

Reducing Alcohol-Related Harms and Costs in Nova Scotia:

A Provincial Summary Report

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June, 2013

Suggested citation:

Asbridge, M. & Pauley, C. (2013). Reducing Alcohol-Related Harms and Costs in Nova Scotia: A Provincial Summary Report. Halifax: Department of Community Health and Epidemiology, Dalhousie University.

ISBN: 978-0-7703-0041-8

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Overview

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

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

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

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

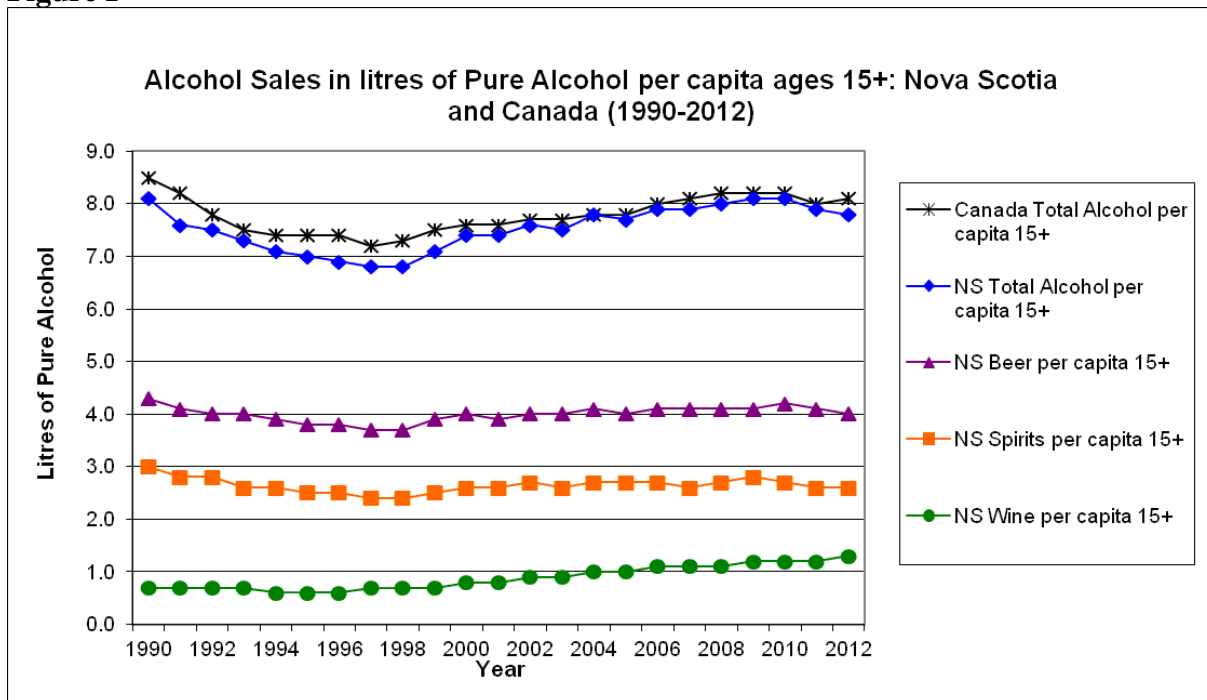
Methods

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

The Current Status of Alcohol Use in Nova Scotia

While the total alcohol consumption for Canada increased by 12.5% between 1996 and 2012 the per capita alcohol consumption for Nova Scotia has been relatively stable in recent years and is consistently lower than the national average, as can be seen in Figure I (Statistics Canada, 2012). Nova Scotia survey data indicate that approximately 74% of Nova Scotians have consumed alcohol in the last 12 months (Ialomiteanu et al., 2012; Health Canada, 2012). Approximately 22.4% of Nova Scotia drinkers regularly drink above the low-risk drinking guidelines (Ialomiteanu et al., 2012).

Figure I



Recent Developments in Alcohol Policy in Nova Scotia (since Nov 1st 2012).

The following is a summary of some of the developments in alcohol policy and practices that have taken place, been announced, or been brought to the team’s attention in Nova Scotia since the end of the data collection period of the main report in Fall 2012.

