

Alcohol and Public Safety in Canada

**Current trends and policy
interventions**

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1. Introduction

Canada has higher rates of alcohol consumption than comparable countries like the USA, South Africa or Australia, and consequently also has elevated levels of alcohol addiction, with linked social problems such as family violence, child neglect, public disorder and impaired driving. Global evidence reviews show alcohol misuse as a major cause of violent crime and vehicle crashes. Over a longer period, alcohol misuse is not only harmful to health, but can have a serious impact on productivity, relationships, education, employment outcomes and quality of life.

The latest version of nationwide guidance on alcohol consumption in Canada is based upon not just harm to self, but also harm to others.¹ The harms to others caused by alcohol can extend to serious offending that has lasting consequences for the family members of those who are intoxicated or others they encounter in the public realm.

The most serious impacts of problematic drinking are in the criminal justice realm, where intoxicated offenders commit a range of crimes linked to their alcohol consumption, and where the behaviour is directly attributable to alcohol. The three largest categories of offending linked to alcohol in Canada are: road safety (impaired driving); domestic abuse; and public space

violence, linked to licensed premises. Other jurisdictions publish data on alcohol-linked offending across these three domains. Scotland has detailed offence data published annually on the contribution of alcohol to crime.ⁱⁱ In Canada, less data is publicly available and the most detailed relates to impaired driving.

In Canada the responses to alcohol-linked offending in the criminal justice domain are determined at the provincial level. The three broad responses include: financial or other penalties; criminal sanctions (either custody, or in the community); and prohibitions, either monitored with or without technology. This project focuses on the arena where problematic alcohol use has the potential to cause the most harm: road safety. Alcohol is directly responsible for preventable accidents leading to hundreds of deaths and thousands of serious injuries every year in Canada.

In a public safety context, even though alcohol-linked offending remains a significant proportion of harmful and risky behaviour, it is an area in which traditional justice system responses have limitations. Firstly, a small minority of people generate a disproportionate amount of alcohol-related harm in communities, but detection of the offending behaviour is difficult in private homes or on the roads, unless there is a crime report from a victim or a road incident or crash detected by police.

In addition, taking criminal cases forward relies on timely interventions with reliable tools, for example roadside blood-

alcohol limit tests that support a successful prosecution. In addition, there can be delays in the court processing of criminal cases so even if convicted, offenders are not dealt with swiftly. A minority may then face conventional sanctions such as incarceration that fail to affect long-term behaviour change.

By contrast, programmes utilising technology to offer close community supervision, for example via low-cost sobriety testing or Ignition Interlock Devices (IIDs), have been shown to aid compliance, reduce recidivism, and improve public safety. They can also be quicker to apply and therefore more likely to result in behaviour change than conventional criminal prosecution.

In Canada, traditional justice system responses to alcohol-linked offending have been supplemented in recent decades with some new policy responses, including court-ordered treatment, roadside civil penalty regimes, and the use of technology such as IIDs to respond to impaired driving offences.

International experience suggests that technology-led innovation in the justice system provides new opportunities to tackle the stubborn underlying drivers of crime and social harms. For Canada there is scope for further innovation drawing on successful justice system innovations in other similar jurisdictions. There is also an opportunity for Canada to promote what has been learnt in the area of impaired driving to inform policy in other comparable jurisdictions facing similar challenges like the United Kingdom and other parts of Europe.

About this research paper

This paper collates the current publicly available data on alcohol consumption in Canada, along with its costs and impact, and the policy responses of the justice system. It provides select case studies on some provincial schemes and gives an overview of policy responses to alcohol-linked offending that are not yet adopted in Canada. This project focuses on criminal justice and related policy, rather than the public health dimension of the issue. It concludes with high-level recommendations for policy-makers.

2. Alcohol consumption and misuse in Canada

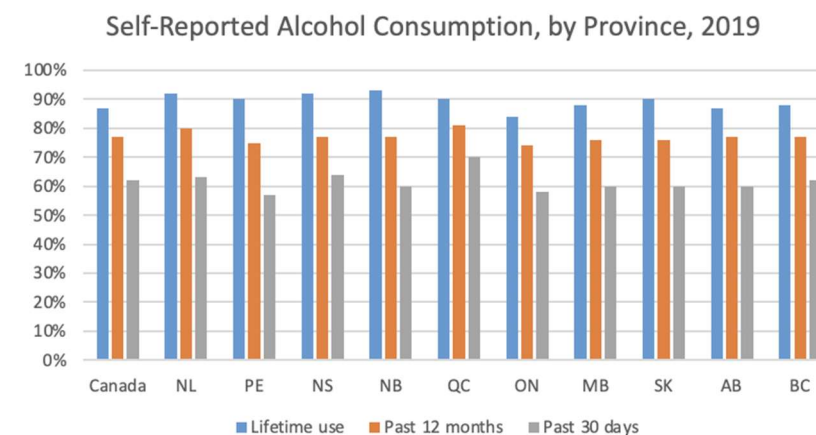
A snapshot of current Canadian data

Canada has long-standing societal challenges around substance misuse and entrenched problems of alcohol dependency, especially within its indigenous community. Alcohol consumption in Canada as a whole is estimated by the WHO to exceed that of the United States. However, consumption rates vary by province and some groups drink significantly more than the average of 10L per annum. Associated problems, such as domestic abuse, child neglect and impaired driving remain stubborn societal problems, especially in lower-income communities, despite changing social attitudes and improved education.

