



# Provincial Alcohol Strategy

For a Healthy, Safe, and Prosperous  
Prince Edward Island



# Introduction

Healthy and safe communities are the foundation of a prosperous Prince Edward Island (PEI). In Fall 2024, the Government of PEI committed to developing a *Provincial Alcohol Strategy* with a focus on public policy [1].

*The Provincial Alcohol Strategy* is focused on upstream prevention to help PEI residents improve their health, enhance public safety, and reduce alcohol related costs/harms. It emphasizes public policies that have the greatest impact on population health – meaning the health of the whole population, not just an individual. With this commitment, PEI joins a growing number of jurisdictions implementing a Provincial/Territorial Alcohol Strategy.

## Alcohol Use in PEI

Alcohol is a psychoactive substance used by 76% of people aged 15 and older in PEI over the past year [2]. Unfortunately, alcohol is a leading cause of preventable disease, injury and death in PEI and across Canada [3,4].

One in three PEI residents consume alcohol at a level considered high risk for serious health issues, including at least 7 different cancers (such as breast cancer and colon cancer), heart disease, liver disease, and other harms [5,6,7]. In 2020, there were an estimated 135 alcohol attributable deaths and almost 7,000 emergency visits and hospitalizations attributable to alcohol in PEI [8].

Direct alcohol related costs in PEI are over \$131 million per year, accounting for nearly half of all substance use related costs (legal and illegal substances) [9]. These costs exceed revenue from alcohol sales, resulting in an estimated annual alcohol deficit of \$61 million [10].

PEI leads all provinces in police reported impaired driving rates\*, despite relatively strong provincial penalties [11]. Among grade 12 students in PEI, over one in three reported binge drinking in the past month (5 or more drinks on one occasion) [12].

While alcohol use is a reality, it does not need to be this costly or harmful – to individuals, families, communities, our economy, or our health care system. Fortunately, there are significant opportunities to make things better.

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\* “Police reported impaired driving rate” is the annual number of Criminal Code incidents of driving under the influence of alcohol, drugs, or a combination of both, per 100,000 population. Police reported impaired driving rates are a commonly used indicator, but they are a limited measure of prevalence because they are influenced by enforcement intensity and public reporting behaviour. Police-reported rates also do not include convictions, or unreported impaired driving. These figures do not directly represent confirmed levels of impaired driving.

## Current State

PEI currently supports public health initiatives aimed at reducing alcohol related costs/harms. These include the *Live Well PEI Wellness Action Plan* and its Choose Well pillar, the Choose Well Community Action Network, the “Less is Best” public awareness campaign, the PEI Multi-Substance Survey, and the COMPASS Student Survey [13,14,15,16,17].

The *Provincial Alcohol Strategy* is designed to complement and strengthen these initiatives, as well as other health and safety initiatives like the *Provincial Health Plan, Mental Health and Addictions Strategy, PEI Cancer Action Plan, Suicide Prevention Action Plan, and the Pathways to Safety Strategy* [18,19,20,21,22,23].

While each of these initiatives play an important role, alcohol policy is the most effective way to reduce alcohol related costs/harms.

