



University
of Victoria

Centre for Addictions
Research of BC



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH



JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH



DALHOUSIE
UNIVERSITY
Inspiring Minds



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

A Provincial Summary Report

Reducing Alcohol-Related Harms and Costs in Prince Edward Island: A Provincial Summary Report

Mark Asbridge and Chris Pauley

Department of Community Health and Epidemiology
Dalhousie University

October, 2013

Suggested citation:

Asbridge, M. & Pauley, C. (2013). Reducing Alcohol-Related Harms and Costs in Prince Edward Island: A Provincial Summary Report. Halifax: Department of Community Health and Epidemiology, Dalhousie University.

ISBN: 978-0-7703-0043-2

Reducing Alcohol-Related Harms and Costs in Prince Edward Island: A Provincial Summary Report

Overview

The overall objective of this project is to encourage greater uptake of evidence-informed prevention and policy initiatives that reduce alcohol-related harms in Canada. This project documents current alcohol policy initiatives across Canada and draws comparisons across the provinces. The project serves to highlight policy strengths across each of these jurisdictions, provide recommendations on how to improve weaker policy areas and disseminate this up-to-date information to major stakeholders and policymakers in each jurisdiction.

In March of 2013, the main report entitled: *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies* (Giesbrecht et al., 2013), which documents the findings of this project, was released at an event hosted by the Centre for Addiction and Mental Health. The full report is available at:

http://www.camh.ca/en/research/news_and_publications/reports_and_books/Pages/default.aspx

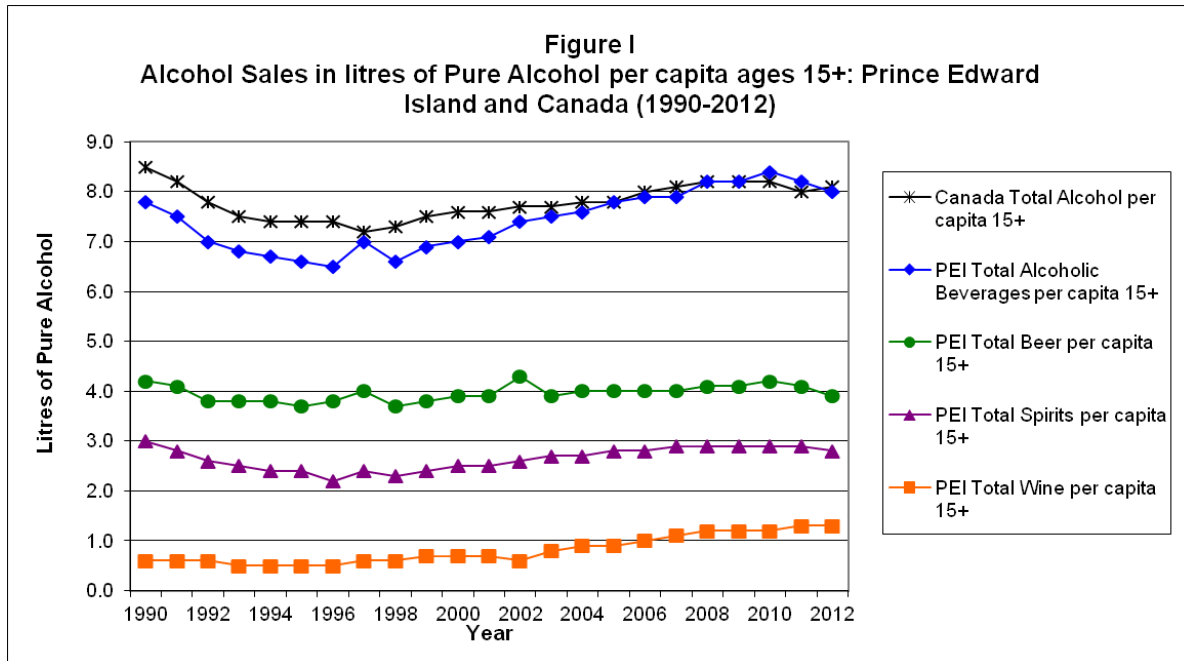
This provincial summary report serves to provide more detailed results and tailored recommendations for the province of Prince Edward Island. This project seeks to disseminate this information to policy-makers, decision-makers and knowledge users in order to stimulate policy change. The project also hopes to inform provincial liquor boards and alcohol regulators on the additional roles they can play in helping to reduce alcohol related harms and costs.

