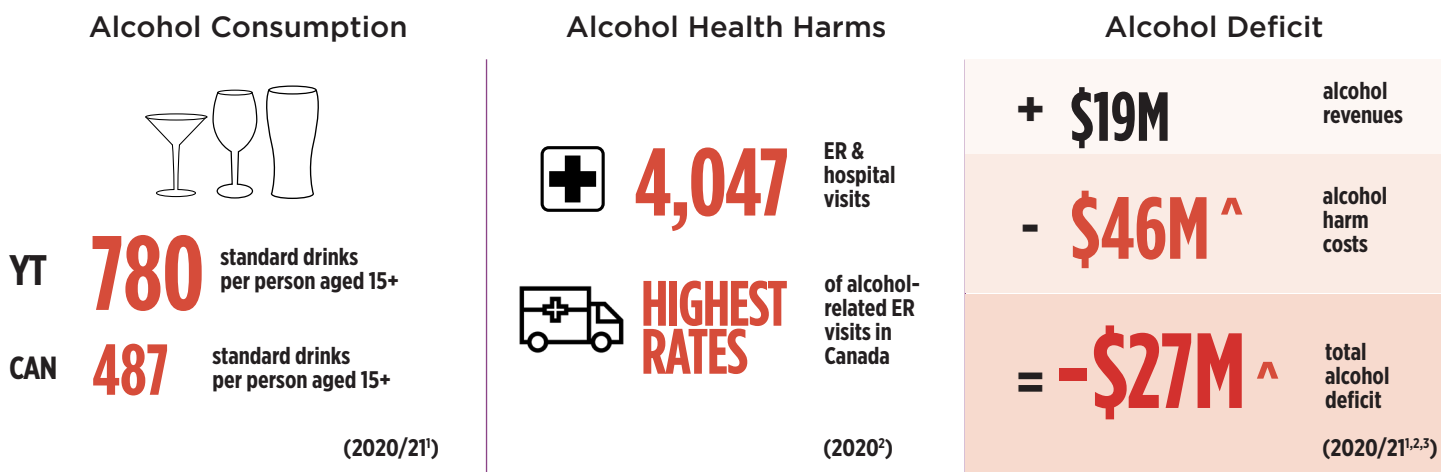




# CAPE 3.0: Results from the Yukon

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.

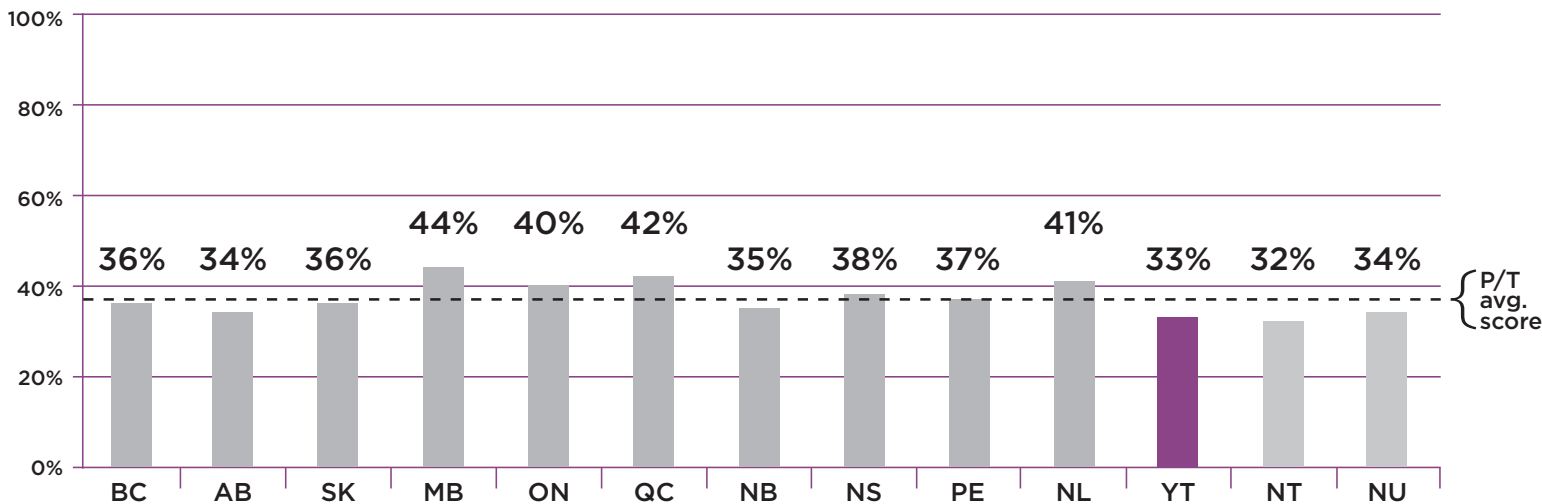
## WHY IT MATTERS: ANNUAL ALCOHOL CONSUMPTION, HARMS AND COSTS IN YT



## 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 YT Compare?



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

If the Yukon implemented all the best existing policies across Canada's provinces and territories, their score could change from **33% (F)** to **80% (A-)**.