The [Canadian Centre on Substance Use and Addiction](#) said, “alcohol is by far the most common drug used by Canadians.”ⁱⁱⁱ In 2019, according to the Canadian Alcohol and Drugs Survey (CADS), [87.0%](#) of Canadians self-reported lifetime alcohol use, meaning that they had tried it at least once during their life.^{iv} For [comparison](#), only 41.7% of Canadians self-reported that they had ever tried cannabis, 11.8% had ever tried hallucinogens,

8.5% had ever tried cocaine/crack, 3.2% had tried methamphetamine/amphetamines, and 0.5% had ever tried heroin, demonstrating the widespread social acceptance of alcohol use.^v

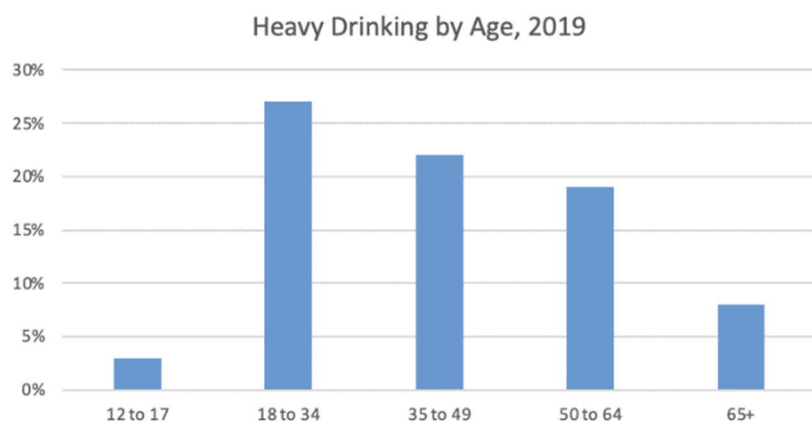
At the provincial level, the CADS estimated that the prevalence of lifetime alcohol use ranged from a low of 84.0% in Ontario to a high of 92.6% in New Brunswick.^{vi} This highlights the regional disparity, with many of the maritime provinces in Eastern Canada recording higher prevalence rates for alcohol use.



While nearly 9 in 10 Canadians self-reported that they had tried alcohol in their lifetime, the prevalence of use declines as the respective time period shortens, which is a proxy for heavier, more frequent use. In 2019, 76.5% of Canadians self-reported alcohol use in the past 12 months, ranging from 73.6% in Ontario (ON) to 80.7% in Quebec (QC), according to the CADS.^{vii} Likewise, in 2019, 61.9% self-reported alcohol use in the past 30

days, ranging from 57.3% in Prince Edward Island (PE) to 63.5% in Nova Scotia (NS).^{viii}

According to a 2022 [report](#) from the Canadian Public Health Association, citing the Canadian Community Health Survey, 18.3% of Canadians aged 12 or older reported heavy drinking in 2019.^{ix} Heavy drinking was defined as a male having 5 or more drinks on one occasion or females having 4 or more drinks on one occasion, at least once a month in the past year. By age group, heavy drinking was reported by 2.7% of 12–17-year-olds, 26.9% of 18–34-year-olds, 22.2% of 35–49-year-olds, 18.8% of 50–64-year-olds, and 7.6% of those aged 65 or older, indicating that heavy drinking peaks during young adulthood.^x The report also noted, “approximately 2.3 times more men than women reported heavy drinking.”^{xi}



The [Canadian Student Tobacco, Alcohol, and Drugs Survey](#) (CSTADS) – for those in grades 7 to 12 (aged 12-17) – has

breakdowns by gender, finding that women were more likely to use alcohol in 2021-2022. During that time period, 42% of women consumed alcohol in the past 12 months, compared to 36% of men and 40% of those who identified as transgender, gender diverse, or questioning.^{xii} The CSTADS also found that women were more likely to experience high-risk drinking, at a prevalence of 22% compared to 19% of men and 19% of those who identified as transgender, gender diverse, or questioning. The report added, “when students were asked how difficult they thought it would be to get alcohol if they wanted some, 64% responded that they thought it would be ‘fairly easy’ or ‘very easy.’”^{xiii}

Additionally, according to [estimates](#) from Statistics Canada, 19.7% of Canadians aged 12 or older engaged in heavy drinking, corresponding to approximately 6.5 million Canadians.^{xiv} This ranged from 3.3% of 12–17-year-olds, 27.2% of 18–34-year-olds, 24.7% of 35–49-year-olds, 20.7% of 50–64-year-olds, and 10.0% of those aged 65 or older. Across all of these age groups, the estimates of heavy drinking in 2022 were greater than those observed in 2019 – which was the first estimated made after the COVID-19 pandemic.

