



Key messages emerging from the National Thematic Workshop on Alcohol Policy

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Introduction

On May 27, 2003, the Government of Canada announced the renewal of Canada's Drug Strategy. Central to the redesign of the Strategy is the development of the National Framework for Action on Substance Use and Abuse. The Framework, as currently envisioned, will set out the guiding principles and structure of a process to design and implement an inclusive *national* approach to substance abuse and addiction in Canada.¹ To inform the development of the National Framework, the Canadian Centre on Substance Abuse (CCSA) and Health Canada held several regional consultations across the country in 2004, and within these consultations alcohol policy repeatedly emerged as a topic of national concern.

In order to gain more detailed input from stakeholders on the topic of alcohol policy, CCSA and Health Canada co-hosted the National Thematic Workshop on Alcohol Policy in Ottawa on November 18 and 19, 2004. This report provides a synthesis of the key messages heard during the Workshop.

Key messages from the National Thematic Workshop on Alcohol Policy

The objectives of the Thematic Workshop on Alcohol Policy were to identify: 1. topics of national concern related to alcohol policy that could be addressed through a collaborative approach to policy development and research, 2. possible policy directions within these topic areas, and 3. strategies and mechanisms to facilitate movement on priority policy directions. In order to accomplish these goals, 42 participants from a broad cross-section of stakeholder groups attended a professionally facilitated two-day workshop in Ottawa, Ontario on November 18 and 19, 2004 (see Appendix A for the list of participants). The agenda for the Workshop was as follows:²

1. Opening (welcome, purpose and participant introductions).

¹ For more information on the National Framework for Action see: <http://www.ccsa.ca/pdf/ccsa-011056-2004-e.pdf>

² CCSA prepared a background paper for the Thematic Workshop on Alcohol Policy. It is available here: <http://www.ccsa.ca/pdf/ccsa-004840-2004.pdf>

2. Setting the stage for meaningful conversation:
 - Part 1: Presentation by Dr. Eric Single³
 - Part 2: Presentation by Dr. Florence Kellner.
3. Identifying priority areas to be addressed through a collaborative approach to policy development.
4. Identifying and discussing possible policy directions within priority areas.
5. Ideas for moving forward on the development and implementation of effective alcohol policy in Canada: processes, mechanisms and structure.
6. Wrap-up and closure.

1. *Opening*: Participants set the tone of the Workshop when asked to express their expectations for the meeting. Some of the key hopes and expectations expressed included:

- Developing and agreeing on rational evidence-based policies that will lead to a comprehensive and sustainable national strategy on alcohol;
- Ensuring more research is carried out and that this research is translated into effective policy;
- Finding ways of reconciling conflicting evidence;
- Ensuring national leadership, developing a common voice and moving ahead on areas of common accord;
- Developing win-win approaches for public health, industry, and alcohol regulators;
- Finding a balance between social and business interests, and freedom of expression;
- Sharing the views and perspectives of our members, listening, learning and bringing back information;
- Developing networks;
- Exploring the role of municipalities;
- Considering how national policy impacts provincial/territorial implementation.

2. *Setting the Stage*: The presentations by Drs. Eric Single and Florence Kellner set the stage of the Workshop by providing background on the two major approaches to alcohol control policy (population health and targeted interventions), an overview of policy issues involving alcohol and topics of current concern in Canada, and current data on levels and patterns of alcohol use and alcohol-related harms from the Canadian Addiction Survey (CAS).⁴

Meeting participants reacted to the first presentation by identifying the concepts and ideas that most resonated with them and then discussing challenges that they see existing within the alcohol policy domain. Participants responded to the “resonating” question with the following:

- The importance of:
 - recognizing the complementary nature of both population-based and targeted strategies and avoiding an “either/or” approach;
 - focusing on win-win scenarios and building on previous successes;

³ Dr. Single’s presentation is available here: <http://www.ccsa.ca/pdf/ccsa-004799-2004.pdf>

