

Reducing Alcohol-Related Harms and Costs in British Columbia: A Policy Review



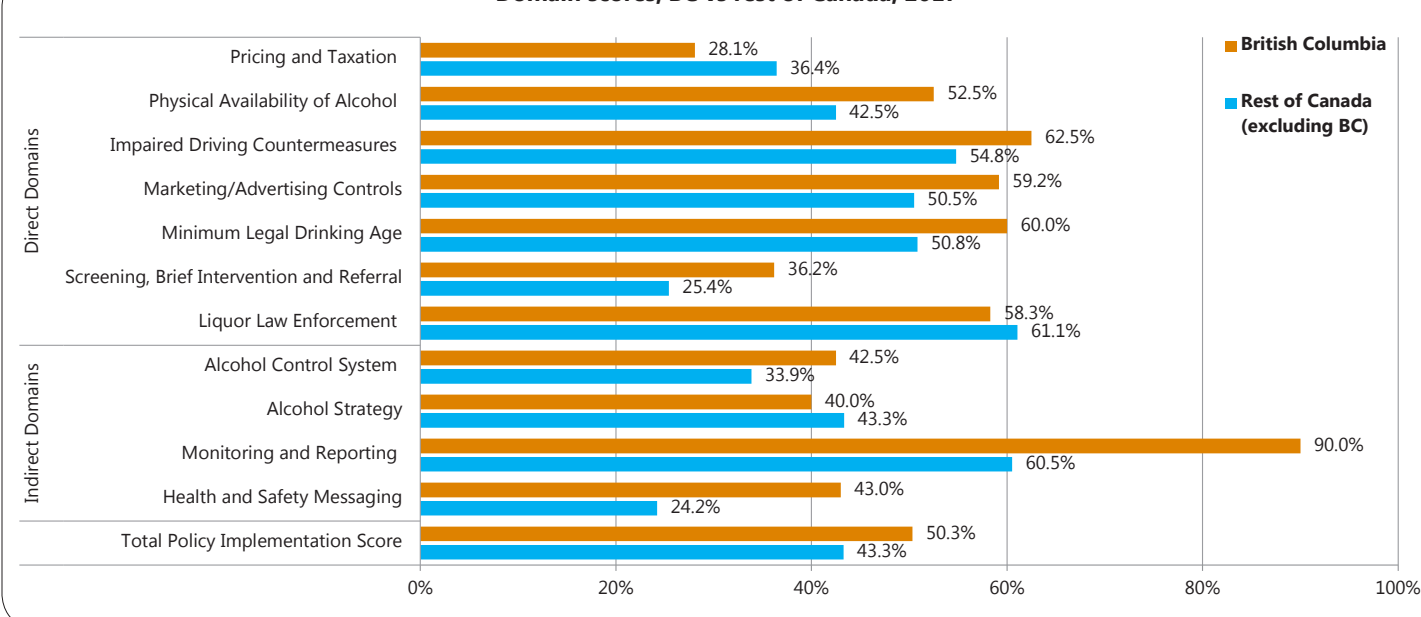
British Columbia

| | |
|---|---------------------------------|
| Population (2016) | 4,648,494 |
| Per capita alcohol consumption age 15+* | 9.9L pure ethanol** |
| Overall alcohol harm costs (2014) | \$1,936M |
| Net revenue from alcohol (2014)*** | \$1,621M |
| Type of alcohol retail system | Mixed government/private system |

The Provincial and Territorial Canadian Alcohol Policy Evaluation (CAPE) project is a rigorous assessment of whether evidence-based alcohol policies were implemented within each province and territory in 2017. A comprehensive alcohol policy framework was developed, containing gold standard best practices across 11 different policy domains. The first seven domains have evidence of effectiveness as means of *directly* reducing population level consumption of alcohol and/or related harms. The last four domains are composed of evidence-based strategies that more *indirectly* facilitate implementation of the first seven domains. See Stockwell et al, 2019^a for the full methodology and findings.

The scores presented in this summary reflect the degree to which British Columbia has implemented these gold standard best practices captured in the alcohol policy framework. **Overall, British Columbia scored 50% in 2017, which is 7% above the average of 43% for the rest of Canada (excluding BC).**

Domain scores, BC vs rest of Canada, 2017



Promising practices in British Columbia

- **Minimum prices** for most alcohol sold in British Columbia on-premise establishments (e.g. bars and restaurants) are currently set at a rate higher than the gold standard best practice; the only exception is the discounted rate available for draft beer and cider provided in servings greater than 50oz. British Columbia also sets sales taxes on alcohol that are 3% higher than the PST on other consumer goods.
- To support safer drinking contexts, British Columbia **restricts the number of drinks** served to individuals at one time to two standard drinks and **permits re-corking of unfinished wine** for take-away at on-premise establishments such as bars and restaurants.
- There are strong impaired driving countermeasures in place in British Columbia with **minimum durations for administrative licensing suspension (ALS)** set as recommended at 3 days for the first offense and 7 days for the second offense with a license reinstatement fee.
- British Columbia has **supportive minimum legal drinking age legislation** that prohibits the purchase and sale of alcohol involving underage individuals with **no existing exceptions** allowing for legal consumption of alcohol in certain contexts such as a parent, spouse or guardian providing it in a private residence.