A large proportion of Canadian users consume alcohol at a level that poses an elevated risk to their health in both the short- and long-term. The [low-risk drinking guideline](#) (LRDG) to prevent acute harms (e.g., poisoning) was defined as having no more than 3 alcoholic drinks for women and 4 alcoholic drinks for men on any single occasion.^{xv} The LRDG to prevent chronic harm (e.g., cancer) was defined as having no more than 10 alcoholic

drinks per week for women, with no more than 2 drinks per day on most days, and no more than 15 alcoholic drinks per week for men, with no more than 3 drinks per day on most days. Individuals were further advised to “plan non-drinking days every week to avoid developing a habit.”^{xvi}

In 2019, according to the CADS, 23% of drinkers exceeded the LRDG for chronic harm, as measured by their alcohol consumption in the past 7 days.^{xvii} This ranged from 18.5% of drinkers in Manitoba to 26.2% in Newfoundland and Labrador. Likewise, 17% of drinkers exceeded the LRDG for acute harm, ranging from 13% in Manitoba to 20% in Nova Scotia, New Brunswick, and Newfoundland and Labrador. Put together, this suggests that drinkers are having fewer drinks but on a more regular basis, as evidenced by the higher proportion of drinkers that exceed the LRDG for chronic harm.

At the national level – including non-drinkers – 17.6% of those aged 15 or older exceeded the LRDG for chronic harm and 13.1% exceeded the LRDG for acute harm.^{xviii} 18.9% of males exceeded the LRDG for chronic harm, while 14.9% exceeded the LRDG for acute harm. Among females, 16.3% exceeded the LRDG for chronic harm and 11.4% exceeded the LRDG for acute harm. In addition to drinking more often, these data support the premise that Canadian males drink more heavily.

Of note, this survey was conducted in 2019 before the COVID-19 pandemic and corresponds to the LRDG standards. The LRDGs have since been replaced by [Canada’s Guidance on Alcohol and Health](#), though there is not yet data on the percentage of

Canadians whose use falls into these new criteria.^{xix} Perhaps the most striking difference between the two is that the updated guidelines state that there is no safe amount of alcohol consumption, with even occasional drinks being associated with health risks.

[Statistics Canada](#) found that from 2022-2023, “on average, Canadians of legal drinking age consumed 9.2 standard alcoholic beverages per week,” including 3.6 of beer, 2.6 of spirits, 2.2 of wines, and 0.8 of “ciders, coolers, and other refreshment beverages.”^{xx} The average sale of beer ranged from 3.2 standard drinks in Manitoba to 4.8 in Newfoundland and Labrador. The average sale of spirits ranged from 1.8 standard drinks in Quebec to 3.5 in Alberta, Saskatchewan, and Newfoundland and Labrador, while the average sale of wines ranged from 1.3 in Saskatchewan and Newfoundland and Labrador to 3.4 in Quebec.

While they are certainly important for public health, drinkers may not recognize the absence of an outcome or health condition that was averted by adhering to the LRDG. To capture self-reported problems due to alcohol, the CADS asked individuals whether they have experienced at least one of 5 problems:

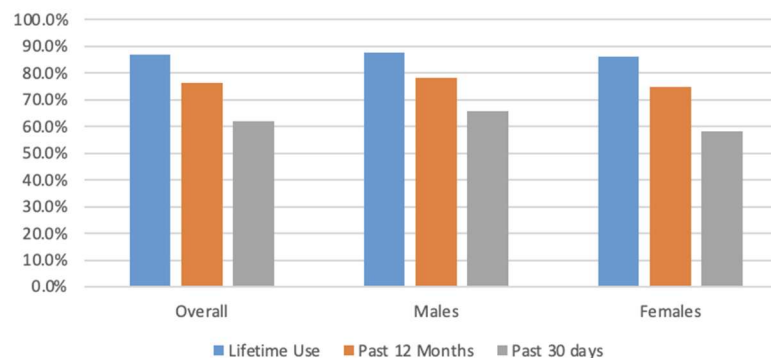
- have they not been able to stop drinking once they started
- have they failed to do what was normally expected from them because of drinking
- have they needed a first drink in the morning to get themselves going after a heavy drinking session

- have they been unable to remember what happened the night before because of their own drinking
- have they experienced a feeling of guilt / remorse after drinking.

