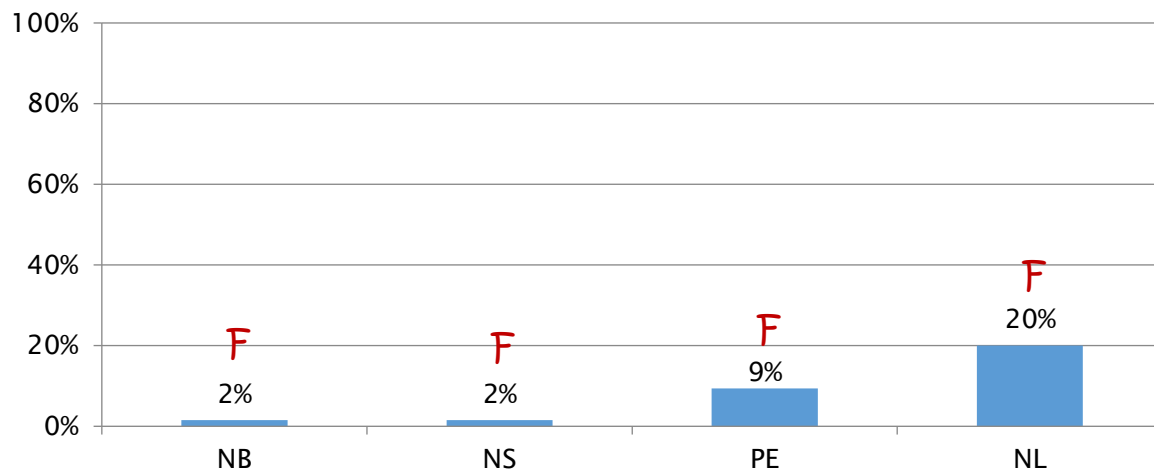
Health and safety messaging such as evidence-based warning labels on alcohol products, in-store signage and government health and safety campaigns, provide critical information that allow consumers to make informed choices about alcohol consumption and address the manufacturer or seller's legal duty to warn of the potential harms of the product.

Health and safety messaging should include alcohol beverage labeling, on-premise and off-premise point of sale messaging and jurisdiction-wide health and safety campaigns. These provide a critical counterpoint to alcohol marketing and promotion. Labels on alcohol beverages increase awareness about alcohol-caused risks, such as cancer, which can in turn increase support for implementation of other effective alcohol policies such as pricing and taxation.

See the [Methodology and Evidence](#) document for more detail and references.

### Domain Results

**Figure 14: Health & Safety Messaging Policy Domain Scores by Atlantic Province**



Health and Safety Messaging had the lowest scores of all 11 CAPE policy domains among the Atlantic Provinces. NL (20%, F) scored the highest in this domain followed by PE (9%, F), NB, and NS (both 2%, F). No Atlantic province meets the recommendations for mandatory health and safety messages on alcohol products or on-site signage at off-premise retail outlets or on-premise establishments. None currently have alcohol warning labels in place.

There is substantial room for improvement in this domain as even if all the best existing health and safety messaging policies across Canada's P/Ts were implemented, their score could only increase to 50% (D-).

See [Best Practice Policy Leaders](#) for details.



## What We Measured

### Health and Safety Messaging: Best Practice Policy Indicators

- **Status and quality of product labels (4 points)**

There is legislation in place allowing for enhanced alcohol labelling components on containers and mandatory evidence-based alcohol warning label messages, standard drink information, national drinking guidelines, and calorie information as a manufacturer requirement of product labelling. Labelling components contain an *adequate* message to support informed consumer health decisions, rotate across all products at least annually, are supported by pictorials, prominently displayed (occupying a minimum 30% of display panel), and are legible; label content is developed independently of the alcohol industry. **(Rubric indicators 7.1ai-av & 7.2a-d)**

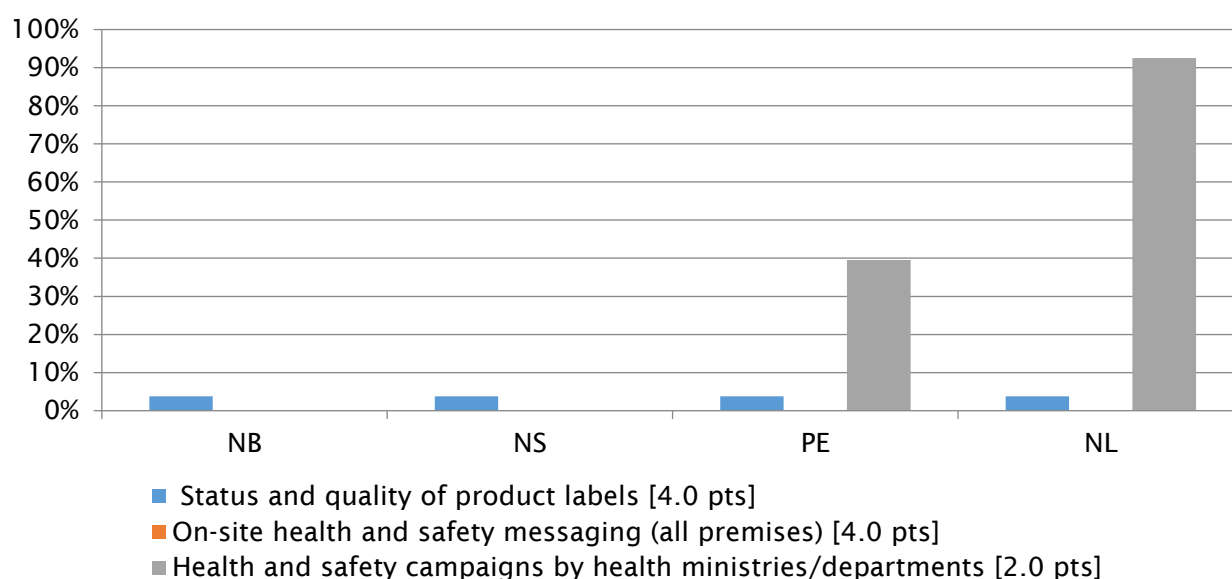
- **On-site health and safety messaging (all premises) (4 points)**

