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Reducing Alcohol-Related Harms and Costs in Saskatchewan:

A Provincial Summary Report

Reducing Alcohol-Related Harms and Costs in Saskatchewan: A Provincial Summary Report

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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 Saskatchewan. 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 that they can play in helping to reduce alcohol related harms and costs.

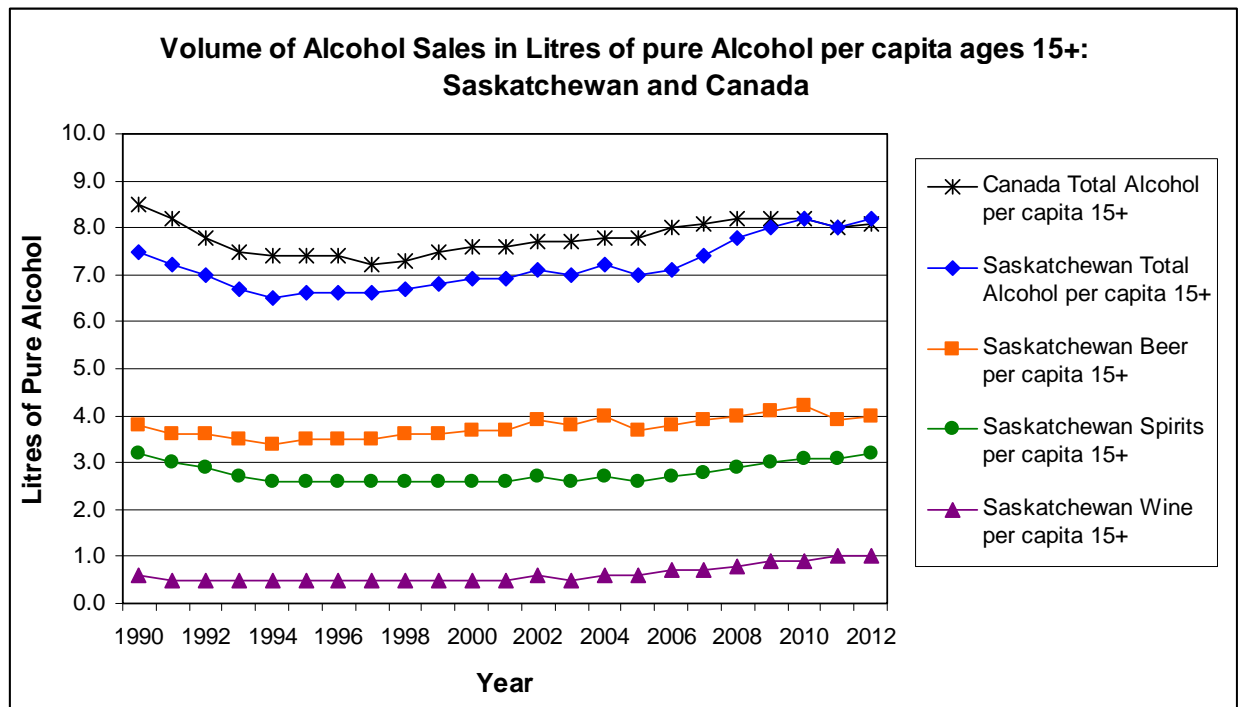
Methods

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 in the National Alcohol Strategy (2007). 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 Saskatchewan

While the total per capita alcohol consumption for Canada increased by 12.5% between 1997 and 2012 the per capita alcohol consumption for Saskatchewan has increased dramatically over the last 15 years; specifically, the per capita alcohol consumption in Saskatchewan has increased by almost 25% since 1997 and now surpasses the national average, see Figure 1 (Statistics Canada, 2012). Saskatchewan survey data indicate that approximately 78% of Saskatchewan residents ages 15 years and older have consumed alcohol in the last 12 months and approximately 16% of Saskatchewan drinkers regularly drink above the Canadian low-risk drinking guidelines (Health Canada, 2011).

Figure 1



Recent Developments in Alcohol Policy in Saskatchewan (since November, 2012)

The following is a summary of the many developments in alcohol policy and practices that have taken place or that have been announced in Saskatchewan since the end of the data collection period of the main report in Fall 2012.

