

SK

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.

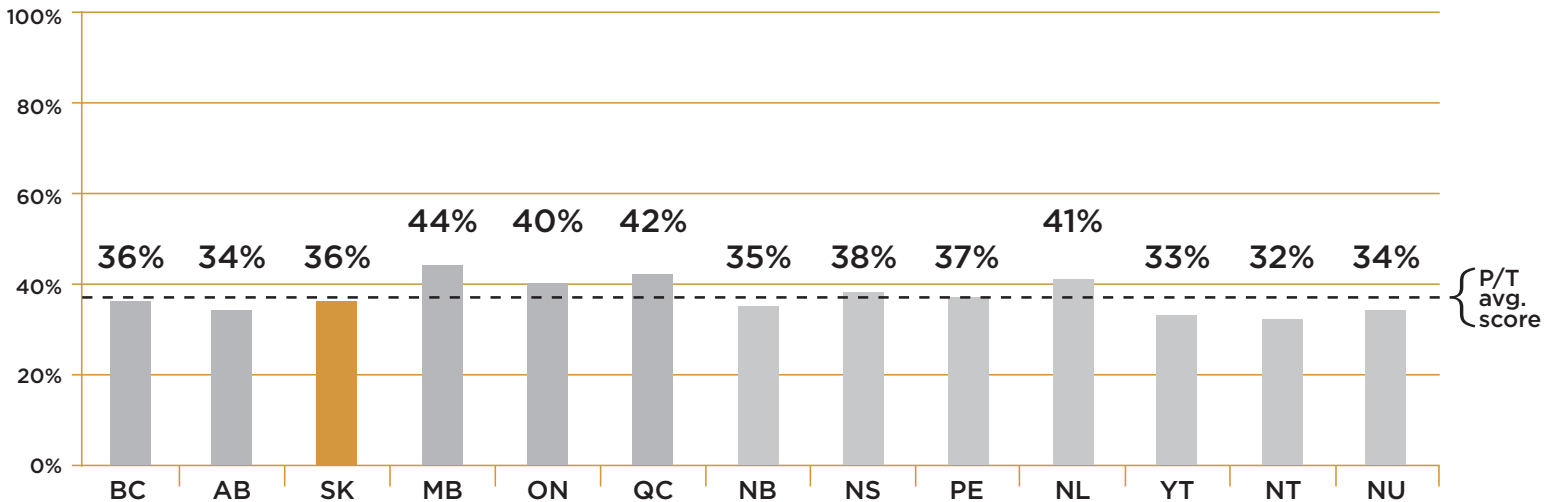
WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN SK



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 SK Compare?



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 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 SK IS DOING WELL: SELECTED EXAMPLES



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.

1. Pricing & Taxation



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.

2. Physical Availability



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.

9. Screening & Treatment Interventions

WHERE SK NEEDS WORK: SELECTED EXAMPLES



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.

1. Pricing & Taxation

SK Minimum Pricing (2021/22)*

OFF PREMISE (liquor stores)		ON PREMISE (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
\$1.52	\$1.83 🍺 Beer	\$1.92	\$3.66 🍺 Beer
\$1.45	\$1.83 🍷 Wine	\$1.68	\$3.66 🍷 Wine
\$1.38	\$1.83 🍸 Spirits	\$3.38	\$3.66 🍸 Spirits
\$1.28	\$1.83 🍹 Coolers	\$1.61	\$3.66 🍹 Coolers

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



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).

2. Physical Availability



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.

3. Control System

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 (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 	41% F	<ul style="list-style-type: none"> • 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.
2. Physical Availability 	47% F	<ul style="list-style-type: none"> • 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.
3. Control System 	7% F	<ul style="list-style-type: none"> • 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-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 Countermeasures 	45% F	<ul style="list-style-type: none"> • 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.
5. Marketing & Advertising Controls 	18% F	<ul style="list-style-type: none"> • Implement restrictions on advertising quantity (e.g., ad bans and volume restrictions) and price-based promotions/sponsorships content (e.g. beyond CRTC rules) for all advertisers (including non-licensees/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.
6. Minimum Legal Age 	34% 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). • 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 	8% 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. • Enhance ministry-led alcohol health and safety campaigns by delivering at least annually and increasing variation in topics.
8. Liquor Law Enforcement 	35% 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 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.
9. Screening & Treatment ^s Interventions 	83% A-	<ul style="list-style-type: none"> • 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. <p>(^sTreatment indicators measure existence of services only, not quantity or quality.)</p>
10. Alcohol Strategy 	38% F	<ul style="list-style-type: none"> • 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 	42% F	<ul style="list-style-type: none"> • 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.

? 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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