



CAPE 3.0: Results from Nova Scotia

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



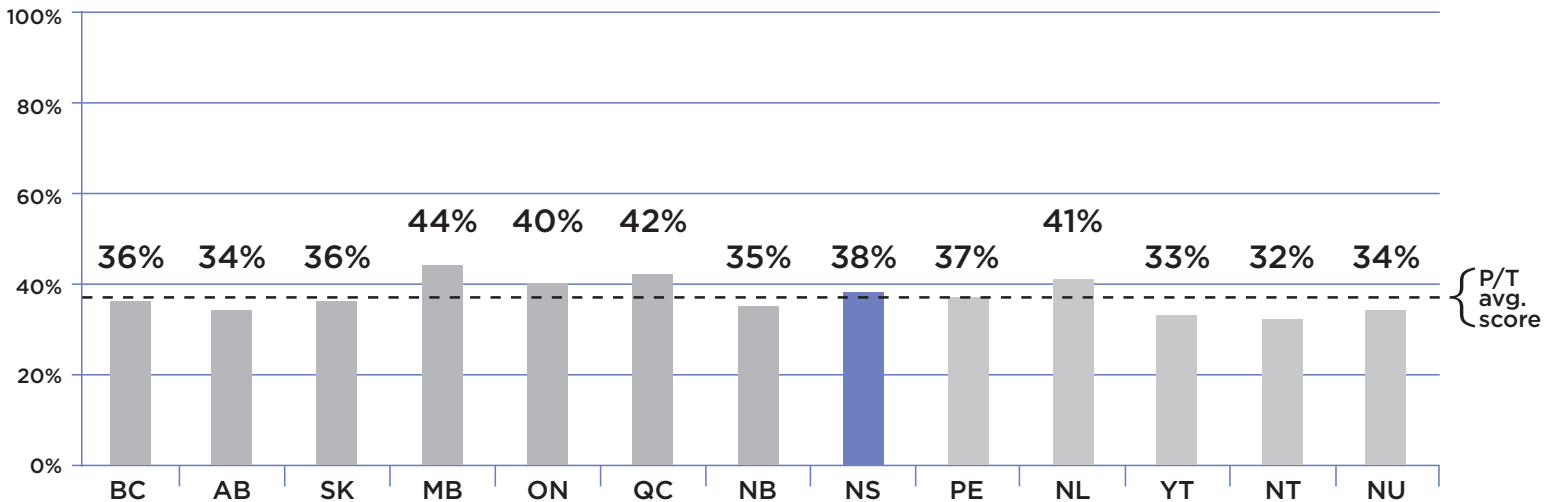
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN NS



WHAT CAN BE DONE: AN ALCOHOL POLICY APPROACH

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

CAPE 3.0 Results: How Does NS Compare?



NS's CAPE Scores: What's Possible?

If Nova Scotia implemented all the best existing policies across Canada's provinces and territories, their score could change from **38% (F)** to **80% (A-)**.

If we graded NS against best existing policies across provinces and territories, their score would still only be **47% (F)**.

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

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

WHAT NS IS DOING WELL: SELECTED EXAMPLES



NS has minimum prices for all alcohol sold and some of the highest off-premise minimum prices in Canada. Off-premise minimum pricing is automatically indexed to inflation and is tied precisely (e.g. \$/L ethanol) to ethanol content for beer. In general, prices for on-premise beer and spirits are keeping pace with inflation.

1. Pricing & Taxation



NS sets legislated restrictions limiting placement of on-premise outlets near schools, hospitals, or similar institutions. Home delivery of on-premise alcohol is prohibited and takeout alcohol has a defined food component required that is set in regulation.

2. Physical Availability



NS has publicly funded alcohol treatment available including withdrawal management/detox, inpatient, and outpatient services; there is one publicly funded managed alcohol program. The 2011 national drinking guidelines were informally endorsed by the Dept of Health and Wellness.

9. Screening & Treatment Interventions

WHERE NS NEEDS WORK: SELECTED EXAMPLES



Level of on-premise minimum pricing in NS is lower than recommended and not indexed to inflation. Minimum pricing is only tied precisely (e.g. \$/L ethanol) to ethanol content for off-premise beer and is only loosely tied to ethanol content for on-premise wine. Alcohol in NS is not taxed at a higher rate relative to other consumer goods.

1. Pricing & Taxation

NS Minimum Pricing (2021/22)*

OFF PREMISE (liquor stores)		ON PREMISE (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
\$1.82	\$1.83 🍺 Beer	\$2.40	\$3.66 🍺 Beer
\$2.00	\$1.83 🍷 Wine	\$2.40	\$3.66 🍷 Wine
\$1.48	\$1.83 🍸 Spirits	\$3.67	\$3.66 🍸 Spirits
\$1.96	\$1.83 🍹 Coolers	\$1.72	\$3.66 🍹 Coolers

*price per standard drink for a common container size and beverage strength, expressed in 2021 dollars.



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

2. Physical Availability














Less than 30% of off-premise retail outlets in NS are government owned and run. There are no policies prohibiting online alcohol sales or on-premise alcohol sales alongside other services such as at spas and sports events. The alcohol regulator/retailer, NSLC, reports to the Ministry of Finance and does not include health and safety in its mandate.

