

Strategies to Reduce Alcohol-Related

Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies

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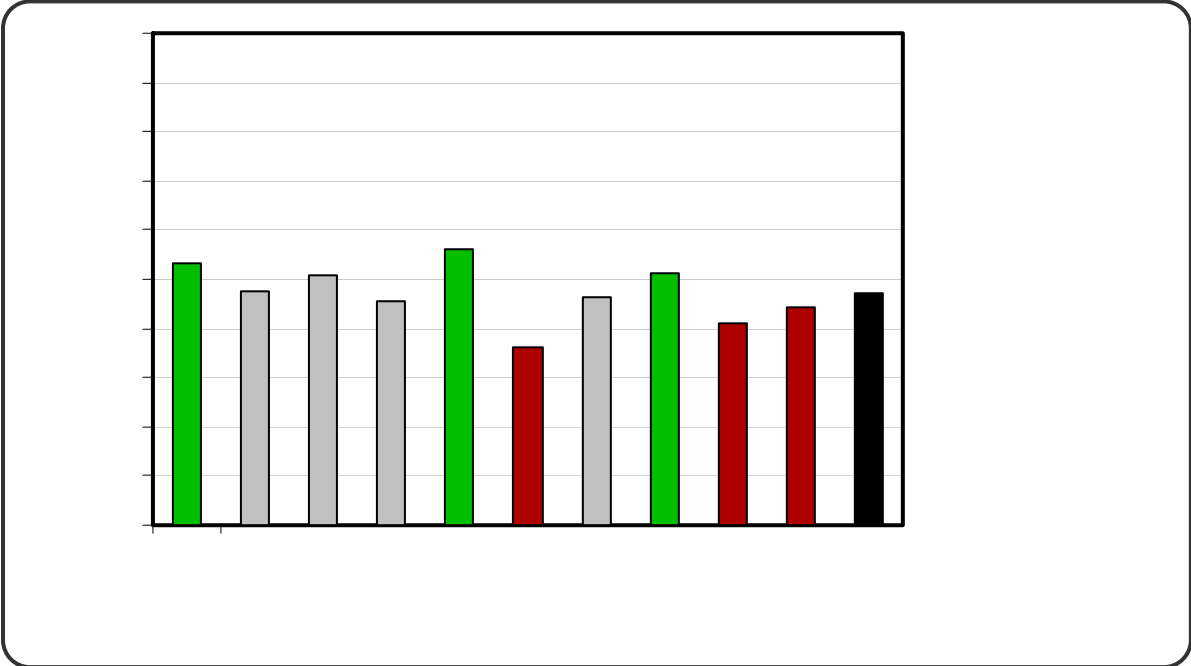
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The team members were unaware of which province they were scoring. Additional data were then collected as required from each province. Once complete, the data was sent to representatives from the relevant ministries for verification. Once the data 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.

B. OVERVIEW

1. Objectives

The overall objective of this project is to facilitate the implementation of evidence-informed prevention and policy initiatives that reduce alcohol-related harms. This will be accomplished by: providing a systematic and comparative review of recent policy and programmatic interventions known to reduce the health and social harms from alcohol in the 10 Canadian provinces; highlighting the policy strengths across each of these jurisdictions; providing recommendations on how to improve weaker policy areas; and finally by disseminating this up-to-date information to major stakeholders and policymakers in each jurisdiction. A detailed outline of the project activities provided in the methods section describes how these objectives were achieved.

2. Audience for this report

Efforts to reduce alcohol-related harm will be most effective if a “whole of government” approach is taken. Alcohol regulation traditionally falls under the jurisdiction of finance and other ministries or departments in provincial governments. However, health ministries have a legitimate role in influencing a wide range of policy issues, even those that fall outside their traditional mandate for example, access to alcohol or real costs of beverage alcohol. Therefore, the intended audience includes the health and safety authorities as well as the finance departments and liquor boards and retailing agencies that are responsible for the control and distribution of alcohol in the majority of Canadian provinces. It also includes those involved in policy development and analysis. Furthermore,

research and other evaluation literature, noted below. This project also provides practical suggestions as to how a jurisdiction can modify and improve their alcohol control and prevention strategies, and what positive impacts can be expected.

Several scientific publications where alcohol policies were scored were used to inform the development of the assessment criteria specific to this project including Babor et al., (2010, chapter 16), published scientific papers by Anderson et al., (2009a), Karlsson & Österberg (2001) and Brand, Saisana, Rynn et al., (2007) as well as the dimensions used by MADD Canada (Solomon et al., 2009).

This project builds on a similar model to that implemented in Canada since 2000 by MADD Canada, which monitors the progress of several policies aimed at reducing impaired driving. The MADD Canada “report card” documents and makes publicly available information about the implementation of effective impaired driving policies in each province and territory and thereby encourages the uptake of these practices by provincial governments. In the first six years following the first two MADD Canada report cards there were more than 65 legislative changes across Canada (A. Murie, personal communication, January 23, 2013). The MADD Canada report card has had a significant impact in the area of drinking and driving countermeasures; summarizing the current policy context and highlighting areas for improvement may serve as an important tool to motivate policy change.

2. Scope— Provincial focus

This project focuses on all 10 Canadian provinces. Each province’s economic and regulatory environments related to alcohol are unique. This is illustrated by provinces displaying differing levels of per capita alcohol consumption and also mixes of private and public retail systems. Therefore, this report focuses on each province individually while also drawing cross-provincial comparisons across the policy measures.

While there are some policy levers that are controlled at the federal level, such as national advertising codes and federal excise tax rates, the majority of the most potent interventions are in the provincial domain. Furthermore, the recommended policy initiatives included in Canada’s National Alcohol Strategy (National Alcohol Strategy Working Group [NASWG], 2007) are concentrated at the provincial level. While it is acknowledged that municipalities may have tailored interventions, they cannot diverge substantially from their provincial context and it would also be impractical to review policies across many hundred individual Canadian municipalities. Thus, this project focuses only on provincial level alcohol policies. However, the project does take into account provincial policies that allow for municipal powers with regard to outlet placement and pricing.

The Canadian territories not onl

consult with experts from the territories to ascertain how the protocol might be adapted and applied in these jurisdictions in future initiatives.

3. Scope— Data

The status of specific policy indicators was assessed at the time of data collection (January 1st, 2012- October 31st, 2012). As such, only policies in place at the time of data collection were evaluated. For policy indicators which were not set in regulation, such as outlet density, data for the most recent year available, typically 2010/11, was collected. Finally, the evaluation of the

multiplied by the assessed effectiveness of the policy. These assessments were based upon comprehensive reviews of the relative effectiveness and potential for population reach of the different strategies. Both the effectiveness and scope were rated out of 5, for a maximum

Table 1: Provincial Score Tabulation of a Hypothetical Policy Dimension

Province	a. Indicator A (out of 5)	b. Indicator B (out of 4)	c. Indicator C (out of 1)	Total Raw Score
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months. In the cases where data remained incomplete following the verification phase it was assumed that there are no existing relevant policies or regulations and scored accordingly. It should be noted that there were very few cases where the relevant data was not provided. The decision to assign a score of zero for missing in

b. Indexing prices to inflation: to assess the indexation of prices to inflation we collected data on annual jurisdiction specific price indices published by Statistics Canada (2002 is the base year) for beer, wine and spirits. We compared these indices to the national CPI (all products) for each year from 2006 to 2011 and then calculated the average of the difference with zero (no difference) identified as the optimal policy. We also used the alcohol beverage specific price indices for 2011 as a measure of average prices with the average alcohol price index for that year (117.5) considered optimal. Finally, we allocated half a point bonuses to jurisdictions that have a policy of automatically indexing minimum prices to inflation.

c. Pricing on alcohol content: to assess pricing on alcohol content we counted the number of volumetric price bands (i.e. price categories based on alcohol strength) that are above and below the typical alcohol content (i.e., beer = 5%; wine = 12.5%; spirits = 40% and coolers/cider = 7%) and calculated scaled scores with three or more price bands both above and below considered optimal. We also added a 1 point bonus for jurisdictions that adjusted all minimum prices for alcohol content and 0.5 point bonus for those who adjusted minimum prices for only some products. A second measure identified specific high and low alcohol strength products common to every jurisdiction and then compared the prices per standard drink. For this indicator, a score of zero (i.e. no difference in price per standard drink across low and high alcohol content products within beverage classes) is considered optimal.

Scoring: To develop a final price policy score the minimum pricing is worth a maximum of 4 points, indexing prices to inflation is worth a maximum of 4 points and pricing on alcohol content a maximum of 2 points for a total of 10 scaled points.

Jurisdictions score a perfect 10 points if: (1) all products were covered by minimum pricing, with no exceptions or loopholes, average minimum prices were \$1.50 or higher per standard drink in off-premise outlets and \$3.00 or higher per standard drink in licensed establishments and the average price of common low cost/high strength products in off-premise outlets was \$1.50 or higher per standard drink; (2) the prices of the basket of all alcohol products surveyed by Statistics Canada kept pace with or exceeded inflation (national CPI for all products) year to year; and (3) all prices were based on alcohol content so that the price per standard serving remained constant across the product spectrum.

Results Summary:

In this key policy domain, much variation was observed in alcohol pricing practices across the provinces, see Figures 1 and 2. While there are clear areas of excellence in relation to each main indicator examined, the overall picture indicates much unrealised potential for achieving public health and safety benefits. All jurisdictions, except for Alberta have minimum prices for at least one beverage type sold in off-premise outlets and all provinces, except for British Columbia and Quebec, have separate (and higher) minimum pricing for on-premise establishments. Generally speaking, minimum prices were lower than the recommended \$1.50 per standard drink for off-premise outlets and \$3.00 per standard drink in bars, clubs and restaurants, although the minimum prices of some products in some jurisdictions are above these levels. Most jurisdictions have loopholes which allow alcohol to be sold for less than government established minimum prices. Indexation policies were generally better across Canada with seven of 10 jurisdictions scoring 60% or higher. However, prices for alcohol in both Ontario and Quebec have lagged

significantly behind inflation even though both currently have all or some of their minimum prices indexed to inflation in legislation or regulation. In terms of pricing on alcohol content, Western and Central provinces sc

