



# The Municipal Alcohol Policy Program in British Columbia

The Canadian Centre on Substance Use and Addiction produced this profile in collaboration with partners to highlight how provinces and territories assist municipalities to develop or update municipal alcohol policies. Municipal alcohol policies are one element of a comprehensive approach to alcohol policy to encourage a culture of safety and moderation, which is a recommendation of Canada's [National Alcohol Strategy](#).

## British Columbia's Definition of a Municipal Alcohol Policy

A municipal alcohol policy (MAP) is a civic policy tool that aligns with provincial liquor laws and outlines the appropriate use of alcohol on municipally owned or managed property such as parks, beaches, arenas, sport stadiums and community centres.

### Goal

The ultimate goal of British Columbia's MAP program is to promote a culture of moderation in the consumption of alcohol through the enhanced implementation of policies aimed at preventing under-age drinking, extreme intoxication and other high-risk situations, and thereby reduce alcohol-related health and social harms.

A MAP provides clear guidelines for alcohol use in municipally owned or managed settings, and helps to reduce the risk of alcohol-related problems. Additionally, the process of developing and endorsing a MAP can facilitate community education and mobilization on other aspects of alcohol use and related problems and harms.

"Today, many communities are seeking ways to better manage and reduce the number of alcohol-related problems at local government/First Nation-owned facilities and cultural events. A MAP can be instrumental in keeping events safe, as well as helping to create a healthier community by promoting a culture of moderation."

*A Local Government Guide to Creating Municipal Alcohol Policy*

## Why MAP Is Important

Alcohol caused an estimated 24,429 hospitalizations and 1,281 deaths across British Columbia in 2013. A MAP addresses public health and safety goals by ensuring that municipally owned facilities and events are well managed and safe for participants, thereby reducing problems such as injuries and vandalism. In addition, a MAP can also address the problems associated with excessive drinking by supporting the development of a culture of moderation by raising awareness and influencing community social norms related to drinking. In British Columbia, MAP development also aligns with the work of the government's Liquor Control and Licensing Branch to ensure public safety through legislation, regulation and related programs.



## British Columbia Policy

The idea of using a MAP to help address the harms and costs of alcohol at the local level in British Columbia was first recommended in the 2008 Provincial Health Officer's report (Kendall, 2008). This report assessed the impact of recent policy changes that had increased access to alcohol and offered numerous recommendations and strategies to help reduce the negative public health outcomes associated with these changes.

In 2010, British Columbia released a cross-government strategy, *Healthy Minds, Healthy People*, to address harms related to substance use and mental illness (British Columbia Ministry of Health Services, 2010). The government committed to “partner with local governments to target districts and events which have high levels of hazardous drinking in order to reduce injuries, violence, vandalism and other health and social costs.”

Additionally, in 2013, *BC's Guiding Framework for Public Health* (British Columbia Ministry of Health Services, 2013) created a long-term vision and guidance for the public health system. This practice guide prioritizes the reduction of hazardous drinking in British Columbia through local policy development and promotion of a culture of moderation. Similarly, the *Healthy Families BC Policy Framework: A Focused Approach to Chronic Disease and Injury Prevention* (British Columbia Ministry of Health Services, 2014) lists MAPs as a best practice in British Columbia to prevent alcohol-related illness and injury.

## The B.C. Approach

The B.C. MAP program is a collaborative initiative of B.C. Healthy Communities (BCHC) and the B.C. Ministry of Health, in partnership with local governments and First Nations. MAP activity is also supported by the Centre for Addictions Research of B.C. (CARBC).

BCHC, with funding from the B.C. Ministry of Health, provides seed grants, resources and support to local governments and First Nations in the province to assist with MAP development. Resources include meeting facilitation, community-level alcohol use and harms data profiles (provided through CARBC), webinars, the resource, *A Local Government Guide to Developing a MAP* (British Columbia Ministry of Health Services, 2012), and a MAP workbook adapted from a guide developed at the Centre for Addictions and Mental Health in 1998. For most communities, the grant (\$7,000–10,000) for activities associated with developing a MAP provides seed money to get the process underway or, in some cases, to hire a consultant to expedite the research and the writing of MAP plans. Since the grant monies are tied to MAP plan development, acceptance of the grant implies that this activity is a priority for the community.

