

Reducing Alcohol-Related Harms and Costs in Prince Edward Island: A Policy Review

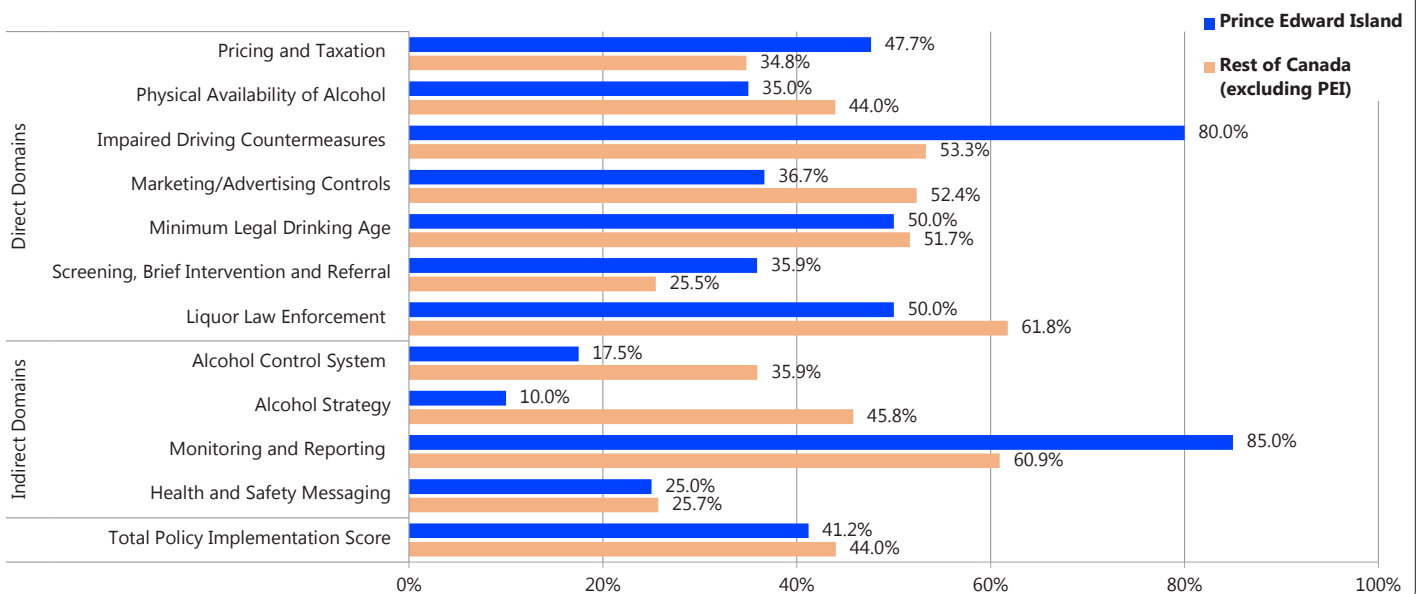
Prince Edward Island

Population (2016)	142,907
Per capita alcohol consumption age 15+*	8.1L pure ethanol**
Overall alcohol harm costs (2014)	\$67M
Net revenue from alcohol (2014)***	\$56M
Type of alcohol retail system	Mixed government/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^a for the full methodology and findings.

The scores presented in this summary reflect the degree to which Prince Edward Island has implemented these gold standard best practices captured in the alcohol policy framework. **Overall, Prince Edward Island scored 41% in 2017, which is 3% below the average of 44% for the rest of Canada (excluding Prince Edward Island).**