Methods

This project builds on the model implemented by MADD Canada and is based on well established and rigorous systematic reviews on the effectiveness of alcohol prevention measures as well as other studies which take a comparative approach to assessing alcohol policies (Anderson et al., 2009; Babor et al., 2010; Brand et al., 2007; Karlsson & Österberg, 2011). The policy dimensions central to this project were selected based on a review of the literature and best practices and overlap with those identified by the World Health Organization (2010) and the Canadian Centre on Substance Abuse. The scoring rubric consists of 10 weighted policy dimensions which are each comprised of several scaled indicator measures and was peer reviewed by three international alcohol policy experts. Data for this project was collected systematically from official sources and verified by representatives from the relevant ministries. Finally, following a pilot test of the scoring system, the final scores were tabulated and weighted to produce the final provincial rankings.

The Current Status of Alcohol Use in Prince Edward Island

While the total alcohol consumption for Canada increased by 12.5% between 1996 and 2012, the per capita alcohol consumption for Prince Edward Island has been relatively stable in recent years and is consistently lower than the national average, as can be seen in Figure I (Statistics Canada, 2012). Prince Edward Island survey data indicate that approximately 73% of Prince Edward Island residents, ages 15 and older, have consumed alcohol in the last 12 months (Ialomiteanu et al., 2012; Health Canada, 2012). Approximately 19.2% of Prince Edward Island drinkers regularly consume amounts above the Canadian low risk drinking guidelines (Ialomiteanu et al., 2012).



Recent Developments in Alcohol Policy in Prince Edward Island (since November, [2012](#)).

The following is a summary of some of the developments in alcohol policy and practices that have taken place, been announced, or been brought to the team’s attention in Prince Edward Island since the end of the data collection period of the main report in Fall 2012.

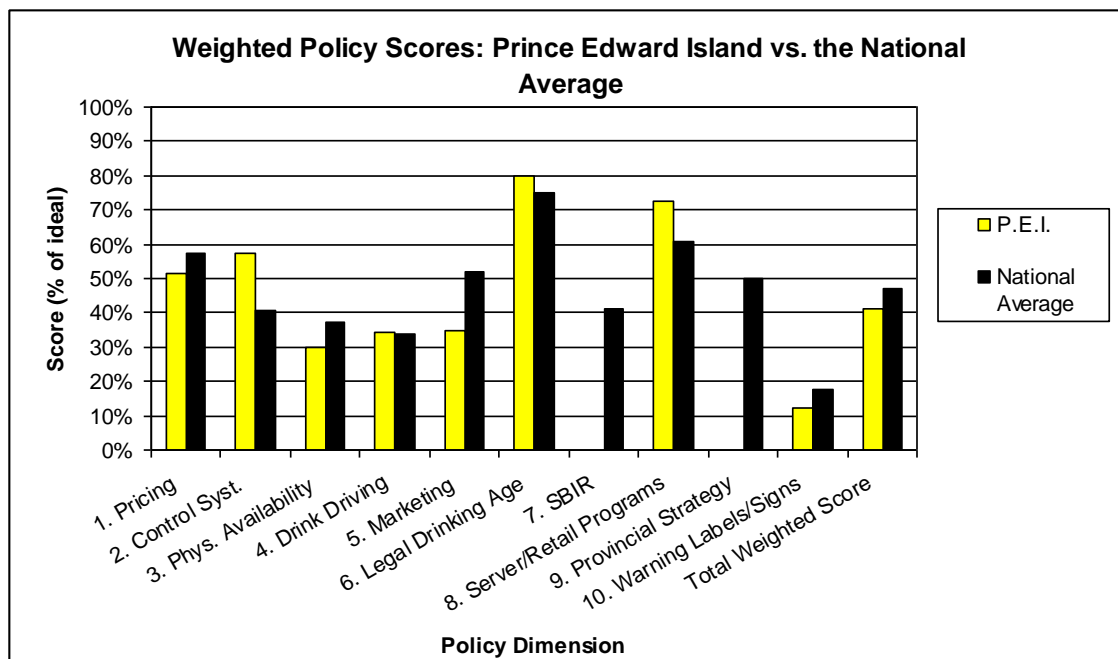
- A one-day summit was held on February 13, 2013 in Charlottetown, including representatives of the Department of Transportation and Infrastructure Renewal, RCMP, municipal police forces, MADD Canada and local chapters, Addiction Services, and the Department of Environment, Labour and Justice. The summit focused on tangible, effective solutions that could be implemented by the Department of Transportation and Infrastructure Renewal to reduce instances of impaired driving and keep impaired drivers off Island roads.
- As of February 23rd, 2013 all drivers convicted of impaired driving in Prince Edward Island are now required to install an ignition interlock device on their vehicles. Previously, only drivers with multiple convictions were required to install an ignition interlock.
- The PEI Liquor Control Commission has actively participated in two recent initiatives which have developed strategies to assist stakeholders in preventing impaired driving. An ad hoc working group led by the department of Environment, Labour and Justice, as

