



# CAPE 3.0: Results from Prince Edward Island

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.

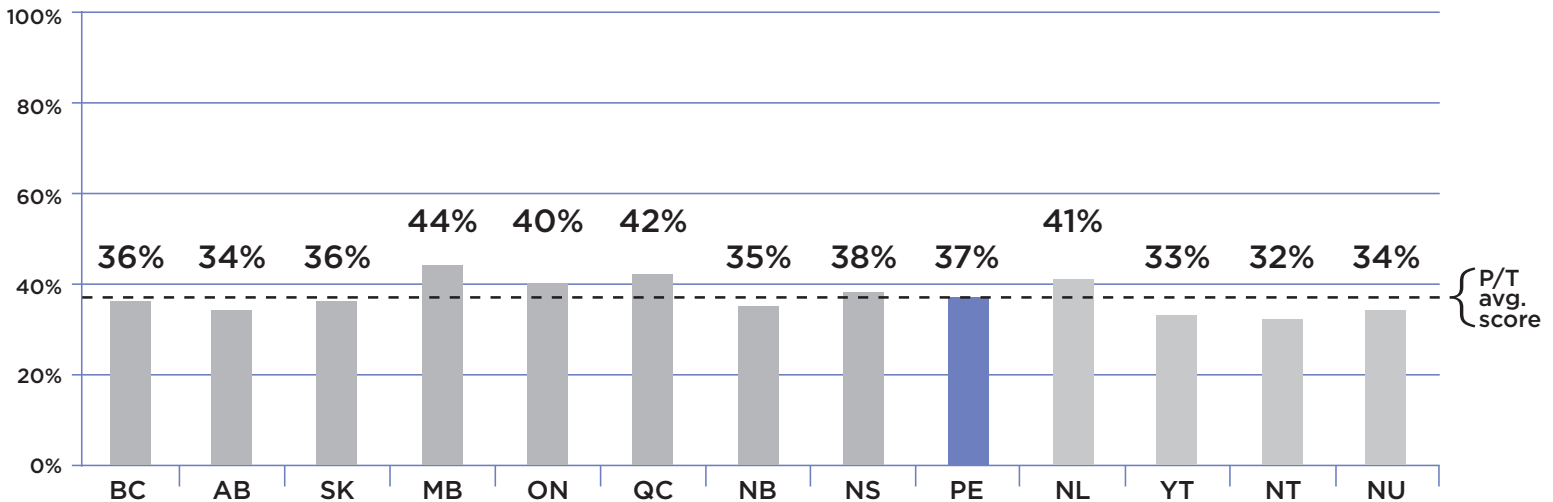
## WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN PE



## 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 PE Compare?



### PE's CAPE Scores: What's Possible?

If Prince Edward Island implemented all the best existing policies across Canada's provinces and territories, their score could change from **37% (F)** to **80% (A-)**.

If we graded PE against best existing policies across provinces and territories, their score would still only be **46% (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 PE IS DOING WELL: SELECTED EXAMPLES



In addition to HST, PE charges a compounding alcohol-specific 'health tax' of 25% on all off-premise sales. PE has minimum prices in place for all alcohol sold and the highest off-premises minimum prices in Canada; off-premise minimum pricing is indexed to inflation, although not automatically.

1. Pricing & Taxation



PE's graduated licensing program (GLP) has the recommended minimum start age of 16, the recommended stage 2 duration and passenger limits, and a prohibition on all GLP drivers testing positive for alcohol.

4. Impaired Driving Countermeasures



PE has restrictions on placement of alcohol advertising and restrictions on content that extend beyond the CRTC code requirements and apply to all advertisers and media. Non-licensees are prohibited from advertising alcohol; there are escalating penalties for violations and violations are publicly listed.

5. Marketing & Advertising Controls

## WHERE PE NEEDS WORK: SELECTED EXAMPLES



Minimum pricing is not tied to ethanol content for any alcohol sold in PE and there is no on-premise indexation. In general, alcohol prices in PE are not keeping up with inflation. On-premise alcohol is not taxed at a higher rate relative to other consumer goods at the retail level.

1. Pricing & Taxation

### PE Minimum Pricing (2021/22)\*

OFF PREMISE (liquor stores)		ON PREMISE (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
\$2.33	\$1.83  Beer	\$2.15	\$3.66  Beer
\$2.14	\$1.83  Wine	\$3.50	\$3.66  Wine
\$1.59	\$1.83  Spirits	\$3.50	\$3.66  Spirits
\$2.06	\$1.83  Coolers	\$2.50	\$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 PE is over five times higher than recommended; there are no set density or placement limits for any premises. Hours of sale extend longer than recommended across all premises. PE permits alcohol home delivery, including by a third party.