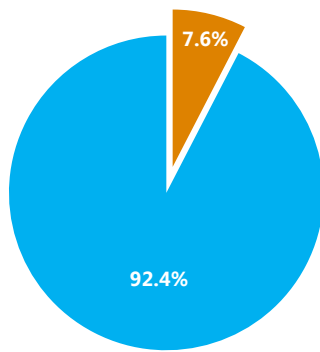
*Adjusted to account for unrecorded alcohol consumption. **Equivalent to 581 standard drinks (1 standard drink contains 17.05mL of pure alcohol and is equivalent to 341mL of 5% beer; 142mL of 12% wine; or 43mL of 40% spirits). *** Net income of liquor authorities, total taxes, and other revenue. See CAPE report for full list of data sources.^a

Strengthening alcohol policies in British Columbia

| Policy Domain | | Score | Selected recommendations |
|--|---|--|--|
| DIRECT DOMAINS |  Pricing and Taxation | 28% F | Ensure minimum prices are set at a rate per standard drink (e.g. 17.05mL pure alcohol) of at least \$1.75* per standard drink for off-premise retail stores and \$3.50* per standard drink for on-premise establishments , after taxes with no exceptions (*2019 prices). For example, minimum prices should be legislated to apply to all off-premise retail stores including ferment-on-premise sales. Volume discounts such as for pitchers of beer should be prohibited. Update all alcohol prices annually to reflect British Columbia-specific inflation rates to ensure alcohol does not become less expensive relative to other goods over time. On-premise minimum prices have not been updated since implementation in 2016 and so have reduced potential as a harm reduction intervention. |
| |  Physical Availability | 53% D- | Introduce legislated restrictions on outlet density in British Columbia, particularly for on-premise establishments such as restaurants and bars. Limit the availability of alcohol by reducing trading hours ; do not allow early morning alcohol sales (i.e. before 11:00am) or late-night sales (i.e. after 8pm for off-premise retail stores and 1am for on-premise establishments) without exceptions and prohibit 24-hour room service sales of alcohol in hotels/motels . |
| |  Impaired Driving Counter-measures | 63% C- | Strengthen the graduated licensing program (GLP) for new drivers in British Columbia by implementing a night-time driving ban for stage 2 drivers and zero tolerance for cannabis and illicit substances for GLP drivers for a minimum of 3 years after program completion. Penalties should be increased or modified for all drivers when the presence of a drug is detected in addition to alcohol and a minimum 3-year interlock order should be required for a second Criminal Code impaired driving offense. |
| |  Marketing and Advertising Controls | 59% D+ | Ensure alcohol advertising content restrictions cover placement, quantity, and content of ads and that there is an independent complaint system that handles complaints for advertisements from all off-premise retailers whether they are privately or government run. Implement mandatory pre-screening for all alcohol ads by an independent authority to confirm compliance with content restrictions prior to publication and have penalties that vary depending on the severity of the violation. Liquor regulators and retailers should make use of social media platforms to present evidence-based alcohol-related health and safety messaging . |
| |  Minimum Legal Drinking Age | 60% C- | Increase the minimum legal drinking age ; give consideration to graduated drinking policies that grant phased-in legal access to alcohol by limiting the amount and type of alcohol that can be purchased in specific settings between the ages of 19 and 21. |
| |  Screening, Brief Intervention/Referral | 36% F | Collaborate with health care professionals to develop screening, brief intervention and referral (SBIR) practice guidelines and tools to be implemented in a health care setting and online or consider adopting the SBIR resource developed by the College of Family Physicians. Online tools can increase accessibility, especially among younger populations or those not accessing health care in a clinical setting; implementation of SBIR tools should be tracked in order to inform future SBIR activities. |
| INDIRECT DOMAINS |  Liquor Law Enforcement | 58% D+ | Implement a risk-based licensing and enforcement program for on-premise establishments, off-premise retail stores, and special occasion permits to inform licensing conditions and enforcement schedules based on outlet and licence holder characteristics as well as incident data. Both on-premise establishments and off-premise retail stores should be inspected a minimum of once per year with more frequent checks based on risk. Employ at least 1 liquor inspector per 300 outlets to ensure there are sufficient numbers to conduct frequent compliance checks and follow-up checks for violations. |
| |  Alcohol Control System | 43% F | Increase the proportion of government-owned and government-run off-premise retail stores in British Columbia. Prohibit sales beyond on- and off-premise outlets such as online sales and liquor delivery services; phase out ferment on premise outlets , which encourage the bulk sale of inexpensive alcohol. Ensure there are legislated earmarked funds to support prevention initiatives and health messaging . |
| |  Alcohol Strategy | 40% F | Develop an alcohol-specific government endorsed strategy that includes a range of evidence-based public health policies and is developed independently from the alcohol industry . Ensure the strategy has dedicated funding , an identified leader with a public health and/or safety focus to facilitate implementation, and systems in place to monitor implementation and effectiveness. The strategy should be updated at least every five years . |
| |  Monitoring and Reporting | 90% A+ | Ensure that monitoring and tracking of alcohol consumption and harm indicators are sufficiently funded and made publicly available at least annually through a centralized system in order to support effective monitoring of trends in consumption and harms. |
|  Health and Safety Messaging | 43% F | Implement legislated enhanced alcohol labels as a manufacturer requirement with health and safety messages, standard drink information, and national low-risk drinking guidelines; labels should have prominent rotating messages that are accompanied by pictorial images. Ensure that legislated health and safety messages displayed in all on-premise establishments and off-premise retail stores include a variety of health-focused messages ; and have liquor control boards use a range of media platforms to communicate health and safety messaging . | |
| Total Policy Implementation Score | | 50% D- | A comprehensive list of gold standard best practice alcohol policies is available in Appendix C of the full CAPE report². |

