



PEI Alcohol Policy Forum 2023

Proceedings Summary



LIVE WELL PEI

together we can

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Background

On the mornings of January 25th and 26th, 2023, over 130 participants gathered online for the *PEI Alcohol Policy Forum 2023*.

The purpose of this forum was to host a provincial learning and networking opportunity on alcohol policy best-practices and alcohol-related harms in PEI. The design for each morning was based on the primary themes of a) *awareness* and b) *motivation*.

The audience included individuals and representatives from local and provincial community-based and government organizations. The attendance distribution is summarized in Table 1 below.

Table 1: Attendance Distribution

Location	# Participants Registered
Queens County (Greater Charlottetown Area) PEI	45
Nova Scotia	19
Ontario	19
Queens County (Rural) PEI	15
New Brunswick	6
East Prince County PEI	5
Kings County PEI	4
West Prince County PEI	4
Newfoundland and Labrador	4
PEI (Other)	3
British Columbia	3
Other	2
Manitoba	1
Saskatchewan	1
Alberta	1

The forum process design was co-created between the Health Promotion Unit, Chief Public Health Office of the PEI Department of Health and Wellness and Barefoot Facilitation Inc. Gerard Murphy, Founder/CEO of Barefoot Facilitation Inc. facilitated the forum process.

This document presents a summary and synthesis of the generative conversations hosted during the forum segments, as well as a capture of responses elicited during strategic questioning throughout the process.

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Day One: Awareness

Agenda – Wednesday, January 25th

1. Setting the Stage: The 4 Ps
2. Welcoming Remarks - Meghan Adams, PEI Department of Health and Wellness
3. Overview of Alcohol Policy in Canada and PEI - Dr. Mark Asbridge, Dalhousie University and CAPE Team
4. Perspectives on the Culture of Alcohol in PEI: Conversation Circle
5. Alcohol Related Harms - Kevin Shield, CAMH and World Health Organization Collaborating Centres
6. Closing and Day One Wrap Up

Awareness Check – Zoom Poll

At the beginning of the forum participants were invited to respond to a four (4) question poll, using the Zoom Pro Meetings polling feature. Questions and responses are summarized in Figures 1-4 below.

Figure 1: Are you aware of the links between alcohol and chronic disease?

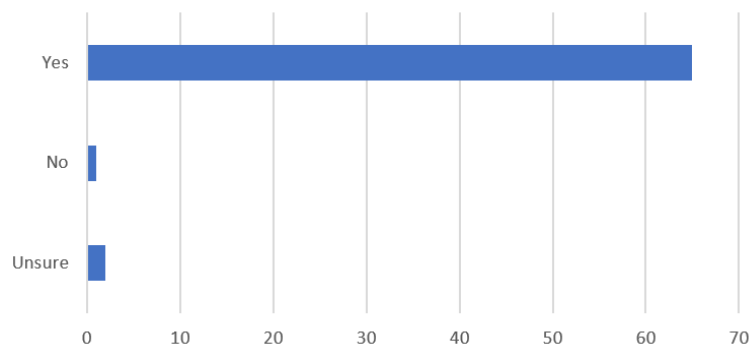


Figure 2: Are you familiar with Canada's new Alcohol and Health Guidance?

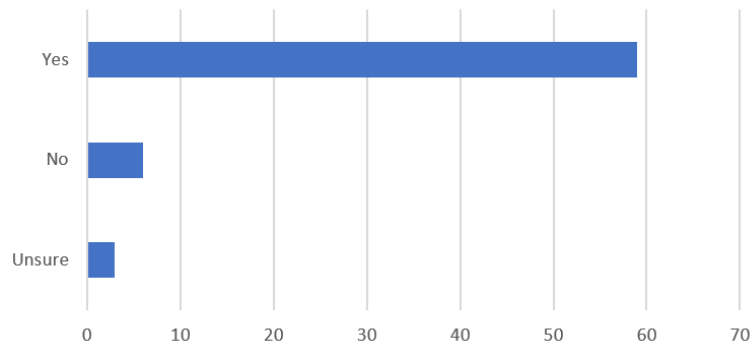


Figure 3: Are you familiar with CAPE's (Canadian Alcohol Policy Evaluation) best-practice policy domains?

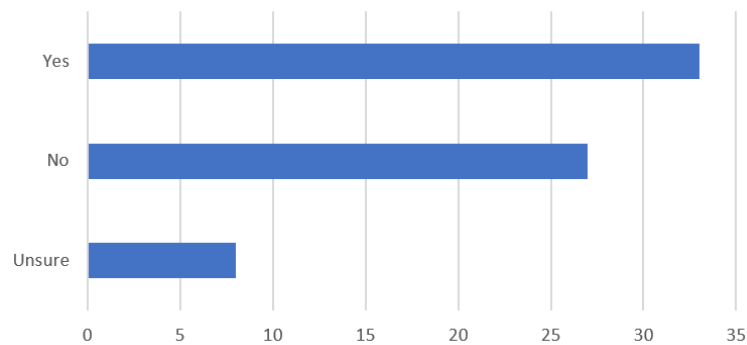
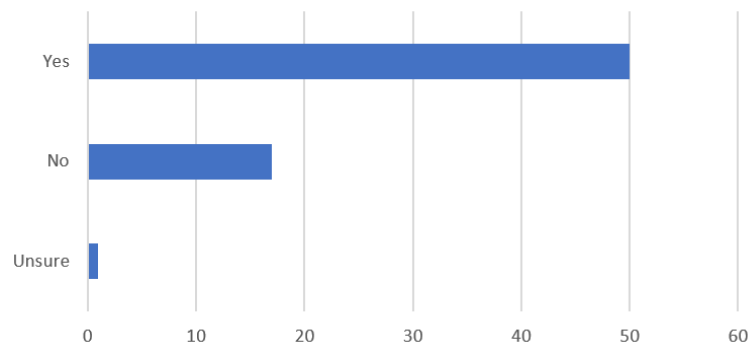


Figure 4: Are you currently engaged in work that reduces alcohol-related harms (e.g., advocacy, policy, community initiatives)?



What Are You Hearing? – Breakout Conversation

Following the presentation by **Dr. Mark Asbridge, Dalhousie University and Canadian Alcohol Policy Evaluation Team, on the topic of an Overview of Alcohol Policy in Canada and PEI**, participants engaged in a small group discussion. They were asked to reflect on and discuss key points from the presentation.

