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

## Executive Summary

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## Executive Summary

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## EXECUTIVE SUMMARY

This report provides a systematic and comparative review of the implementation of provincial and territorial policies proven to reduce the considerable health and social harms from alcohol. Results from a 2013 policy review of the 10 provinces are shown alongside the latest findings collected for 2017. The overall objective is to encourage greater uptake of effective alcohol control policies and programs to reduce the harms of alcohol in Canada.

A companion report focusing on alcohol-related policies and initiatives at the Federal government level has been released in tandem with this provincial and territorial review (Wettlaufer et al, 2019). A series of shorter summaries have also been prepared for individual jurisdictions that include tailored recommendations, promising policies and areas for improvement for each (visit [alcoholpolicy.cisur.ca](http://alcoholpolicy.cisur.ca) to download all reports).

### Background

Alcohol is the most popular recreational drug in Canada. While often used in a low-risk fashion, it is also associated with a wide range of harms and social problems. It was estimated that in 2014 there were 14,800 deaths and 88,000 hospitalisations attributed to alcohol across Canada, substantially higher than the 4,500 deaths and 21,900 hospitalisations attributed to all illicit drugs combined in that year (CSUCH, 2018). The estimated economic cost of alcohol in 2014 for healthcare, policing, lost productivity and other areas was \$14.6 billion, substantially higher than net revenues brought in from alcohol sales (\$10.9 billion) and more than the costs of any other psychoactive substance, including tobacco. What can be done to reduce the chronic disease, trauma, social problems and economic costs related to alcohol? The extensive international evidence clearly points to the importance of some specific alcohol policies as being key to a comprehensive and effective response.

### Methods

Drawing upon an extensive international literature, we developed detailed descriptions of alcohol policy best practices for improving public health and safety outcomes from alcohol use. The project team updated, improved and expanded on the 10 policy domains and the data used in the previous 2013 report (Giesbrecht et al., 2013); input was also obtained from representatives across jurisdictions via stakeholder interviews. We identified the latest and most comprehensive meta-analyses, systematic reviews and seminal alcohol policy studies to select 11 domains for detailed data collection and analysis. Seven of these domains have been shown to directly impact alcohol consumption and related harm: Pricing and Taxation; Physical Availability; Impaired Driving Countermeasures; Marketing and Advertising Controls; Minimum Legal Drinking Age; Screening, Brief Intervention and Referral; and Liquor Law Enforcement. Four other domains have indirect impacts by facilitating implementation of the seven direct domains: type of Alcohol Control System; existence of a formal provincial/territorial Alcohol Strategy; Monitoring and Reporting of alcohol harms; and Health and Safety Messaging about alcohol.

These domains were each weighted on two dimensions: (i) the *strength of evidence for effectiveness* in reducing harms from alcohol, and (ii) the *scope or population reach* of the domain i.e. the extent to which implementation of a policy has the potential to reach all those affected by alcohol-related

harm. For each domain a detailed scoring rubric was developed which involved a combination of verifiable policy and practice indicators. Lastly, three international experts were asked to review our selection of domains, indicators and relative weightings.

Data collection involved extensive assessment of official regulatory documents and communication with officials working in the relevant provincial and territorial ministries. We then sent our data summaries, for each jurisdiction and policy domain, to the jurisdictional contacts and asked them to confirm whether they were accurate and complete.

Scoring was conducted independently by two team members who applied the scoring rubrics to assign scores for each indicator, for each domain and each province and territory. The indicator scores were combined into overall scores for each of the 11 domains and weighted for effectiveness and population reach. The weighted domain scores were then summed to obtain a total weighted policy implementation score for each jurisdiction. Letter grades ranging from an A+ (highest score) to an F (lowest score) were also applied to further highlight the current performance of the provinces and territories in each policy domain.

To further assess the feasibility of implementing the full suite of recommended policies, the highest scores achieved for each indicator across all jurisdictions were compiled into one overall best current practice score. Provinces and territories were then also scored on how well they performed against this best current practice score.

## Results

Across all 11 policy domains, Canadian jurisdictions<sup>1</sup> collectively achieved less than half (43.8%, Grade F) of their potential to reduce alcohol-related harm through the use of evidence-based policies. The national policy implementation score, assessed across all Canadian jurisdictions, was slightly lower than in 2012 (43.8% vs 47.7%) suggesting some erosion of alcohol control initiatives over the intervening years. Two provinces, MB and QC, achieved higher scores than in 2012, while NL, NB and ON had lower scores.

