



Reducing Alcohol-Related Harms and Costs in Saskatchewan

A Provincial Summary Report

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

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Overview

The overall objective of this project is to encourage greater uptake of evidence-informed prevention and policy initiatives that reduce alcohol-related harms in Canada. This project documents current alcohol policy initiatives across Canada and draws comparisons across the provinces. The project serves to highlight policy strengths across each of these jurisdictions, provide recommendations on how to improve weaker policy areas and disseminate this up-to-date information to major stakeholders and policymakers in each jurisdiction.

In March of 2013, the main report entitled: *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies* (Giesbrecht et al., 2013), which documents the findings of this project, was released at an event hosted by the Centre for Addiction and Mental Health. The full report is available at:

http://www.camh.ca/en/research/news_and_publications/reports_and_books/Pages/default.aspx

This provincial summary report serves to provide more detailed results and tailored recommendations for the province of Saskatchewan. This project seeks to disseminate this information to policy-makers, decision-makers and knowledge users in order to stimulate policy change. The project also hopes to inform provincial liquor boards and alcohol regulators on the additional roles that they can play in helping to reduce alcohol related harms and costs.

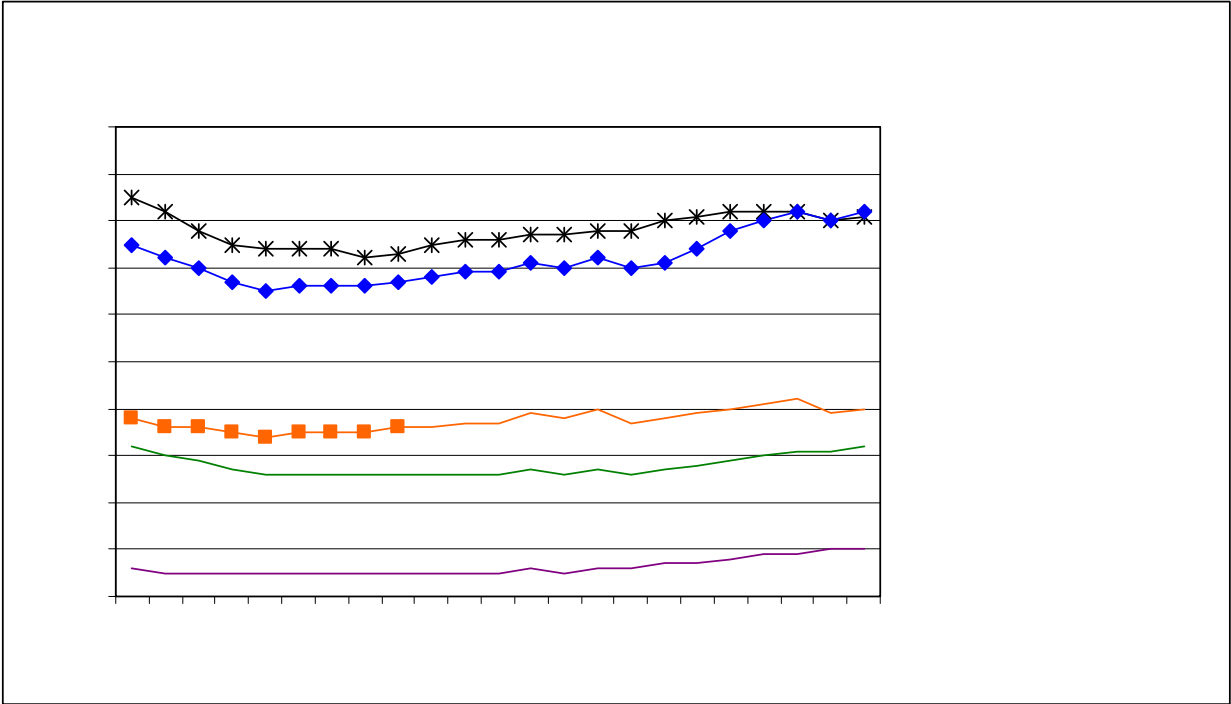
Methods

This project builds on the model implemented by MADD Canada and is based on well established and rigorous systematic reviews on the effectiveness of alcohol prevention measures as well as other studies which take a comparative approach to assessing alcohol policies (Anderson et al., 2009; Babor et al., 2010; Brand et al., 2007; Karlsson & Österberg, 2011). The policy dimensions central to this project were selected based on a review of the literature and best practices and overlap with those identified by the World Health Organization (2010) and the Canadian Centre on Substance Abuse in the National Alcohol Strategy (2007). The scoring rubric consists of 10 weighted policy dimensions which are each comprised of several scaled indicator measures and was peer reviewed by three international alcohol policy experts. Data for this project was collected systematically from official sources and verified by representatives from the relevant ministries. Finally, following a pilot test of the scoring system, the final scores were tabulated and weighted to produce the final provincial rankings.