- Nova Scotia is in the process of developing regulations regarding the legal operation of ferment-on-premise facilities, also known as u-vints and u-brews. In developing these regulations, the province plans to study the practices of other provinces in creating a regulatory framework. To that end, the Nova Scotia Liquor Corporation withdrew injunctions against two retailers who were operating ferment-on-premise facilities.
- The Halifax Regional Municipality (HRM) is developing a policy that will require socially responsible messages to be included in sponsorships by alcohol manufacturers. Alcohol advertising for HRM facilities such as community skating rinks or municipal events like Natal Day will be permitted as long as healthy moderation messages are attached. It is anticipated that it could take up to a year to develop a more fulsome municipal alcohol policy, and in the meantime, the decision to include responsible drinking initiatives will not take effect until July 2013. While the current research project did not focus on municipal level policies, it is agreed that this is a good example for how local government can create healthy public policies.
- A best practices report for Acadia University, prepared by the Nova Scotia Department of Health and Wellness, Mental Health, Children’s Services & Addictions Branch was circulated in 2012 following the alcohol-related death of a student in 2011. The report, which concerns the reduction of the impact of alcohol on campuses, was circulated to

Ministries of Health and presidents of Canadian universities. The report can be found at: http://studentaffairs.acadiau.ca/tl_files/sites/studentaffairs/documents/Acadia%20%20Strang%20Report.pdf. Acadia University's response, with actions taken thus far, can be found at:

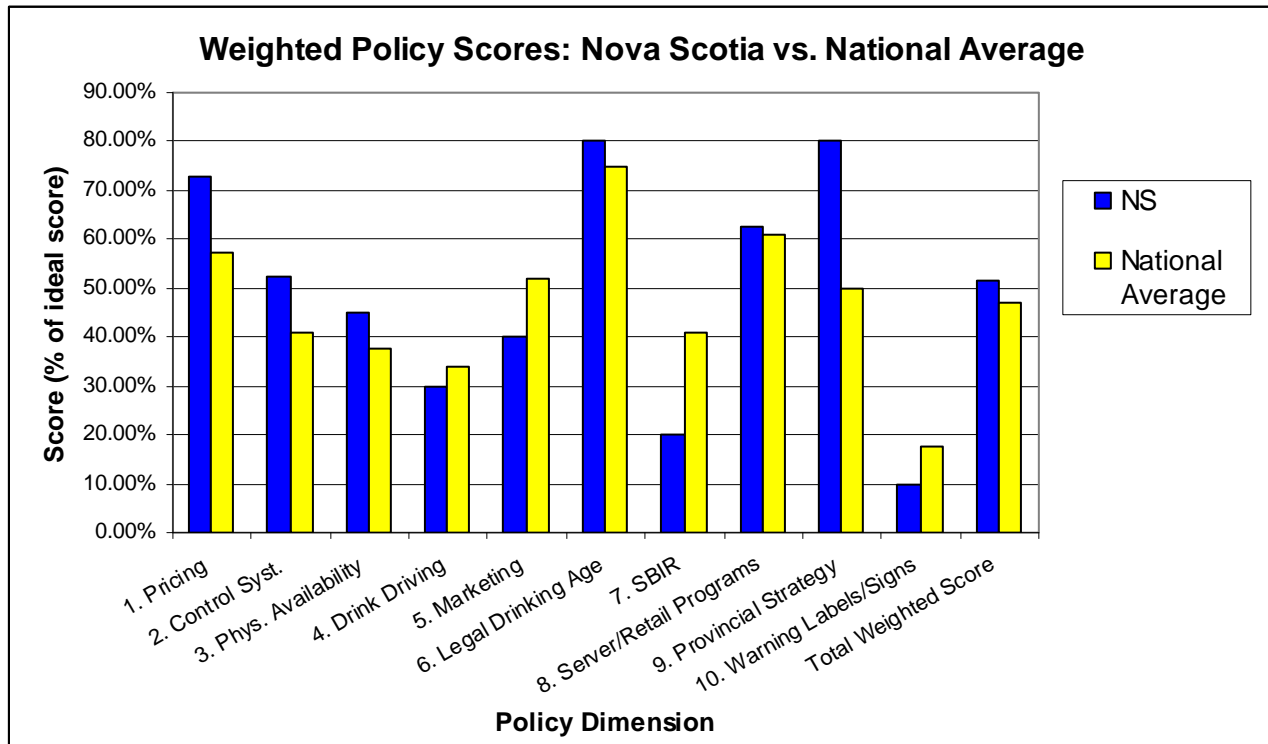
http://studentaffairs.acadiau.ca/tl_files/sites/studentaffairs/documents/Acadia%20Strang%20Response%20August%2030%202012.pdf