British Columbia: selected findings, 2017

British Columbia alcohol retail stores, 2017



Government retail stores Private retail stores

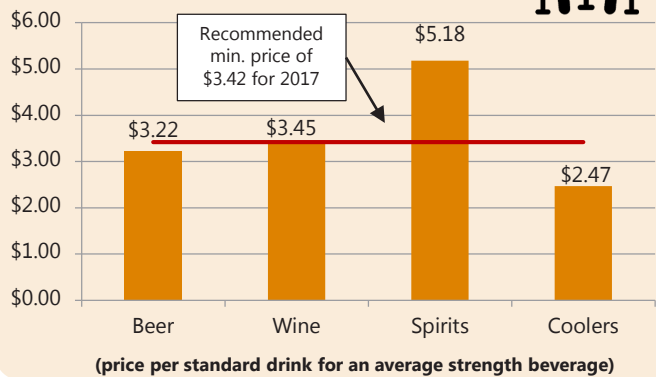
Best practice is 100% government-run alcohol retail stores

British Columbia minimum prices per standard drink, 2017

Off-premise alcohol retail stores

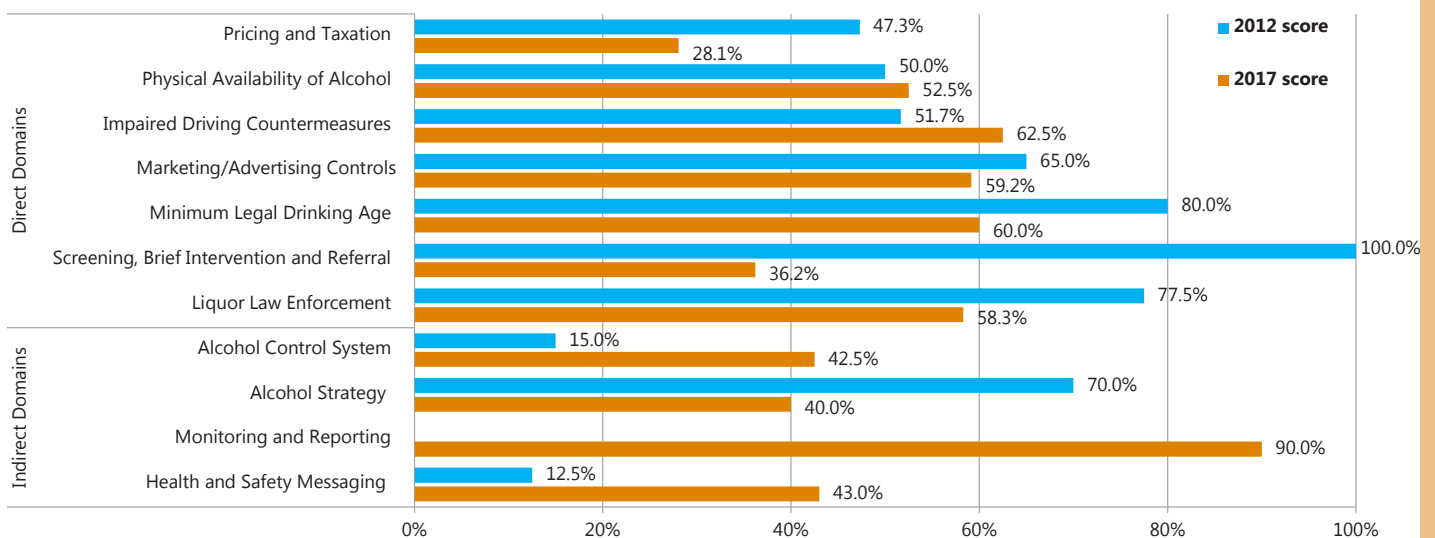


On-premise establishments (restaurants, bars, etc.)