The Current Status of Alcohol Use in Saskatchewan

While the total per capita alcohol consumption for Canada increased by 12.5% between 1997 and 2012 the per capita alcohol consumption for Saskatchewan has increased dramatically over the last 15 years; specifically, the per capita alcohol consumption in Saskatchewan has increased by almost 25% since 1997 and now surpasses the national average, see Figure 1 (Statistics Canada, 2012). Saskatchewan survey data indicate that approximately 78% of Saskatchewan residents ages 15 years and older have consumed alcohol in the last 12 months and approximately 16% of Saskatchewan drinkers regularly drink above the Canadian low-risk drinking guidelines (Health Canada, 2011).

Figure 1



Businesses offering overnight accommodation will be permitted to offer all-inclusive packages that include alcohol. Also, all permittees would be able to offer promotional packages that include alcohol, provided the minimum prices are respected. Furthermore, new policies would allow all types of permittees to offer free promotional alcohol samples or charge a flat fee for an unspecified number of alcohol samples. Finally, it is proposed to amend the Saskatchewan Liquor and Gaming Authority (SLGA) advertising standards so that provincial regulations that are not consistent with the Canadian Radio-television Telecommunications Commission (CRTC) standards are removed.

The proposed changes would also allow customers to bring their own (commercially produced) wine to restaurants. How often this is practiced by consumers will depend, in part, on the corkage fees. Changes would also entail expanding re-corking to include not only wine but high alcohol content specialty beer served in large containers. Changes to regulation and policy would also allow for beer to be dispensed from beer towers or beer taps which can hold anywhere from 2.5L to almost 4L of beer. These changes would also allow for “beer nights” during which attendees pay a flat fee to drink for a specified amount of time or until a given amount of alcohol (usually a keg of beer) is consumed by the group. Guidelines that maintain the permittees’ responsibility to ensure that over-service does not occur during ‘beer nights’ will be in place. Many of these proposed changes will make it more challenging for licensees and their staff to monitor the consumption of their patrons and may lead to increased incidents of over-service. Furthermore, the provision of free samples and promotional packages undermine minimum pricing policies and complicate enforcement. However, allowing consumers to re-cork unfinished alcohol products may encourage customers to drink less knowing they can take the remaining product home.

Changes to regulation and policy are proposed to extend the hours of operation of on-premise outlets. Pending the acceptance of these changes, the hours of operation of all permittees would be extended by 2.5 hours on Sundays and holidays. The proposed changes also include an expansion of off-sale endorsements to allow all restaurants and taverns to apply for an off-sale endorsement which enables them to sell alcohol for consumption off-site. The number of off-sale endorsements will continue to be capped but may be increased to account for the influx of seasonal visitors.

The proposed changes also include clarifying within the policy and regulatory documents that permittees may allow intoxicated patrons to remain on premise until safe transportation has been arranged and a move towards increasing the accountability of permittees with regards to illegal activity that takes place at their establishment. Of the many proposed changes to the control and sale of alcohol in the province of Saskatchewan most changes increase access to alcohol and would likely increase the risk of alcohol related harms. However, a move towards increased accountability of licensee is a positive step from a public health perspective.

