Policy Domain Results Summary

(Provincial/Territorial)

Alcohol is the legal substance most used in Canada and carries extremely high costs and harms due to the way it is currently regulated across the country (see

This summary includes results for the CAPE 3.0 alcohol policy domains across the 13 P/Ts with data collected in 2022. A brief description of each of the policy domains is provided as well as details about the best practice policies that were used to assess the jurisdictions. Each section of the summary presents: the overall policy domain scores by P/T, a breakdown of the scores across different policy indicators, key result highlights from across jurisdictions, and overall recommendations. The policy domains are presented in ranked order of 1 through 11 which reflects the weighted impact of their overall effectiveness and scope (see the Methodology and Evidence document for more information on domain weighting). Although ranked, all domains are necessary to create a health-focused alcohol policy environment. Note: the ranked order of domains at the provincial/territorial level differ to ranked order of domains at the federal level.

Based on extensive international literature, including meta-analyses and systematic reviews, we developed detailed measures across policy domains that have been shown to be effective in preventing and reducing public health and safety harms from alcohol. The CAPE 3.0 policy domains include: 1. Pricing and Taxation; 2. Physical Availability; 3. Control System; 4. Impaired Driving Countermeasures; 5. Marketing and Advertising Controls; 6. Minimum Legal Age; 7. Health and Safety Messaging; 8. Liquor Law Enforcement; 9. Screening and Treatment Interventions; 10. Alcohol Strategy; 11. Monitoring and Reporting.

The CAPE domains are comprised of policy indicators that reflect the current best practices based on established or emerging evidence and practice. The indicators for each domain were assigned points values, used to assess implementation of specific policies and practices, up to a maximum of 10 points. The Methodology and Evidence document provides more details about how domain weighting, scoring and analysis were conducted as well as summaries of the evidence that underpins each of these policy domains.

Pricing and Taxation: Best Practice Policy Indicators

- **Minimum pricing for alcohol sold from off-premise outlets (3 points)**
  Minimum

NS ($3.67) all exceeded the recommended level. None of the nine provinces automatically index on-premise minimum prices to keep pace with inflation.

Table 2: Minimum Prices for Alcohol

	Off-premise (ideal of $1.83*)				On-premise (ideal of $3.66*)			
	Beer	**Wine**	**Spirits**	**Coolers**	**Beer**	**Wine**	**Spirits**	**Coolers**
BC	$1.35	$1.03	$1.37	$1.12	$2.76**	$3.45	$5.18	$2.47
AB	None	None	None	None	$2.01	$1.76	$4.32	$1.98
SK	$1.52	$1.45	$1.38	$1.28	$1.92	$1.68	$3.38	$1.61
MB	$1.44	$1.34	$1.34	$1.34	$2.25	$2.16	$3.38	$1.61
ON	$1.06	$1.54	$1.63	$1.30	$2.00	$1.92	$1.97	$1.43
QC	$1.49***	None	None	$1.02****	None	None	None	None

tax, YT applies a 12% alcohol tax. ON, NB, NL, NS, and MB all tax alcohol at the same rate as other consumer goods. AB, NT, and NU have no P/T sales tax or any alcohol-specific taxes in place.

Table 3: Alcohol-

Limiting the physical availability of alcohol with reduced outlet density and trading hours is a key population-level intervention that can decrease consumption and prevent alcohol harms. The Physical Availability domain includes the density (per 10,000 capita aged u15 years) of off-premise retail outlets (i.e.

Figure 5: Physical Availability Policy Indicator Scores by P/T

- **Density, placement and hours/days of sale (off-premise)**

NU (71%), SK (55%) and AB (50%) scored highest for policies restricting off-premise outlet density and placement and hours and days of sale. NL (26%), YT (28%) and NS (36%) scored lowest. NU has the lowest off-premise outlet density (1.5 outlets per 10,000 capita) with just two in-person retail outlets. ON has the second lowest per capita off-premise outlet density (2.7 outlets). Density levels in NS (4.4 outlets), MB and NB (both 5.0 outlets) are near to the recommended limit of 2.0 outlets per 10,000 capita (see Table 4). QC, PE, NL, NT, and YT all have very high per capita off-premise outlet density, ranging between 5 and 11 times the recommended limit. Of all the P/Ts, only SK and YT currently have legislated off-premise density limits that take population into consideration, although ON, NB, NL, NT and NU have t