well as a summit on impaired driving hosted by the department of Transportation and Infrastructure Renewal will help to move these strategies forward.

- The PEI Liquor Control has recently partnered on two separate initiatives of the Department of Health and Wellness in order to strengthen social responsibility messaging in the province of PEI. Working in conjunction with Public Health representatives, the PEI Liquor Control Commission helped to create, print and distribute brochures detailing the risks associated with the consumption of alcohol as it relates to Fetal Alcohol Spectrum Disorder. In addition, the Commission is pleased to be a sponsor partner of Just Talk II, a project of Mental Health and Addictions that provides an online resource for youth dealing with and/or looking for help with substance abuse.
- In May 2013, the PEILCC implemented new penalty guidelines for violations of the Liquor Control Act/Regulations, including advertising violations. A penalty guidelines matrix has been developed to address violations with either suspension or monetary penalty.
- In order to address a lack of emphasis on the risks associated with the use of alcohol on the corporate website's landing page, a brief description of Low Risk Drinking guidelines is now included. Moreover, a separate menu item now links to corporate social responsibility details.
- The government of Prince Edward Island has been developing a wellness discussion paper focused on alcohol and anticipates there being some action items being addressed in the final document, following public consultation.

Prince Edward Island Specific Results:

In terms of total weighted scores across the country, Prince Edward Island was the second to lowest-ranked province (although it is important to keep in mind that the national average score was less than 50% of a perfect score; there is much unrealized potential for improvement in every province). Prince Edward Island demonstrated areas of strength around their legislation and regulations that support the minimum legal drinking age and their server training and challenge and refusal programs. It is particularly noteworthy that Prince Edward Island is one of two provinces to hold more than a 50% government run monopoly. Figure II shows a comparison between Prince Edward Island's score on each of the policy dimensions compared to the national average score for each policy dimension.



The following is a detailed review of the results for Prince Edward Island and includes Prince Edward Island specific policy recommendations. It should be noted that the policy dimensions listed below are listed in order of their level of effectiveness and population reach i.e. the policies are listed in the order in which they are likely to have the most impact on reducing alcohol related harms and costs.

1. Pricing

Areas for improvement: PEI has not raised the prices of all its products to match inflation since 2006. PEI sets their prices using a "flat" rate per litre of beverage. Not adjusting prices for alcohol content means higher strength products are cheaper per standard serving than lower strength products, thus providing incentives for consumers to choose higher alcohol content beverages. Furthermore, Ferment on Premise (FOP) outlets that allow patrons to make their own wine do not have regulated minimum prices that apply to products purchased from these commercial outlets. This is a significant loophole that undermines the value of minimum pricing by providing very inexpensive sources of beer and wine in large quantities. Loopholes also exist in the on-premise PEI minimum pricing system; manufacturers are permitted to provide free samples to customers provided they are purchased from the licensee. The final cost to the consumer is zero. This undercuts the value of the on-premise minimum pricing policy in Prince Edward Island.