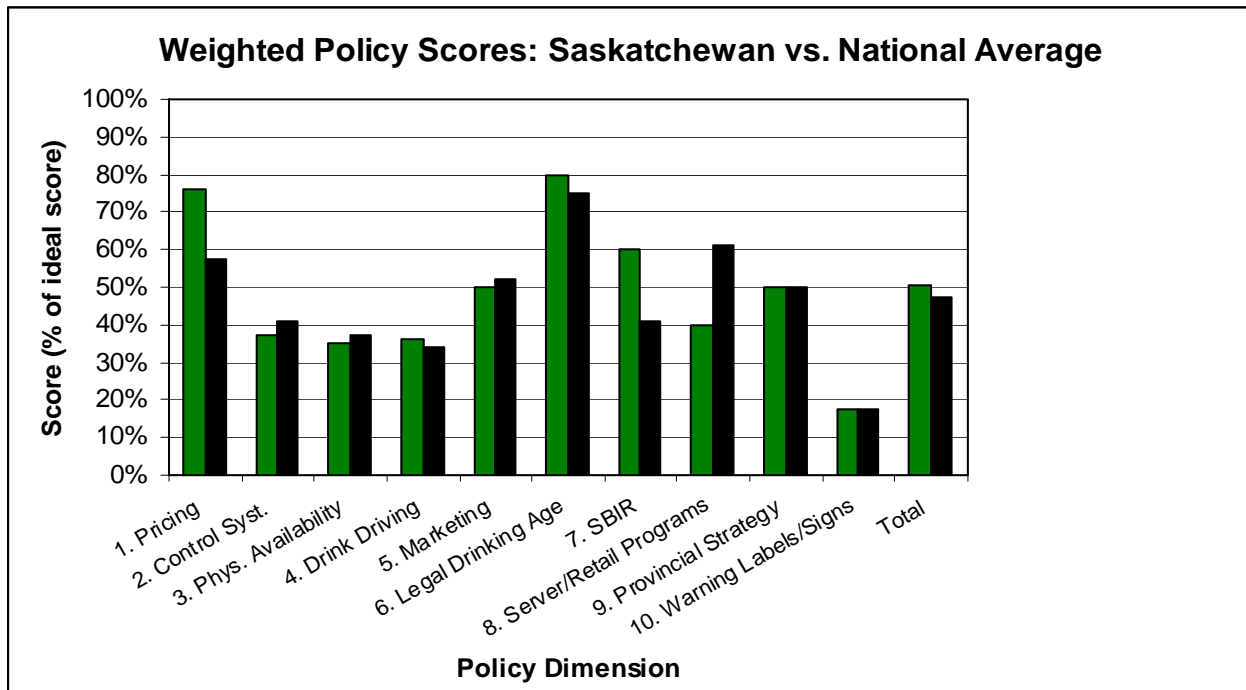
In May 2013 the Saskatchewan Ministry of Health announced that the ministries of health, social services, education, corrections and policing and justice will collaborate in order to develop a mental health and addictions action plan. A steering committee will appoint a commissioner who will meet with stakeholders, advocates, and front line staff in order to assess the current situation

with regards to mental health and addiction in Saskatchewan. The action plan is expected to be completed by Fall 2014.

Saskatchewan Specific Results:

Based on data collected up until November 2012, Saskatchewan ranked fourth overall with their greatest strength being their alcohol pricing policies which is the most potent policy lever for reducing alcohol consumption and related harms. Saskatchewan ranked first, with a score of just over 75%, for their alcohol pricing system which included the implementation of minimum pricing and a pricing system that takes alcohol content into consideration by adjusting prices by bands of alcohol strength. Also, in comparison with the national average, Saskatchewan demonstrated areas of strength in identifying screening, brief intervention and referral activities as a priority area and having legislation pertaining to the minimum legal drinking. Figure 2 shows a comparison between Saskatchewan’s score on each of the policy dimensions compared to the national average score (across the 10 provinces) for each policy dimension.

Figure 2



The following is a detailed review of the result000 the result

1. Pricing

Promising Practices: Saskatchewan has set the gold standard for alcohol pricing in Canada. Saskatchewan has minimum prices for all beverage categories sold in both on-premise licensed establishments and off-premise retail outlets. As well, the minimum prices of the beverages sold in Saskatchewan government retail stores are priced according to alcohol content. Saskatchewan has distinct minimum prices for three or four strength categories within each beverage type. These practices help ensure that the price per standard serving remains constant across the product spectrum. Finally, Saskatchewan received top marks for alcohol prices keeping pace with inflation, which prevents alcohol from getting cheaper, relative to other goods, over time.

Areas for improvement: Despite pricing based on alcohol content for minimum prices Saskatchewan's overall pricing structure does not take alcohol content into effect aside from ports and sherries being marked up more than table wine and a price distinction being made for higher strength pre-mixed cocktails. Furthermore, Saskatchewan does have minimum pricing for products sold from on-premise licensed establishments and off-premise retail outlets however, the average minimum price per standard drink for products of typical strength and volume in on-premise establishments is set at \$1.19, this falls well below the minimum price point of \$3.00 per standard drink which is recommended by the project team.

