



CAPE 3.0: Federal Results

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

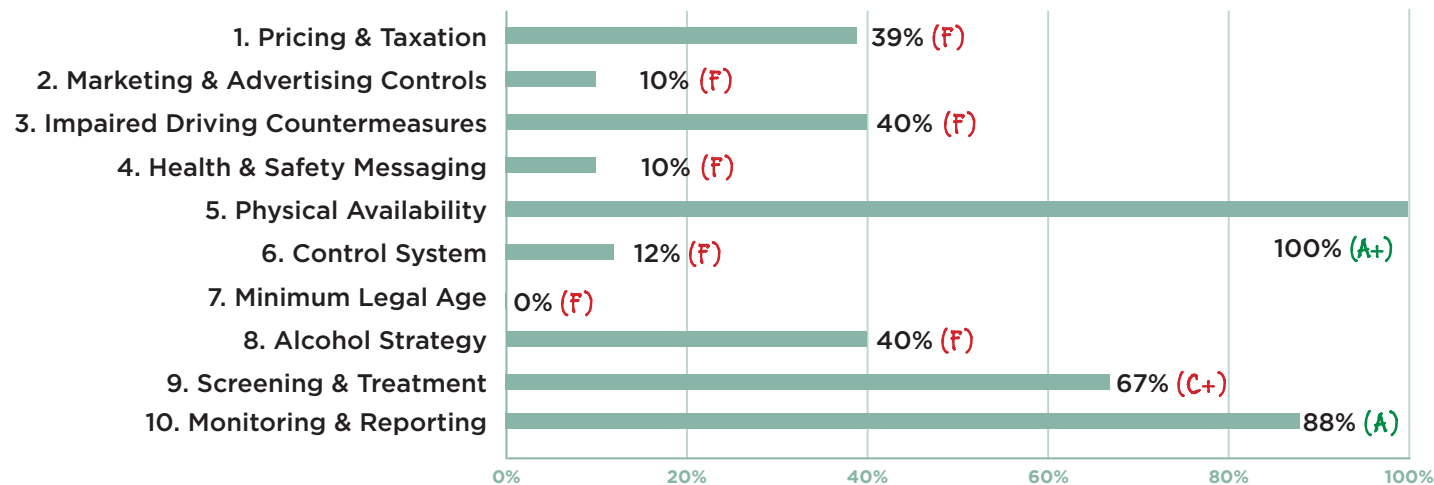
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN CANADA



WHAT CAN BE DONE: AN ALCOHOL POLICY APPROACH

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

CAPE 3.0 Results: Federal Policy Scores



Federal CAPE Scores Over Time

CAPE 3.0
37% (F)
2022 policy data

CAPE 2.0
38% (F)
2017 policy data



To see how Canada's provinces and territories scored, see the P/T RESULTS SUMMARIES.

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

The 10 policy domains in this assessment form part of a comprehensive and synergistic approach to preventing and reducing different types of alcohol harms. Policies examined fall under federal control, and each domain reflects the current evidence and is weighted based on its effectiveness and scope of reach. This results in a ranked order from one (i.e., highest overall impact) through 10 (see next page). However, all the domains are necessary to create a health-focused alcohol policy environment.

WHAT THE FEDERAL GOVERNMENT IS DOING WELL: SELECTED EXAMPLES



Legislation requires all federal commercial imports into Canada to be imported exclusively via government authority. The maximum volumes for duty-exempt personal alcohol imports meet the recommended limits.

5. Physical Availability



Federal funding supported development of national alcohol and health guidance. Federal funding is available to support alcohol screening, brief intervention, and referral (SBIR) initiatives at the provincial/territorial (P/T) level. SBIR resources and treatment services are available to federal corrections and military populations.

9. Screening & Treatment Interventions



Comprehensive monitoring and reporting of alcohol-related indicators is conducted and publicly funded; all data are publicly reported with most released annually. There is leadership, Canadian Centre on Substance Use and Addiction, and knowledge translation activities occurring.

10. Monitoring & Reporting

WHERE THE FEDERAL GOVERNMENT NEEDS WORK: SELECTED EXAMPLES



There are no federal incentives to encourage minimum pricing implementation at the P/T level. Federal sales and excise taxes applied to alcohol fall below the recommended levels. Excise taxes are not currently set based on a unified graduated ethanol-based rate.

1. Pricing & Taxation

Status of Federal Alcohol Excise Taxation in 2022

Best practice policies	Yes	Partly*	No
Excise taxes set at a unified rate across beverage types		✓	
Excises taxes tied directly to alcohol content (e.g., \$/L of absolute alcohol)		✓	
Excise rates graduated based on alcohol content (e.g., higher rates for higher strength beverages)		✓	
Excise taxes indexed to annual inflation	✓		

*See 1.3 in the Federal Scoring Rubric for details on federal excise taxes.



The current CRTC code does not include restrictions on volume, content, and placement of ads, or on price-based promotions for any advertisers nor does it restrict content beyond broadcast media.. There is no mandatory pre-screening of alcohol ads by an enforcement authority independent of industry and no online complaints system; CRTC penalties can only be imposed on broadcasters. Alcohol industry marketing activities are not monitored or publicly reported.

2. Marketing & Advertising Controls



The Criminal Code threshold for driving under the influence is set higher than a BAC of 0.05%. Federally regulated professional drivers such as commercial pilots and truck drivers are not all subject to a maximum BAC of 0.02% or lower.