Recommendations: As price is one of the most potent policy levers to reduce alcohol-related harm, there are a number of steps that should be taken. Prince Edward Island is encouraged to set regulations in three areas. First, they should index minimum prices for both on-premise and off-premise sales, and set minimum prices at levels that are substantially higher than what currently is charged for non-alcoholic beverage of the same volume. For example, the project team

recommends a minimum price of \$3.00 per standard drink for alcohol sold from on-premise outlets and \$1.50 per standard drinks for alcohol sold from off-premise outlets. While, in PEI's case, table wine and coolers are \$3.00 plus tax, when this is converted to a price per standard drink, taking into account typical strength and size of drinks, all off-premise minimum prices are still below the recommended \$3 per standard drink. Prices from all channels, internet sales, and ferment on premise outlets should be in line with minimum price regulations. Furthermore, all prices should be indexed to inflation to prevent alcohol from becoming cheaper relative to other goods over time, and adjusted according to alcohol content so that the price per standard drink remains stable across products of different strengths.

2. Alcohol Control System:

Promising Practices: Prince Edward Island has maintained a strong government monopoly with approximately 62% of its off-premise outlets being government-owned and operated. PEI is one of only two provinces (NS is the other) to have maintained over a 50% government monopoly retail system. It is particularly important to note that Prince Edward Island's *Liquor Control Act Liquor Agency Regulations* include, as a criterion, the stipulation that there must be community support for a potential liquor agency outlet. Moreover, the province's Liquor Commission plans on maintaining its current system and has no plans to expand their outlet network. In addition, Prince Edward Island is one of only two provinces with a remittance requirement on product made onsite, and the rate is \$0.75/L which is higher than Ontario's \$0.13/L. Finally, Prince Edward Island disseminates social responsibility messages through a variety of mediums including: posters, pamphlets, online content, corporate websites, print materials, TV and radio advertisements,

Areas for Improvement: Prince Edward Island allows for the sale of alcohol beyond on-premise and off-premise outlets through ferment at home kits and Ferment on Premises (FOP) outlets. Related to this, while it is true that other provinces (i.e. British Columbia, Saskatchewan, New Brunswick) have no remittance charge on their FOP product, a \$0.75/L remittance charge still results in prices well below regulated minimum prices in other provinces. Finally, both the PEILCC and other alcohol retailers in PEI are encouraged to forge a stronger relationship with a ministry with a health and safety focus, in order to ensure a balance between revenue generation from alcohol sales and public health

Recommendations: Prince Edward Island is encouraged to retain its strong government control systems, as well as strengthen its social responsibility and control mandates. The authorities overseeing alcohol are encouraged to also pay close attention to other distribution systems such as ferment on premise sales. There should be sufficient oversight to curtail sales to minors or intoxicated customers in these systems. This over-emphasis should be addressed in order to more effectively reduce alcohol-related costs to government.

3. Physical Availability:

Promising Practices: Prince Edward Island has set hours of operation regulated under its respective alcohol control and licensing act for both on-premise and off-premise outlets. In addition, citizen support (by way of local elected municipal councils or property owners) is

required to be obtained by the PEILCC for both new on-premise and off-premise locations. On occasion, municipalities request restricted terms on a license and the PEILCC complies accordingly. PEI has one of the lowest outlet densities for off-premise outlets but has one of the highest densities for on-premise outlets

Areas for Improvement: Prince Edward Island could allow for citizen input regarding the placement of both on-premise and off-premise outlets, which could be used as a tool to support public health input in alcohol policy decisions. Prince Edward Island does not provide legislation that restricts the number of licensed establishments in an area based on population density. PEI has one of the highest densities for on-premise outlets in Canada. Moreover, PEI allows for alcohol sales in the early morning (before 11:00 a.m.) and late at night (past 8:00 PM for off-premise establishments and past 1:00 a.m. for on-premise sales). There is leeway granted for extended hours of alcohol sales from on-premise establishments, which may be authorized during events of municipal, provincial, national or international significance such as sporting events or the East Coast Music Awards.