Table 5: Regulated Hours of Operation for Alcohol Sales

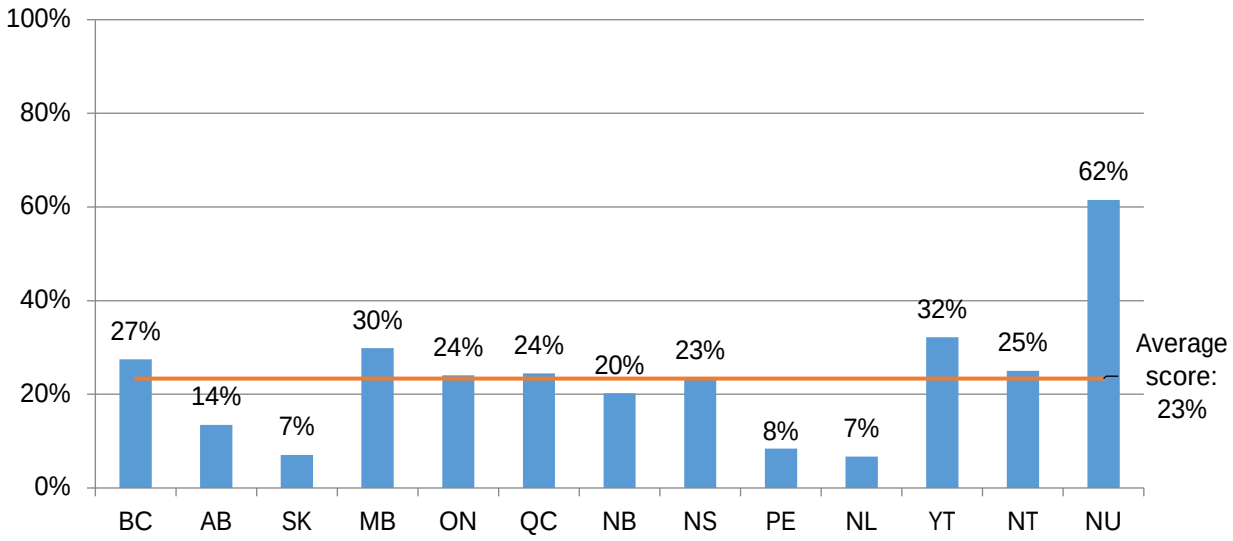
	Off-premise[1]			On-premise[1]	
	Open 7 days /week	**Regulated hours of operation (unless otherwise noted)**	**Max operating hours /24 hrs**	**Regulated hours of operation[1] (unless otherwise noted)**	**Max operating hours/24 hrs**
BC	Yes	7:00am- 11:00pm	16	9:00am- 4:00am next day	19
AB	Yes	9:00am-2:00am next day	17	10:00am-2:00am next day	16
SK	Yes	8:00am- 3:00am next day	19	9:30am-2:00am next day	16.5

An alcohol control system consisting of a government monopoly to regulate the distribution and sale of alcohol, housed within a health ministry, is an effective way to reduce alcohol consumption and prevent alcohol harms.

Alcohol control systems can range from the ideal of full government monopolies, which are a system of government control over the wholesale, retail sale or distribution of alcohol, to completely privatized retail sales of alcohol. Evidence indicates that privatization and deregulation of alcohol sales leads to greater density of alcohol outlets, which promotes competition that includes longer hours of alcohol sales, lower pricing, and less rigorous interventions to prevent sales to minors or intoxicated patrons.

See the Methodology and Evidence document for more detail and references.

Figure 6: Control System Policy Domain Scores by P/T



Other than NU, alcohol control systems across the P/Ts are relatively weak, with an average score in this domain of 23% (F). NU scored the highest (62%, C-) with their unique alcohol control system and fully government owned and operated retail out(l)-8.9 lets. The next highest scores were YT (32%) and MB (30%). Lowest scores were PE (8%), NL (7%) and SK (7%).

Although overall policy scores were low, if jurisdictions implemented all the best existing control system po(l)-8.9 icies across Canada's P/Ts, the average score could change from 23% (F) to 86% (A). See Best Practice Policy Leaders document for further details.

