# Reducing Alcohol-Related Harms and Costs in Nunavut: A Policy Review



### **Nunavut**

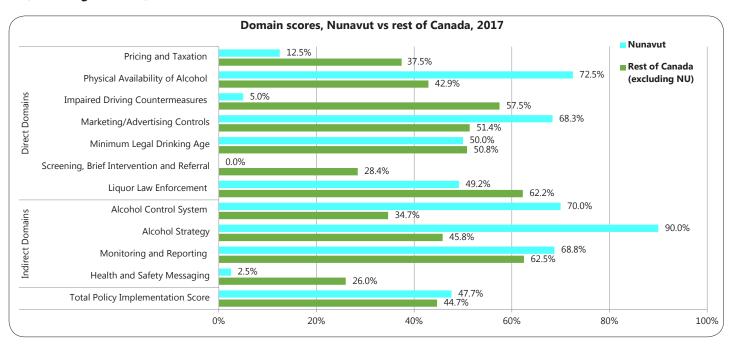
Population (2016) 35,944 Per capita alcohol 5.8L pure consumption age 15+\* ethanol\*\* Overall alcohol harm costs \$43M (2014)Net revenue from alcohol \$1.75M (2014)\*\*\* Type of alcohol retail Mixed government/ system

private system

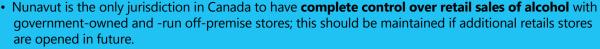
The Provincial and Territorial Canadian Alcohol Policy Evaluation (CAPE) project is a rigorous assessment of whether evidence-based alcohol policies were implemented within each province and territory in 2017. A comprehensive alcohol policy framework was developed, containing gold standard best practices across 11 different policy domains. The first seven domains have evidence of effectiveness as means of directly reducing population level consumption of alcohol and/or related harms. The last four domains are composed of evidence-based strategies that more indirectly facilitate implementation of the first seven domains. See Stockwell et al, 2019° for the full methodology and findings.

The three territories represent distinct cultural and geographical contexts but are also unique in terms of population size and dispersion with varying alcohol regulatory frameworks and less infrastructure capacity. Despite these differences, the evidence-based policies assessed in this project are still relevant and the same study protocol has been carefully applied, to the extent possible, to evaluate their implementation across these three jurisdictions.

The scores presented in this summary reflect the degree to which Nunavut has implemented the gold standard best practices captured in the CAPE alcohol policy framework. **Overall, Nunavut scored 48% in 2017, which is 3% above the average of 45% for the rest of Canada (excluding Nunavut).** 



### **Promising practices in Nunavut**



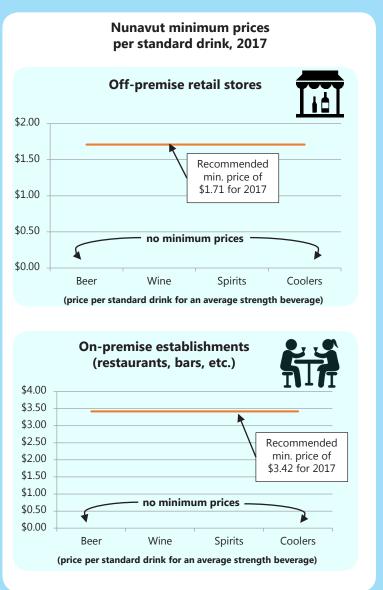


- Nunavut **limits in regulation how much alcohol individuals can purchase** from their retail store each day, which works out to the equivalent of about 4 bottles of wine or 24 beers, ciders or coolers.
- There is an **independent authority responsible for enforcement of alcohol advertising** in Nunavut and the liquor licensing board requires **mandatory pre-screening** of alcohol advertisements. Nunavut is one of few jurisdictions that has strong **restrictions on alcohol sponsorships**.
- Nunavut is one of the few jurisdictions to have a comprehensive stand-alone alcohol strategy that is fully funded.
- All on-premise establishments such as **restaurants and bars in Nunavut are inspected frequently**. For example, in Iqaluit, each on-premise establishment is inspected at a minimum of 3 times per week, with at least 2 inspections per week occurring in Rankin Inlet; frequency of inspections increases with risk.
- Nunavut is one of the only Canadian jurisdictions to have legislated **dedicated funding** (up to \$500,000 annually) under the direction of the liquor commission to support initiatives to reduce alcohol-related harms.