Note: On-premise minimum beer price shown here is an average of three minimum beer prices.

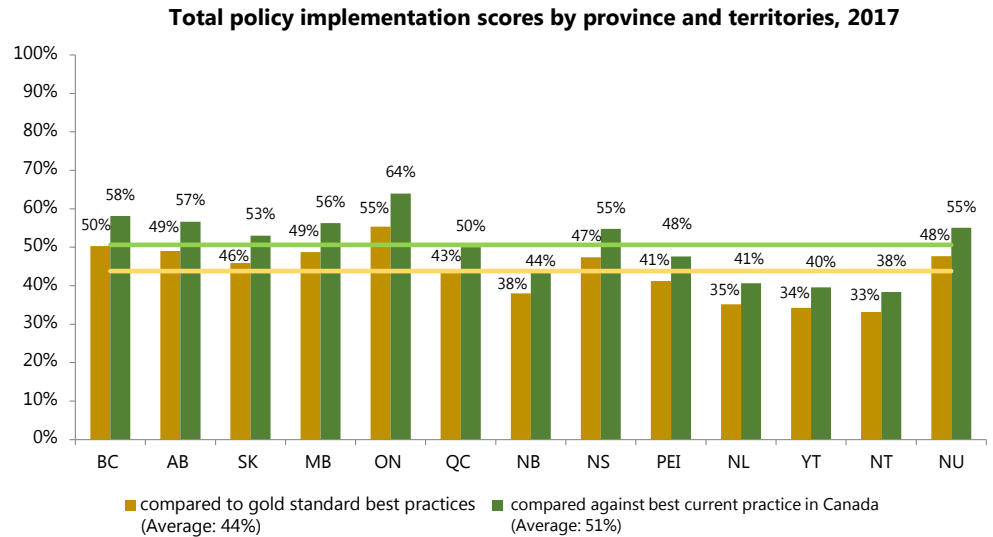
Domain scores, British Columbia, 2012 vs 2017



Note: policy indicators may have changed between 2012 and 2017 thus scores reflect best practices at the time of data collection.

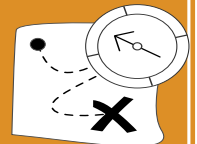
How does British Columbia stack up against other provinces and territories?

Even though the provinces and territories scored poorly overall in relation to gold standard best practices, many examples of strong alcohol policy components were found across Canada. **In fact, if a province or territory chose to implement all of these best current practices that were identified they would have scored 87% (Grade A).** Based on these best current practices identified across all jurisdictions, the scores were scaled up to show how the provinces and territories measure up against best current practices in Canada (green bars).



Next steps for reducing alcohol-related harms and costs in British Columbia

- In light of the substantial and increasing harm from alcohol use, the British Columbia government should give greater priority to funding and implementing effective alcohol policies such as those outlined in this summary and in the full report².
- Reconsider the treatment of alcohol as an ordinary commodity; alcohol should not be sold alongside food and other grocery items as this leads to greater consumption and related harm.
- Learn from other provinces' and territories' experiences with successful implementation of effective alcohol policies (see Best Practice Leaders identified on P11 of the full report²).
- Government should take action in concert with NGOs and other stakeholders to implement a combination of population level policies prioritising the first seven policy areas identified in this summary.
- Inform the public about the risks of alcohol, including the comparative risks of alcohol and other substances, to create a more supportive climate for enacting effective policies. This can be achieved with initiatives such as mandatory warning labels on all alcohol containers and clear and consistent public health messaging on a range of health topics.
- Carefully document policy changes and regularly monitor and evaluate alcohol-related public health and safety outcomes to better inform future policy development.



Suggested citation: Stockwell, T., Vallance, K., Chow, C., Wettlaufer, A., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Reducing Alcohol-Related Harms and Costs in British Columbia: A Policy Review. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

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▣ To learn more about the **Canadian Alcohol Policy Evaluation Project**, read other jurisdictional summaries and download the full federal and jurisdictional reports, visit alcoholpolicy.cisur.ca or email cisur@uvic.ca.