This question was asked of Canadians for the first time in 2019. Nationwide that year, one in five Canadians (20.5%) answered that they have experienced at least one of these problems.^{xxi}

Across these measures in the CADS, males were more likely to use and misuse alcohol.^{xxii} Among Canadian males, 87.8% reported lifetime alcohol use, 78.3% reported past-year use, and 65.6% reported past-month use. In comparison, among females, 86.1% reported lifetime alcohol use, 74.7% reported past-year use, and 58.4% reported past-month use. Moreover, males were more likely to exceed the LRDGs: 24.2% and 19.1% of male drinkers exceeded the LRDG for chronic and acute harms, respectively, compared to 21.8% and 15.2% of female drinkers. Males were also more likely than females to report any problems due to alcohol, at 21.0% and 20.0%, respectively.

Alcohol Indicators by Sex, 2019



Those between the ages of 20 and 24 were most likely to use alcohol. According to the CADS, 84.4% of those between the ages of 20 and 24 used alcohol in the past 12 months, compared to 78.2% of those aged 25 or older, and 46.3% of those between the ages of 15 and 19.^{xxiii} A similar pattern was observed for past-month use, with 68.8% of 20–24-year-olds, 64.0% of those aged 25 or older, and 28.6% of 15–19-year-olds self-reporting that they used alcohol in the past 30 days. Those younger than 25 were more likely than those older than 25 to report having problems with alcohol: 38.4% of 15–19-year-olds and 39.6% of 20–24-year-olds reported having problems with alcohol, compared to 17.9% of those who were aged 25 or older.

[Statistics Canada](#) attempted to estimate the prevalence of alcohol use during the COVID-19 pandemic. They found that 66% of Canadians aged 15 or older consumed alcohol in the past 30 days, when asked in January 2021.^{xxiv} In 2021, 18% of Canadians consumed five or more drinks on days when they drank, up from 11% in 2017, suggesting that a proportion of

users increased their alcohol consumption during the pandemic. A quarter of Canadians (24%) who had previously consumed alcohol said their consumption increased compared to their pre-pandemic level, while 22% said it decreased, with the remainder saying it stayed the same. When those who increased their consumption were asked why, “the most common reasons given were boredom (60%), stress (58%), and convenience (53%).” The report added, “at the provincial level, Ontario (30%) had the greatest increase in reported alcohol consumption, followed by the Prairie provinces (27%), British Columbia (22%), Quebec (17%) and the Atlantic provinces (16%).”

From a global perspective, Canada consumes more alcohol, on a per capita basis, than many other countries. Citing estimates from the World Health Organization, the Canadian Centre on Substance Use and Addiction [said](#), “alcohol consumption in Canada is higher than the global average, and among the highest for developed countries.”^{xxv} In Canada, in 2019, the per capita consumption of pure alcohol among those 15 or older was 8.1 litres, compared to 4.4 in Albania, 4.8 in Mexico, 4.8 in China, 6.0 in Norway, 6.3 in Brazil, 7.1 in Sweden, 7.4 in South Africa, 7.6 in Italy, 7.7 in Iceland, 8.9 in the United States, 9.1 in New Zealand, 9.3 in Denmark, 9.8 in the United Kingdom, and 11.5 in France, according to data from the [World Health Organization](#).^{xxvi}

Trends in alcohol use and misuse over time

Beyond this snapshot of the latest available data, we can compare these measures over time to glean potential trends and insights. Data from the Canadian Tobacco, Alcohol and Drugs

Survey (CTADS) for 2013, 2015, and 2017, which evolved into the CADS in 2019—indicate that alcohol use has remained stable. For example, 90% of Canadians reported lifetime alcohol use in 2013, compared to 91% in 2015, 90% in 2017, and the aforementioned 87% in 2019.^{xxvii} In Newfoundland and Labrador, for example, 92% reported lifetime use in both 2013 and 2019. Lifetime use declined slightly in Ontario from 89% in 2013 to 84% in 2019, while it increased slightly in New Brunswick from 90% in 2013 to 93% in 2019.

The [Canadian Student Tobacco, Alcohol, and Drugs Survey](#) (CSTADS) found that between 2018-2019 and 2021-2022, among those in grades 7 to 12, the prevalence of alcohol use in the past 12 months decreased from 44% to 39%.^{xxviii} Likewise, the prevalence of high-risk drinking among this population decreased from 23% to 21%.

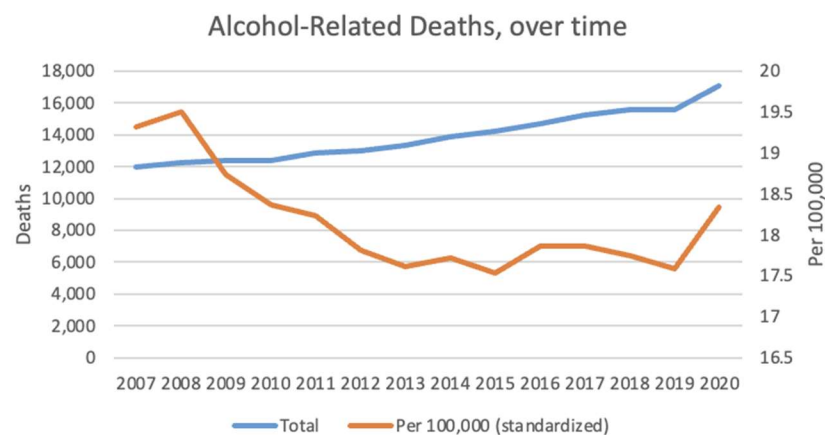
[Statistics Canada](#) has been tracking the sale of alcohol, as opposed to the self-reported use of alcohol, and found that “by volume, beer sales declined to 65.1 litres of beer per year per person of legal drinking age in 2022/2023, an all-time low since Statistics Canada began tracking alcohol sales in 1949.”^{xxix} Wine and other drink categories have seen larger shifts in use over time.