British Columbia supports MAP development through a program in partnership with B.C. Healthy Communities that offers:

- Community seed grants for MAP development (~\$7,000)
- Workshops and advice
- A practical step-by-step guide

In many B.C. communities, BCHC staff, community and health authority champions, or community committees with a mandate to address substance use or broader health issues spearhead MAP development. BCHC and Ministry of Health staff engage with local governments and First Nations in a variety of ways: through the BCHC website and newsletter; by attending and conducting workshops at municipal conferences such as the annual gathering of the Union of B.C. Municipalities; through interactions with mental health and substance use staff in the six health authorities; at meetings held by local healthy community committees; and by contacting elected officials or other key influencers in communities. MAPs are taken up and moved forward by a range of people, including



local staff such as recreation directors and community planners, and elected officials. BCHC facilitates informal knowledge exchange among communities engaged in MAPs.

## Challenges

While a MAP is a potentially valuable tool for helping communities reduce the problems associated with excessive drinking and influence the local drinking culture towards moderation, developing MAPs in British Columbia presents a number of challenges.

### Making the Case

Communities often are not fully aware of the local health, safety and social costs of alcohol. Many view alcohol as an accepted part of life with few risks other than addiction and impaired driving. The prevailing cultural attitude is that addressing risky and hazardous drinking is mainly the responsibility of individuals. Communities and local governments might not fully be aware of their collective responsibility to both reduce liability for risky behaviour in their facilities and to create environments where citizens can enjoy alcohol in moderation. Additionally, local governments might not always recognize their authority to regulate alcohol consumption and related behaviours on their property. Given this context, it is vitally important that locally relevant data and practical help be made available so that the value of a robust MAP is recognized and priority given to its development, as has been done at different levels in British Columbia.

Expanding the dialogue to include a public health perspective, along with an accounting of the costs of alcohol to the community, can be very useful for placing the topic of alcohol on the agenda of local governments. Advocacy by or the involvement of the local medical health officer and staff of the regional health authority can be instrumental to this process. In one large community on Vancouver Island, part of the success of the MAP process can be attributed to the dedication and assistance of the local health authority through the medical health officer who was actively involved throughout the MAP development process.

It is also critical to acknowledge that communities must balance economic health with public health concerns in the MAP process. For some cities and towns in British Columbia, tourism is central to their economy, with revenue from alcohol sales at festivals and other events representing a significant source of economic stimulus. Generating political buy-in for the development and implementation of a MAP often requires the balancing of economic and public health concerns.

### Resources, Including Champions

Human resource constraints have affected the ability of some communities and First Nations to develop and implement a MAP. In British Columbia, there are sometimes no obvious personnel to oversee and guide a MAP process, in contrast to other provinces in which local public health staff are specifically mandated to work with municipal officials on policies and programs to reduce alcohol-related harm. To address this problem, some communities have designated a lead (e.g., from parks and recreation staff), hired a consultant (with seed funds noted above) or delegated the project to an existing community committee.

In other cases, however, developing a MAP simply entails more work than small communities can perform. Support from key champions in the community can be extremely helpful to overcome the problem with capacity. In one medium-sized B.C. community, a local city councillor became the public face for the MAP because she was respected for her work championing initiatives on FASD. On a related point, it is best to start the MAP early in the term of the municipal or band council; in several instances, the election of a new council impacted the work done on a MAP prior to the election.



## History of Collaboration

Communities with a history of working together effectively with local organizations and municipal or band councils on health or substance use issues are often successful at developing a MAP. Collaboration among local governments and First Nations communities helps to ensure consistency across a geographical area, makes the development process more efficient, and enables communities to pool the seed grants available to each participating local government and First Nation.