The breakout activity was debriefed in plenary, with group reflections and general comments tracked using the Zoom chat feature, as outlined below:

- Access is increasing.
- Alcohol is normalized in Canadian culture.
- Alcohol harms touch everyone's lives in some way.
- PEI is doing some good things; however, more work needs to be done.
- We are excited for CAPE 3.0 and looking at a regional approach to better practices.
- Atlantic coordination around common issues regarding drinking culture is an opportunity. There is value in a regionally coordinated approach.
- Sharing best practices is an opportunity. We do not need to reinvent the wheel. There are strengths in policy work across Canada. Look at the best policies from across Canada for particular domains.
- Use more policy levers to move the process upstream. The broad population level policies' ability to have an impact on consumption and health is a key point.
- Pricing policy is important and impacts consumption rates.
- There is a need for a separation of retailer and regulator.
- There is a connection to high cancer rates in provinces to our high drinking rates. The Maritimes has high cancer rates and high drinking rates.
- The updated LRDG are having an impact on public discourse and decision makers.
- We are fighting an alcohol industry with much more money than the health side of things.
- Labelling on alcohol products is similar to what is already occurring with tobacco and food products.
- Sometimes the right thing happens for the wrong reasons! UPSE members fighting to ensure sales of alcohol remain in liquor stores works in our favor.
- Marketing targeted toward women continues to be an issue.
- Drunk driving seems to be a complex problem in PEI due to its geography.

Perspectives on the Culture of Alcohol in PEI: Conversation Circle

Participants engaged in a “conversation circle” activity using the breakout room feature on Zoom. They were asked to reflect on and discuss three (3) questions and track their responses using a shared Padlet wall link.

Questions and responses are outlined below. The responses have been synthesized and, as best possible, reflect the actual words of participants. A thematic analysis has not been completed.

Question 1: Think about how heavy drinking is showing up in your community, work and/or home. What are you seeing?

- **Increased heavy drinking since the pandemic**, as a coping tool/mechanism. Increased drinking amongst women during and post covid...no return to earlier habits. Mental health stresses due to the pandemic has led to increased alcohol consumption.
- **Daily alcohol consumption is considered normal and acceptable.** It's become normative behaviour, like eating, each day. Excessive consumption that is unquestioned and normalized. Consumption norms start early - social fabric.
- **Heavily embedded in our social culture.** People often drink to get drunk. Daily consumption (drink after work) increasing and becoming problematic for many.
- **Normalization** of wine as "healthy" and part of well-rounded expression of "joie de vivre" and being a "cultured" person. Drinking is normalized in “mommy wine” culture.
- **Glorifying alcohol in advertising.** Constant exposure to advertising - hard to escape (whether at an event, scrolling on socials, or watching tv).
- **Alcohol is at every event on PEI.** Pervasive at almost all community events (festivals, social, recreational, etc.). Some community events no longer take place due to out-of-control alcohol use.
- **Focus on breweries/brewpubs/restaurants.** Increasing access to alcohol via delivery and outlets like breweries. Increase access through delivery from restaurants.
- **High incidents of drinking and driving** (and cannabis use, too) – way too high. See cars being towed after RCMP stops them on highway.
- **High drinking across ages.** Increase in heavy drinking and going to the bars. Shift from weekly binge drinking to daily 'light' consumption
- **More young people struggling with alcohol use.** Young people showing up at pubs, coming together at pubs and most have already been drinking before arriving. Children sitting at bars with adults who are drinking.
- **Health system impacts.** Greater admissions to Inpatient Withdrawal for treatment – positive. Many ER related visits. Addiction impacts on community care facility intake.
- Partnerships with NSLC and Municipal Transit over holidays promoting - "safe way to get home if heavy drinking" (NS).
- **In universities.** At UPEI, the majority of misconduct situations I am/have been working with were influenced by overconsumption of alcohol. Heavy drinking at Universities (NS).
- **Issue on First Nations Communities.** Response to reliving past traumas, i.e. First Nations community members filing for Federal Indian Day School Class Action Settlements.



- **Link between sport and alcohol.** Alcohol related prize draws for youth organizations (hockey team liquor baskets).
- **Stigma** if not drinking. Stigma is prohibiting access to health care services.
- **Alcohol use with other substances.** Alcohol and substance assisted sexual violence. Increased engagement with substances (illicit and legal) when youth are drinking. Substitution of addictions is regular.
- **In my home,** I'd prefer to cut back on drinking from a health perspective. History of addiction in my family and in many families I know. It's either normalized or shamed/hidden in my experience. It is prominent in all my social circles, some in smaller amounts, other scenarios it is a very heavy drinking culture. 50% of friends and family have drinking problems (consuming too much, DUIs, alcoholism, trying to cut down but they can't etc.). Some friends/family plan events around alcohol use.

Question 2: How have you experienced the culture of alcohol in PEI?

- Culture of alcohol in PEI (and Atlantic Canada) is **more pronounced** compared to other provinces in Canada - from people who have lived and worked in other provinces but now in PEI. It is **part of the culture**. Hard for some people to break away from it.
- Heavy drinking **pervasive** in PEI - impacts and experiences from rural communities and as a 'source of masculinity'.
- I feel the **culture is encouraging me** to drink alcohol. Pressures to engage in drinking. Moved back to PEI from out west. Much more drinking in community here. Social culture to drink.
- The **expectation** is ALWAYS that you WILL drink at social events. There is an expectation to drink alcohol in social gatherings – almost a 'pressure' to drink and need to explain yourself if choosing not to drink. Very few evening establishments or adult events that are not centered around drinking. Drinking seems like it's a part of almost all social gatherings.
- **Social isolation** if you do not drink. Many are uncomfortable/non supportive of those who choose to **abstain**. If you engage in periodic heavy drinking episodes within some social circles you are considered 'fun' as compared to others who may not drink or as heavily.
- There is a **drink spiking epidemic** on the Island.
- Seems to be a sense of "entitlement" and that it is "ok" to **drink and drive**. Impaired driving is still a serious concern.
- **Promotions** for using alcohol are everywhere. Alcohol companies **sponsor** every event on PEI, including children and youth events. Alcohol heavily embedded in the hockey culture in PEI - even Children's hockey games - advertising and parents drinking in arenas, fundraising etc. Hard to find alcohol free activities. However, the non-alcoholic beverages are becoming more accepted.
- **Marketing targeted to women** - to get a break and drink. Part of social life; associated with "relaxation". Mommy wine culture - pressure to engage them back to drinking.
- Experiencing **harms**, like violence from heavy drinking.
- Strong **deregulation** trend in recent years
- **Health and addictions issues** and increasing need for addictions
- **Personal perspectives:**
 - ✓ My own family like many families is touched by **addiction and intergenerational effects of addiction**.
 - ✓ I've grown up in it and until starting in this work accepted it as **the norm everywhere**.