Alcohol-related harms

In line with peer group countries, Canada promulgated the low-risk drinking guidelines as a public health measure to improve education of the risks of alcohol and to allow consumers to

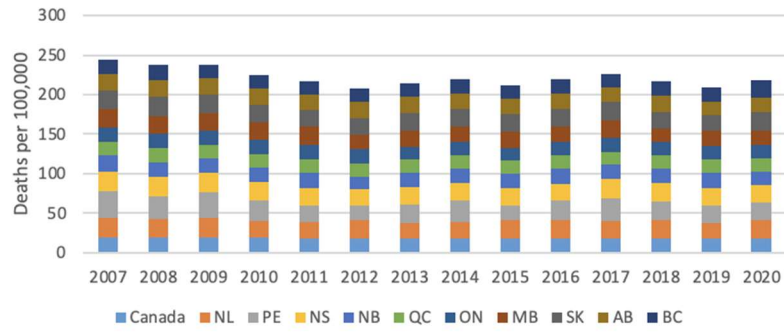
make better informed decisions. Health Canada [stated](#), “alcohol use is a leading risk factor for global disease burden, including deaths and cancer development.”^{xxx} The [Canadian Public Health Association](#) warned that alcohol affects the immune, cognitive, digestive, cardiovascular, respiratory, neurologic, endocrine, musculoskeletal, reproductive, and dermatological systems.^{xxxi}

Beyond the individual health impacts, the Canadian Substance Use Costs and Harms (CSUCH) project, which was co-developed by the Canadian Centre on Substance Use and Addiction and the University of Victoria’s Canadian Institute for Substance Use Research, provides valuable information about the health-related harms attributable to alcohol.^{xxxii} The CSUCH project reported that the number of deaths due to alcohol increased by 43%, from 11,956 in 2007 to 17,098 in 2020. For reference, tobacco accounted for 46,366 deaths in 2020, while opioids accounted for 6,491 and cocaine accounted for 1,662. However, when adjusted for population, the standardized rate for alcohol-related deaths decreased by 5%, from 19.32 per 100,000 in 2007 to 18.34 per 100,000 in 2020.



At the provincial level, Prince Edward Island had the highest rate of alcohol-related deaths in 2007, at 33.26 per 100,000, whereas Quebec had the lowest at 17.74 per 100,000.^{xxxiii} In 2020, Quebec again had the lowest rate, at 16.07 per 100,000, whereas British Columbia had the highest rate, at 22.75 per 100,000. In 2020, Newfoundland and Labrador, Prince Edward Island, Nova Scotia, Manitoba, Saskatchewan, Alberta, and British Columbia were above the national average of 18.34 per 100,000, while New Brunswick, Quebec, and Ontario were below the national average.

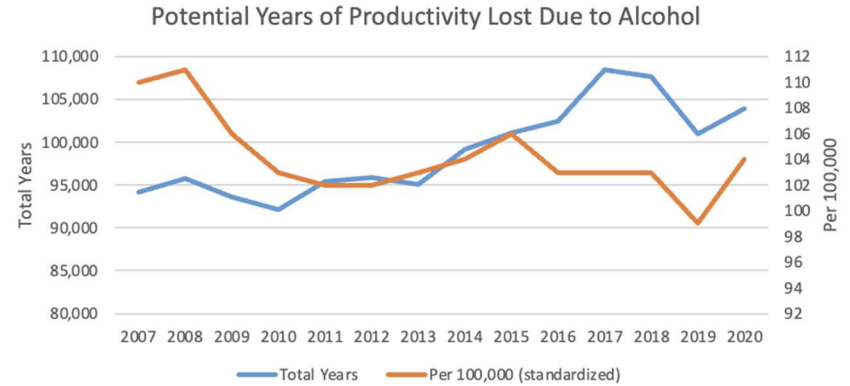
Alcohol-Related Deaths over time, by region, per 100,000,



According to provisional estimates from [Statistics Canada](#), the number of alcohol-induced deaths increased from 3,200 in 2019 to 3,790 in 2020 and 3,875 in 2021.^{xxxiv} They stated, “the 18% increase from 2019 to 2020 was the largest year-over-year change in alcohol-induced deaths seen in at least the last 20 years,” adding that alcohol-induced deaths increased by 27% among those 65 or younger, while they increased by 4% among those 65 or older.