There is mandatory off- and on-premise evidence-based health and safety messaging in place on a variety of topics (e.g. cancer and other health risks, acute injury, violence, youth, impaired driving etc.) with *adequate* information to support informed consumer health decisions, accompanied by graphics, and displayed in locations visible to all customers; messages are developed independently of the alcohol industry. **(7.3a-c & 7.4a-c)**

- **Health and safety campaigns by health ministries/departments (2 points)**

There are on-going annual health and safety campaigns specific to alcohol on a variety of topics that are run by the health ministry/department. Campaigns are developed and funded independently from the alcohol industry and from alcohol industry corporate social responsibility organizations. **(7.5ai-aii)**

**Figure 15: Health & Safety Messaging Policy Indicator Scores by Atlantic Province**



### ● **Status and quality of product labels**

All Atlantic provinces scored 4% for having specific legislation in place allowing for enhanced labelling components. None currently require product labels.

### ● **On-site health and safety messaging (all premises)**

All Atlantic provinces scored zero for on-site health and safety messaging as none currently require mandatory health and safety messaging or signage about alcohol and cancer risk at off-premise retail outlets or on-premise establishments.

### ● **Health and safety campaigns by health ministries/departments**

NL (93%) scored the highest of the Atlantic provinces for their health ministry-led health and safety campaigns followed by PE (40%) with both NB and NS scoring zero. NL has ongoing health and safety campaigns led by ministries or departments of health that are specific to alcohol, go beyond those limited to the holiday season (e.g. Christmas), were developed free of the alcohol industry and cover 5 of 6 recommended topics.

## Health and Safety Messaging: Domain Recommendations

- Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises.
- Mandatory 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, and support consumers in making informed decisions about product use.
- Deliver a variety of evidence-based ministry-led alcohol health and safety campaigns (beyond holiday themes) at least annually.

# 8. Liquor Law Enforcement

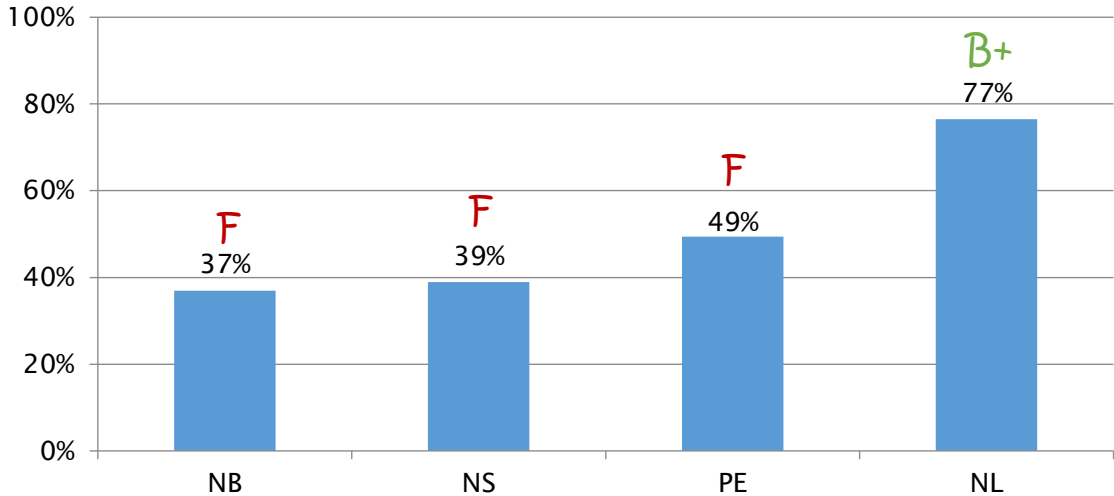
## Domain Overview

Liquor law enforcement policies such as risk-based licensing and enforcement requirements for all venues and outlets, combined with compliance checks and commensurate penalties for violations, can contribute to reducing alcohol harms including crime and violence. Effectiveness requires stakeholder engagement, effective leadership, sustained funding and community support.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 16: Liquor Law Enforcement Policy Domain Scores by Atlantic Province**



NL (77%, B+) scored highest on their Liquor Law Enforcement policies, which incorporate risk-based licensing and enforcement for both off-premise and on-premise outlets, followed by PE (49%, F), NS (39%, F), and NB (37%, F).

Although overall policy scores were low, if Atlantic provinces implemented all the best existing liquor law enforcement policies across Canada's P/Ts, their score could increase to 99% (A+).

See [Best Practice Policy Leaders](#) document for further details.

