

Reducing Alcohol-Related Harms and Costs Alberta:

A Provincial Summary Report

Reducing Alcohol-Related Harms and Costs in Alberta: A Provincial Summary Report

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Overview

- x This report briefly summarizes the current state of alcohol policy in Alberta (AB) from a public health and safety perspective based on a comprehensive national study¹.
- x Alberta's alcohol policy strengths and weaknesses are highlighted in comparison with other provinces and specific recommendations for improvement provided.
- x Ten alcohol policy dimensions were selected based on rigorous reviews of the effectiveness of prevention measures and weighted by their potential to reduce harm and reach the populations at risk. Data were collected from official sources and verified when possible by relevant agencies.
- x Alberta ranked **5th** overall with **47.4%** of the ideal score, but it fared relatively poorly on some of the more important policy dimensions of pricing, regulatory controls and drinking and driving as well as server training. There remains much unrealized potential for improving public health and safety outcomes by implementing effective alcohol policies in Alberta (see Figure 1).

Figure 1

1

Introduction

This bulletin reports on the current state of alcohol policies in Alberta (AB) from a public health and safety perspective using results from a comprehensive national study funded by the Canadian Institutes of Health Research¹. Alberta's alcohol policy strengths and weaknesses are highlighted in comparison with other provinces and specific recommendations for improvement are provided. The objective of this project is to encourage greater uptake of these practices and thereby improve public health and safety in Canada.

Alcohol is widely consumed and enjoyed by many Albertans. Alcohol sales increased by 5.7% between 2011 and 2012 with more than two billion dollars' worth of beer, spirits and wine sold in the province last year alone (Stats Can, 2013). However, alcohol consumption also

Results

1. Pricing

Summary: Alberta was ranked sixth out of the 10 provinces on the extent to which alcohol pricing policies were assessed as consistent with public health objectives. Systematic reviews identify alcohol pricing as having the strongest evidence of

structure does not take into consideration alcohol content, meaning many higher strength products may be cheaper per standard serving than lower strength products.

Recommendations:

- x Set minimum prices for alcohol sold in off-premise liquor stores to at least \$1.50 per standard drink
- x Increase minimum prices for alcohol sold in on-premise outlets to \$3.00
- x Adjust alcohol prices at least annually to keep pace with inflation
- x Adjust prices for alcohol content to make higher strength products more expensive

Figure 2

National Ranking: Alcohol Control System		
Rank	Prov.	Weighted Score /15
1	NB	9.38
2	PEI	8.63
3	NS	7.88
4	MB	7.50
5	ON	6.00
6	SK	5.63
7	AB	4.88
8	QC	4.50
9	NL	4.50
10	BC	2.25

Score breakdown Alcohol Control System	
Indicators	Score
a. Type of Retail System	0/4
b. Alcohol sales beyond on-premise and off-premise outlets	0.587.88

Promising Practices: The Alberta Gaming and Liquor Commission (AGLC), the government agency responsible for administering the Gaming and Liquor Act and its regulations and related policy, places strong emphasis on social responsibility messaging. There have been extensive social responsibility campaigns targeting a number of different demographic groups such as pregnant women and young adults and social responsibility messages are disseminated many ways including: posters, pamphlets, print advertising, TV/radio advertisements and online.

Areas for Improvement: Alberta reached only a third of its potential for effective control system policy. Alberta's relatively poor score on this dimension is a reflection of the following: (1) 100% of retail outlets in Alberta are privately owned; (2) alcohol is available through various additional private channels including liquor delivery services, online sales and ferment at home kits, which increase the number of alcohol access points. The province's Treasury Board and Finance Ministry currently oversees alcohol retail and control, which does not have health and safety as a primary mandate.

Recommendations:

- x Introduce a moratorium on new private liquor outlets in the province and consider returning to a government run system
- x Reduce access to alcohol through other channels such as online sales and delivery services
- x Maintain strong social responsibility initiatives and consider introducing a policy that dedicates funding for social responsibility and prevention initiatives.
- x Move alcohol retail and control to a ministry where health and/or safety is a primary concern

Figure 3

4. Drinking and Driving

Summary: Alberta ranked eighth out of the 10 provinces on drinking and driving policies. Alcohol-related collisions remain one of the leading sources of alcohol-related deaths and injuries in Canada (Lim, Vos, Flaxman, Danaei et al., 2012). To effectively reduce alcohol-related collision rates, provinces should implement a comprehensive three year graduated licensing program, sanctions for impaired drivers and remedial programs for repeat offenders (Solomon, Cardy, Noble et al., 2012).

National Ranking: Drinking and Driving		
Rank	Prov.	Weighted Score /12
1	BC	6.20

Note: Data is based on information provided by MADD Canada in their recent report entitled Mapping Our Progress to Safer Roads: The 2012 Provincial and Territorial Legislative Review.