Table 7: Proportion of Government Retail Monopoly

	Off-premise
BC	7.5%
AB	0%*
SK	5.2%**
MB	11.7%
ON	22.9%
QC	4.8%
NB	21.0%
NS	28.8%
PE	12.1%
NL	3.4%
YT	8.6%
NT	0%***
NU	100%

*AB has a fully privatized off-premise retail network
**SK fully privatized all retail alcohol sales in 2023
***NT's off-premise retail outlets operate on a private consignment-based model

Table 8: Ministries Overseeing Alcohol Regulation and Distribution/Retail

	Alcohol regulation	Alcohol distribution/retail
		inistry of Finance
AB	Ministry of Finance	

Impaired Driving Countermeasures: Best Practice Policy Indicators

- **Graduated licensing and zero tolerance laws (4 points)**
  The minimum start age for the graduated licensing program (GLP) is 16 years with a minimum duration of 12 months for stage 1 and 24 months for stage 2 to completion of the GLP, all regardless of whether the applicant is enrolled in a driver education course. Stage 2 drivers have a nighttime driving ban (e.g. 12am-5am) subject to limited exceptions (e.g. drivers who are 22 or older, supervised and/or are driving for employment purposes) and

- **Administrative licensing suspensions and vehicle impoundment**

NL (74%) had the highest score followed by MB, NB, and NS (all 56%). Lowest scores were NU (5%), QC (18%), and SK (19%). AB, NS, NT, and NU have administrative licensing suspensions (ALS) for drivers reasonably believed to be affected by alcohol (no breath test or standardized field sobriety test conducted) and no P/T has mandatory administrative vehicle impoundments (AVI) in place in those jurisdictions. NB, NS, PE, and NL have mandatory ALS programs (3 to 7 days). AB, NT, and NU have discretionary ALS programs (3 days). Provinces and territories with mandatory AVI programs (7 to 30 days) are BC, AB, SK, MB, ON, NB, NS, PE, and NL. Discretionary AVI programs (7 days) are in place in NT and NU.

Marketing and Advertising Controls: Best Practice Policy I

Figure 11: Marketing & Advertising Controls Policy Indicator Scores by P/T

- **Advertising restrictions**

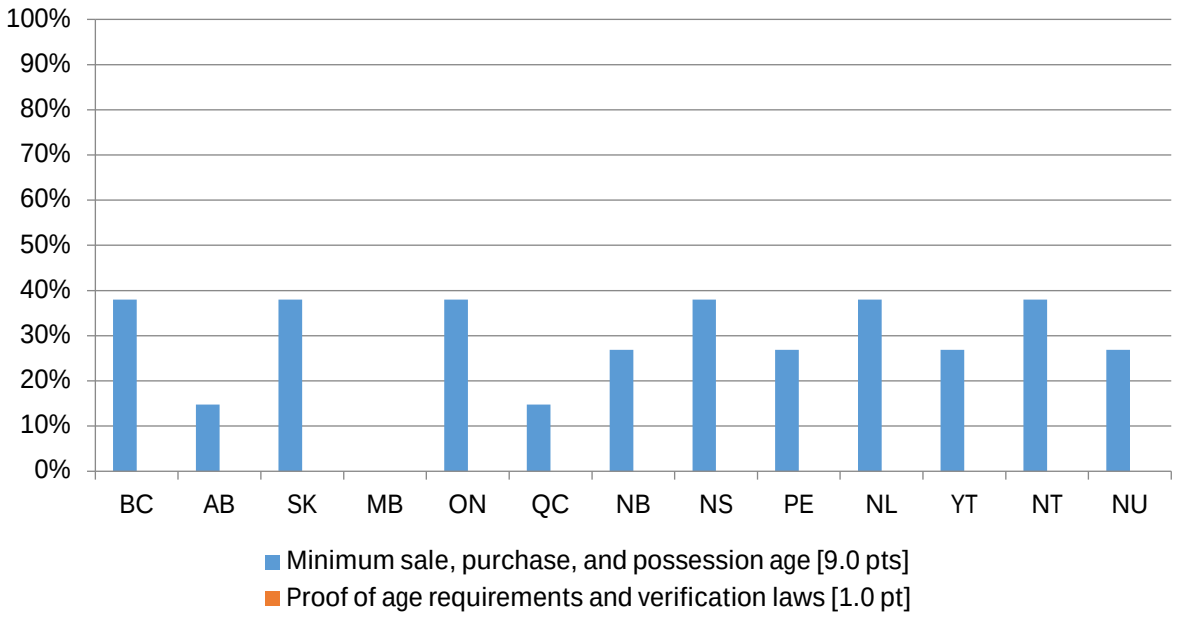
PE (54%), QC (50%), and NU (50%) scored highest on comprehensiveness of marketing and advertising restrictions. Lowest scores were NL (0%), BC (11%), and NT (11%). There are no full bans on alcohol marketing and advertising in any P/T and no jurisdiction has comprehensive restrictions on the volume of advertisements allowed across media types (e.g. broadcast, internet, social media etc.) or advertisers (e.g. government or private). NU and 7 provinces have restrictions on alcohol advertising content across all media that go beyond the CRTC code requirements. MB, ON, PE, QC, and NU have restrictions on placement of alcohol ads (e.g. near schools or in media with youth as target audience) and NB, NS, PE, YT all prohibit advertising by non-licensees or third-partdird