If we graded YT against best existing policies across provinces and territories, their score would still only be **40% (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 YT IS DOING WELL: SELECTED EXAMPLES



There is a 12% alcohol-specific 'liquor tax' applied to all alcohol sold from off-premise outlets in YT.

1. Pricing & Taxation



YT sets legislated population-based density and placement limits for off-premise outlets. YT has legislated powers to set on-premise outlet density and placement, limits although none currently in place. YT is the only jurisdiction to prohibit all takeout and home delivery of alcohol.

2. Physical Availability



Although not a standalone alcohol strategy, YT's 2020 Putting People First report includes recommendations for key areas such as pricing and physical availability, has a committee and funding to support implementation, and has already publicly released a progress report.

10. Alcohol Strategy

## WHERE YT NEEDS WORK: SELECTED EXAMPLES



There is no minimum pricing in place for any alcohol sold in YT. There is no general territorial sales tax applied to consumer goods, including alcohol, in YT; the 12% alcohol-specific sales tax does not apply to on-premise alcohol.

1. Pricing & Taxation

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

 <b>OFF PREMISE</b> (liquor stores)		 <b>ON PREMISE</b> (restaurants, bars, etc)	
ACTUAL	RECOMMENDED*	ACTUAL	RECOMMENDED*
None	<b>\$1.83</b> 🍺 Beer	None	<b>\$3.66</b> 🍺 Beer
None	<b>\$1.83</b> 🍷 Wine	None	<b>\$3.66</b> 🍷 Wine
None	<b>\$1.83</b> 🍸 Spirits	None	<b>\$3.66</b> 🍸 Spirits
None	<b>\$1.83</b> 🍹 Coolers	None	<b>\$3.66</b> 🍹 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 YT is over 11 times higher than the recommended rate. Hours of sale extend longer than recommended across all premises.

2. Physical Availability














Less than 10% of off-premise retail outlets in YT are government owned and run. The alcohol regulator/retailer, YLC, does not report to a ministry focused on health and safety.

3. Control System

# STEPS YT 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 	10% F	<ul style="list-style-type: none"> <li>Implement legislated minimum prices for all alcohol sold that are precisely (e.g. \$/L ethanol) tied 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).</li> <li>Update general alcohol prices annually to keep pace with YT-specific inflation; increase the existing off-premise liquor tax and extend it to also apply to alcohol purchased from on-premise establishments. Tax all alcohol at a higher rate than other consumer goods.</li> <li>Set off-premise minimum retail markups to be at least 100% of the landed cost for each beverage type and set on-premise markups at or above the off-premise retail price.</li> </ul>
2. Physical Availability 	37% F	<ul style="list-style-type: none"> <li>Reduce density of all premises, especially off-premise outlets. Introduce density and placement limits for 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).</li> </ul>
3. Control System 	32% F	<ul style="list-style-type: none"> <li>Appoint a health and/or safety-focused ministry to over-see alcohol regulation and distribution/retail.</li> <li>Increase the current 8.6% proportion of government-owned and operated off-premise retail outlets and move towards a full government monopoly. Prohibit alcohol sales in establishments such as spas and sporting facilities; phase out 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.</li> </ul>
4. Impaired Driving Counter-measures 	31% F	<ul style="list-style-type: none"> <li>Implement graduated licensing program (GLP) with minimum start age of 16, stage 1 minimum of 12 months and set stage 2 minimum of 24 months; implement stage 2 passenger limit. Apply zero tolerance period to 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.</li> <li>Impose mandatory escalating long term ALS for third and subsequent <math>\geq 0.08\%</math> BAC federal convictions and require escalating interlock program completion as relicensing condition for first and repeat federal impaired driving convictions; have interlock program enrollment incentives to discourage unlicensed/uninsured driving.</li> </ul>
5. Marketing & Advertising Controls 	18% F	<ul style="list-style-type: none"> <li>Implement restrictions on advertising quantity (e.g., ad bans and volume restrictions), content (e.g. beyond CRTC rules), placement (e.g. physical location), 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.</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 	7% 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 	73% B	<ul style="list-style-type: none"> <li>Strengthen existing risk-based licensing and enforcement for all premises by conducting compliance checks across all premises at least once a year. Implement Mystery Shopper program at off-premise outlets for minimum legal age law compliance.</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>5</sup> Interventions 	52% 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>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.</li> <li>Provide publicly funded permanent managed alcohol programs.</li> </ul> <p>(<sup>5</sup>Treatment indicators measure existence of services only, not quantity or quality.)</p>
10. Alcohol Strategy 	69% C+	<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 	77% B+	<ul style="list-style-type: none"> <li>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).</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. ^At the time of CSUCH's publication, data on premature deaths in Yukon for 2020 were not available from Statistics Canada's Vital Statistics database.  
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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