2. Physical Availability





Less than 15% of off-premise retail outlets in PE are government owned and run. There are no policies that prohibit online sales or alcohol sales alongside other services. The alcohol regulator/retailer, PEILCC, reports to the Ministry of Finance and does not include health and safety in its mandate.

3. Control System

# STEPS PE 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 <sup>4</sup>	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 	51% D-	<ul style="list-style-type: none"> <li>Maintain the current legislated beer, wine, and cooler minimum prices and increase spirit prices to at least \$2.04* per standard drink (e.g. 17.05mL ethanol) for alcohol sold at off-premise retail outlets and increase legislated minimum prices to at least \$4.07* per standard drink for alcohol sold at on-premise establishments, after taxes, and implement automatic indexation (*2023 price). Tie minimum prices for all alcohol sold precisely (e.g. \$/L ethanol) to ethanol content.</li> <li>Update general alcohol prices annually to keep pace with PE-specific inflation and extend the existing Provincial Health Tax to also apply to alcohol purchased from on-premise establishments.</li> <li>Set off-premise minimum retail markups to be at least 100% of the landed cost for all beverage types and set on-premise markups at or above the off-premise retail price.</li> </ul>
2.	Physical Availability 	31% F	<ul style="list-style-type: none"> <li>Reduce outlet density of all premises. Introduce density and placement limits for off-premise outlets and on-premise establishments.</li> <li>Reduce and legislate maximum trading hours allowed per week; restrict alcohol sales before 11am 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.</li> </ul>
3.	Control System 	8% F	<ul style="list-style-type: none"> <li>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 in all cases.</li> <li>Increase the current 12.1% 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 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.</li> <li>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.</li> </ul>
4.	Impaired Driving Countermeasures 	58% D+	<ul style="list-style-type: none"> <li>Strengthen graduated licensing program (GLP) with stage 1 minimum of 12 months and implement stage 2 night-time driving ban. Implement zero tolerance period for all new drivers with less than 5 years' experience and set penalties for all GLP or new driver violations.</li> <li>Impose increased penalties when presence of alcohol plus another drug is detected.</li> <li>Impose comprehensive mandatory ALS and AVI that escalate according to BAC level and repeat occurrences; record on drivers abstracts for at least 5 years.</li> <li>Impose mandatory escalating long term ALS for third and subsequent <math>\geq 0.08\%</math> BAC federal convictions and have interlock program enrollment incentives to discourage unlicensed/uninsured driving.</li> </ul>
5.	Marketing & Advertising Controls 	41% F	<ul style="list-style-type: none"> <li>Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions), and price-based promotions/ sponsorships for all media types.</li> <li>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. Set commensurate penalties for any violations.</li> </ul>
6.	Minimum Legal Age 	24% F	<ul style="list-style-type: none"> <li>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).</li> <li>Prohibit policies permitting parents/guardians or other adults from providing alcohol to minors beyond the home.</li> <li>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.).</li> </ul>
7.	Health & Safety Messaging 	9% F	<ul style="list-style-type: none"> <li>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.</li> <li>Deliver a variety of ministry-led alcohol health and safety campaigns (beyond holiday themes) at least annually.</li> </ul>
8.	Liquor Law Enforcement 	49% F	<ul style="list-style-type: none"> <li>Apply risk-based licensing and enforcement (RBLE) criteria to off-premise outlets and license holder characteristics to determine risk level for licensing conditions and enforcement schedules; strengthen on-premise RBLE by applying it to license holder characteristics and extending it to include all on-premise establishments and special occasion permits</li> <li>Conduct compliance checks for all premises at least annually with follow-up for failed compliance within 3 months.</li> <li>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 recertification at least every 2 years.</li> </ul>
9.	Screening & Treatment <sup>s</sup> Interventions 	54% D	<ul style="list-style-type: none"> <li>Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support.</li> <li>Ensure availability of in-person or online SBIR services with health professionals.</li> <li>Provide publicly funded outpatient treatment services and permanent managed alcohol programs.</li> </ul> <p>(<sup>s</sup> Treatment indicators measure existence of services only, not quantity or quality.)</p>
10.	Alcohol Strategy 	15% F	<ul style="list-style-type: none"> <li>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.</li> </ul>
11.	Monitoring & Reporting 	68% C+	<ul style="list-style-type: none"> <li>Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g. add policy changes to existing indicators)</li> <li>Report annually on all indicators through centralized public database or reporting system (i.e., website).</li> </ul>

? 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](http://alcoholpolicy.cisur.ca) or email [cisur@uvic.ca](mailto: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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