- 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 (e.g. broadcast, online, social media etc.).
- Appoint an 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 marketing and advertising violations; publicly list violations online with advertiser name and nature of violation.

Minimum Legal Age: Best Practice Policy Indicators

- **Minimum sale, purchase, and possession age (9 points)**
  The minimum legal age for individuals to whom alcohol can be lawfully sold, for which individuals may purchase, or possess alcohol is set at 21 years old and there is legislation prohibiting third-party purchase or provision of alcohol to minors; there are no exceptions to the legislation allowing parents, legal guardians, or spouses to provide minors with alcohol beyond private residences such as in licensed establishments or at special events. **(Rubric indicators 6.1a-d)**
- **Proof of age requirements and verification laws (1 point)**
  There is legislation that requires staff to request proof of legal age in the form of government issued photo identification for all individuals purchasing alcohol across all premises. A two-stage proof of age verification process (e.g. to place and to receive the order) is required for alcohol sales made remotely (e.g. via phone, online etc.). **(6.2a-b)**

Figure 13: Minimum Legal Age Policy Indicator Scores by P/T



- **Minimum sale, purchase, and possession age**

BC, SK, ON, NS, NL, and NT had highest scores (all 38%) for their minimum legal sale, purchase, and possession age of 19 with no exceptions to legislation allowing the supply of alcohol to minors in specific environments beyond private residences (see Table 10).
NB, PE, YT, and NU (all 24%) also have a minimum age of 19, however they have exceptions such as allowing parents, legal guardians, or spouses to provide minors with alcohol in public places or at special events. MB (0%), AB, and QC (both 15%) scored the lowest for their minimum age of 18; MB has exceptions to the MLA legislation allowing for the supply of alcohol to a minor beyond private residences by a parent, guardian, or spouse if alcohol is consumed in their presence and served with a meal. No jurisdiction currently has any policies in place to strengthen their minimum legal age laws by granting graduated access to alcohol using a stepped approach with limits on volume, ethanol strength, or hours of availability (e.g. for those under age 25).

Table 10: Minimum Legal Age and Exceptions to Legislation

	MLA	Exceptions* (Summarized)
BC	19	None
AB	18	None
SK	19	None
MB	18	When alcohol is consumed by a minor with a meal in the presence of and purchased by a parent, guardian, spouse, or common-law partner.
ON	19	None
QC	18	None
NB	19	

- **Proof of age requirements and verification laws**

All 13 P/Ts scored 0% as no jurisdictions currently have mandatory proof of age polices requiring that government issued photo identification be presented by all individuals purchasing alcohol across all premises. Most jurisdictions have “Check 25” or “Check 30” programs in place, although not legislated, that require staff to check identification for individuals purchasing alcohol who appear to be minors or under a certain age. However, in practice this policy is highly discretionary and inconsistently applied which limits its effectiveness. There are no P/Ts that require proof of legal age for instances where alcohol sales are not made in person (e.g. online sales) through a two-

- **Status and quality of product labels**

While P/Ts all inherently have the legal powers required to implement mandatory health and safety labels on alcohol products, 7 jurisdictions have specific legisl (sp)9.6r2 ((sp)9 Tc 0 Tw5-r)10.9 9 (a)12.-2.1 (i)(d)o[2

- Implement enhanced alcohol labelling as a manufacturer requirement and mandatory onsite health and safety messaging (e.g. signage, posters) in all premises.
- Mandatory 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, and support consumers in making informed decisions about product use.
- Deliver a variety of evidence-based ministry-led alcohol health and safety campaigns (beyond holiday themes) at least annually.