Strengthening alcohol policies in Nunavut						
	Policy Domain	Score	Selected recommendations			
DIRECT DOMAINS	Pricing and Taxation	13% <del>F</del>	Implement legislated minimum alcohol prices in Nunavut and set the price to at least \$1.75* per standard drink for off- premise retail stores and \$3.50* per standard drink for on-premise establishments, after taxes with no exceptions (*2019 prices). Legislation of minimum prices is an important policy measure to ensure no product can be sold below a specified price.  Update all alcohol prices annually to reflect Nunavut-specific inflation rates to ensure alcohol does not become less expensive relative to other goods over time.  Alcohol should be taxed at a higher rate than other consumer goods (e.g. apply a sales tax on alcohol).			
	Physical Availability	73% B-	Introduce legislated restrictions on outlet density and outlet placement for both on-premise and off-premise Limit the availability of alcohol by reducing trading hours in regulation for on-premise establishments withou exceptions.  Implement regulations for on-premise establishments that allow re-corking of unfinished wine.			
	Impaired Driving Countermeasures	5% F	Implement a graduated licensing program (GLP) with a minimum start age of 16, a minimum of 12 months with zero tolerance BAC limits for the first stage of the program and a minimum 24 months for the second stage; ensure program includes zero tolerance for cannabis and illicit drug use for new drivers three years beyond GLP completion.  Strengthen the administrative license suspension (ALS) program by increasing the period for first offence to a 3-day suspension and include mandatory vehicle impoundment; impose modified or increased penalties when the presence of a drug is detected in addition to alcohol.  Introduce a mandatory interlock program for all Criminal Code impaired driving offenders (>.08% BAC).			
	Marketing and Advertising Controls	68% C+	Implement stronger marketing restrictions beyond those set by the Canadian Radio-television and Telecommunications (CRTC) that protect priority populations; restrictions should include physical location and quantity of advertisements.  Implement an independent complaint system for advertisements and ensure penalties for violations vary by severity and increase with repeat offences.  Consider having the Nunavut Liquor Commission utilize social media accounts to connect with the public to promote health and safety messaging.			
	Minimum Legal Drinking Age	50% D-	Increase the <b>minimum legal drinking age</b> ; consider <b>graduated drinking policies</b> that grant phased-in access to alcohol by limiting the amount and type of alcohol that can be purchased in specific settings between the ages of 19 and 21. <b>Do not extend social hosting laws that allow service of alcohol to minors</b> beyond private residences (e.g. on-premise establishments and licensed events).			
	Screening, Brief Inter- vention/ Referral	<b>0%</b> ₩	Collaborate with health care professionals to develop screening, brief intervention and referral (SBIR) practice guidelines and tools to be implemented in a health care setting and online; give special consideration to remote communities where internet access and regular clinical care is limited. When available online tools can increase accessibility, especially among younger populations or those not accessing health care in a clinical setting. Implementation of SBIR tools should be tracked in order to inform future SBIR activities.  Work with health care providers in order to increase the proportion of physicians or other clinical staff who routinely ask adults 18+ about their alcohol use.			
	Liquor Law Enforcement	49% ₩	Implement a <b>risk-based licensing and enforcement program</b> for existing and future off-premise retail stores that takes into account outlet characteristics and police incident data and has frequent compliance and follow-up checks; <b>penalties should be commensurate with the frequency and severity of violations.</b> Ensure liquor inspectors conduct regular inspections of any off-premise retail outlets, and implement a Mystery Shopper program to ensure compliance with minimum drinking age laws. <b>Responsible beverage training should be made mandatory</b> for all staff and volunteers at all licensed events, special occasion permits, venues, on-premise establishments and off-premise stores.			
INDIRECT DOMAINS	Alcohol Control System	70% B-	Maintain the current system of government-owned and -run retail sale of alcohol; ensure that the Nunavut Liquor Commission reports to a ministry with a focus on protecting health and/or safety.  Prohibit online sales and liquor delivery services.			
	Alcohol Strategy	90% A+	Further strengthen Nunavut's alcohol strategy by including recommendations on alcohol marketing and advertising, and minimum legal drinking age; <b>update the strategy at least every five years without input from the alcohol industry.</b>			
	Monitoring and Reporting	69% C+	Implement systematic public reporting of alcohol-related data (consumption, hospitalization, crime and death indicators) made available at least annually through a centralized system in order to support effective monitoring of trends in consumption and harms.			
	Health and Safety Messaging	3% F	Introduce legislated enhanced alcohol labels as a manufacturer requirement with health and safety messages, standard drink information and national low-risk drinking guidelines; labels should have prominent rotating messages that are accompanied by pictorial images.  Implement legislated health and safety messages to be displayed in all on-premise establishments and off-premise retail stores, which include a variety of health-focused messages (FASD and pregnancy, impaired driving and injury, alcohol and minors, low-risk drinking guidelines, alcohol's chronic disease and health impacts, etc).			
Total Policy Implementation Score			A comprehensive list of gold standard best practice alcohol policies is available in Appendix C of the full CAPE report $^{\tt u}$ .			