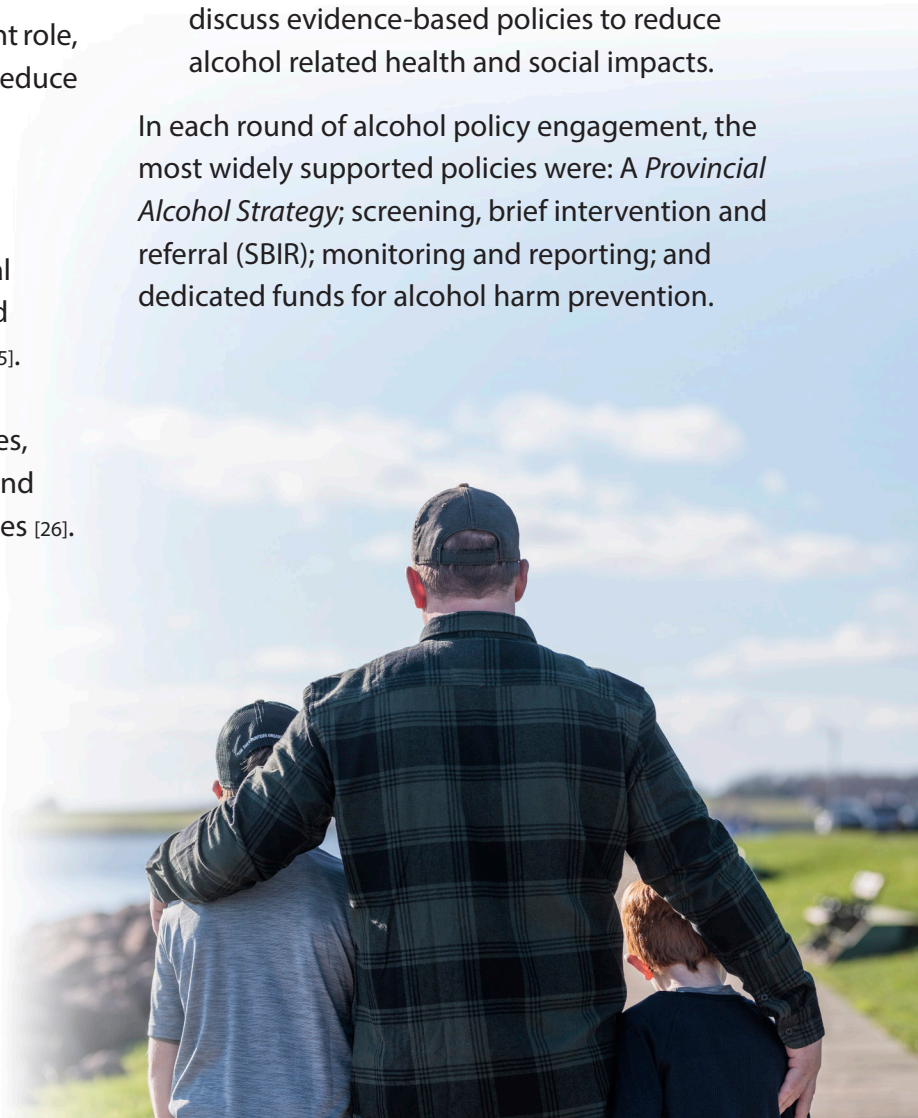
Based on evaluations of alcohol policy in each province and territory, PEI’s strengths include: *Overall level* of minimum pricing, fiscal policy, impaired driving countermeasures, and regulations on marketing and advertizing [24,25]. Areas for improvement include: Pricing based on alcohol content, off-premise density policies, stronger impaired driving countermeasures, and enforcement of marketing and advertizing rules [26].

## Summary of Engagement

The Chief Public Health Office has conducted multiple rounds of engagement on alcohol policy:

- In 2021-2022, 53 community organizations, 10 government departments, and 13 agencies, boards and commissions were invited to participate in engagement on alcohol policy [27].
- In 2024-2025, public engagement on alcohol policy was completed as part of the *Live Well PEI Wellness Action Plan*. Feedback was received from over 1,100 individuals, 48 community organization, and 29 written submissions [28].
- From 2023-2025, there were 3 Alcohol Policy Forums with community organizations to discuss evidence-based policies to reduce alcohol related health and social impacts.

In each round of alcohol policy engagement, the most widely supported policies were: *A Provincial Alcohol Strategy*; screening, brief intervention and referral (SBIR); monitoring and reporting; and dedicated funds for alcohol harm prevention.



# Priority Areas and Actions

## PRIORITY AREA 1:

### Preventative Service Delivery

Preventative services aim to prevent harmful use of alcohol, or to intervene early when it occurs – especially among adults, youth, and pregnant individuals [29,30,31,32,33].

- 1) Support the development and implementation of the following preventative services:
  - Screening, Brief Intervention and Referral (SBIR) for harmful use of alcohol.
  - Youth-focused substance use prevention programs (e.g., PreVenture Program).
  - Collaboration to address Fetal Alcohol Spectrum Disorder (FASD) through monitoring, prevention, screening, diagnosis, supports, and training.

## PRIORITY AREA 2:

### Healthy Public Policy

Healthy Public Policy is key to prevention [34]. Many alcohol related costs/harms can be prevented by ensuring that alcohol policies do not encourage the consumption of higher strength or higher volume alcohol products [35]. In PEI, minimum pricing – known as Social Reference Pricing (SRP) – applies to alcohol sold at off-premise\*\* outlets. While the overall level of SRP is adequate and is updated regularly, it is not tied directly to alcohol content [36,37]. This can incentivize consumption of higher strength or higher volume alcohol products. To address this issue, Manitoba and Nova Scotia now base their SRP on alcohol content [38,39].

- 2) Update the existing SRP formula at off-premise outlets so it is based directly on alcohol content, with annual indexation.

\*\* “Off-premise” means PEI Liquor retail stores and agency stores. “On-premise” means alcohol outlets where alcohol is consumed on-site (e.g., bars, restaurants, etc.). Off-premise outlets, where over 85% of alcohol is purchased, are the focus of this strategy.

# Priority Areas and Actions

PEI has a high density of off-premise alcohol outlets for its population and geography [40,41]. Almost 80% of civic addresses are within a 10 minute drive of a PEI Liquor Control Commission (PEILCC) outlet, and 94% of civic addresses are within a 15 minute drive. Higher outlet density is linked to higher alcohol related costs/harms [42,43]. Saskatchewan has implemented best practice policies for off-premise outlet density to reduce these impacts [44,45].