Promising Practices: Alberta has a three year Graduated Licensing Program (GLP) that includes restrictions on night time driving and number of passengers. Alberta also has some other promising practices such as keeping a record of licence suspensions on individuals driving records. At the time of data collection Alberta had a number of pending changes to the province's drinking and driving policies which have since been implemented. Changes included improvements to the graduated licensing program, strengthening the short-term administrative licensing suspension (ALS) program for drivers with suspected alcohol impairment and implementing mandatory alcohol interlock orders on all federal impaired driving offenders. For more details see the **Recent Developments** section on page 19.

Areas for Improvement: The effectiveness of Alberta's graduated licensing program is reduced due to a lack of police enforcement powers. For example, police are not authorized to demand an approved screening device test from all new drivers who fall under the graduated licensing program and their supervising drivers. Furthermore, police do not have the authority to suspend the license of drivers who are judged to be impaired by alcohol. Further, Alberta lags behind other provinces in their sanctions for impaired drivers. For example, AB does not have licensing impoundment sanctions or remedial programs.

Recommendations: (more detailed recommendations can be found in the MADD Canada report):

- x Strengthen the graduated licensing program in Alberta by broadening police enforcement powers and introducing a mandatory BAC of 0.00% for supervising drivers
- x Strengthen administrative sanctions for new and young drivers who violate the graduated licensing program

Recommendations:

- x Introduce restrictions on the quantity of alcohol advertisements
- x Introduce a formal process for complaints and violations of advertising regulations
- x Consider extending advertising content regulations beyond those required by the CRTC, such as implementing specific restrictions on alcohol advertising at community events.

6. Legal Drinking Age

Summary: Alberta is tied with Manitoba and New Brunswick for seventh place on legal drinking age policies. Minimum legal drinking age laws play an important role in reducing alcohol use and related harm among younger populations (Babor et al., 2010). There are two minimum legal drinking ages in Canada, 18 and 19, depending on the province. A comprehensive review of the evidence concluded that a legal age of 21 is the most effective for reducing related problems among younger drinkers (Wagenaar and Toomey, 2002). However, the effectiveness of a minimum legal drinking age is also strongly influenced by the level and consistency of law enforcement efforts.

National Ranking: Legal Drinking Age		
Rank	Prov.	Weighted Score /8
1	BC	6.40
1	SK	6.40
1	ON	6.40
1	NS	6.40
1	PEI	6.40
1	NL	6.40
7	AB	5.60
7	MB	5.60
7	NB	5.60
10	QC	4.80

Score breakdown for Legal Drinking Age	
Indicators	Score
a. Legal drinking age and supporting legislation	2/5
b. Enforcement of legal drinking age (off-premise)	3/3
c. Enforcement of legal drinking age (on-premise)	2/2
Total	7/10

Promising Practices: Alberta is reaching 70% of its potential for legal drinking age policies. The minimum legal drinking age in Alberta is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor under the age of 18. Enforcement of the minimum legal drinking age in Alberta is strong in both off and on-premise outlets. The AGLC has a liquor inspection program to enforce

the legal drinking age and also collaborates with law enforcement to enforce the legal drinking age in on-premise establishments.

Areas for Improvement: The minimum legal drinking age in Alberta is 18 years, below the recommended age of 21 and below legal drinking ages in the majority of Canadian provinces.

Recommendations:

- x At minimum increase the minimum legal drinking age in Alberta to 19 years of age and consider increasing the minimum drinking age to 21 years of age.

7. Screening, Brief Intervention and Referrals

Summary: Alberta is tied with Quebec for fifth place for Screening, Brief Intervention and Referral (SBIR) policies. Systematic reviews indicate that the use of SBIR in health care settings reduces alcohol consumption and related problems, reduces demand for health care and health care costs (Rehm, Gnam, Popova et al., 2008). The uptake of SBIR in practice requires dissemination of practice guidelines or a position paper to physicians and financial support for SBIR activities (Babor & Higgins-Bridle, 2000; Johnson, Jackson, Guillaume et al., 2010).

National Ranking: Screening, Brief Intervention and Referrals

Promising Practices: SBIR practices are included in Alberta's provincial alcohol strategy and work is underway as part of the Alberta Alcohol Strategy to get SBIR into the new Family Care Clinics and out to other health care workers in the province.

Areas for Improvement: Alberta is reaching less than a quarter of its potential for screening, brief intervention and referral. The use of SBIR by primary health care

providers has not be supported by practice guidelines or a position paper issued by a credible health professional association and there is no fee for service code in Alberta that primary care providers can use to conduct SBIR activities.

