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

<table>
<thead>
<tr>
<th>Alcohol Consumption</th>
<th>Alcohol Health Harms</th>
<th>Alcohol Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT 786 standard drinks per person aged 15+</td>
<td>4,254 ER &amp; hospital visits 74 deaths</td>
<td>+ $36M alcohol revenues - $109M alcohol harm costs = - $73M total alcohol deficit which equates to $2.58 per standard drink sold</td>
</tr>
<tr>
<td>CAN 487 standard drinks per person aged 15+</td>
<td>(2020/21) (2020²)</td>
<td></td>
</tr>
</tbody>
</table>

**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.

CAFE 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

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

The level of population-based of -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 of 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

<table>
<thead>
<tr>
<th>NT Minimum Pricing (2021/22)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OFF PREMISE</strong> (liquor stores)</td>
</tr>
<tr>
<td><strong>ACTUAL</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Policy Domain</th>
<th>Impact</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1. Pricing & Taxation | 2% | - 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 of-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 of -premise minimum retail markups to be at least 0% of the landed cost for each beverage type and set on-premise markups at or above the of -premise retail price. |
| 2. Physical Availability | 43% | - Reduce existing density of all premises, and especially of off -premise outlets. Strengthen density limits for all premises.  
- Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales after 8pm (of -premise retail outlets) and before 7am and after 11pm (on-premise establishments). Prohibit alcohol takeout and home delivery from on-premise establishments. |
| 3. Control System | 25% | - 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 Countermeasures | 40% | - Strengthen graduated licensing program (GLP) with minimum start age of 16 and implement stage 2 night-time driving ban. Implement zero tolerance policy 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% | - 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% | - Increase minimum legal age to 21for 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% | - 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% | - 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 of -premise outlets for minimum legal age law compliance and introduce dedicated police inspection program for on-premise establishments.  
- Implement mandatory, evidence-based of -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 Interventions | 49% | - Formally adopt the most recent evidence-based national alcohol guidance with an of ficial 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% | - 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% | - 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 1000).
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%.


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.