



CAPE 3.0: Results from the Northwest Territories

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.

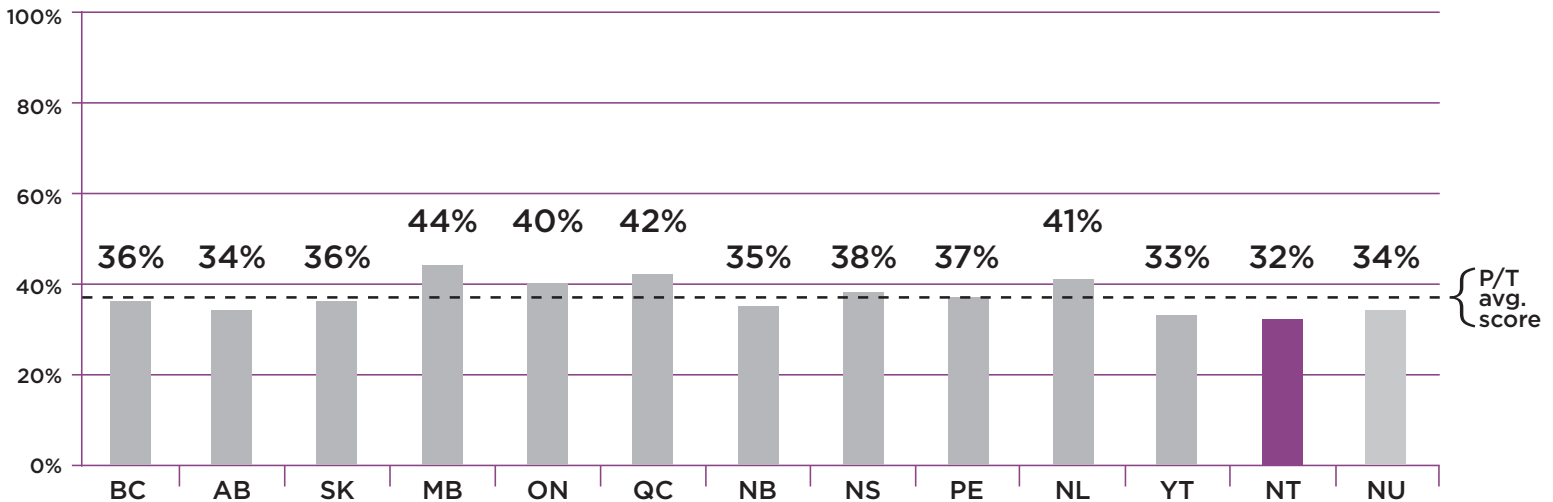
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN NT



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 NT Compare?



NT's CAPE Scores: What's Possible?

If the Northwest Territories implemented all the best existing policies across Canada's provinces and territories, their score could change from **32% (F)** to **80% (A-)**.

If we graded NT against best existing policies across provinces and territories, their score would still only be **39% (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 NT IS DOING WELL: SELECTED EXAMPLES



In general, on-premise prices for beer, wine and spirits are keeping pace with inflation in NT. Although there is no minimum pricing for any alcohol sold in NT, off-premise prices are set based on a cost-recovery plus markup model, which does incorporate annual inflation into the price automatically.

1. Pricing & Taxation



Although no set limits are currently in place, NT has legislated powers to set population-based limits on outlet density and placement across all premises; there is a community engagement process in place. Off-premise opening hours and days of sale are at recommended levels. Off-premise alcohol home delivery is prohibited.

2. Physical Availability



NT has risk-based licensing and enforcement for all premises that takes outlet characteristics into account when determining risk level and frequency of compliance checks. Penalties for violations are commensurate, escalating, and publicly and reported. Alcohol sale and service training is mandatory for paid staff at most premises.

8. Liquor Law Enforcement

WHERE NT NEEDS WORK: SELECTED EXAMPLES

NT Minimum Pricing (2021/22)*



There is no minimum pricing in place for any alcohol sold in NT. There is no general territorial sales tax applied to consumer goods, including alcohol, and no alcohol-specific tax applied to any alcohol.