- ✓ My husband's father was a functional alcoholic. His reality growing up was quite different than mine.
- ✓ Especially during covid, myself and friends/colleagues have turned to alcohol for a **reward** at the end of a stressful day.
- Thoughts about young people:
 - ✓ Alcohol as **rite of passage** for young people.
 - ✓ **Stigma and bullying** as a youth as the result of heavy drinking and DUIs in family setting, not a supportive environment from community.
 - ✓ Heavy drinking culture was so **pervasive** growing up in PEI, which was not too long ago. During adolescence and early adulthood, many of us would have met criteria for a mild to moderate alcohol use disorder.
 - ✓ **Binge drinking** is normalized from a very early age and for many continues.
 - ✓ Parents often **condone** underage drinking **and facilitate** it.
 - ✓ Youth may feel that because it is legal it is **safe**.
 - ✓ Youth **weighing decisions about** use - alcohol, tobacco, and cannabis differently.
 - ✓ Although young people engage in heavy drinking they do arrange for **safe drives**, for the most part.
- In university settings:
 - ✓ Alcohol has been part of my **social culture** since university. I do not feel pushing abstinence is the correct approach, but moderation is a good method. The memories and joy generated having a glass of wine with friends have many good impacts that are often ignored in the discussion about harm only.
 - ✓ I used to bartend at the university. Drinking was a coming-of-age experience
- Visitors' perspectives:
 - ✓ In visiting PEI I found it comfortable **not to drink**.
 - ✓ I don't appreciate **alcohol advertising** when I visit a province, I am looking to experience the people and the places in safe and healthy settings with my family and friends.
 - ✓ As a tourist on PEI, I have felt much of the marketing involves "the food and drink" of the Island, Canada's food island branding, etc. - although, their Provincial Liquor stores didn't seem as "fancy" as others (NS)
 - ✓ Heavily **embedded in tourism** and "support local" movements with small breweries/distilleries.
 - ✓ When I moved to PEI from Toronto in 2000 I was surprised by how prevalent alcohol use was. In TO we went for coffee in the evenings – here, **bars/pubs were the only option**.
- Other Atlantic perspectives:
 - ✓ In NL focus on party and heavy drinking culture.
 - ✓ In NL new craft breweries seen as tourism and employment driver
 - ✓ In NL, you are asked why you aren't drinking? **What's wrong?**

**Question 3: How have you tried to shift the culture of alcohol in PEI? How have you seen others/other organizations do the same?**

To shift the culture of alcohol in PEI, I:

- Try to talk people out of consuming too much alcohol.
- Share information about use and health risks.
- Promote harm reduction strategies.
- Made the case to the Canada Winter Games Host Committed that they should not be promoting the products of Lone Oak Brewery.
- Am a part of the team in NL who developed our first ever alcohol policy. This was released in July 2022.
- Normalize talking about the shift and talking about how I plan to respond to the new guidelines on alcohol and health.
- Try to discourage "drinking stories " at work. It's weirdly normal here to recount.
- Am sharing practices from across the country to improve regulation.
- Am trying to lead an organization that does not encourage the use of alcohol in family settings - very difficult boundary to set. On a personal level trying to start conversations with friends and family around risky drinking behaviours.
- Participate in road checks, provide pamphlets, etc., through MADD Central PEI.
- Normalize dry dinner parties/gatherings.
- Work for improved options for recovery.
- Offer pop before alcohol when hosting gatherings.
- Always have and offer non-alcoholic options when hosting.
- Share my positive experience with abstinence to encourage others to try reducing or abstaining from drinking alcohol.
- Don't accept sponsorship/donations from alcohol related businesses as a non-profit/community service.
- Have kitchen table conversations with friends and family - trying to start the conversation that alcohol is harmful.
- Lean in to non-alcoholic beverages.
- Share CAPE report results
- Share latest research on alcohol.
- Support my sober friends
- Rarely drink, encourage family to drink less, stop giving gift cards for liquor store, choose not to drink at social events and share info about harms.

What I see others/other organizations doing to shift the culture of alcohol in PEI:

- Our Community Care facility is a dry house by choice, and we support residents battling addictions.
- Within my community there have been more and more conversations about reducing alcohol consumption.
- Drug facilitated sexual assault prevention training within licensed establishments.
- MADD.
- Promoting and discussion of lower risk drinking and harm reduction.
- Promotion around Dry February.
- Local breweries promoting their non-alcoholic drinks.
- Discussion of LRDG and new CCSA Guidance.



- Supports in Public Health for those who divulge concerns about their alcohol consumption.
- Chief Public Health Office: role to reduce health harms. Yes, other stakeholders trying to do same related to alcohol.
- Inviting young adults to talk about how the new guidelines influence their lifestyle and decision making.
- Reducing stigma.
- Education about health-related harms from alcohol that are not common knowledge in Atlantic Canada. Teaching patients and students about the harms of excess alcohol use
- Policy change that allowed sale of non-alcoholic beers etc. in grocery stores - very supportive.



The Two Point Summary – Breakout Conversation

Following the presentation by **Kevin Shield, CAMH and World Health Organization Collaborating Centres, on the topic of Alcohol Related Harms**, participants engaged in a small group discussion. They were asked to discuss and summarize their group's top two takeaways or observations from the presentation, using a shared Padlet wall link.

Responses are outlined below. They have been synthesized and, as best possible, reflect the actual words of participants. A thematic analysis has not been completed.