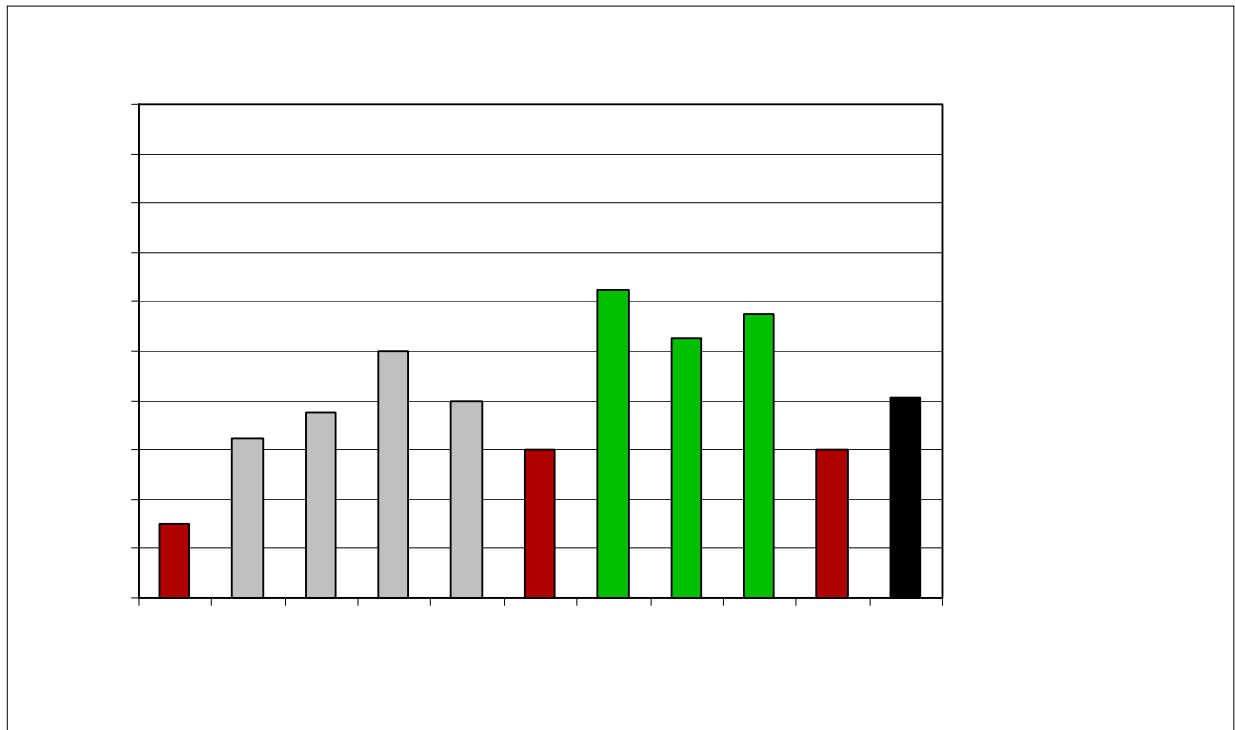


2. Alcohol Control System

Evidence and Rationale: There is a variety of evidence supporting the role that control systems play in influencing alcohol consumption and health outcomes. For example, off-premise state-run retail monopolies are understood to play a role in mediating alcohol consumption. In Canadian provinces where monopolies have been dismantled (e.g. Alberta) or partial privatization has been introduced, increases in consumption and harms have been observed but these effects were mitigated by different factors such as the economic situation at the time (Wagenaar & Holder, 1995; Adrian, Ferguson, & Her, 1996; Trolldal, 2005; Stockwell, Zhao, Macdonald et al., 2009b; 2011). According to international literature the privatization of retail alcohol sales is associated with substantial increases in

c. Emphasis on social responsibility: This indicator concerns the relative spending on advertising vs. social responsibility programming and messa

Figure 4: Results by Province for the Alcohol Control System Policy Dimension



Promising Policies and Practices (Continued):

- (2) In Manitoba, provincial legislation requires the Manitoba Liquor Control Commission to set aside a minimum of 0.20% of estimated gross profit to fund social responsibility programs. Similarly, the Société des alcools du Québec (SAQ) helps fund Éduc’ alcool a not-for-profit organization dedicated to educating the public on low-risk drinking.
- (3) All provinces are disseminating social responsibility messages through a variety of mediums including online content, corporate websites and social media, print materials, TV and radio advertisements, workshops and more.
- (4) In Quebec and New Brunswick, alcohol control is overseen by the Ministry for Public safety and Ministry of Public Safety and Solicitor General respectively.

Policies and Practices – Areas for Improvement:

- (1) All provinces, aside from PEI and Nova Scotia, have maintained less than a 26% government monopoly on off-premise retail outlets, with Alberta having a fully privatized retail system.
- (2) All regions allow for the sale of alcohol beyond the on-premise and off-premise outlets.

Province	FOP Outlets	Ferment at home kits	Online sales	Liquor delivery services
BC	J	J	J	J
AB		J	J	J
SK	J	J	J	J
MB	J *	J		J
ON	J	J	J	J
QC		J	J	J
NB	J	J		
NS		J	J	J
PEI	J	J		
NL		J		

* There is one FOP outlet that is government run

- (3) While the majority of provinces take a balanced approach to product promotion and social responsibility messaging, there remains extensive manufacturer sponsored product promotion that makes use of the provincial liquor boards’ logos and branding.

3. Physical Availability

Evidence and Rationale: Physical availability is set primarily by the number of outlets and licensed establishments in a certain area as well as the hours and days when these outlets are open. Outlet density is associated with drinking levels in the local population (Livingston, 2012). Restricting alcohol availability by limiting the number of outlets where alcohol is sold has been widely implemented in order to reduce alcohol-related harms by limiting consumption. It is well documented that a substantial increase in the number of alcohol outlets results in increases in alcohol consumption and associated harms

size of the store or the types of alcohol sold, it does provide a measure of the density of outlets that provide access to alcohol. Outlet densities were calculated separately for on-premise and off-premise outlets and expressed as the number of outlets per 10,000 persons aged 15 years and older. For the scoring, a greater emphasis is placed on off-premise outlet density due to the greater potential for harm.

d. Hours of operation: It is important for hours of operation to be set by regulation in order to limit and standardize access to alcohol. Having the hours of operation limited by regulation prevents certain outlets from operating around the clock and serving alcohol at times where harm is more likely to occur such as late at night or very early in the morning. Hours of operation were evaluated separately for on-premise and off-premise outlets. Hours of operation for off-premise outlets were scored against an ideal of no more than nine hours per day and no early morning or late night sales. While evidence indicates that extending the hours of operation of bars past midnight is associated with an increase in assaults, we took account of the much later hours currently in operation in most provinces, especially for night clubs, and adopted an ideal of no more than 14 hours per day (from 11 am to 1 am) with no early morning or late night sales as a benchmark for the hours of operation of on-premise outlets.

Scoring: In order to develop the final score for the physical availability policy dimension the regulations pertaining to outlet density were worth a maximum of 2 points, the practice indicator measuring actual outlet density was worth a maximum of 2 points for on-premise outlet density and 3 points for off-premise outlet density, and hours of operation for both on-premise and off-premise outlets were worth a maximum of 3 points for a total of 10 points.

An ideal score would entail provincial regulations limiting the density of both on-premise and off-premise outlets based on the population. This would then be reflected by lower levels of outlet density. Hours of operation would be set by regulation and limit access to alcohol with decreased availability early in the morning and late at night.

Results Summary:

Overall, the results of this policy dimension highlight the high accessibility of alcohol across all provinces, see Figures 5 and 6. No province has regulated population-based restrictions on overall outlet density. However, many provinces allow for municipal powers in determining either the location or number of outlets, and several jurisdictions provided the opportunity for citizen input on the establishments of new outlets or issuing of new licenses. There was a wide range of both off-premise and on-premise outlet densities found across the provinces with the highest outlet densities found in Eastern Canada, with the exception of Nova Scotia. While almost all provinces had hours of operation set by regulation there were still a number of provinces that allowed for the service of alcohol either very late at night or early in the morning.

Figure 5: Results by Province for the Physical Availability Policy Indicators

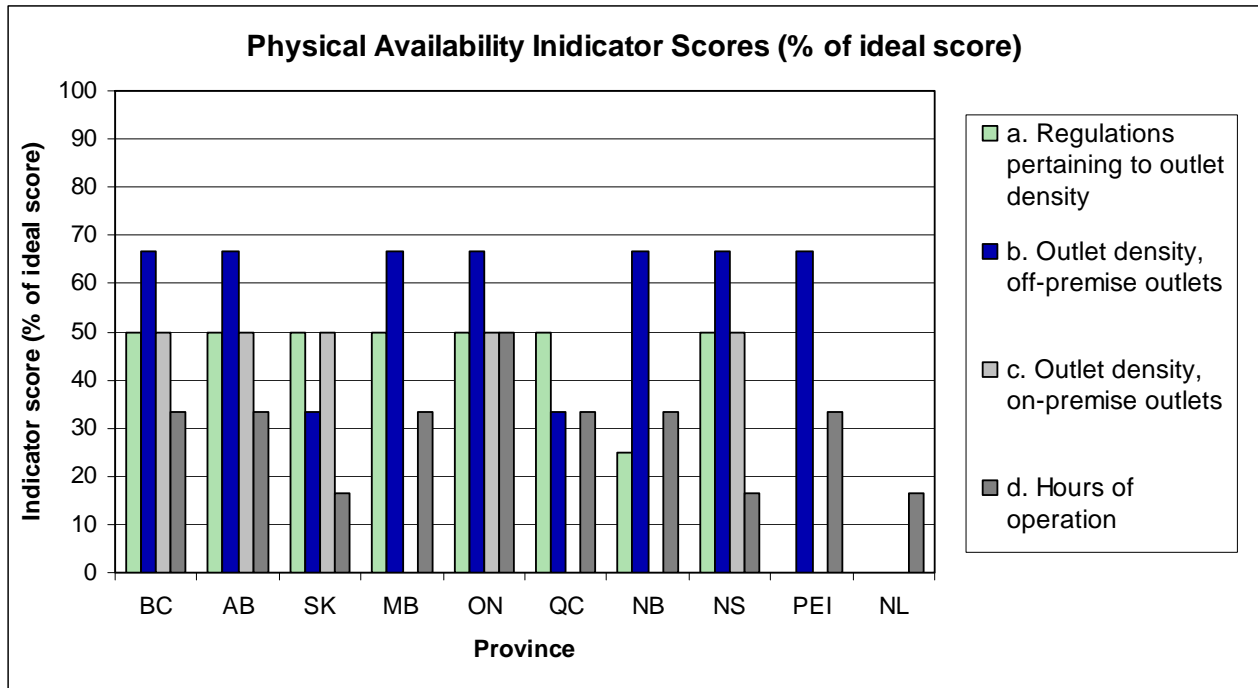
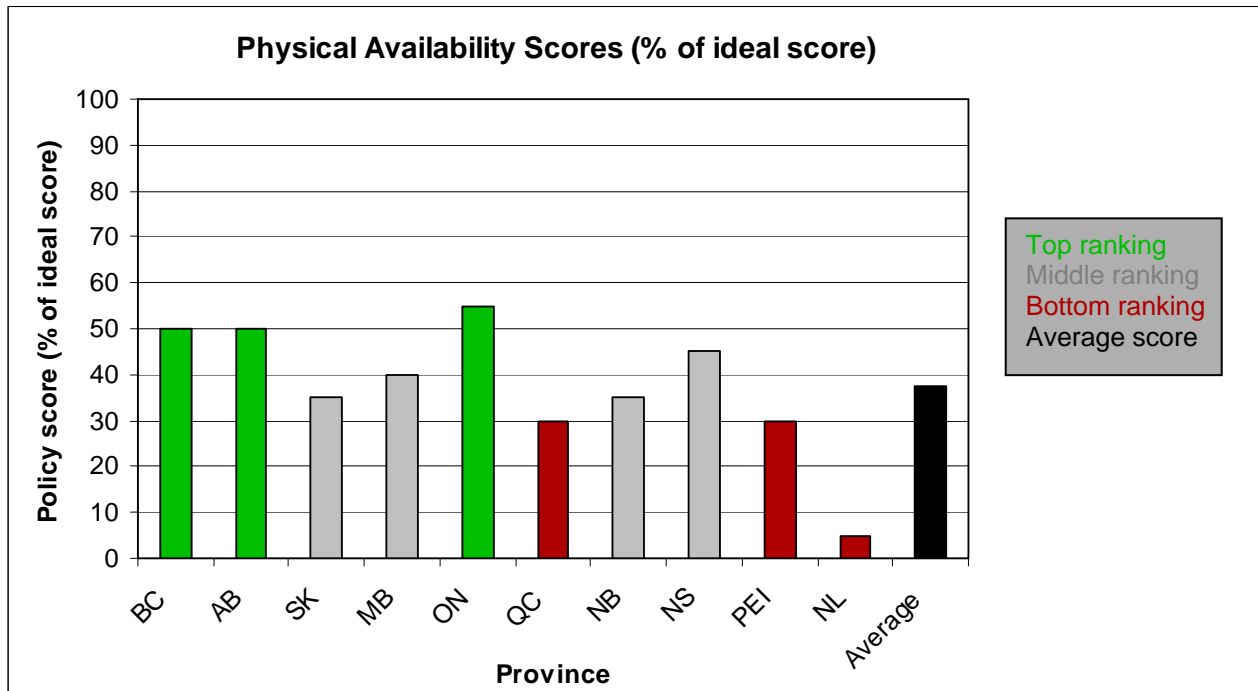


Figure 6: Results by Province for the Physical Availability Policy Dimension



Promising Policies and Practices:

- (1) Alberta, Ontario, Quebec and Nova Scotia all allow for citizen input regarding the placement of both on-premise and off-premise outlets. This could be used as a tool to support public health input in alcohol policy decisions.
- (2) In Saskatchewan, off-sale endorsements, which permit take away sales from hotels and other on-premise establishments, are limited by population in some regions, although some exceptions apply. Population based limits on outlet density help control the availability of alcohol and prevents the formation of high density entertainment districts.
- (3) Alberta, Manitoba, Quebec and Nova Scotia do not allow for privately run ferment on premise locations, although Manitoba has one government run FOP outlet.
- (4) Seven of the 10 provinces have set hours of operation regulated under their respective alcohol control and or licensing acts for both on-premise and off-premise outlets.

