Canadian Alcohol Policy Evaluation (CAPE) 3.0

Results from Saskatchewan

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 SK

Alcohol consumption, 2020/2021

SK: 463 standard drinks per person aged 15+

Canada: 487 standard drinks per person aged 15+

Source: 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.

Alcohol health harms, 2020

34,648 ER & hospital visits in SK

636 deaths in SK

Source: Canadian Substance Use Costs and Harms. www.csuch.ca

Alcohol deficit, 2020/2021

- + \$454M alcohol revenues
- \$766M alcohol harm costs
- = -\$312M total alcohol deficit

Which is equal to -\$0.71 per standard drink sold.

Sources:

- 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.
- Canadian Substance Use Costs and Harms.
- Statistics Canada. Table 10-10-0012-01 Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000).

What can be done: an alcohol policy approach

Evidence-based alcohol policies are the most effective way to reduce harm from alcohol. The scores presented in this summary represent the degree to which best practice policies have been implemented.

CAPE 3.0 results: how does SK compare?

BC: 36%

• AB: 34%

• SK: 36%

• MB: 44%

• ON: 40%

QC: 42%

• NB: 35%

NS: 38%

• PE: 37%

• NL: 41%

YT: 33%

• NT: 32%

• NU: 34%

SK's CAPE Scores: What's Possible?

If Saskatchewan implemented all the best existing policies across Canada's provinces and territories, their score could change from 36% (F) to 80% (A-). If we graded SK against best existing policies across provinces and territories, their score would still only be 44% (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 di-fferent 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 SK is doing well: Selected examples

Policy domain 1: Pricing & Taxation

While lower than recommended, SK sets an alcohol-specific sales tax of 10% (4% more than PST applied to other consumer goods). There are minimum prices for all alcohol sold in SK and the off-premise minimum prices are loosely set to reflect the ethanol content using broad strength ranges.

Policy domain 2: Physical Availability

SK sets population-based off-premise outlet density limits and restricts outlet placement in the Northern SK Administration District. Although on-premise alcohol takeout and delivery are allowed, there is a clearly defined requirement for 1:1 ratio of food sales to alcohol sales that is set in regulation.

Policy domain 9: Screening and Treatment Interventions

In addition to online SBIR resources, SK has publicly funded alcohol treatment available including withdrawal management/detox, inpatient, and outpatient services. There are also managed alcohol programs, although not all have permanent public funding.

Where SK needs work: Selected examples

Policy domain 1: Pricing & Taxation

Level of minimum pricing is lower than recommended for all alcohol sold in SK and not indexed to inflation; on-premise minimum pricing is not tied to ethanol content and off-premise is not tied precisely (e.g. \$/L ethanol) to ethanol content. The alcohol-specific sales tax applied to alcohol is lower than recommended.

SK Minimum Pricing in 2021/22

Note: Price per standard drink for a common container size and beverage strength, expressed in 2021 dollars.

Off-premise (e.g., liquor stores)

Recommended minimum price: \$1.83

Actual prices:

Beer: \$1.52Wine: \$1.45Spirits: \$1.38Coolers: \$1.28

On-premise (e.g. restaurants, bars)

Recommended minimum price: \$3.66

Actual prices:

Beer: \$1.92Wine: \$1.68Spirits: \$3.38Coolers: \$1.61

Policy domain 2: Physical Availability

There are no set limits for on-premise outlet density or placement in SK. Hours of sale extend longer than recommended across all premises. SK permits off-premise alcohol home delivery, including by a third party (e.g. Uber Eats).

Policy domain 3: Control System

Previously, 5.2% of off-premise retail outlets in SK were government owned and run, but as of March 2023, retail sales were fully privatized. The alcohol regulator, SLGA, operates as a Treasury Board Crown Corp. and does not include health and safety in its mandate.

Steps SK can take to improve their CAPE policy scores

The policy domains below are listed in order of impact based on their effectiveness and scope.

Note: 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%.

SK's CAPE 3.0 Score: 36% (F)

Policy domain 1: Pricing & Taxation

Score: **41% (F)**

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Increase legislated minimum prices to 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, and implement automatic indexation (*2023 price). Tie minimum prices for all alcohol sold precisely (e.g. \$/L ethanol) to ethanol content rather than to broad strength categories.
- Update general off-premise alcohol prices annually to keep pace with SK-specific inflation, increase
 the existing 10% level of alcohol sales tax, 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 all beverage types.

Policy domain 2: Physical Availability

Score: 47% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Reduce outlet density of all premises. Introduce density and placement limits for on-premise establishments.
- 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.

Policy domain 3: Control System

Score: 7% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- 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.
- Consider reversing the recent decision to privatize the remaining 5.2% of government-owned and operated off-premise retail outlets; move back 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-onpremise 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.

Policy domain 4: Impaired Driving Countermeasures

Score: 45% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Implement graduated licensing program (GLP) with minimum start age of 16, set stage 1 minimum of 12 months and stage 2 minimum of 24 months; implement stage 2 night-time driving ban and passenger limit. Extend zero tolerance period to all new drivers with less than 5 years' experience; set penalties for all GLP and 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; record on driver's abstracts for at least 5 years.
- Impose mandatory escalating long term ALS for third and subsequent federal impaired driving convictions.

Policy domain 5: Marketing & Advertising Controls

Score: 18% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Implement restrictions on advertising quantity (e.g., ad bans and volume restrictions) and pricebased promotions/sponsorships content (e.g. beyond CRTC rules) for all advertisers (including nonlicensees/third parties) and media types; extend placement restrictions (e.g. physical location) to all media types.
- 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 all advertisers (i.e. government and private). Set commensurate, escalating penalties for any violations.

Policy domain 6: Minimum Legal Age

Score: **34% (F)**

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

• 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).

alcohol.policy.cisur.ca | Canadian Alcohol Policy Evaluation (CAPE) 3.0: Saskatchewan |

• 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.).

Policy domain 7: Health & Safety Messaging

Score: 8% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- 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.
- Enhance ministry-led alcohol health and safety campaigns by delivering at least annually and increasing variation in topics.

Policy domain 8: Liquor Law Enforcement

Score: 35% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- 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 compliance checks across all premises 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. Introduce dedicated police inspection program for on-premise establishments.
- Strengthen the existing alcohol sale and service training program for all premises by adding a public health focus and requiring recertification at least every 2 years.

Policy domain 9: Screening and Treatment Interventions

Note: Treatment indicators measure existence of services only, not quantity or quality

Score: 83% (A-)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support.
- Ensure availability of in-person or online SBIR services with health professionals.
- Ensure all managed alcohol programs have permanent public funding.

Policy domain 10: Alcohol Strategy

Score: 38% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

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.

Policy domain 11: Monitoring & Reporting

Score: 42% (F)

Recommendations

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g. add drinking patterns and partially-attributable hospitalizations 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.

More CAPE products:

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

Suggested citation

Naimi, T., Stockwell, T., Giesbrecht, N., Wettlaufer, A., Vallance, K., Farrell-Low, A., Farkouh, E., Ma, J., Priore, B., Vishnevsky, N., Price, T., Asbridge, M., Gagnon, M., Hynes, G., Shelley, J., Sherk, A., Shield, K., Solomon, R., Thomas, G. & Thompson, K. (2023). Canadian Alcohol Policy Evaluation 3.0: Findings from Saskatchewan. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

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.