3. Impaired Driving Countermeasures

STEPS TO IMPROVE FEDERAL GOVERNMENT'S CAPE POLICY SCORES



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

Policy Domain			Score ⁴	Recommendations (All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.)
1.	Pricing & Taxation		39% F	<ul style="list-style-type: none"> • Offer financial incentives to encourage implementation of minimum prices at the P/T level. • Implement an indexed minimum unit price for all alcohol sold on federally controlled lands and waters (e.g. parks, military installations). • Increase the level of federal sales taxes applied to alcohol to 12% (e.g. GST or other ad valorem federal alcohol sales tax). • Increase the level of alcohol excise tax imposed on alcohol products, prior to applying the GST rate, to a unified alcohol volumetric rate of \$13.04/L* ethanol (high strength spirits) and \$8.75/L* ethanol (non-spirit and low strength spirit beverages). (*based on annually indexed rate from 1991) • Set volumetric excise taxes to reflect ethanol alcohol content across all major beverage categories (i.e. in addition to spirits above 7% ABV).
2.	Marketing & Advertising Controls		10% F	<ul style="list-style-type: none"> • Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions), content (e.g. beyond CRTC rules), placement (e.g. physical location near youth etc.), and price-based promotions/sponsorships for all advertisers (e.g. government or private retailers, non-licensees or third parties such as food delivery services) and all media types (e.g. broadcast, internet, social media). • Appoint an independent health-focused enforcement authority to conduct mandatory pre-screening of all alcohol ads, host responsive online complaint system geared to the public, and enforce penalties applicable to government and private advertisers. Provide the authority with sufficient enforcement powers to impose commensurate escalating sanctions for violations by all advertisers (not just broadcasters); require monitoring and public reporting of alcohol industry marketing activities.
3.	Impaired Driving Countermeasures		40% F	<ul style="list-style-type: none"> • Make it a Criminal Code offence to drive with a BAC of $\geq 0.05\%$. • Make it a Criminal Code offence for federally regulated professionals to operate commercial or passenger vehicles, trains, plane, and boats with a BAC $> 0.02\%$. • Provide police with Criminal Code powers to demand an evidentiary blood sample in any situation where they are authorized to demand an evidentiary breath sample.
4.	Health & Safety Messaging		10% F	<ul style="list-style-type: none"> • Enact legislation requiring for enhanced alcohol labelling components. • Implement mandatory alcohol labelling as a manufacturer requirement, developed independently of the alcohol industry. Labels should include a variety of evidence-based warning messages (e.g. cancer risk, standard drinks, national alcohol guidance, calories), be prominently displayed using contrasting colours, be fully legible and accompanied by pictorials, rotate equally across all products at least annually, and support consumers in making informed decisions about product use; alcohol warning messages must be displayed front-of-package. • Implement ongoing alcohol-specific public health media campaigns run by Health Canada and developed free of industry involvement that include comprehensive health and safety topics.
5.	Physical Availability		100% A+	<ul style="list-style-type: none"> • Federal controls on commercial and personal alcohol imports meet recommendations.
6.	Control System		12% F	<ul style="list-style-type: none"> • Implement a Federal Alcohol Act with an explicit mandate/intent to protect public health that includes evidence-based policy areas (e.g. pricing and taxation, marketing and advertising controls, impaired driving countermeasures, health and safety messaging etc.). • Provide federal incentives (e.g. tax breaks) to encourage P/T governments to retain ownership and operation of the retail sale and distribution of alcohol. • Strengthen existing trade law exemptions in the interests of protecting public health and safety to include specific mention of alcohol. • Increase the proportion of government licensed, owned, and operated Duty-Free outlets (versus privately owned and operated outlets); move towards full government control. • Require public health guidance from health ministries or other public health stakeholders for alcohol-related decision-making and legislative changes; implement a formal public consultation process to engage with underrepresented groups (e.g. non-industry stakeholders, priority populations) about alcohol.
7.	Minimum Legal Age		0% F	<ul style="list-style-type: none"> • Set a federal minimum age of 21 for individuals to whom alcohol can be lawfully sold under the Criminal Code; extend the federal minimum age to apply to alcohol sold on federal controlled land/waters.
8.	Alcohol Strategy		40% F	<ul style="list-style-type: none"> • Develop an updated public facing standalone alcohol strategy, without alcohol industry involvement, that addresses alcohol as a public health issue. Allocate dedicated funds for strategy development, implementation and assessment and appoint an identified leader (individual position or working group free of alcohol industry involvement) to implement the strategy; set an implementation timeline (e.g. 5 years) and require on-going publicly reported implementation assessments. Provide formal federal endorsement of the alcohol strategy.
9.	Screening & Treatment ⁵ Interventions		67% C+	<ul style="list-style-type: none"> • Provide formal federal endorsement of national alcohol and health guidance that has been developed free from alcohol industry involvement. • Implement earmarked funds for supporting alcohol-specific treatment beyond SBIR at P/T level (e.g. health transfer funds). • Extend tracking and reporting of screening, brief intervention, referral, and treatment for populations under federal administration to include Corrections. <p>(\$Treatment indicators measure existence of services only, not quantity or quality.)</p>
10.	Monitoring & Reporting		88% A-	<ul style="list-style-type: none"> • Increase frequency of regular reporting on alcohol-related morbidity, cost, and policy change indicators to annually. • Implement an online public centralized reporting system for all alcohol-related indicators.

? For more details on policy indicators, see the **POLICY SCORING RUBRIC**.

WANT TO KNOW MORE ABOUT CAPE?

FEDERAL

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

PROVINCIAL/TERRITORIAL

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

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

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

Suggested citation: Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Federal Results. 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.