Policies and Practices – Areas for Improvement:

- (1) No provinces, aside from Saskatchewan, have limits on population density that are set through provincial legislation/regulation.
- (2) In several provinces, including British Columbia, Saskatchewan, Manitoba, Quebec, New Brunswick, PEI and Newfoundland and Labrador, regulations allow for the sale of alcohol from on-premise outlets prior to 10 am. With New Brunswick regulations allowing for the sale of alcohol from on-premise establishments offering meal service from as early as 6 am.
- (3) All provinces allow for alcohol sales in the early morning (i.e. before 11:00 am) or late at night (i.e. past 8:00 pm for off-premise or past 1:00 am of the next day for on-premise sales).
- (4) In Ontario, Quebec, New Brunswick, Nova Scotia, PEI and Newfoundland and Labrador extended hours of alcohol sales from on-premise establishments may be authorized during events of municipal, provincial, national or international significance such as the World Cup Soccer matches or the East Coast Music Awards.
- (5) Newfoundland and Labrador and Quebec both demonstrate two of the highest outlet densities for both off-premise and on-premise outlets.

4. Drinking and Driving

Evidence and Rationale: Alcohol-related collisions remain one of the leading sources of alcohol-related deaths and injuries in Canada and internationally (e.g., Lim et al., 2012). Nevertheless, research has identified policies and programs that may substantially reduce the impact of drinking and driving on crashes, injuries and fatalities.

Young, novice or newly licensed drivers are at substantially increased collision risk. It has been shown that Graduated Licenses, designed to separate young or new drivers from specific driving hazards such as driving after drinking during this learning period, are effective in reducing collision rates, including those resulting from alcohol (Wickens, Butters, Flam et al., in press; Paglia-Boak, Adlaf & Mann, 2011; Fell, Jones, Romano, et al., 2011).

Research has provided strong support for setting administrative and criminal per se limits at 0.05%, since significant impairment is observed at this level, collision risk is significantly increased at this level, and setting or lowering a legal limit to this level results in significant decreases in alcohol-related collisions, injuries and fatalities

enforcement powers in support of the GLP further deter drinking and driving, by increasing the perceived risks of detection and sanction (Solomon & Chamberlain, 2006).

b. Licensing suspensions and revocations: Without consequences, impaired drivers are not held accountable for the risk they pose to themselves and others. Sanctions must be significant enough to serve as a deterrent and convey the message that risky driving behaviour will be taken seriously. It is recommended that jurisdictions impose a seven day license suspension and vehicle impoundment program for a BAC of 0.05 or higher. The program should be supported by a record keeping procedure and escalating sanctions for repeat occurrences and accompanied by a reinstatement fee to help cover administrative costs of the program (Solomon & Chamberlain, 2006).

c. Vehicle and remedial programs: Each province and territory should establish an alcohol interlock program in conjunction with licence suspensions as part of a comprehensive approach to dealing with impaired driving offenders. On their own, ignition interlocks are simply restrictive, not rehabilitative. Therefore Ignition interlocks should remain in place until the underlying alcohol problem has been addressed. It is recommended that vehicle forfeiture be put in place for repeat offenders. Finally, it is important that mandatory remedial programs be in place to help offenders with serious alcohol problems.

Scoring: In order to develop the final score for the drinking and driving policy dimension the licensing indicator was scored out of a maximum of 4 points, the licensing suspension and revocation indicators were scored out of a maximum of 3 points and the vehicle and remedial programs indicator was scored out of a maximum of 1 point.

In order to receive a perfect score a jurisdiction must: 1) have a comprehensive GLP that gradually introduces new drivers to more challenging driving scenarios. Their policy should require all drivers under 21 years of age or with less than 5 years experience to have a BAC of 0.00%. these should be supported by police enforcement powers and mandatory administrative suspensions for those who break those challenging driving costs onsi; 2) have an administrative program with license

suspension and revocation indicators, the overall picture indicates much unrealised potential for achieving public health and safety benefits, see Figures 7 and 8. All provinces have implemented a Graduated Licensing Program of at least 2 years however, with the exception of Manitoba, none of these programs are supported by police enforcement powers. While several provinces are beginning to adopt zero tolerance rules for young and new drivers; Manitoba, Ontario and New Brunswick are the only provinces to adopt a 0.00% BAC limit that extends beyond the length of the GLP program. There was a wide range in the comprehensiveness of the licensing suspensions and revocation programs with British Columbia demonstrating a gold standard in administrative licence suspension and impoundment programs. All provinces except for New Brunswick and Newfoundland and Labrador have mandatory interlock programs for federal impaired driving offenders however, the quality of the programs vary. Furthermore, all provinces, except for New Brunswick, Nova Scotia and Newfoundland and Labrador, have mandatory remedial programs for federal impaired driving offenders. 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).

5. Marketing and Advertising

Evidence and Rationale: Twenty years of research has shown that young people's exposure to alcohol advertising is linked to increased drinking if the young person currently drinks, and earlier initiation of drinking if the young person has not yet begun drinking (Anderson, De Bruijn, Angus et al., 2009b; Gordon, Harris, Mackintosh et al., 2011; Jernigan, Ostroff, Ross et al., 2007; Snyder, Milici, Slater et al., 2006). Other long-term studies have found that youth exposed to more alcohol ads drink more than youth exposed to fewer ads (Smith, & Foxcroft, 2009; Stoolmiller, Wills, & McClure, 2012). Research with young adults has garnered similar results in that a greater exposure to alcohol portrayals in the media is associated with increased drinking (Engels, Hermans, van Baaren et al., 2009; Koordeman, Anschutz, Engels, 2012; Koordeman, Kuntsche, Anschutz et al., 2011).

Alcohol advertising also encourages and reinforces positive attitudes about alcohol and associated drinking behaviors (British Medical Association, 2009); especially problematic are ads featuring young women and girls who are increasingly shown as objectified and sexualized (Smith, Cukier, & Jernigan, in press).

Exposure to alcohol ads through event and team sponsorship, on TV, in movies, online, on busses, bus shelters, billboards and other media further reinforce positive associations with alcohol and proffer unrealistic expectations of the effects of drinking; often this will take on the form of consumption in high risk contexts (Brown & Witherspoon, 2002; van Hoof, de Jong, Fennis et al., 2009).

Consensus is widespread, Canada's Alcohol Strategy (CCSA, 2007), the US Surgeon General (2007), the American Academy of Pediatrics (2010), the US Institute of Medicine (2004), Anderson et al., (2009b) and the Center on Alcohol Marketing and Youth (Jernigan, 2011) all recommend limiting exposure to alcohol advertising.

Marketing and Advertising Indicators as per Appendix A:

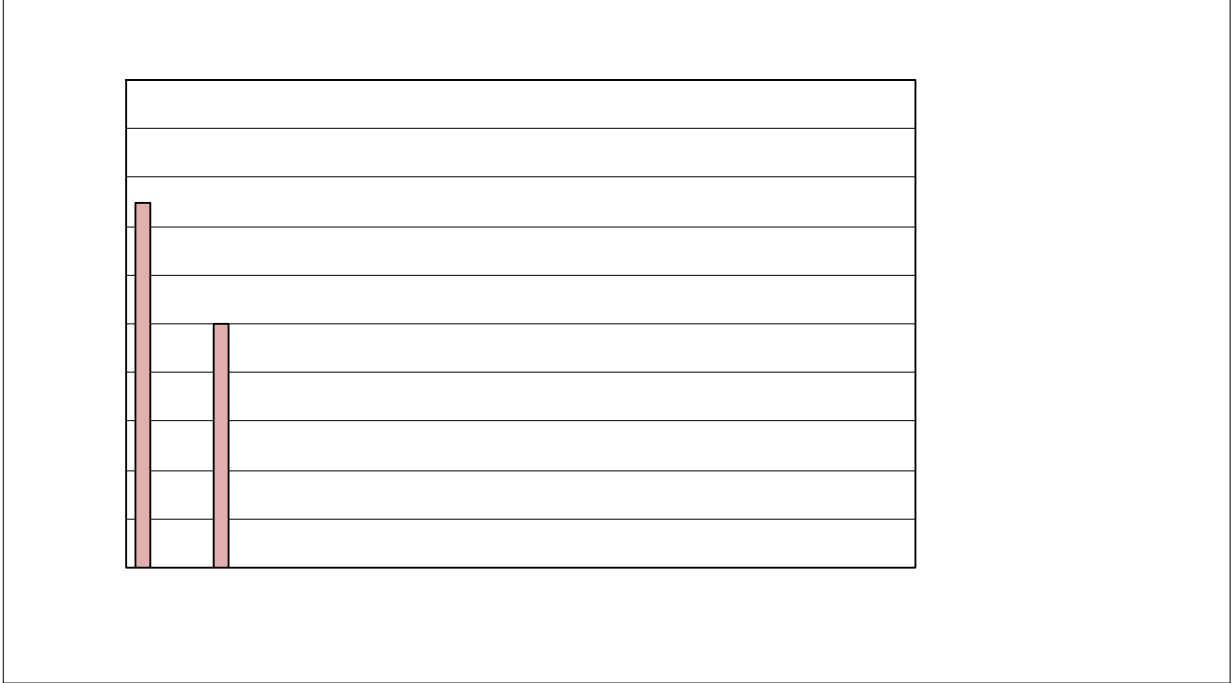
a. Comprehensiveness of provincial marketing regulations: The Canadian Radio-Television Telecommunications Commission (CRTC) is the federal body responsible for setting alcohol advertising regulations in the Code for Broadcast Advertising of Alcoholic Beverages. The current media climate has changed dramatically since 1996 when the CRTC's regulations were last amended. It is incumbent upon provincial regulators, therefore, to consider more relevant provincial regulations for alcohol advertising that go above and beyond those specified by the CRTC and that consider the following: 1) the *content* of alcohol ads, especially ads depicting glamorous lifestyles and including aspirational characters often engaged in consequence-free drinking; 2) the *placement* of alcohol ads, as children are more vulnerable to the effects of alcohol ads, places where children play, and the media to which they are exposed should be protected from alcohol ads; 3) the *number* of ads in circulation, where fewer are better; and 4) the advertisement of drink prices, where ads for discounted drinks should be restricted.

b. Enforcement of regulations: Without the enforcement of regulations, alcohol advertisers are not held accountable for the content of alcohol ads. The current self-regulatory system is not sufficient to protect children from harmful exposure to these ads, therefore, the CRTC and provincial regulators should uphold a stronger standard for complaints and violations of regulations. Ideally there should be a specific authority responsible for enforcement. This authority should oversee a formal complaint system for ads that are thought to be in violation and finally strong consequences should be in place for violations of the regulations.

c. Practice Indicator- Focus of the liquor board's website: All provincial liquor boards uphold a dual mandate to both increase revenues to government through the sale of alcohol and to protect public health. The current focus of liquor boards is on increasing revenues through the sale of alcohol.

punishable by a strong penalty (i.e. high fine, licence suspension or revocation); social responsibility would be the main focus of the liquor board’s website; and alcohol sponsorship of events, infrastructure and sports teams, that allow for the display of alcohol manufacturer names and logos, would be restricted.