⁴ The detailed report from the Canadian Addiction Survey (CAS) is available here: <http://www.ccsa.ca/pdf/ccsa-004028-2005.pdf>

- taking an evidence-based approach;
- factoring in the positive health benefits of alcohol into policy decisions.
- The extent to which public health promotion and prevention are complementary.
- The fact that population health alcohol control policies are generally easier to implement and have been the major focus of policy makers, and the need for more emphasis on targeted interventions.
- The fact that targeted interventions are a necessary part of the response to high-risk drinking patterns and unsafe levels of drinking.
- The consequential “side effects” of population health-based alcohol control policies.
- Some of the “challenges to be addressed” included:
 - Considering both the costs and benefits of policy choices;
 - Finding effective and efficient ways of measuring how well we are doing;
 - Identifying strategies appropriate for Aboriginal and Northern communities; and
 - Educating decision-makers on the complexities of alcohol control policy.

Although most participants indicated that there were few surprises in the CAS results presented by Dr. Kellner, they found particularly interesting: 1. the increase in drinking by seniors since the last national survey, 2. the finding that women drinking the same amount as men do not experience significant differences in the likelihood of harm, 3. the differences between East and West (i.e., hazardous drinking is highest in the East and Quebec reports lower rates on problem measures), 4. the data on patterns of drinking, and 5. the fact that 82% of respondents drink without any reported harm. Participants agreed that more analysis of the CAS results will be required to provide a more complete picture and that it will be important to mine the CAS data over the coming months and years. It was also mentioned that a limitation of the CAS is that it does not include data from the territories, and in order to be inclusive and provide accurate results for Canada as a whole, all jurisdictions need to be included.

To wrap up the first part of the Workshop, participants were then asked: “*What are the biggest issues to be addressed in the development and implementation of an effective alcohol policy in Canada?*”. The following are the key messages emerging from this discussion:

- *Awareness building*: putting alcohol on the public health agenda, giving it profile and maintaining that profile.
- *Leadership*: providing national leadership and coordination on alcohol policy issues.
- *Consensus building*: overcoming differences, finding common ground, dealing with suspicion and distrust, building synergy; including all perspectives in a meaningful way.
- *Research*: undertaking good research in Canada to support evidence-based policymaking and translating research findings into effective policy; finding mechanisms to reconcile “conflicting evidence”.
- *Integrating evidence on the benefits of alcohol*: developing policy that takes into account the health benefits of alcohol.
- *Clarifying roles*: federal, provincial/territorial, municipal, health, finance, trade, enforcement; coordinating messages and efforts.
- *Integration of efforts*: recognizing that policy is only one lever for affecting change and that policy initiatives need to be in-sync with efforts in other domains (horizontal integration) and at other levels of action (vertical integration).

- *Financing*: finding creative ways to fund targeted interventions; resources must be sufficient to have impact on harms; resources are also required for training to enforce drinking and driving laws, liquor licence reporting, etc.
- *Evaluation*: building in performance measures and systematic evaluations of practices at project/program inception.
- *Messaging*: being strategic, clear, comprehensive, reflective of the complexities of the issue; messaging not only about alcoholism and drinking and driving, but also about the many other injuries caused by alcohol; messages must be appropriate for the community and meaningful.
- *Recognizing non-health benefits of alcohol*: including the positive economic impacts (tax income, employment, etc.).
- *High-risk patterns*: defining “high-risk drinking” in terms of situations likely to lead to negative acute consequences; looking at situational determinants of harms for different populations; devising strategies to target high-risk groups (e.g., youth, pregnant women, seniors, etc.).
- *Flexibility of response*: a national policy must recognize that problems are different in different areas and that one size does not fit all; national policies will need to be flexible and adaptable to specific areas.
- *Incorporating lessons learned on other issues*: there are lessons to be learned and used from tobacco, and drinking and driving successes.
- *Need to understand the role of determinants of health*: education, culture, economics, etc.
- *Devising alcohol policy that*
 - is dynamic, evolves with new findings and adjusts where evidence/information is congealing; and
 - explicitly defines what we are trying to achieve.

