Strategies to Reduce Alcohol-Related Harms and Costs in Canada:

A Comparison of Provincial Policies

Acknowledgements

EXECUTIVE SUMMARY

This report provides a systematic and comparative review of policies and programs across all Canadian provinces which have the potential to reduce the considerable health and social harms from alcohol. The overall objective is to encourage greater uptake of these practices and thereby improve public health and safety in Canada.

Background

Alcohol is consumed by over 80% of Canadian adults and in many instances is used in moderation (Ialomiteanu et al., 2012). However, alcohol is associated with a wide range of harms such as acute injuries, trauma, and violence. Alcohol use is also associated with the development of many chronic diseases (Rehm et al., 2009) and is one of the leading causes of disease and disability in the Americas (Lim et al., 2012). There is a strong line of research demonstrating that increases in alcohol consumption, and hazardous drinking patterns are associated with increases in a range of alcohol-related harms (Norström, 2007; Ramstedt, 2008; Rossow, 2004; Skög, 2003; Rehm, et al., 2008; Anderson et al., 2009a; Babor et al., 2010). Recent data from Canada indicate that alcohol consumption increased by 13% between 1996 and 2010 (Statistics Canada, 2011) and that approximately 20% of drinkers drink above the Canadian low-risk drinking guidelines (LRDGs) (Ialomiteanu et al., 2009; Canadian Public Health Association, 2011).

Several factors may be driving these developments, including a gradual shift towards privatization, increased access to alcohol, extensive marketing and increased acceptability of alcohol use in Canadian society. A system-level response is required in order to curb consumption and reduce these alcohol-related harms and associated costs. Several types of alcohol policy have been shown to be effective in not only reducing population levels of damage, but also modifying the behaviour of high-risk drinkers (Edwards et al., 1994; Babor et al., 2010; Smart & Mann, 2002).

Methods

Development of the project model: This project builds on the model implemented by MADD Canada, which documents the implementation of effective impaired driving policies in Canada and thereby encourages the uptake of these practices by provincial governments. The 10 policy dimensions included in our assessment were based on well established and rigorous systematic reviews on the effectiveness of alcohol prevention measures. Implementation of these policies was assessed for a recent year in all Canadian provinces.

Development of the assessment criteria: Each policy dimension was weighted according to its potential to reduce harm from alcohol and to reach the entire population. A set of measures (indicators) was developed to assess each of the 10 different dimensions. The assessment criteria were peer reviewed by three external international alcohol policy experts. Feedback from the external reviewers was used in order to refine the scoring criteria.

Verification and scoring of the data: Data on existing policies were collected from official sources and from contacts at the ministries responsible for the sale and control of alcohol and from the ministries of health and finance. A first "pilot" round of scoring was conducted independently by two members of the project team in order to verify the reliability of scoring and to ensure sufficient data had been collected to assess each of the 10 policy dimensions and their respective indicators.

The team members were unaware of which province they were scoring. Additional data were then collected as required from each province. Once complete, the data was sent to representatives from the relevant ministries for verification. Once the data was verified for accuracy and completeness the final scoring of the data took place. Any discrepancies in scores were resolved by the Principal Investigator.

Calculating the final scores: In order to calculate the provincial scores for each policy dimension, the indicator scores were tabulated to obtain a raw score out of 10. To calculate the total weighted score for each province across all 10 policy dimensions, the raw scores for each policy dimension were weighted and summed. All the scores are expressed as a percentage of the ideal score.

Results
Total Weighted Scores by Province
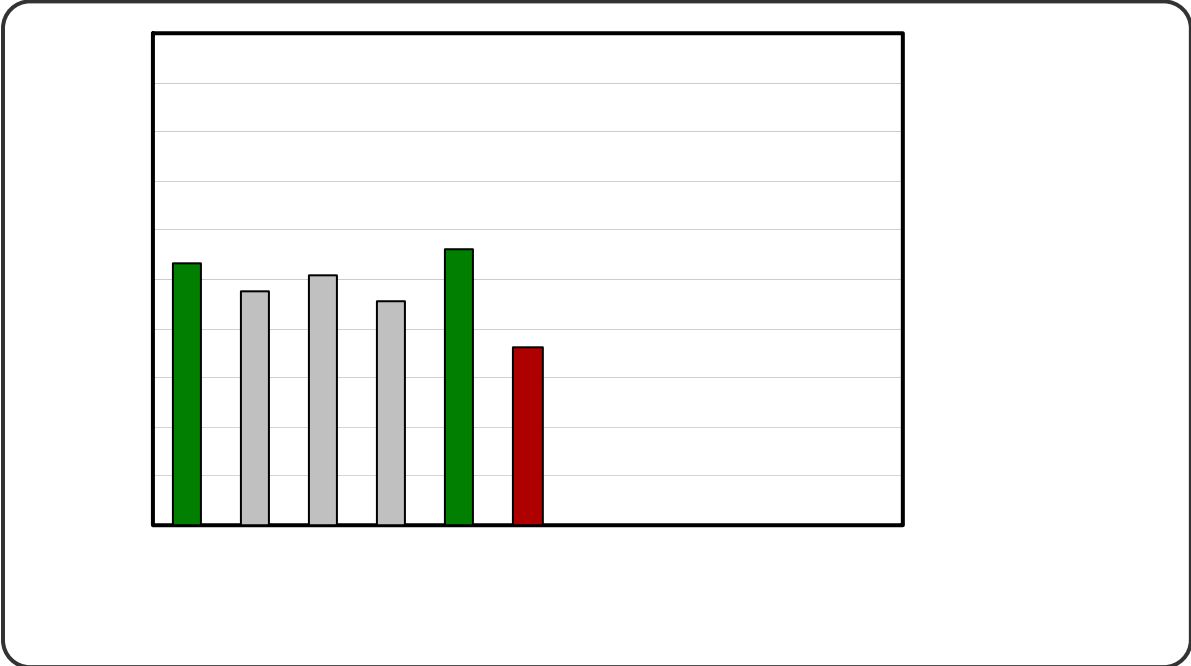
for achieving public health and safety benefits through effective alcohol strategies that exemplify a public health and safety approach to alcohol.

Recommendations

Policy-specific recommendations: In order to reduce harm from alcohol, provinces are encouraged to:

Set minimum prices at a level that will discourage excessive consumption and that apply to all alcohol sales as well as index alcohol prices to inflation and set prices according to their alcohol strength.

Maintain government monopolies by preventing further privatization of alcohol sales channels and uphold a strong social responsibility mandate.

Place upper limits on the density of outlets and limit the availability of alcohol in the early morning and late at night.

Implement the legislative priorities pertaining to licensing, sanctions and remedial programs highlighted by MADD Canada in their 2012 report.

Extend provincial controls on marketing and advertising beyond those outlined in the Code for Broadcast Advertising of Alcoholic Beverages to include further restrictions and to streamline and formalize the enforcement process.

Set a minimum drinking age of 19 years of age (at least) and track challenge and refusals to encourage enforcement of the legal drinking age.

Develop a provincial alcohol strategy in each province to guide progress and establish alcohol as a topic worthy of urgent attention.

Highlight Screening, Brief Intervention and Referral