### Liquor Law Enforcement: Best Practice Policy Indicators

- **Risk-based licensing and enforcement (off-premise) (4.45 points)**

Risk-based licensing and enforcement (RBLE) criteria formally assessing off-premise outlet characteristics (e.g. license type, hours of operation, and outlet location) and license holder characteristics (e.g. past violations and experience as a license holder) are used to determine and assign a risk level informing licensing conditions, inspection activities, and enforcement schedules. Compliance checks for liquor law violations (e.g. service to minors and/or intoxicated patrons) occur at least yearly with more frequent checks based on assessed risk level; follow-up checks for failed compliance occur within 3 months and are based on severity or number of violations. Mystery shopper programs verify compliance with MLA laws and have been active within the last 2 years. **(Rubric indicators 8.1a-b & 8.2a-c)**

- **Risk-based licensing and enforcement (on-premise) (2.55 points)**

RBLE criteria formally assessing on-premise outlet and license holder characteristics (same as above) are used to determine and assign a risk level informing licensing conditions, inspection activities, and enforcement schedules; applies to all license types including special occasion permits. Compliance checks for liquor law violations (same as above) occur at least yearly with more frequent checks based on assessed risk level; follow-up checks for failed compliance occur within three months and are based on severity or number of violations. Dedicated police inspection programs are used to conduct inspections and walk-throughs of on-premise establishments. **(8.3a-c & 8.4a-c)**

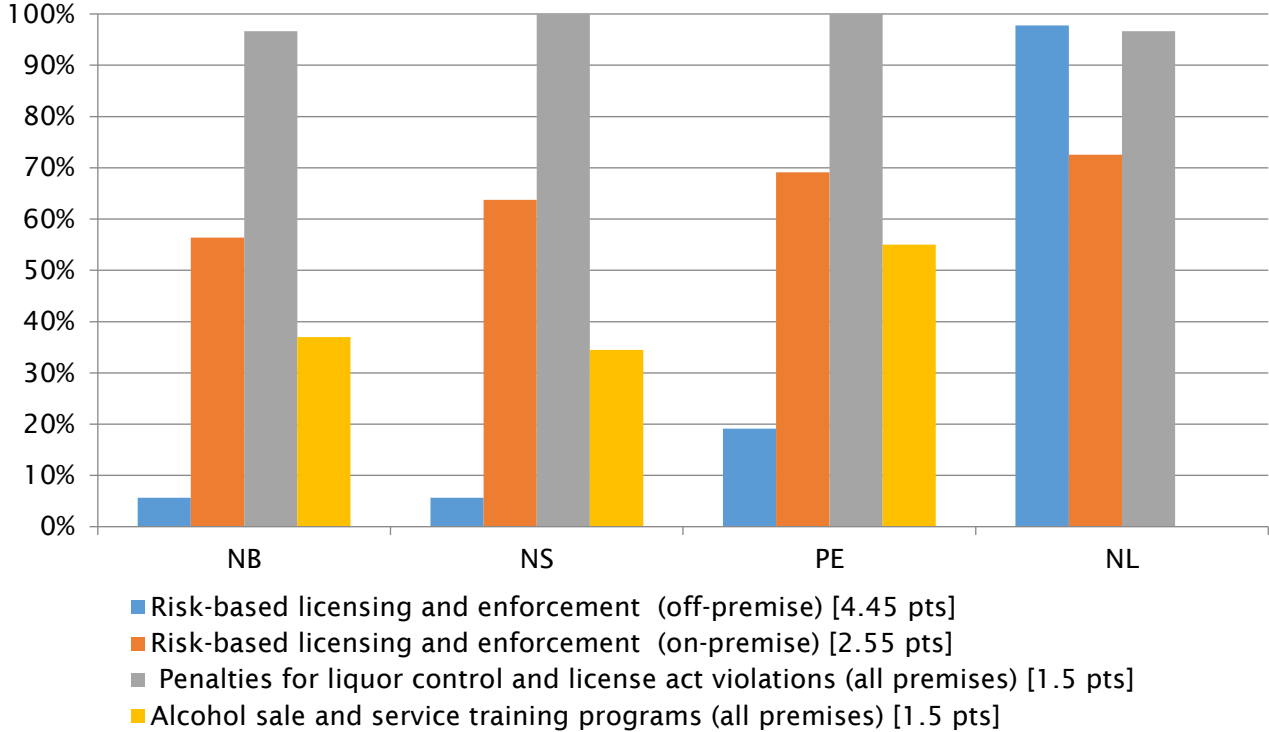
- **Penalties for liquor control and license act violations (all premises) (1.5 points)**

Differing penalties apply depending on the severity of liquor control and licensing act violations (e.g. warnings, education, fines, mandatory license suspension) with escalating penalties for repeat violations. Penalties for violations are tracked and publicly reported, including both the violation type and establishment name in disaggregated form. **(8.5a-c)**

- **Alcohol sale and service training programs (all premises) (1.5 points)**

Mandatory evidence-based alcohol sale and service training programs are required for all staff and volunteers involved in or overseeing the sale, service or delivery of alcohol at all off-premise outlets (e.g. liquor stores), on-premise establishments (e.g., bars, pubs, restaurants) and licensed events (e.g., those requiring special occasion permits) that include a public health-focus (i.e. content of the course goes beyond liability); recertification is required every two years or less. **(8.6a-c & 8.7a-c)**

**Figure 17: Liquor Law Enforcement Policy Indicator Scores by Atlantic Province**



**● Risk-based licensing and enforcement (off-premise)**

NL (98%) scored highest of the Atlantic provinces on risk-based licensing and enforcement (RBLE) policies as they consistently use both outlet and license-holder characteristics to assign a risk level for off-premise outlets that informs licensing conditions, inspection activities and enforcement schedules. NL is the only one of the four to conduct regular compliance checks at least annually with more frequent checks based on assigned risk level. PE (19%) had the second highest score with NB and NS (both 6%) scoring lowest for not having any risk-based licensing and enforcement policies in place. All Atlantic provinces have mystery shopper programs that have been active within the past two years to verify compliance with minimum legal age laws at off-premise outlets.