- In light of these documents, Acadia is looking to establish a Canadian Learning Collaborative to help deal with student binge drinking with other Canadian Universities. Meetings between Acadia and the NS Department of Health and Wellness are taking to place to best identify potential roles for government and other partners.
- New drinking and driving laws have been passed as of May 1, 2013. Those convicted of impaired driving with a BAC over 0.08 will have a criminal record, lose their license for a minimum of one year, face a minimum fine of \$1,000, be required to complete an addictions program, and may have to participate in the Alcohol Ignition Interlock Program. Those convicted of impaired driving with a blood alcohol level over 0.08 and with a child under 16 in the car will have a criminal record, lose their license for at least two years, be fined at least \$1,000, be required to complete an addictions program, and be required to participate in the Alcohol Ignition Interlock Program, at their own cost and for an additional year.

Nova Scotia Specific Results

In terms of total weighted scores across the 10 provinces, Nova Scotia was the third highest-ranked province. However, it is important to keep in mind that the national average score was less than 50% of a perfect score; there is much unrealized potential and room for improvement in every province. Nova Scotia demonstrated areas of strength around its emphasis on maintaining a strong government monopoly of alcohol sales, the degree to which it elicits citizen input on the placement of on and off-premise outlets, the fact that it is the only province that does not allow for exceptions to the legal drinking age under social hosting policies, and its comprehensive program of challenge and refusal in off-premise establishments. It is particularly noteworthy that Nova Scotia is one of only two provinces to have a provincial alcohol strategy (Alberta is the other). Figure II shows a comparison between Nova Scotia's score on each of the policy dimensions compared to the national average (across 10 provinces) score for each policy dimension.

Figure II



The following is a detailed review of the results for Nova Scotia and includes Nova Scotia specific policy recommendations. It should be noted that the policy dimensions listed below are listed in order of their level of effectiveness and population reach i.e. the policies are listed in the order in which they are likely to have the most impact on reducing alcohol related harms and costs.

1. Pricing

Promising Practices: Nova Scotia is among many Canadian jurisdictions which have begun to adjust their minimum prices for alcohol content, meaning that lower strength products are usually cheaper than higher strength products. This practice helps prevent relatively inexpensive products from emerging. In addition, comparison amongst the provinces showed Nova Scotia to have the highest average minimum price per standard drink for products of typical strength and volume (\$1.68), which is above the recommended minimum of \$1.50 for off-premise outlets. Finally, Nova Scotia has some of the highest minimum prices for on-premise drinks as well.

Areas for improvement: Several jurisdictions, including Nova Scotia, set their prices using a "flat" rate per litre of beverage. Not adjusting all prices for alcohol content means higher strength products are cheaper per standard serving than lower strength products, thus providing incentives for consumers to choose higher alcohol content beverages. Furthermore, Ferment on Premise (FOP) outlets that allow patrons to make their own wine do not have regulated minimum prices that apply to products purchased from these commercial outlets. This is a significant loophole that undermines the value of minimum pricing by providing very inexpensive sources of beer and wine in large quantities. Loopholes also exist in the on-premise Nova Scotia minimum

pricing system; manufacturers are permitted to provide free samples to customers provided they are purchased from the licensee. The final cost to the consumer is zero. This undercuts the value of the on-premise minimum pricing policy in Nova Scotia.

Recommendations: As price is one of the most potent policy levers to reduce alcohol-related harm, there are a number of steps that might be taken. First of all, Nova Scotia is encouraged not to discount or reduce prices for delisted products. Nova Scotia is also encouraged to set indexed minimum pricing for both on-premise and off-premise sales so that alcohol does not become relatively cheaper over time. This practice will help maintain the high level of minimum pricing in Nova Scotia which is one of the strengths of their pricing system. Prices from all channels, including internet sales and ferment on premise outlets should be in line with minimum price regulations. Furthermore, all prices should be adjusted according to alcohol content so that the price per standard drink remains stable across products of different strengths.

2. Alcohol Control System

Promising Practices: Nova Scotia has maintained a strong government monopoly with approximately 65% of their off-premise outlets being government-owned and operated. Nova Scotia is one of only two provinces (PEI is the other) to have maintained over a 50% government monopoly retail system. Moreover, Nova Scotia disseminates social responsibility messages through a variety of mediums including online content, corporate websites and social media, print materials, TV and radio advertisements, workshops and more.

