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The National Alcohol Strategy Monitoring Project

A Status Report

November 2017

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Conflict of Interest

None

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Background

Alcohol is a legal commodity with economic and social benefits that also has a high potential for harm. In 2007, an expert working group reached consensus on a National Alcohol Strategy (NAS) that makes 41 recommendations to help Canada move toward a culture of moderation for alcohol consumption. Since the release of the NAS, stakeholders have been developing initiatives and investments to move toward a culture of moderation and the National Alcohol Strategy Advisory Committee (NASAC) has continuously overseen the implementation of the recommendations. In 2012, it became a priority to assess the effect of these efforts and so, a year later, NASAC identified the need to track the progress of the recommendations in terms of their implementation and impact through a structured evaluation and monitoring framework.

The purpose of the monitoring project is to measure progress in the implementation of the NAS over time and how that progress translates into promoting moderation and reducing the overall harm from alcohol in Canada.

Methods

To ensure neutrality and objectivity in the development of this report, NASAC agreed to develop a monitoring strategy that would also guide the development of future reports. Monitoring is a systematic, ongoing process to collect, analyze and interpret accurate, up-to-date, relevant information from various data sources and to examine changes in a phenomenon over time (Treasury Board of Canada Secretariat, 2004). A logic model was adopted to formalize the links between the resources available, the initiatives developed to implement the NAS and the specific changes in knowledge, attitudes and behaviours expected to result from the NAS activities.

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The complexity of Canada's federal system and especially the fact that health care and the regulation of alcohol falls largely under the authority of the provinces and territories creates significant challenges for gathering data to evaluate the progress of a health-related national strategy for alcohol. Moreover, the number of questions about alcohol consumption in national surveys has been markedly reduced in recent years and this limits the ability to estimate changes in drinking-related experiences over time.

For the first release of the monitoring project, it was decided that instead of completing an overall evaluation since 2007, a status report would be developed to document indicators for which a scan of existing national, provincial and territorial reports, records or documents on alcohol revealed the existence of reliable national sources of information. These indicators were summarized into a series of information sheets.

Results

Implementation of the NAS

In addition to establishing this evaluation framework, logic model and list of associated indicators and information sheets, a number of resources in support of the NAS recommendations have been developed since the adoption of the NAS. For example, the Low-Risk Alcohol Drinking Guidelines (LRDGs) have been developed, consensus on standard drink labelling guidelines has been reached

and a comprehensive alcohol screening, brief intervention and referral (SBIR) resource has been available since 2012. While these resources provide a good start for building the foundation for implementing the NAS, their uptake and implementation is varied across the provinces and territories. For example, Éduc'alcool in Quebec and the LCBO in Ontario have invested funds in disseminating and promoting the LRDGs, but it will be important moving forward that alcohol-related health promotion resources are fully and consistently implemented across the provinces and territories.

One area of significant progress is that of drinking and driving policy. As recommended in the NAS, twelve out of thirteen Canadian jurisdictions, have now adopted zero-tolerance alcohol provisions for young or novice drivers. Furthermore, since the release of the NAS, three provinces have followed NASAC's precedent and adopted an alcohol strategy.

The NAS includes 16 recommendations related to the availability of alcohol. Unfortunately, due to limited data being available, it is difficult to assess progress in this area. Data from one indicator, the consumer price index for alcoholic beverage, indicates that since the release of the NAS, the price paid by Canadians for alcoholic beverages has increased, but less than the price for other items. While this only represents data from one indicator in this area, it will be important to monitor progress with regard to alcohol availability to ensure we are moving in a direction that supports a culture of moderation.

Alcohol-related Behaviours and Consequences

To move toward a culture of moderation, Canadians need to be aware of the LRDGs. One year after the release of the LRDGs, survey data indicated that a quarter (26%) of Canadians had seen or heard about the LRDGs. Nevertheless, adherence to the LRGDs appears high as 84% of the total population report drinking within the LRDGs for chronic effects and 89% report drinking within the LRDGs for acute effects in 2013 (Outcome Indicators 1.2.1 and 1.2.2). The prevalence of heavy drinking signals that nearly one-fifth (18%) of Canadians aged 12 and over report to have had five drinks (four drinks for women) on at least one occasion monthly. This proportion reaches 30.5% among young adults (Outcome Indicator 3.1.1).

Regarding drinking among youth, the average age for having a first drink is 13.5 years old. Moreover, 39.5% of school-aged children consumed alcohol during the past year and 23.7% reported heavy drinking (Outcome Indicators 3.1.2 to 3.1.4). While adherence to the LRDGs among the general population was upwards of 80%, more work is needed around youth and adherence to the LRDGs specifically in reference to the LRDG recommendation that youth should delay drinking alcohol for as long as possible, at least until the legal drinking age.

Discussion

This status report provides some initial findings regarding progress made towards the implementation of the NAS and promoting a culture of moderation. The limited availability and quality of data, however, made it challenging to provide a complete picture. This limitation will need to be addressed to obtain a better understanding of how far the implementation of NAS recommendations has been rendered and the extent to which these recommendations have affected Canadians' attitudes, knowledge and behaviours related to alcohol.

Regarding the implementation of the NAS, national data on social marketing campaigns for moderate drinking, SBIR activities and access to treatment services were unavailable for this status report. There were also significant gaps with regards to indicators focusing on specific drinking environments in which drinking occurs, including campuses, licenced establishments and recreational events. Additionally, while the report includes sufficient indicators on alcohol availability, affordability and

marketing, the data used was limited to the existence of key policies and regulations such as outlet density, social reference price or binding regulations on advertising, as data on the extent to which these policies and regulations are implemented or enforced was not readily available across jurisdictions.

Regarding alcohol-related experiences, there is a lack of data to measure Canadian's alcohol literacy, harms caused by others' drinking and the proportion of those at risk for alcohol abuse versus those at risk for alcohol dependence. Data for alcohol hospitalizations were limited in scope as they focused exclusively on hospital stays for the treatment of conditions wholly caused by alcohol (e.g., alcohol dependence or alcoholic liver disease).

Conclusion and Next Steps

This project is ongoing and a monitoring framework based on a logic model is starting to bear results. Some results from this work are already being used to inform discussions with stakeholders who have implemented resources and activities in the past and wish to know how they should invest in the future.

Building on this status report, the long-term goal of the monitoring strategy will be reached in future report releases once data from multiple points in time have been collected. In that process, it will be crucial to address gaps identified in terms of monitoring, including the limited availability and quality of data. Conversations will be initiated with various groups, institutes and stakeholders to evaluate the possibility of expanding and strengthening data collection to improve the number of significant indicators.

Moving forward, it is anticipated that future releases of the monitoring project will allow for comparing trends over time and across jurisdictions. In return, it is hoped that this will guide future investments and lead to innovative policies that support a culture of moderation in Canada.

Introduction

Alcohol is a legal commodity with economic and social benefits that also has a high potential for harm. During cross-country consultations in 2005 on substance use in Canada, alcohol was identified as an issue requiring national attention. While low levels of consumption had been associated with health benefits for some people, higher levels of consumption were recognised to be a significant risk factor for numerous chronic health conditions, such as heart disease, cirrhosis of the liver and several types of cancers, as well as acute problems like injuries (e.g., from road crashes), violence and suicide. Besides health impact, it was recognized that the harmful use of alcohol had broader social implications within the domestic, the work and the legal spheres (Public Health Agency of Canada, 2016). In 2002, it had been estimated that the total cost of alcohol-related harm in Canada was $14.6 billion per year, including $7.1 billion in lost productivity, $3.3 billion for direct healthcare costs and $3.1 billion for direct enforcement costs (Rehm et al., 2007). In this context, Health Canada, the Alberta Alcohol and Drug Abuse Commission and the Canadian Centre on Substance Use and Addiction (CCSA) jointly created an expert working group to study the issue and develop recommendations for a National Alcohol Strategy (NAS).

In 2007, the group reached consensus on a strategy that recognizes the roles of all stakeholders in the field of alcohol in minimizing alcohol-related harm (National Alcohol Strategy Working Group, 2007). The strategy makes 41 recommendations to help Canada move toward a culture of moderation for alcohol consumption. In 2008, the National Alcohol Strategy Advisory Committee (NASAC), including representatives and stakeholders from federal, provincial and territorial governments, addictions organizations, universities, non-governmental organizations, and the alcohol and hospitality industries, was mandated to lead the implementation, monitoring and evaluation of the recommendations.[1] Originally, the group was co-chaired by the Chief Executive Officer, MADD Canada, the Director, Addiction Services, Nova Scotia Department of Health and Wellness, and the CEO, CCSA.[2]

Since the release of the NAS, stakeholders have been developing initiatives and investments to move toward a culture of moderation and NASAC has continuously overseen the implementation of the 41 recommendations. In 2012, it became a priority to assess the effect of these efforts and so, a year later NASAC identified the need to track the progress of the recommendations in terms of their implementation and impact through a structured evaluation and monitoring framework. It was decided that the framework should:

- Provide a reference measure against which to track the progress of each recommendation;
- Highlight the progress that has been made on each of the recommendations and the NAS as a whole;
- Facilitate transparency and accountability in reporting on progress related to the recommendations;
- Ensure the NAS is being implemented as planned;
- Identify priority areas where further action is needed; and
- Identify opportunities for collaboration and possible ways forward.

1 For a complete list of NASAC members, see www.ccsa.ca/Eng/collaboration/National-Alcohol-Strategy-Partnerships/Pages/National-Alcohol-Strategy-Advisory-Committee.aspx.

2 In 2016, the Director, Addiction Services, Nova Scotia Department of Health and Wellness, was replaced by the Director, Alberta Health, Government of Alberta.

Fulfilling these goals will inform decision-making and resource allocation for prevention, education and treatment, as well as facilitate policy innovations to reduce the burden of alcohol use in Canada. In 2014, to start this project, a working group of NASAC experts and collaborators met to discuss approaches, tools and methods that should be adopted to carry out this project.[3]

3 The working group comprised representatives from CCSA, including the project lead, Catherine Paradis (CCSA), Sylvia Kairouz (Concordia University) and three NASAC members, Peter Butt (University of Saskatchewan and College of Family Physicians of Canada), Louise Nadeau (University of Montreal) and Tim Stockwell (Centre for Addictions Research of BC, University of Victoria).

Method

The monitoring project must be grounded in evidence. To ensure neutrality and objectivity in measuring progress, a monitoring strategy was chosen (for more details see Paradis, 2016). Monitoring is a systematic, ongoing process to collect, analyze and interpret accurate, up-to-date, relevant information from various data sources with a view to describing and examining changes in a phenomenon over time (Treasury Board of Canada Secretariat, 2004). In the short term, a monitoring strategy for the NAS will collect available data to reveal general trends in alcohol-related issues in Canada since the release of the NAS. In the long term, analyses of these multiple data sources will facilitate a detailed explanation of the drinking behaviours of Canadians and the environment in which those behaviours have evolved.

Logic Model-based Monitoring

A monitoring system is based on a logic model, an often schematic tool that presents contextual elements surrounding the phenomenon under study. It is a visual way of expressing the rationale and theory behind a program, initiative or strategy. It illustrates the cause-and-effect relationship between inputs and activities through to outputs and final outcomes (Treasury Board of Canada Secretariat, 2004).

The logic model adopted for this project formalizes the causal links between four main components. First, the inputs are the human, financial, organizational and community resources available to implement the NAS recommendations. Second, the outputs are what NAS partners and stakeholders do with the resources, as well as the main products or services they produce to implement the NAS. Third, the outcomes are the specific changes in attitudes, behaviours, knowledge, skills, status or level of functioning expected to result from NAS activities, which are most often expressed at an individual level. Last, the impacts are population-level changes expected to result from all the initiatives taken under the NAS.

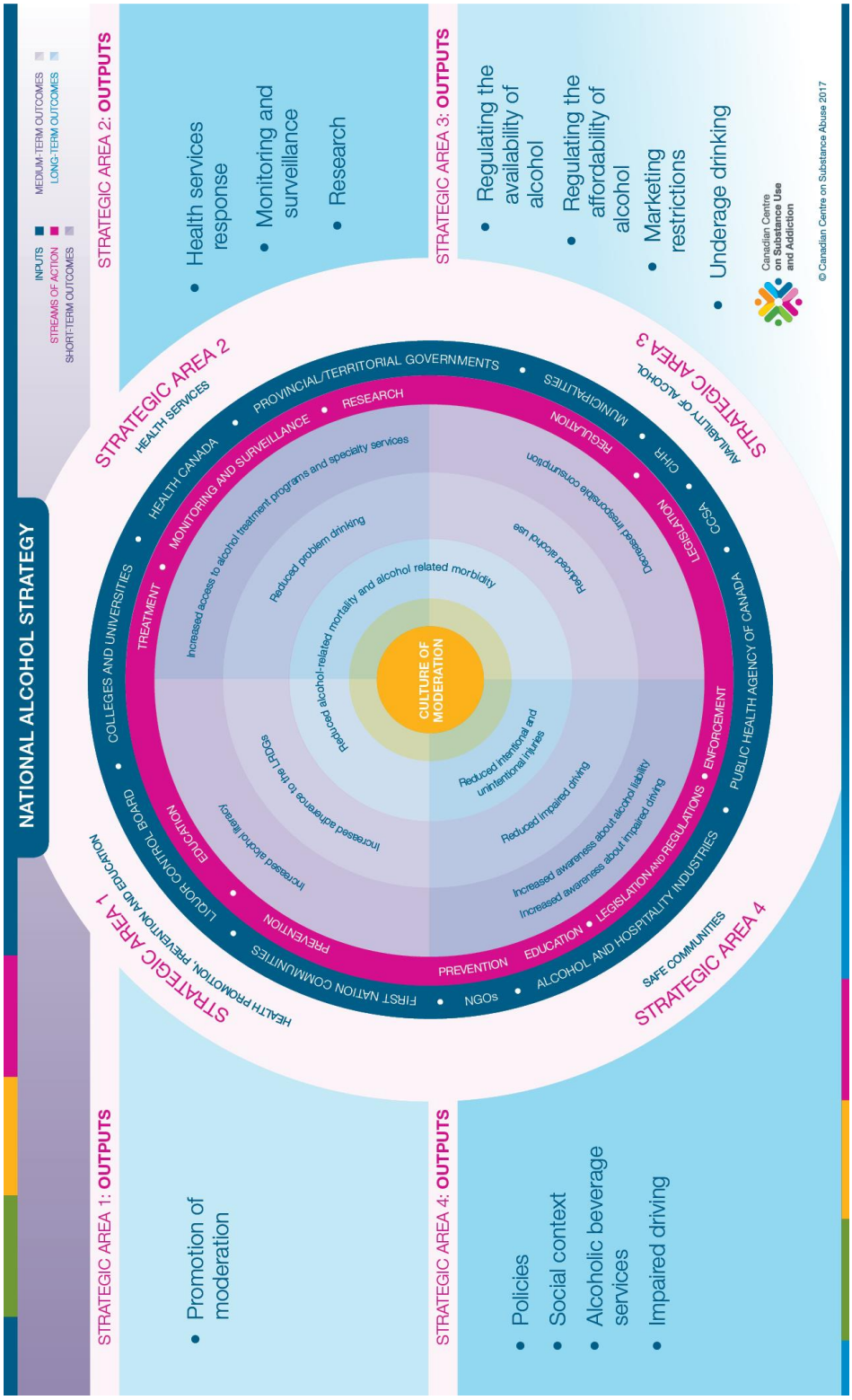
The logic model reflects the NAS's four strategic areas for action:

1. Health promotion, prevention and education
2. Health impacts and treatment
3. Availability of alcohol
4. Safer communities

The 41 NAS recommendations fall into these four strategic areas. While each recommendation is important, a logic model that incorporated them all individually would be overly complex and would lose its value as a communications, planning and evaluation tool. Therefore, within each strategic area some recommendations were merged in order to streamline the visual presentation of the strategy. The logic model also clusters activities into different streams of action such as legislation, communications, educational programs, research and so on.