Recommendations:

- x Consider issuing SBIR guidelines for primary health care providers to encourage uptake and support consistency of implementation.
- x Consider introducing a fee for service code specific to SBIR activities to increase utilization of SBIR protocols by primary health care providers
- x Alberta is encouraged to make use of the SBIR web-based resource released in November 2012 by the Canadian Centre on Substance Abuse (CCSA) and the College of Family Physicians of Canada (CFPC)

8. Server Training and Challenge and Refusal

Summary: Alberta ranked seventh out of the 10 provinces on server training and challenge and refusal programs. Much work remains to improve the quality of such programs in the province. The goal of server training programs is to reduce service of alcohol to minors and intoxicated patrons. Research suggests that the effectiveness of such programs is greatest when the programs are mandatory, comprehensive, valued by

criteria including challenging those who look under age or who appear to be intoxicated. The training uses a face-to-face training protocol and is based on evaluated server interventions and managers and staff are required to take periodic retraining. Alberta also evaluates its off-premise program through the use of ‘secret shopper’ programs.

Areas for improvement: While the Proserve program is mandatory, there are several exceptions including servers in private clubs, canteens and travel lounges and servers at community special events. Alberta does not track challenges and refusals for on- or off-premise outlets making it difficult to monitor the effectiveness of their server training program.

Recommendations:

- x Consider making server training mandatory for all licensed venues and events
- x Strengthen challenge and refusal programs by tracking the number and type of challenge and refusals activities for monitoring and evaluation purposes
- x Alberta may also consider offering the Safer Bars program. Safer Bars is a 3-hour training program designed to increase bar staff’s ability to manage aggressive customers and keep customers and others from becoming violent, aggressive or injured. More information on the Safer Bars program can be found [here](#).

9. Provincial Alcohol Strategy

Summary: Alberta tied for first with Nova Scotia on this policy dimension. A provincial alcohol strategy provides a comprehensive set of goals that address a wide range of population level policies including health services' responses, community action, pricing and marketing policies as well as monitoring and evaluation. Moreover, a provincial strategy marks alcohol as an important health and social issue worthy of government attention and helps shape a coordinated response to address these goals (Babor et al., 2010).

National Ranking: Provincial Alcohol Strategy		
Rank	Prov.	Weighted Score /5
1	AB	4.00
1	NS	4.00
3	BC	3.50
3	QC	3.50
5	SK	2.50
5		

Promising Practices: Alberta has an alcohol-specific provincial strategy document called “Alberta Alcohol Strategy”, which recognizes the importance of nine out of 10 of the priorities in the World Health Organization Global Strategy on Alcohol including:

- 9 leadership, awareness and commitment
- 9 a health services response; mobilizing community action
- 9 drunk-driving policies and counter measures
- 9 availability of alcohol
- 9 marketing of alcoholic beverages
- 9 pricing policies
- 9 reducing negative consequences of drinking and alcohol intoxication
- 9 monitoring, surveillance and evaluation activities

Areas for Improvement: While Alberta’s alcohol-specific strategy has been in place since 2008, it has not yet been fully implemented throughout the province.

Recommendations:

- x Prioritize completion of implementation of Alberta Alcohol Strategy and continue support for ongoing initiatives

10. Warning Labels and Signs

Summary: Alberta ranked third on this policy dimension. Warning labels on alcohol containers and warning signs at points of sale are important components of a comprehensive alcohol strategy. They inform consumers of the health and safety risks associated with alcohol consumption and improve public discourse so that more effective alcohol policies can be implemented (Giesbrecht, 2007). However, their effectiveness is contingent on the quality and content of the messages.

**National Ranking: Warning Labels
and Signs**



Promising Practices: The AGLC produces warning signs that licensees can voluntarily display in their establishments. These warning signs include messages about drinking and driving, drinking during pregnancy and messages indicating that individuals

Conclusion

Extensive international and national research has pointed to alcohol policies as being central to controlling and reducing the harm from alcohol and its associated costs to society. This bulletin summarizes the current state of alcohol policy in Alberta relative to best practices and other Canadian provinces. It highlights current policy strengths in Alberta and points to future opportunities where further actions can be undertaken, and which policies can be modified or enhanced. While ranking 5th place overall, Alberta has only reached 47.4% of the ideal score, suggesting there are still significant areas for improvement. In addition, Alberta was placed 6th and 7th in terms of performance in relation to the two most important policies from a public health and safety perspective: alcohol pricing and the system of regulatory control. It is hoped that this review will act as a catalyst to facilitate discussion.

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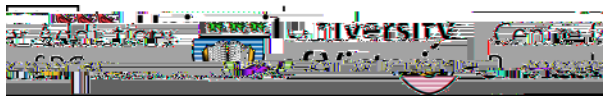
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