



CAPE 3.0: Results from Nunavut

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.

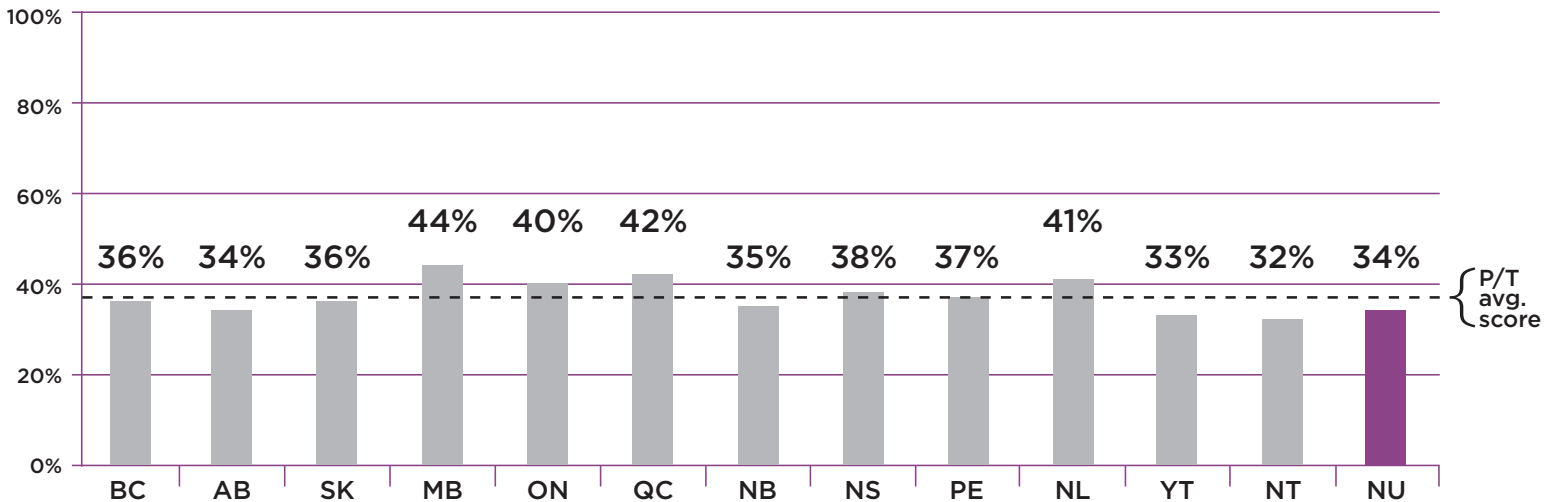
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN NU



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 NU Compare?



NU's CAPE Scores: What's Possible?

If Nunavut implemented all the best existing policies across Canada's provinces and territories, their score could change from **34% (F)** to **80% (A-)**.

If we graded NU against best existing policies across provinces and territories, their score would still only be **42% (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 NU IS DOING WELL: SELECTED EXAMPLES



NU has the lowest outlet density of any jurisdiction in Canada. NU has powers to limit the number and placement of all premise types. There are limits on off-premise days of sale and on-premise alcohol takeout and delivery is prohibited.

2. Physical Availability



Off-premise retail outlets in NU are 100% government-owned and run and the government always acts as the wholesaler in the supply chain. Off-premise alcohol sales are not permitted online or by retailers selling other goods (e.g. grocery stores).

3. Control System



NU has a funded and endorsed standalone alcohol action plan from 2016, developed independently of industry, that includes many key recommended policy areas such as pricing and control system. The plan incorporates assessment and has leadership from across government departments.

10. Alcohol Strategy

WHERE NU NEEDS WORK: SELECTED EXAMPLES



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

1. Pricing & Taxation

NU 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 alcohol regulator, NLCB, and retailer, NLCC, both report to the Department of Finance and neither includes health and safety in their mandate.

3. Control System














There is no graduated licensing program in place in NU. There are no mandatory administrative licensing suspensions or vehicle impoundments for alcohol impaired drivers that escalate according to BAC level and repeat occurrences. There are no mandatory escalating interlock requirements for $\geq 0.08\%$ BAC federal convictions. However, regional access to interlock programs is integral to the success of the policy.

4. Impaired Driving Countermeasures

STEPS NU 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 	1% 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 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, with automatic indexation (*2023 price). Update general alcohol prices annually to ensure that all keep pace with NU-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 maintain on-premise markups at or above the off-premise retail price.
2.	Physical Availability 	65% C	<ul style="list-style-type: none"> Strengthen limits on outlet density for all premise types by setting in legislation. 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.
3.	Control System 	62% C-	<ul style="list-style-type: none"> Appoint a health and/or safety-focused ministry to oversee alcohol regulation and distribution/retail. Maintain the existing government monopoly for alcohol retail. 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; transparently report industry lobbying via online public platform.
4.	Impaired Driving Countermeasures 	9% F	<ul style="list-style-type: none"> Implement graduated licensing program (GLP) with minimum start age of 16, stage 1 minimum of 12 months and stage 2 minimum of 24 months, and stage 2 night-time driving ban and passenger limit. Implement zero tolerance period with penalties to all GLP and new drivers with less than 5 years' experience. 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; record on drivers abstracts for at least 5 years. Require escalating completion of interlock program as relicensing condition (and based on performance criteria) for first and subsequent $\geq 0.08\%$ BAC federal convictions; have interlock program enrollment incentives to discourage unlicensed/uninsured driving.
5.	Marketing & Advertising Controls 	56% D	<ul style="list-style-type: none"> Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions) for all advertisers (including non-licensees/third parties) and all media types. Enhance enforcement by hosting a responsive online complaint system. Set commensurate, escalating penalties for any violations.
6.	Minimum Legal Age 	24% 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). Prohibit policies permitting parents/guardians or other adults from providing alcohol to minors beyond the home. 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 	0% 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 	40% 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. Implement checks at off-premise outlets for minimum legal age law compliance and introduce dedicated police inspection program for on-premise establishments. Strengthen mandatory, evidence-based alcohol sale and service training programs for all involved in the sale, service or delivery of alcohol by extending it to apply across all premises; require recertification at least every 2 years.
9.	Screening & Treatment Interventions 	24% 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 withdrawal management/detox programs, outpatient treatment services and permanent managed alcohol programs. <p>(^STreatment indicators measure existence of services only, not quantity or quality.)</p>
10.	Alcohol Strategy 	70% B-	<ul style="list-style-type: none"> Strengthen the existing alcohol-specific strategy by including evidence-based public health policies on physical availability, marketing and advertising, minimum legal age, health and safety messaging, and monitoring and reporting, an implementation timeline, reoccurring public facing implementation assessments and updates at least every 5 years.
11.	Monitoring & Reporting 	50% D-	<ul style="list-style-type: none"> Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g., add drinking patterns and 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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