As part of a government wide initiative to “reduce red tape” which was launched in 2010, the province of Saskatchewan has introduced 77 proposed changes to the province’s liquor regulations and policies. Among these changes are the loosening of restrictions around the types of businesses that can serve and sell alcohol, changes in the way alcohol is dispensed and promoted, increased availability of alcohol and several changes to the liquor licensing administrative procedures. In addition to these proposed changes, Saskatchewan announced the approval of four private liquor stores that are scheduled to open in 2014.

The proposed changes would allow businesses such as salons, movie theatres and caterers to sell and serve alcohol and for other businesses to obtain up to six special occasion permits per year in order to host licensed events. Furthermore, customers of permitted transportation services such as limos and buses would be allowed to self serve alcohol and caps on the number of drinks served on golf courses and stadiums would be increased. These proposed changes would contribute to increasing the availability of alcohol and would likely lead to an increase in the alcohol outlet density in Saskatchewan. Furthermore, loosening controls around drinking in combination with driving and transportation sends a confusing message about the dangers of combining alcohol with driving and may have unintended negative consequences for public health.

Businesses offering overnight accommodation will be permitted to offer all-inclusive packages that include alcohol. Also, all permittees would be able to offer promotional packages that include alcohol, provided the minimum prices are respected. Furthermore, new policies would allow all types of permittees to offer free promotional alcohol samples or charge a flat fee for an unspecified number of alcohol samples. Finally, it is proposed to amend the Saskatchewan Liquor and Gaming Authority (SLGA) advertising standards so that provincial regulations that are not consistent with the Canadian Radio-television Telecommunications Commission (CRTC) standards are removed.

The proposed changes would also allow customers to bring their own (commercially produced) wine to restaurants. How often this is practiced by consumers will depend, in part, on the corkage fees. Changes would also entail expanding re-corking to include not only wine but high alcohol content specialty beer served in large containers. Changes to regulation and policy would also allow for beer to be dispensed from beer towers or beer taps which can hold anywhere from 2.5L to almost 4L of beer. These changes would also allow for “beer nights” during which attendees pay a flat fee to drink for a specified amount of time or until a given amount of alcohol (usually a keg of beer) is consumed by the group. Guidelines that maintain the permittees’ responsibility to ensure that over-service does not occur during ‘beer nights’ will be in place. Many of these proposed changes will make it more challenging for licensees and their staff to monitor the consumption of their patrons and may lead to increased incidents of over-service. Furthermore, the provision of free samples and promotional packages undermine minimum pricing policies and complicate enforcement. However, allowing consumers to re-cork unfinished alcohol products may encourage customers to drink less knowing they can take the remaining product home.

Changes to regulation and policy are proposed to extend the hours of operation of on-premise outlets. Pending the acceptance of these changes, the hours of operation of all permittees would be extended by 2.5 hours on Sundays and holidays. The proposed changes also include an expansion of off-sale endorsements to allow all restaurants and taverns to apply for an off-sale endorsement which enables them to sell alcohol for consumption off-site. The number of off-sale endorsements will continue to be capped but may be increased to account for the influx of seasonal visitors.

The proposed changes also include clarifying within the policy and regulatory documents that permittees may allow intoxicated patrons to remain on premise until safe transportation has been arranged and a move towards increasing the accountability of permittees with regards to illegal activity that takes place at their establishment. Of the many proposed changes to the control and sale of alcohol in the province of Saskatchewan most changes increase access to alcohol and would likely increase the risk of alcohol related harms. However, a move towards increased accountability of licensee is a positive step from a public health perspective.