To account for the age at the time of death, with a focus on their working years, the number of deaths can be converted into the number of life years that are lost before age 65. Accordingly, the number of potential years of productive life lost due to alcohol increased from 94,211 in 2007 to 103,907 in 2020.^{xxxv} When converted into a standardized rate, the number decreased from 110 per 100,000 in 2007 to 104 per 100,000 in 2020.^{xxxvi} In comparison, opioids accounted for 112,768 potential years of productive life lost in 2020, despite accounting for fewer deaths,

which is explained by the fact that the average person who dies from opioids (e.g., overdoses) is younger than someone who dies from alcohol.



The [Global Burden of Disease](#) study estimates the burden of hundreds of conditions and risk factors, converting them into a standardized metric known as the disability-adjusted life year (DALY).^{xxxvii} In addition to adjusting for the number of lost life years due to premature mortality, it calculates the health loss due to morbidity, such as alcohol use disorder. This non-fatal health loss is calculated by multiplying the prevalence of a condition by its associated disability weight, which ranges from 0 for perfect health to 1 for death. One DALY can be thought of as the equivalent of one year of healthy life. High alcohol use in Canada was attributable for 263,307 DALYs in 1990 and 404,614 in 2021.^{xxxviii} The rate per 100,000 increased from 966 DALYs in 1990 to 1,080 in 2021.

CSUCH also reported that the standardized rate of alcohol-attributable inpatient hospitalizations increased from 80.53 per 100,000 in 2007 to 90.46 per 100,000 in 2019, before declining to 84.50 per 100,000 in 2020 perhaps due to the COVID-19 pandemic.^{xxix} Likewise, the number of alcohol-attributable inpatient hospitalizations increased from 80,048 in 2007 to 117,871 in 2020, for the first time surpassing the number of tobacco-attributable inpatient hospitalizations, which accounted for 116,027 in 2020.^{xi}

According to CSUCH, the standardized rate of alcohol-attributable emergency department visits increased from 168.27 per 100,000 in 2007 to 197.39 per 100,000 in 2020, while the number of these visits increased from 493,443 to 652,078.^{xii} For comparison, tobacco accounted for 165,506 emergency department visits in 2020, while opioids accounted for 62,124, cannabis accounted for 37,341, and cocaine accounted for 26,161.^{xiii}

The costs of alcohol

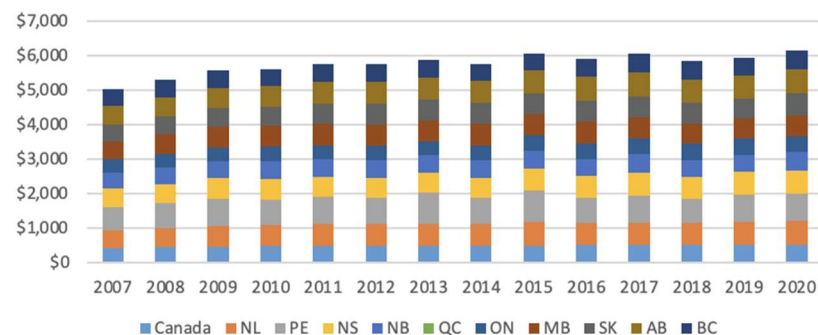
From the perspective of costs paid by drinkers, [Statistics Canada](#) said, “Canadian households spent an average of \$1,125 on alcoholic beverages in 2019, and of this amount, 71.0% was spent at stores and 28.4% was spent at restaurants or bars. Canadian households spent as much money on alcoholic beverages in 2019 as they did on furnishings.”^{xiii}

In terms of societal costs, CSUCH estimated that there were \$49.1 billion in costs related to the harms of substance use in

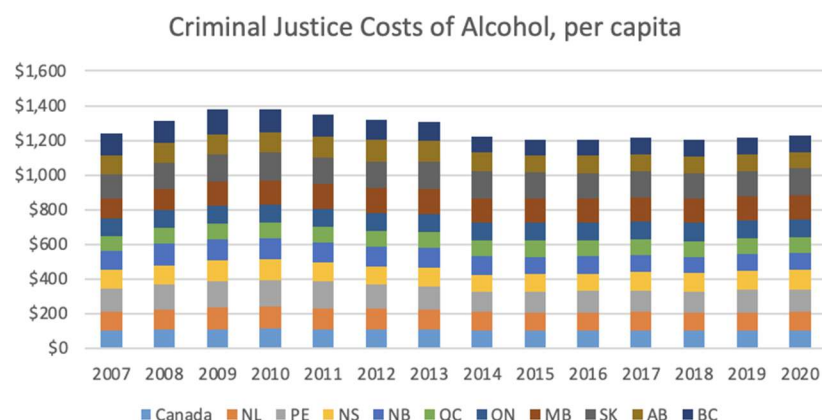
Canada, of which alcohol accounted for \$19.7 billion, or 40.1% of the total costs.^{xiv} For comparison, tobacco accounted for \$11.2 billion, opioids accounted for \$7.1 billion, and cocaine accounted for \$4.2 billion. The \$19.7 billion in costs attributable to alcohol included \$7.87 billion due to lost productivity (e.g., short- and long-term disability), \$6.27 billion due to health costs (e.g., hospitalizations), \$3.97 billion due to criminal justice costs (e.g. police and courts), and \$1.57 billion due to other associated costs (e.g., motor vehicle damage). Between 2007 and 2020, the costs attributable to alcohol increased from \$14.03 billion to \$19.67 billion.