- Statistics are alarming.
- Big presentation! Something that stood out and is easy to focus on is that any reduction in drinks per week will reduce your risk. A great place to start. No matter where you are on the spectrum of alcohol consumption, even small changes can be beneficial to your health. Less is best - any move towards 'less' is a positive change, no matter where you are on the continuum.
- There are subpopulations at higher risk than the general population and the guidelines apply to general population.
- Flushing red - doesn't process alcohol well - news to me.
- There are a significant number of policy makers interested in effective alcohol policy. Lots of opportunities for networking and coalition building so we are "rowing in the same direction."
- Disconnect between how we drink and this information. Big distance between guidance and how it is in culture.
- Link between alcohol and cancer was alarming.
- The need for improved labelling around serving sizes and alcohol content.
- Link between alcohol and mental health. Include impact on mood and mental health.
- More work needed on KT so public understands how risk was determined and what it means in terms of odds (1/100, etc.)
- Importance of policy of advertising to impact consumption, etc.
- The higher risk associated with First Nations/Indigenous people.
- Shocked by lost years of life lost due to alcohol.
- Using a population-based prevention approach, but making it individual (like a mortgage calculator) so people can engage their own risk.
- Not just talking about severe alcohol use disorder, but the risk for everyone who consumes alcohol. Therefore, being mindful of KT for general population, sub-populations who experience harms, and plain language to increase understanding of risk (i.e., not just disregarding/alarming beyond '2/week').
- Message will be lost if the focus is on abstinence, 2 drinks a week. Messaging should focus on importance of screening and brief interventions in primary care.
- Taxation and reduction will mitigate alcohol related harm.
- Serving sizes is critical.
- Nice to see more on how risk is distributed vs. cannabis and tobacco.
- Second hand harms of alcohol have not been truly appreciated by the public.



- Giving personal examples such as flushing red, women's risk, etc., makes people be able to relate to the evidence and see themselves in the information.
- It's important to educate the public about guidelines and the risk with consumption. Impacts on others around us.
- Public awareness is critical.
- Communication, in general, with all demographics, will be important as we move forward.
- Social responsibility messaging like 'drink responsibly' has very limited effect, and can often promote drinking. Need meaningful policy change.
- Building out tools to support culture change (i.e.: equipping practitioners, dry spaces, engaging business, etc.).
- SBIR as a policy domain to improve so that we're better screening and increasing awareness from professionals.
- Really struck by tangible visuals of some of the physiological impacts - like flushing.
- Capacity of public health to message and communicate guidance vs industry.
- There are steps we can take to improve outcomes.

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Day 2: Motivation

Agenda – Thursday, January 26th

1. Welcome Back: Bridging Conversation
2. Marketing, Advertising and Physical Availability of Alcohol - *Dr. Kara Thompson, St. FX University*
3. Showcase of Alcohol Advertising: Conversation Circle
4. Fireside Chat with Nova Scotia Partners: *Dan Steeves, Nova Scotia Health; Laura Kennedy, Nova Scotia Health and Jenn Hopson, IWK Health*
5. Our Way Forward - PEI Solutions: Conversation Circle
6. Evaluation and Closure

Marketing, Advertising and Physical Availability of Alcohol

Following the presentation by **Dr. Kara Thompson, ST. FX University**, on the topic of **Marketing, Advertising and Physical Availability of Alcohol**, participants were invited to respond to three (3) questions using the Zoom Chat feature. Responses and comments were not anonymous.

Questions, comments and responses are summarized in Table 2 below.

Table 2: Summary of Strategic Questions and Responses

Question	Responses (N)			Comments
	Yes	Unsure	No	
1. After listening to Dr. Thompson, do you think increased access of alcohol into PEI convenience stores would increase consumption and harms in our Island communities?	42	5	0	(yes) Increased access, increased use, increased harm (causal link) (yes) But this is about time, access and money - not just access
2. Do you think strengthening the Alcohol Control System in PEI should be prioritized?	41	1	0	(unsure) Priority over what? (yes) But will need political support of Islanders. Tougher

3. Based on what you have heard in the forum's presentations so far, do you feel that PEI should have an Alcohol Strategy to help strengthen alcohol policies?	42	5	0	<p>(yes) But with the caveat that it has "teeth" unlike many gov strategies</p> <p>(yes) Call it the Preventing Alcohol Harm Strategy</p> <p>(yes) With financial supports</p> <p>(yes) Control system considerations as subset of strategy</p> <p>(unsure) If it's intersectional and focused on genuine harm reduction (and not just reduction) then yes</p> <p>(yes) A strategy will need to build true community dialogue and support for change.</p> <p>(unsure) Developing a strategy/action plan is the 'easy' part; implementing and evaluating the strategy and remaining focused to achieve it is the challenge</p>
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Showcase of Alcohol Advertising: Conversation Circle

Following an online *Showcase of Alcohol Advertising* (see Appendix A for images used in showcase), participants engaged in a “conversation circle” activity using the breakout room feature on Zoom. They were asked to reflect on and discuss three (3) questions and track their responses using a shared Padlet wall link.

Questions and responses are outlined below. The responses have been synthesized and, as best possible, reflect the actual words of participants. A thematic analysis has not been completed.

Question 1: What are the untended impacts of all this alcohol advertising?

- Normalization of alcohol across all age groups and gender, as a daily activity.
- Advertising reaches people who are not looking for alcohol products. Alcohol marketing is very intentional and savvy.
- Association of alcohol with fun, everyday activities, and to ultimately boost sales and consumption.
- Ads seem to be catching up with other types of marketing and advertising (like clothing) - modern approach, that has us forgetting that we are seeing messaging about a carcinogen. Get roped in and forget that this is a unique product that causes harm.
- Catching the eye of children, who are not eligible to purchase alcohol yet.
- Alcohol becomes pervasive.
- You need alcohol to cope.
- Using pink to attract young women/girls and wine to attract older women.



- Trigger for individuals who are trying to limit their alcohol consumption.
- Lack of consumer protection.
- It is expected that you consume alcohol.
- Almost subliminal messages - you need alcohol.
- Manipulation of people, I am supporting these good causes by purchasing alcohol.
- No sharing of the health effects of the products.