3. *Identifying priority areas for a collaborative approach to alcohol policy development*: In the next part of the Workshop, participants brainstormed on ideas in response to the question: “*What do you feel are the areas that should be the target of alcohol policy development and action?*”. The brainstorming exercise identified no fewer than 58 ideas. A prioritization exercise followed where each participant was given four “votes” and asked to indicate their “top four” ideas from the full list.⁵ Once the ideas were prioritized according to votes, they were regrouped into five major policy areas or themes as follows:

- Promoting the use of routine screening and brief interventions for people who drink in hazardous ways or people at risk of drinking in hazardous ways;
- Developing and promoting policies to reduce chronic diseases related to alcohol misuse, including FASD;
- Addressing the drinking context and using targeted interventions;
- Structuring alcohol taxes in a discerning and purposeful manner; and
- Developing a culture of moderation vs. a culture of intoxication for both youth and adults in Canada.

⁵ Appendix B lists the full range of ideas developed in the large-group brainstorming session and the number of votes received by each in the prioritization exercise.

4. *Identifying and discussing policy directions within priority areas:* Small groups of six or seven participants were then assigned to one of the selected priority areas and participants were asked to “*identify possible policy directions to inform the development of the National Framework for Action on Substance Use and Abuse.*” The following notes are the reports from these small group discussions:

Promoting the use of routine screening and brief interventions for people who drink in hazardous ways or people at risk of drinking in hazardous ways

The group discussing the issue of routine screening and brief interventions began by proposing the following broad policy statement:

“Whereas ‘brief interventions’ have been shown to be effective in addressing a broad range of problem behaviours, there is a need to consider/expand their use in a variety of social, health and educational settings.”

The members of this group felt that in order to move on this policy direction, it will be important to:

- Capitalize on the climate of acceptability for brief interventions and the potential for engaging with health care providers, other health professionals and the public.
- Have a strong theoretical and evidence base of what is working; this will require a review of existing studies, pilots and evaluations.
- Put resources into expanding the use of proven approaches.
- Celebrate early successes.
- Link to broader social/health campaigns.
- Train health care providers for alcohol screenings and brief interventions (longer term).

The participants in this group felt that promoting brief interventions has political appeal and is not too controversial. However, there is a need to establish who stands to gain or lose and to investigate ways to move forward. For example, health professionals, physicians, teachers and others must be asked to take this on and their “buy-in” will therefore be required. Stigma with regard to addictions is still strong, but public buy-in may be possible because professionals would lead initially. The promotion of routine screenings and brief interventions should be linked to broader social processes already underway such as changes around the acceptability of drinking and driving. Finally, leadership will be required to launch this process: someone (or a small coalition) needs to champion the process and develop support for the policy (e.g., Health Canada, CCSA, a province or a city) and to bring key players to the table.

Comments/reactions from the larger group included:

- Fifteen years ago, the Canadian Medical Association conducted a survey of medical schools and this resulted in an increase of five hours in the curriculum dedicated to screening and brief interventions; that is still below what it should be, but it may be a good thing to replicate today.
- The use of routine screenings and brief interventions should be expanded to teachers and education professionals; for this to occur, some legislation in provinces may have to change.
- It is important to increase the effectiveness of the community physician for screening and brief interventions and key to this is connecting brief interventions to healthy lifestyle initiatives.
- We need to inform general practitioners and give them support by providing them with information not only in medical schools, but on an ongoing basis.
- Primary care is in a crisis at the moment and going through big changes; we need to find ways of linking alcohol to the bigger issues that are on the agenda at this time.