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Liquor law enforcement policies such as risk-based licensing and enforcement requirements for all venues and outlets, combined with compliance checks and [Illegible] penalties for

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Liquor Law Enforcement: Best Practice Policy Indicators

- **Risk-based licensing and enforcement (off-premise) (4.45 points)**
  Risk-based licensing and enforcement (RBLE) criteria formally assessing off-premise outlet characteristics (e.g. license type, hours of operation, and outlet location) and license holder characteristics (e.g. past violations and experience as a license holder) are used to determine and assign a risk level informing licensing conditions, inspection activities, and enforcement schedules. Compliance checks for liquor law violations (e.g. service to minors and/or intoxicated patrons) occur at least yearly with more frequent checks based on assessed risk level; follow-up checks for failed compliance occur within 3 months and are based on severity or number of violations. Mystery shopper programs verify compliance with MLA laws and have been active within the last 2 years. **(Rubric indicators 8.1a-b & 8.2a-ir**

Figure 17: Liquor Law Enforcement Policy Indicator Scores by P/T

- **Risk-based licensing and enforcement (off-premise)**

MB and NL scored highest (both 98%) on risk-based licensing and enforcement (RBLE) policies followed by YT (83%) as they are currently the only P/Ts that consistently use both outlet and license-holder characteristics to assign a risk level for off-premise outlets that informs licensing conditions, inspection activities and enforcement schedules. Five of 13 jurisdictions conduct regular compliance checks at least annually with more frequent checks based on assigned risk level. BC AB, ON, and YT conduct follow-up checks for failed compliance within 3 month and based on the severity or number of violations. NU (0%), NB, NS (both 6%), and SK (8%) all scored lowest for not having any risk-based licensing and enforcement policies in place. All 10 provinces but no territories have mystery shopper programs that have been active within the past two years to verify compliance with minimum legal age laws at off-premise outlets.

- **Risk-based licensing and enforcement (on-premise)**

MB (89%), YT (80%), and BC (75%) scored highest on RBLE policies as they take both outlet and license holder characteristics into consideration to assign a risk level that informs licensing conditions, inspection activities, and enforcement schedules. Eight of 13 jurisdictions take only outlet characteristics into account. The P/Ts with the lowest scores for their RBLE policies were SK (33%), QC (51%), AB and NB (both 56%). RBLE policies in five provinces and the three territories apply to all on-

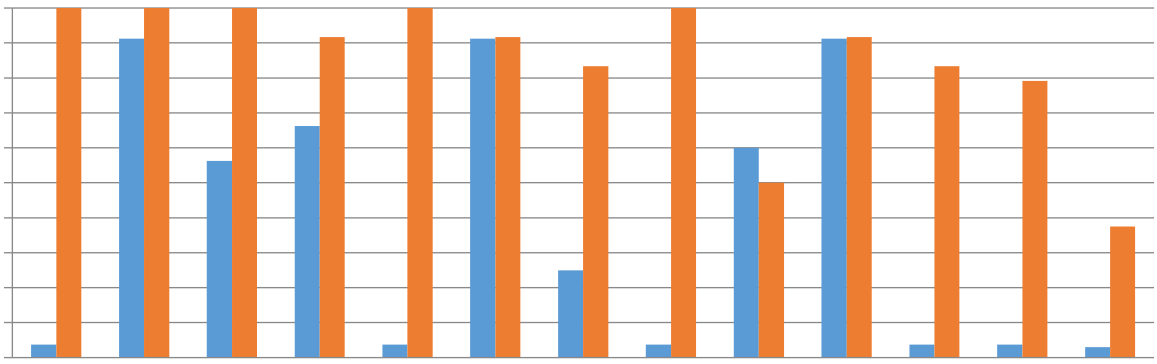
can limit healthcare infrastructure and overall capacity. Furthermore, some healthcare resources are managed at the federal level.

Despite some strong scores, there is still room for improvement in this domain and if jurisdictions implemented all the best existing screening and treatment intervention policies across Canada's P/Ts, their average score could change from 67% (C+) to 97% (A+).
See Best Practice Policy Leaders document for further details.

