



University
of Victoria

Canadian Institute
for Substance
Use Research

Institut canadien
de recherche sur
l'usage de substances

camh

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

DALHOUSIE 1818
UNIVERSITY 2018



DARTMOUTH

Institut national
de santé publique
Québec

ST. FRANCIS XAVIER
UNIVERSITY

Western
Law

Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies

ALCOHOL POLICY FRAMEWORK

Updated on March 21st, 2019

Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies

Tim Stockwell, Director, Canadian Institute for Substance Use Research, Victoria, BC
Ashley Wettlaufer, Research Coordinator, Centre for Addiction and Mental Health, Toronto, ON
Kate Vallance, Research Associate, Canadian Institute for Substance Use Research, Victoria, BC
Clifton Chow, Research Affiliate, Canadian Institute for Substance Use Research, Victoria, BC
Norman Giesbrecht, Emeritus Scientist, Centre for Addiction and Mental Health, Toronto, ON
Nicole April, Medical Consultant, Institut national de santé publique du Québec, Québec City, QC
Mark Asbridge, Associate Professor, Dalhousie University, Halifax, NS
Russell Callaghan, Scientist, Canadian Institute for Substance Use Research, Victoria; Professor, University of Northern British Columbia, Prince George, BC
Samantha Cukier, Postdoctoral Research Fellow, Dartmouth College, Hanover, NH
Parnell Davis-MacNevin, Research Assistant, St. Francis Xavier University, Antigonish, NS
Marianne Dube, Research Technician, Institut national de santé publique du Québec, Québec City, QC
Geoff Hynes, Manager, Canadian Institute for Health Information, Ottawa, ON
Robert Mann, Senior Scientist, Centre for Addiction and Mental Health, Toronto, ON
Robert Solomon, Professor Emeritus, Western University, London, ON
Gerald Thomas, Collaborating Scientist, Canadian Institute for Substance Use Research; Director, BC Ministry of Health, Victoria, BC
Kara Thompson, Assistant Professor, St. Francis Xavier University, Antigonish, NS

Suggested citation: Stockwell, T., Wettlaufer, A., Vallance, K., Chow, C., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R.C., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

APPENDIX C: Gold Standard Best Practice Alcohol Policy Framework

1. PRICING AND TAXATION

1. Indexed Minimum Unit Pricing (iMUP) for alcohol sold from off-premise outlets: There are minimum prices for all beverage types sold in liquor stores and these are set according to a formula that ties the minimum price directly to the volume of alcohol in a drink, are set at a minimum of \$1.71/standard drink, are automatically indexed annually to provincial/territorial inflation rates, and are not undermined by pricing loopholes that would allow products to be sold at cheaper rates. Implementing all of these components of iMUP effectively sets a minimum unit price for alcohol that increases with the cost of living and represents the ideal policy.

2. iMUP for alcohol sold from on-premise outlets: There are minimum prices for all beverage types sold through licensed establishments and these are set according to a formula that ties the minimum price directly to the volume of alcohol contained in a beverage, are set at a minimum of \$3.42/ standard drink, are automatically indexed annually to provincial/territorial inflation rates, and are not undermined by pricing loopholes that would allow products to be sold at cheaper rates. Implementing all of these components of iMUP effectively sets a minimum unit price for alcohol that increases with the cost of living and represents the ideal policy.

3. General pricing indicators: Overall average price levels for alcohol sold by both on- and off-premise establishments are sufficiently high and have kept pace with inflation over the past 5 years. Actual prices of common high and low strength products sold from off-premise outlets are set to reflect alcohol content and are at minimum \$1.71/ standard drink and are taxed at a higher rate than other goods.

2. PHYSICAL AVAILABILITY

1. Regulations pertaining to outlet placement and safety: Jurisdictions have legislated powers in place that allow the province, territory or municipality to limit the density of outlets by way of restrictions on outlet placement and/or the number of outlets (absolute number or per capita limit) as well as established policies to enhance safety in and around these outlets.