While different resources are deployed within each of the four strategic areas, and different activities with various anticipated benefits for the population are expected, all activities within each area aim to ultimately reduce alcohol-related harm in Canada and move towards a culture of moderation. Therefore, the long-term results and impacts are essentially the same for each strategic area and the logic model needs to express the inherent synergy between the four strategic areas, their resources and their activities. The use of a circular logic model reflects this synergy (Figure 1).

Figure 1. Logic Model of the National Alcohol Strategy



Using Indicators to Measure Results

A structured monitoring framework requires indicators to measure results. An indicator is a statistic or parameter that provides information on trends in the condition of a phenomenon, and has significance extending beyond that associated with the statistic itself. Indicators are meant to compare planned results with actual results (Treasury Board of Canada Secretariat, 2004). While most indicators are quantitative, they can also be qualitative.

Being able to track change over time is an important component of a monitoring system. Accordingly, this project needs to emphasize, among an array of possible indicators, those that are valid and reliable and for which it should be possible to get data at various measure points.

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Significant challenges surfaced in the course of establishing the monitoring strategy. Canada is a collection of 13 provincial and territorial jurisdictions, each with their own method of collecting, presenting and making available alcohol-related information. Assessing progress on the NAS recommendations in Canada is equivalent to reporting on 13 different countries and so it is much more complex than for countries consisting of a single jurisdiction. The complexity of Canada's federal system, and especially the fact that health care and the regulation of alcohol falls largely under the authority of the provinces and territories, creates significant challenges for gathering data to evaluate the progress of a health-related national strategy for alcohol. Moreover, the number of questions about alcohol consumption in national surveys has been markedly reduced in recent years and this limits the ability to estimate changes in drinking-related experiences over time. Initially the framework was to include at least one indicator for every input, activity, output and outcome identified in the logic model. However, this proved to be beyond the capacity of existing resources. A realistic compromise was taken by shifting the focus from completing an overall evaluation including all the indicators to establishing a status report using existing data collected in all jurisdictions.

To this end, CCSA researchers took the following steps. First, they conducted a Google search to identify the most recent national, provincial and territorial reports, records or documents that included alcohol indicators.[4] They used the results of this search to identify indicators and sources of information used across provinces and territories to report on alcohol. Second, they mapped these alcohol indicators onto the logic model's components. Third, it was decided that the status report would only document indicators relevant to the logic model and for which the previous steps had revealed the existence of a national source of information, allowing the researchers to obtain data for all the jurisdictions. In other words, we identified "green light" and "red light" indicators. "Green light" indicators are items that can be captured by current national data-collection mechanisms. Focus on "green light" indicators does not mean that other indicators are not considered important or relevant. It simply means that no national source of information currently exists to document the other indicators in a sustainable manner in all jurisdictions. An example is mortality rate for alcohol attributable conditions, which is an indicator documented by the Centre for Addictions Research of British Columbia and used by the British Columbia Ministry of Health, but not currently available at the national level. For this status report, such an indicator will be considered a "red light" indicator or an item that might eventually be integrated to the surveillance framework if considerable challenges in accessing the data at the national level are overcome.

4 For one province, British Columbia, we did not find a provincial report that included alcohol-related indicators. Therefore, Gerald Thomas, Director, Alcohol and Gambling Policy, B.C. Ministry of Health, was contacted. He confirmed that B.C. does not have any official alcohol indicators, but he provided a short list of measures the Ministry of Health routinely uses to produce a statement about alcohol.

The final list of “green light” and “red light” indicators for outputs and outcomes are presented in Appendix 1 and 2. Separate information sheets documenting the 36 “green light” indicators are presented in Appendix 3. This information serves as a reference measure for the implementation of the NAS (18 output indicators), as well as for alcohol-related behaviours and consequences expected to be related to the implementation of the NAS (18 outcome indicators). The next section of this report summarizes the key results from these indicators.

Results

Implementation of the NAS

In addition to establishing this monitoring framework, logic model and list of associated indicators and information sheets, a number of resources in support of the NAS recommendations have been developed since the adoption of the NAS. For example, the Low-Risk Alcohol Drinking Guidelines (LRDGs),[5] which the NAS stated would **provide the cornerstone for undertaking a variety of health promotion, prevention and education initiatives**, have been developed for Canadians, for specific populations (youth[6] women[7]) and issues (cancer[8] and chronic illnesses[9]). Consensus on standard drink labelling and education guidelines has been reached and documented and a comprehensive alcohol screening, brief intervention and referral (SBIR) resource[10] has been available since 2012.

These resources are an important foundation for implementing the NAS recommendations and it is important that this progress continues. For example, further uptake and implementation of these resources is needed. While a guidance document for standard drink labelling and education exists,[11] only one territorial government (Yukon) has implemented legal requirements to display enhanced alcohol labels (Output indicator 1.1.3). There is one known alcohol manufacturer in Saskatchewan, *Lucky Bastard Distillers*, that has voluntarily implemented standard drink labelling.[12] From a public health perspective, additional jurisdictions are encouraged to move towards implementing standard drink labelling.

The NAS includes 16 recommendations related to Strategic Area 3: Availability of Alcohol. Most of the results pertaining to this area are based on qualitative data and, as discussed later in this report, this limits our ability to assess whether the NAS is being implemented as planned. However, measurement of one quantitative indicator, the consumer price index for alcoholic beverage (Output indicator 3.2.2), suggests alcohol is becoming more affordable. Data from the consumer price index for alcoholic beverages indicates that since the release of the NAS, the price paid by Canadians for alcoholic beverages has increased, but less than the price for other-items (9.75% versus 10.96%). This means that it was relatively cheaper to purchase alcohol in 2015 than it was in 2008. While this only represents data from one indicator in this area, it is critical to closely monitor progress with regard to alcohol availability to ensure we are moving in a direction that supports a culture of moderation and a reduction of alcohol-related harm.[13]

Results from the current report have revealed encouraging results with regards to Strategic Area 4: Safer Communities. For example, as recommended in the NAS, all but one Canadian jurisdiction has adopted zero-tolerance alcohol provisions for young or novice drivers (Output indicator 4.4.1). In

5 Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs) help Canadians moderate their alcohol consumption and reduce their immediate and long-term alcohol-related harm. The Guidelines recommend no more than two drinks a day, 10 per week for women, and three drinks a day, 15 per week for men, with an extra drink allowed on special occasions.

6 Please see Youth and Alcohol.

7 Please see Women-and-Alcohol.

8 Please see Cancer-and-Alcohol.

9 Please see Chronic-Illness-and-Alcohol.

10 Please see www.sbir-diba.ca.

11 Please see What is a Drink? Communication Drink Information to the Consumer.

12 Please see luckybastard.ca/dont-be-a-dumbass-drink-responsibly/.

13 For example, on June 2017, the Senate passed budget Bill C-44, which includes a section that will increase the excise duty rates on alcohol products by two per cent and automatically adjust the rates in line with inflation on April 1 of each year, beginning in 2018.

follow-up reports, it will be important to assess the impact of this particular recommendation on the rate of impaired driving and associated harm.

Finally, since the release of the NAS, three provinces (Nova Scotia, Manitoba and Alberta) have followed NASAC's precedent and adopted an alcohol strategy (Output indicator 4.1.1) and at least one other province (Ontario) is in the process of developing an alcohol strategy. Stakeholders are encouraged to continue to work with provincial and territorial governments to support the development of provincial and territorial alcohol strategies, as an alcohol strategy can help protect against the weakening of alcohol-related laws and regulations across the country (World Health Organization, 2014).

Alcohol-related Behaviours and Consequences

To move toward a culture of moderation, Canadians should be aware of the LRDGs so they can make informed choices about their drinking. One year following the release of the LRDGs, survey data focusing on knowledge of the LRDGs (Outcome Indicator: 1.1.1) indicated that a quarter (26%) of Canadians had seen or heard of the LRDGs. This relatively low-level of alcohol literacy in the population should be monitored closely given the well-accepted idea that changes in beliefs and attitudes must appear before changes in behaviour are likely to occur (Ajzen, 1991).

Nevertheless, adherence to the LRDGs appears high. Specifically, Canadian Tobacco, Alcohol and Drugs Survey (CTADS) data show that 84% of the total population report drinking within the LRDGs for chronic effects and 89% report drinking within the LRDGs for acute effects in 2013 (Outcome Indicators 1.2.1 and 1.2.2). However, these high prevalence rates could be due to limitations in the data collection methods, which might lead to a systematic overestimation of the prevalence of the population drinking within the LRDGs.[14]

The indicator of heavy drinking (Outcome Indicator 3.1.1) presents a greater cause for concern. In 2014, nearly one fifth (18%) of Canadians aged 12 and over reported to have had five drinks (four drinks for women) on at least one occasion monthly. In other words, one fifth of Canadians drink in excess once a month and therefore, put themselves at risk for injury and harm. Nearly one-third (30.5%) of young adults who put themselves at risk for such acute risks on a monthly basis.

The monitoring strategy has also revealed that in 2014–2015 among school-aged children, the average age for having a first drink that was more than just a sip was 13.5 years old (Outcome Indicator 3.1.2). More than a third (39.5%) of school-aged children consumed alcohol during the past year (Outcome Indicator 3.1.3) and 23.7% reported heavy drinking or consuming five drinks or more on at least one occasion (Outcome Indicator 3.1.4). By Grade 12, that proportion reaches 47.2 % meaning that nearly half of young Canadians will have had five drinks or more on at least one occasion before they graduate from high school. While adherence to the LRDGs among the general population was estimated to be upwards of 80%, more work is needed around youth and adherence to the LRDGs, specifically with regards to the LRDG recommendation that youth should delay drinking alcohol for as long as possible, at least until the legal drinking age.

14 Specifically, these estimates are based on the alcohol consumption in the previous seven days only. Current drinkers who did not drink in the week preceding the survey are automatically considered as not exceeding the LRDGs. In the 2013 CTADS, 40.4% of current drinkers reported drinking in the week preceding the survey. Because it would be very unlikely that the remaining 59.6% of current drinkers — the occasional ones — systematically drink within the LRDGs, the proportions reported are probably overestimated.

Discussion

In the alcohol field, there is constant debate about what works and what does not to reduce alcohol-related harm. The adoption of the NAS presents a unique opportunity to develop an evidence base and coordinate efforts that would further the development and implementation of various initiatives. This status report provides initial findings about progress made towards implementing the NAS and promoting a culture of moderation. The limited availability and quality of data collected nationally, however, have made it challenging to complete an overall evaluation of the NAS since its inception in 2007. This section of the report presents current findings in light of challenges and limitations that will need to be addressed to obtain a better understanding of the progress made in implementing the NAS recommendations. It will also discuss the extent to which the NAS recommendations have affected Canadians' attitudes, knowledge and behaviours related to alcohol.

Outputs

Strategic Area 1: Health Promotion, Prevention and Education

Raising awareness about alcohol-related harms is a key element of behaviour change. Accordingly, across Canada, NGOs, retail alcohol monopolies and public health units, among other types of organizations, have undertaken social marketing campaigns to raise awareness about various issues such as the low-risk alcohol drinking guidelines, alcohol and cancer, drinking and driving, and so on. The NAS states that establishing a common understanding of what constitutes sensible drinking is critical to achieving a culture of moderation. A scan of the most recent jurisdictional reports was unable to find any national source of data to document social marketing campaigns across jurisdictions. This lack of information sources means that, for example, the resources allocated by the Liquor Control Board of Ontario (LCBO)[15] and the significant efforts of Éduc'alcool[16] to promote the LRDGs go unreported in this report. To address this gap, in future releases of this project it is recommended that at least one indicator focusing on prevention campaigns is developed. At this point, a suitable interim solution might be simply to document whether a provincial or territorial ministry has allocated public funds to an alcohol-related social marketing campaign.

Strategic Area 2: Health Impacts and Treatment

The current report was also unable to identify a national source of documentation of provincial and territorial policies and initiatives around Strategic Area 2: Health Impacts and Treatment. For instance, the number of treatment centres offering services for Canadians who have medically diagnosed alcohol dependence is unavailable. While a key recommendation of the NAS is the expansion of health professionals implementing SBIR for those who might be at risk of developing or might already have alcohol-related problems, progress on this recommendation cannot currently be measured because data is unavailable. A SBIR resource developed by NASAC exists and the Registered Nurses' Association of Ontario is currently working with CCSA to identify the necessary clinical resources and tools required to facilitate the routine use of SBIR by registered nurses, nurse practitioners and nursing students across all clinical settings. Moreover, according to a report published in July 2017

15 Since the guidelines were released in 2011, LCBO has produced nearly one million guideline brochures and promoted the LRDGs through its free consumer publication, *Food & Drink*, on its website and to customers shopping in its stores across Ontario.

16 Éduc'alcool, an independent, not-for-profit organization primarily responsible for preventing alcohol abuse in the province of Quebec, has invested a total of $7.5 million over the past five years to disseminate and promote the LRDGs. In 2017, the organisation started to invest $1.5 million in promoting the benefits of sticking to the recommended drinking guidelines in order to convince Quebec consumers to put their knowledge into practice.

by the Canadian Institute for Health Information (CIHI), over half of the provinces and territories have SBIR included in an alcohol or mental health and addictions strategy (CIHI, 2017). Nonetheless, the extent to which healthcare providers in general have adopted SBIR into practice is currently not known. Moving forward, it might be useful to reach out to College of Family Physicians of Canada (CFPC) or to the National Treatment Indicator (NTI) working group and work with them to develop alcohol-related treatment indicators.[17] The NTI working group is responsible for filling the gap between the information required to monitor Canada's treatment system and the information currently available. It already compiles data on publicly funded programs from across Canada and could assist NASAC in this regard.