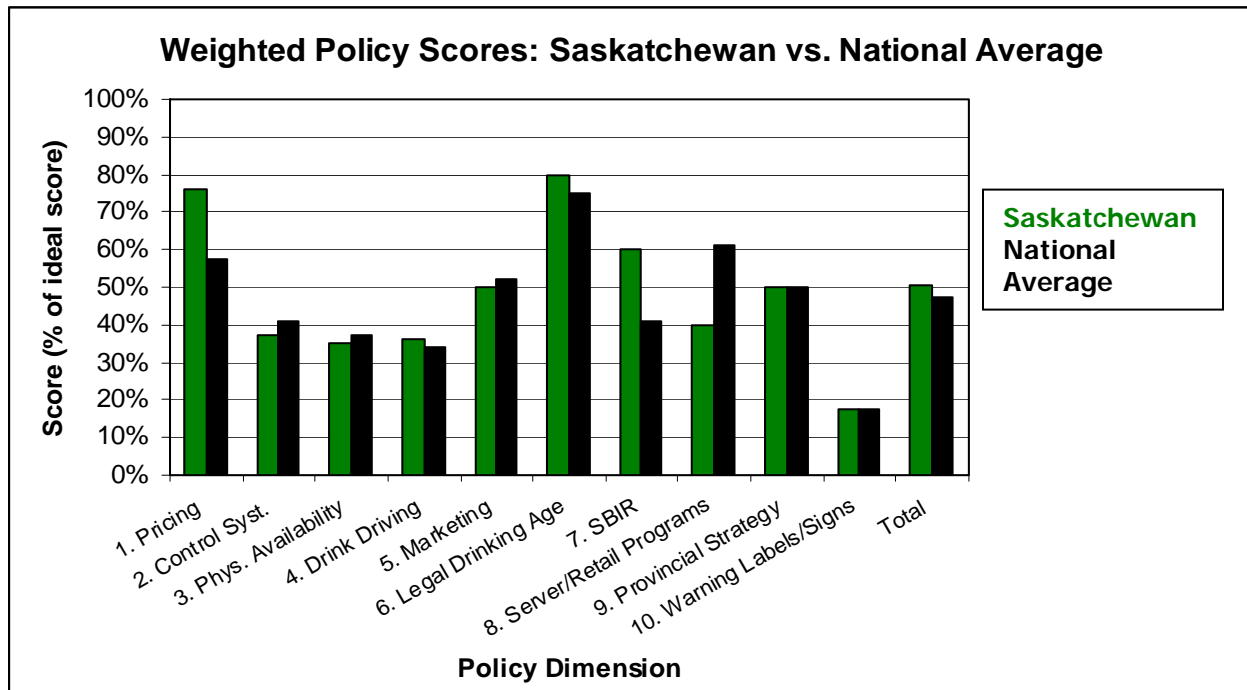
In May 2013 the Saskatchewan Ministry of Health announced that the ministries of health, social services, education, corrections and policing and justice will collaborate in order to develop a mental health and addictions action plan. A steering committee will appoint a commissioner who will meet with stakeholders, advocates, and front line staff in order to assess the current situation

with regards to mental health and addiction in Saskatchewan. The action plan is expected to be completed by Fall 2014.

Saskatchewan Specific Results:

Based on data collected up until November 2012, Saskatchewan ranked fourth overall with their greatest strength being their alcohol pricing policies which is the most potent policy lever for reducing alcohol consumption and related harms. Saskatchewan ranked first, with a score of just over 75%, for their alcohol pricing system which included the implementation of minimum pricing and a pricing system that takes alcohol content into consideration by adjusting prices by bands of alcohol strength. Also, in comparison with the national average, Saskatchewan demonstrated areas of strength in identifying screening, brief intervention and referral activities as a priority area and having legislation pertaining to the minimum legal drinking. Figure 2 shows a comparison between Saskatchewan’s score on each of the policy dimensions compared to the national average score (across the 10 provinces) for each policy dimension.

Figure 2



The following is a detailed review of the results for Saskatchewan and includes Saskatchewan 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

Promising Practices: Saskatchewan has set the gold standard for alcohol pricing in Canada. Saskatchewan has minimum prices for all beverage categories sold in both on-premise licensed establishments and off-premise retail outlets. As well, the minimum prices of the beverages sold in Saskatchewan government retail stores are priced according to alcohol content. Saskatchewan has distinct minimum prices for three or four strength categories within each beverage type. These practices help ensure that the price per standard serving remains constant across the product spectrum. Finally, Saskatchewan received top marks for alcohol prices keeping pace with inflation, which prevents alcohol from getting cheaper, relative to other goods, over time.

Areas for improvement: Despite pricing based on alcohol content for minimum prices Saskatchewan's overall pricing structure does not take alcohol content into effect aside from ports and sherries being marked up more than table wine and a price distinction being made for higher strength pre-mixed cocktails. Furthermore, Saskatchewan does have minimum pricing for products sold from on-premise licensed establishments and off-premise retail outlets however, the average minimum price per standard drink for products of typical strength and volume in on-premise establishments is set at \$1.19, this falls well below the minimum price point of \$3.00 per standard drink which is recommended by the project team.