Figure 9: Results by Province for the Advertising and Marketing Policy Indicators



Results Summary:

Overall, seven of the 10 provinces are meeting at least 50% of their full potential on this policy dimension however, there is room for improvement in implementing restrictive sponsorship policies and shifting the focus of provincial liquor board websites away from product promotion towards a more health focused message, see Figures 9 and 10. Almost all provinces have alcohol advertisement content restrictions that go beyond those stipulated in the Canadian Radio-television Telecommunications Committee (CRTC) Code for Broadcast Advertising of Alcoholic Beverages, with many jurisdictions also placing restrictions on the placement of advertisements and the advertising of price. However, only two provinces place restrictions on the quantity of alcohol advertisements. All jurisdictions have an identified department or individual responsible for the enforcement of advertising regulations but only Ontario has implemented a formal complaint process. As indicated under the previous policy dimension, all jurisdictions are disseminating social responsibility messages through a variety of media, though few jurisdictions had these messages prominently displayed on their corporate website's landing page. Finally, all provinces permit sponsorship of events and infrastructure by alcohol manufacturers however most provinces have at least some restrictions in place.

Promising practices and policies:

- (1) While all provinces' alcohol advertising content regulations go beyond those outlined in the CRTC code, New Brunswick and Newfoundland were the only provinces to place limitations on the quantity of advertisements.
- (2) There are a number of promising restrictions on the advertisement of alcohol prices. Specifically, British Columbia, Alberta, and Ontario forbid the advertisement of 2 for 1 specials. Furthermore, these provinces as well as Quebec have restrictions on advertising 'happy hour' specials that indicate reduced alcohol prices. Finally, in Saskatchewan and Ontario, ferment on premise locations may not promote price per bottle or promote their prices as being inexpensive or "cheap".
- (3) Several provinces have begun to place restrictions on alcohol advertising sponsorship. For example, British Columbia requires the display of socially responsible messaging if sponsorship includes sale or service of liquor, Ontario forbids sponsorship that associates liquor with driving or any activities which involve care and skill or elements of physical danger.

Policies and Practices – Areas for Improvement:

- (1) PEI demonstrates relatively weak consequences for violations of advertising guidelines (i.e. removal of advertisement) as does Ontario, despite having a formal complaint process and a clearly identified enforcement authority. Finally, Newfoundland and Labrador lacks the authority to enforce provincial advertising policies.

6. Legal Drinking Age

Evidence and Rationale: There is a variety of evidence supporting the role that minimum alcohol drinking age laws play in health outcomes, particularly for younger populations. A comprehensive review conducted by Wagenaar and Toomey (2002) concluded that implementing a legal age of 21 for both purchases and consumption of alcohol is the most effective strategy in reducing related problems among younger drinkers. The implementation of a uniform minimum legal drinking age has demonstrated significant decreases in alcohol consumption, drinking and driving incidents, and alcohol related hospital admissions (Babor et al., 2010; Subbaraman & Kerr, 2013; Carpenter & Dobkin, 2011). However, the evidence suggests that the effectiveness of a higher minimum legal drinking age is limited.

b-c. Enforcement of the legal drinking age in on-premise and off-premise outlets: It is important that a jurisdiction has the capacity to enforce the legal drinking age in both on-premise and off-premise outlets. The benefits of a higher drinking age are only realized with adequate and consistent enforcement. Mystery shopper programs are effective in holding alcohol retailers accountable and ensuring that alcohol retailers are not selling alcohol to individuals below the legal drinking age. Similarly, liquor inspection programs conducted by the liquor authority and supported by law enforcement initiatives afford the needed support for underage alcohol sale enforcement.

Scoring: In order to develop the final score for the legal drinking age policy dimension the level of the legal drinking age was scored out of a maximum of 5 points, the enforcement of the legal drinking age for off-premise outlets was scored out of a maximum of 3 points and the enforcement of the legal drinking age for on-premise establishments was scored out of a maximum of 2 points for a total maximum of 10 points.

An ideal score would entail a high minimum legal drinking age such as 21 years of age. This policy would be adjunct to legislation that prohibits not only the purchase of alcohol by individuals below the minimum legal drinking age but also prohibits the sale of alcohol to these individuals. These policies would be supported by a strong enforcement program that conducts regular inspections of both off-premise and on-premise retailers and collaborates with law enforcement to conduct inspections and uphold the minimum legal drinking age.

Figure 11: Results by Province for the Legal Drinking Age Policy Indicators

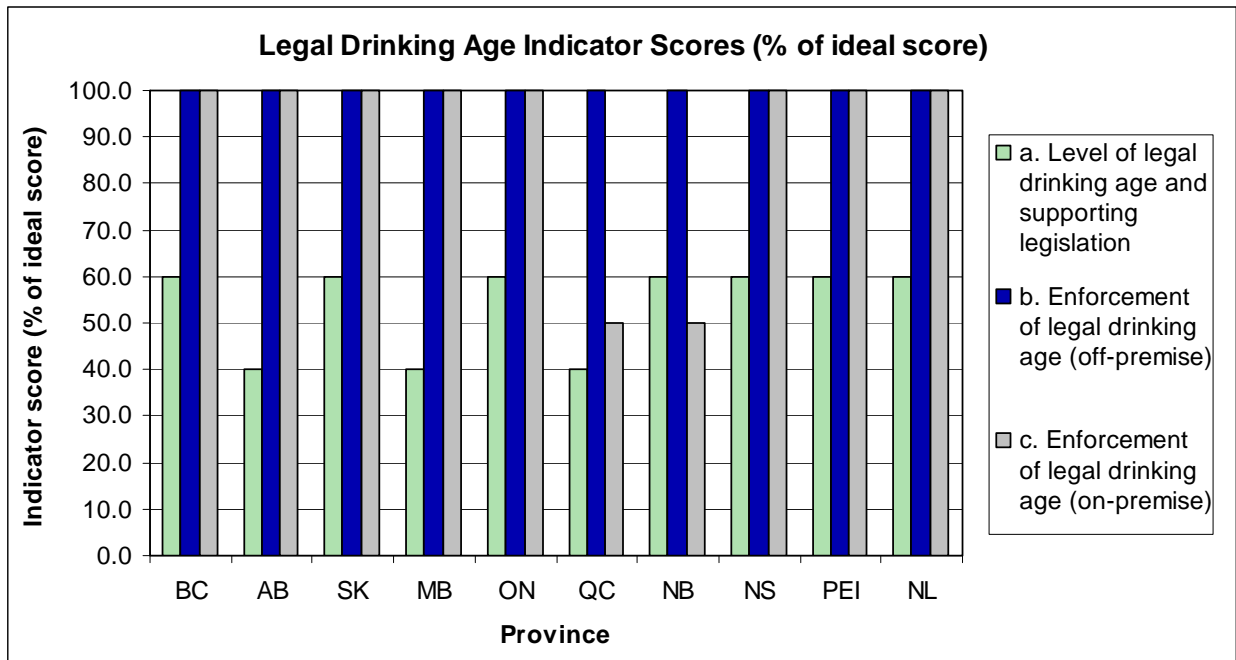
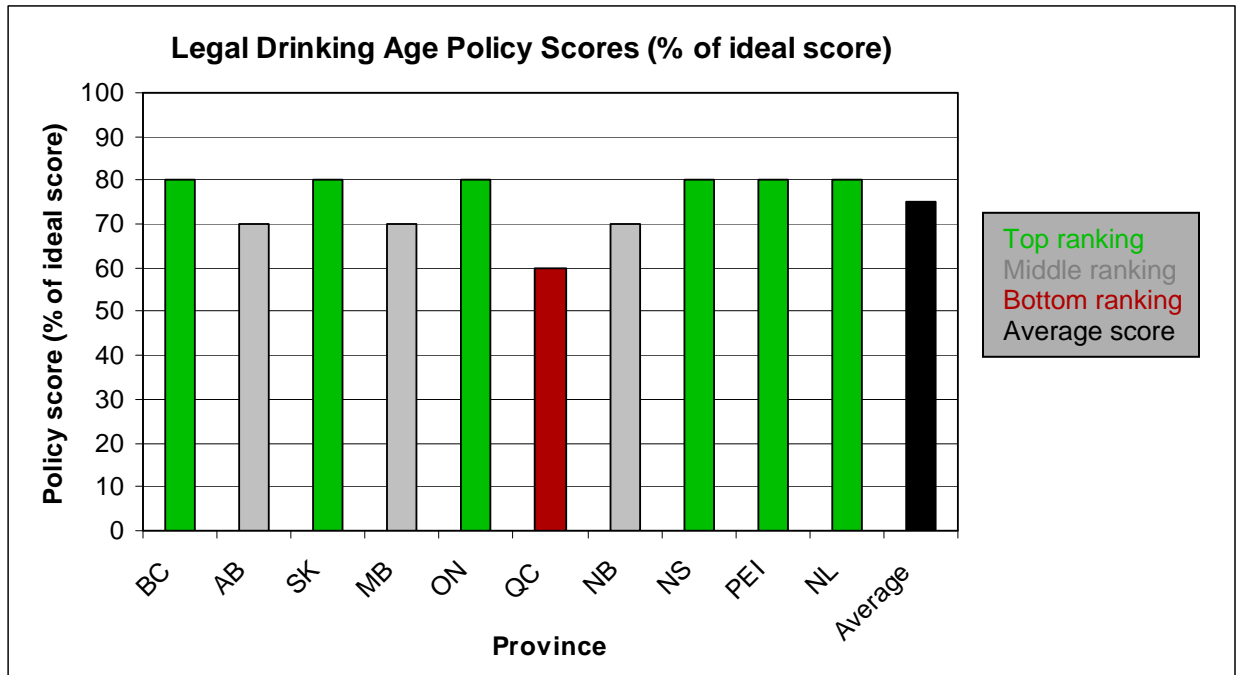


Figure 12: Results by Province for the Legal Drinking Age Policy Dimension



Results Summary:

Overall, provinces performed well on the legal drinking age policy dimension. While no province has implemented a minimum legal drinking age of 21, the enforcement of the legal drinking age is a strength across all jurisdictions, see Figures 11 and 12. All provinces have a minimum legal drinking age of either 18 or 19 years of age with supportive legislation prohibiting both the sale of alcohol to an individual below the legal drinking age as well as prohibiting an individual below the legal drinking age from purchasing alcohol. Nova Scotia was the only province that did not allow for exceptions to the legal drinking age under social hosting policies. Finally, all provinces have mystery shopper programs that support the enforcement of the minimum legal drinking age in off-premise outlets and all provinces have some form of enforcement of the minimum legal drinking age in on-premise outlets either by way of outlet inspections or enforcement by law enforcement officials (i.e. police).