3. Control System

STEPS NS CAN TAKE TO IMPROVE THEIR CAPE POLICY SCORES



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

Policy Domain	Score ⁴	Recommendations (All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.)
1. Pricing & Taxation 	43% F	<ul style="list-style-type: none"> • Increase legislated minimum prices to a rate per standard drink (e.g. 17.05mL ethanol) of at least \$2.04* for alcohol sold at off-premise retail outlets and \$4.07* for alcohol sold at on-premise establishments, after taxes, and implement on-premise automatic indexation (*2023 price); Tie minimum prices for all alcohol precisely to ethanol content (e.g. \$/L ethanol). • Update general alcohol prices annually to ensure that all keep pace with NS-specific inflation, increase alcohol 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 across all beverage types and maintain on-premise markups at or above the off-premise retail price.
2. Physical Availability 	32% F	<ul style="list-style-type: none"> • Reduce existing outlet density of all premises. Introduce density and placement limits for off-premise retail outlets, and density limits for on-premise establishments. • Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales before 11:00am and after 8pm (off-premise retail outlets) and 1am (on-premise establishments). Prohibit alcohol home delivery, including by a third party, from off-premise retail outlets and prohibit take-out alcohol from on-premise establishments.
3. Control System 	23% F	<ul style="list-style-type: none"> • 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/manufacturer and retailer. • Increase the current 28.8% proportion of government-owned and operated off-premise retail outlets and move towards a full government monopoly. Prohibit alcohol sales in establishments such as spas and sporting facilities, and via online sales; phase out ferment-on-premise outlets and home-brew kits. • Include protection of public health and safety as explicit mandate objectives for regulator and distributor/retailer; legislate earmarked funds for harm prevention, research and treatment; require public health involvement in decision-making and legislative changes; require targeted health-focused public engagement.
4. Impaired Driving Counter-measures 	68% C+	<ul style="list-style-type: none"> • Strengthen graduated licensing program (GLP) with stage 1 minimum of 12 months and implement stage 2 passenger limit. Extend zero tolerance period to all new drivers with less than 5 years' experience and set penalties for all GLP and new driver violations. • Impose comprehensive mandatory ALS and AVI that escalate according to BAC level and repeat occurrences. • Impose mandatory escalating long term ALS for third and subsequent $\geq 0.08\%$ BAC federal convictions and require escalating interlock program completion as relicensing condition for all first and repeat federal impaired driving convictions.
5. Marketing & Advertising Controls 	43% F	<ul style="list-style-type: none"> • Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions), placement (e.g. physical location), and price-based promotions/sponsorships for all media types. • Appoint independent health-focused enforcement authority to conduct mandatory pre-screening of all alcohol ads, host responsive online complaint system, and enforce penalties applicable to government and private advertisers.
6. Minimum Legal Age 	34% F	<ul style="list-style-type: none"> • Increase minimum legal age to 21 for possession and purchase of alcohol; consider granting graduated access (i.e. restrictions based on alcohol strength or hours of sale). • Require proof of age identification for anyone purchasing alcohol and 2-staged verification (i.e. when ordering and receiving order) for alcohol sales made remotely (e.g. online, via phone, etc.).
7. Health & Safety Messaging 	2% F	<ul style="list-style-type: none"> • Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises. Labels, signage, and messaging should include a variety of evidence-based warning messages (e.g. cancer risk, standard drinks, national alcohol guidance, calories), be prominently displayed and accompanied by pictorials, rotate across all products, and support consumers in making informed decisions about product use. • Deliver a variety of ministry-led alcohol health and safety campaigns (beyond holiday themes) at least annually.
8. Liquor Law Enforcement 	39% F	<ul style="list-style-type: none"> • Apply risk-based licensing and enforcement criteria to outlet and license holder characteristics to determine risk level for licensing conditions and enforcement schedules across all premises. • Conduct off-premise compliance checks 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. Introduce dedicated police inspection program for on-premise establishments. • Implement mandatory, evidence-based alcohol sale and service training programs with a public health focus for all involved in the sale, service or delivery of alcohol at all premises and licensed events; require on-premise recertification at least every 2 years.
9. Screening & Treatment ^s Interventions 	62% C-	<ul style="list-style-type: none"> • Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support. • Provide health professionals with screening, brief intervention, and referral (SBIR) training and ensure availability of in-person or online SBIR services with health professionals; develop and/or host online self-guided SBIR resources. (^s Treatment indicators measure existence of services only, not quantity or quality.)
10. Alcohol Strategy 	15% F	<ul style="list-style-type: none"> • Implement a standalone government-endorsed alcohol strategy that includes a wide range of evidence-based public health policies (such as pricing and physical availability) and is developed independently of the alcohol industry. Allocate dedicated government funding to the strategy with an identified public health leader, an implementation timeline, reoccurring public-facing implementation assessments and updates at least every 5 years.
11. Monitoring & Reporting 	65% C	<ul style="list-style-type: none"> • Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g. add attributable hospitalizations policy changes to existing indicators). • Report annually on all indicators through centralized public database or reporting system (i.e., website).

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

WANT TO KNOW MORE ABOUT CAPE?

PROVINCIAL/TERRITORIAL

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

FEDERAL

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

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

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

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