**● Risk-based licensing and enforcement (on-premise)**

NL (73%) scored the highest of the Atlantic provinces for on-premise RBLE policies as they consistently use both outlet and license-holder characteristics to assign a risk level for off-premise outlets that informs licensing conditions, inspection activities and enforcement schedules. PE (69%) had the second highest score, they also take outlet and license-holder characteristics into account, followed by NS (64%) and NB (56%). NB and NS are the only of the four provinces that conduct regular compliance checks at least annually with more frequent checks based on assigned risk level. RBLE policies in NS and NL apply to all on-premise establishments including special occasion permits.

- **Penalties for liquor control and license act violations (all premises)**

All Atlantic provinces (NS and PE, both 100%; NB and NL, both 97%) scored close to full points for having penalties for liquor control and licensing act violations commensurate with the severity of the violation and escalating for repeat offenses. NS and PE have tracking and public reporting that includes both violation type and establishment name in disaggregated form.

- **Alcohol sale and service training programs (all premises)**

PE (55%) scored the highest of the Atlantic provinces on their alcohol sale and service training programs followed by NB (37%) and PE (35%). NL (0%) scored the lowest for having no mandatory sale and service programs for any premises. No Atlantic province has mandatory alcohol sale and service training programs for all off-premise outlets and on-premise establishments that have a public health focus (not just focused on liability) and are developed free of the alcohol industry. Only PE requires that all paid staff and volunteers at off-premise outlets and on-premise establishments complete training and only NS has the recommended recertification period of every 2 years for off-premise outlets. None of the Atlantic provinces have a recertification period greater than 2 years for on-premise establishments. NL scored 0% for having no mandatory alcohol sale and service programs.

#### Liquor Law Enforcement: Domain Recommendations

- Implement RBLE for all premises and for special occasion permits. Apply RBLE criteria to outlet and license holder characteristics to determine risk level for licensing conditions and enforcement schedules across all premises.
- Conduct compliance checks across all premises at least once a year, with more frequent checks based on risk level, and follow-up for failed compliance within 3 months and based on severity or number of violations. Implement Mystery Shopper programs at off-premise outlets for minimum legal age law compliance and introduce dedicated police inspection program for on-premise establishments.
- Set commensurate, escalating penalties for any violations; track and publicly report disaggregated violations with establishment name and violation type.
- Implement mandatory, evidence-based alcohol sale and service training programs with a focus on public health and developed free of alcohol industry involvement for all involved in the sale, service or delivery of alcohol at all premises and licensed events; require recertification at least every 2 years.

# 9. Screening and Treatment Interventions

## Domain Overview

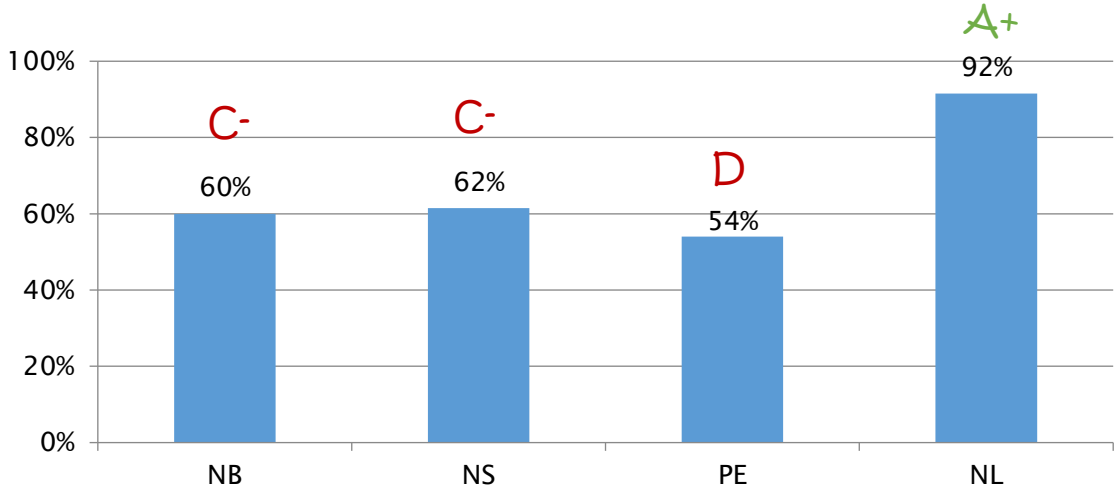
Screening and treatment interventions such as population-level guidance on alcohol and health, online and in-person alcohol screening, and treatment services including inpatient, outpatient and harm reduction programs, are effective in reducing alcohol harms.

