

CAPE 3.0: Results from Ontario



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 ON

Alcohol Consumption



standard drinks per person aged 15+

standard drinks per person aged 15+

 $(2020/21^1)$

Alcohol Health Harms





 (2020^2)

deaths

Alcohol Deficit

\$5.162B

alcohol revenues

alcohol harm costs

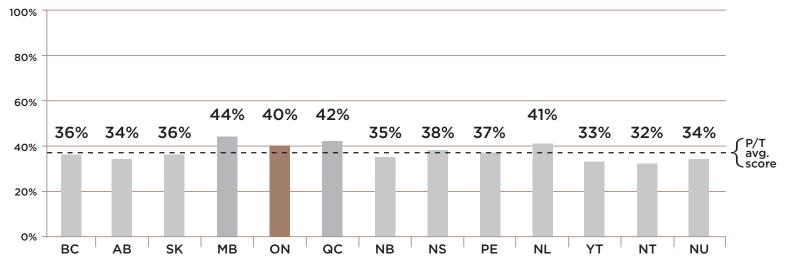
total alcohol deficit

 $(2020/21^{1,2,3})$

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 ON Compare?



ON's CAPE Scores: What's Possible?

If Ontario implemented all the best existing policies across Canada's provinces and territories, their score could change from 40% (F) to 80% (A-).

If we graded ON against best existing policies across provinces and territories, their score would still only be 50% (\bigcirc).

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 healthfocused alcohol policy environment. To read more, see Project Methodology.

WHAT ON IS DOING WELL: SELECTED EXAMPLES



Off-premise minimum pricing in ON is automatically indexed to inflation for all alcohol sold except beer; off-premise minimum pricing for high strength beer is tied precisely (e.g. \$/L ethanol) to ethanol content. In general, on-premise beer and spirits prices are keeping pace with inflation.

1. Pricing & Taxation



The population-based outlet density in ON is near to recommended limits for off-premise and meets limits for on-premise outlets. ON has legislated powers to set limits for off-premise outlet density and sets a cap on grocery store licenses.

2. Physical Availability



ON has escalating administrative licensing suspensions and escalating interlock programs as a condition of relicensing for federal impaired driving convictions with a blood alcohol content (BAC) of 0.08% or higher.

4. Impaired Driving Countermeasures

WHERE ON NEEDS WORK: SELECTED EXAMPLES



Level of minimum pricing in ON is lower than recommended for all alcohol sold. Off-premise minimum beer prices are exempt from indexation and minimum pricing is only tied precisely (e.g. \$/L ethanol) to ethanol content for high strength beer. On-premise minimum pricing is not indexed or tied to ethanol content.

1. Pricing & Taxation

ON Minimum Pricing (2021/22)*

	OFF PREMISE (liquor stores)		ON PREMISE restaurants, bars, etc)
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
\$1.06	\$1.83 Deer	\$2.00	\$3.66 Deer
\$1.54	\$1.83 9 Wine	\$1.92	\$3.66 7 Wine
\$1.63	\$1.83 \(\frac{\gamma}{2} \) Spirits	\$1.97	\$3.66 ⁷ Spirits
\$1.30	\$1.83 (Coolers	\$1.43	\$3.66 (Coolers

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



Density limits do not apply to all premises in ON and there are only voluntary restrictions on outlet placement to which the LCBO outlets adhere. Hours of sale extend longer than recommended across all premises. ON permits alcohol home delivery, including by a third party (e.g. Uber Eats).

2. Physical Availability



Less than 25% of off-premise retail outlets in ON are government owned and run. There are no policies prohibiting online sales or alcohol sales alongside other goods and services. The alcohol retailer, LCBO, reports to the Ministry of Finance and does not include health and safety in its mandate.

3. Control System

STEPS ON 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 Doma	nin	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	\$	37% F	 Increase legislated minimum prices to 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 (*2023 price); extend automatic indexation to include on-premise alcohol and beer sold off-premise; tie minimum prices for all alcohol sold precisely to ethanol content (e.g. \$/L ethanol) rather than to broad strength categories. Update general alcohol prices annually to ensure that all keep pace with ON-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 set on-premise markups at or above the off-premise retail price.
2.	Physical Availability	OPEN	43% F	Reduce existing density of off-premise outlets. Strengthen density limits for off-premise outlets and introduce density limits for on-premise establishments. Introduce placement limits for all premises. 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 on-premise alcohol takeout. Prohibit alcohol home delivery, including by a third party, from all premises.
3.	Control System	<u></u>	24% F	 Appoint a health and/or safety-focused ministry to oversee alcohol distribution/retail. Require a government wholesaler or equivalent fee between the producer/manufacturer and retailer in all cases. Increase the current 22.9% proportion of government-owned and operated off-premise retail outlets and move towards a full government monopoly. Prohibit alcohol sales beyond traditional channels such as in 7-Eleven convenience and grocery stores, in other 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		51% D-	Strengthen graduated licensing program (GLP) with stage 1 minimum of 12 months and stage 2 minimum of 24 months and implement stage 2 night-time driving ban. Extend 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 increase according to BAC level and repeat occurrences; record on driver's abstracts for at least 5 years. Require completion of interlock program as relicensing condition (and based on performance criteria) for all first and repeat ≥0.08% BAC federal convictions; have interlock program enrollment incentives to discourage unlicensed/uninsured driving.
5.	Marketing & Advertising Controls	4 =	42% F	 Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions) across 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 extend responsive online complaint system to cover all advertisers (e.g. including the LCBO).
6.	Minimum Legal Age	8=	34% F	 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	$\overline{\mathbb{V}}$	13% F	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	4	60% C-	 Apply risk-based licensing and enforcement (RBLE) criteria to off-premise outlet and license holder characteristics to determine risk level for licensing conditions and enforcement schedules. Strengthen on-premise RBLE by conducting compliance checks across all premises at least once a year, and follow-up for failed compliance within 3 months. Introduce dedicated police inspection program for on-premise establishments. Strengthen the existing alcohol sale and service training program by requiring recertification at least every 2 years.
9.	Screening & Treatment [§] Interventions		62% C-	• 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. § Treatment indicators measure existence of services only, not quantity or quality.)
10.	Alcohol Strategy		17% F	• 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	iili	71% 3 -	• Strengthen systematic and comprehensive tracking of all alcohol-related indicators with annual public reporting of all indicators through centralized public database or reporting system (i.e., website), with tailored knowledge products or activities at least every 2 years.



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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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