Strategic Area 3: Availability of Alcohol

More than half of the indicators for outputs relate to Strategic Area 3: Availability of Alcohol. The monitoring system used in the current report includes indicators for alcohol availability, affordability and marketing, and underage drinking. Regulation of the marketing and affordability of alcohol appears to have the greatest effect on alcohol consumption levels and drinking-related problems (Burton et al., 2016). However, particularly in this strategic area, the depth and scope of the indicators has been sacrificed for the benefit of national coverage. In other words, to find availability indicators that are uniformly accessible across jurisdictions in Canada, it was necessary to rely on broad indicators of implementation rather than precise measures.

While current findings document the existence of key policies and regulations, they cannot be used to determine the extent to which certain policies and regulations are implemented or enforced. For example, Output Indicator 3.4.1 captures minimum legal drinking age legislation by jurisdiction, but not the extent to which this legislation is adhered to and enforced. To take another example, Quebec appears to be tackling the issue of alcohol affordability by having adopted minimum pricing (Output Indicator 3.2.3). Yet there are multiple loopholes in Quebec regulations that allow for a case of 24 cans of beer to be sold in Quebec for as little as $0.77 per beer (Sacy, 2015).

NASAC must decide whether these indicators should be described differently in the subsequent releases from the monitoring project. As an illustration of this necessity, recent changes to British Columbia's liquor laws make it possible for bars in this province to adopt Happy Hours, which will likely have a significant impact on drinking behaviours (Thombs et al 2008 and 2009, Sharpe & Stockwell, 2015). Although this change should be captured by the monitoring system, it currently is not because the indicator, in its current form, simply allows to say if a jurisdiction regulates price promotions. To address this problem, a possible solution could be to use the data established in this report as a baseline to document if there is a strengthening or an easing of existing policies and regulations across jurisdictions. NASAC will need to reflect upon and provide guidance on this issue.

Strategic Area 4: Safer Communities

Finally, the NAS affirms the importance of communities and that they can foster a culture of moderation and create safer drinking environments. Unfortunately, there is an absence of national data sources to monitor progress towards recommendations in Strategic Area 4: Safer Communities. Besides the indicator relating to written policy on alcohol, the only other two indicators for which data were obtained relate to the existence of legally required responsible beverage service training programs and the maximum legal blood alcohol concentration when driving a vehicle (Output Indicators 4.3.1 and 4.4.1). The status report does not include indicators focusing on the various social contexts in which drinking in general and drinking in excess can occur, including college, university, licensed establishments

[17] Please see National Treatment Indicators.

and recreational events. Given that when and where individuals drink has an impact on their alcohol intake (Callinan, Livingston, Room, & Dietze, 2016; Huckle, Gruenewald, & Ponicki, 2016; Mustonen, Mäkelä, & Lintonen, 2016), there is a clear need to identify and develop indicators to document drinking environments. A potential indicator that could eventually be documented is a jurisdiction's proportion of municipalities with a formal municipal alcohol policy. Another indicator might be the proportion of colleges and university with a formal alcohol policy, a type of information that could be gathered through the Postsecondary Education Partnership — Alcohol Harms (PEP-AH).[18]

Outcomes

Short- and Medium-term Outcomes

For most short- and medium-term outcomes across all four strategic areas, the monitoring strategy captured a wide array of behaviours. Nonetheless, three notable gaps were identified.

First, the only data source that measures Canadians' knowledge and attitudes toward alcohol issues is the 2012 Canadian Alcohol and Drugs Use Monitoring Survey (CADUMS), which had a question asking respondents if they had "ever seen or heard about Canada's low risk alcohol drinking guidelines?" Unfortunately, this question was not kept in CTADS, which replaced CADUMS. The removal of this question and the lack of any other questions about knowledge and attitudes about alcohol issues leaves an important gap in our ability to evaluate change in Canadians' alcohol literacy subsequent to the implementation of the NAS.

Secondly, the monitoring strategy used for this report has revealed the absence of data focusing on harms caused by others' drinking. Lessons learned from the experience of regulating tobacco indicate that being able to identify the harms associated with second-hand smoke was a key step in mobilizing efforts to reduce tobacco-related harms. One way to further the implementation of policies supporting a culture of moderation could be, as was done with tobacco, to show that excessive drinking of alcohol harms others besides the drinker. For example, if it could be documented that a significant proportion of the relatives of excessive drinkers are abused, threatened, hurt or neglected, it might be easier to implement policies to control the availability and affordability of alcohol. In our current monitoring strategy it is not possible to make this demonstration because all questions on harms caused by others have been removed from national surveys, as have questions about risky behaviours associated with alcohol use. This gap affects our ability to evaluate the association between policies, regulations and outcomes.

Thirdly, the current report was unable to distinguish between the proportion of Canadians who are at risk for alcohol abuse versus those who are at risk for alcohol dependence. In 2015, the Canadian Community Health Survey (CCHS) included questions about alcohol dependence and alcohol interference (alcohol abuse), but those questions were optional and, unfortunately, only British Columbia adopted the questions. Hence, for this status report, we had to rely on the CCHS Mental Health survey that merges both groups of drinkers (Outcome Indicator 2.2.1). It was also not possible to document access to alcohol treatment services by Canadians who are alcohol dependent. This gap is significant given that access to treatment plays an important role in helping people to reduce their drinking (Huebner & Kantor, 2011). In this case, as was suggested in another context, NASAC might seek to collaborate with the NTI working group to get an accurate picture of the situation.

18 PEP-AH joins together Canadian colleges and universities that aim to reduce alcohol-related harms among their students. PEP-AH is proposing an evidence-based approach, common indicators, and an open sharing of strategies and results.

Long-term Outcomes

For long-term outcomes, there is a lack of comprehensive measures for alcohol-related mortality and morbidity. While alcohol is linked to over 200 different diseases, conditions and types of injuries (Public Health Agency of Canada, 2016), the only currently available data are Mortality Rate from Alcoholic Liver Disease (Outcome Indicator 1.3.1), Deaths Due to Alcohol Use Disorders (Outcome Indicator 1.3.2) and Hospitalizations Attributable to Alcohol (Outcome Indicator 1.3.3). However, Young and Jesseman (2014) showed that such indicators focus only on the small proportion of Canadians who are admitted to a hospital with the primary diagnosis of an alcoholic liver disease or a substance use disorder requiring treatment for the severe and direct harms associated with substance use. Such indicators do not include Canadians admitted to hospital for accidents or injuries that happened as a result of alcohol. Hence, we must recognize that the results presented in this status report in this area only present a small portion of the issue.

As this report was being prepared, CIHI released a new indicator for Hospitalizations Attributable to Alcohol.[19] Still, this new indicator alone will still not provide the ability to fully estimate the seriousness of harm associated with alcohol use. The magnitude of hospital use due to alcohol harm will remain underestimated as CIHI's indicator does not include hospitalizations due to partially alcohol-attributable conditions (e.g., cancer, motor vehicle traffic injuries, heart disease) and that in other contexts, have been estimated to account for as much as 70% of all alcohol-related hospitalizations (Public Health England, 2017, in CIHI 2017).

19 Subsequently to this report's data collection, CIHI introduced a new indicator focusing on hospitalizations that are 100% caused by the harmful consumption of alcohol. Based on this new indicator, in 2015–2016, there were about 77,000 hospitalizations entirely caused by alcohol, there were more hospitalizations in the territories than in the provinces and hospitalization rates were higher in the west than in the east, with the exception of Nova Scotia (CIHI, 2017).

Conclusion and Next Steps

The monitoring project aims to provide a truly comprehensive picture of the implementation of the National Alcohol Strategy and how it translates into promoting moderation and reducing the overall harm from alcohol. This project is ongoing, and its monitoring framework based on a logic model is starting to bear fruit. Some results are already being used to inform discussions with stakeholders who have implemented resources and activities in the past and wish to know how they should invest in the future.

Building on this status report, the long-term goal of the monitoring project will be reached in future releases once data from multiple measure points have been collected. Only then can progress made on the 41 NAS recommendations effectively be tracked. In that process, it will be crucial to address gaps identified in terms of monitoring, including the limited availability and quality of data. It is hoped that this status report will serve as a call to action to increase awareness about the importance of collecting data and monitoring trends.

Better collaboration and cooperation is needed among stakeholders to describe initiative, activity and policy gaps across the four strategic areas, and to identify population subgroups that could require greater attention due to their susceptibility to alcohol harm. A first step would be for stakeholders to agree on a carefully selected set of indicators to focus on moving forward. Moreover, during the coming year, groups such as the Canadian Paediatric Surveillance Program, as well as other previously named groups (PEP-AH, CFPC and NTI), will be approached to evaluate the possibility of expanding and strengthening data collection to improve the number of significant indicators. The possibility of collaboration with CIHI, which over the past year has brought together data across a range of sources to monitor the burden of alcohol on the health system will be explored. Conversations will be initiated with Health Canada to discuss the possibility of the agency revising the content of the next CTADS and the analyses related to drinking within the LRDGs.

By taking those steps, it is anticipated that future releases of the monitoring project will allow for comparing trends over time and across jurisdictions. In return, it is hoped that this comparison will guide future investments and lead to innovative policies that support a culture of moderation in Canada.

Finally, the development of this first status report underscores the importance of having a comprehensive evaluation strategy built into the strategy development process itself, as this is one of the reasons why it is now not possible to thoroughly evaluate the impact of key initiatives like the LRDGs and the SBIR resource that were developed in response to the adoption of the NAS. In the midst of the federal plan to legalize non-medical cannabis use, a lesson learned from the alcohol field should be to intertwine an evaluation plan into all aspect of the legislative process. This plan should include the identification of key indicators and gathering baseline data to monitor the impacts of legalizing the personal use and possession of cannabis in Canada on the health of Canadians, society as a whole, the economy and public health.

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Appendix 1: List of Indicators for Outputs

	Outputs		Jurisdictions using the indicator	Data source	Categories for presentation
Strategic Area 1, Indicators for Outputs: Health Promotion, Prevention and Education					
	Output 1.1	**PROMOTION OF MODERATION**			
●	**Indicator 1.1.1**	National alcohol drinking guidelines	CCSA	CCSA	National
●	**Indicator 1.1.2**	Standard drink labels	CCSA	CCSA	National
●	**Indicator 1.1.3**	Labelling policies	WHO	PHO	Province/Territory
Strategic Area 2, Indicators for Outputs: Health Impacts and Treatment					
	Output 2.1	**HEALTH SERVICES RESPONSES**			
●	**Indicator 2.1.1**	Screening, Brief Intervention and Referral	CCSA	CCSA	National
	Output 2.2	**MONITORING AND SURVEILLANCE**			
●	**Indicator 2.2.1**	National monitoring system	WHO	Statistics Canada	Province/Territory
	Output 2.3	**RESEARCH**			
Strategic Area 3, Indicators for Outputs: Availability					
	Output 3.1	**REGULATING THE AVAILABILITY OF ALCOHOL**			
●	**Indicator 3.1.1**	Outlet density	Que., N.S., Alta.		
●	**Indicator 3.1.2**	Restrictions for on-or off-premise sales of alcoholic beverages to intoxicated persons	WHO	CAMH	Province/Territory
●	**Indicator 3.1.4**	Time restrictions for sales of alcoholic beverages	WHO	CAMH	Province/Territory
●	**Indicator 3.1.5**	Location restrictions for sales of alcoholic beverages	WHO	CAMH	Province/Territory
	Output 3.2	**REGULATING THE AFFORDABILITY OF ALCOHOL**			
●	**Indicator 3.2.1**	Excise tax on alcoholic beverages	WHO	Canada Revenue Agency, Excise Duty Rate	National
●	**Indicator 3.2.2**	Consumer price index for alcoholic beverages	Que	CANSIM 326-0021	Province/Territory
●	**Indicator 3.2.3**	Mandatory minimum pricing for on- or off-premise sales of alcoholic beverages	CCSA	Updated CCSA report 2014	Province/Territory

	Outputs		Jurisdictions using the indicator	Data source	Categories for presentation
	Output 3.3	**MARKETING RESTRICTIONS**			
•	**Indicator 3.3.1**	Legally binding regulations on alcohol advertising	WHO	CAMH	Province/Territory
•	**Indicator 3.3.2**	Legally binding regulations on sponsorship	WHO	CAMH	Province/Territory
•	**Indicator 3.3.3**	Legally binding regulations on sales promotion	WHO	CAMH	Province/Territory
	Output 3.4	**UNDERAGE DRINKING**			
•	**Indicator 3.4.1**	Minimum legal drinking age	WHO	CCSA	Province/Territory
	Strategic Area 4, Indicators for Outputs: Safer Communities				
	Output 4.1	**POLICIES**			
•	**Indicator 4.1.1**	Written policy on alcohol	WHO	CCSA	Province/Territory
	Output 4.2	**SOCIAL CONTEXTS**			
	Output 4.3	**ALCOHOLIC BEVERAGE SERVICES**			
•	**Indicator 4.3.1**	Legally required responsible beverage services	CCSA	CCSA	Province/Territory
	Output 4.4	**IMPAIRED DRIVING**			
•	**Indicator 4.4.1**	Maximum legal BAC when driving a vehicle	WHO	MADD	Province/Territory

Appendix 2: List of Indicators for Outcomes

	Outcomes		Jurisdictions using the indicator	Data source	Categories for presentation
Strategic Area 1, Indicators for *Short-term* Outcomes: Health Promotion, Prevention and Education					
	Outcome 1.1	**INCREASED ALCOHOL LITERACY**			
●	**Indicator 1.1.1**	Prevalence of knowledge about the LRDGs		CADUMS	Province/Territory, Gender, Age
Strategic Area 1, Indicators for *Medium-term* Outcomes: Health Promotion, Prevention and Education					
	Outcome 1.2	**INCREASED ADHERENCE TO THE LRDGS**			
●	**Indicator 1.2.1**	Prevalence of drinking within the LRDGs for chronic effects	N.B., Que., Man.	CTADS	Province/Territory, Gender, Age
●	**Indicator 1.2.2**	Prevalence of drinking within the LRDGs for acute effects	N.S., N.B., Que., Man.	CTADS	Province/Territory, Gender, Age
Strategic Area 1, Indicators for *Long-term* Outcomes: Health Promotion, Prevention and Education					
	Outcome 1.3	**REDUCED ALCOHOL-RELATED MORTALITY AND MORBIDITY**	*Because of the circular nature of the logic model, Strategic Area 3 has the same long-term outcomes as Strategic Areas 1 to 3.*		
●	**Indicator 1.3.1**	Alcoholic liver disease death and mortality rate	N.B., Que., Man.	CANSIM 102-0552 (K70)	Province/Territory, Gender, Age
●	**Indicator 1.3.2**	Alcohol use disorders mortality rate	N.S., N.B., Que., Man.	CANSIM 102-0525 (F10)	Province/Territory, Gender, Age
●	**Indicator 1.3.3**	Alcohol-attributable hospitalization	N.L., N.S.	Canadian Institute for Health Information	Province/Territory, Gender, Income
●	**Indicator 1.3.4**	Alcohol-caused mortality	B.C.		
●	**Indicator 1.3.5**	Alcohol-caused morbidity	B.C.		
Strategic Area 2, Indicators for *Short-term* Outcomes: Health Impacts and Treatment					
	Outcome 2.1	**INCREASED ACCESS TO ALCOHOL TREATMENT PROGRAMS AND SPECIALITY SERVICES**			
●	**Indicator 2.1.1**	Alcohol treatment rate	N.S.		
Strategic Area 2, Indicators for *Medium-term* Outcomes: Health Impacts and Treatment					
	Outcome 2.2	**REDUCED PROBLEM DRINKING**			
●	**Indicator 2.2.1**	Alcohol abuse or dependence	WHO, Que. Man.	CCHS	Province/Territory, Gender, Age