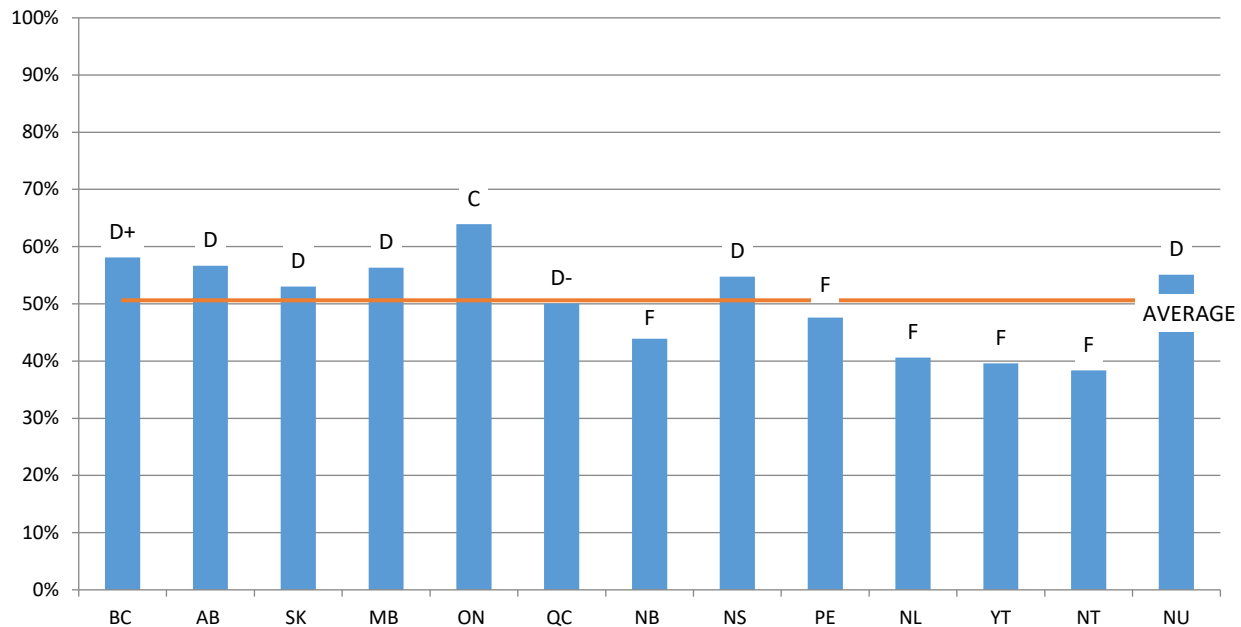
When best current practices were analyzed across all domains and jurisdictions, the collective best current practice score was 86.6% (Grade A). This underscores the feasibility of a greatly improved Canada-wide response to the reduction of alcohol-related harm since much of what is being recommended has already been implemented in at least one jurisdiction in Canada. In other words, if a jurisdiction was to implement all the best current practices identified, many of which include gold standard best practices, they would receive an A Grade.

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<sup>1</sup> BC: British Columbia; AB: Alberta; SK: Saskatchewan; MB: Manitoba; ON: Ontario; QC: Quebec; NB: New Brunswick; NS: Nova Scotia; PE: Prince Edward Island; NL: Newfoundland and Labrador; YT: Yukon; NT: Northwest Territories; and NU: Nunavut.

In the Figure A1 below we present adjusted total policy implementation scores achieved for each province and territory calculated on the basis of the percentage achieved of the best current practices identified somewhere in Canada. ON led the way in 2017 with a Grade C (63.9%), followed by BC (58.1%) and AB (56.7%) with D+ and D grades respectively. Six jurisdictions still scored less than 50% (Grade F). It is important to note that these assessments were conducted before recent deregulatory changes to alcohol policy in ON.