2. Practice indicator: outlet density (off-premise): Jurisdictions have an off-premise outlet density that is less than 2 outlets per 10,000 capita 15 years and older.

3. Practice indicator: outlet density (on-premise): Jurisdictions have an off-premise outlet density that is less than 15 outlets per 10,000 capita 15 years and older.

4. Hours of operation: Jurisdictions have hours of operation set by regulation, without

exception, that limit and standardize access to alcohol. Hours of operation for off-premise outlets do not open before 11am and do not stay open after 8pm and for on-premise outlets do not open before 11am and do not stay open after 1am the following day.

5. Regulations pertaining to on-premise availability: Jurisdictions have regulations for the provision of alcohol in on-premise establishments which prohibit tastings and sampling, permit recorking of unfinished wine and place limits on the number of drinks served per customer at one time.

3. IMPAIRED DRIVING COUNTERMEASURES

1. Graduated Licensing Program (new drivers): There are graduated licensing programs (GLP) as well as all the recommended components of those programs, such as a minimum age of at least 16 years to enter into the GLP; a minimum of two stages lasting 12 months and 24 months respectively; and that new drivers be subject to a night time driving ban.

2. Zero tolerance policies for new drivers: There are zero tolerance limits for GLP drivers that include prohibition on being positive for alcohol or any illicit drugs and the .00% BAC limits for alcohol are extended beyond the GLP for a minimum of three years.

3. Licence suspensions and revocations: There are sanctions that are significant enough to serve as a deterrent against impaired driving such as laws that include Short-Term roadside .05% BAC Administrative Licensing Suspension (ALS) Programs with a minimum 3-day ALS and mandatory or discretionary vehicle impoundment for first occurrence as well as the ALS being recorded on the driver abstract or record for at least three years. There is a licence reinstatement fee, minimum 3-year look-back period for repeat occurrences and a minimum 7-day ALS for a second occurrence.

4. Modified or increased penalties when presence of a drug is detected in addition to alcohol: Penalties are increased or modified accordingly when a drug is detected in addition to alcohol.

5. Interlock Programs for Federal Impaired Driving Offenders: There is an established alcohol interlock program in conjunction with licence suspensions as part of a comprehensive approach to dealing with impaired driving offenders. Jurisdictions require successful completion of provincial or territorial interlock program prior to relicensing for all alcohol-related *Criminal Code* offences and those convicted of impaired driving causing death or bodily harm are not eligible for a reduced “hard” suspension.

4. MARKETING AND ADVERTISING CONTROLS

1. Alcohol marketing and advertising regulations: There are content restrictions beyond those imposed by the Canadian Radio-Television and Communications (CRTC) Commission, with restrictions specifically to protect priority populations in addition to youth, such as women, girls and minority groups. There are also restrictions on: the physical location of ads (e.g. ads cannot be placed near schools, substance use treatment centres, community centres, etc.); quantity of ads (ad bans or volume restrictions, e.g. limit on the proportion of commercial space or air time used for alcohol advertising); advertising of price¹ (e.g. policies restricting the advertisement of “cheap” drink specials or 2 for 1 deals); and restrictions on sponsorship that prevent exposure to youth and direct targeting of youth or young adults. Alcohol marketing and advertising regulations also cover additional media types including: web/mobile phones, print media, signage and promotional items. Regulations apply across all advertisers including: government-owned or private off-premise outlets, ferment on premise (FOP) outlets, all manufacturers, on-premise licensees and special occasion permit (SOP) holders.

2. Enforcement of advertising and marketing regulations: There is a specific authority responsible for enforcement of alcohol marketing and advertising regulations that is independent from the alcohol industry and alcohol sales. There is a pre-screening system independent from the alcohol industry in place to ensure advertising and marketing adheres to regulations with an independent complaint system to address violations effectively (the alcohol industry cannot be responsible for monitoring ads for compliance with regulations, nor can they be part of the complaint system or system for delivering penalties for violations; these would represent conflicts of interest). Penalties exist that are commensurate with violations and escalate with the frequency and severity of the violation.