Promising Practices and Policies:

- (1) All jurisdictions have supporting legislation that prohibits both the purchase of alcohol by a minor and the sale of alcohol to a minor.
- (2) Overall enforcement of the legal drinking age is strong. All jurisdictions have mystery shopper program that monitor the enforcement of the legal drinking age in off-premise outlets and all provinces either have a liquor inspection program or collaborate with law enforcement officials in order to enforce the legal drinking age in on-premise establishments.

7. Screening, Brief Intervention and Referrals

Evidence and Rationale: The cumulative evidence from more than several hundred empirical studies, recent meta-analyses and systematic reviews, is that the use of screening, brief interventions and referrals (SBIR) in health care settings is an effective method for reducing alcohol consumption and associated problems, particularly those with early stage or less severe alcohol dependence (Kaner, Dickinson, Beyer et al., 2009; Moyer, Finney, Swearingen et al., 2002; Ballesteros, Duffey, Querejeta et al., 2004a; and Bertholet, Daepfen, Wietlisbach et al., 2005). This approach has shown evidence of effectiveness for both males and females (Ballesteros Gonzalez-Pinto, Querejeta al., 2004b), as well as adolescents and adults (Babor et al., 2010). Chisholm, Rehm, Van Ommeren et al., (2004) conducted a meta-analysis of all high quality published studies on these interventions and estimated a net of 22% reduction in consumption of hazardous drinkers. Rehm, Gnam, Popova et al., (2008) estimate that with 70% uptake of SBIR in general practice an annual saving of \$1.6 billion in terms of Canadian health, crime and productivity losses. It can be concluded that the integration of SBIR into a range of primary and secondary health care settings will have a substantial public health benefit in reducing demand on health care and attendant costs.

Screening, Brief Intervention and Referral Indicators as per Appendix A:

service codes allow for physicians to bill for SBIR activities, however SBIR specific codes are assumed to support consistency in SBIR protocol across physicians.

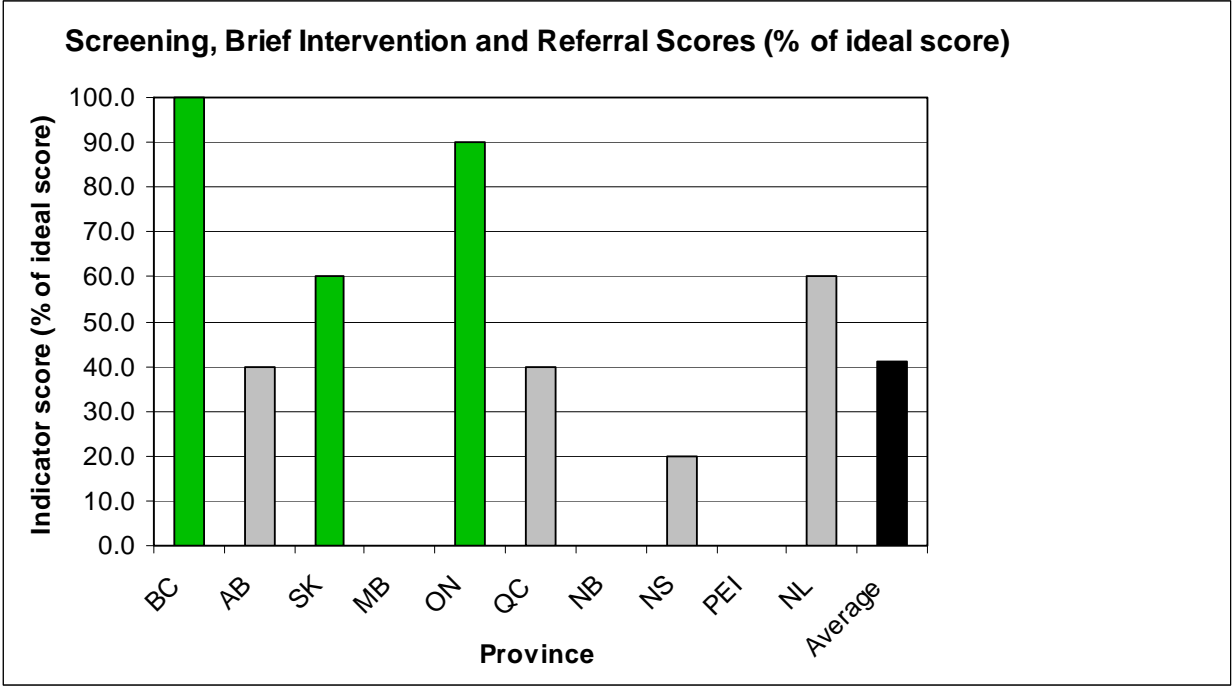
Scoring: In order to develop the final score for the screening, brief intervention and referral policy dimension the inclusion of SBIR in a strategy document was scored out of a maximum of 4 points, the status of a position paper or provincial guidelines was scored out of a maximum of 3 points and the jurisdictions' policy on SBIR fee for service codes was scored out of a maximum of 3 points for a maximum score of 10 points overall.

To achieve the maximum score, a province had to have evidence of a provincial policy for SBIR that targeted the general population, practice guidelines or a position paper on SBIR, and a fee for service code specific to SBIR.

Summary of Results:

There was great variability in this policy domain with both British Columbia and Ontario having perfect to almost perfect scores while other provinces having little or no activity on SBIR, see

Figure 14: Results by Province for the Screening, Brief Intervention and Referral Policy Dimension



8. Server and Management Training and Challenge and Refusal Programs

Evidence and Rationale: There is evidence reviewed by Anderson et al., (2009a) and Babor et

b. Quality of the challenge and refusal program: The quality of the program was assessed based on whether the challenge criteria were comprehensive; the program training was adequate and protocols were revised regularly.

c. Program enforcement: Without enforcement, alcohol retailers are not held accountable for upholding socially responsible alcohol sales practices. The effectiveness of the program is enhanced by enforcement practices such as the tracking of challenge and refusals and efforts to evaluate the program through secret shopper interventions.

Scoring: To develop a final server training and challenge and refusal policy dimension score each province's programs were scored on whether there was a program in place (maximum 1 point for each program type), the quality of the program (maximum 2 points for each program type) and enforcement of the program (maximum 2 points for each program type) for a total of 10 points.

To achieve an ideal score for this policy dimension, a province had to have mandatory server and management training program and challenge and refusal programs in place in both on-premise establishments and off-premise outlets. The programs had to employ comprehensive challenge criteria, including both prevention of service to under-age and to intoxicated patron, consist of adequate training with regularly updated protocols, and enforcement in the form of tracking of challenges and refusals had to be in place.

Results Summary:

Most provinces have a server training program that is mandatory but it often does not apply to all license classes and event types and the quality of the programs varies across jurisdictions, see

Figure 15: Results by Province for the Server and Management Training Program Policy Indicators

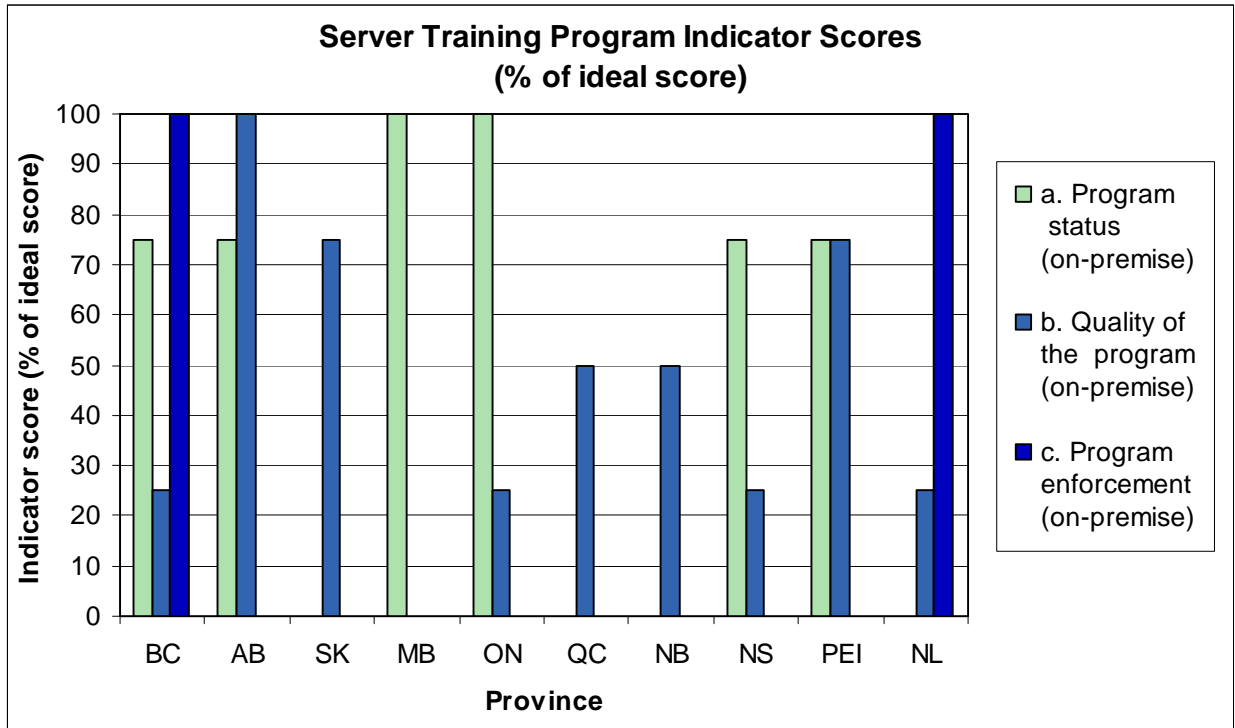


Figure 16: Results by Province for the Challenge and Refusal Program Policy Indicators