On a per capita basis, alcohol cost each Canadian \$427 in 2007 and \$518 in 2020.^{xiv} In 2007, Ontario had the lowest cost, at \$387, while Prince Edward Island had the highest, at \$697. In 2020, Ontario again had the lowest, at \$483, as Prince Edward Island again had the highest, at \$814.

Regional Cost of Alcohol Use over time, by region, per capita



The \$3.97 billion in criminal justice costs attributable to alcohol in 2020 translates to \$104.43 on a per capita basis.^{xvi} This is similar to the \$104.26 in 2007, down from \$112.55 in 2010. At the provincial level, in 2020, Saskatchewan had a high of \$155.34, while Quebec had a low of \$92.65. These criminal justice costs in 2020 stemmed from 335,615 criminal incidents, 178,483 criminal charges, and 22,130 admissions to correctional facilities.



Together, the estimated direct health and criminal justice costs of alcohol in Canada exceed \$10 billion, and although the latter has reduced since 2010, there has been no significant reduction in per capita CJS costs over the last seven years. The health costs of alcohol are a corollary of alcohol’s impact on the physical health of the user, and can be reduced over time if more consumers adopt more responsible drinking behaviours. A decline in the consumption of alcohol among younger

Canadians may also contribute to reduced health impacts and therefore lower direct healthcare costs in future decades.

In contrast, the criminal justice costs of alcohol can be impacted by other measures that are independent of wider consumption trends, for example, the imprisonment rate, the effectiveness of police activity, the availability of diversion schemes, and the way in which courts sentence and dispose of such cases. The biggest societal costs attributable to alcohol result from death caused by an impaired driving, or death due to homicide where the assailant was intoxicated at the time of the offence.

Canada lacks detailed offence-specific analysis of alcohol-linked criminal conduct such as assault or homicide, so it is not possible to examine this dimension of public policy. However, provincial and federal agencies do collect and publish data on impaired driving due to alcohol, and this policy review paper explores the issue within the Canadian context.

3: Impaired driving

The prevalence and impact of alcohol-impaired driving in Canada

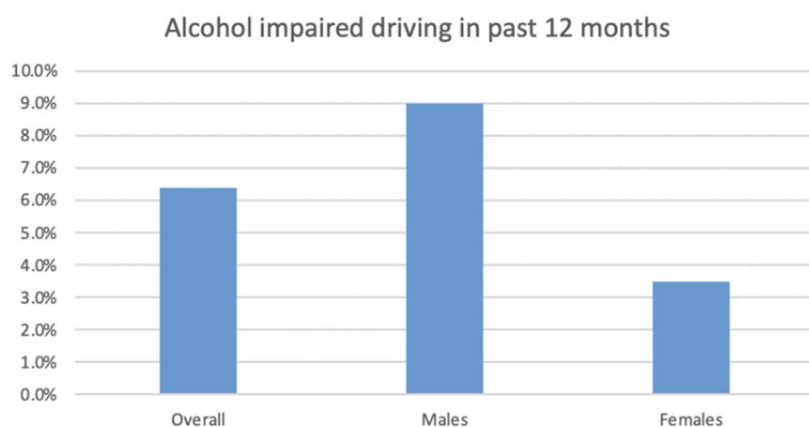
Operating a vehicle under the influence of alcohol is one of the leading concerns related to alcohol use, given that it threatens the life of the drinker, as well as their passengers, other drivers on the road and pedestrians. Drinking and driving was identified in the National Alcohol Strategy as one of twelve risky drinking practices, alongside others like drinking before work and drinking more than one standard drink per hour.^{xlvii}

According to the Traffic Injury Research Foundation, there were 391 Canadians killed in a road crash involving a drinking driver in 2021: “The percentage of persons killed in a crash on a public roadway in Canada involving a drinking driver was 26.5% (or roughly 1 in 4 road deaths) in 2021. Although this percentage has remained under 30% since 2012, it has increased during the past two years”.