Evidence-based and government-endorsed information and guidance on alcohol and health can provide an important upstream framework that facilitates a range of prevention, education, and health promotion initiatives. Several hundred empirical studies show that the use of screening, brief intervention, and referral (SBIR) in health care settings and the use of online self-guided SBIR resources are effective methods for reducing alcohol consumption, particularly among those with early stage or less severe alcohol dependence. Inpatient and outpatient treatment services, including withdrawal management, and harm reduction interventions (e.g. managed alcohol programs) have demonstrated effectiveness reducing alcohol harms.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 18: Screening & Treatment Interventions\* Policy Domain Scores by Atlantic Province**



\* Treatment indicators measure existence of services only, not quantity or quality.

NL (92%, A+) scored highest of the Atlantic provinces for Screening and Treatment Intervention policies, followed by NS (62%, C-), NB (60%, C-) and PE (54%, D) scoring lowest. All the Atlantic provinces have some form of treatment services available, although it is important to note that indicators measured existence of treatment services only, not quantity or quality.

Despite some strong scores, there is still room for improvement in this domain and if Atlantic provinces implemented all the best existing screening and treatment intervention policies across Canada's P/Ts, their score could increase to 97% (A+).

See [Best Practice Policy Leaders](#) document for further details.

## What We Measured

### Screening and Treatment Interventions: Best Practice Policy Indicators

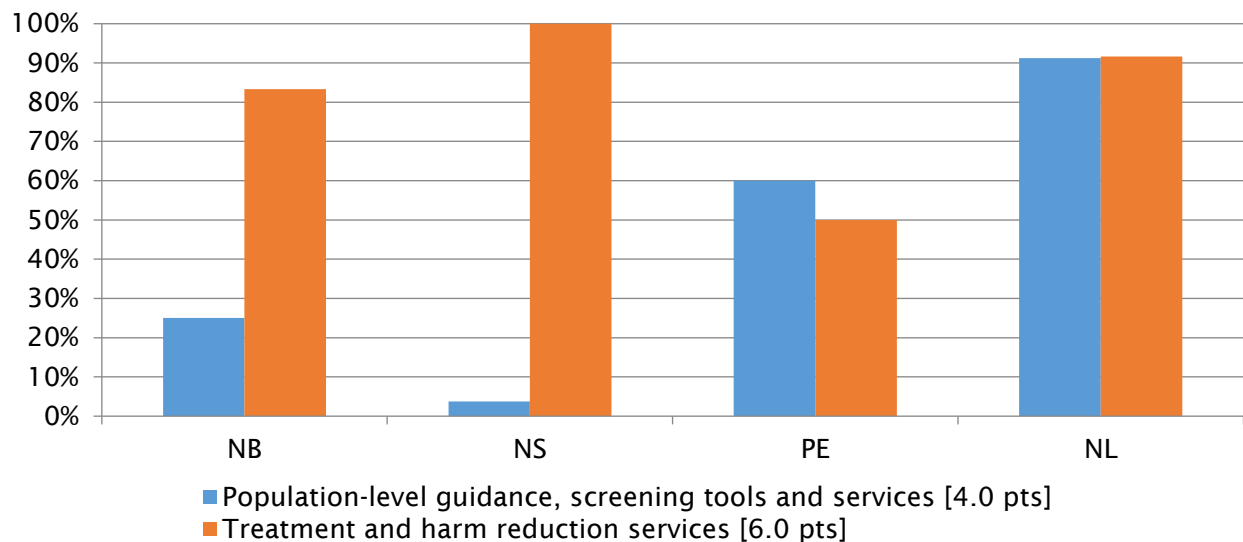
- **Population-level guidance, screening tools and services (4 points)**

The most recent evidence-based national drinking guidance has been formally adopted including an official statement from government acknowledging their support of and commitment to using the guidance in their jurisdiction and allowing funding to be allocated to activities around the guidance and their promotion. Screening, brief intervention, and referral (SBIR) training is available for healthcare professionals and provincially or territorially funded SBIR services administered by healthcare professionals are available for individuals to assess their drinking and receive brief intervention. Online SBIR resources developed and/or hosted by P/T governments are readily available for individuals to assess their drinking and receive brief intervention; resources are hosted and developed independently from the alcohol industry. **(Rubric indicator 9.1a, 9.2ai-aii)**

- **Treatment and harm reduction services (6 points)**

Publicly funded alcohol withdrawal management/detox programs, inpatient and outpatient treatment services beyond 12-step peer-to-peer models are available within the province or territory. Permanent publicly funded managed alcohol programs are in place. **(9.3a-c & 9.4a)**

**Figure 19: Screening & Treatment Interventions Policy Indicator Scores by Atlantic Province**





● **Population-level guidance, screening tools and services**

NL (91%) scored highest as they have SBIR services available through healthcare providers as well as online self-guided resources followed by PE (60%). NS (4%) and NB (25%) scored lowest on available resources. While no Atlantic province’s government formally adopted the alcohol guidance in place during the data collection period (i.e. Canada’s 2011 Low-Risk Drinking Guidelines), it is worth noting that 3 of 4 Atlantic provinces had some form of informal endorsement in place (e.g. posted guidance on official government websites) (see Table 11).

**Table 11: Endorsement of Most Recent National Alcohol Guidance\***

	<b>Formal adoption</b>	<b>Formal endorsement</b>	<b>Informal endorsement</b>
<b>NB</b>	No	No	No
<b>NS</b>	No	No	Yes
<b>PE</b>	No	No	Yes
<b>NL</b>	No	No	Yes

\*Canada’s 2011 Low Risk Drinking Guidelines most recent guidance at time of data collection

● **Treatment and harm reduction services**

NS (100%) scored highest on their treatment and harm reduction services, followed by NL (92%), NB (83%), and PE (50%). Nearly all Atlantic provinces scored strongly on publicly funded treatment services such as withdrawal management/detoxification, inpatient and outpatient services that went beyond a 12-step model. NS had at least one permanent publicly funded MAP in place and NL had at least one MAP with temporary funding (see Table 12); NB and PE do not currently have any MAPs in place.

