The Canadian Alcohol Policy Evaluation (CAPE) provides rigorous assessments of how well each level of government in Canada is implementing policies proven to reduce harm from alcohol use. This is the third edition of the CAPE project; a project which has a track record of strengthening Canada's response to alcohol harm. Policy data for CAPE 3.0 were collected between June 1 and December 1, 2022.

NL: 540 standard drinks per person aged 15+

Canada: 487 standard drinks per person aged 15+

Source: Statistics Canada. Table 10-10-0010-01 Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume.

24,026 ER & hospital visits in NL

357 deaths in NL

Source: Canadian Substance Use Costs and Harms. www.csuch.ca

+ \$296M alcohol revenues

- \$**8**50hol harm costs

= -\$614adhol deficit

Which is equal to -\$0.22 per standard drink sold. Sources:

- Statistics Canada. Table 10-10-0010-01 Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume.
- Canadian Substance Use Costs and Harms.
- Statistics Canada. Table 10-10-0012-01 Net income of liquor authorities and government revenue from sale of alcoholic beverages (x 1,000).

Evidence-based alcohol policies are the most effective way to reduce harm from alcohol. The scores presented in this summary represent the degree to which best practice policies have been implemented.

- BC: 36%
- •

On-premise minimum pricing in NL is not indexed to inflation or tied to ethanol content. Off-premise minimum pricing is only tied precisely (e.g. \$/I ethanol) to ethanol content for high strength beer; indexation is not automatic. Alcohol is not taxed at a higher rate relative to other consumer goods.

Note: Price per standard drink for a common container size and beverage strength, expressed in 2021 dollars.

Recommended minimum price: \$1.83

Actual prices:

- Beer: \$1.71
- Wine: \$1.72
- Spirits: \$1.47
- Coolers: \$2.12

Recommended minimum price: \$3.66

Actual prices:

- Beer: \$1.65
- Wine: \$1.91
- Spirits: \$2.34
- Coolers: \$1.13

The level of population based off-premise outlet density in NL is nearly 10 times higher than the recommended rate; there are no set density or placement limits for any premises. Hours of sale are not set in legislation for any premises, although they are close to recommended hours.

Less than 5% of off-premise retail outlets in NL are government owned and run. There are no policies

: 39% (F)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Increase legislated minimum prices to a rate per standard drink (e.g. 17.05mL ethanol) of at least \$2.04* for alcohol sold at off-premise retail outlets and \$4.07* for alcohol sold at on-premise establishments, after taxes, and implement on-premise automatic indexation (*2023 price); tie minimum prices for all alcohol precisely to ethanol content (e.g. \$/L ethanol).
- Update general alcohol prices annually to ensure that all keep pace with NL-specific inflation, increase alcohol sales taxes, and tax alcohol at a higher rate than other consumer goods.
- Set off-premise minimum retail markups to be at least 100% of the landed cost for each beverage type and set on-premise markups at or above the off-premise retail price.

: 30% (F)

: 71% (B-)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Strengthen graduated licensing program (GLP) with stage 1 minimum of 12 months and stage 2 minimum of 24 months; implement stage 2 passenger limit. Extend zero tolerance period to all new drivers with less than 5 years' experience.
- Impose increased penalties when presence of alcohol plus another drug is detected.
- Strengthen mandatory ALS and AVI with comprehensive escalating penalties for repeat occurrences and according to BAC level; record on driver's abstracts for at least 5 years.
- Impose mandatory escalating long-term ALS for third and subsequent federal impaired driving convictions.

0% (F)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Implement restrictions on advertising quantity (e.g. ad bans and volume restrictions), content (e.g. beyond CRTC rules), placement (e.g. physical location), and price-based promotions/sponsorships for all advertisers (e.g. government retailers, non-licensees/third parties) and all media types.
- Appoint independent health-focused enforcement authority to conduct mandatory pre-screening of all alcohol ads, host responsive online complaint system, and enforce penalties applicable to government and private advertisers. Set commensurate, escalating penalties for any violations; publicly list violations online with advertiser name and nature of violation.

: 34% (F)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

• Increase minimum legal age to 21 for possession and purchase of alcohol; consider granting

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

 Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises. Labels, signage, and messaging should include a variety of evidence-based warning messages (e.g. cancer risk, standard drinks, national alcohol guidance, calories), be prominently displayed and accompanied by pictorials, rotate across all products, and support consumers in making informed decisions about product use.

: 77% (B+)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Strengthen existing risk-based licensing and enforcement by conducting compliance checks at least once a year, with more frequent checks based on risk level for on-premise outlets and by conducting follow up for failed compliance within 3 months and based on severity or number of violations for all premises. Introduce dedicated police inspection program for on-premise establishments. Strengthen existing tracking by public reporting disaggregated violations with establishment name and violation type.
- Implement mandatory, evidence-based alcohol sale and service training programs with a focus on public health for all involved in the sale, service or delivery of alcohol at all premises and licensed events; require recertification at least every 2 years.

Note: Treatment indicators measure existence of services only, not quantity or quality

: 92% (A+)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

- Formally adopt the most recent evidence-based national alcohol guidance with an official statement of support.
- Provide publicly funded permanent managed alcohol programs.

: 87% (A)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

• Strengthen the existing alcohol-specific strategy by including evidence-based public health policies on alcohol control system, impaired driving, minimum legal age and liquor law enforcement.

: 54% (D)

All recommended policies should be developed and implemented without alcohol industry involvement, without incorporating exceptions, and enacted in legislation or regulation where possible.

• Implement systematic and comprehensive tracking of all alcohol-related indicators (e.g. add

external expert reviewers, all the extended members of the project team, and our CAPE Community of Practice.

This project was funded primarily by Health Canada's Substance Use and Addictions Program. Additional funds were provided by the Public Health Agency of Canada and the Social Sciences and Humanities Research Council. The views expressed herein do not necessarily represent the views of Health Canada or the other organizations acknowledged.