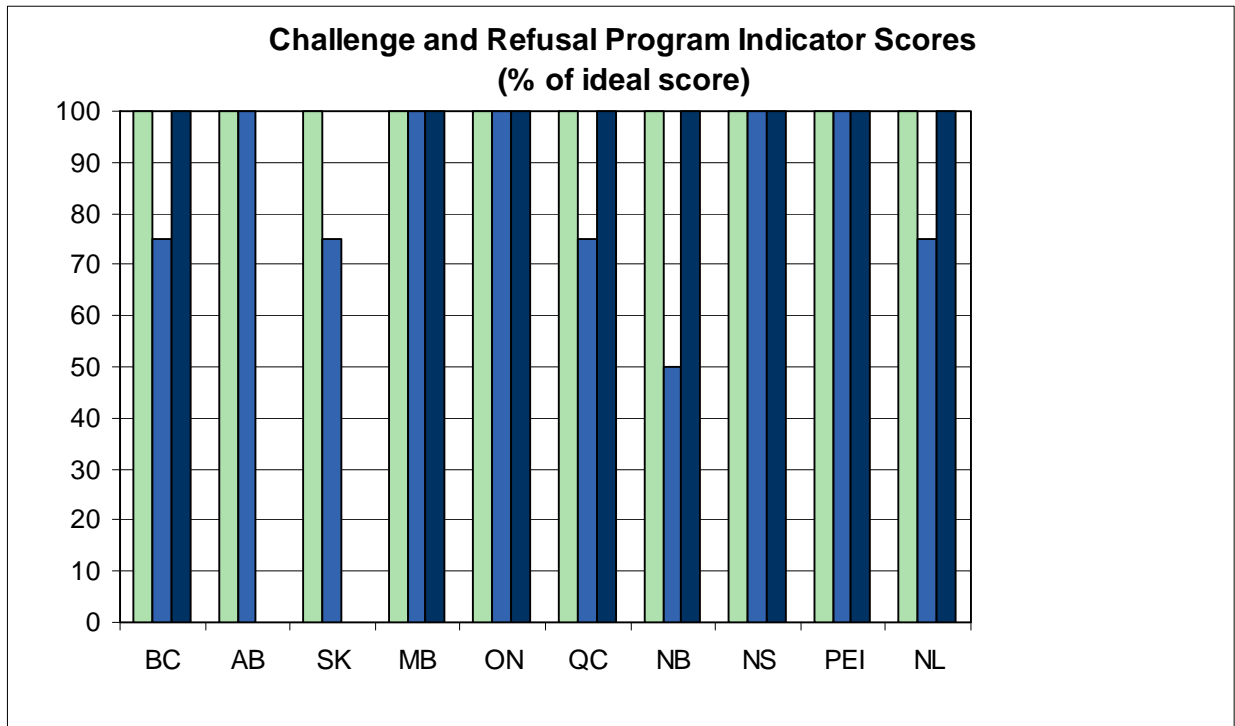
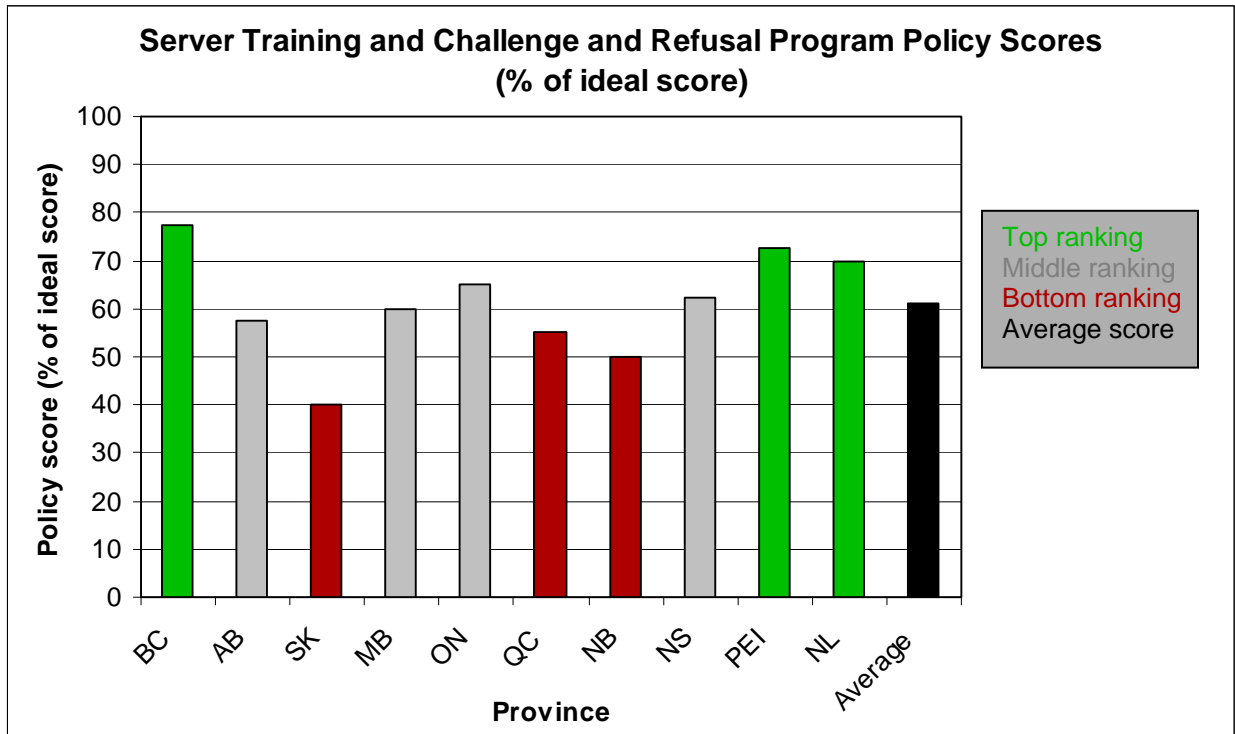


Figure 17: Results by Province for the Server and Management Training and Challenge and Refusal Program Policy Dimension



Promising policies and practices:

- (1) Every jurisdiction has a policy against serving intoxicated patrons for both on-premise and off-premise outlets.
- (2) British Columbia, Alberta, Manitoba, Ontario and PEI have server training programs that are mandatory on a province wide basis for staff at all public on-premise establishments. In Manitoba and Ontario server training is also required for staff at special events where alcohol is being served.
- (3) All provinces have off-premise challenge and refusal programs that are evaluated for effectiveness through secret shopper programs.
- (4) British Columbia and Newfoundland and Labrador both have tracking of challenge and refusals in on-premise establishments.

9. Provincial Alcohol Strategy

Evidence and Rationale: For the purposes of this study, a provincial alcohol strategy is one approved by the provincial government or by a ministry/department of the provincial government and focuses on alcohol or where alcohol is a focus. The determination of this policy dimension is based, in part, on comprehensive province-wide tobacco control strategies which have been instrumental in reducing smoking rates, encouraging cessation and delaying on-set of tobacco use (de Beyer et al., 2003). It is felt that a strong provincial strategy should include the key elements of the WHO Global Strategy on Alcohol (2010) which provides a comprehensive set of goals that an effective policy should seek to attain. These include health services' responses, community action, pricing and marketing policies as well as monitoring and evaluation activities. The value of a coordinated alcohol policy has been noted by Babor et al., (2010) who identifies nations such as France and the USA as nations which have seen policy development effectively shaped by health sector stakeholders.

Provincial Alcohol Strategy Indicators as per Appendix A:

A high rating would be provided if there was evidence of an alcohol-specific provincial strategy with a wide range of population level and focused evidence-based interventions and policies as

Results Summary:

Alberta and Nova Scotia were the only provinces to have a provincial alcohol strategy (see Alberta Health Services, 2008 and Nova Scotia Department of Health Promotion and Protection, 2007). However, the majority of the other provinces have other health related strategies that included alcohol to some degree, see Figure 18. Just under half of the provinces have a provincial strategy that includes interventions targeted at reducing harm specific to alcohol; eight out of the 10 provinces have a provincial strategy that addresses alcohol issues to some degree. Manitoba and PEI do not have a provincial health strategy that includes alcohol as a priority issue, see Figure 19.

Promising policies and practices:

- (1) Alberta and Nova Scotia are the only provinces to develop alcohol focused provincial strategies. These provincial alcohol strategies, in addition to the mental health and substance use strategy in British Columbia and public health strategy in Quebec, include many of the alcohol specific priorities, initiatives and policies identified in the WHO Global Strategy on Alcohol.
- (2) All of the current provincial health oriented and alcohol strategies recognize the importance of: leadership, awareness and commitment; a health services response; mobilizing community action; monitoring surveillance and evaluation.

Policies and Practices – Areas for Improvement:

- (1) Few of the provincial health oriented strategies mention effective alcohol- specific interventions or policies as a priority.
- (2) None of the provincial strategies include priorities aimed at reducing the public health impact of illicit alcohol and informally produced alcohol.
- (3) Manitoba and PEI do not have a provincial health strategy that includes alcohol as a priority area.

10. Warning Labels and Signs

Evidence and Rationale: Warning labels on alcohol containers and point of sale warning signs are included as a good policy practice because of their potential to raise awareness of alcohol as a health issue and to support the adoption of other more directly effective policies. As an isolated strategy, there is limited evidence of effectiveness for warning labels (Anderson et al., 2009a; Babor et al., 2010) with almost all published research focusing on the introduction of small black-and-white labels on containers and signs in bars advising of risks from alcohol for

pregnant mothers, drivers, risks of dependence and some serious diseases in the 1980s in the US. It was reported that these labels and signs increased conversations about the health risks of alcohol (Kaskutas & Greenfield, 1992) and were associated with

A maximum score would be achieved in a province where prominent, graphic and rotating warnings about a broad range of health and safety issues were mandatory on all alcohol containers as well as at point of sale in

Results Summary:

There is much unrealised potential in terms of informing consumers of the risks associated with alcohol use by implementing packaging labels and point of sale messaging, see Figures 20 and 21. No province has implemented mandatory warning labels on alcohol containers or packaging and only one province has mandated warning signs in both on-premise and off-premise outlets, although the majority of provinces have an internal or 'in-house' policy requiring these signs be posted at least in off-premise outlets. Overall the quality of the warning messages in both on-premise and off-premise outlets was poor, with vague references to a limited range of alcohol related health issues in most provinces.

Promising Practices and Policies:

- (1) Ontario has legislated mandatory warning signs for both off-premise and on-premise outlets with a clear and direct health message pertaining to the risks of consuming alcohol while pregnant (i.e. Sandy's law).
- (2) The following are some examples of some strong health oriented warning messages that have been implemented.
 - a. Ontario and New Brunswick: Warning: Drinking alcohol during pregnancy can cause birth defects and brain damage to your baby.
 - b. Manitoba: Enjoy your options at this year's festival. Designate a driver. Take the bus. Call a Cab. Be safe and sober.
 - c. Nova Scotia: Underage drinking can cause brain damage- don't buy for minors. And, Before 19 the brain can't take it. Underage drinking can cause permanent brain damage and memory loss.
 - d. Quebec was the only province to have defined moderate drinking and incorporate Canada's low-risk drinking gui

11. Comparing the provinces on all 10 policy dimensions

Each of the policy dimensions play an important role in a comprehensive alcohol policy however, they are not equally effective in terms of reducing harm from alcohol and their potential to reach the total population. The weighting was based on a combination of the scope (or population reach) of the policy multiplied by the assessed effectiveness. Both the effectiveness and scope were rated out of 5, for a maximum possible weighting of 25 (see Table 2 below).

Table 2: The Breakdown and Rationale of the Policy Dimension Weightings

Policy Dimension and Weighting Rationale	Effectiveness (out of 5)	Scope (out of 5)	Total product
1. Pricing: This high weighting is justified on the basis of the strong, consistent and broad base of evidence drawn from multiple countries and going back many decades linking prices both to levels of alcohol consumption and rates of alcohol-related harm and the ability of these strategies to affect all drinkers in the population and in direct proportion to the amount that they consume.	4	5	20
2. Control System: The type of control system allows for control and regulation not only of off-premise alcohol retailing but of several other alcohol control policies such as regulating pricing, hours of operation, and days of sale and upholding social responsibility mandates.	3	5	15
3. Physical Availability: There is evidence to suggest that significant changes in availability affect both consumption and harm especially when used to target specific problems associated with hours of sale and high-density entertainment districts such as late-night violence, crashes and public disorder. In addition, the availability of alcohol also affects non-drinkers in terms of the harms they might experience due to the drinking of others.	3	5	15
4. Drinking and Driving: There is much research to support the effectiveness of drinking and driving countermeasures however the effectiveness of these policies is largely dependant upon consistent and high profile enforcement. The scope of this policy measure received a moderate weighting since these policy interventions target a small portion of the drinking population that drive after consuming alcohol. This was balanced against their ability to protect innocent victims.	4	3	12
5. Marketing and Advertising: Although there is evidence of increased likelihood of alcohol consumption by young people with increasing levels of exposure to marketing, more research is needed to evaluate any likely change in drinking behavior with the reduction of exposure. More research is also needed to isolate direct links between exposure and behavior. However, exposure to alcohol ads is abundant. Scope is weighted high since exposure to ads is highly likely even for non-drinkers.	2	5	10
6. Legal Drinking Age: A high legal drinking age is effective in reducing drinking and alcohol related problems among youth and	4	2	8

young adults, a typically high-risk group. However, while the minimum legal drinking age is applicable to the entire population it is really only relevant to younger drinkers.