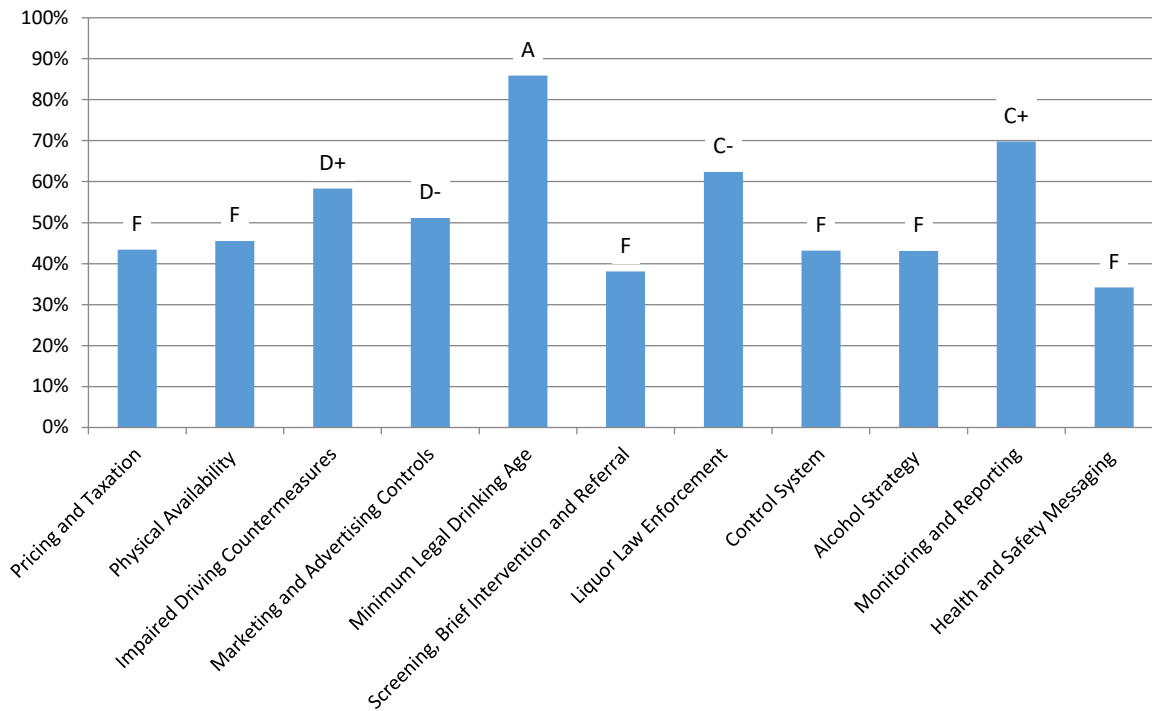
**Figure A1: Adjusted Total Policy Implementation Score\* by Province and Territory, 2017**



\*As assessed against best current practice in Canada

Adjusted average policy domain scores across all Canadian jurisdictions are presented below in Figure A2 for each of the 11 policy domains assessed. They were scored to reflect the average performance across all provinces and territories against best current practices in that domain. These scores varied quite substantially across the different policy domains with Minimum Legal Drinking Age achieving a Grade A (85.9%) being the highest and Health and Safety Messaging with a Grade F (34.2%) the lowest. Monitoring and Reporting on alcohol-related harms (69.8%) and Liquor Law Enforcement (62.4%) were the next highest scoring domains with Grades C+ and C- respectively. A total of six policy domains were scored below 50% (Grade F). The average policy domain score across all jurisdictions was 50.6% (Grade D-) of best current practice.

**Figure A2: Adjusted Average Policy Domain Scores\* across all Canadian jurisdictions, 2017**



\*As assessed against best current practice in Canada

## Conclusions

The weakening of effective alcohol policies over the past decade has been accompanied by an increase in the harms and economic costs of alcohol use in Canada. MADD Canada can be credited with encouraging a general strengthening of effective policies to deter impaired driving through their regular review of impaired driving laws and advocacy. There has been some admirable progress in policy development in some parts of Northern Canada (e.g. NU) where alcohol-related harm has long been a major burden. There have been some encouraging developments in some jurisdictions in the key domain of pricing (e.g. minimum pricing by alcohol content in Manitoba). However, overall, alcohol policy in Canada has been largely neglected relative to emerging initiatives addressing tobacco control, responses to the opioid overdose crisis, and restrictions imposed on the new legal cannabis market. Furthermore, in several jurisdictions, alcohol control systems are being privatized, customer convenience and choice are being given priority over health and safety concerns. Also, the responsibility of governments to warn citizens of potential risks is largely absent, and new digital media are being used to promote unsafe and unhealthy ways of using alcohol as a more efficient means to reach consumers.