1. Pricing & Taxation

NT Minimum Pricing (2021/22)*			
 OFF PREMISE (liquor stores)		 ON PREMISE (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
None	\$1.83  Beer	None	\$3.66  Beer
None	\$1.83  Wine	None	\$3.66  Wine
None	\$1.83  Spirits	None	\$3.66  Spirits
None	\$1.83  Coolers	None	\$3.66  Coolers

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



The level of population-based off-premise outlet density in NT is over nine times higher than recommended; there are no set density limits for any premises. On-premise hours of sale extend longer than recommended and takeout alcohol is not prohibited.

2. Physical Availability














All off-premise retail outlets in NT operate on a private consignment-based model. Both alcohol regulation and alcohol retail are overseen by the Ministry of Finance, which does not include health and safety in its mandate.

3. Control System

STEPS NT 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 	2% F	<ul style="list-style-type: none"> Implement legislated minimum prices for all alcohol sold that are tied precisely (e.g. \$/L ethanol) to ethanol content. Set minimum prices at a rate per standard drink (e.g. 17.05mL pure alcohol) 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, with automatic indexation (*2023 price). Update general on-premise alcohol prices annually to ensure that all keep pace with NT-specific inflation, implement sales taxes for alcohol, 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 	43% F	<ul style="list-style-type: none"> Reduce existing density of all premises, and especially for off-premise outlets. Strengthen density limits for all premises. Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales after 8pm (off-premise retail outlets) and before 11am and after 1am (on-premise establishments). Prohibit alcohol takeout and home delivery from on-premise establishments.
3.	Control System 	25% 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. Implement a fully government-owned and operated retail network for off-premise retail stores rather than the consignment model currently in place. Prohibit alcohol sales in establishments such as spas and sporting facilities, phase out 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; transparently report industry lobbying via online public platform.
4.	Impaired Driving Counter-measures 	40% F	<ul style="list-style-type: none"> Strengthen graduated licensing program (GLP) with minimum start age of 16 and implement stage 2 night-time driving ban. Implement zero tolerance period to all new drivers with less than 5 years experience and set penalties for all GLP or new driver violations. Impose increased penalties when presence of alcohol plus another drug is detected. 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 ≥0.08% BAC federal convictions and require escalating interlock program completion as relicensing condition for all first and repeat federal convictions.
5.	Marketing & Advertising Controls 	22% 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), and placement (e.g. physical location) for all advertisers (e.g. government retailers, non-licensees/third parties) and all media types. Appoint independent health-focused enforcement authority to conduct mandatory pre-screening of all alcohol ads and host responsive online complaint system. Set commensurate, escalating penalties for any violations.
6.	Minimum Legal Age 	34% F	<ul style="list-style-type: none"> Increase minimum legal age to 21 for possession and purchase of alcohol; consider granting graduated access (i.e. restrictions based on alcohol strength or hours of sale). Require proof of age identification for anyone purchasing alcohol and 2-staged verification (i.e. when ordering and receiving order) for alcohol sales made remotely (e.g. online, via phone, etc.).
7.	Health & Safety Messaging 	23% F	<ul style="list-style-type: none"> Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises. Labels, signage, and messaging should include a variety of evidence-based warning messages (e.g. cancer risk, standard drinks, national alcohol guidance, calories), be prominently displayed and accompanied by pictorials, rotate across all products, and support consumers in making informed decisions about product use. Deliver a variety of ministry-led alcohol health and safety campaigns (beyond holiday themes) at least annually.
8.	Liquor Law Enforcement 	67% C+	<ul style="list-style-type: none"> Apply risk-based licensing and enforcement criteria to license holder characteristics to determine risk level for licensing conditions and enforcement schedules across all premises. Conduct follow-up for failed compliance within 3 months and based on severity or number of violations. Implement Mystery Shopper program at off-premise outlets for minimum legal age law compliance and introduce dedicated police inspection program for on-premise establishments. Implement mandatory, evidence-based off-premise alcohol sale and service training programs with a public health focus for all involved in the sale, service or delivery of alcohol; require recertification for all premises at least every 2 years.
9.	Screening & Treatment ^s Interventions 	49% F	<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. Provide publicly funded inpatient treatment services and permanently funded managed alcohol programs. (\$Treatment indicators measure existence of services only, not quantity or quality.)
10.	Alcohol Strategy 	42% 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.
11.	Monitoring & Reporting 	71% B-	<ul style="list-style-type: none"> Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g. add policy changes to existing indicators). 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.

? 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%.

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