Recommendations: Prince Edward Island is encouraged to set upper thresholds on a per capita basis for outlet density in order to reduce the number of points of access to alcohol. This may be more challenging for on-premise outlets, but not impossible if municipalities are given direct power to determine a ceiling on the number of licenses to grant. Prince Edward Island, with its strong government retail system, can more easily set density limits. Prince Edward Island is also encouraged to limit the availability of alcohol in the early hours of the morning or very late at night.

4. Drinking and Driving:

Note: The following is based on information provided by MADD Canada in their most recent review of drinking and driving legislation in Canada. For a comprehensive review and comparative analysis of drinking and driving countermeasures in each province please refer to the MADD Canada 2012 Provincial and Territorial Legislative Review (Solomon, Cardy, Noble et al., 2012).

Promising Practices: MADD Canada reports that Prince Edward Island has enacted a number of reforms since previous assessments. For example, the province now requires first-time federal impaired driving offenders to participate in its mandatory alcohol interlock program, and offenders who do not apply or are not eligible for early reinstatement of their driving privileges are required to participate in the interlock program as a condition of relicensing. The minimum interlock period is 1 year for a first offence, 2 years for a second offence within 10 years, and 5 years for a third +offence within 10 years.

Areas for Improvement: While Prince Edward Island has proclaimed legislation that has improved its graduated licensing program, as well as 2008 legislation that expanded police powers to impound vehicles, there remain areas where improvement could take place.

Recommendations:

Prince Edward Island's graduated licensing regulations could be strengthened by: requiring learners to remain at the initial stage for 12 months, regardless of their participation in a driver education program; enacting high-speed road and night time driving restrictions; requiring all drivers under 21 years of age and new drivers with less than 5 years experience to have a .00% BAC (currently such restrictions only apply during the duration of the graduated licensing program); and requiring newly-licensed drivers to pass an "exit" test to obtain full driving privileges.

The .00% BAC limit should be extended by 3 months and proclaimed in force so that it applies to all drivers under 21 years of age and during their first 5 years of driving. As well, it should prohibit all drivers under 21 and all drivers during their first 5 years of driving from being positive for drugs. Finally, police powers should be broadened to enforce the graduated licensing program; as it stands, the GLP is enforced only through random stops and random breath demands.

The short-term administrative licence suspension program should be strengthened. Currently, drivers with a second or subsequent suspension within 2 years are subject to 30- and 60-day suspensions, respectively, and mandatory alcohol/drug assessments. MADD recommends that that look-back period be 5 years. The vehicle of a driver who receives a short-term ALS should be impounded for the duration of the suspension.

Finally, Prince Edward Island should enact legislation making participation in a comprehensive alcohol or drug assessment and the successful completion of any recommended treatment, conditions of relicensing for all Criminal Code impaired driving offenders and drivers who have multiple 7, 30, 60, or 90-day suspensions.

5. Marketing and Advertising

Promising Practices: As with all provinces, Prince Edward Island's advertising content regulations go beyond those outlined in the CRTC code. For example, PEI advertising regulations do not allow the consumption of alcohol to be shown in advertisements, and the CRTC only mandates that consumption not be shown in an immoderate way or in contexts where is it prohibited.

Areas for Improvement: PEI demonstrates relatively weak consequences for violations of advertising guidelines (i.e. removal of advertisement). Additionally, there is a lack of emphasis on the risks associated with the use of alcohol on the corporate website's landing page. Prince Edward Island permits manufacturers to donate money for corporate/brand-identified scholarships, bursaries, and scholastic prizes.

Recommendations: Prince Edward Island is encouraged to look closely at the alcohol advertising, marketing and sponsorship evident in their jurisdiction, and explore ways of strengthening controls, particularly those forms of promotion that appeal to youth or to persons drinking in a high-risk manner. They are encouraged to forbid advertising of discount prices and

are strongly urged to limit the quantity of alcohol advertising they permit. Mechanisms for dealing with breeches of codes or guidelines should be strengthened and streamlined so that the public is aware of how to launch a complaint. Finally, Prince Edward Island is encouraged to review its sponsorship policies – for example, practices that target youth, such as the sponsorship of academic scholarships should be prohibited as should the sponsorship of events that feature high risk activities when combined with alcohol.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in Prince Edward Island, which is 19 years of age, is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor. Overall enforcement of the legal drinking age is strong. A mystery shopper program is in place that monitors the enforcement of the legal drinking age in off-premise outlets and Prince Edward Island has a liquor inspection program/collaboration with law enforcement officials in order to enforce the legal drinking age in on-premise establishments.