Recommendations: As mentioned, Saskatchewan's alcohol pricing policies are strong and provide an exemplary model for other provinces as well as jurisdictions beyond Canada. Saskatchewan can continue to improve on their pricing system by raising on-premise minimum prices, particularly for wine. As well, Saskatchewan could benefit from adjusting all prices to reflect alcohol content rather than using a flat rate per liter of beverage. This would help prevent relatively inexpensive products from emerging on the market.

2. Alcohol Control System

Promising Practices: The government run retail outlets in Saskatchewan disseminate social responsibility messages across several mediums including: posters, online content, point of sale messaging, and road signs. The Saskatchewan liquor authority also does not advertise or promote their stores or products which helps reduce the amount of alcohol advertising in the province.

Areas for Improvement: Government run monopolies play a key role in regulating access to alcohol by maintaining effective alcohol control strategies such as legal drinking age and enforcement, the regulation of alcohol pricing, hours and days of sale and upholding a socially responsible mandate (Babor et al., 2010). While Saskatchewan has a government run control system, only 11% of the off-premise alcohol retail outlets are government owned and run. In addition to 79 public liquor stores, there are several private channels through which alcohol is made available including: 185 agency stores, 1 private wine store, 17 ferment on premise outlets, and 440 private off-sale outlets. Alcohol is also available in Saskatchewan through online sales, liquor delivery services and ferment at home kits. As well, Saskatchewan recently announced the approval of 4 private liquor stores, which are scheduled to open in 2014.

Recommendations: Saskatchewan is urgently advised to place a moratorium on the expansion of private outlets, particularly increasing the number of off-sale endorsements and private liquor stores. Increasing the availability of alcohol through an increase in alcohol outlets is linked with increased consumption and alcohol related harms. Furthermore, when comparing public and private alcohol retailing networks, government retailing systems do a superior job of controlling access to alcohol and thus curtailing the level of harm. They are also more effective in preventing sales to minors and intoxicated patrons (Babor et al., 2010).

3. Physical Availability

Promising Practices: Regulations in Saskatchewan limit the density of off-sale endorsements based on the population density and also allow for citizen input with regards to the location of on-premise licensed establishments. Saskatchewan has the third lowest on-premise outlet density in Canada on a per capita basis (ages 15 years and older). The hours and days of sale for on-premise licensed establishments are also regulated in Saskatchewan.

Areas for Improvement: Regulations in Saskatchewan do not limit the density of on-premise establishments or liquor stores, aside from off-sale endorsements, nor do they provide the opportunity for citizen input with regards to the placement of off-premise retail outlets. Saskatchewan also has the third highest off-premise retail outlet density in Canada on a per capita basis (ages 15 years and older). Hours and days of sale are not limited by regulation for off-premise retail outlets. Government owned and run liquor stores operate from 9:30 am to 9:00 pm, private franchise stores operate from 8:00 am to 10:00 pm and off-sale outlets operate up to 16.5 hours most days of the week, from 9:30 am to 2:00 am the next day. All outlet types have shorter hours of operation on Sundays; however, across all alcohol sales channels, alcohol is available for the greater part of the day on most days.

Recommendations: The SLGA is encouraged to involve citizens in decisions made regarding the opening of any liquor retail outlet and to restrict the density of all outlets based on population. Currently, alcohol is available for the greater part of the day with off-sale permit holders being permitted to operate for 16.5 hours a day. Saskatchewan is encouraged to reduce the availability of alcohol by limiting, in regulation, the hours of operation of off-sale permit holders to match those of government run alcohol retail outlets. In the wake of recent announcements regarding the addition of 4 private retail stores Saskatchewan is strongly urged to place a moratorium on the further expansion of the private alcohol retail network in their province.

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: Saskatchewan has an escalating administrative licence suspension (ALS) program for drivers believed to have a BAC greater than 0.04% or who refuse a standard field sobriety test. Saskatchewan has a mandatory remedial program for all federal impaired driving offenders and a judge may order a federally impaired driving offender to participate in an interlock program or impaired driving offenders may participate in an interlock program voluntarily. Participants of the interlock program receive a reduced provincial license suspension to encourage participation in the interlock program.

Areas for Improvement: Saskatchewan's graduated licensing program (GLP) is currently only 27 months and does not include BAC restrictions for supervising passengers or highway restrictions for young and/or new drivers. The 0.00% BAC limit for young and/or new drivers does not extend beyond the GLP period which may end at a minimum age of 17.5 years which is below the legal drinking age of 19 years in Saskatchewan. Overall police powers are lacking. For example, currently police are not authorized to demand an approved screening device test from all new drivers who fall under the graduated licensing program and their supervisors. Finally, escalating administrative sanctions are only 24 hours and 15 days for the first and second occurrences and the short-term ALS program is not paralleled by vehicle impoundment, monetary fines or reinstatement fees.