Developing and promoting policies to reduce chronic diseases related to alcohol, including FASD

This group felt that to reduce the level of alcohol-related chronic disease, such as cirrhosis and alcohol-related cancers, policies should address levels of consumption, drinking patterns and existing control measures simultaneously. In order to move on this policy direction, it will be necessary to:

- Index prices and taxes to inflation based on a final price to consumers that promotes moderate use of alcohol;
- Enforce rigorous controls on alcohol retailing (sales to minors, sales to intoxicated patrons, etc.);
- Implement fair taxes and better controls on the production and sale of non-commercial alcohol;
- Coordinate discussions among fiscal decision makers at different levels of government (federal and provincial/territorial);
- Conduct research to better understand how patterns of use affect alcohol-related chronic diseases.

Recommendations from the group considering the issue of chronic disease included developing a concerted lobbying effort at all levels of government on the issues of prevention, research and treatment, and the creation of a “best advice” paper on chronic disease and alcohol drawn up by a consortium of interested parties.

With regard to FASD, the development of clear leadership is essential because responsibility is currently fragmented among different departments and different levels of government. In order to move on the FASD issue, it will be important to:

- Create a National Centre of Excellence on FASD—outside of government.

- Assess who is at risk, determine basic prevalence levels and generate estimates of costs of support;
- Promote both targeted and general prevention efforts;
- Improve diagnosis, methods of support and access to support;
- Inform and educate on risks;
- Undertake longitudinal studies.

Comments/reactions from the larger group included:

- There are linkages to the healthy living strategy; it will be important not to re-invent the wheel.
- Should add mental health issues in the area of chronic diseases because those who suffer from mental illness often use alcohol in the early stages as self-medication and then alcohol becomes part of the problem.
- Should get alcohol included in chronic disease prevention strategies at the Public Health Agency of Canada (PHAC).

Addressing drinking context and promoting the use of targeted interventions

Addressing drinking context means focusing on areas where harms occur as a result of alcohol use: bars, homes, recreational events, non-licensed areas, etc. One program that has proven to reduce the level of alcohol-related violence in bars is the “Safer Bars Program” developed and rigorously evaluated in Toronto by researchers at the Centre for Addiction and Mental Health. In order to move in the direction of addressing the drinking context, it may be important to consider requiring mandatory training for servers and bouncers to reduce the level of alcohol-related violence in licensed establishments. Since it is usually a small percentage of establishments that have on-going problems with violence in any jurisdiction, it may be possible to mandate server/bouncer training only for those that have a history of problems. On the other hand, mandating the program across all establishments would lead to a “level playing field” and also address the fact that employees in this industry are fairly transitory.

Possible policy directions could include developing a national strategy for promoting the use of the Safer Bars Program in all jurisdictions in Canada. This will involve gaining support for the program from licensing bodies, the insurance sector and the hospitality industry. Support may be easy to generate, however, due to the financial incentives for all the major stakeholders associated with the prevention of violence in bars. It would also be useful to consider efforts to disseminate the “Last Drink” program, which was also developed in Ontario, to other jurisdictions in Canada.

Comments/reactions from the larger group included:

- In Ontario, it is not mandatory to have liability insurance for bars; would like to see it become mandatory.
- Are there other interventions or programs that relate to context other than bars? Yes, family programs, police training, etc.

Structuring alcohol taxes in a discerning and purposeful manner

In order to move on this policy direction, the group felt that it will be important to:

- Develop a retail price/tax system that would keep the cost of alcohol to the consumer in step with the cost of living (e.g., index overall price of alcoholic beverages to inflation);
- Address inequities in pricing and consider a tax/pricing structure in line with the health and social impacts of different products (e.g., “rocket fuel”, cheap sherry, rice wine, etc.)
- Develop a floor price for each beverage group based on alcohol content;
- Lobby the federal and provincial/territorial governments to earmark a percentage of alcohol revenues to prevention, research and treatment;
- Call regular meetings between licensing authorities, alcohol producers, alcohol distributors, public health interests, and federal and provincial/territorial finance ministries to discuss matters relating to alcohol taxation policy;
- Conduct research to draw from evidence/experience in other countries, including identifying models for developing cost/benefit analyses of different tax policies;
- Implement pilot policies in different jurisdictions to test ideas and identify best practices.