Recommendations: The legal drinking age is 19 in Prince Edward Island. While there is some evidence from Canada (Whitehead et al., 1975) more robust evidence comes from the United States (Wagenaar and Toomey, 2002) that supports the implementation of a higher drinking age (such as 21) to help reduce alcohol-related harms, drinking and driving incidents, and to delay the onset of drinking (Babor et al., 2010).

7. Screening, Brief Intervention, and Referral

Recommendations: At present, Prince Edward Island has no Screening, Brief Intervention and Referrals initiative in place. It has been shown to be effective in reducing consumption among high-risk drinkers. As a first step, PEI is encouraged to include SBIR protocols in their provincial policy or plan, and to make SBIR available to the general population. PEI is encouraged to instituting a fee for service code for physicians to use for SBIR to help support consistency in SBIR protocol across physicians. Having a position paper by a medical or other credible provincial association or developing provincial guidelines could also support the implementation of SBIR. Provinces are encouraged to make use of the SBIR web-based resource released in November 2012 by the Canadian Centre on Substance Abuse (CCSA), the College of Family Physicians of Canada (CFPC).

8. Server Training and Challenge and Refusal

Promising Practices: PEI is to be commended for having a server training program that is mandatory on a province-wide basis for staff at all public on-premise establishments. In addition, Prince Edward Island has a policy against serving intoxicated patrons for on-premise and off-premise outlets, as well as an off-premise challenge and refusal program that is evaluated through a secret shopper program.

Areas for improvement: While there is a server training program, and it is a condition of licensing, server training and challenge and refusals programs in Prince Edward Island is not

based on evaluated training interventions shown to reduce over-service or service to individuals below the legal drinking age and has not yet been evaluated.

Recommendations: For on-premise sales, Prince Edward Island is encouraged to extend the province wide mandatory server training to staff at all licensed events and festivals. It is recommended that the province implement programs that have been shown through evaluation to reduce over-service or service to minors and implement tracking of challenges and refusals. For off-premise sales, Prince Edward Island is encouraged to strengthen its program by having ongoing training of staff and comprehensive challenge criteria that include minors, intoxicated individuals or people suspected of attempting to purchase alcohol for either of these groups. It is recommended that Prince Edward Island continue to track the number and type of challenges and refusals, and continue to evaluate the scope and effectiveness of the program through ‘secret shopper’ interventions.

9. Provincial Alcohol Strategy

Areas for Improvement: Prince Edward Island does not have a provincial health strategy that includes alcohol as a priority area.

Recommendations: Prince Edward Island should have a standalone alcohol strategy; the presence of such clearly signals that socially-responsible alcohol use and sales are important health and social issues worthy of government and NGO attention and action. Furthermore, Prince Edward Island is encouraged to develop an alcohol strategy that includes population level alcohol policies and that outlines a range of interventions and policies along the lines of the WHO’s 2010 Global Strategy to reduce the Harmful use of Alcohol, which has been signed by Canada.

10. Warning Labels and Signs

Promising Practices: There is much unrealised potential in terms of informing consumers of the risks associated with alcohol use by implementing packaging labels and point of sale messaging. However, Prince Edward Island does have an internal or ‘in-house’ policy requiring these signs be posted at least in off-premise outlets. While the quality of warning messages is variable, Prince Edward Island did provide some clear warning messages around providing alcohol to minors, including “Save yourself \$2,500. Maximum fine if convicted of buying alcohol for minors”.

A particularly significant statement from the Prince Edward Island Liquor Control Commission (H. Rossiter, personal communication, May 27, 2013), is that while the PEILCC is not currently in a position to individually identify each product with possible health risks of its products, it would consider supporting this as form of labeling at the supplier level similar to what is in place for tobacco products in Canada. This is an approach that is worth exploring within each province.