Recommendations: Saskatchewan had the highest per capita rate of provincial impairment-related crash deaths in Canada in 2009 (Solomon et al., 2012) and is strongly urged to strengthen policies pertaining to drinking and driving. The graduated licensing program in Saskatchewan could be strengthened by lengthening each stage of the program, placing further restrictions on new drivers, and broadening police powers to enforce the various components of the program. The 0.00% BAC limit should be extended to all drivers under the age of 21 and all new drivers with less than 5 years driving experience. The short-term administrative licence suspension program could be strengthened by lengthening suspension times, particularly for repeat offenders, and by impounding vehicles for the duration of the administrative licence suspension. Drivers who received a short term ALS should be required to pay a reinstatement fee of \$150-\$300. Finally, interlock programs should be mandatory for *all* federally impaired drivers.

5. Marketing and Advertising

Promising Practices: Saskatchewan's provincial marketing regulations extend beyond those required by the Canadian Radio-television and Telecommunications Commission (CRTC) and include restrictions on the placement of advertisements such as forbidding the placement of outdoor advertisements in areas which are frequented by children such as schools as well as restrictions on advertising price by the bottle in licensed establishments and any advertising of prices below the established minimums. The SLGA and the CRTC enforce the advertising standards in Saskatchewan. The SLGA takes a progressive sanctioning approach to advertising violations.

Areas for Improvement: There are currently no restrictions on the quantity of alcohol advertising or sponsorship in Saskatchewan as a result there is an abundance of alcohol advertising.

Recommendations: It is recommended that Saskatchewan maintain their current restrictions on the placement and content of advertisements and place restrictions on the volume of advertising to reduce the volume of advertisements in the province (see CPHA, 2011; Giesbrecht et al., 2011). The province is urged to implement restrictions on sponsorship, specifically banning corporate or brand identified scholarships or bursaries and other forms of sponsorship that target youth and young adults.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in Saskatchewan, 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. Enforcement of the minimum legal drinking age in Saskatchewan is strong. The SLGA has a liquor inspection program to enforce the legal drinking age and also collaborates with law enforcement to enforce the Liquor Control Act and Regulations, including the legal drinking age.

Areas for Improvement: The minimum legal drinking age in Saskatchewan is 19 years of age. Regulations pertaining to social hosting laws in Saskatchewan permit individuals to serve alcohol to their underage children or spouse within a private place.

Recommendations: The legal drinking age is 19 in Saskatchewan. While there is some evidence from Canada for a higher minimum legal drinking age (Whitehead et al., 1975; 1977) the more robust evidence comes from the United States (Wagenaar & Toomey, 2002). Research findings from the United States support implementing a higher drinking age, such as 21 years of age, to help reduce drinking and driving incidents and delay the onset of drinking (Babor et al., 2010). It is recommended that Saskatchewan continue their social responsibility campaigns and messaging that challenge the acceptance of providing alcohol to minors and consider revising their social hosting regulations to prohibit the provision of alcohol to minors.

7. Screening, Brief Intervention and Referral (SBIR)

Promising Practices: Screening, brief intervention and referral activities are included in Saskatchewan's provincial Population Health Promotion Strategy entitled: *Healthier Places to Live, Work and Play* (2004). The strategy identifies SBIR practices as a key activity in reaching high-risk women during early pregnancy to assist in FASD prevention. Screening, brief intervention and referral activities are supported by a fee for service code for general health counselling that may be used by physicians to bill for SBIR activities.

Areas for improvement: Saskatchewan does not have a fee for service code that is specifically for alcohol use screening, brief intervention and referral activities.

Recommendations: In order to support consistency in SBIR protocol across physicians Saskatchewan is encouraged to implement a fee for service code that is specific to screening, brief intervention and referral activities. Saskatchewan is also encouraged to make use of the SBIR web-based resource released in November 2012 by the Canadian Centre on Substance Abuse (CCSA) and the College of Family Physicians of Canada (CFPC).