The greater economic costs associated with alcohol use in Canada relative to tobacco and all other psychoactive substances, suggests the need for better funding, and a more coordinated, comprehensive, and effective set of policies than are currently in place. The great majority (87%) of evidence-based policies and strategies identified in this report are currently being implemented in at least one Canadian jurisdiction. The goals of this report are to raise awareness of the many possible avenues for more effective action and to encourage sharing of best practices between jurisdictions, in order to reverse current trends of increasing alcohol-related harms and costs in Canada.

## Recommendations for Provinces and Territories

We present a series of specific recommendations in each of the identified alcohol policy domains, along with some general, overarching recommendations. These build on strong policies and practices that are already in place in many provinces and territories in Canada. We also identify below some jurisdictions as best current practice leaders where appropriate, though some of their obtained scores were still short of the gold standard best practices recommended in this report. In certain cases asterisks were used to indicate which jurisdictions have implemented the recommended policies in the table below.

Direct Policy Domain Recommendations	Best Current Practice Leaders
<p><b>1. Pricing and Taxation</b></p> <ul style="list-style-type: none"> <li>Implement a minimum price of at least \$3.50/standard drink for on-premise sales* and at least \$1.75/standard drink for off-premise sales**, index minimum prices to jurisdiction specific inflation*** and exclude loopholes such as volume discounts; and</li> <li>Set minimum alcohol prices according to alcohol content.</li> </ul>	<p>*BC, **NL, ***ON</p> <p>MB</p>
<p><b>2. Physical Availability of Alcohol</b></p> <ul style="list-style-type: none"> <li>Set in regulation maximum trading hours from 11am to 8pm for off-premise outlets* and 11am to 1am the next day for on-premise establishments** with no extensions permitted; and</li> <li>Set upper limits on the density of both on-premise and off-premise liquor outlets based on population.</li> </ul>	<p>*NB, **ON and PE</p> <p>SK and QC</p>
<p><b>3. Impaired Driving Countermeasures</b></p> <ul style="list-style-type: none"> <li>Implement graduated licensing programs along with zero BAC limits for new drivers to continue for three years beyond program-completion;</li> <li>Have increased penalties when alcohol is detected in combination with other drugs;</li> <li>Require successful completion of ignition interlock programs as a condition of re-licensing for all alcohol-related <i>Criminal Code</i> impaired-driving offenders</li> <li>Introduce mandatory vehicle impoundment for all drivers with a .05% BAC; and</li> <li>Have administrative licensing suspensions for at least 3 days for the first 0.05% offence and 7 days for the second.</li> </ul>	<p>SK, MB, ON, QC, NB, PE, and NL</p> <p>ON</p> <p>BC, AB, SK, MB, ON, NB, PE, and NL</p> <p>AB, SK, and NL</p> <p>BC, AB, SK, MB, ON, NB, NS, PE, and NL</p>



Direct Policy Domain Recommendations	Best Current Practice Leaders
<p><b>4. Marketing and Advertising Controls</b></p> <ul style="list-style-type: none"> <li>Implement comprehensive restrictions covering placement, quantity, and content of ads as well as sponsorship restrictions for all media;</li> <li>Implement an independent complaint system and penalties that escalate with the frequency and severity of the violation;</li> <li>Have independent monitoring and enforcement of alcohol advertising and marketing, including pre-screening of ads; and</li> <li>Require government liquor regulators and/or government retailers to use social media platforms to present evidence-based health and safety messages related to alcohol.</li> </ul>	<p>None</p> <p>QC</p> <p>QC and NU</p> <p>AB</p>
<p><b>5. Minimum Legal Drinking Age (MLDA)</b></p> <ul style="list-style-type: none"> <li>Implement a minimum legal drinking age of at least 19 years, without exception; and</li> <li>Consider graduated drinking policies with age-based alcohol restrictions, similar to graduated driver's licensing programs (e.g., age-based restrictions on strength and number of drinks to be served up to 21 years).</li> </ul>	<p>BC, SK, ON, NS, NL, and NT</p> <p>None</p>
<p><b>6. Screening, Brief Intervention and Referral (SBIR)</b></p> <ul style="list-style-type: none"> <li>Implement SBIR practice guidelines endorsed by a credible professional association (e.g. the College of Family Physicians of Canada);</li> <li>Fund online or in-person SBIR programs or services; and</li> <li>Encourage and monitor SBIR implementation by physicians.</li> </ul>	<p>BC, AB, ON, QC, and NS</p> <p>ON, NS, and PE</p> <p>None</p>
<p><b>7. Liquor Law Enforcement</b></p> <ul style="list-style-type: none"> <li>Implement Risk-Based Licensing and Enforcement programs for all liquor outlets informed by outlet and licensee characteristics as well as data on violent and impaired driving offences, especially targeting high-risk premises;</li> <li>Employ at least 1 liquor inspector per 300 outlets;</li> <li>Implement Mystery Shopper and police inspection programs with publicly reported penalties escalating with frequency and severity of offences; and</li> <li>Mandate evidence-based Responsible Beverage Service Training for all venues and levels of staff.</li> </ul>	<p>SK and QC</p> <p>AB, SK, MB, NS, YT, and NT</p> <p>SK, ON, and QC</p> <p>BC, AB, and PE</p>