Question 2: How might these ads impact/influence specific groups? ie: children/youth, women, families

- Youth in denial about harms of alcohol.
- 'Pinkwashing' to attract female client base.
- Zero/low calorie advertising to attract the more health-conscious drinker.
- Specific flavorings focused on targeting younger women, ie: "toasted marshmallow" "birthday cake" etc.
- Alcohol industry targeting 'equality' through messaging like "Women - you too can drink!" "So, we'll create products and market to you"
- Pipeline from non-alcoholic drinks that youth drink to the alcoholized version (e.g. energy drinks vs. their energy drink + alcohol version, branded root beer vs. the alcoholized version).
- The 'buy one get this free', or 'saving money' are targeting younger university aged people - get your bang for your buck.
- A deceptive ploy to attract people who may have been impacted by breast cancer or diabetes etc.
- Normalizes the drinking culture, almost makes it seem cool and a necessary activity to take part in.
- Nostalgic - sodas as kids and now "hard" alcoholic version.
- More than socially accepted...almost socially expected.
- Reinforcing messaging that alcohol is normal and harmless.
- Charitable donation support has different motivations; opportunity to leverage customer base but do not need to purchase.
- Canada Games and Lone Oak sponsorship: linking athletics and drinking; linking fans to products.
- Problematic when exposing kids to fun colors, kid-friendly labels.
- People associate the corporate brand with a healthy activity or event - it is more than just alcohol (gambling, SSB, etc.)
- Advertising directs you to where you "should" find your sense of belonging -- at the sports game, with Mommy groups etc., all with alcohol.

Question 3: How might the placement of these ads in public places contribute to/perpetuate harmful drinking culture in Prince Edward Island?

- Normalizing drinking culture. Does not provide the actual information behind the product. Normalizing perpetuates use and makes it acceptable for consumers to use (whatever the product is)



- Exposure/association of fun/activities to drinking. All of the ads are promoting 'fun' - makes you feel like you have to have alcohol to have fun.
- Issue with public places is youth - kids exposed to alcohol ads is problematic. Kids are sponges and more aware of this kind of branding more than we think - they see the bright colors and know the cans.
- Massive differences between cannabis and liquor stores – from entering store, packaging, what you can see, etc. - designed to draw you in.
- Does not show the realities of premature aging, violence, assaults.
- Not talking enough about the second-harm impacts of alcohol (like we have done for cigarettes/smoking).
- Tobacco and Cannabis is heavily regulated because the public understand the health risks... the public is not yet well informed about the health effects of alcohol
- Lots of misleading social responsibility messages in PEI targeting youth like the "Keep it Social" campaign on university campuses. Are you still "Keeping it Social" if you had 10 drinks but your friends were there? What does "Keep It Social" really mean - you can't have fun without alcohol?

Our Way Forward - PEI Solutions: Conversation Circle

Participants engaged in a final “conversation circle” activity using the breakout room feature on Zoom. They were asked to reflect on their experience during the forum and consider tangible actions to reduce the impacts of alcohol-related harms. Actions were discussed and tracked according to the following three levels of impact – a) individual, b) community and c) policy perspective.

Questions and responses are outlined below. The responses have been synthesized and, as best possible, reflect the actual words of participants. A thematic analysis has not been completed.

INDIVIDUAL - What can I do in my professional role and/or personal life to reduce the impacts of alcohol-related harms?

- Always have non-alcohol choices at every event/dinner.
- Raise awareness of alcohol related harms by educating and informing the people around you — without shaming or stigmatizing. Share resources & partner with likeminded individuals.
- Host community engagement sessions/education surrounding alcohol related harms.
- Share knowledge - KT is an important part of this work. Health literacy becomes an issue of equity so education is vital.
- Better modeling with my friends and family.
- Continue to advocate for the policies that were discussed today, and continue having open conversations about alcohol in my social circles.
- Collaborate on education/offer options while hosting.
- Public awareness, making links between alcohol reduction and things people care about.
- Practice intersectionality crossing the two fields of interest.
- Cognizant of my alcohol use in my home around my teenage children.
- I can think about the resources of my organization and how they can be targeted to more effectively address the issues identified in the forum discussions.
- Include more content on alcohol related harms with my nursing students.



- Provide information to Islanders so they can make informed choices about alcohol use.
- Share knowledge with Executives in government to help advance alcohol policy in PEI.
- Reducing stigma for people living with substance use disorders and increasing equity have to be part of the solution.
- Be open to understanding my own relationship with alcohol.
- Conversations with friends and family. Question and challenge my relationship with alcohol and improve my health behaviors around alcohol. Always host with appealing non-alcoholic options. ADVOCATE to politicians and government for stronger policies.
- Think more critically about alcohol messaging and advertising. Become more aware of how pervasive it has become.
- Normalize non-alcoholic drinks or events with friends without alcohol - specifically Mommy groups
- Raise awareness of how alcohol policies can help reduce the overall harmful impacts of alcohol in our communities.
- Start having conversations around alcohol and our relationship to alcohol.
- Share about alcohol related risks.
- Continue to advocate for reduction in alcohol consumption in my community.
- I'm willing to share my experience as a family who lost a son to an alcohol-impaired driver, if that helps. I'd be willing to speak to any group - impaired drivers, AA, public, schools about our loss and how random it was. It could happen to anyone.
- Continue to provide education through my FASD workshops.
- I ask people not to drink and drive, and/or to call 911 if they see a suspect impaired driver.
- Continue to build out community supports to support individuals struggling with the harms and assist in telling the stories any way I can.

COMMUNITY - What can my organization (or what can I do in my community) to reduce alcohol-related harms? Are there opportunities within my organization or community to build on?

- Alcohol forum a great place to work from.
- Increase in Public Health education/awareness on this subject across communities/organizations.
- Develop policy that divests from alcohol as fundraiser or as sponsorship.
- Support alcohol policy initiatives.
- Have more consistency and transparency in goals related to alcohol.
- Advocate at the municipal level (your local community) for policy action in this area.
- Educate to help others understand MH and Addiction is needed. Build upon what people already know and extend the knowledge that already exists.
- Increase public awareness of decision-makers through conversations, meetings, events, etc.
- Participate in advocacy efforts.
- Encourage collaboration on education.
- Partner/collaborate with others - to find ways to shine a light on the issue.
- Improve access to appropriate services and supports.
- Organization-level alcohol policies.
- Get involved in an organization who wants to lead/engage in advocating for change in alcohol policy in PEI. Need to learn who these organizations are first.