# Nunavut: selected findings, 2017



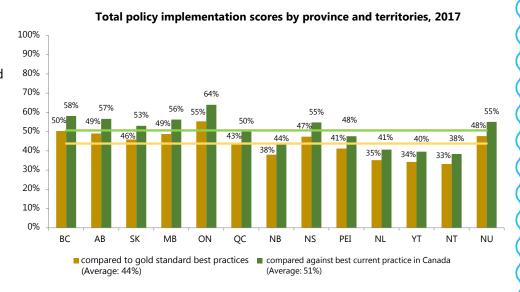


#### Select Best Practices for Impaired Driving Countermeasures Across the Territories

	Yukon	Northwest Territories	Nunavut
Has a graduated licensing program (GLP) in place	<b>7</b>	Ø	
.05% BAC administrative license suspension (ALS) has mandatory vehicle impoundment for 1st offence			
ALS period for 1st offence at least 3 days			
ALS period for 2nd offence at least 7 days			
Mandatory interlock program for <i>Criminal Code</i> impaired driving	Voluntary program	Voluntary program	No interlock program

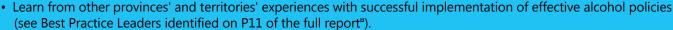
## How does Nunavut stack up against other provinces and territories?

Even though the provinces and territories scored poorly overall in relation to gold standard best practices, many examples of strong alcohol policy components were found across Canada. In fact, if a province or territory chose to implement all of these best current practices that were identified they would have scored 87% (Grade A). Based on these best current practices identified across all jurisdictions, the scores were scaled up to show how the provinces and territories measure up against best current practices in Canada (green bars).



### Next steps for reducing alcohol-related harms and costs in Nunavut

- In light of the substantial and increasing harm from alcohol use, give greater priority to funding and implementing effective alcohol policies such as those outlined in this summary and in the full report.
- Position liquor boards within ministries directly concerned with health and safety rather than with finance and economic development.



- Government should take action in concert with NGOs and other stakeholders to implement a combination of population level policies prioritising the first seven policy areas as identified in this summary.
- Inform the public about the risks of alcohol, including the comparative risks of alcohol and other substances, to create a more supportive climate for enacting effective policies. This can be achieved with initiatives such as mandatory warning labels on all alcohol containers and consistent public health messaging on a range of health topics.
- Carefully document policy changes and regularly monitor and evaluate alcohol-related public health and safety outcomes to better inform future policy development.

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

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**¤** To learn more about the Canadian Alcohol Policy Evaluation Project, read other jurisdictional summaries and download the full federal and jurisdictional reports, visit <u>alcoholpolicy.cisur.ca</u> or email <u>cisur@uvic.ca</u>.



