Comments/reactions from the larger group included:

- Consider using the gambling model where money for prevention and treatment comes from the gambling tax revenues;
- Why are there no representatives from public finance here today?

Developing a culture of moderation vs. a culture of intoxication—general population focus

This small group felt that in order to move on this policy direction, it will be important to:

- Look at other countries and their experience as well at strategies that have shown themselves to be successful in changing behaviours and social norms, e.g., impaired driving/tobacco;
- Look to Quebec as an example of this type of culture in Canada;
- Develop focused interventions for young men (16-24) who are at highest risk;
- Better enforce existing control laws (e.g., not serving minors and intoxicated patrons);
- Create and implement effective server training programs and get buy-in from the hospitality industry;
- Educate all groups (parents, young adults, etc.) about responsible hosting because naivety is quite high.

This group also suggested that it may be possible to use the differences in gender to help shape Canada’s drinking culture. Because most women do not share the same alcohol-related risk-taking behaviours as men, targeting women through effective public awareness campaigns that de-glamorize intoxication may pay off. For example, the image of “an alcohol burp and French kiss” (similar to tobacco’s licking the ash tray) could be effective. Also, promoting co-ed settings for drinking can reduce violence. In some countries this approach has been used quite successfully.

On a final note, the group stated that changing the drinking culture will not happen through one awareness campaign only and so strategies must be long-term, extensive and undertaken with many partners.

Developing a culture of moderation vs. a culture of intoxication—youth focus

This group felt that in order to move on this policy direction, it will be important to:

- Define “youth” broadly (from young children to 25+ years of age);
- Recognize that one size (i.e., one policy) will not fit all circumstances and ages;
- Explicitly define the goal of interventions for youth (abstinence, moderated use, safe use, harm reduction, etc.);
- Apply approaches that have proven themselves effective on similar social issues or in other parts of the world.

Some of the strategic policy areas that could be considered include:

- Public awareness:
 - Develop social norming and marketing campaigns to promote the responsible use of alcohol among younger drinkers;
 - Develop an education strategy directed at younger drinkers that is coordinated, consistent and reinforces protective factors, self-esteem, etc.;
 - Include information in education programs that provides rationales for why we have specific policies (e.g., minimum drinking age, public retail monopolies, etc.);
 - Show intoxicated youth in a different light (other than having fun). For example the “alcohol burp and French kiss” advertising mentioned previously. However, this approach needs to be supported by a coherent and comprehensive strategy that includes a review of existing advertising for alcohol;
 - We need to remind ourselves that constantly depicting alcohol as a “bad” thing may reinforce the forbidden fruit effect with youth.
- Legislative/Regulatory Framework:
 - Existing laws need to be evaluated and maintained if they are effective, e.g., graduated licensing; minimum drinking age; minimum pricing policy; accessibility.
- Drinking context:
 - Consider looking at contextual factors for the over-16 high-risk age group.
- Research.
 - Need good qualitative research and constant surveillance because use patterns and context of use change over time.

5. *Ideas for moving forward, including thoughts on processes, mechanisms and structure:* As a final exercise participants were asked: “*What ideas do you have for moving forward on the development and implementation of effective alcohol policy in Canada, including thoughts on process, mechanisms and structure?*”. The main messages heard in response to this question were:

- Leadership, inclusion and collaboration:
 - Need someone to take the responsibility for leading alcohol policy development and making it happen.
 - Need to involve provincial ministries of health because this is a health issue.
 - Coordinate nationally, but include provinces; start building from the grass-roots up, act locally and get “community push”.
 - Build consensus on concrete goals and ensure coherent, consistent messaging; start by agreeing that there are multiple goals.
 - Bring a range of issues and perspectives to the table; see where there is agreement and create dialogue; agree on a strategy; make the required tough decisions and live by them.
 - Clarify accountabilities.
- Developing sound policy:
 - Ensure we do not re-invent the wheel; look at the European plan on alcohol and other experiences, but with caution—we need to be mindful of the Canadian reality.
 - Consider ideas from the field of social change.
 - Avoid “motherhood” policies—use both qualitative and quantitative evidence to draw the different perspectives together.
 - Need to find balance in an alcohol policy.
- Funding: Need to find the resources to implement policies and programs successfully; this means that policies must be realistic and “doable”.