- Building a network is crucial.
- Educate campus on new alcohol guidelines, offer non-alcoholic supports to patients to lower stress.
- Advocate and champions healthy public policy re: alcohol.
- Support for better Mental Health and Addictions options for more people so they are less likely to turn to alcohol as a fix.
- In light of the new Canadian Guidance, I would like to see the Atlantic Chief Medical Officers of Health review the CAPE 3.0 recommendations and endorse to their Health Ministers /Cabinet policy recommendations that would apply for all Atlantic provinces.
- Increase awareness of decision makers through collaborative action and a unified voice from community on what the priorities (and impacts) are.
- Advocate for best practices. Take whichever first steps are possible given readiness while continuing to try to lay the groundwork for future work.
- Engage with the Post-secondary alcohol policy review project. Bring students in on program development and policy/guideline reviews.
- Encourage community groups I work with to consider adopting an alcohol policy on sponsorship - e.g. sports, dance clubs.
- Identify a youth ambassador or youth organization that will support knowledge sharing/education in the community and advocacy more broadly (speaks to third question...)
- Advocate for labelling and messaging on products.
- Incorporate Health Promotion info within all program areas to distribute to clients in our waiting rooms etc.
- Build community awareness of reality of harms from alcohol - physical health, mental health, impaired driving, domestic and community violence - and build holistic approaches of harm reduction along with this heightened awareness.

PUBLIC/SOCIETY - What opportunities are there in PEI to help strengthen alcohol policy and reduce population-level alcohol-related harms?

- Grassroots engagement and consultation to build a strategy.
- Lean into the opportunity for density regulation that CAPE points out.
- Implement a SBIR program which is funded by the provincial government.
- Implement roadside testing for impaired driving (with mandatory testing of all individuals by breathalyzer).
- Be aware of the business/ alcohol lobby locally and nationally. Have a strategy in place to address this issue politically as well.
- Working closely to find champions at the Municipal level, use the Nova Scotia model to build momentum through the process of turning stats into stories.
- Partnerships across government, agencies, and community organizations to better coordinate information and services
- Educate re cancer and other health risks, including signage at PEI Liquor Commissions.
- As a small province PEI may be able to implement more experimental alcohol policies such as alcohol labelling (the evaluation of these policies can generate evidence for other provinces)
- Education and partnership.
- Need to keep social determinants in the forefront of work in PEI.
- Increase public awareness so public ask for change and politicians grant changes.



- Support "dry" events and/or SAFE spaces for those who are trying to recover and/or seek social opportunities that do not include agriculture.
- Support education initiatives and help facilitate community alcohol awareness workshops.
- Use local stories strategy used by NS to effect public support.
- There is opportunity here in a small place to have important conversations that break down the traditional silos that exist around the substance and behavioral addictions to get to a place where a shared understanding of co-occurrences, substitutions between addictions, and harms becomes increasingly important, and builds healthier spaces for all Islanders.
- Advocate for the system-level changes that will have big impacts on health outcomes.
- More dry events targeted at tourists and families.
- Decide how to balance revenue vs. health.
- Build on Dr. Morrison's and the Public Health success during covid to immediately begin to address the harm that alcohol brings to our province as well and partner with the LCB to focus on HP messaging.
- Qualitative research opportunities (community stories).
- Educate our youth in schools about consequences of alcohol and addiction and that it's okay NOT to drink alcohol at parties/events - education on their platforms: tic-toc videos, Instagram, you-tube - highlighting that it is socially acceptable not to drink alcohol in high school and still have fun at parties / events.
- Like NS, ask the Chief Public Health Officer to champion and be the leader in this policy area.
- Set an aspirational goal of banning alcohol advertising.
- Humor based education to avoid preaching and high-minded offerings.
- Ask for stronger advocacy from health system leaders.

4

Feedback

At the conclusion of the forum, participants were invited to share their feedback and comments. Responses were elicited using an online SurveyMonkey questionnaire and are summarized in Figures 5-14 below. (N=60).

Figure 5: Overall Satisfaction with the Forum

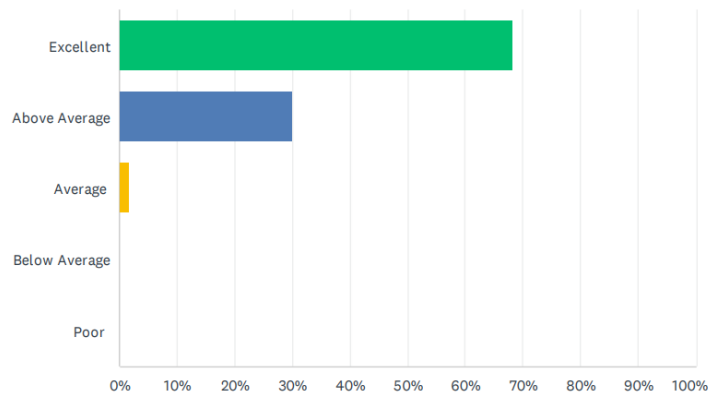
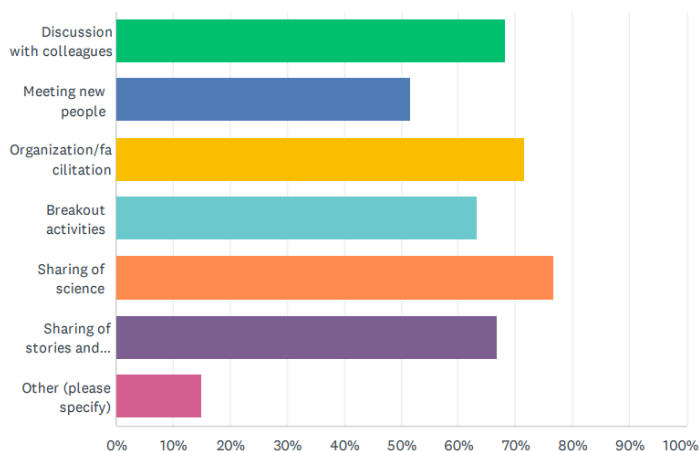


Figure 6: What did you enjoy about the Forum?



Other comments:

- The presentations and discussion.
- The major takeaways that I immediately shared with colleagues and family
- All good; great combination of activities; best conference ever for sharing and learning;
- Excellence of presenters
- Presenters - new research; break was appreciated
- Presenters were great.