Domain scores, Prince Edward Island vs rest of Canada, 2017



Promising practices in Prince Edward Island

- Overall, **beer and spirits prices have been keeping pace with inflation** in Prince Edward Island, which helps ensure these types of products do not become cheaper relative to other consumer goods. **Alcohol is also taxed at a higher rate** than other consumer goods, a policy which helps to reduce excessive consumption.
- Prince Edward Island **sets a minimum price for alcohol** sold in both on-premise establishments and off-premise retail outlets and the **penalty for violating minimum pricing policy is clearly defined**; contravention of the minimum pricing policy can result in suspension or cancellation of the liquor license.
- **Hours of operation** for on-premise establishments do not extend significantly past recommended times of 11am-1am the next morning.
- Significant progress has been made in implementing policies to **reduce alcohol-impaired driving** in Prince Edward Island since 2012. **A strong interlock program** has been implemented and is required for relicensing of *Criminal Code* offenders; relicensing is based on performance and a minimum of 3 years participation is required for second time *Criminal Code* offenders.
- Prince Edward Island has a **mandatory responsible beverage service program** for all staff involved in and overseeing the sale of alcohol at licensed events, venues, and retail outlets and the program requires re-certification every 5 years.



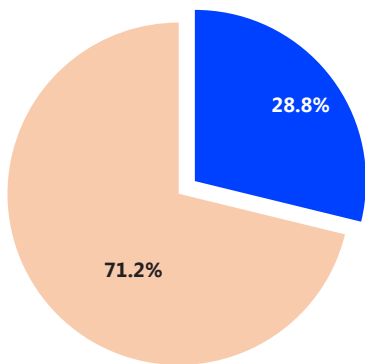
^aAdjusted to account for unrecorded alcohol consumption. ^{**}Equivalent to 478 standard drinks (1 standard drink contains 17.05mL of pure alcohol and is equivalent to 341mL of 5% beer; 142mL of 12% wine; or 43mL of 40% spirits). ^{***} Net income of liquor authorities, total taxes, and other revenue. See CAPE report for full list of data sources.^a

Strengthening alcohol policies in Prince Edward Island

Policy Domain		Score	Selected recommendations
DIRECT DOMAINS	 Pricing and Taxation	48% F	Ensure minimum prices are set at a rate per standard drink (e.g. 17.05mL pure alcohol) of 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). Ensure alcohol prices reflect the volume of alcohol in the beverage and update all alcohol prices annually to reflect Prince Edward Island-specific inflation rates to ensure alcohol does not become less expensive relative to other goods over time.
	 Physical Availability	35% F	Introduce legislated restrictions on outlet density for both on-premise establishments and off-premise retail stores. Limit the availability of alcohol by reducing trading hours ; do not allow early morning off-premise alcohol sales (i.e. before 11:00am) or late-night sales (i.e. after 8pm) without exceptions e.g. for major events.
	 Impaired Driving Counter-measures	80% A-	Strengthen the administrative licence suspension (ALS) program by implementing mandatory vehicle impoundment for a first time .05% BAC offence and imposing a licence reinstatement fee. Impose modified or increased penalties when the presence of a drug is detected in addition to alcohol.
	 Marketing and Advertising Controls	37% F	Implement marketing restrictions on the content, placement, and volume of advertising that apply to all advertisers and media types, particularly digital marketing and promotional items. Appoint an independent authority with a public health and/or safety focus responsible for enforcement with mandatory pre-screening requirements for all alcohol ads, a formal complaint system , and penalties that are commensurate with violations and escalate with the frequency and severity of the violation.
	 Minimum Legal Drinking Age	50% D-	Increase the minimum legal drinking age ; give consideration to graduated drinking policies that grant phased-in legal 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. Prohibit the extension of social hosting laws that allow service of alcohol to minors beyond private residences (e.g. on-premise establishments and licensed events).
	 Screening, Brief Intervention/Referral	36% F	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 or consider adopting the SBIR resource developed by the College of Family Physicians. 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	50% D-	Ensure enforcement schedules are informed by on-going risk assessments based on outlet and licence holder characteristics as well as incident data with frequent compliance and follow-up checks for violations. Consider working closely with law enforcement to ensure on-premise drinking establishments are inspected frequently to prevent over-service and service to minors.
INDIRECT DOMAINS	 Alcohol Control System	18% F	At a minimum, maintain the 29% government-owned and -run retail network for off-premise outlets and prohibit the expansion of private sales (e.g. micro and craft industry). Prohibit liquor delivery services; phase out ferment on premise outlets , which encourage the bulk sale of inexpensive alcohol. Consider implementing separation of the liquor retailer and regulator in order to avoid inherent conflict between revenue generation and protection of public health and safety. Ensure there are legislated earmarked funds to support prevention initiatives and health messaging .
	 Alcohol Strategy	10% F	Build on the broad wellness and mental health and addictions strategies in place in Prince Edward Island by implementing an alcohol-specific government endorsed strategy that includes a range of evidence-based public health policies and is developed independently from the alcohol industry . Ensure the strategy has dedicated strategic funding and an identified leader with a public health and/or safety focus to facilitate implementation; the strategy should be updated every 5 years .
	 Monitoring and Reporting	85% A	Continue to monitor alcohol consumption and harm indicators (e.g. alcohol consumption, alcohol-related morbidity, mortality and crime) with public reporting of all 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	25% F	Implement 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 displayed in all on-premise establishments and off-premise retail stores which include a variety of health-focused messages.
Total Policy Implementation Score		41% F	A comprehensive list of gold standard best practice alcohol policies is available in Appendix C of the full CAPE report².