Conclusion

Policies involving the use and control of alcohol in Canada emerged in a piecemeal and disjointed fashion over the past hundred years and there is an urgent need to provide leadership and coordination in this highly fragmented issue area. The National Thematic Workshop on Alcohol Policy brought together, for the first time, representatives from all major stakeholder groups to discuss issues relating to the development of a comprehensive, integrated and inclusive national approach to alcohol in Canada. Although we are confident the “next steps” that emerge from this meeting will help promote the responsible use of alcohol and assist in the further reduction of alcohol-related harms in Canada, it is the systematic and inclusive nature of the meeting itself, which allowed diverse stakeholders with competing perspectives to come together to share information and reach consensus, that is potentially its most important contribution.

Appendix A: Participants of National Thematic Workshop on Alcohol Policy

Name	Organization
John Anderson	British Columbia Ministry of Health Services
Vicki Bas	Canadian Vintners Association
Patricia Begin	Canadian Centre on Substance Abuse
Janice Birney	Indian and Northern Affairs Canada
Paul Boase	Transport Canada
Michelle Carbino	Public Safety and Emergency Preparedness Canada
Howard Collins	Brewers Association of Canada
Karen Cumberland	Canadian Centre on Substance Abuse
Halina Cyr	Health Canada
Linda Dabros	Health Canada
Denise DePape	Toronto Public Health and Ontario Public Health Association
Rowland Dunning	Canadian Association of Liquor Jurisdictions
Sylvia Fanjoy	Canadian Public Health Association
Janet Feasby	Advertising Standards Canada
Jocelyne Gagnon	Association of Liquor Licensing Authorities
Norman Giesbrecht	Centre for Addiction and Mental Health
Louis Gliksman	Centre for Addiction and Mental Health
Laura Goossen	Addictions Foundation of Manitoba
Enid Harrison	Canadian Centre on Substance Abuse
Darlene James	Alberta Alcohol and Drug Abuse Commission
Andrea Johnston	Agriculture and Agri-Foods Canada
Florence Kellner	Canadian Centre on Substance Abuse
Marja Korhonen	National Aboriginal Health Organization
Anne Leonard	Ontario Community Council on Impaired Driving
Jan Lutke	FASD Connections
Andrew Murie	Mothers Against Drunk Driving Canada
Louise Nadeau	Université de Montréal
Michel Perron	Canadian Centre on Substance Abuse
Lise Pigeon	Facilitator (<i>Lise Pigeon and Associates</i>)
Christiane Poulin	Dalhousie University
Greg Purvis	Nova Scotia District Health Authorities 4, 5, 6
Alice Régnier	Note-taker (<i>Lise Pigeon and Associates</i>)
Jüergen Rehm	Centre for Addiction and Mental Health
C. William Ross	Canadian Vintners Association
Hubert Sacy	Éduc'alcool Quebec
Herb Simpson	Traffic Injury Research Foundation
Eric Single	Canadian Centre on Substance Abuse
Tim Stockwell	Centre for Addictions Research, BC
Gerald Thomas	Canadian Centre on Substance Abuse
Lootie Toomasie	Embrace Life Council, Nunavut
Martine Vallee	Canadian Radio-television and Telecommunications Commission

Jan Westcott
Brian Wilbur
Barbara Winsor

Association of Canadian Distillers
Nova Scotia Department of Health and Office of Health Promotion
Canadian Association of Liquor Jurisdictions and New Brunswick
Liquor Corporation

Appendix B: Ideas generated from large-group brainstorming on policy priorities and votes received in prioritization exercise

Promoting the use of routine screenings and brief interventions

- Brief interventions (9 votes);
- Incentives for brief interventions in primary health care (2 votes);
- Education in medical schools re: early identification and brief interventions;
- Brief intervention in emergency rooms.