3. Practice Indicator - Focus of the liquor board’s social media presence: Liquor boards have a high proportion of social media posts dedicated to health and safety messaging as opposed to a sole focus on alcohol-promotion posts.

5. MINIMUM LEGAL DRINKING AGE

1a. Level of legal drinking age: The minimum legal drinking age is set at 21 years of age.

1b-c. Legislation supporting the MLDA: Supportive legislation prohibits the sale of alcohol to those below the minimum legal drinking age, but also the purchase of alcohol by these individuals. Social hosting laws² do not extend beyond the private residence.

¹ Restrictions on advertising below minimum price were not assessed in this policy domain. These policies were evaluated under the Pricing and Taxation policy domain.

² Social hosting laws permit the consumption of alcohol by an individual who is under the minimum legal drinking age provided the alcohol is provided by a spouse, parent or guardian.

6. SCREENING, BRIEF INTERVENTION AND REFERRAL

1. SBIR practice guidelines: Authoritative SBIR practice guidelines exist at the jurisdiction level and/or the College of Family Physicians of Canada SBIR tool has been endorsed by a credible provincial or territory professional association (e.g. MD, nurses, psychologists).

2. Access to SBIR tools or services: Provincially- or territorially-funded services or programs, either online or in the health care setting, exist for people to assess their drinking habits, receive brief advice about their drinking, and obtain referral information for further support if needed.

3. Implementation of SBIR: Adults 18 years and older are routinely asked about their alcohol use by their doctor or other clinical staff at the place they regularly seek care. Jurisdictions track or support tracking of SBIR implementation.

7. LIQUOR LAW ENFORCEMENT

1. Status of Risk-based Licensing and Enforcement (RBLE) Programs: Jurisdictions have implemented risk-based licensing and enforcement programs, which aim to identify establishments that pose increased risks to public safety in order to inform licence conditions and enforcement activities. RBLE programs need to be in place for both on-premise establishments and off-premise outlets. The jurisdiction must also implement a police inspection program for on-premise establishments and a Mystery Shopper program (to enforce minimum legal drinking age) for off-premise outlets.

2. Quality of RBLE programs: RBLE programs include consideration of risks posed by the type of outlet, the past record of the licence holder and data on past reported incidents for both on- and off-premise outlets to determine licence conditions and inform enforcement activities. RBLE programs cover all liquor outlets and special occasion permits, with frequent (at least annual) compliance and follow-up (within 3 months) checks for liquor law violations for both on- and off-premise and at least one alcohol inspector per 300 outlets for both types of outlets. Mystery Shopper programs and police inspection programs are in place for off-premise and on-premise licenses respectively.

3. Penalties: Jurisdictions have penalties in place for service to minors and intoxicated persons and penalties are commensurate with the violation, escalate with the frequency and severity of the violation, are tracked and publicly reported.

4. Training Programs Policy Status: Jurisdictions' responsible beverage programs are mandatory for all licensed venues (including Special Occasion Permits) and outlets. They must also be required for all levels of staff including volunteers and have a recertification period of no longer than two years.

8. ALCOHOL CONTROL SYSTEM

1. Type of off-premise retailing system: All off-premise liquor outlets are publicly owned and managed with no private stores.

2. Alcohol sales beyond on-premise and off-premise outlets: Liquor regulations do not permit any sales beyond traditional on and off-premise channels, such as online sales, liquor delivery services, ferment on premise outlets, or ferment at home kits.

3. Relative emphasis on product promotion vs health and safety: There is legislated earmarked funds to support harm prevention initiatives and/or promote health and safety messaging. Protection of public health and/or safety must be explicitly stated as an objective of the alcohol control system (both for the retailer and the regulator).