**Table 12: Status of Managed Alcohol Programs (MAPs)**

	<b>MAP in place</b>	<b>More than one</b>	<b>Permanent</b>	<b>Publicly funded</b>
<b>NB</b>	No	--	--	--
<b>NS</b>	Yes	No	Yes	Yes
<b>PE</b>	No	N-A	N-A	--
<b>NL</b>	Yes	No	Temporary	Yes

**Screening and Treatment Interventions: Domain Recommendations**

- Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support that allows funds to be allocated for promotion activities.
- Provide health professionals with SBIR training and ensure availability of in-person or online SBIR services with health professionals; develop and/or host online self-guided SBIR resources.
- Provide accessible, publicly funded withdrawal management/detox programs, inpatient/outpatient treatment services within the jurisdiction (that go beyond 12-step programs), and permanent managed alcohol programs.

# 10. Alcohol Strategy

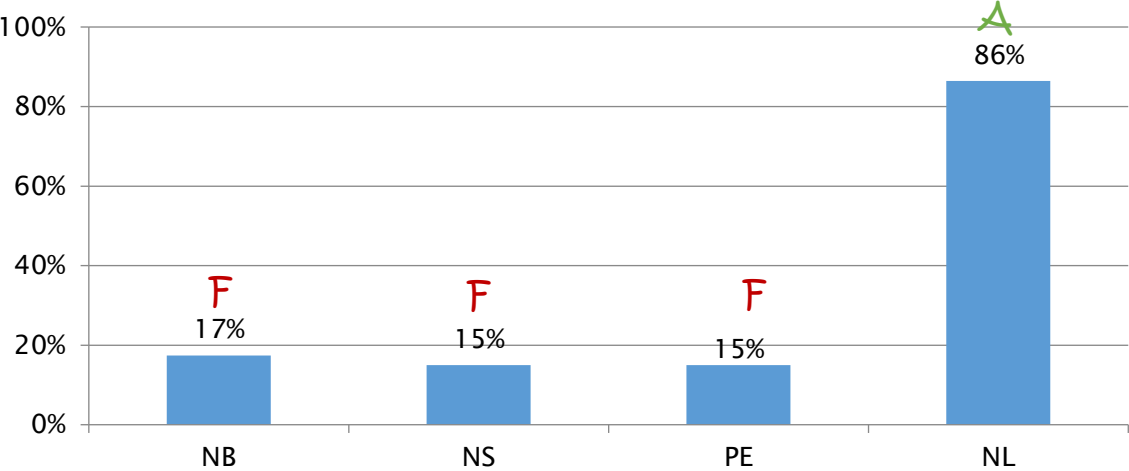
## Domain Overview

Alcohol strategies or action plans can help prioritize and coordinate alcohol policy initiatives and interventions under government leadership. However, their effectiveness relies on inclusion of specific and measurable goals sustainably implemented across evidence-based policy domains based on international research and policy development. Importantly, the involvement of alcohol industry in government strategy must be strictly avoided since this has been shown to compromise the robust development and implementation of effective alcohol strategies.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 20: Alcohol Strategy Policy Domain Scores by Atlantic Province**



NL (86%, A) had the highest score of the Atlantic provinces for the Alcohol Strategy policy domain with their recently launched alcohol action plan. NS, PE (both 15%, F), and NB (17%, F) do not have standalone alcohol strategies or action plans, and alcohol policy recommendations were not meaningfully included in other provincial-level documents.

Although overall policy scores were low, if Atlantic provinces implemented all the best existing alcohol strategy policies across Canada's P/Ts, their score could increase to 87% (A).

See [Best Practice Policy Leaders](#) document for further details.

## What We Measured

### Alcohol Strategy: Best Practice Policy Indicators

- **Status of alcohol strategy/plan (3 points)**

There is a public facing standalone alcohol strategy or action plan in place addressing alcohol as a public health issue that includes recommended alcohol policy domains and is developed independently of the alcohol industry. **(Rubric indicator 10.1a)**

- **Comprehensiveness of the alcohol strategy/plan (4 points)**

The standalone alcohol strategy includes a wide range of evidence-based alcohol policy interventions reflecting the 11 CAPE policy domain areas. **(10.2a)**

- **Implementation of the alcohol strategy/plan (3 points)**

There is dedicated government funding in place to support the strategy with an identified public health leader (individual position or working group) for implementation within a specific timeline (e.g., 5 years). The strategy is endorsed by the P/T government and implementation progress is assessed and publicly reported on throughout; development or updating of the strategy has occurred within the past 5 years. Strategy development, leadership, implementation timeline and assessments are all be free of alcohol industry involvement. **(10.3a-e)**

**Figure 21: Alcohol Strategy Policy Indicator Scores by Atlantic Province**



● **Status of alcohol strategy/plan**

NL (100%) scored highest of the Atlantic provinces for the status of their standalone alcohol action plan. The remaining three all scored 50% for having a provincial-level document or strategy addressing addictions, mental health, or public health that included some alcohol policy recommendations (see Table 13).