Recommendations: As mentioned, Saskatchewan's alcohol pricing policies are strong and provide an exemplary model for other provinces as well as jurisdictions beyond Canada. Saskatchewan can continue to improve on their pricing system by raising on-premise minimum prices, particularly for wine. As well, Saskatchewan could benefit from adjusting all prices to reflect alcohol content rather than using a flat rate per liter of beverage. This would help prevent relatively inexpensive products from emerging on the market.

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Recommendations: Saskatchewan is urgently advised to place a moratorium on the expansion of private outlets, particularly increasing the number of off-sale endorsements and private liquor stores. Increasing the availability of alcohol through an increase in alcohol outlets is linked with increased consumption and alcohol related harms. Furthermore, when comparing public and private alcohol retailing networks, government retailing systems do a superior job of controlling access to alcohol and thus curtailing the level of harm. They are also more effective in preventing sales to minors and intoxi

Promising Practices: Saskatchewan has an escalating administrative licence suspension (ALS) program for drivers believed to have a BAC greater than 0.04% or who refuse a standard field sobriety test. Saskatchewan has a mandatory remedial program for all federal impaired driving offenders and a judge may order a federally impaired driving offender to participate in an interlock program or impaired driving offenders may participate in an interlock program voluntarily. Participants of the interlock program receive a reduced provincial license suspension to encourage participation in the interlock program.

Areas for Improvement: Saskatchewan's graduated licensing program (GLP) is currently only 27 months and does not include BAC restrictions for supervising passengers or highway restrictions for young and/or new drivers. The 0.00% BAC limit for young and/or new drivers does not extend beyond the GLP period which may end at a minimum age of 17.5 years which is below the legal drinking age of 19 years in Saskatchewan. Overall police powers are lacking. For example, currently police are not authorized to demand an approved screening device test from all new drivers who fall under the graduated licensing program and their supervisors. Finally, escalating administrative sanctions are only 24 hours and 15 days for the first and second occurrences and the short-term ALS program is not paralleled by vehicle impoundment, monetary fines or reinstatement fees.

Recommendations: Saskatchewan had the highest per capita rate of provincial impairment-related crash deaths in Canada in 2009 (Solomon et al., 2012) and is strongly urged to strengthen policies pertaining to drinking and driving. The graduated licensing program in Saskatchewan could be strengthened by lengthening each stage of the program, placing further restrictions on new drivers, and broadening police powers to enforce the various components of the program. The 0.00% BAC limit should be extended to all drivers under the age of 21 and all new drivers with less than 5 years driving experience. The short-term administrative licence suspension program could be strengthened by lengthening suspension times, particularly for repeat offenders, and by impounding vehicles for the duration of the administrative licence suspension. Drivers who received a short term ALS should be required to pay a reinstatement fee of \$150-\$300. Finally, interlock programs should be mandatory for *all* federally impaired drivers.

5. Marketing and Advertising

Promising Practices: Saskatchewan's provincial marketing regulations extend beyond those required by the Canadian Radio-television and Telecommunications Commission (CRTC) and include restrictions on the placement of advertisements such as forbidding the placement of outdoor advertisements in areas which are frequented by children such as schools as well as restrictions on advertising price by the bottle in licensed establishments and any advertising of prices below the established minimums. Thvolitions e.

Recommendations: It is recommended that Saskatchewan maintain their current restrictions on the placement and content of advertisements and place restrictions on the volume of advertising to reduce the volume of advertisements in the province (see CPHA, 2011; Giesbrecht et al., 2011). The province is urged to implement restrictions on sponsorship, specifically banning corporate or brand identified scholarships or bursaries and other forms of sponsorship that target youth and young adults.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in Saskatchewan, which is 19 years of age, is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor. Enforcement of the minimum legal drinking age in Saskatchewan is strong. The SLGA has a liquor inspection program to enforce the legal drinking age and also collaborates with law enforcement to enforce the Liquor Control Act and Regulations, including the legal drinking age.

Areas for Improvement: The minimum legal drinking age in Saskatchewan is 19 years of age. Regulations pertaining to social hosting laws in Saskatchewan permit individuals to serve alcohol to their underage children or spouse within a private place.