	Outcomes		Jurisdictions using the indicator	Data source	Categories for presentation
Strategic Area 2, Indicators for *Long-term* Outcomes: Health Impacts and Treatment					
	Outcome 2.3	**REDUCED ALCOHOL-RELATED MORTALITY AND MORBIDITY**	*Because of the circular nature of the logic model, Strategic Area 3 has the same long-term outcomes as Strategic Areas 1 to 3.*		
Strategic Area 3, Indicators for *Short-term* Outcomes: Availability					
	Outcome 3.1	**DECREASED IRRESPONSIBLE CONSUMPTION**			
●	**Indicator 3.1.1**	Heavy drinking	N.L., P.E.I., N.S., Que., Ont., WHO	CCHS CANSIM 105-0501	Province/Territory, Gender, Age
●	**Indicator 3.1.2**	Alcohol use age of onset	N.S.	CSTADS	Province/Territory, Gender, Age
●	**Indicator 3.1.3**	Underage past year alcohol use	N.L., N.S., Man.	CSTADS	Province/Territory, Gender, Age
●	**Indicator 3.1.4**	Underage heavy drinking	N.S., N.B., Man.	CSTADS	Province/Territory, Gender, Age
Strategic Area 3, Indicators for *Medium-term* Outcomes: Availability					
	Outcome 3.2	**REDUCED ALCOHOL USE**			
●	**Indicator 3.2.1**	Per capita consumption	N.L., N.S., N.B., Que., B.C.	CANSIM 183-0023	Province/Territory, Gender
●	**Indicator 3.2.2**	Lifetime use	N.S., N.B., Que., Man.	CTADS	Province/Territory, Gender, Age
●	**Indicator 3.2.3**	Past year use	N.S., N.B., Que., Man.	CTADS	Province/Territory, Gender, Age
●	**Indicator 3.2.4**	Unrecorded consumption	WHO, B.C.		
	Outcome 3.3	**REDUCED ALCOHOL-RELATED MORTALITY AND MORBIDITY**	*Because of the circular nature of the logic model, Strategic Area 3 has the same long-term outcomes as Strategic Areas 1 to 3.*		
Strategic Area 4, Indicators for *Short-term* Outcomes: Safer Communities					
	Outcome 4.1	**INCREASES AWARENESS ABOUT ALCOHOL LIABILITY**			
	Outcome 4.2	**INCREASES AWARENESS ABOUT IMPAIRED DRIVING**			
Strategic Area 4, Indicators for *Medium-term* Outcomes: Safer Communities					
	Outcome 4.3	**REDUCED IMPAIRED DRIVING**			
●	**Indicator 4.3.1**	Alcohol impaired driving	N.S., Alta.	CANSIM 252-0051 (code 9231)	Province/Territory, Gender, Age
●	**Indicator 4.3.2**	Alcohol-related driving charges	Man.	CANSIM 252-0053 (K70)	Province/Territory, Gender, Age
●	**Indicator 4.3.3**	Suspended licenses	Man.		

	Outcomes		Jurisdictions using the indicator	Data source	Categories for presentation
Strategic Area 4, Indicators for *Long-term* Outcomes: Safer Communities					
	Outcome 4.4	**REDUCED INTENTIONAL AND UNINTENTIONAL INJURIES**			
●	**Indicator 4.4.1**	Deaths in alcohol-related crash	Que., Man., WHO	Traffic Injury Research Foundation 2012, Table 3.1	Province/Territory, Gender, Age
●	**Indicator 4.4.2**	Alcohol-related seriously injured drivers	N.S.	Traffic Injury Research Foundation 2012, Table 3.5	Province/Territory, Gender, Age
●	**Indicator 4.4.3**	Alcohol-related traffic collisions	Alta.		

Appendix 3: Information Sheets

This Appendix presents separate information sheets documenting “green light” indicators. Each information sheet is divided into three main parts:

- The **first part** includes a general description of the indicator, a method of estimation and a description of the sources of information used to produce the data pertaining to the indicator.
- The **second part** presents the results obtained through an analysis of the information sources.
- The **third part** presents the highlights.

In Canada, few alcohol-related initiatives are implemented nationally. Decisions about prevention, treatment, availability, promotion, legislation and regulation are almost exclusively made at the provincial level. When the data allow it, this project will present its findings in a way that highlights differences among provinces, so that legislators can draw on the experience of their counterparts in other provinces.

Moreover, given the significant variations in alcohol-related behaviours and consequences among social groups, when the data allow it, we gave priority to a presentation of the findings that highlights such differences. Since the only comparisons possible are by gender and age group, we will report the overall findings and the findings specific to each sub-group.

Output 1.1: Promotion of Moderation

1.1.1. National Alcohol Drinking Guidelines

Definition

Existence of national alcohol drinking guidelines for Canadians, specific populations and issues.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Low-Risk Alcohol Drinking Guidelines

Responsible Agency

CCSA

Methodological References

www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx
www.ccsa.ca/fra/topics/alcohol/drinking-guidelines/pages/default.aspx

Results

1.1.1.1. Alcohol Drinking Guidelines, Recommendations

General population

To reduce long-term health risks:

- Women consume no more than 10 drinks a week and no more than two drinks a day most days;
- Men consume no more than 15 drinks a week and no more than three drinks a day most days.

To reduce the risk of injury and harm:

- Women consume no more than three drinks on any single occasion and stay within weekly limits;
- Men consume no more than four drinks on any single occasion and stay within weekly limits.

Do not drink when:

- Driving a vehicle or using machinery and tools;
- Taking medicine or other drugs that interact with alcohol;
- Doing any kind of dangerous physical activity;
- Living with mental or physical health problems;
- Living with alcohol dependence;
- Pregnant or planning to be pregnant;
- Responsible for the safety of others; and
- Making important decisions.

Underage

Delay drinking alcohol for as long as possible, at least until the legal drinking age. If youth do decide to drink, they should follow the more specific drinking guidelines:

- Speak to their parents about drinking;
- Never have more than one to two drinks per occasion; and
- Never drink more than one or two times per week.

18/19 to 24, and over 65

- Females never have more than two drinks a day and never more than 10 drinks a week
- Males never have more than three drinks a day and never more than 15 drinks a week

Highlights

Low-risk alcohol drinking guidelines for Canadians generally and for specific populations have been available since 2011.

1.1.2. Standard Drink Labels

Definition

Existence of standard drink labelling guidelines.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

What Is a Drink? Communicating Drink Information to the Consumer

Responsible Agency

CCSA

Source

www.ccsa.ca/Resource%20Library/CCSA-Communicating-Drink-Information-to-Consumers-Report-2015-en.pdf

www.ccsa.ca/Resource%20Library/CCSA-Communicating-Drink-Information-to-Consumers-Report-2015-fr.pdf

Results

1.1.2.1. Standard Drink Labelling, Recommendations

- The number of drinks in a container must be rounded to one decimal place;
- If using a written statement, the format must be "contains/contient: X.X drinks/verres" or "X.X drinks/verres";
- If using a pictogram, it must also include the written statement "contains X.X drinks/contient X,X verres" or "X.X drinks/X,X verres";
- At a minimum, the drinks statement/pictogram must be readily visible to the consumer under the customary conditions of purchase and used as specified in the *Food and Drug Regulations*, and should be located in close proximity to the alc./vol information on the label;
- The drinks statement/pictogram must not contradict requirements under the Product Identification Standards defined by the Canadian Association of Liquor Jurisdictions (2004);
- The drinks statement/pictogram must not contradict requirements under the *Food and Drugs Act Regulations* or the *Consumer Packaging and Labelling Act Regulations*; and
- The drinks statement/pictogram must be informative and not be implemented in such a way that would direct consumers towards beverage alcohol products of higher alcohol content.

Highlights

Standard drink labelling guidelines have been available in Canada since 2015.

1.1.3. Labelling Policies

Definition

Legal requirement to display health warning or standard drink labels that provide information to the buyer of the dangers associated with use of the product and the number of standard alcoholic drinks in the container.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Focus On: Standard Alcohol Labels

Responsible Agency

Public Health Ontario

Source

www.publichealthontario.ca/fr/eRepository/FocusOn-Standard_Alcohol_Labels_2015.pdf

Results

1.1.3.1. Labelling Policies

	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Legally Required Health Labels on Alcohol Containers	No	No	No	No	No	No	No	No	No	No	No	Yes*	Yes	No
Legally Required Standard Drink Labels on Alcohol Containers	No	No	No	No	No	No	No	No	No	No	No	No	No	No

* Not legislation, but a policy of the Yukon Liquor Board.

Highlights

- With the exception of the Northwest Territories, no Canadian province or territory legally requires health warning labels on alcohol containers.
- No Canadian province or territory legally requires standard drink labels on alcohol containers.

Output 2.1: Health Services Responses

2.1.1. Alcohol Screening, Brief Intervention and Referral

Definition

Existence of an alcohol screening, brief intervention and referral process.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Alcohol Screening, Brief Interventions & Referral

Responsible Agencies

College of Family Physicians of Canada

CCSA

Source

www.sbir-diba.ca

Results

2.1.1.1. Screening, Brief Interventions and Referral, Overview

"Alcohol Screening, Brief Intervention & Referral: Helping patients reduce alcohol-related risks" is a resource for Canadian family physicians, nurse practitioners and other healthcare professionals. The resource provides access to evidence-informed guidance and resources to assist healthcare professionals help patients better manage their alcohol consumption. The resource includes three steps.

1. **Screening and Assessment:** Identify patients who drink alcohol beyond low-risk consumption levels and further assess their at-risk status based on reported alcohol use and other relevant clinical information.
    - Screen for at risk drinking
    - Determine level of risk
2. **Brief Intervention and Referral:** Communicate patient's risk status, help patient identify goals and readiness to change, make referrals as appropriate.
    - Conduct brief intervention
    - Assess readiness to change
    - Refer to appropriate resources
3. **Follow-up and Support:** Follow up with patients, monitor withdrawal symptoms, and review goals and progress.
    - Assess progress towards goals
    - Monitor and manage withdrawal

Highlights

Alcohol screening, brief intervention and referral tool has been available for health professionals since 2012.

Output 2.2: Monitoring and Surveillance

2.2.1. National Monitoring System

Definition

National system for monitoring alcohol consumption, health consequences, social consequences and alcohol policy responses.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Canadian Tobacco, Alcohol and Drugs Survey

Responsible Agency

Statistics Canada on behalf of Health Canada

Periodicity

Every two years since 2013

Level of Representation

National and provincial

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440

Results

2.2.1.1. National Monitoring System

Year: 2015

National Survey: Canadian Tobacco, Alcohol and Drugs Survey

Total number of alcohol-related questions: 15

Number of alcohol consumption questions: 15

Number of health consequences questions: none

Number of social consequences questions: none

Number of alcohol policy response questions: none

Highlights

In 2015, the national monitoring system included 15 alcohol-related questions. No question addressed the issue of alcohol-related consequences or policies.

Output 3.1: Regulating the Availability of Alcohol

3.1.2. Intoxicated Persons Restrictions for On- or Off-Premise Sales of Alcoholic Beverages

Definition

Restrictions for sales of alcoholic beverages to intoxicated persons are regulated limitations for on- or off-premise sales of alcoholic beverages.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

Centre for Addiction and Mental Health (CAMH)

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... & Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Results

3.1.2.1. Intoxicated Persons Restrictions for On- or Off-Premise Sales of Alcoholic Beverages by Jurisdiction

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Restriction of On-Premise Sale of Alcohol to Intoxicated Persons	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Restriction of Off-Premise Sale of Alcohol to Intoxicated Persons	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Highlights

Every Canadian province and territory has restrictions on sales of alcoholic beverages to intoxicated persons both on and off premise.

3.1.4. Time Restriction for Sales of Alcoholic Beverages

Definition

Restrictions for sales of alcoholic beverages during specific times are regulated limitations on the hours and days of sales of alcoholic beverages, both on and off premises.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Results

3.1.4.1. Time Restriction for Sales of Alcoholic Beverages by Jurisdiction

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
On-Premise Sales of Alcohol Restricted during Specific Hours	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
On-Premise Sales of Alcohol Restricted during Specific Days	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Off-Premise Sales of Alcohol Restricted during Specific Hours	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Off-Premise Sales of Alcohol Restricted during Specific Days	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

Highlights

Every Canadian province and territory has restrictions on the hours and days for on-premise sales of alcoholic beverages. For off-premise sales, Newfoundland, Nova Scotia, Saskatchewan and the Northwest Territories do not have restriction on the hours and days alcoholic beverages can be sold.

3.1.5. Location Restriction for Sales of Alcoholic Beverages

Definition

Restrictions for sales of alcoholic beverages on locations are regulated limitations on the places and density of sales of alcoholic beverages, both on and off premises.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Comments

Details were not readily available in the public domain to sufficiently fill in this indicator for Northwest Territories and Nunavut.

Results

3.1.5.1. Location Restriction for Sales of Alcoholic Beverages by Jurisdiction

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
On-Premise Sales of Alcohol Restricted by Place	No	No	No	No	No	Yes	No	Ltd.**	Yes	No	No		
On-Premise Sales of Alcohol Restricted by Density of Location	No	No	No	No	No	No	No	Yes	No	No	No		–
Off-Premise Sales of Alcohol Restricted by Place	No	No	Yes	No	No	Yes	Ltd.*	No	Yes	No	No	–	No
Off-Premise Sales of Alcohol Restricted by Density of Location	No	No	No	No	No	No	No	No	No	No	No		No

*Province can limit placement of specialty wine shops (private outlets)
** Province can restrict placement of taverns and night clubs

Highlights

Across Canadian provinces and territories, the norm is no restrictions according to location or density for the sales of alcoholic beverages, both on and off premises. Only Ontario and Alberta restrict places where alcohol can be sold, both on and off premises. In Manitoba, the placement of specialty wine shops is restricted. Saskatchewan restricts placement of taverns and nightclubs, and restricts on-premise outlet density.

Output 3.2: Regulating the Affordability of Alcohol

3.2.1. Excise Tax for Alcoholic Beverages

Definition

An excise tax for alcoholic beverages is a special tax charged on alcohol.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Excise Act

Responsible Agency

Canada Revenue Agency

Source

www.cra-arc.gc.ca/exciseduty/

Results

3.2.1.1. Excise Tax for Alcoholic Beverages

For spirits of greater than 7% absolute ethyl alcohol by volume, the excise tax is $11.696 per litre of absolute ethyl alcohol.