● **Comprehensiveness of alcohol strategy/plan**

NL (66%) scored highest on comprehensiveness of the alcohol policy recommendations included in their documents for incorporating at least 5 of the 11 evidence-based CAPE policy domain areas and recommendations related to high impact domains such as pricing and taxation and physical availability of alcohol. The lowest scores were in NS, PE (both 0%) and NB (all 6%), where the provincial-level document included recommendations for only one (often related to screening and treatment interventions) or none of the CAPE alcohol policy domains.

● **Implementation of alcohol strategy/plan**

NL (100%) scored highest on implementation as their alcohol action plan meets all the criteria of being government endorsed, fully funded, having provincial leadership through a designated working group, and having an implementation timeline with assessment built in (with public reporting) that was developed free of alcohol industry involvement. NB, NS, and PE all scored 0% as their non-alcohol-specific jurisdictional documents met none of the recommended criteria.

**Table 13: Provincial/Territorial Alcohol Strategy**

	<b>Standalone alcohol strategy</b>	<b>Year released</b>	<b>Developed without industry</b>	<b>Includes 2+ evidence-based policy areas</b>	<b>Fully funded</b>
<b>NB</b>	No	--	--	--	--
<b>NS</b>	No	--	--	--	--
<b>PE</b>	No	--	--	--	--
<b>NL</b>	Yes	2022	Yes	Yes	Yes

**Alcohol Strategy: Domain Recommendations**

- Implement a standalone government-endorsed alcohol strategy or action plan that includes a wide range of evidence-based public health policies reflecting the 11 CAPE domain areas 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 to the strategy at least every 5 years.

# 11. Monitoring and Reporting

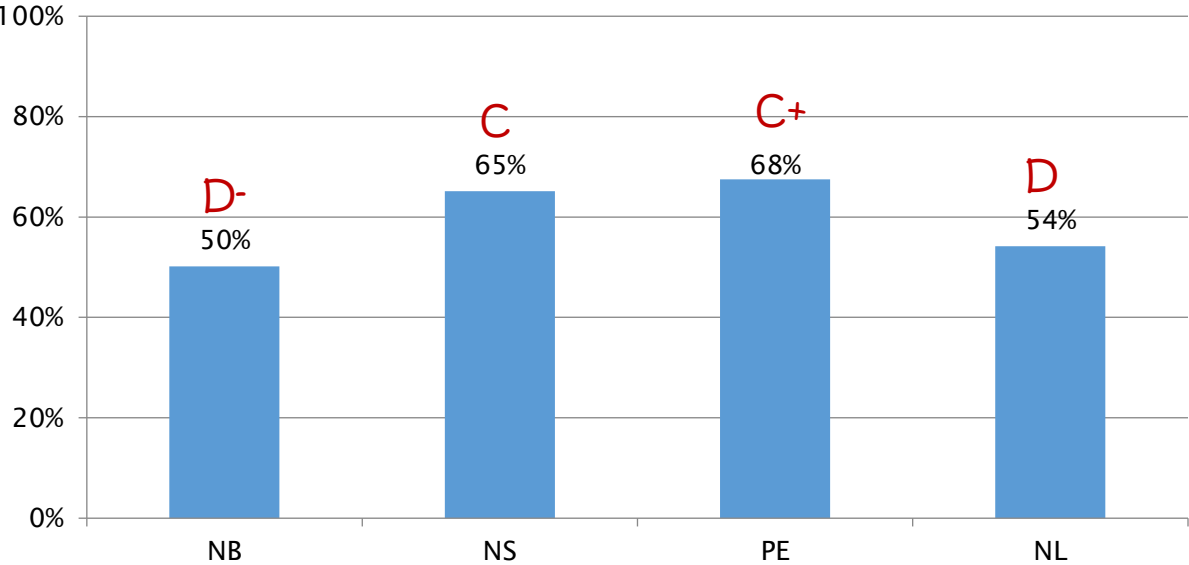
## Domain Overview

An essential component of any comprehensive approach to reducing alcohol harm includes the routine and comprehensive monitoring of alcohol-related indicators such as consumption, drinking patterns, health and social harms over time. Such monitoring, combined with the tracking of policy implementation and other actions, allows for ongoing assessment of what interventions are most effective and can inform approaches, interventions, and resource requirements to address alcohol harm.

See the [Methodology and Evidence](#) document for more detail and references.

## Domain Results

**Figure 22: Monitoring & Reporting Policy Domain Scores by Atlantic Province**



Of the Atlantic provinces, PE (68%, C+) had the highest score in the Monitoring and Reporting domain, followed by NS (65%, C), NL (54%, D), and NB (50%, D-).

Despite some strong scores, there is still room for improvement in this domain. If Atlantic provinces implemented all the best existing monitoring and reporting policies across Canada's P/Ts, their score could increase to 89% (A).

See [Best Practice Policy Leaders](#) document for further details.