Province (ranking)	1. Pricing (out of 20)	2. Alcohol Control System (out of 15)	3. Physical Availability (out of 15)	4. Drinking and Driving (out of 12)	5. Marketing and Advertising (out of 10)	6. Legal Drinking Age (out of 8)	7. SBIR (out of 8)	8. Server Training and Challenge and Refusal (out of 6)	9. Provincial Alcohol Strategy (out of 5)	10. Warning Labels and Signs (out of 4)	Total Weighted Score (% of Ideal)
BC (2)	9.46	2.25	7.50	6.20	6.50	6.40	8.00	4.65	3.50	0.50	53.4%
AB (5)	11.06	4.88	7.50	2.94	5.00	5.60	3.20	3.45	4.00	1.20	47.4%
SK (4)	15.26	5.63	5.25	4.32	5.00	6.40	4.80	2.40	2.50	0.70	50.7%
MB (7)	11.90	7.50	6.00	5.47	6.00	5.60	0.00	3.60	0.00	1.00	45.7%
ON (1)	9.50	6.00	8.25	5.86	6.50	6.40	7.20	3.90	2.50	1.50	55.9%
	6.00	4.50	4.50	2.44	4.50	4.80	3.20	3.30	3.50	0.50	36.2%
NB (6)	13.54	9.38	5.25	3050	0.50	36.2%					

A notable policy strength common across all jurisdictions was that of legal drinking age. While the legal drinking age varies between 18 and 19 across provinces there is enforcement across most provinces and all jurisdictions have legislation in support of the legal drinking age. Similarly, all provinces, with the exception of Saskatchewan, scored 50% or higher for the server training and challenge and refusal policy dimension. The lowest overall policy scores were for warning labels and signs, the policy with the lowest weighting overall.

The policies with the widest range of scores were screening, brief intervention and referral and provincial alcohol strategy, respectively. The degree of implementation of SBIR programs varied significantly across jurisdictions as did the degree to wh23

violations but they are seldom implemented. Jurisdictions are encouraged to implement these penalties following repeat or severe violations. Furthermore, the websites of government liquor boards should be reviewed to ensure that strong and detailed responsibility messages have a central place. Often these messages only focus on

of government and NGO attention. Furthermore, provinces are encouraged to develop an alcohol strategy that includes population level alcohol policies and that outlines a range of interventions and policies along the lines of the WHO's 2010 Global Strategy on Alcohol, which has been signed by Canada.

10. Warning labels and signs

There have been several attempts to introduce warning labels in Canada. The public should be made aware of the risks of alcohol use in the most direct ways possible; a label on the beverage container which conveys a clear health message is one way this may be accomplished. All provinces are encouraged to have mandatory warning signs in both on-premise and off-premise venues. These messages should focus on a range of health related themes, highlighting different alcohol problems. Messaging should be clear, visible and concise. For example, vague 'please drink responsibly' messages should be replaced with expanded text offering concrete advice on daily and weekly drinking limits, as well as specific advice on how the drinker can achieve more responsible levels of alcohol consumption. These warning messages and all 'counter-advertising' should be subject to rigorous third party evaluation. The results of the evaluation should be central to informing plans to upgrade the campa

activity on morbidity and mortality. Provincial organizations and NGOs are collaborating to reduce the harm and costs from both of these risk factors.

dimensions is expected to have a greater health

Provincial abbreviations: AB: Alberta; BC: British Columbia; MB: Manitoba; NB: New Brunswick; NS: Nova Scotia; NL: Newfoundland and Labrador; ON: Ontario; PEI: Prince Edward Island; QC: Quebec; SK: Saskatchewan.

Standard drink: A standard drink is defined as 17.05 ml of ethanol and is approximately equal to a 142 ml (5 oz) glass of 12% strength wine, 43 ml (1.5 oz) shot of 40% strength spirits or a 341 ml (12 oz) bottle of 5% strength beer, cider or cooler (Butt, Beirness, Glicksman et al., 2011).

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I. APPENDIX

Appendix A: Policy dimension and indicator score rubric

Each policy dimension can score a maximum of 10 points. The policy dimension score is then weighted to obtain the final weighted policy score.

A. Policy Dimension	B. Indicators & Criteria	C. Max. Pts	D. Minimum & Maximum points
1. Pricing	<p>a. Minimum prices</p> <p><u>1. Off-premise minimum prices:</u> <u>Coverage:</u> jurisdictions were scored according to whether they had min prices for alcohol sold in liquor stores based on beverage type using percent of sales to assess coverage.</p> <p><u>2. Level:</u> jurisdictions were scored according to the level of minimum price for products of typical alcohol content and container sizes sold in government liquor stores (5%-beer, 40%-spirits, 12.5%-wine and 7%-coolers/cider). The average minimum price per standard drink for these products was compared across jurisdictions.</p> <p><u>3. Off-premise minimum pricing loopholes:</u> Jurisdictions were penalized for having any minimum pricing loopholes for off-premise sales.</p> <p><u>4. Actual prices:</u> jurisdictions were scored based on prices of common low cost/high alcohol products: The average price per standard drink was calculated</p>	<p>4</p>	<p><u>Coverage of minimum prices, off-premise (0-4)</u> 0= If a jurisdiction does not have any minimum prices, 1= Jurisdiction with less than 50% coverage 2= Jurisdictions with 74%-50% coverage, 3= Jurisdictions with 99%-75% coverage, 4= Jurisdictions with 100% coverage.</p> <p><u>Level of min prices, off-premise (0-4)</u> 0= No minimum prices, 1= Jurisdictions with average min prices of \$0.99 or less per standard drink, 2= Jurisdictions with average min prices of \$1.00 to \$1.24 per standard drink, 3= Jurisdictions with average min prices of \$1.25 to \$1.49 per standard drink, 4= Jurisdictions with average min prices \$1.50 or higher per standard drink.</p> <p><u>Off-premise minimum pricing loopholes (penalty of 0.0-0.5)</u> 0.5 points were deducted from the total score for off-premise minimum prices if a jurisdiction had any minimum pricing loopholes for off-premise sales (e.g. discounting of de-listed products, ferment on premise products being exempt from minimum prices etc.).</p> <p><u>Price of common low cost/high alcohol content products (0-4)</u> 0= Average price below \$1.09, 1= Average price between \$1.29 and \$1.10,</p>

for a set of common low cost/high alcohol content beer, wine and spirit products sold in liquor stores.

5. On-premise minimum prices:

Coverage: jurisdictions were scored according to whether they had minimum prices for alcohol sold through licensed establishments based on beverage type using percent of sales to assess coverage.

6. Level: jurisdictions were scored according to the level of minimum prices. The price per standard drink for on-premise minimum prices was compared across jurisdictions.

7. On-premise minimum pricing loopholes:

jurisdictions were penalized ½ point for having any minimum price loophole for on-premise sales.

2= Average price between \$1.39 and \$1.30,
3= Average price between \$1.49 and \$1.40,
4= Average price \$1.50 or higher.

Coverage of minimum prices, on-premise (0-4)

0= If a jurisdiction does not have any minimum prices,
1= Jurisdiction with less than 50% coverage,
2= Jurisdictions with 74%-50% coverage,
3= Jurisdictions with 99%-75% coverage,
4= Jurisdictions with 100% coverage.

2. Indexation: the differences (negative and positive) from jurisdiction specific alcohol price indices and CPI were examined in order to interpret degree of congruence with overall inflation. Average differences over the past 5 year were used to look at recent trends.

3. Automatic indexation: Jurisdictions that automatically index minimum prices to inflation were given a 1/2 point bonus for item 1b.

3= Jurisdictions with alcohol price indices of 117.4 to 114.5,
4= Jurisdictions with alcohol price indices scores of 117.5 or higher.

Indexation (0-4)

0= Jurisdictions with a score below -4.6
1= Jurisdictions with a score of between -3.1 and -4.5
2= Jurisdictions with a score of between -1.6 and -3.0
3= Jurisdictions with a score of between 0 and -1.5
4= Jurisdictions with a score of 0 or higher on the second measure,

Automatic Indexation (0.0-0.5)

0.5 bonus points were awarded if the jurisdiction had automatically indexed minimum prices to inflation.

Final scoring (0-4): the scores for the two components, average price levels
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2. Pricing on alcohol content- slope:

	<p><u>2. Policy on dedicated prevention/ social responsibility funds:</u> data was collected on whether there was a policy that ensures there are dedicated funds to support prevention and social responsibility messaging</p> <p><u>3. Main mediums for social responsibility messaging:</u> A checklist of six mediums was the basis for measuring this indicator: 1) Posters 2) Pamphlets 3) Billboards 4) Online content (websites) 5) Print Advertising 6) TV/Radio advertisements 7) Social media (twitter, facebook etc.) Other: _____</p>		<p>1= Advertising and social responsibility messaging are equal in priority- advertising to social responsibility ratio of 1.25-0.75 2= social responsibility initiatives are high priority- advertising to social responsibility ratio of (<0.75)</p> <p><u>Policy on dedicated prevention/ social responsibility funds</u> (commentary) Jurisdictions with dedicated prevention/ social responsibility funding will get a special mention for this good practice in the results section.</p> <p><u>Main mediums for social responsibility (SR) messaging</u> (0-1) 0.00= no SR messaging 0.25= SR messaging using 1-2 mediums 0.50= SR messaging using 3-4 mediums 0.75= SR messaging using 5-6 mediums 1.00= SR messaging using 7 or more mediums</p>
	<p>d. Ministries overseeing alcohol retail and control: The jurisdictions were scored based on the ministry they report to and their recognition of alcohol as a health issue.</p>	1	<p><u>Ministry overseeing alcohol retail and control</u> (0-1) 0.0= alcohol retail and control are overseen by a ministries for which health is not a primary concern (e.g. Ministry of Finance) 0.5= a ministry for which health is a primary concern (e.g. Ministry of Public Safety, Ministry of Health) is responsible for either alcohol retail or control 1.0= alcohol retail and control are both overseen by a ministry for which health is a primary concern (e.g. Ministry of Public Safety, Ministry of Health)</p>
<p>3. Physical Availability</p>	<p>a. Regulations pertaining to outlet density Jurisdictions were scored on whether they had provincially mandated (either stated in legislation or regulation) limits on outlet density, location or number of outlets for both on-premise and off-premise outlets. Provincial powers that allow for</p>	2	<p><u>Off-premise outlet density policies</u> (0-1) 0.0= no limits on population density, location or number of outlets, 0.5= no provincially mandated limits on population density of outlets but regulations provide power to determine number and/or location of outlets/permits (this includes municipal powers) and/or policy allows for citizen input on location or number of outlets,</p>

<p>restrictions on location and/or number of outlets and/or a process for citizen input on the number or placement of outlets were also considered.</p>	<p>1.0= Limits on population density that are set through provincial legislation/regulation.</p> <p><u>On-premise outlet density policies (0-1)</u> 0.0= no limits on population density, location or number of outlets; 0.5= no provincially mandated limits on population density of outlets but regulations provide power to determine number and/or location of outlets/permits (this includes municipal powers) and/or policy allows for citizen input on location or number of outlets. 1.0= Limits on population density that are set through provincial legislation/regulation.</p>
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b. Practice indicator: Outlet density – off premise
Data was collected on the density of all off-premise outlets, including private, government run and ferment on Premise (FOP) outlets. A greater emphasis was placed on off-premise outlet density due to the g5TJ 0.vot(encial forharum)8.1s.

0.0= Business hours extend more than a total of 2 hours before 11 am or after 8 pm
0.5= Business hours extend no more than a total of 2 hours before 11 am or after 8 pm
1.0= Hours of operation do not extend before 11 am or after 8 pm (9 hours or less)

Hours of operation on-premise (0-1)

3. Availability- exceptions and extensions: Data was collected on loopholes that allow for exceptions to policies restricting availability (hours and days of sale) e.g. extending the hours of operation for community events.