Indirect Policy Domains Recommendations	Best Current Practice Leaders
<p><b>8. Alcohol Control System</b></p> <ul style="list-style-type: none"> <li>Maintain a government-owned and run retail network for off-premise outlets* that reports to a ministry with a mandate to protect health and safety**;</li> <li>Include the protection of public health and safety as a stated objective of the control system;</li> <li>Legislate earmarked funds to support harm reduction and health promotion initiatives;</li> <li>Discontinue plans for privatisation of retail alcohol sales; and</li> <li>Phase out online ordering, liquor delivery services and ferment on premises.</li> </ul>	<p>*NS and NU **BC</p> <p>YT and NU</p> <p>MB, QC, and NU</p> <p>None</p> <p>NT and NU</p>
<p><b>9. Provincial and Territorial alcohol strategy</b></p> <ul style="list-style-type: none"> <li>Create an alcohol-specific strategy incorporating a full range of evidence-based interventions and policies;</li> <li>The alcohol strategy should be developed independently from the alcohol industry, be government-endorsed, and reviewed at least every five years;</li> <li>Fund a lead organisation with a public health and safety mandate to facilitate implementation of the strategy; and</li> <li>Fund on-going independent monitoring of the strategy's implementation.</li> </ul>	<p>AB</p> <p>AB and NU</p> <p>None</p> <p>None</p>
<p><b>10. Monitoring and Reporting</b></p> <ul style="list-style-type: none"> <li>Fund the tracking and public reporting of key alcohol-related harm indicators annually through a centralized system with an identified lead agency; and</li> <li>Track indicators that include: per capita consumption; alcohol-related hospital admissions and deaths, and alcohol-related crime.</li> </ul>	<p>BC</p> <p>BC, AB, SK, MB, ON, NB, PE, and YT</p>
<p><b>11. Health and Safety Messaging</b></p> <ul style="list-style-type: none"> <li>Require prominent placement of alcohol labels that include rotating health and safety messages, standard drink information and Low-Risk Drinking Guidelines; and</li> <li>Require health and safety messaging at all on and off-premise outlets* supported by other suitable media platforms**.</li> </ul>	<p>YT and NT</p> <p>*BC and ON ** AB, MB, ON, and QC</p>

## General Recommendations

- Given the substantial and increasing harm from alcohol use, all provinces and territories should give greater priority to funding and implementing effective alcohol policies.
- Following some European countries, liquor regulation should be located within ministries directly concerned with health and safety rather than with finance and economic development.
- The recent trend to treat alcohol as an ordinary commodity to be sold alongside food and other grocery items should be reconsidered as this leads to greater consumption and related harm.
- All provinces and territories are encouraged to learn from each other's experiences with successful implementation of effective alcohol policies.
- There needs to be concerted action involving government, NGOs and other stakeholders in implementing a combination of population level policies and more focused interventions for priority populations.
- Greater investment in public education about the risks of alcohol, including the comparative risks of alcohol and other substances, is needed 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.
- Careful documentation of policy changes and regular monitoring and evaluation of public health and safety outcomes are needed to inform future policy development.