Areas for Improvement: Prince Edward Island has not implemented regulated warning labels on alcohol containers and/or packages, nor made reference to the risks of chronic diseases

associated with alcohol use in their warning messages in alcohol retail outlets and licensed establishments.

Recommendations: There have been several attempts to introduce warning labels in Canada. The public should be made aware of the risks of alcohol use in the most direct ways possible; a label on the beverage container which conveys a clear health message is one way this may be accomplished. Prince Edward Island is encouraged to have mandatory warning signs in both on-premise and off-premise venues, with messages that focus on a range of health related themes and highlight different alcohol problems. Messaging should be clear, visible and concise. For example, vague ‘please drink responsibly’ messages should be replaced with expanded text offering concrete advice on daily and weekly drinking limits, as well as specific advice on how the drinker can achieve more responsible levels of alcohol consumption. These warning messages and all ‘counter-advertising’ should be subject to rigorous third party evaluation.

Recommendations for Prince Edward Island

The following is a summary of the recommendations that have been outlined in detail in the above sections. It should be noted that the policy recommendations are listed in the order in which they are most likely to have an impact on reducing alcohol related harms and costs. The potential impact of these policies was assessed based on their scope (population reach) as well as the evidence of effectiveness. These policies are central to a comprehensive approach and jurisdictions are encouraged to implement policies from all three categories.

- Adjust all prices to keep pace with inflation
- Do not permit exceptions to minimum prices such as delisted products or free samples.
- Maintain majority government monopoly (62%) of alcohol retail outlets
- Strengthen liquor board’s social responsibility and control mandates. Reduce overemphasis on marketing and retailing agendas at the expense of control functions.
- Involve citizens in decisions regarding the placement of all retail outlets and licensed establishments.
- Limit the availability of alcohol by reducing the hours of operation.
- Prince Edward Island should have a provincial alcohol strategy that emphasises alcohol specific prevention and intervention initiatives recommended in the WHO (2010) Global Strategy to Reduce Harmful Use of Alcohol.
- Implement the drinking and driving countermeasures recommended by MADD Canada.
- Prohibit the advertisement of price or other sales incentives by all alcohol retailers.
- Tighten restrictions on sponsorship, specifically begin by banning alcohol sponsored scholarships and or bursaries that target youth and young adults.
- Increase the minimum legal drinking age to 21 years of age.
- Implement a fee for service code for physicians that can be used specifically for screening brief intervention and referral activities.
- Conduct an evaluation of the server training program and make the results available for on-going monitoring and as a resource for other provinces.
- Increase collaboration amongst administrators of the server training programs across provinces.

- Track challenge and refusals in on-premise establishments as well as private retail outlets and make this data available readily for monitoring and surveillance activities.
- Implement mandatory warning labels on beverage containers with clear and direct health messages.
- Expand the current repertoire of mandatory warning signs in on-premise and off-premise outlets to include clear and direct messages on other health topics such as moderate consumption, drinking and driving and alcohol as modifiable risk factor for chronic disease and risks associated with consuming alcohol during pregnancy.

Alcohol is no ordinary commodity (Babor et al., 2010; CPHA, 2011). It is imperative that Prince Edward Island continue to implement precautionary alcohol policies in order to reduce the harm and costs associated with alcohol use and to enhance the health and safety of its residents. Refining and implementing the recommendations listed above will require an evidence-based perspective, leadership, commitment to reducing alcohol-related harm and a spirit of collaboration among key stakeholders including various ministries and sectors of government, NGOs working on health issues, public health advocates and representatives from the private sector. As an immediate next step, Prince Edward Island is strongly urged to place a moratorium on the further expansion of liquidation outlets. Alcohol pricing policies are one of the most potent policy levers to reduce alcohol-related harm and costs. It is important that the integrity of these policies is not compromised by the availability of deeply discounted products.

The province is further urged to consider the public health implications associated with the loosening of these controls and is urged to gather input from key stakeholders committed to reducing the harm from alcohol and conduct pilot evaluations of initiatives prior to implementing them on a province wide basis. Finally, a provincial alcohol strategy would identify alcohol as a priority issue in the province of Prince Edward Island and would serve to guide future alcohol policy developments.