8. Server Training and Challenge and Refusal

Promising Practices: Saskatchewan has a server training program, Serve It Right. The Serve It Right program includes a comprehensive set of challenge criteria including challenging those who look under the age of 25 or who appear to be intoxicated. Serve It Right is offered online as well as in group seminars and certifies participants for up to 5 years. Similarly, Saskatchewan also has an off-premise challenge and refusal program which is evaluated through an auditing program that assesses the effectiveness of internal controls and is based on a comprehensive set of challenge criteria and updated with changes in regulation.

Areas for improvement: Saskatchewan does not have a mandatory server training program. The Serve It Right program is a voluntary program and has not yet been evaluated for effectiveness in reducing over-service and service to minors; however a focus-group based evaluation is currently underway. Saskatchewan does not track the number and types of challenge and refusals in either on-premise licensed establishments or off-premise retail outlets.

Recommendations: Saskatchewan is encouraged to make server training mandatory for all licensee staff, including staff at special events. A mandatory program would help ensure consistency across licensed establishments and compliance. Currently, Saskatchewan does not track challenge and refusals activities. It is also recommended that the challenge and refusal programs in both on-premise and off-premise establishments be supported by the tracking of the number and type of challenge and refusals and that this information be made available for monitoring and evaluation activities. Several of the Canadian provinces have server training programs with their own areas of strength. It is recommended that there be increased collaboration between provinces with regards to these initiatives and that these programs undergo an outcome evaluation in order to better understand their impact on rates of over-service and underage drinking. Saskatchewan Tourism Education Council (STEC) is currently conducting a focus-group based evaluation of the Serve It Right program. Once completed, it is recommended that the results be made available for on-going monitoring and as a resource to other provinces with similar programs.

9. Provincial Alcohol Strategy

Promising Practices: Alcohol is included in Saskatchewan's Population Health Promotion Strategy entitled: *Healthier Places to Live, Work and Play* (2004) which recognizes the importance of: leadership, awareness and commitment; a health services response; mobilizing community action; and monitoring, surveillance and evaluation activities.

Areas for Improvement: Saskatchewan does not have a provincial alcohol strategy. The existing health promotion strategy, which includes alcohol, does not emphasize the importance of interventions or policies, highlighted by the WHO Global Strategy to Reduce Harmful use of Alcohol (2010), that specifically target alcohol such as drinking and driving counter measures, limiting the availability of alcohol, curbing alcohol marketing, alcohol pricing policies and efforts to reduce the public health impact of illicit alcohol and informally produced alcohol.

Recommendations: The Saskatchewan Ministry of Health, in collaboration with the ministries of social services, education, corrections and policing and justice have announced the development of a mental health and addictions action plan for Saskatchewan. This is a positive development and Saskatchewan is encouraged to identify alcohol as a priority area in the action plan and to make targeted recommendations specific to alcohol and the related harms. A provincial alcohol strategy is an important tool to guide future alcohol policy development and facilitates a comprehensive approach. There have been numerous alcohol policy changes that have been recently proposed in Saskatchewan. The impetus for these changes has been the removal of “red tape” and to provide more flexibility and business opportunities (Government of Saskatchewan, 2012). A provincial alcohol strategy would help guide policy developments while facilitating a precautionary balance between business and public health interests. Recent reports that focus on alcohol as a public health issue such as the National Alcohol Strategy (2007), the WHO Global Strategy on Alcohol (2010), and the Canadian Public Health Association position paper on alcohol Too High a Cost (2011) could serve as resource tools in developing an alcohol strategy for Saskatchewan.

10. Warning Labels and Signs

Promising Practices: The SLGA promotes several social responsibility campaigns that contain health messages about alcohol and can be displayed by either licences establishments or liquor retail outlets. The materials provided by the SLGA include clear messages pertaining to the risks associated with drinking alcohol during pregnancy “Drinking alcohol during pregnancy can harm the baby. We have fetal alcohol syndrome in our community - let’s find a solution.” and how to report an impaired driver “Report Impaired Driving: Pull over, Call 911 if you see a drive you think is impaired”.

Areas for Improvement: There is much room for improvement for all provinces in terms of the dissemination of alcohol related health messages. Saskatchewan does not have mandatory warning labels on beverage containers or alcohol packaging and does not have mandatory warning signs that include clear and direct messages about drinking and driving, moderate alcohol consumption or the risks associated with alcohol use during pregnancy and chronic diseases.