For spirits of less than or equal to 7% absolute ethyl alcohol by volume, the excise tax is $0.295 per litre of spirits.

For spirits delivered to or imported by a licensed user, the excise tax is $0.12 per litre of absolute ethyl alcohol.

For wine of greater than 7% absolute ethyl alcohol by volume, the excise tax is $0.62 per litre.

For wine of greater than 1.2% and less than or equal to 7% absolute ethyl alcohol by volume, the excise tax is $0.295 per litre.

For wine of less than or equal to 1.2% absolute ethyl alcohol by volume, the excise tax is $0.0205 per litre.

For beer of greater than 2.5% absolute ethyl alcohol by volume, the excise tax is $0.3122 per litre.

For beer of greater than 1.2% and less than or equal to 2.5% absolute ethyl alcohol by volume, the excise tax is $0.1561 per litre.

For beer of greater than 0.5% and less than or equal to 1.2% absolute ethyl alcohol by volume, the excise tax is $0.02591 per litre.

Note: Excise taxes for beer are based on an annual production volume of greater than 7,500,000 litres.

Highlights

- For spirits, wine and beer, excise duty is imposed according to percentage of absolute ethyl alcohol by volume.
- Across alcoholic beverage categories, the excise tax is similar for products with similar percentage of absolute ethyl alcohol. But for spirits containing more than 7% of absolute ethyl alcohol, the excise tax is significantly higher than the one for other products containing more than 7% of absolute ethyl alcohol.
- For beer, there are reduced rates of excise tax based on the annual production volume increments in liters (0 to 200,000; 200,001 to 500,000; 500,001 to 1,500,000; 1,500,001 to 5,000,000; 5,000,001 to 7,500,000).

3.2.2. Consumer Price Index for Alcoholic Beverages

Definition

The Consumer Price Index (CPI) for alcoholic beverages is an indicator of the changes in consumer prices experienced by Canadians for alcoholic beverages compared to eight major components of goods and services (all items). It is obtained by comparing, through time, the cost of a fixed basket of alcoholic beverages compared to a fixed basket of all items purchased by Canadian consumers in a particular year. Since the basket contains commodities of unchanging or equivalent quantity and quality, the index reflects pure price movements.

Universe

Canada

Method of Estimation

Public document

Percentage change

- $(Index_{2008} - Index_{2015}) / Index_{2008} * 100$

Main Data Sources

Consumer Price Index

Responsible Agency

Statistics Canada

Periodicity

Monthly since 2000

Level of Representation

National

Available Data

2015

Source

CANSIM Table 326-0021

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=321185

Comments

The price index for alcoholic beverages is not available for Nunavut

Results

3.2.2.1. Consumer Price Index for Alcoholic Beverages by Jurisdiction

	All Items/Alcoholic Beverages			Change in price of alcoholic beverages is less than all-items change
	2008	2015	% change	
Canada	114.1/111.8	126.6/122.7	10.96/9.75	Yes
N.L.	114.3/115.1	129/128.1	12.86/11.29	Yes
P.E.I.	117.5/113.6	129.3/132.4	10.04/16.55	No
N.S.	115.9/116.5	129.3/132.2	11.56/13.48	No
N.B.	111.3/115.1	125.4/132.7	12.66/15.29	No
Que.	110.4/108.7	124.7/118.5	12.95/9.02	Yes
Ont.	110.8/110.4	127.4/120.5	14.98/9.15	Yes
Man.	110.9/113.3	126.8/142.3	14.34/25.60	No
Sask.	115.9/118	130.8/142.3	12.86/20.59	No
Alta.	121.6/115.2	133.7/134.7	9.95/16.93	No
B.C.	112.3/111.7	120.2/116.3	7.03/4.12	Yes
Y.T.	113.4/107.5	124.1/124.1	9.44/15.44	No
N.W.T.	115.2/128.0	130.4/147.9	13.19/15.55	No
Nvt.	—	—	—	—

Highlights

- Across provinces, between 2008 and 2015, the price experienced by Canadians for alcoholic beverages increased between 4.12% (B.C.) and 25.60% (Sask.).
- In Canada, between 2008 and 2015, the price experienced by Canadians for alcoholic beverages increased by 9.75% (111.8 to 122.7), while the price for all-items increased by 10.96% (114.1 to 126.6).
- In Canada as a whole and in four provinces (N.L., Que., Ont. and B.C.), the cost of all items increased more than the cost of alcoholic beverages, making the purchase of alcoholic beverages more affordable in these regions in 2015 than in 2008.

3.2.3. Mandatory Minimum Pricing for On-or Off-Premise Sales of Alcoholic Beverages

Definition

Minimum price legally set for on- or off-premise sales of alcoholic beverages.

Universe

Canada

Method of Estimation

Public documents

Main Data Sources

Social Reference Prices for Alcohol: A Tool for Canadian Governments to Promote a Culture of Moderation

Responsible Agency

CCSA

Source

National Alcohol Strategy Advisory Committee. (2015). *Social reference prices for alcohol: A tool for Canadian governments to promote a culture of moderation*. Ottawa: Canadian Centre on Substance Use and Addiction.

www.ccsa.ca/Resource%20Library/CCSA-Social-Reference-Prices-for-Alcohol-Canada-Report-2015-en.pdf

Results

3.2.3.1. Mandatory Minimum Pricing for On- or Off-Premise Sales of Alcoholic Beverages by Jurisdiction

	Minimum Pricing for On-Premise Sales	Minimum Pricing for Off-Premise Sales
N.L.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes
P.E.I.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: No
N.S.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes
N.B.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: No
Que.	Beer: No; Wine: No; Spirits: No; Coolers: No	Beer: Yes; Wine: No; Spirits: No; Coolers: No
Ont.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes
Man.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: No; Spirits: No; Coolers: No
Sask.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes
Alta.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: No; Wine: No; Spirits: No; Coolers: No
B.C.	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes	Beer: Yes; Wine: Yes; Spirits: Yes; Coolers: Yes
Y.T.	Beer: No; Wine: No; Spirits: No; Coolers: No	Beer: No; Wine: No; Spirits: No; Coolers: No
N.W.T.	Beer: No; Wine: No; Spirits: No; Coolers: No	Beer: No; Wine: No; Spirits: No; Coolers: No
Nvt.	Beer: No; Wine: No; Spirits: No; Coolers: No	Beer: No; Wine: No; Spirits: No; Coolers: No

Highlights

- Across Canadian provinces and territories, there is more often mandatory minimum pricing for on-premise sales of alcoholic beverages than for off-premise sales.
- In Canada, minimum pricing is legally set for on-premise sales of beer, wine, spirits and coolers in every province except Quebec. None of the territories have a minimum price set for on-premise sales of alcoholic beverages.
- Only Newfoundland, Nova Scotia, Ontario, Saskatchewan and British Columbia have mandatory minimum pricing for off-premise sales of all four types of alcoholic beverages.
- Territories and Alberta do not have mandatory minimum pricing for off-premise sales of beer.

Output 3.3: Marketing Restrictions

3.3.1. Legally Binding Regulations on Alcohol Advertising

Definition

Restrictions on alcohol advertising are legally binding restrictions enforced by law on alcohol advertising (the promotion of alcoholic beverages by alcohol producers through a variety of media).

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Comments

This indicator documents whether jurisdictions have legally binding restrictions on advertising. While these restrictions should be enforced by law, this indicator addresses their existence, not their enforcement.

Results

3.3.1.1. Legally Binding Regulations on Alcohol Advertising by Jurisdiction

	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Legally Binding Regulations on Alcohol Advertising*	Yes**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No

* For provinces, "yes" refers to advertising regulations that go beyond the national Canadian Radio-television and Telecommunications Commission (CRTC) code.
** The CRTC code only applies to broadcast advertising of alcoholic beverages. Online advertising is not covered by the CRTC code.

Highlights

Every Canadian province and territory, except Alberta, Yukon and Nunavut, has legally binding restrictions enforced by law on alcohol advertising that go beyond the national CRTC code.

3.3.2. Legally Binding Regulations on Alcohol Sponsorship

Definition

Restrictions on alcohol industry sponsorship are legally binding restrictions enforced by law on alcohol industry sponsorship of sporting events or youth events, such as concerts. Sponsorship refers to supporting an event financially or through the provision of products or services as part of brand identification and marketing.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20Alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Comments

This indicator documents whether jurisdictions have legally binding restrictions on alcohol sponsorship. While these restrictions should be enforced by law, this indicator addresses their existence, not their enforcement.

Results

3.3.2.1. Legally Binding Regulations on Alcohol Sponsorship by Jurisdiction

	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Legally Binding Regulations on Alcohol Sponsorship	No	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No

Highlights

Ontario, Manitoba, Alberta and British Columbia have legally binding restrictions enforced by law on alcohol industry sponsorship of sporting events or youth events, such as concerts. Quebec has some restrictions.

3.3.3. Legally Binding Regulations on Sales Promotions

Definition

Restrictions on alcohol sales promotion are legally binding restrictions enforced by law on alcohol sales promotion, such as from producers (e.g., parties and events), from retailers, including supermarkets, in the form of sales below cost (e.g., two for one, happy hour), or from owners of pubs and bars in the form of serving alcohol for free). Sales promotions are marketing practices designed to facilitate the purchase of a product.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Comments

This indicator documents whether jurisdictions have legally binding restrictions on alcohol sales promotion. While these restrictions should be enforced by law, this indicator addresses their existence, not their enforcement.

Unable to obtain the information for the Northwest Territories.

Results

3.3.3.1. Legally Binding Regulations on Sales Promotions by Jurisdiction

	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Legally Binding Regulations on Sales Promotions	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—

Highlights

All provinces and territories except Nova Scotia, New Brunswick and Prince Edwards Island have legally binding restrictions on alcohol sales promotion enforced by law. The regulations in Nunavut for sales promotions are not known.

Output 3.4: Underage Drinking

3.4.1. Minimum Legal Drinking Age

Definition

Minimum legal drinking age is the minimum age you need to be allowed to drink alcohol under law.

Universe

Canada

Method of Estimation

Public documents

Main Data Sources

Legal Drinking Age for Alcohol in Canada

Responsible Agency

CCSA

Source

www.ccsa.ca/Eng/topics/alcohol/Pages/Legal-Drinking-Age-for-Alcohol-in-Canada.aspx

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

Responsible Agency

CAMH

Source

Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies*. Toronto, Ont.: Centre for Addiction and Mental Health.

www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Provincial%20alcohol%20reports/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Results

3.4.1.1. Minimum Legal Drinking Age by Jurisdiction

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Drink/Possess	19/19	19/19*	19/19	19/19§	18*/18	19/19*	18/18¶	19/19*	18/18*	19/19*	19/19†	19/19	19/19‡
Buy for/Serve	19/19	19/19	19/19	19/19	18/18	19/19	18/18	19/19	18/18	19/19	19/19	19/19	19/19

* Those under the legal drinking age are allowed to consume alcohol in the home, if it was provided by a parent or spouse.

§ Social hosting laws extend beyond the home to community hall.

¶ Social hosting laws extend beyond the home to on-premise establishments.

† Social hosting laws extend beyond the home to licensed establishments or events and also extend beyond the family if the provision of alcohol is for medicinal or sacramental purposes.

‡ Exception in the home as well as some private social functions and for medicinal purposes.

Highlights

- In Canada, each province and territory defines the legal drinking age for drinking and possessing, buying for and serving.
- For drinking and possessing, it is 18 years old in Quebec, Manitoba and Alberta. It is 19 years old elsewhere. In ten jurisdictions, there are exceptions such as, for example, allowing those under the legal drinking age to consume alcohol in the home if it was provided by a parent or spouse.
- Regarding buying for and serving alcohol, the legal drinking age is 18 years old in Quebec, Manitoba and Alberta, and 19 years old elsewhere.

Output 4.1: Policies

4.1.1. Written Policy on Alcohol

Definition

An adopted written policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.

Universe

Canada

Method of Estimation

Public document or representatives of a given jurisdiction responded to request by CCSA.

Main Data Sources

Information internal to CCSA

Responsible Agency

CCSA

Results

4.1.1.1. Written Policy on Alcohol

	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Written Policy on Alcohol	Yes	No	No	Yes	No	No	No	Yes	No	Yes	No	No	No	No

Highlights

- A national alcohol strategy was released in Canada in 2007.
- Nova Scotia, Manitoba and Alberta currently have provincial alcohol strategies.

Output 4.3: Beverages Services

4.3.1. Legally Required Responsible Beverages Services

Definition

Legal requirement for licensees, managers and servers to take a course about alcoholic beverages services.

Universe

Canada

Method of Estimation

Public document or representatives of a given jurisdiction responded to request by CCSA.

Main Data Sources

Meeting Summary: Responsible Beverage Server Training

Responsible Agency

CCSA

Comments

Unable to obtain the information for the Northwest Territories.

Results

4.3.1.1. Legally Required Responsible Beverages Services by Jurisdiction

	Legally Required Training for On-Premise Staff	Legally Required Training for Off-Premise Staff
N.L.	No	No
P.E.I.	Yes, "It's Our Business"	Yes
N.S.	Yes, for infractions and new licensees	No
N.B.	No	No
Que.	No	Yes, for the government corporation (SAQ)
Ont.	Yes, "Smart Serve"	Yes
Man.	Yes, "Serving it Safe Responsible Service" & "Safety Program"	Yes, for retailers
Sask.	Yes, "Serve it Right"*	Yes
Alta,	Yes, "ProServe"	Yes
B.C.	Yes,"Serving it Right"	Yes
Y.T.	No	No
N.W.T.	—	—
Nvt.	Yes**	No

* Program has existed since 2015 and is being phased in over three years (June 2018).
** Not a law but a condition of all licensees to train all staff prior to being issued a license.

Highlights

- Six jurisdictions have a legal requirement for responsible beverage services for both on- and off-premise licensees.
- The majority (8 out of 13) of provinces and territories have a legal requirement for on-premise licensees, managers and servers to take a course about alcoholic beverages services.
- Seven jurisdictions have a legal requirement for off-premise licensees, managers and servers to take a course about alcoholic beverages services.
- In Quebec, the requirement applies to the government corporation (SAQ), but not to grocery stores and gas stations.

Output 4.4: Impaired Driving

4.4.1. Maximum Legal BAC when Driving a Vehicle

Definition

There is a legal maximum blood alcohol concentration (BAC; measured as mass per volume) allowed while driving a vehicle. The BAC limits for the general population and for young or novice drivers are indicated.