Screening and Treatment Interventions: Best Practice Policy Indicators

- **Population-level guidance, screening tools and services (4 points)**
  The most recent evidence-based national drinking guidance has been formally adopted including an official statement from government acknowledging their support of and commitment to using the guidance in their jurisdiction and allowing funding to be allocated to activities around the guidance and their promotion. Screening, brief intervention, and referral (SBIR) training is available for healthcare professionals and provincially or territorially funded SBIR services administered by healthcare professionals are available for individuals to assess their drinking and receive brief intervention. Online SBIR resources developed and/or hosted by P/T governments are readily available for individuals to assess their drinking and receive brief intervention; resources are hosted and developed independently from the alcohol industry. **(Rubric indicator 9.1a, 9.2ai-aii)**
- **Treatment and harm reduction services (6 points)**
  Publicly funded alcohol withdrawal management/detox programs, inpatient and outpatient treatment services beyond 12-step peer-to-peer models are available within the province or territory. Permanent publicly funded managed alcohol programs are in place. **(9.3a-c & 9.4a)**

Figure 19: Screening & Treatment Interventions Policy Indicator Scores by P/T



Population-level guidance, screening tools and services

AB, QC and NL (all 91%) scored highest as they have SBIR services available through healthcare providers as well as online self-guided resources. NU (3%), BC, ON, NS, YT, and NT (all 4%) scored lowest on available resources. While no P/T government formally adopted the alcohol guidance in place during the data collection period (i.e. Canada's 2011 Low-Risk Drinking Guidelines), it is worth noting that 11 of 13 jurisdictions had some form of informal endorsement in place such as posting the guidance on official government websites (see Table 11). While not captured within our data collection period, of note is that BC has informally endorsed the 2023 Canada's Guidance on Alcohol and Health by launching the Ministry of Health and BC Cancer Society's "The Proof" campaign on alcohol and cancer risk, which incorporates the guidance.

Table 11: Endorsement of Most Recent National Alcohol Guidance*

	Formal adoption	Formal endorsement	Informal endorsement
BC	No	No	Yes
AB	No	No	Yes
SK	No	No	No
MB	No	No	Yes
ON	No	No	Yes
QC	No	No	Yes
NB	No	No	No
NS	No	No	Yes
PE	No	No	Yes
NL	No	No	Yes
YT	No	No	Yes
NT	No	No	Yes
NU	No	No	Yes

*Canada's 2011 Low Risk Drinking Guidelines most recent guidance at time of data collection

Treatment and harm reduction services

Nearly all P/Ts scored strongly on publicly funded treatment services such as withdrawal management/detoxification, inpatient and outpatient services that went beyond a 12-step model. BC, AB, SK, ON, and NS (all 100%) scored highest, follej6.3 (l)10.8 (r)6.3 (l t)10.8 le, in arthest

Alcohol strategies or action plans can help prioritize and coordinate alcohol policy initiatives and interventions under government leadership. However, their effectiveness relies on inclusion of

- **Status of alcohol strategy/plan**

NL and NU scored highest (both 100%) for the status of their standalone alcohol action plans and the remaining 11 PTs all scored 50% for having a P/T-level document or strategy addressing addictions, mental health, or public health that included some alcohol policy recommendations (e.g., YK's Putting People First report, Qor sda ei)2e(rt,)e3.6 (l)r.6 9

Table 13:

- **Comprehensiveness of monitoring mechanisms**

All 13 jurisdictions scored high marks on comprehensiveness of monitoring mechanisms. BC, ON, and YT scored 100% as they either conducted or supported systematic tracking of all recommended indicators including per capita alcohol consumption and drinking patterns, alcohol attributable hospitalizations and deaths, as well as alcohol-related costs, crime and policy changes. Lowest scores were NL (73%, B), NS (77%) and SK, MB, NU (all 79%) as they conducted partial tracking in some instances (e.g. alcohol consumption but not drinking patterns, wholly but not partially attributable hospitalizations or deaths etc.). BC, AB, SK, ON, QC, and YT consistently both announced alcohol policy changes (e.g. via news release or in reports) and also consolidated these announcements in one place (e.g. government website) to facilitate tracking of changes over time. NS did not public report any alcohol policy changes.

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Table 14: Knowledge Translation Activities and Leadership

	Centralized Online Reporting System	Leadership	Knowledge Products in Last 2 years
BC	No	No	--
AB	No	Yes	Yes
SK	No	No	--
MB	No	No	--
ON	No	Yes	No
QC	No	Yes	Yes
NB	No	No	--
NS	No	Yes	Yes
PE	No	Yes	Yes
NL	No	Yes	No
YT	No	Yes	Yes