Recommendations: The legal drinking age is 19 in Saskatchewan. While there is some evidence from Canada for a higher minimum legal drinking age (Whitehead et al., 1975; 1977) the more robust evidence comes from the United States (Wagenaar & Toomey, 2002). Research findings from the United States support implementing a higher drinking age, such as 21 years of age, to help reduce drinking and driving incidents and delay the onset of drinking (Babor et al., 2010). It is recommended that Saskatchewan continue their social responsibility campaigns and messaging that challenge the acceptance of providing alcohol to minors and consider revising their social hosting regulations to prohibit the provision of alcohol to minors.

7. Screening, Brief Intervention and Referral (SBIR)

Promising Practices: Screening, brief intervention and referral activities are included in Saskatchewan's provincial Population Health Promotion Strategy entitled: *Healthier Places to Live, Work and Play* (2004). The strategy identifies SBIR practices as a key activity in reaching high-risk women during early pregnancy to assist in FASD prevention. Screening, brief intervention and referral activities are supported by a fee for service code for general health counselling that may be used by physicians to bill for SBIR activities.

Areas for improvement: Saskatchewan does not have a fee for service code that is specifically for alcohol use screening, brief intervention and referral activities.

Recommendations: In order to support consistency in SBIR protocol across physicians Saskatchewan is encouraged to implement a fee for service code that is specific to screening, brief intervention and referral activities. Saskatchewan is also 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).

Recommendations: The Saskatchewan Ministry of Health, in collaboration with the ministries of social services, education, corrections and policing and justice have announced the development of a mental health and addictions action plan for Saskatchewan. This is a positive development and Saskatchewan is encouraged to identify alcohol as a priority area in the action plan and to make targeted recommendations specific to alcohol and the related harms. A provincial alcohol strategy is an important tool to guide future alcohol policy development and facilitates a comprehensive approach. There have been numerous alcohol policy changes that have been recently proposed in Saskatchewan. The impetus for these changes has been the removal of “red tape” and to provide more flexibility and business opportunities (Government of Saskatchewan, 2012). A provincial alcohol strategy would help guide policy developments while facilitating a precautionary balance between business and public health interests. Recent reports that focus on alcohol as a public health issue such as the National Alcohol Strategy (2007), the WHO Global Strategy on Alcohol (2010), and the Canadian Public Health Association position paper on alcohol Too High a Cost (2011) could serve as resource tools in developing an alcohol strategy for Saskatchewan.

10. Warning Labels and Signs

Promising Practices: The SLGA promotes several social responsibility campaigns that contain health messages about alcohol and can be displayed by either licences establishments or liquor retail outlets. The materials provided by the SLGA include clear messages pertaining to the risks associated with drinking alcohol during pregnancy “Drinking alcohol during pregnancy can harm the baby. We have fetal alcohol syndrome in our community - let’s find a solution.” and how to report an impaired driver “Report Impaired Driving: Pull over, Call 911 if you see a drive you think is impaired”.

Areas for Improvement: There is much room for improvement for all provinces in terms of the dissemination of alcohol related health messages. Saskatchewan does not have mandatory warning labels on beverage containers or alcohol packaging and does not have mandatory warning signs that include clear and direct messages about drinking and driving, moderate alcohol consumption or the risks associated with alcohol use during pregnancy and chronic diseases.

Recommendations: Education and awareness play an important supportive role in a comprehensive alcohol policy. It is recommended that Saskatchewan implement mandatory alcohol warning labels on alcohol beverage packaging. In addition to warning labels, it is recommended that Saskatchewan implement mandatory warning signs with a variety of clear and direct health oriented messages at all points of sale. These messages should include topics relevant to alcohol use such as drinking and driving, the risks of underage drinking, low-risk drinking, alcohol as a modifiable risk factor for chronic diseases and the dangers associated with drinking alcohol during pregnancy.

Recommendations for Saskatchewan

The following is a summary of the recommendations that have been outlined in detail in the above sections. The potential impact of these policies was assessed based on the scope

(population reach) as well as the evidence of effectiveness. It should be noted that the policy recommendations are listed in the order in which

Giesbrecht, N., Stockwell, T., Kendall, P., Strang, R. and Thomas, G. (2011). Alcohol in Canada:

World Health Organization [WHO] (2010). *Global Strategy to Reduce the Harmful Use of Alcohol*. Geneva: World Health Organization. Available at:
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