Figure 7: I gained knowledge about alcohol consumption and harms in PEI

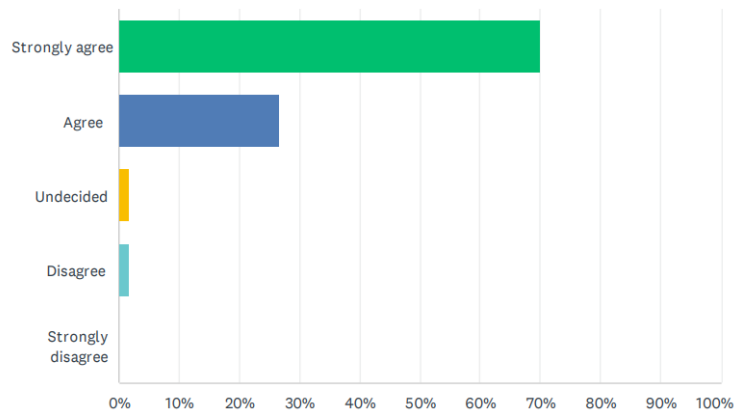


Figure 8: I gained knowledge about the links between alcohol and chronic disease

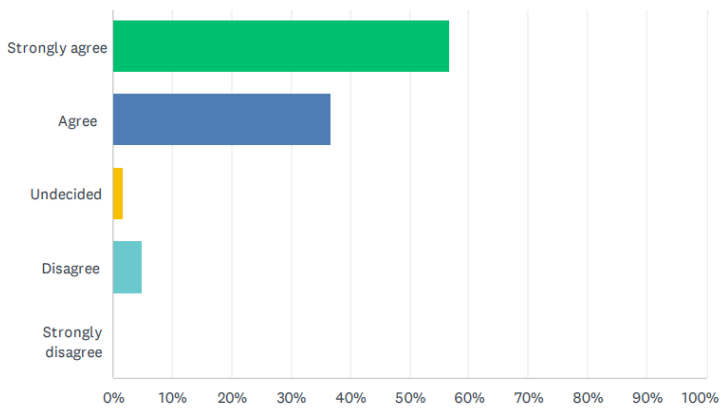


Figure 9: I gained knowledge about Canada's new Alcohol and Health Guidance and the risks associated with alcohol

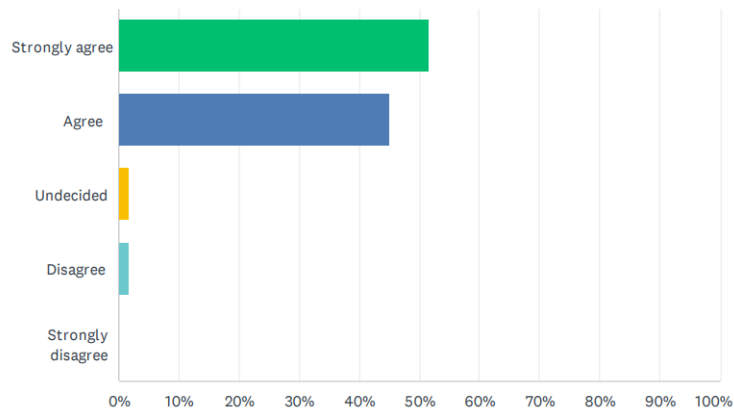


Figure 10: I gained knowledge about CAPE's (Canadian Alcohol Policy Evaluation Framework) best-practice policy domains

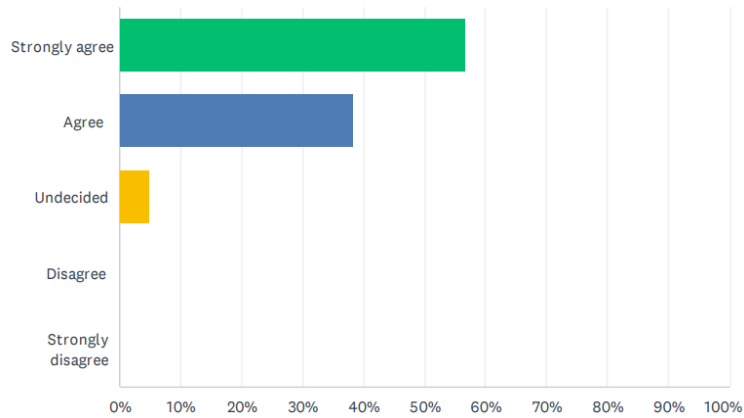


Figure 11: I gained knowledge or a new awareness about alcohol marketing and advertising of alcohol

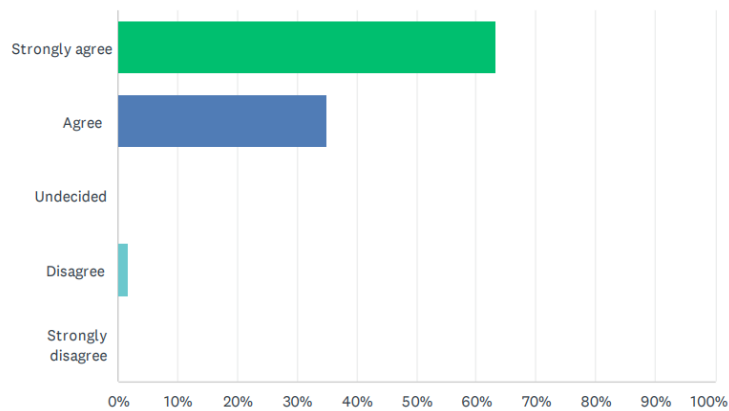


Figure 12: Please indicate the extent to which you agree with the statement: I have increased my network and connections with people working on healthy alcohol policy.

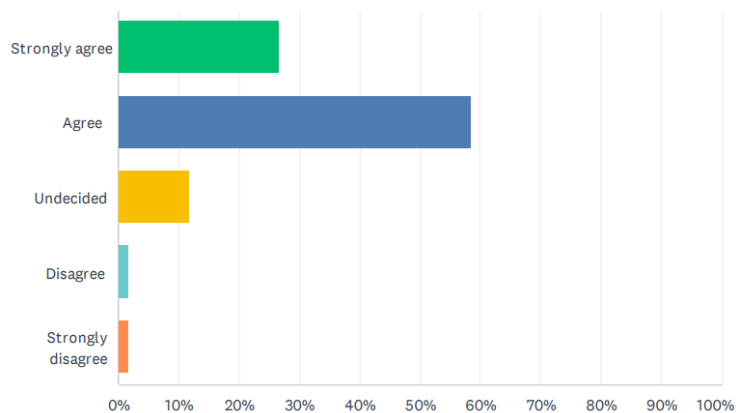


Figure 13: Please indicate the extent to which you agree with the statement: I feel better motivated and equipped to take action on healthy alcohol public policy.