Areas for Improvement: Nova Scotia does allow for the sale of alcohol beyond on-premise and off-premise outlets through ferment at home kits, online sales, liquor delivery services and allows ferment on premise outlets to operate. There remains extensive manufacturer sponsored product promotion initiatives that make use of the Nova Scotia Liquor Corporation logos and branding (although, as noted above, there is a promising movement in HRM to encourage healthy public policies by ensuring that socially responsible drinking messages are required at sponsored events and locations).

Recommendations: Nova Scotia is encouraged to retain its strong government control system, as well as strengthen its social responsibility and control mandates. The authorities overseeing alcohol are encouraged to also pay close attention to other distribution systems such as delivery services, on-line shopping and ferment on premise sales. There should be sufficient oversight to curtail sales to minors or intoxicated customers in these systems. Furthermore, with regard to the dual roles of liquor boards, marketing and retailing agendas appear to overshadow control functions. This over-emphasis should be addressed in order to more effectively reduce alcohol-related costs to government. In other jurisdictions, such as Sweden, the liquor retailing agency reports to a health ministry. This option is worthy of careful consideration, as a way of insuring that there is closer attention to health, public safety and other social costs when revenue generating targets are being set for alcohol sales.

3. Physical Availability

Promising Practices: Nova Scotia allows for citizen input regarding the placement of both on-premise and off-premise outlets. This could be used as a tool to support public health input in alcohol policy decisions. Nova Scotia also has set hours of operation regulated under its respective alcohol control and licensing act for both on-premise and off-premise outlets.

Areas for Improvement: Nova Scotia does not provide legislation that restricts the number of licensed establishments in an area based on population density. Moreover, Nova Scotia allows for alcohol sales in the early morning (before 11:00 a.m.) and late at night (past 8:00 p.m. for off-premise establishments and past 1:00 a.m. for on-premise sales). There is leeway granted for extended hours of alcohol sales from on-premise establishments, which may be authorized during events of municipal, provincial, national or international significance such as the World Cup Soccer matches or the East Coast Music Awards.

Recommendations: Nova Scotia is encouraged to set upper thresholds on a per capita basis for outlet density in order to reduce the number of points of access to alcohol. This may be more challenging for on-premise outlets, but not impossible if municipalities are given power to determine a ceiling on the number of licenses to grant. Nova Scotia, with its strong government retail system, can more easily set density limits. Furthermore, strong citizen input is encouraged on all decisions around opening more outlets, including the expansion of government outlets. Nova Scotia is also encouraged to limit the availability of alcohol in the early hours of the morning or very late at night.

4. Drinking and Driving

Note: The following is based on information provided by MADD Canada in their most recent review of drinking and driving legislation in Canada. For a comprehensive review and comparative analysis of drinking and driving countermeasures in each province please refer to the MADD Canada 2012 Provincial and Territorial Legislative Review (Solomon et al., 2013)

Promising Practices: Since its 2012 report, MADD Canada reports that Nova Scotia has strengthened its short-term Administrative License Suspension (ALS) program for drivers with BACs of 0.05% or more and authorized the Registrar to impose an interlock condition on applicants for a driver's licence.

Areas for Improvement: Nova Scotia has not yet proclaimed in force 2007 legislation that would greatly improve its graduated licensing program and 2008 legislation that would expand police powers to impound vehicles.

Recommendations:

Nova Scotia's pending graduated licensing amendments could be strengthened by: requiring learners to remain at the initial stage for 12 months, regardless of their participation in a driver education program; enacting high-speed road and night time driving restrictions; requiring supervising drivers to have a 0.00% BAC and be at least 21 years of age; and requiring newly-licensed drivers to pass an "exit" test to obtain full driving privileges.

While there is a general ban on using handheld electronic devices, drivers in the graduated licensing program should be prohibited from using any such devices whether handheld or hands free. The pending 0.00% BAC limit should be extended by 3 months and proclaimed in force so that it applies to all drivers under 21 years of age and during their first 5 years of driving. As well, it should prohibit all drivers under 21 and all drivers during their first 5 years of driving from being positive for drugs.