## What We Measured

### Monitoring and Reporting: Best Practice Policy Indicators

- **Comprehensiveness of monitoring mechanisms (4 points)**

Systematic tracking of alcohol-related indicators is conducted or supported (e.g. by providing funding, data, or other resources) at the provincial/territorial level. Alcohol-related indicators include per capita alcohol use and drinking patterns, wholly and partially alcohol-attributable hospitalizations and deaths, crime, costs, and alcohol policy changes. **(Rubric indicators 11.1ai-avi)**

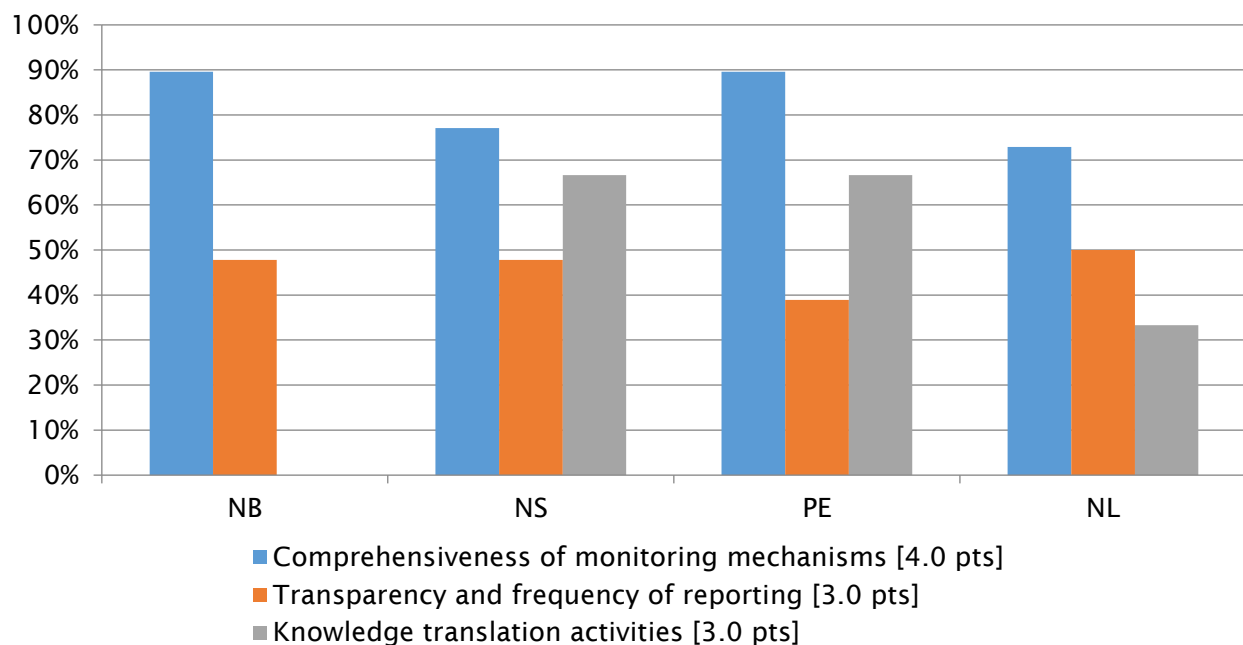
- **Transparency and frequency of reporting (3 points)**

Monitoring results of specific alcohol-related indicators (see 11.1) are made publicly available and reported on annually. **(11.2a-bvi)**

- **Knowledge translation activities (3 points)**

An online centralized public reporting platform or system (i.e website) is in place for all alcohol-related indicators (see 11.1) with leadership from a formally identified knowledge broker (or cross-sector committee/organisation) that had produced and released government supported (funded or produced) knowledge products (e.g. reports or resources) supported by a knowledge translation strategy in the past 2 years. The knowledge products should provide information on alcohol and guidance or recommendations on how to effectively address alcohol issues in their jurisdiction from a public-health perspective. **(11.3a-c).**

**Figure 23: Monitoring & Reporting Policy Indicator Scores by Atlantic Province**



● **Comprehensiveness of monitoring mechanisms**

All Atlantic provinces scored high marks on comprehensiveness of monitoring mechanisms with NB and PE (both 90%). The lowest scores were in NL (73%) and NS (77%) as they conducted only partial tracking in some instances (e.g. alcohol consumption but not drinking patterns, wholly but not partially attributable hospitalizations or deaths etc.). NB, PE, and NL announced alcohol policy changes (e.g. via news release or in reports) but none also consolidated these announcements in one place (e.g. government website) to facilitate tracking of changes over time; NS did not publicly report any alcohol policy changes.

● **Transparency and frequency of reporting**

The Atlantic provinces scored relatively low on the transparency and frequency of their reporting with NL (50%) the highest followed by NB and NS (both 48%) and PE (39%) scoring the lowest. Between only 1 to 3 of the 6 alcohol indicators were publicly available across the four provinces and most were not reported annually.

● **Knowledge translation activities**

NS and PE (both 67%) scored highest on knowledge translation activities for having formally identified government leadership publicly reporting on alcohol-related indicators and conducting knowledge translation activities within the past two years that provide information on alcohol and guidance or recommendations on how to effectively address alcohol issues in their jurisdiction from a public health perspective. NL (33%) had the third lowest score and NB (0%) the lowest as there was no clear leadership or recent knowledge translation activities. No Atlantic province currently has an online centralized public reporting system in place for alcohol-related indicators (see Table 14).

**Table 14: Knowledge Translation Activities and Leadership**

	<b>Centralized Online Reporting System</b>	<b>Leadership</b>	<b>Knowledge Products in Last 2 years</b>
<b>NB</b>	No	No	--
<b>NS</b>	No	Yes	Yes
<b>PE</b>	No	Yes	Yes
<b>NL</b>	No	Yes	No

**Monitoring and Reporting: Domain Recommendations**

- Implement systematic and comprehensive tracking of all alcohol-related indicators including consumption and drinking patterns, wholly and partially alcohol-attributable hospitalizations and deaths, crime, costs, and policy changes.
- Report annually on 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.

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