Acknowledgements

The authors would like to acknowledge funding from the [Canadian Institutes of Health Research](#) in support of the project “Reducing Alcohol-Related Problems by Implementing Evidence-based Tools that Translate Research Knowledge into Prevention Practice”, (Principal Investigator: Norman Giesbrecht). We would also like to gratefully acknowledge receipt of data and feedback from Heather Rossiter, Kathleen Brennan, Erin Andrews, and Shaun MacNeill. Finally, we thank Mothers Against Drunk Driving (MADD) Canada for permission to use materials collected for their 2012 Provincial and Territorial Review. The in-kind support provided by our organization is gratefully acknowledged. As well, the project team members are thanked for their contributions to this project. The views and opinions expressed in this report are those of the authors and do not necessarily reflect the perspectives or policies of the organizations acknowledged.

References

- Anderson, P., Chisholm, D., & Fuhr, D. (2009). Alcohol and Global Health 2: Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373, 2234–46.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R. & Rossow, I. (2010). *Alcohol: No ordinary commodity – research and public policy – Revised edition*. Oxford: Oxford University Press.
- Brand, D. A., Saisana, M., Rynn, L. A., Pennoni, F., & Lowenfels, A. B. (2007). Comparative analysis of alcohol control policies in 30 Countries. *PLoS Medicine*, 4(4), e151.
- Canadian Alcohol and Drug Use Monitoring Survey – Tables – 2011 – Health Canada. (2011). Retrieved May 3, 2013, from http://www.hc-sc.gc.ca/hc-ps/drugs-drogués/stat/_2011/tables-tableaux-eng.php#t8
- Canadian Centre on Substance Abuse [CCSA]. (April, 2007). *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*. Recommendations for a National Alcohol Strategy. Alberta Alcohol and Drug Abuse Commission, Canadian Centre on Substance Abuse & Health Canada, 2007.
- Canadian Public Health Association [CPHA] (December, 2011). *Too High a Cost - A public health approach to alcohol policy in Canada*. Ottawa, ON: Canadian Public Health Association.
- Giesbrecht, N., & Ialomiteanu, A., R. (2013). Public opinion on alcohol policy, Ontario, Canada, 1996-2011: Findings, correlates and emerging issues. Presented at Alcohol Policy 16, Washington, DC, April, 2013.
- Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., McAllister, J., Murie, A., Pauley, C., Plamondon, L., Stockwell, T., Thomas, G., Thompson, K., & Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto: Centre for Addiction and Mental Health.
- Karlsson, T., & Österberg, E. (2001). A scale of formal alcohol control policy in 15 European countries. *Nordisk Alkohol & Narkotikatidskrift*, 18 (English Supplement): 117-131.
- Solomon, R., Cardy, J., Noble, I., & Wulkan, R. (2012). *Mapping our progress to safer roads: The 2012 provincial and territorial legislative review*. The University of Western Ontario. Available at: http://www.madd.ca/media/docs/MADD_Canada_2012_Provincial_and_Territorial_Legislative_Review_FINAL.pdf

Statistics Canada (2012). Table 183-0019 - Volume of sales of alcoholic beverages in litres of absolute alcohol and per capita 15 years and over, fiscal years ended March 31, annual (litres). Accessed May, 2013.

Wagenaar, A. C., & Toomey, T. L. (2002). Effects of minimum drinking age laws. Review and analysis of the literature from 1960-2000. *Journal of Studies on Alcohol*, 63, S206-25.

Whitehead, P. C. (1977). *Alcohol and Young Drivers: Impact and Implications of Lowering the Drinking Age*. Ottawa: Department of National Health and Welfare, Health Protection Branch, Non-medical use of Drugs Directorate, Research Bureau.

Whitehead, P. C., Craig, J., Langford, N., MacArthur, C., Stanton, B., Ferrence, R. G. (1975). Collision behavior of young drivers: Impact of the change in the age of majority. *J Stud Alcohol*; 36: 1208-1223.

World Health Organization [WHO] (2010). *Global Strategy to Reduce the Harmful Use of Alcohol*. Geneva: World Health Organization.