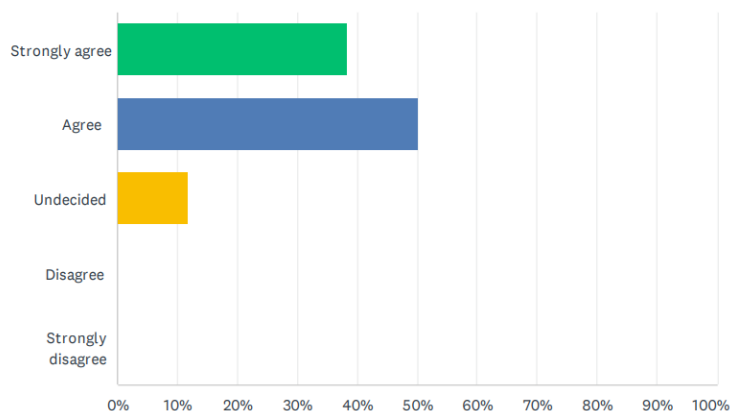
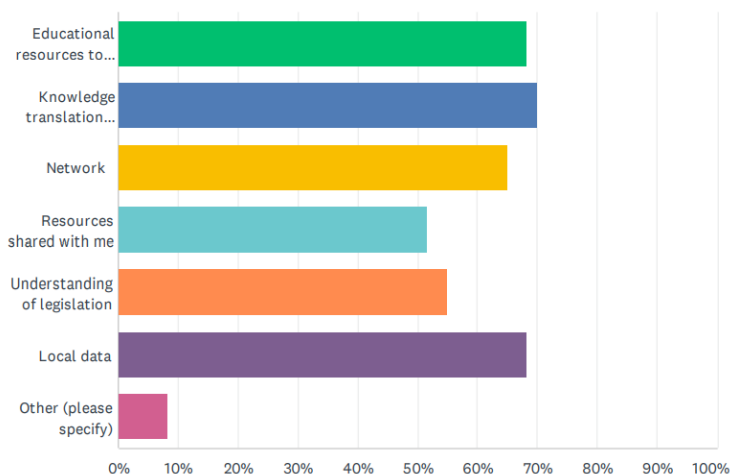


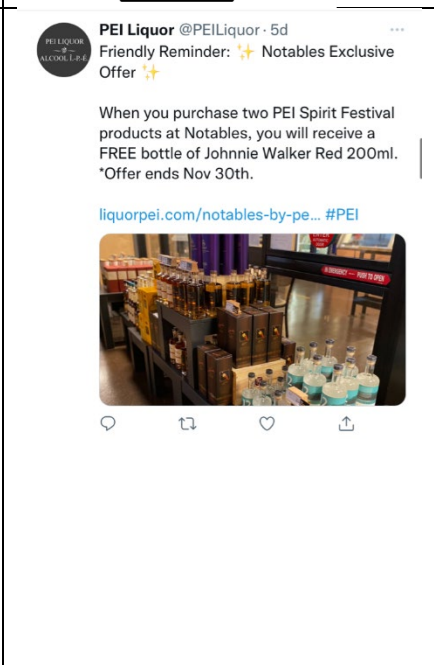
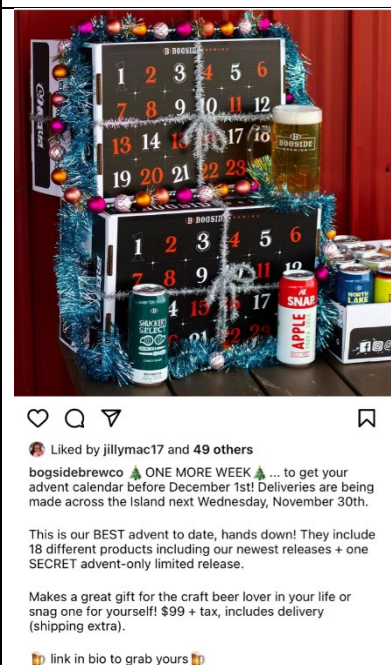
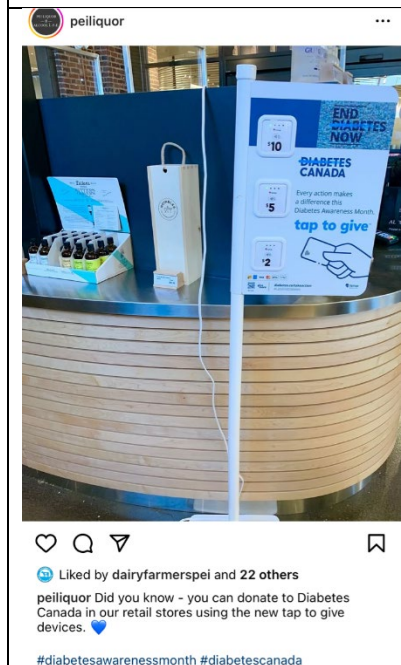
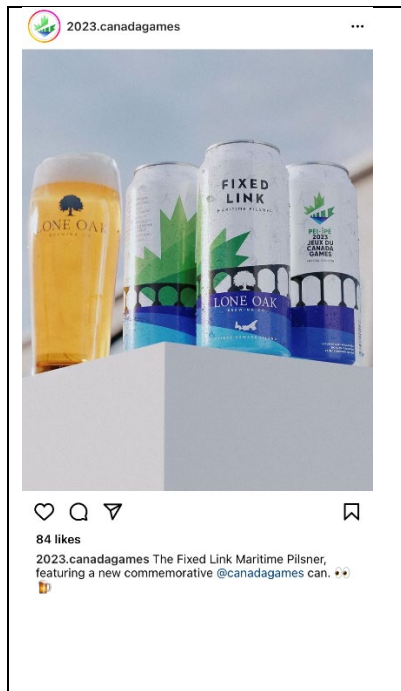
Figure 14: What knowledge/skills would help you in your work regarding healthy alcohol policy?



Other comments:

- I participated for personal interest, and not because I'm working in this field. I'm someone who was harmed badly by impaired driving.
- Marketing and the psychology of information control
- Lessons from tobacco
- NS Lessons learned
- opportunity to help contribute to educational resources

Appendix A – Images from *Showcase of Alcohol Advertising*





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19+ Snacks Delivered
Juice, Pop, Candy

TopServe



Drink Delivery From our app to your door



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**Prepared by
Barefoot Facilitation Inc.
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