



Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

Event #6 – Overt and Covert Alcohol Industry Activities: Navigating the Canadian Landscape

Event Summary

Presenters: Ashley Wettlaufer, CAMH; Laura Kennedy, Nova Scotia Health; Dr. May van Schalkwyk, London School of Hygiene and Tropical Medicine; Dr. Mark Petticrew, London School of Hygiene and Tropical Medicine

Government alcohol monopolies in Canada and beyond, *Ashley Wettlaufer (slides 7-17)*

Monopolies are a system of government control over the retail sale or distribution of alcohol and currently exist in countries such as Canada, the US, northern Europe, and India. Studies (e.g., Sweden & Finland – see Stockwell et al. [2018](#), [2019](#)) have shown that a full government monopoly system, as opposed to a partially privatized monopoly, can substantially decrease consumption and reduce alcohol-caused deaths.

Government monopolies can mitigate alcohol harms and costs because they:

- allow fewer stores per capita
- have shorter hours of sale
- more effectively ID check for customer age
- can report to Health and Safety ministries
- have legislated 'social responsibility' mandates
- have mandates beyond profit-maximization
- hold a fixed inventory of products with prices defined by markups and taxes
- can enforce restrictions on marketing and promotions

Alcohol use in Canada contributed to 18,320 deaths, 105,065 hospitalizations and upwards of \$16.6 billion in costs in 2017, far outstripping tobacco, cannabis, opioids, and other drugs ([CSUCH, 2018](#)). The costs of alcohol harms also far exceeded the revenues generated by alcohol sales in every jurisdiction in Canada ([Sherk, 2020](#)). While all Canadian provinces and territories retain some government control over the distribution and/or sale of alcohol, we see a growing trend of increased privatization of government monopolies. Increases in consumption and harms have been shown in jurisdictions where this has been the case; best practice would be a return to a full government monopoly.

Best practices for government monopolies in Canadian provinces and territories:

- legislated health and safety mandate instead of 'social responsibility' mandate
- report to health- and safety-based ministries rather than finance (see alcohol deficit: [Sherk, 2020](#))
- restrict marketing and advertising to prevent normalization and increased consumption
- prevent industry-funded corporate social responsibility (CSR) bodies from undermining health evidence and public health policies



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“You drink at home so they can go to work safely”: Nova Scotia case study of alcohol marketing during the pandemic, Laura Kennedy (slides 18-39)

The COVID-19 pandemic provided an ideal window of opportunity for alcohol industry-charity partnerships. A substantial relaxation of several alcohol policies and increased alcohol use occurred during this time. In this case study, a brewery in Nova Scotia released a beer called “Frontliner” dedicated to frontline health care workers. Half of the profits were to be donated to a local hospital-based health charity’s COVID-19 fund for urgently needed medical supplies.

Why the industry-charity partnership was problematic:

It associated an organization that promotes health with a product that is a significant driver of health harms and healthcare cost.

It was forged at a time when alcohol regulations were relaxed, and healthcare systems were stretched.

The charity did not have any existing policies in place to guide partnership decisions.

It was marketed on the brewery’s website and social media platforms



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Funding and Support

The Canadian Alcohol Policy Evaluation (CAPE) team gratefully acknowledges funding and support from: the Public Health Agency of Canada (PHAC), Health Canada's Substance Use and Addictions Program (SUAP), the Social Sciences and Humanities Research Council (SSHRC), the Health Ethics, Law and Policy (HELP) Lab at Western University, and several dedicated knowledge users and government stakeholders. *Please note that the views and opinions expressed in this document are those of the presenters alone, and do not necessarily represent those of our funders.*

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