Developing and promoting policies to reduce chronic disease, including FASD

- Focus on alcohol use in pregnancy and FASD (9 votes);
- Policies to reduce chronic disease due to alcohol use (4 votes);
- Thiamine fortification of alcoholic drinks and/or flour.

Structuring alcohol taxes in a discerning and purposeful manner

- Lower tax for lower strength drinks (7 votes);
- Dedicated tax levy for prevention/treatment (2 votes);
- Creative public-private partnerships (government taxes on alcoholic beverages to fund social/health programs).

Addressing the drinking context and using targeted interventions

- Education of staff in hospitality industry, server/bouncer training, licences, insurance (6 votes);
- Policies that focus on contextual factors and drinking (training, availability) (3 votes);
- Alcohol and violence in bars (3 votes);
- Universal and targeted initiatives focused on violence and alcohol use (1 vote).

Developing a culture of moderation vs. a culture of intoxication (general population focus)

- Alcohol and healthy lifestyles/developing a culture of taste vs. a culture of intoxication (26 votes);
- Implementation and generalization of alcohol education (6 votes);
- Address higher prevalence of seniors consuming alcohol (1 vote);
- Balanced messaging in alcohol advertising (1 vote);
- Sustained universal education and targeted approaches to impaired driving.

Developing a culture of moderation vs. a culture of intoxication (youth focus)

- Address increasing levels of youth “binge drinking” (heavy episodic drinking) (7 votes);
- Coordination of evidence-based interventions with youth related to alcohol (6 votes);
- Education to lower excessive drinking among youth (2 votes);
- Focus on campus alcohol use patterns and levels—risk and protective factors (1 vote);
- Managing youth risk-taking behaviours (1 vote);
- Address heavy drinking among young adults (18-24) who are not students (1 vote);
- Address pre-drinking among young people;
- Pop culture and broadcasting as an avenue for messaging and awareness for youth;

- Address drinking on campuses;
- Evaluation of social-norming on campuses.

An examination of the list of ideas generated through the brainstorming exercise revealed that in addition to potential policy directions, it also contained a number of potential research questions, principles and criteria for effective policy making and general ideas for moving forward. Lack of time precluded the exploration of all these ideas, but all agreed that the list should be preserved for future reference.

Potential research ideas

- Scan of “best practice” policies in Canada and dissemination of findings (9 votes);
- Evaluation research on existing policies in Canada (5 votes);
- Focused research on target groups: Aboriginal youth (3 votes); Aboriginal people, people with disabilities, etc.;
- Research into the causes of harmful drinking: a) economic marginalization, b) physical/mental health, c) belief in the infallibility of youth, etc. (3 votes);
- Research into the consequences of alcohol and other drug use (1 vote);
- Impact of changing Canadian demographics on alcohol consumption and harms (e.g., aging population, immigration, etc.);
- Why is alcohol consumption increasing in Canada and the policy implications of this trend.

Some criteria for effective policy making

- Determination of specific goals and means to achieve them (4 votes);
- Reflective of community needs and driven by the community (2 votes);
- Generates political and judicial buy-in (2 votes);
- Policy impact assessment should be required prior to implementing policy changes (2 votes);
- Creating mechanisms to prevent the development of policy “silos” (1 vote);
- Flexibility—developing policy guidelines that can adapt to different locations and populations.

Ideas for moving forward

- Implement ongoing evaluations of existing laws/programs (2 votes);
- Natural experiments: using differences among jurisdictions to compare policies and identify best practices.