Prince Edward Island: selected findings, 2017

Prince Edward Island alcohol retail stores, 2017



■ Government retail stores ■ Private retail stores

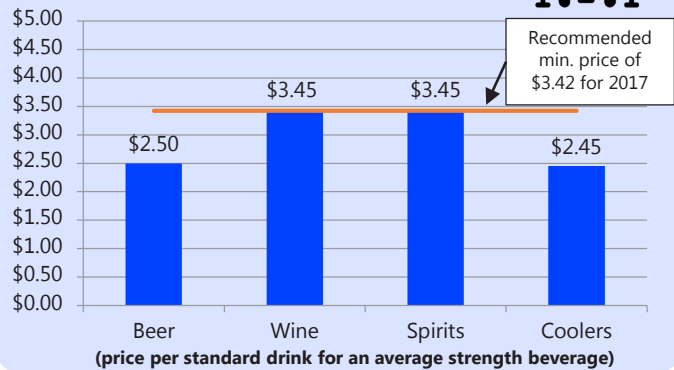
Best practice is 100% government-run alcohol retail stores

Prince Edward Island minimum prices per standard drink, 2017

Off-premise alcohol retail stores

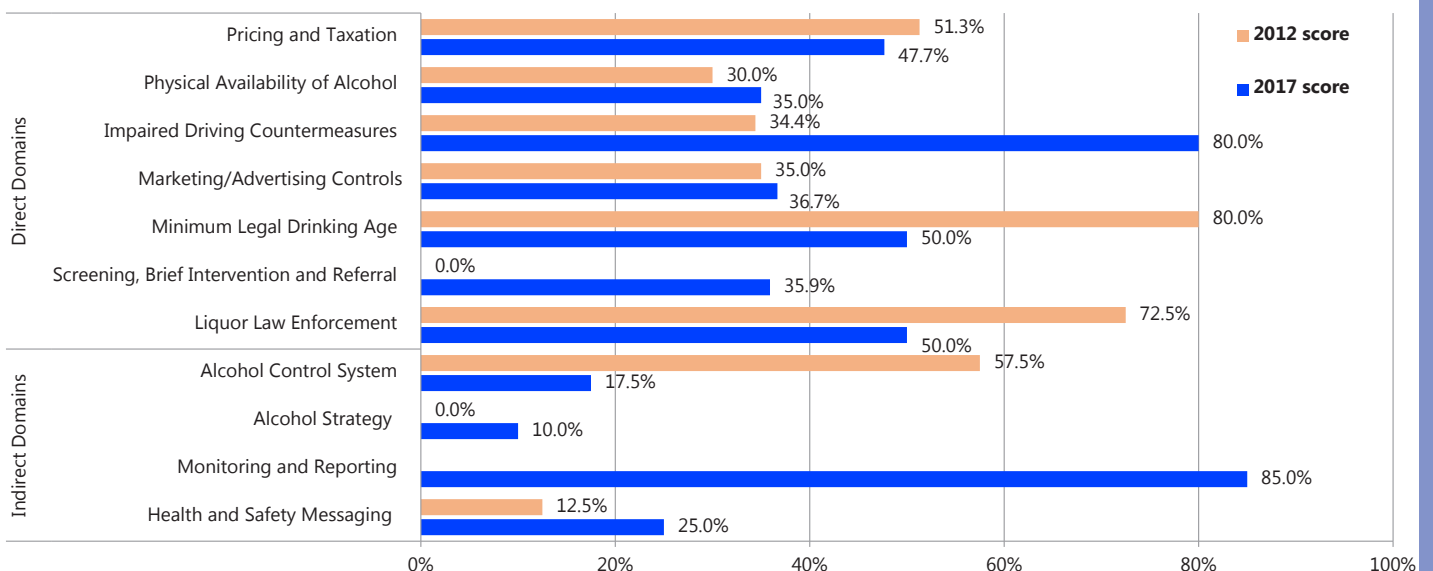


On-premise establishments (restaurants, bars, etc.)



Note: On-premise minimum beer price shown here is an average of two minimum beer prices.

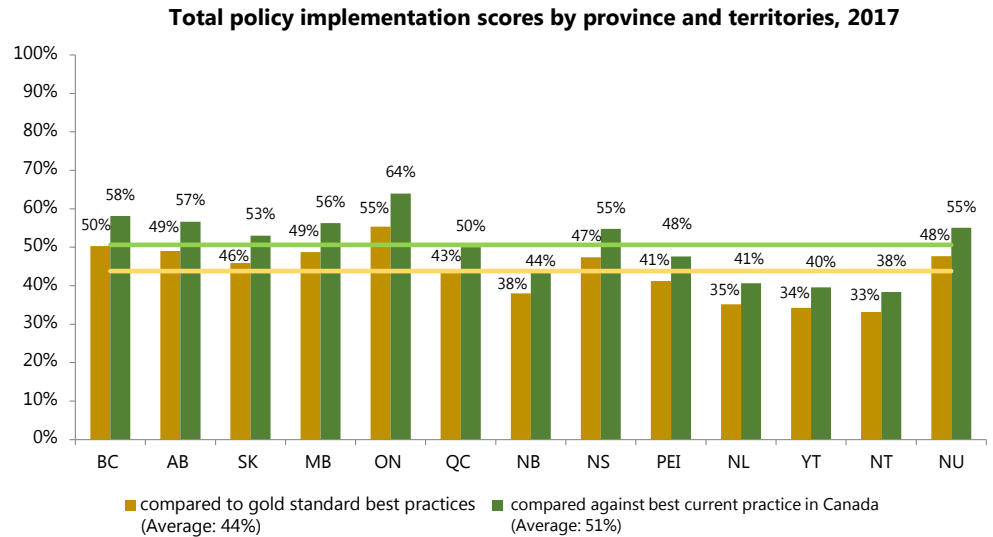
Domain scores, Prince Edward Island, 2012 vs 2017



Note: policy indicators may have changed between 2012 and 2017 thus scores reflect best practices at the time of data collection.

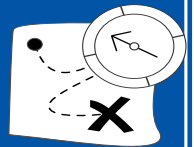
How does Prince Edward Island stack up against other provinces and territories?

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 Prince Edward Island

- 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 report⁴.
- Reconsider the treatment of alcohol as an ordinary commodity that is sold across a network of private retailers as this leads to greater consumption and related harm.
- Look to other provinces' and territories' for examples of successful implementation of effective alcohol policies (see Best Practice Leaders identified on P11 of the full report⁴).
- 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 clear 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.



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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 alcoholpolicy.cisur.ca or email cisur@uvic.ca.