Police powers should be broadened to enforce the graduated licensing program, the proposed .00% BAC limit and drug prohibition for new and young drivers. The police should be authorized to demand: identification from supervising drivers; an approved screening device (ASD) test from all drivers and supervisors who are subject to a 0.00% BAC restriction; and a standardized field sobriety test (SFST) from all new and young drivers. Moreover, the police should be authorized to demand these ASD tests and SFSTs, even in the absence of a reasonable suspicion of alcohol or drug consumption.

Administrative sanctions for new and young drivers who violate the graduated licensing program, the 0.00% BAC limit or the drug prohibition should be broadened and strengthened. New and young drivers who have at-fault collisions or commit serious provincial traffic violations should be subject to automatic administrative licensing sanctions. If they violate the 0.00% BAC restriction or the proposed drug prohibition, they should be subject to 30 and 60-day ALSs for first and second infringements respectively.

A 24-hour administrative licence suspension for unfitness should be implemented. The short-term administrative licence suspension program should be strengthened and extended to drivers who are reasonably believed to be impaired by drugs or a combination of drugs and alcohol. Drivers with a second or subsequent suspension within 5 years should be subject to 30 and 60-day suspensions, respectively, and mandatory alcohol/drug assessments. The vehicle of a driver who receives a short-term ALS should be impounded for the duration of the suspension.

Nova Scotia should enact legislation requiring the police to issue 90-day suspensions to drivers who, they have reason to believe, based on a DRE, are impaired by drugs or drugs in combination with alcohol; or fail to submit to a SFST or DRE, without a reasonable excuse.

Nova Scotia should enact legislation requiring the administrative forfeiture of the vehicle of any driver with 3 or more impaired or other *Criminal Code* traffic convictions within 10 years. Nova Scotia should extend its remedial programs to require drivers with multiple 7, 30, 60, or 90-day ALSs to participate in an alcohol/drug assessment and successfully complete any recommended remedial program.

5. Marketing and Advertising

Promising Practices: As with all provinces, Nova Scotia's advertising content regulations go beyond those outlined in the Canadian Radio-television Telecommunications Commission (CRTC) code. For example, Nova Scotia advertising regulations do not allow the consumption of alcohol to be shown in advertisements, and the CRTC only mandates that consumption not be shown in an immoderate way or in contexts where it is prohibited.

Areas for Improvement: There is a lack of emphasis on the risk associated with the use of alcohol on the NSLC’s corporate website’s landing page. Nova Scotia permits manufacturers to donate money for corporate/brand-identified scholarships, bursaries, and scholastic prizes.

Recommendations: In terms of Nova-Scotia specific recommendations, while there are limitations on where NSLC advertising can be placed (i.e. motor vehicles), these limitations could be expanded to include placement restrictions at community events and places where minors may frequent. Additionally, sponsorship regulations should be more tightly regulated. All provinces, Nova Scotia included, are encouraged to look closely at the alcohol advertising, marketing and sponsorship evident in their jurisdiction, and explore ways of strengthening controls, particularly those forms of promotion that appeal to youth or to persons drinking in a high-risk manner. They are encouraged to discontinue advertising of discount prices and are strongly urged to limit the quantity of alcohol advertising they permit. Mechanisms for dealing with breeches of codes or guidelines should be streamlined so that violations are dealt with in a timely way and the public is aware of how to launch a complaint. Many jurisdictions have strong penalties for violations but they are seldom implemented. Jurisdictions are encouraged to implement these penalties following repeat or severe violations. Furthermore, the websites of government liquor boards should be reviewed to ensure that strong and detailed responsibility messages have a central place. Often these messages only focus on impaired driving or contain messages such as “please drink responsibly” that are vague and are not likely to impact behaviour (Babor et al., 2010). Finally, all provinces are encouraged to review their sponsorship policies – for example, sponsorship practices that target youth, such as the sponsorship of academic scholarships should be prohibited as should the sponsorship of events that feature high risk activities when combined with alcohol.

6. Legal Drinking Age

Promising Practices: The minimum legal drinking age in Nova Scotia, which is 19 years of age, is supported by legislation prohibiting the sale of alcohol to a minor and the purchase of alcohol by a minor. Overall enforcement of the legal drinking age is strong. A mystery shopper program is in place that monitors the enforcement of the legal drinking age in off-premise outlets and Nova Scotia has a liquor inspection program/collaboration with law enforcement officials in order to enforce the legal drinking age in on-premise establishments.