Universe

Canada

Method of Estimation

Public document

Main Data Sources

Information internal to CCSA

Responsible Agency

CCSA

Results

4.4.1.1. Maximum Legal BAC when Driving a Vehicle by Jurisdiction

	BAC Level/Type of Sanction	BAC Level for Young or Novice Drivers
Can.	0.08; 0.16/criminal code	None
N.L.	0.05/administrative	Zero for Graduated Driver License (GDL) drivers
P.E.I.	0.05/administrative	Zero for GDL drivers
N.S.	0.05/administrative	Zero for GDL drivers
N.B.	0.05/administrative	Zero for drivers under 21 years of age or GDL drivers
Que.	0.08/administrative	Zero for drivers under 21 years of age or with learner's or probationary licenses
Ont.	0.05/administrative	Zero for drivers under 22 years of age or GDL drivers
Man.	0.05/administrative	Zero for GDL drivers and for the first five years of being licenced
Sask.	0.04/administrative	Zero for GDL drivers
Alta.	0.05/administrative	Zero for GDL drivers
B.C.	0.05/administrative	Zero for GDL drivers
Y.T.	0.08/administrative	Zero for GDL drivers
N.W.T.	0.05/administrative	Zero for novice drivers
Nvt.	0.06/administrative	None

Highlights

- The legal limit of blood alcohol content for drivers in Canada is 0.08, though the majority of provinces and territories have sanctions for drivers with a BAC of 0.05 or higher.
- Saskatchewan has the strictest limit, issuing consequences for drivers with a BAC of 0.04 or higher.
- In every province and territory, except Nunavut, there is zero tolerance for young drivers or novice drivers, or drivers with a GDL.
- New Brunswick, Quebec and Ontario have zero tolerance for both young drivers and those without extensive driving experience.

Outcome 1.1: Increased Alcohol Literacy

1.1.1. Prevalence of Knowledge about the Low-Risk Alcohol Drinking Guidelines

Definition

Proportion of Canadians 15 years old and older who report knowing about the Low-Risk Alcohol Drinking Guidelines (LRDGs).

Method of Estimation

- Numerator: Number of Canadians (15+ years) who report knowledge about the LRDGs
- Denominator: Total number of Canadians sampled for the survey

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Alcohol and Drug Use Monitoring Survey

Responsible Agency

Health Canada

Target Population

Canadians age 15 years old and older living in a household with a telephone

Periodicity

Annual survey ran from 2008 through 2012

Level of Representation

National and provincial; territories not sampled

Available Data

2012

Methodological Reference

www.hc-sc.gc.ca/hc-ps/drugs-drogues/cadums-esccad-eng.php

Question

LRDG1: Have you ever seen or heard about Canada's Low-Risk Alcohol Drinking Guidelines?

Comments

For the Canadian Alcohol and Drug Use Monitoring Survey, respondents were only asked if they had seen or heard about the LRDGs, without being asked exactly what the guidelines are, so it is not possible to assess whether Canadian know what they are. The Canadian Alcohol and Drug Use Monitoring Survey was last run in 2012, so the results are out of date and should be interpreted with caution.

Results

1.1.1.1. Prevalence of Knowledge about the LRDGs by Province

Percentage Who Report Knowing about LRDGs	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	26	20.5	14.5	17.9	21.3	42.8	21.4	21	25.1	18.7	19.5

1.1.1.2. Prevalence of Knowledge about the LRDGs by Gender

- 23.9% of males report knowing about the LRDGs
- 27.9% of females report knowing about the LRDGs

1.1.1.3. Prevalence of Knowledge about the LRDGs by Age

Percentage Who Report Knowing about LRDGs	15–17 yrs old	18–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	21	23.8	22.2	25.5	26.9	30.5	27.4

Highlights

- About a fifth of Canadians report knowing about the LRDGs. The exception is in Quebec, where nearly half of Quebecers report knowing about the LRDGs.
- Females are more likely than males to report knowing about the LRDGs.
- Canadians aged under 35 are less likely to report knowing about the LRDGs.

Outcome 1.2: Increased Adherence to the Low-Risk Drinking Guidelines

1.2.1. Prevalence of Drinking within the LRDGs for Chronic Effects

Definition

Proportion of Canadians 15 years old and older who consume no more than the recommended quantity of alcohol within the number of days specified in the LRDGs for chronic effects.

Method of Estimation

Women

- Numerator: Women who drink no more than 10 drinks a week, with no more than two drinks a day most days
- Denominator: Total number of Canadian women sampled for the survey

Men

- Numerator: Men who drink no more than 15 drinks a week, with no more than three drinks a day most days
- Denominator: Total number of Canadian men sampled for the survey

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Tobacco, Alcohol and Drugs Survey

Responsible Agency

Statistics Canada on behalf of Health Canada

Target Population

Canadians age 15 years and older living in a household with a telephone

Periodicity

Every two years since 2013

Level of Representation

National and provincial

Available Data

2013

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440

Related Questions

AW_Q20A: Starting with yesterday, that is <J1 > and including up to 4 a.m. this morning, how many drinks did you have?

AW_Q20B: How many drinks did you have <J2>, including up to 4 a.m. (in the morning of <J1>)?

AW_Q20C: How many drinks did you have <J3>, including up to 4 a.m. (in the morning of <J2>)?

AW_Q20D: How many drinks did you have <J4 >, including up to 4 a.m. (in the morning of <J3>)?

AW_Q20E: How many drinks did you have <J5>, including up to 4 a.m. (in the morning of <J4>)?

AW_Q20F: How many drinks did you have <J6>, including up to 4 a.m. (in the morning of <J5>)?

AW_Q20G: How many drinks did you have <J7>, including up to 4 a.m. (in the morning of <J6>)?

Comments

In November 2011, the Canadian federal, provincial and territorial health ministers received Canada's LRDGs, which consist of five guidelines and a series of tips. The LRDGs were developed by a team of independent Canadian and international experts on behalf of the National Alcohol Strategy Advisory Committee (NASAC).

Prevalence rate is based on alcohol consumption in the previous seven days only. Anyone who has consumed alcohol (other than a few sips of wine for religious purposes) in the past 12 months is considered a current drinker. As such, a current drinker who did not drink in the seven days preceding the survey did not exceed the LRDGs and is recorded accordingly. Therefore, it is likely that the prevalence rate of drinking within LRDGs is overestimated.

Results

1.2.1.1. Prevalence of Drinking within the LRDGs for Chronic Effects by Province

Percentage Who Report Drinking within the LRDGs by Province (2013)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	84	81.7	84.8	83.4	83.9	83.8	85.4	85	84.8	82.8	83.7

1.2.1.2. Prevalence of Drinking within the LRDGs for Chronic Effects by Gender

- 81.2% of men report drinking within the LRDGs for chronic effects (2013)
- 87.3% of women report drinking within the LRDGs for chronic effects (2013)

1.2.1.3. Prevalence of Drinking within the LRDGs for Chronic Effects by Age

Percentage Who Report Drinking within LRDGs by Age (2013)	15–17/18 yrs old	18/19–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	93.9	75.1	78.2	82.3	83	87.6	93.2

Highlights

- Based on alcohol consumption in the previous seven days, 84% of Canadians aged 15 years and older drink within LRDG for chronic effects.
- There are significant differences among provinces in the proportion who consume alcohol within LRDGs.
- Females are consistently more likely than males to drink within LRDG for chronic effects.
- Drinkers between the legal age and 24 years old are the least likely to drink within LRDG for chronic effects.

1.2.2. Prevalence of Drinking within the LRDGs for Acute Effects

Definition

Proportion of Canadians 15 years old and older who on any one day do not exceed the recommended maximum quantity of alcohol specified in the LRDGs for acute effects.

Method of Estimation

Women

- Numerator: Women who consume no more than three drinks on any one day
- Denominator: Total number of Canadian women sampled for the survey

Men

- Numerator: Men who consume no more than four drinks on any one day
- Denominator: Total number of Canadian men sampled for the survey

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Tobacco, Alcohol and Drugs Survey

Responsible Agency

Statistics Canada on behalf of Health Canada

Target Population

Canadians age 15 years and older living in a household with a telephone

Periodicity

Every two years since 2013

Level of Representation

National and provincial

Available Data

2013

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440

Related Questions

AW_Q20A: Starting with yesterday, that is <J1 > and including up to 4 a.m. this morning, how many drinks did you have?

AW_Q20B: How many drinks did you have <J2>, including up to 4 a.m. (in the morning of <J1>)?

AW_Q20C: How many drinks did you have <J3>, including up to 4 a.m. (in the morning of <J2>)?

AW_Q20D: How many drinks did you have <J4 >, including up to 4 a.m. (in the morning of <J3>)?

AW_Q20E: How many drinks did you have <J5>, including up to 4 a.m. (in the morning of <J4>)?

AW_Q20F: How many drinks did you have <J6>, including up to 4 a.m. (in the morning of <J5>)?

AW_Q20G: How many drinks did you have <J7>, including up to 4 a.m. (in the morning of <J6>)?

Comments

See the Comments for Section 1.2.1.

Results

1.2.2.1. Prevalence of Drinking within the LRDGs for Acute Effects by Province

Percentage Who Report Drinking within the LRDGs by Province (2013)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	88.7	85.3	88.8	87.3	87.5	88.7	89.5	89.2	88.8	87.6	88.4

1.2.2.2. Prevalence of Drinking within the LRDGs for Acute Effects by Gender

- 85.4% of men report drinking within the LRDGs for acute effects (2013)
- 92% of women report drinking within the LRDGs for acute effects (2013)

1.2.2.3. Prevalence of Drinking within the LRDGs for Acute Effects by Age

Percentage Who Report Drinking within LRDGs by Age (2013)	15–17/18 yrs old	18/19–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	95.1	80.6	83.9	87.1	88.6	92.4	94.8

Highlights

- Based on alcohol consumption in the previous seven days, about 89% of Canadians aged 15 years and older drink within LRDG for acute effects.
- The proportion of Canadians who drink within LRDG for acute effects is always lower in Newfoundland than in other provinces.
- Females are consistently more likely than males to drink within LRDG for acute effects.
- As people of legal drinking age get older, the proportion of those who drink within the LRDG for acute effects increases.

Outcome 1.3: Reduced Alcohol-related Mortality and Morbidity

1.3.1. Mortality Rate from Alcohol Liver Disease

Definition

Mortality rate where alcohol liver disease is identified as the main cause of death among Canadians age 15 years old and older in a given year.

Method of Estimation

Crude mortality rate per 100,000 population due to alcohol liver disease among Canadians in a given year.

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Vital Statistics — Death Database

Responsible Agency

Statistics Canada

Target Population

All deaths in Canada

Periodicity

Every year since 2000

Level of Representation

National and provincial

Available Data

2012

Source

CANSIM Table 102-0552 (Code K70)

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3233

Results

1.3.1.1. Alcohol Liver Disease Death and Mortality Rate by Jurisdiction

Number of Deaths by Alcohol Liver Disease per 100,000 (2012)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
	4.5	2.7	4.8	3.1	2.2	2.9	4.6	5.4	4.2	3.9	8.0	11.1	4.6	0

1.3.1.2. Alcohol Liver Disease Mortality Rate by Gender

- 6.5 male deaths per 100,000 were from alcohol liver disease in 2012
- 2.4 of female deaths per 100,000 were from alcohol liver disease in 2012

Highlights

- In total, 1,550 alcohol liver disease deaths were registered in Canada during 2012. This represents a national crude mortality rate of 4.5 per 100,000 population.
- The province where the highest number of deaths was registered due to alcohol liver disease in 2012 was Ontario. However, the provinces with the highest alcohol liver disease mortality rate were British Columbia, Manitoba and Prince Edward Island. When the territories are also considered, Yukon has the highest alcohol liver disease mortality rate in Canada.
- Men are more vulnerable than women to die due to alcohol liver disease.

1.3.2. Deaths due to Alcohol Use Disorders

Definition

Number of Canadians age 15 years and older who died as a result of disorders attributable to the consumption of alcohol (e.g., harmful use of alcohol, alcohol dependence) in a given year.

Method of Estimation

Number of registered deaths among Canadians 15 years old and older where alcohol use disorders are identified as the main cause, in a given year.

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Vital Statistics — Death Database

Responsible Agency

Statistics Canada

Target Population

The death database is an administrative survey that collects demographic and cause of death information annually from all provincial and territorial vital statistics registries on all deaths in Canada. Prior to 2010, some data were also collected on Canadian residents who died in some American states.

Periodicity

Every year since 2000

Level of Representation

National

Available Data

2012

Source

CANSIM Table 102-0525 (Code F10)

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3233

Results

1.3.2.1. Number of Deaths due to Alcohol Use Disorders in Canada by Gender

- A total of 751 deaths due to alcohol use disorders were recorded in Canada in 2012
- 152 females died of deaths due to alcohol use disorders in Canada in 2012
- 599 males died of deaths due to alcohol use disorders in Canada in 2012

1.3.2.2. Number of Deaths due to Alcohol Use Disorders in Canada by Age

Number of Deaths due to Alcohol Use Disorders by Age (2012)	0–19 yrs old	20–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	0	2	14	38	158	233	306

Highlights

- In total, the number of registered deaths in Canada during 2012 where alcohol use disorders were identified as the main cause was 751. Provincial and territorial data are not available for this indicator.
- In 2012, the number of deaths due to alcohol use disorders was almost four times higher among men than among women.
- The risk of death due to alcohol use disorders increases with age. The highest number of deaths where alcohol use disorders were identified as the main cause was among individuals aged 65 years and older.

1.3.3. Hospitalizations Attributable to Alcohol

Definition

Age-standardized rate of hospitalizations for alcohol-attributable conditions for Canadians age 15 and older per 100,000 population, including any inpatient treatment at hospitals for chronic diseases or conditions that have been classified as entirely attributable to alcohol, but excluding alcohol-related injuries and suicides.

Method of Estimation

- Numerator: Total number of hospitalizations for a condition 100% attributable to alcohol in a given year
- Denominator: Total population age 15 years and older in that same year

Universe

Canadians aged 15 years and older

Main Data Sources

Discharge Abstract Database and Hospital Morbidity Database

Responsible Agency

Canadian Institute for Health Information

Target Population

Canadians age 15 years and older

Periodicity

Every year since 1994

Level of Representation

National and provincial (excluding Quebec)

Available Data

2012

Methodological References

www.cihi.ca/en/types-of-care/hospital-care/acute-care/dad-metadata

www.cihi.ca/en/types-of-care/hospital-care/acute-care/hmdb-metadata

Ontario Mental Health Reporting System

Responsible Agency

Canadian Institute for Health Information

Target Population

Canadians age 15 years and older

Periodicity

Every year since 2005

Level of Representation

Provincial (Ontario)

Available data

2012

Methodological Reference

www.cihi.ca/en/types-of-care/specialized-services/mental-health-and-addictions/ontario-mental-health-reporting

Related Questions

- Administrative, clinical and demographic information on hospital discharges (including deaths, sign-outs and transfers). Some provinces and territories also capture day surgery (Discharge Abstract Database).
- Administrative, clinical and demographic information on inpatient separations from acute care hospitals. Provides national discharge statistics from Canadian healthcare institutions by diagnoses and procedures (Hospital Morbidity Database).
- Information submitted to Canadian Institute for Health Information about individuals admitted to designated adult mental health beds in Ontario (Ontario Mental Health Reporting System).