4. Ministry overseeing alcohol retail and control: The alcohol retailer and regulator are both overseen by a ministry that primarily focuses on health and/or public safety. In addition, there is full separation between the government retailer (i.e. alcohol distributor) and regulator (i.e. policy, licensing and control).

9. ALCOHOL STRATEGY

1. Main focus of the provincial or territorial strategy: Jurisdictions have an alcohol-specific strategy document.

2. Range of evidence-based policy recommendations within the strategy: The strategy includes a wide range of population level evidence-based alcohol control interventions and policies including: pricing; physical availability; impaired driving countermeasures; marketing and advertising controls; minimum legal drinking age; screening, brief intervention and referral programs; and enforcement.

3. Implementation of the provincial or territorial strategy: There is dedicated funding to support the strategy that includes at least one alcohol specific policy recommendation³ and there is an identified leader to facilitate implementation of the strategy. The strategy was developed free from alcohol industry input, has been updated no more than five years ago and includes rigorous mechanisms in place to monitor the implementation and effectiveness of the alcohol strategy⁴.

³ Note: Strategies that did not include alcohol specific recommendations were not assessed on implementation and received a score of zero for this indicator.

⁴ Note: It was beyond the scope of this project to assess implementation of each provincial or territorial strategy, we therefore assessed the rigor with which each jurisdiction monitors the implementation of their respective strategies.

10. MONITORING AND REPORTING

1. Comprehensiveness of reporting mechanisms: Funding or support is provided by jurisdictions to conduct systematic tracking of key alcohol-related indicators at the provincial or territorial levels including: per capita alcohol consumption, alcohol-related hospitalisations, deaths and crimes.

2. Accessibility of reporting: Reporting on alcohol consumption, alcohol-related hospitalisations, deaths and crime is made available to the public at least every two to three years through a centralized system.

3. Leadership and support: Jurisdictions have an identified leader responsible for monitoring alcohol harm and key indicators and specific funding or staff resources to support alcohol monitoring are available.

11. HEALTH AND SAFETY MESSAGING

1. The status of enhanced alcohol labelling: Mandatory (i.e. legislated) enhanced alcohol labels that include health and safety warning messages, standard drink information, and low-risk drinking guidelines are required at point of manufacture.

2. The quality of enhanced label components: Enhanced label components are prominently placed on the packaging, include a variety of clear and concise health and safety-oriented messages that are regularly rotated and are accompanied by graphics.

3. The status of alcohol health and safety messaging (off-premise): There are mandatory (i.e. legislated) health and safety messaging requirements for off-premise retail outlets.

4. The status of alcohol health and safety messaging (on-premise): There are mandatory (i.e. legislated) health and safety messaging requirements for all on-premise licensed establishments.

5. The quality of the off-premise alcohol and safety messaging: The health and safety messaging in off-premise locations includes a variety of alcohol-related health and safety topics (e.g. drinking while pregnant or planning to become pregnant and risk of FASD; impaired driving and acute injury risks; impacts and risks of underage drinking; lower-risk drinking information; and risk of chronic disease or long term health impacts), has clearly stated health messages and is accompanied by relevant graphics.

6. The quality of the on-premise alcohol health and safety messaging: The health and safety messaging in on-premise locations includes a variety of alcohol-related health and safety topics (e.g. drinking while pregnant or planning to become pregnant and risk of FASD; impaired driving and acute injury risks; impacts and risks of underage drinking; lower-risk

drinking information; and risk of chronic disease or long term health impacts), has clearly stated health messages and is accompanied by relevant graphics.

7. Media platforms for health and safety messaging used by liquor control boards: A diverse range of suitable media platforms are used for communicating health and safety messaging by liquor control boards including posters, pamphlets, billboards, online content (websites), print advertising, TV/radio advertisements and social media (Twitter, Facebook, Instagram etc.).