The development and partial implementation of a MAP in one region of British Columbia was facilitated by the existence of a well-established working relationship among multiple organizations (village of Pemberton, Mount Curry Indian Band, the Squamish-Lillooet Regional District, Vancouver Coastal Health, the local school district, the RCMP, the tribal police, the local liquor inspector and a variety of community service organizations). In this case, an active committee, Winds of Change, had been in operation for a number of years before developing their MAP. Another successful regional collaboration, which has resulted in the development of a regional MAP, occurred in the Comox Valley, where a municipality, a regional government and a local First Nation collaborated and shared resources to create a combined MAP.

## Evaluation

Although baseline measures of alcohol consumption and alcohol-related morbidity and mortality are available from CARBC, it is difficult to assess the impact of a MAP at the local level. At this stage in British Columbia, only a small number of communities have carried their MAP through to full implementation and have not undergone outcome evaluations.

BCHC and the B.C. Ministry of Health measure process outcomes such as the number of communities developing and implementing MAPs, the number of stakeholders engaged in MAP processes, and the number and extent of community consultations. The capacity to measure impact via indicators such as police calls and alcohol-related incidents at events is dependent on communities collecting and monitoring that data. CARBC has recently completed a comprehensive evaluation of MAPs in B.C. to identify facilitators and barriers to successful MAP development and implementation. The CARBC report suggests the following changes be made to the grant-funding program to enhance the uptake, implementation and effectiveness of MAPs in British Columbia:

1. MAP funding should be made contingent upon the direct and active involvement of the regional health authority to better represent public health and safety concerns in the process.
2. Additional funding should be made available to support implementation as well as negotiation and design of the MAPs.
3. The MAP process should be supported centrally with the provision of regularly updated datasets on municipal-level alcohol consumption and related harms.
4. Consideration should be given to prioritizing those strategies within a MAP that are based on strong evidence (e.g., controls on availability).

## Lessons Learned in British Columbia

The following lessons were among those learned from the MAP project in British Columbia:

1. Generating political buy-in for developing and implementing a MAP often requires balancing economic and public health concerns. Expanding the dialogue to include a public health perspective, along with an account of the costs of alcohol to the community, can be useful for getting the topic of alcohol on the agenda of local governments.



2. Local champions are needed to marshal and focus energy for developing and implementing MAPs.
3. A co-ordinator or designated staff person with time and resources who has local knowledge and networking connections to conduct community consultations and research, and to draft the MAP plan can help ensure the process goes smoothly and is followed through to completion.
4. The seed grants might not be large enough to enable many smaller communities with limited resources to successfully develop and implement a MAP in a timely fashion.

### ***Lessons for Provincial Governments***

1. Make sure that the grants are of sufficient size to support work (\$7,000–10,000), especially for communities where the MAP development process is complex due to geography or population size, or where there are few local resources.
2. Offer a phased approach to the grants; for example, a grant for community consultation and research, another for preparing the MAP plan and another for implementing the MAP. This way the work appears less overwhelming, especially for small communities with few resources.
3. Develop a list of experienced consultants who can assist communities with particular aspects of the MAP process and give the list to the communities.
4. At the local level, it is best if MAP activity occurs early within the term of elected officials, otherwise, the project might have to start over with a new municipal or band council.
5. Encourage collaboration and sharing of resources by facilitating regional workshops for representatives of communities developing and implementing MAPs to exchange ideas and strategies, and to strengthen cross-community networks. Identify incentives to encourage attendance at the workshops and networking.

**Prepared in collaboration with the Population and Public Health Division, British Columbia Ministry of Health**

### **Selected Resources from British Columbia**

#### **B.C. Healthy Communities**

B.C. Healthy Communities provides seed grants, resources and support to local governments and First Nations in the province to assist with MAP development. This site provides links to a guide, an application for funding and other resources.

- [bchealthycommunities.ca/map](http://bchealthycommunities.ca/map)
- B.C. MAP program [information sheet](#)

#### **A Local Government Guide to Creating Municipal Alcohol Policy**

Based on the policy groundwork relating to MAPs originally prepared by the Centre for Addiction and Mental Health, this step by step guide also provides advice from two communities.

- [www.health.gov.bc.ca/library/publications/year/2012/creating-municipal-alcohol-policy.pdf](http://www.health.gov.bc.ca/library/publications/year/2012/creating-municipal-alcohol-policy.pdf)



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