Recommendations: Education and awareness play an important supportive role in a comprehensive alcohol policy. It is recommended that Saskatchewan implement mandatory alcohol warning labels on alcohol beverage packaging. In addition to warning labels, it is recommended that Saskatchewan implement mandatory warning signs with a variety of clear and direct health oriented messages at all points of sale. These messages should include topics relevant to alcohol use such as drinking and driving, the risks of underage drinking, low-risk drinking, alcohol as a modifiable risk factor for chronic diseases and the dangers associated with drinking alcohol during pregnancy.

Recommendations for Saskatchewan

The following is a summary of the recommendations that have been outlined in detail in the above sections. The potential impact of these policies was assessed based on the scope

(population reach) as well as the evidence of effectiveness. 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. These policies are all central to a comprehensive approach.

- Adjust all alcohol prices to reflect alcohol content
- Increase the minimum prices for on-premise establishments to \$3.00, particularly for wine.
- Place a moratorium on the expansion of private outlets, particularly private liquor stores and off-sale endorsements which permit take away sales from hotels and other on-premise establishments.
- Reduce the hours of operation of off-sale permit holders to, at minimum, match those of government run alcohol retail outlets.
- Implement the drinking and driving countermeasures recommended by MADD Canada.
- Maintain current advertising regulations that restrict the placement and content of advertisements and place restrictions on the volume of advertising.
- Implement restrictions on alcohol sponsorship, particularly at family or community events.
- Increase the minimum legal drinking age to 21 years of age or at minimum, maintain the current minimum legal drinking age of 19 years.
- Implement a fee for service code for physicians that can be used specifically for screening, brief intervention and referral activities.
- Make server training mandatory for all staff of licensed premises and events.
- Conduct an outcome evaluation of the server training program and make the results available for on-going monitoring and as a resource for other provinces.
- Collaboration with administrators of the server training programs in other provinces.
- Track challenge and refusals in all alcohol outlet types and make this data readily available for monitoring and surveillance activities.
- Develop a provincial alcohol strategy that emphasises alcohol specific policies and interventions that have been recommended by the World Health Organization.
- Implement mandatory warning labels on beverage containers with clear and direct health messages.
- Make point of sale health oriented warning signs mandatory in both on-premise licensed establishments and off-premise retail outlets.

Alcohol is no ordinary commodity (Babor et al., 2010; CPHA, 2011). It is imperative that Saskatchewan 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 residents of Saskatchewan. In order to refine and implement these recommendations it will require 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. In light of the recent proposed changes in order to reduce the barriers around alcohol licensing in Saskatchewan, the province is urged to consider the public health implications associated with the loosening of these controls and further privatization of the alcohol retailing network. Government run alcohol monopolies play a key role in controlling access to alcohol and curtailing the level of harm from alcohol use (Babor et al., 2010). In implementing the proposed changes or future changes, the

Saskatchewan government is urged to gather input from key stakeholders committed to reducing the harm from alcohol and conduct pilot evaluations of these initiatives prior to implementing them on a province wide basis.

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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.
- Canada Health and Drug Use Monitoring Survey. Ottawa (ON): Health Canada; Available: www.hc-sc.gc.ca/hc-ps/drugs-drogués/stat/_2011/tables-tableaux-eng.php#t7 (accessed May, 2013).
- 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 (December, 2011). *Too High a Cost - A public health approach to alcohol policy in Canada*. Ottawa, ON: Canadian Public Health Association.

- Giesbrecht, N., Stockwell, T., Kendall, P., Strang, R. and Thomas, G. (2011). Alcohol in Canada: Reducing the toll through focused interventions and public health policies. *Canadian Medical Association Journal* Feb. 7. 2011
- 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. Available at:
http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf
- Government of Saskatchewan (2012). Government modernizes more than 70 liquor regulation. Retrieved from: <http://www.gov.sk.ca/news?newsId=96ba1c6b-5e47-4186-a0d7-10bde016cf68> (May, 2013).
- Karlsson, T., & Osterberg, E. (2001). A scale of formal alcohol control policy in 15 European countries. *Nordisk Alkoho l & Narkotikatidskrift*, 18 (English Supplement): 117-131.
- Saskatchewan Health (2004). Healthier places to live, work and play: A population health promotion strategy for Saskatchewan. Retrieved from: www.health.gov.sk.ca (May, 2013).
- 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. (1977). 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. Available at:
http://www.who.int/substance_abuse/alcstratenglishfinal.pdf