Areas for Improvement: The minimum legal drinking age in Nova Scotia is 19 years of age.

Recommendations: The legal drinking age is 19 in Nova Scotia. While there is some evidence from Canada (Whitehead et al., 1975; 1977) more robust evidence comes from the United States (Wagenaar & Toomey, 2002) that supports the implementation of a higher drinking age (such as 21) to help reduce alcohol-related harms, drinking and driving incidents, and to delay the onset of drinking (Babor et al., 2010).

7. Screening, Referrals and Brief Intervention

Promising Practices: Screening, Brief Intervention and Referrals (SBIR) is identified as a priority in the document "Changing the Culture of Alcohol Use in Nova Scotia" as put forth by the Department of Health Promotion and Protection, Addiction Services Alcohol Task Group. Specifically, the provincial alcohol strategy includes SBIR activities for high risk populations. However, the current strategy does not provide guidelines or a position paper. The province is, however, reported to be providing training on the new low-risk drinking guidelines and integrating this knowledge with a new SBIR tool developed by the Canadian College of Family Physicians, which is to be promoted across Nova Scotia throughout 2013 (L. Jacobs, personal communication, May 23, 2013).

Areas for improvement: Nova Scotia does not yet have a fee for service code that can be used by physicians for SBIR activities. The planned initiatives for 2013 will be valuable in implementing SBIR policies in Nova Scotia.

Recommendations: Screening, brief interventions and referrals has been shown to be effective in reducing consumption among high-risk drinkers (Babor et al., 2010). Nova Scotia is encouraged to make SBIR available not only to high-risk groups but to the general population as well. Provinces are encouraged to support implementation of SBIR by providing organizations with financial support. Instituting a fee for service code for physicians to use for SBIR is one possibility. Having a position paper by a medical or other credible provincial association or developing provincial guidelines could also support the implementation of SBIR.

8. Server Training and Challenge and Refusal

Promising Practices: Nova Scotia has a policy against serving intoxicated patrons for both on-premise and off-premise outlets, as well as an off-premise challenge and refusal program that is evaluated through a secret shopper program.

Areas for improvement: While there is a server training program, and it is a condition of licensing, the Alcohol and Gaming Division requires only a principal person (i.e. a manager) to take the course; it is not mandatory for all staff. Also, and as in other jurisdictions, server training and challenge and refusals programs in Nova Scotia do not appear to be based on evaluated training interventions shown to reduce over-service or service to individuals below the legal drinking age.

Recommendations: For on-premise sales, Nova Scotia is encouraged to implement province wide mandatory server training for all staff at all licensed events and venues. It is recommended that the province implement programs that have been shown through evaluation to reduce over-service or service to minors and implement tracking of challenges and refusals. Several of the Canadian provinces have server training programs with their own areas of strength. It is recommended that there be increased collaboration between provinces with regards to these initiatives.

For off-premise sales, it is recommended that Nova Scotia continue to track the number and type of challenges and refusals, and continue to evaluate the scope and effectiveness of the program through ‘secret shopper’ interventions.

9. Provincial Alcohol Strategy

Promising Practices: Nova Scotia is one of only two provinces (Alberta being the other) to develop alcohol focused provincial strategies. These provincial alcohol strategies include many of the alcohol specific priorities, initiatives and policies identified in the WHO Global Strategy on Alcohol (World Health Organization, 2010).

Areas for Improvement: Nova Scotia’s provincial strategy does not include priorities aimed at reducing the public health impact of illicit alcohol and informally produced alcohol. A movement towards Ferment on Premises outlets will need to be closely watched, particularly as regards loopholes that may circumvent minimum pricing regulations.

Recommendations: The impact of informally produced alcohol (particularly relating to Ferment on Premises outlets) should be included in Nova Scotia’s alcohol policy.

10. Warning Labels and Signs

Promising Practices: There is much unrealised potential in terms of informing consumers of the risks associated with alcohol use by implementing packaging labels and point of sale messaging. Nova Scotia has not implemented mandatory warning labels on alcohol containers or packaging. However, Nova Scotia does have an internal or ‘in-house’ policy requiring that warning signs be posted at least in off-premise outlets. While the quality of warning messages is variable, Nova Scotia did provide some strong health-oriented warning messages with clear and direct messaging, including “Underage drinking can cause brain damage- don’t buy for minors.”, “Before 19 the brain can’t take it.” and, finally, “Underage drinking can cause permanent brain damage and memory loss.”