Results

1.3.3.1. Hospitalizations Attributable to Alcohol by Province

Hospitalizations Attributable to Alcohol per 100,000 (2012)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	98	83	183	60	71	71	75	138	182	145	156

1.3.3.2. Hospitalizations Attributable to Alcohol by Gender

- For every 100,000 hospitalizations, 56 females were hospitalized for conditions attributable to alcohol
- For every 100,000 hospitalizations, 143 males were hospitalized for conditions attributable to alcohol

Highlights

- The number of Canadians 15 years old and older who were hospitalized during 2012 for alcohol-attributable conditions was 98 per 100,000 population.
- The number of alcohol-attributable hospitalizations varies across provinces. In 2012, Prince Edward Island, Saskatchewan and British Columbia had the highest number of hospitalizations due to alcohol-attributable conditions, whereas Nova Scotia, New Brunswick and Quebec had the fewest number of hospitalizations due to alcohol-attributable conditions.
- Alcohol-attributable hospitalization is 2.5 times higher among men than among women.
- Income is negatively related to alcohol-attributable hospitalizations. The highest number of hospitalizations were among individuals with the lowest income and the lowest number of hospitalizations were among individuals with the highest income.

Outcome 2.2: Reduced Problem Drinking

2.2.1. Alcohol Abuse or Dependence

Definition

Proportion of Canadians 15 years old and older who were classified as meeting criteria for alcohol abuse or dependence in the 12 months prior to the interview.

Abuse is defined as reporting at least one of the following occurrences in the same 12-month period: failure to fulfill major roles at work, school or home, use in physically hazardous situations, recurrent alcohol, related problems, and continued use despite social or interpersonal problems caused or intensified by alcohol.

Alcohol dependence is defined as reporting at least three of the following occurrences in the same 12-month period: increased tolerance, withdrawal, increased consumption, unsuccessful efforts to quit, a lot of time lost recovering or using, reduced activity, and continued use despite persistent physical or psychological problems caused or intensified by alcohol.

Method of Estimation

- Numerator: Total number of Canadian 15 years old and older meeting the criteria for alcohol abuse or dependence
- Denominator: Total sample excluding non-response categories (“refusal,” “don't know” and “not stated”)

Universe

Canadians aged 15 years and over

Main Data Sources

Canadian Community Health Survey — Mental Health

Responsible Agency

Statistics Canada

Target Population

Canadians age 15 years and older living in a household with a telephone

Periodicity

2002; 2012

Level of Representation

National and provincial

Available Data

2012

Source

CANSIM Table 105-1101 (Alcohol abuse or dependence, 12 months)

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&lang=en&db=imdb&adm=8&dis=2&SDDS=5015=8&dis=2&SDDS=5015

Related Questions

AUD_Q13a: First, was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home?

AUD_Q13a1: Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbours, or co-workers?

AUD_Q13b: Did you continue to drink even though it caused problems with these people?

AUD_Q13c: Were there times in your life when you were often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, or operating a machine?

AUD_Q13d: Were you ever arrested or stopped by the police because of drunk driving or drunken behaviour?

AUD_Q13e: How many times were you arrested or stopped by the police due to drinking?

AUD_Q19a: Was there ever a time in your life when you often had such a strong desire to drink that you couldn't stop yourself from taking a drink or found it difficult to think of anything else?

AUD_Q19a1: Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a "buzz" or a high on the amount you used to drink?

AUD_Q19b: Did you ever have times when you stopped, cut down, or went without drinking and then experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?

AUD_Q19c: Did you ever have times when you took a drink to keep from having problems like these?

AUD_Q19d: Did you ever have times when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended?

AUD_Q19e: Were there ever times when you drank more frequently or for more days in a row than you intended?

AUD_Q19f: Did you have times when you started drinking and became drunk when you didn't want to?

AUD_Q19g: Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so?

AUD_Q19h: Did you ever have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?

AUD_Q19i: Did you ever have a time when you gave up or greatly reduced important activities because of your drinking, like sports, work, or seeing friends and family?

AUD_Q19j: Did you ever continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?

AUD_Q23: Did you ever have three or more of these problems in the same 12-month period?

Results

2.2.1.1. Alcohol Abuse or Dependence by Province

Percentage Who Report Alcohol Abuse or Dependence by Province (2012)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	3.2	2.1	3.2	3.4	3.2	2.7	3.1	5.1	3.7	3.6	3.4

2.2.1.2. Alcohol Abuse or Dependence by Gender

- In 2012, 4.7% males met the criteria for alcohol abuse or dependence
- In 2012, 1.7% females met the criteria for alcohol abuse or dependence

2.2.1.3 Alcohol Abuse or Dependence by Age

Alcohol Abuse or Dependence by Age (2012)	15–24 yrs old	25–44 yrs old	45–64 yrs old	65 and older
	8	3.4	2	0.6

Highlights

- In Canada, 3.2% of the population aged 15 years and over is meeting the criteria for alcohol abuse or dependence.
- Males are consistently more likely than females to be classified as meeting criteria for alcohol abuse or dependence.
- As people get older, the proportion of those meeting criteria for alcohol abuse or dependence decreases.

Outcome 3.1: Decreased Irresponsible Alcohol Consumption

3.1.1. Heavy Drinking

Definition

Proportion of men and women Canadians who have had five or four drinks or more, respectively, on at least one occasion monthly.

Method of Estimating

Women

- Numerator: Women who reported having four or more drinks on at least one occasion monthly in the previous 12 months
- Denominator: Total sample of Canadian women

Men

- Numerator: Men who reported having five or more drinks on at least one occasion monthly in the previous 12 months
- Denominator: Total sample of Canadian men

Universe

Canadians aged 12 years and older

Main Population Data Sources

Canadian Community Health Survey — Annual Component

Responsible Agency

Statistics Canada

Target Population

Canadians age 12 years and older living in a household with a telephone

Periodicity

Every year since 2000–2001

Level of Representation

National and provincial

Available Data

2014

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=238854

Related Questions

ALC_Q3 (women): How often in the past 12 months have you had four or more drinks on one occasion?

ALC_Q3 (men): How often in the past 12 months have you had five or more drinks on one occasion?

Results

3.1.1.1. Heavy Drinking by Jurisdiction

Percentage of Population by Province Who Report Heavy Drinking (2014)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
	17.9	25.4	16.9	20.1	21.4	20.2	16.2	17.8	19.5	18.9	15.8	27.8	32.7	14.3

3.1.1.2. Heavy Drinking by Gender

- In 2014, 13.2% of women reported having had four or more drinks on one occasion
- In 2014, 22.7% of men reported having had five or more drinks on one occasion

3.1.1.3 Heavy Drinking by Age

Percentage of Population by Age Who Report Heavy Drinking (2014)	12–19 yrs old	20–34 yrs old	35–44 yrs old	45–64 yrs old	65 and older
	10.7	30.5	20.0	16.6	6.0

Highlights

- Based on alcohol consumption in the previous 12 months, the prevalence of heavy drinking on at least one occasion monthly among Canadians aged 12 years old and older was 17.9%.
- Heavy drinking varies across provinces and territories. Four jurisdictions (Prince Edward Island, Ontario, British Columbia and Nunavut) have a prevalence of heavy drinking on at least one occasion monthly that is lower than the national average.
- A greater proportion of men than women report heavy drinking on a monthly basis.
- Young adults aged 20 to 34 years old are those who drink in excess the most. A third of them do so on a monthly basis.

3.1.2. Alcohol Use Age of Onset

Definition

Average age of initiation to alcohol among school-aged children.

Universe

School-aged Canadian children (grades 6–12)

Main Data Sources

- Canadian Student Tobacco, Alcohol and Drugs Survey

  Responsible Agency

  Propel Centre for Population Health Impact at the University of Waterloo with the cooperation and support of Health Canada

  Target population

  Canadian students (excluding Territories) in grades 7–12 (secondaire I to V in Quebec),

  Periodicity

  Every two years since 2004

  Level of representation

  National

  Available data

  2014–2015

  Methodological References

  uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

Comments

Quebec has a different education system than the rest of Canada. Hence, while the Canadian Student Tobacco, Alcohol, and Drugs Survey is conducted in secondary I to secondary V in Quebec, it is conducted in grades 7–12 in the other provinces Canada.

Related Questions

Q30: How old were you when you first had a drink of alcohol that was more than just a sip?

Results

3.1.2.1. Alcohol Use Age of Onset by Gender

- In 2014–2015, the average age of initiation to alcohol consumption among school-aged children was 13.5 years old
- In 2014–2015, the average age that boys started drinking was 13.3 years old, while the average age that girls started drinking was 13.6 years old

3.1.3. Underage Past-Year Alcohol Use

Definition

Proportion of school-aged children who have consumed any alcohol during the past 12 months.

Method of Estimating

- Numerator: Number of past-year alcohol users among school-aged children in grades 7–12
- Denominator: Total sample of Canadian school-aged children in grades 7–12

Universe

School-aged Canadian children (grades 7–12)

Main Data Sources

- Canadian Student Tobacco, Alcohol and Drugs Survey

  Responsible agency

  Propel Centre for Population Health Impact at the University of Waterloo with the cooperation and support of Health Canada

  Target Population

  Canadian students (excluding Territories) in grades 7–12 (secondaire I to V in Quebec),

  Periodicity

  Every two years since 2004

  Level of Representation

  National and provincial

  Available Data

  2014–2015

  Methodological References

  uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

Comments

Due to low recruitment rate in New Brunswick, provincial estimates cannot be calculated and are therefore excluded from table 3.1.4.1. However, numbers for New Brunswick are included in the total for Canada.

Related Questions

Q29: In the last 12 months, how often did you have a drink of alcohol that was more than just a sip?

Results

3.1.3.1. Underage Past-Year Use of Alcohol by Province

Percentage of Underage Children who Drank Alcohol by Province (2014–2015)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	39.5	44.6	42.8	41.4	N/A	48.4	36.1	44.2	45.3	31.1	38.2

3.1.3.2. Underage Past-Year Use of Alcohol by Gender

- In 2014–2015, 40 % of underage girls used alcohol
- In 2014–2015, 39 % of underage boys used alcohol

3.1.3.3. Underage Past-Year Use of Alcohol by Grade

Percentage of Underage Children Who Drank Alcohol by Grade (2014–2015)	Gr. 7	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12
	7.7	17.4	32.6	49.5	59.3	66.6

Highlights

- In Canada, the proportion of school-aged children who consumed any alcohol during the past year was 39.5 % during the year 2014–2015.
- Past-year alcohol consumption among school-aged children varies across provinces. Quebec has the highest proportion of underage past year alcohol use, while Alberta has the lowest.
- Past-year alcohol use was very similar between boys and girls, the proportion being slightly higher among girls (40%) than among boys (39%).
- Past-year alcohol use increases with age, the proportion being more than eight times higher among children in Grade 12, compared to those in Grade 7.

3.1.4. Underage Heavy Drinking

Definition

Proportion of school-aged children who have had five drinks or more on at least one occasion in the past year.

Method of Estimation

- Numerator: Number of past year alcohol users among school-aged children in grades 7–12 who reported having five or more drinks on at least one occasion in the previous 12 months
- Denominator: Total sample of Canadians school-aged children in grades 7–12

Universe

School-aged Canadian children (grades 7–12)

Main Data Sources

Canadian Student Tobacco, Alcohol and Drugs Survey

Responsible Agency

Propel Centre for Population Health Impact at the University of Waterloo with the cooperation and support of Health Canada

Target Population

Canadian students (excluding Territories) in grades 7–12 (secondaire I to V in Quebec),

Periodicity

Every two years since 2004

Level of Representation

National and provincial

Available Data

2014–2015

Methodological References

uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

Comments

Due to low recruitment rate in New Brunswick, provincial estimates cannot be calculated and are therefore excluded from table 3.1.5.1. However, numbers for New Brunswick are included in the total for Canada.

Related Questions

Q32: In the last 12 months, how often did you have five or more drinks of alcohol on one occasion?

Results

3.1.4.1. Underage Heavy Drinking by Province

Percentage of Underage Children who Drank Alcohol Heavily by Province (2014–2015)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	23.7	30.1	32.2	27.4	N/A	28.0	20.9	28.7	29.6	17.0	24.7

3.1.4.2. Underage Heavy Drinking by Gender

- In 2014–2015, 23.6% of underage girls drank alcohol heavily
- In 2014–2015, 23.7% of underage boys drank alcohol heavily

3.1.4.3. Underage Heavy Drinking by Grade

Percentage of Underage Children Who Drank Alcohol Heavily by Grade (2014–2015)	Gr. 7	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12
	2.5	6.9	15.4	28.9	38.8	47.2

Highlights

- In Canada, the proportion of school-aged children who have consumed five drinks or more on at least one occasion in the past year was 23.7% during the year 2014–2015.
- Underage heavy drinking varies across provinces. Prince Edward Island has the highest proportion of school-aged children having five drinks or more on at least one occasion in the past year (32.2%), where the lowest proportion is found in Alberta (17%).
- Past year heavy drinking was very similar between school-aged boys and girls.
- The proportion of school-aged children that have consumed five drinks or more on at least one occasion in the past year increases as children grow older, moving from 2.5% in Grade 7 to 47.2% in Grade 12.

Outcome 3.2: Reduced Alcohol Use

3.2.1. Per Capita Consumption

Definition

Recorded amount of alcohol consumed per capita over a calendar year in Canada in litres of pure alcohol. The indicator only takes into account consumption recorded through taxation from production, import, export and sales data.

Method of Estimating

- Numerator: The amount of recorded alcohol consumed per capita by those age 15 and older during a calendar year in litres of pure alcohol
- Denominator: Midyear Canadian population, age 15 and older, for the same calendar year

Universe

Canadians aged 15 years and older

Main Data Sources

Control and Sale of Alcoholic Beverages in Canada

Responsible Agency

Statistics Canada — Public Sector Statistics Division

Target Population

Provincial and territorial government liquor authorities

Periodicity

Every year since 2004–2005

Level of Representation

National and provincial

Available Data

2014–2015

Source

CANSIM Table 183-0023

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&lang=en&db=imdb&adm=8&dis=2&SDDS=1726#a2

Related Questions

Section 3 — Sales within Province/Territory by Type of Beverage (excluding GST/HST, other retail taxes and container value).

1. Sales by liquor authority
2. Sales by all other retail outlets
3. Sales to licensed establishments (bars, restaurants, etc.)

(1) Report amounts in thousands of dollars and thousands of litres.
(2) Net income in item 7 of section 2 should agree with net income as per your annual report.
(3) If actual financial and non-financial data are not available, estimates may be used in this report. Indicate estimated data with "E."