<p>2. a <u>0.00% BAC limit for all drivers under 21 or with less than 5 years experience and includes:</u></p> <ul style="list-style-type: none"> i) Police enforcement powers ii) Mandatory roadside ALS for violation. 		<p><u>Zero tolerance BAC level for drivers under 21 or with less than 5 years experience (0-3)</u> Points were afforded based on the implementation of the following: 2= 0.00% BAC for drivers with less than 5 years experience (1 point) and all drivers under the age of 21 years of age (1 point) 1= police enforcement powers (partial points are awarded if some components are included)</p>
<p>b. Licensing suspensions and revocations Jurisdictions were scored on whether their drinking and driving counter policies included:</p> <p><u>1. A seven day 0.05% ALS and vehicle impoundment program, which includes:</u></p> <ul style="list-style-type: none"> i) A \$150-\$300 licence reinstatement fee and ii) A record of the suspension on the driver's record. iii) Escalating ALS and impoundment sanctions and remedial program for drivers with repeat records within 5 years. <p><u>2. A parallel ALS and vehicle impoundment program for those who fail a sobriety test or who refuse lawfully demanded tests</u></p>	<p>3</p>	<p><u>ALS and vehicle impound program (0-2)</u> Points were afforded based on the implementation of the following 1= Has a seven day 0.05% ALS and vehicle impoundment program 1= the program includes at least a \$150 licence reinstatement fee, a record of the suspension, escalating sanctions for repeat offenders in a 5 year period. (partial marks awarded if some components are included)</p> <p><u>Parallel ALS and vehicle impoundment programs for those who fail or refuse sobriety tests (0-1)</u> Points were afforded based on the implementation of the following: 0.5= parallel ALS program for those who fail or refuse lawfully demanded sobriety tests 0.5 parallel impoundment program for those who fail or refuse lawfully demanded sobriety tests (partial marks awarded if some components are included)</p>
<p>c. Vehicle and remedial programs Jurisdictions were scored on whether their vehicle and remedial programs included:</p> <p><u>1. A mandatory interlock program for all federal impaired driving offenders which includes:</u></p> <ul style="list-style-type: none"> i) Reduced provincial license suspension to encourage participation ii) Escalating ALS and vehicle impoundment sanctions and lengthy program extensions for repeat program violations 	<p>3</p>	<p><u>Mandatory Interlock program for federal impaired driving offenders (0-1)</u> Points were afforded based on the implementation of the following: 0.5= program is mandatory for all federal impaired driving offenders 0.5= program includes reduced provincial license suspension to encourage participation and escalating ALS and vehicle impoundment sanctions and lengthy program extensions fo</p>

	<p>2. <u>Mandatory administrative forfeiture</u> for drivers with >2 federal impaired driving violations within 10 years.</p> <p>3. <u>Mandatory remedial program</u> for federal impaired driving offenders and for drivers with a repeat short term 90 day impairment related ALS within five years.</p>		<p><u>Mandatory administrative impoundments for unauthorized drivers</u> (0-1) Points were afforded based on the implementation of the following: 0.5= program applies to uninsured, unlicensed, suspended, prohibited, or disqualified drivers 0.5= mandatory administrative forfeiture for drivers with more than 2 federal impaired driving violations within 10 years. (partial marks awarded if some components are included)</p> <p><u>Mandatory remedial programs</u> (0-1) Points were afforded based on the implementation of the following: 0.5= program applies to federal impaired driving offenders 0.5= program applied to drivers with a repeat short term 90 day impairment related ALS within five years. (partial marks awarded if some components are included)</p>
5. Marketing and Advertising	<p>a. Comprehensiveness of provincial marketing regulations Jurisdictions were assessed on whether they had: 1. <u>Content restrictions</u> beyond CRTC regulations; 2. <u>Placement restrictions</u>; 3. <u>Quantity restrictions</u>; 4. <u>Regulations restricting the advertisement of price</u> (e.g. policies restricting the advertisement of drink specials)</p>	4	<p><u>Advertising Restrictions</u> (0-4) 0= no regulations beyond CRTC regulations. 1= regulated restrictions on any 1 criteria (of those listed in column B) 2= regulated restrictions on any 2 criteria 3= regulated restrictions on any 3 criteria 4= regulated restrictions on all 4 criteria</p>
	<p>b. Enforcement of regulations Jurisdiction were scored on whether they had clear guidelines on: 1. A specific authority responsible for enforcement 2. A formal complaint system 3. Strong or escalating consequences for violation</p>	3	<p><u>Advertising Authority</u> (0-1) 0= no clear authority responsible for enforcement or voluntary system 1= a clear authority responsible for enforcement</p> <p><u>Complaint process</u> (0-1) 0= no formal complaint process 1= a formal complaint process</p> <p><u>Possible penalties for violation</u> (0-1) 0.0= nonexistent penalties 0.5= weak consequences (warning letter, having ad removed, low monetary fine) 1.0= strong penalties (high fine, license suspension or revocation,</p>

imprisonment).

c. Practice Indicator- Focus of the liquor board's website

Jurisdictions were scored on the focus of the liquor board's website. As a first face to the public, was

mystery shopper program that monitors adherence to the legal drinking age.		
<p>c. Enforcement of the legal drinking age in on-premise outlets</p> <p>Jurisdictions were scored on whether they have a liquor inspection program or other programming to support the enforcement of the legal drinking age.</p>	2	<p><u>Liquor inspection program (on-premise outlets) (0-2)</u></p> <p>0= does not have any programs to enforce the legal drinking age</p> <p>1= has a liquor inspection program <u>or</u> enforcement via enforcement officials</p> <p>2= has both a liquor inspection program and collaborates with enforcement officials (i.e. police) via programs aimed at enforcing the legal drinking age.</p>
<p>The inclusion of SBIR in a provincial strategy or action plan</p> <p>Jurisdictions were scored on whether there was an existing provincial strategy or action plan that included SBIR as a priority for either at risks groups or the general population.</p>	4	<p><u>The inclusion of SBIR in a provincial strategy or action plan (0-4)</u></p> <p>0= SBIR not included in provincial plan;</p> <p>2= SBIR for certain populations such as women of drinking age and during pregnancy and at-risk groups was included in the provincial plan.</p>

		the results section.
<p>b. Quality of the server training program Jurisdictions were scored based on the quality of their server and management training program as assessed by:</p> <ol style="list-style-type: none"> 1. The comprehensiveness of the challenge criteria. i.e. when is a customer challenged? Appears to be under 25 years of age? 35 years of age? Is everyone challenged? Appears to be intoxicated? 2. Whether the program training was based on face-to-face protocol 3. whether staff were required to take periodic re-training e.g. retraining every 2 years 4. Whether the program, was based on evaluated server interventions shown to reduce incidents of over-service or service to minors? 		<p><u>Quality of on-premise training program (voluntary or mandatory), based on 2-6 of column B.) (0-2)</u> 0.0= no training program 0.5= 1 element from column B 1.0= 2 elements from column B 1.5= 3 elements from column B 2.0= all elements from column B E.g. mandatory training based on a face to face training protocol for all staff, program has been evaluated for effectiveness in reducing service to minors and over service (as opposed to process evaluation) and requires re-certification on regular intervals.</p>
<p>c. Program enforcement Jurisdictions were scored on whether the server and management training program was enforced through the tracking of challenge and refusals.</p>		<p><u>Tracking of challenge and refusals (0-2)</u> 0= challenge and refusals are not tracked 2= challenge and refusals tracked.</p>
Challenge and refusal Program (off-premise outlets)		
<p>a. Challenge and refusal program policy status 1. Jurisdictions were scored on whether or not they had a challenge and refusal program.</p> <p>2. Data was collected on whether a jurisdiction had a policy that prohibits the sale of alcohol to someone who is intoxicated.</p>		<p><u>Challenge and refusal program policy status (0-1)</u> 0= no challenge and refusal program 1= they have a challenge and refusal program</p> <p><u>Policy on serving intoxicated patrons (commentary)</u> Data will bpatct8006 Tw 0 10.98 -10.98 0 4ict.36 Tm ()Tje.98 0 28 of alcohol (orise1) to a ersw 0 1to</p>

	<p>challenged? Appears to be intoxicated?</p> <p>2. Whether the program training was based on face-to-face protocol</p> <p>3. whether the program protocols were revised on a regular basis</p> <p>4. whether there were independent provincial level efforts to evaluate effectiveness and scope of the program through 'secret shopper' interventions?</p>		<p>E.g. a program with a face to face training protocol for all staff , comprehensive challenge criteria, protocols are revised regularly, and the program has been evaluated for effectiveness in reducing service to minors and over service (secret shopper program).</p>
	<p>c. Program enforcement Jurisdictions were scored on whether the challenge and refusal program was enforced through the tracking of challenge and refusals. Data on the number of challenge and refusals was also collected</p>		<p><u>Enforcement of Challenge and Refusals</u> (0-2 pts) 0= no tracking of challenge and refusals 2= tracking of challenge and refusals</p>
9. Provincial Alcohol Strategy	<p>a. Main focus of the provincial strategy Jurisdictions were scored on whether they had a provincial alcohol strategy or whether alcohol was captured under the umbrella of a more board strategy such as an addictions strategy, mental health strategy or other strategy.</p>	2	<p><u>Provincial Strategy Focus</u> (0-2) 0= no provincial strategy that includes alcohol 1= a provincial addictions, mental health, public health or other strategy that includes an alcohol policy focus 2= provincial alcohol strategy.</p>
	<p>b. Range of policy interventions Jurisdictions were scored on whether the above mentioned strategy included a wide range of interventions and or policies along the lines of those mentioned as priorities in the WHO Global Strategy on Alcohol.</p>	8	<p><u>Range of WHO policy interventions and policies</u> (0-8) 0= no WHO components (0) 2= some WHO Components (1-3) 4= several WHO components (4-6) 6= almost all WHO components (7-9) 8= all WHO components (10)</p>
10. Warning Labels and Signs	<p>a. The status of warning labels Jurisdictions were scored on whether they had mandatory warning labels on the beverage containers.</p>	1	<p><u>Mandatory vs. voluntary labels</u> (0-1) 0= labels are voluntary 1= labels are mandatory</p>
	<p>b. The quality of the warning label messages The quality of the warning labels was assessed based on: 1. The content of the warning message(s) 2. Whether there was a set of rotating messages of tainers.</p>		

	<p>(significant in relation to the size of the container)</p> <p>c. The status of warning signs— Off-premise Jurisdictions were scored on whether they had mandatory (as stated in regulations) warning signs in off-premise outlets.</p>	<p>1</p>	<p>column B) e.g. the warning labels had several rotating, clear health messages, and were large and contained graphics as well as text.</p> <p><u>Mandatory vs. voluntary off-premise signs</u> (0-1) 0= signs are voluntary</p>
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	<p><u>2. The quality of the warning message(s)</u> i.e. whether the message contained a clear health messages and was accompanied by graphics</p>	<ul style="list-style-type: none"> -Minors -Chronic disease/ health and moderate consumption ((Low Risk Drinking Guidelines) <p><u>Quality of on-premise messages (0-1)</u> (0.25 pts max for each messaging category) Quality is assessed by the precision of the message, the health focus, accompanying graphics etc.</p> <ul style="list-style-type: none"> -Fetal Alcohol Spectrum Disorder (FASD)/pregnancy -Drinking and driving -Minors -Chronic disease/ health and moderate consumption (Low Risk Drinking Guidelines)
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