Areas for Improvement: Nova Scotia has not implemented mandatory warning labels on alcohol containers and/or packages, nor made reference to the risks of chronic diseases associated with alcohol use in their warning messages.

Recommendations: There have been several attempts to introduce warning labels in Canada. The public should be made aware of the risks of alcohol use in the most direct ways possible; a label on the beverage container which conveys a clear health message is one way this may be accomplished. Nova Scotia is encouraged to have mandatory warning signs in both on-premise and off-premise venues. These messages should focus on a range of health related themes, highlighting different alcohol problems. Messaging should be clear, visible and concise. For example, vague ‘please drink responsibly’ messages should be replaced with expanded text offering concrete advice on daily and weekly drinking limits, as well as specific advice on how the drinker can achieve more responsible levels of alcohol consumption. These warning messages and all ‘counter-advertising’ should be subject to rigorous third party evaluation.

Recommendations for Nova Scotia

The following is a summary of the recommendations that have been outlined in detail in the above sections. It should be noted that the policy recommendations are listed in the order in which they are most likely to have an impact on reducing alcohol related harms and costs. The potential impact of these policies was assessed based on their scope (population reach) as well as the evidence of effectiveness. These policies are central to a comprehensive approach and jurisdictions are encouraged to implement policies from all three categories.

- Adjust all prices to keep pace with inflation
- Do not permit exceptions to minimum prices such as free samples
- Maintain majority government monopoly (65%) of alcohol retail outlets
- Place a moratorium on further expansion of Ferment on Premises outlets
- Strengthen liquor board's social responsibility and control mandates
- Reduce overemphasis on marketing and retailing agendas at the expense of control functions
- Continue to involve citizens in decisions regarding the placement of all retail outlets and licensed establishments
- Do not increase the availability of alcohol at community events
- Implement the drinking and driving countermeasures recommended by MADD Canada
- Prohibit the advertisement of price or other sales incentives by all alcohol retailers
- Tighten restrictions on sponsorship, specifically begin by banning alcohol sponsorship at community events or in places minors may frequent
- Increase the minimum legal drinking age to 21 years of age
- Implement a fee for service code for physicians that can be used specifically for screening brief intervention and referral activities
- Conduct an evaluation of the server training program with reference to programs with established and demonstrated effectiveness
- Increase collaboration amongst administrators of the server training programs across provinces
- Track challenge and refusals in on-premise establishments as well as private retail outlets and make this data available readily for monitoring and surveillance activities
- While Nova Scotia has a provincial alcohol strategy that emphasises alcohol specific prevention and intervention initiatives, priorities aimed at reducing the public health impact of illicit alcohol and informally produced alcohol should be included. Tight regulation of Ferment on Premises outlets will be key to reducing this public health impact
- Implement mandatory warning labels on beverage containers with clear and direct health messages
- Expand the current repertoire of mandatory warning signs in on-premise and off-premise outlets to include clear and direct messages on other health topics such as moderate consumption and alcohol as modifiable risk factor for chronic disease

Alcohol is no ordinary commodity (Babor et al., 2010; CPHA, 2011). It is imperative that Nova Scotia continue to implement precautionary alcohol policies in order to reduce the harm and costs associated with alcohol use and to enhance the health and safety of Nova Scotians. Refining and implementing the recommendations listed above will require an evidence-based perspective, leadership, commitment to reducing alcohol-related harm and a spirit of collaboration among key stakeholders including various ministries and sectors of government,

NGOs working on health issues, public health advocates and representatives from the private sector.

Acknowledgements

The authors would like to acknowledge funding from the [Canadian Institutes of Health Research](#) in support of the project “Reducing Alcohol-Related Problems by Implementing Evidence-based Tools that Translate Research Knowledge into Prevention Practice”, (Principal Investigator: Norman Giesbrecht). We would also like to gratefully acknowledge receipt of data and feedback from Lisa Jacobs, Beth Martin, Rick Perkins, and Jennifer Price Hudson. Finally, we thank Mothers Against Drunk Driving (MADD) Canada for permission to use materials collected for their 2012 Provincial and Territorial Review. The in-kind support provided by our organization is gratefully acknowledged. As well, the project team members are thanked for their contributions to this project. The views and opinions expressed in this report are those of the authors and do not necessarily reflect the perspectives or policies of the organizations acknowledged.

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