Results

3.2.1.1. Per Capita Consumption by Jurisdiction

Per Capita Consumption by Province in Litres of Pure Alcohol (2014–2015)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
	8.1	8.9	7.9	7.7	6.6	8.5	7.3	7.7	8.3	9.4	8.7	12.8	11.9	1.9

Highlights

- Based on the recorded amount of alcohol consumed per capita in a calendar year, Canadians aged 15 years and older had a per capita consumption of 8.1 litres during the year 2014–2015.
- The recorded amount of alcohol consumed per capita varies across provinces, ranging from 6.6 litres of pure alcohol in New Brunswick to 9.4 litres in Alberta.
- Focusing on the territories, the Yukon (12.8 litres) and the Northwest Territories (11.9 litres) present a per capita consumption that is much higher than the national average, while the per capita consumption in Nunavut (1.9 litres) is minimal.

Outcome 3.2: Reduced Alcohol Use

3.2.2. Lifetime Use of Alcohol

Definition

Proportion of Canadians (15+ years) who have consumed alcohol during their lifetime, assessed at a given point in time.

Method of Estimating

- Numerator: Number of lifetime alcohol users age 15 and older
- Denominator: Total sample of Canadians age 15 and older

Universe

Canadians aged 15 years and older

Main Data Sources

Canadian Tobacco, Alcohol and Drugs Survey

Responsible Agency

Statistics Canada on behalf of Health Canada

Target Population

Canadians age 15 years and older living in a household with a telephone

Periodicity

Every two years since 2013

Level of Representation

National and provincial

Available Data

2013

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440

Related Questions

ALC_Q20: Have you ever had a drink?

Results

3.2.2.1. Lifetime Alcohol Use by Province

Percentage of Population Who Report Lifetime Alcohol Use by Province (2013)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	90.3	91.5	90.6	91.9	90.1	92.4	88.8	91.3	92.1	88.7	91.1

3.2.2.2. Lifetime Alcohol Use by Gender

- In 2013, 87.6 percent of females reported having an alcoholic drink at some point in their lifetime
- In 2013, 93 percent of males reported having an alcoholic drink at some point in their lifetime

3.2.2.3. Lifetime Alcohol Use by Age

Percentage of Population by Age Who Report Lifetime Alcohol Use (2013)	12–17/18 yrs old	18/19–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	61	90.4	91.3	91.3	92.8	93.4	92

Highlights

- The great majority of the Canadian population has consumed alcohol at least once in their lifetime, with the prevalence of lifetime use being 90.3% in 2013.
- Across provinces, lifetime alcohol use varies from 83.7% in British Columbia to 92.4% in Quebec.
- Prevalence of lifetime alcohol use is higher among males (93%) than females (87.6%).
- Lifetime alcohol use increases with age, with the percentage of use starting at 61% among underage drinkers, going up to 93.4% among the 55–64 years old and then down to 92% among the 65 years and older.

3.2.3. Past-Year Use of Alcohol

Definition

Proportion of Canadians (15+ years) who have consumed any alcohol during the past 12 months, assessed at a given point in time.

Method of Estimating

- Numerator: Number of past year alcohol users age 15 and older
- Denominator: Total sample of Canadians age 15 and older

Universe

Canadians aged 15 years and older

Main data sources

Canadian Tobacco, Alcohol and Drugs Survey

Responsible Agency

Statistics Canada on behalf of Health Canada

Target Population

Canadians age 15 years and older living in a household with a telephone

Periodicity

Every two years since 2013

Level of Representation

National and provincial

Available Data

2013

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4440

Related Questions

ALC_Q10: How often did you drink alcohol beverages during the past 12 months?

Results

3.2.3.1. Past-Year Alcohol Use, by Province

Percentage of Past-Year Alcohol Use by Province (2013)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
	75.9	72.5	74.6	76.2	73.9	82.8	72.7	74.8	75.5	74.5	75.3

3.2.3.2. Past-Year Alcohol Use by Gender

- In 2013, 71.2% of females reported past-year alcohol use
- In 2013, 80.6% of males reported past-year alcohol use

3.2.3.3. Past-Year Alcohol Use by Age

Percentage of Population by Age Who Report Lifetime Alcohol Use (2013)	15–17/18 yrs old	18/19–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55–64 yrs old	65 and older
	51.6	83.5	81.6	80.3	78.8	74.3	67.7

Highlights

- In 2013, about three-quarter (76%) of Canadians consumed alcohol in the previous year.
- Past-year alcohol use varies between the provinces, ranging from 73% in Newfoundland and Labrador to 83% in Quebec.
- Men (81%) present a higher prevalence of past-year alcohol use than women (71%).
- The prevalence of alcohol use in the past year is at its highest among young adults under the age of 24 years old (84%) and at its lowest among Canadians aged 65 years old and older (68%), unless we take into account underage drinkers, where the prevalence is at 52%.

Outcome 4.3: Reduced Impaired Driving

4.3.1. Alcohol-Impaired Driving

Definition

Number of reported incidents of impaired driving where alcohol use has been identified (e.g., by breath testing, blood or urine analysis, or observational assessment) in Canada in a given year.

Method of Estimating

Reported incidents of impaired driving where alcohol use has been identified in Canada in a given year, divided by the number of clusters of 100,000 population in the same year.

Universe

Canadian society

Main Data Sources

Uniform Crime Reporting Survey

Responsible Agency

Statistics Canada — Public Sector Statistics Division

Target Population

Crimes that come to the attention of the police

Periodicity

Every year since 1999

Level of Representation

National and provincial

Available Data

2015

Source

CANSIM Table 252-0051 (Code 9230)

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&lang=en&db=imdb&adm=8&dis=2&SDDS=3302#a2

Related Questions

Impaired Operation of Motor Vehicle or Over 80 mg.

a) Only one offence is to be scored for each incident. In cases involving “Impaired Operation” and “Fail or Refuse” offences, score only the more serious one, if the Refusal takes place at the scene of the Impaired Operation.

b) Do not score a report of erratic or dangerous driving as Impaired Operation of Motor Vehicle, Boat, Vessel or Aircraft merely on the basis of unsubstantiated information (e.g., "the guy must have been drunk to drive like that").

c) In situations where a person, while his ability to drive is impaired by alcohol or a drug, drives a motor vehicle, boat, vessel or aircraft, or has the care or control of a motor vehicle, boat, vessel or aircraft whether it is in motion or not, score one offence.

Results

4.3.1.1. Rate of Police-Reported Impaired Driving Incidents by Jurisdiction

Rate of Police-Reported Impaired Driving Incidents by Province by 100,000 Population (2015)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
	181.2	228.7	233.5	249	204.9	171.2	101.5	197.3	539.7	283.8	206.8	1127.5	1140.9	479.4

Highlights

- In Canada in 2015, the rate of reported impaired-driving incidents where alcohol use was identified was 181.2 per 100,000 population.
- Two provinces, Quebec and Ontario have a rate of alcohol-impaired driving that is below the national rate. At the opposite extreme, Saskatchewan stands out with a rate that is nearly three times higher than the national rate.
- The three territories have high rates of alcohol-impaired driving. In Yukon and the Northwest Territories, the rates are about 10 times higher than the national rate.

4.3.2. Alcohol-related Driving Charges

Definition

Number of charges registered for impaired driving due to alcohol consumption, both in Canadian youth courts (age 12–17 years) and adult criminal courts (age 18 years and older), in a given year. A charge refers to a formal accusation against an accused person or company involving a federal statute offence that has been processed by the courts and received a final decision (i.e., guilty, acquitted, stayed or withdrawn).

Method of Estimating

Total number of charges for impaired driving due to alcohol consumption where the accused was found guilty.

Universe

Canadians aged 12 years and older

Main Data Sources

Integrated Criminal Court Survey

Responsible Agency

Statistics Canada, Canadian Centre for Justice Statistics, in collaboration with provincial and territorial government departments responsible for criminal courts in Canada.

Target Population

The adult component of the survey includes persons aged 18 years or older at the time of the offence and companies.

The youth component of the survey includes persons aged 12 to 17 years old at the time of the offence and companies.

Periodicity

Every year since 1994

Level of Representation

National and provincial

Available Data

2014–2015

Source

CANSIM Table 252-0053 (Code K70)

Methodological References

www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&lang=en&db=imdb&adm=8&dis=2&SDDS=3312

Related Questions

Data are extracted from administrative files. This indicator includes information specific to impaired-driving charges, obtained from the administrative databases in operation in the youth and adult criminal courts in the provinces and territories.

Results

4.3.2.1. Alcohol-related Driving Charges by Jurisdiction

Alcohol-related Driving Charges by Province (2014–2015)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
	26,096	484	219	1,239	880	3,919	9,342	1,483	2,757	4,603	825	115	156	74

4.3.2.2. Alcohol-related Driving Charges by Gender

- In 2014–2015, there were 4,677 charges for impaired driving against females
- In 2014–2015, there were 19,374 charges for impaired driving against males
- In 2014–2015, there were 2,045 charges for impaired driving where gender of the individual was not identified

4.3.2.3. Alcohol-related Driving Charges by Age

Alcohol-related Driving Charges by Age (2014–2015)	18–24 yrs old	25–34 yrs old	35–44 yrs old	45–54 yrs old	55 and older	Other ages
	5,363	7,365	5,208	4,667	3,239	254

* "Other ages" includes cases where the accused was under the age of 18 at the time of offence, was age 90 and over at the time of offence, or the age was unknown.

Highlights

- In Canada in 2014–2015, the total number of charges for impaired driving due to alcohol consumption where the accused was found guilty was 26,096.
- The number of alcohol-related driving charges varies across provinces and territories. Ontario, Alberta and Quebec are the provinces with the highest number of charges for impaired driving due to alcohol consumption. The territories (Yukon, Northwest Territories and Nunavut) have the lowest number of charges registered.
- The total number of charges for impaired driving where the accused is found guilty is more than four times higher among men than among women.
- Individuals between 25 and 34 years old are those for whom the number of alcohol-related driving charges is the highest, whereas the lowest is among individuals age 55 years and older.

Outcome 4.4: Reduced Intentional and Unintentional Injuries

4.4.1. Deaths in Alcohol-related Crash

Definition

Number of alcohol-related road traffic deaths where alcohol use has been identified (e.g., by breath testing, blood or urine analysis, or observational assessment) in Canada, in a given year.

Method of Estimation

Total number of motor vehicle fatalities * Percentage of known alcohol-related deaths

Universe

Canadian population

Main Data Sources

National Fatality Database

Responsible Agency

Traffic Injury Research Foundation

Target Population

Persons fatally injured in motor vehicle crashes occurring on and off public highways in Canada

Periodicity

Every year since 1973

Level of Representation

- 1973–1986: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Prince Edward Island
- 1987–2010: All jurisdictions
- 2011–2012: All jurisdictions except British Columbia

Available Data

2012

Methodological References

ccmta.ca/images/publications/pdf/2012_Alcohol__Drug_Crash_Problem_Report_ENG.pdf

Related Questions

- Police reports on fatal motor vehicle collisions
- Coroners and medical examiners reports

In general, both sources must be accessed to obtain complete data on victims, crashes, vehicles and toxicology.

Comments

In 2012, the National Fatality Database did not include data from British Columbia. Hence, the national total number of Canadian crash deaths is underestimated.

Results

4.4.1.1. Deaths in Alcohol-related Crashes by Jurisdiction

Deaths in Alcohol-related Crashes by Province (2012)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	Y.T.	N.W.T.	Nvt.
	769	15	8	30	35	140	232	52	94	158	1	2	2

Total number of deaths for Canada excludes British Columbia

4.4.1.2. Deaths in Alcohol-related Crashes by Gender

- In 2012, 154 females died in alcohol-related crashes
- In 2012, 614 males died in alcohol-related crashes

4.4.1.3. Deaths in Alcohol-related Crashes by Age

Deaths in Alcohol-related Crashes by Age (2012)	Under 16	16–19 yrs old	20–25 yrs old	26–35 yrs old	36–45 yrs old	46–55 yrs old	Over 55
	7	81	164	167	121	128	90

Number of deaths excludes British Columbia

Highlights

- In Canada in 2012, a total of 769 deaths resulted from alcohol-related crashes.
- The number of fatal alcohol-related road crashes varies among provinces and territories. Ontario, Alberta and Quebec are the provinces with the highest number of fatal alcohol-related road crashes. The territories (Yukon, Northwest Territories and Nunavut) have the lowest number of fatal crashes registered.
- Almost four times as many males as females died in alcohol-related crashes in 2012.
- The highest number of alcohol-related road traffic deaths was among individuals between 20 and 35 years old.

4.4.2. Drivers in Alcohol-related Serious Injury Crashes

Definition

Number of drivers that were involved in alcohol-related road traffic crashes in which someone, not necessarily the driver, was seriously injured in Canada in a given year.

Method of Estimation

Total number of drivers in crashes * the percentage of known alcohol-related crashes

Universe

Canadian population

Main Data Sources

Serious Injury Database

Responsible agency

Traffic Injury Research Foundation

Target Population

Persons seriously injured in crashes and drivers involved in these crashes.

Periodicity

Every year since 1995

Level of Representation

- 1995–1997: All jurisdictions except Yukon and British Columbia.
- 1998–2004: All jurisdictions except British Columbia.
- Since 2005: All jurisdictions

Available data

2012

Methodological References

ccmta.ca/images/publications/pdf//2012_Alcohol__Drug_Crash_Problem_Report_ENG.pdf

Related Questions

Motor vehicle crash reports completed by investigating police officers.

Comments

Data from Nunavut are excluded from the 2012 Serious Injury Database because they were not available at the time the Traffic Injury Research Foundation report was being prepared.

Results

4.4.2.1. Drivers in Alcohol-related Serious Injury Crashes by Jurisdiction

Alcohol-related Serious Injury Crashes by Province (2012)	Can.	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.
	2,314	32	19	70	59	502	503	48	135	508	434	3	1

Total number for Canada excludes Nunavut

4.4.2.2. Drivers in Alcohol-related Serious Injury Crashes by Gender

- In 2012, 490 females were drivers in alcohol-related crashes that resulted in serious injury
- In 2012, 1,749 males were drivers in alcohol-related crashes that resulted in serious injury
- In 2012, 75 drivers of unknown gender were in alcohol-related crashes that resulted in serious injury

4.4.2.3. Drivers in Alcohol-related Serious Injury Crashes by Age

Alcohol-related Serious Injury Crashes by Age (2012)	Under 16	16–19 yrs old	20–25 yrs old	26–35 yrs old	36–45 yrs old	46–55 yrs old	Over 55	Unknown
	8	239	504	534	341	335	222	131

Total numbers exclude Nunavut

Highlights

- In Canada in 2012, 2,314 drivers were involved in alcohol-related road traffic crashes where someone was seriously injured.
- The number of drivers involved in alcohol-related crashes where someone was seriously injured varies among provinces and territories. Alberta, Ontario and Quebec are the provinces with the highest number of such crashes. The territories (Yukon and Northwest Territories) have the lowest number of drivers involved in alcohol-related crashes where someone was seriously injured.
- Almost 3.5 times as many male drivers as female drivers were involved in alcohol-related crashes where someone was seriously injured.
- The highest number of drivers involved in alcohol-related crashes where someone was seriously injured is among individuals between 20 and 35 years of age.