- 3) Update and document the policy for off-premise outlet density based on population, while accounting for geography and seasonality.

The Minister of Finance and Affordability's mandate letter to PEILCC requires that 3% of combined net profits from alcohol be allocated to social responsibility initiatives to "promote healthy behaviours in relation to alcohol consumption and avoid the potential impacts from alcohol related harms" [46]. This is consistent with PEILCC's commitment to social responsibility within its mission statement and strategic pillars [47].

- 4) Ensure the Minister of Finance and Affordability's mandate letter to PEILCC requires at least 3% of net profit to be used for funding initiatives to prevent and reduce alcohol harms [48].

## PRIORITY AREA 3:

### Public Safety and Enforcement

PEI has the highest rates of police reported impaired driving among all provinces despite relatively strong penalties, and efforts by public safety authorities [49,50]. This suggests a need to examine whether current policy, legislative, and program tools are optimally designed and implemented to prevent impaired driving and deter repeat behaviour. Based on this, steps can be taken to improve outcomes.

- 5) Review the ignition interlock program to assess its effectiveness in preventing recidivism among convicted impaired drivers and to identify any improvements (e.g., rehabilitative and educational courses, monitoring practices).
- 6) Assess the deterrent effect of provincial penalties for drivers with a blood alcohol content (BAC) of 0.05–0.079 to determine if current penalties are achieving intended outcomes, or if alternative approaches may be more effective.
- 7) Examine the suitability of an Immediate Roadside Prohibition (IRP) model for PEI, including potential benefits, risks, implementation, and alignment with provincial priorities and enforcement capacity.
- 8) Collaborate with partners to assess the provincial response to impaired driving involving the presence of alcohol and another drug, including whether existing penalties and enforcement tools are proportionate to safety risks [51].

# Priority Areas and Actions

- 9) Review the Graduated Driver Licensing (GDL) Program's night-time driving restrictions for Stage 2 drivers to determine if improvements can be made to promote road safety, while maintaining appropriate exemptions [52].

Alcohol related harms – such as impaired driving, assaults, injury, and hospitalization – increase with longer and later hours of sale for alcohol and decrease with shorter hours of sale. [53,54]. Several jurisdictions have adopted hours of sale that better reflect best practices [55].

- 10) Review off-premise alcohol hours of sale to better align with recommended best practices.

Protecting minors and other vulnerable individuals is key to liquor law enforcement. Early alcohol use among minors is linked to alcohol related issues in adulthood [56,57]. With home deliveries of alcohol, and interprovincial direct-to-consumer alcohol sales, safeguards are important [58].

- 11) Continue to require two-staged age verification for remote and online alcohol orders.
- 12) Review and update the Risk Based Licensing and Enforcement (RBLE) model for off-premise and on-premise alcohol outlets based on outlet and license holder characteristics [59].

## PRIORITY AREA 4:

### Public Awareness

Many Canadians are unaware of the health risks associated with alcohol use, including its link to cancer [60,61,62]. While public awareness campaigns are not as effective as policy in changing behaviours, individuals do have a right to know important facts about alcohol and health [63,64,65]. Alcohol marketing and advertising is regulated through a shared provincial-federal framework. Rules on marketing and advertizing are a valuable tool in reducing alcohol related costs/harms – especially for children and youth [66,67]. In PEI, this can be improved based on best practices from Manitoba, which has an online, public facing complaints system [68,69].

- 13) Continue the “Less is Best” awareness campaign on alcohol and health.
- 14) Increase awareness of standard drink information and national alcohol guidance at off-premise outlets.
- 15) Establish an online, public facing complaints system with all complaints documented and presented to the PEILCC Board and Minister of Finance and Affordability on a regular basis.
- 16) Review provincial regulations and policy on the placement of alcohol marketing and advertising in settings frequented by children and youth.

# Monitoring and Reporting

Implementation of the *Provincial Alcohol Strategy* will be supported by monitoring and reporting. This will track implementation of the strategy's actions, and alcohol related indicators important to public health and public safety. Reporting will be made publicly available and will be updated at least annually.



# Conclusion

The *Provincial Alcohol Strategy* aims to promote public health and public safety by preventing and reducing alcohol related costs/harms in PEI. While alcohol use is a reality, it does not need to be this costly or harmful – to individuals, families, communities, our economy, or our health care system. Fortunately, there are significant opportunities to make things better. The *Provincial Alcohol Strategy* outlines evidence-based, practical actions that will help build a healthier, safer, and more prosperous Prince Edward Island.



## Endnotes

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*together we can*

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