According to Transport Canada, impairment was a contributing factor in roughly one in four fatal collisions in the last four years:

Contributing Factors in Fatal Collisions: 2018- 2022					
Contributing Factor*	2018	2019	2020	2021	2022
Distraction	20.8%	20.6%	20.1%	22.2%	19.9%
Speed / Driving too Fast	24.0%	23.5%	25.1%	26.2%	21.9%
Impaired / Under the Influence	27.2%	23.2%	25.5%	24.7%	23.0%
Fatigue	3.4%	4.0%	2.5%	3.4%	2.8%
Other Human Factor	65.3%	66.4%	62.4%	68.3%	67.0%
Environmental Factor	23.4%	22.3%	20.0%	21.0%	21.9%
Vehicle Factor	3.2%	4.6%	4.1%	3.2%	3.5%
No Contributing Factors	24.2%	25.4%	22.4%	28.8%	25.2%
<i>*There will be double counting because there are multiple contributing factors reported for most collisions</i>					

In 2019, according to the CADS, 6.4% of Canadians self-reported that they drove a vehicle within two hours of consuming 2 or more drinks.^{xlviii} Notably, there is a stark difference across genders, as 9.0% of males indicated that they had driven under the influence of alcohol, compared to only 3.5% of females.^{xlix} While 2.6% of 20-24-year-olds drove under the influence of alcohol, this increased to 6.8% of those who were 25 or older.^l



To illustrate the risks of impaired driving to others beyond the driver themselves, the CADS asked individuals if they had been a passenger in a vehicle driven by someone who had been drinking. Among past-year drinkers, 8.2% had been a passenger to someone else who had been drinking.^{li} Across age groups, this ranged from 7.0% of 15-19-year-olds and 7.7% of those 25 or older, to 14.3% of 20-24-year-olds. While females were less likely to drive impaired, female drinkers were more likely to have been a passenger to an impaired driver, at 8.8% compared to 7.6% of males. Conversely, among those of either gender who

did not drink alcohol in the past 12 months, only 2.0% had been a passenger to someone who had been drinking.

The number of impaired driving incidents helps to capture longer term trends related to impaired driving. These measures, on a per capita basis, indicate that progress has been made to reduce the frequency of impaired driving over the last two decades in Canada. Nationwide, the number of impaired driving incidents declined from 258.15 per 100,000 in 2000 to 181.32 per 100,000 in 2022.^{lii} In 2000, Saskatchewan had the highest rate, of 642.01 per 100,000, which declined to 439.40 per 100,000 in 2022. Alberta halved their rate, from 396.08 per 100,000 in 2000 to 176.18 per 100,000 in 2022. Conversely, Prince Edward Island increased from 410.30 per 100,000 in 2000 to 642.24 per 100,000 in 2019, before declining to 455.22 per 100,000 in 2022. British Columbia increased from 231.78 per 100,000 in 2000 to 358.01 per 100,000 in 2019, before declining to 270.13 per 100,000 in 2022.

Looking beyond the provincial level, [Statistics Canada](#) reported, “most census metropolitan areas (CMAs) recorded impaired driving rates that were lower than the national rate.”^{liii} Moncton was the CMA with the highest rate of impaired driving incidents for alcohol only (442 per 100,000), while Kingston was the CMA with the lowest (36 per 100,000). “While drivers aged 20 to 34 represent only about a quarter of licensed drivers”, Statistics Canada found, “in 2019 they accounted for 44% of drivers accused of alcohol impairment or impairment caused by a combination of alcohol and drugs.”^{liiv} In 2019, 20–24-year-olds were the age group with the highest rate of having been accused

of alcohol-impaired driving, at 349 per 100,000.^{lv} Those aged 25–34 had a similar rate of 342 per 100,000. In comparison, those aged 65 or older had the lowest rate, at 43 per 100,000. All age groups had decreases in the rate of having been accused of alcohol-impaired driving.

Perhaps not surprisingly, alcohol-impaired driving peaks on the weekend and late at night, coinciding with when people are more likely to drink heavily and then drive home. [Statistics Canada](#) reported, “in 2019, close to half (44%) of incidents of alcohol-impaired driving occurred on a Saturday or Sunday and nearly one-third (32%) occurred between 11:00 p.m. and 3:00 a.m., regardless of the day.”^{lvi}

The Road Safety Monitor 2023 [report](#) from the Traffic Injury Research Foundation (TIRF) noted that in 2023, 46.4% of Canadians who admitted to driving when they thought they were over the legal limit said they did most of their drinking at their own home,^{lvii} and 24.5% said they did most of their drinking at a restaurant. A fifth (20.6%) said they did it while at a friend’s or relative’s home. This survey also found that 36.7% of these drivers said they did most of their drinking alone. It explained, “some trends such as increased rates of drinking at home and alone are likely largely related to social factors, including the increased cost of living and shared feelings of loneliness.”^{lviii}

In 2013, more than two-thirds of recorded incidents of impaired driving were cleared by a criminal charge (69.5%). Ten years later, this had fallen to just over half of all incidents (53.5%). Over this same period, total incidents declined by 25% but

charge volumes fell by 42%. Based on the number of adults charged per total population aged 18 or over, the charge rate of offences of impaired driving by alcohol dropped from 175.78 in 2013 to 87.23 in 2023 – a drop of 50%.

Criminal Code offences in Canada of Impaired Driving (Alcohol) 2013-2023

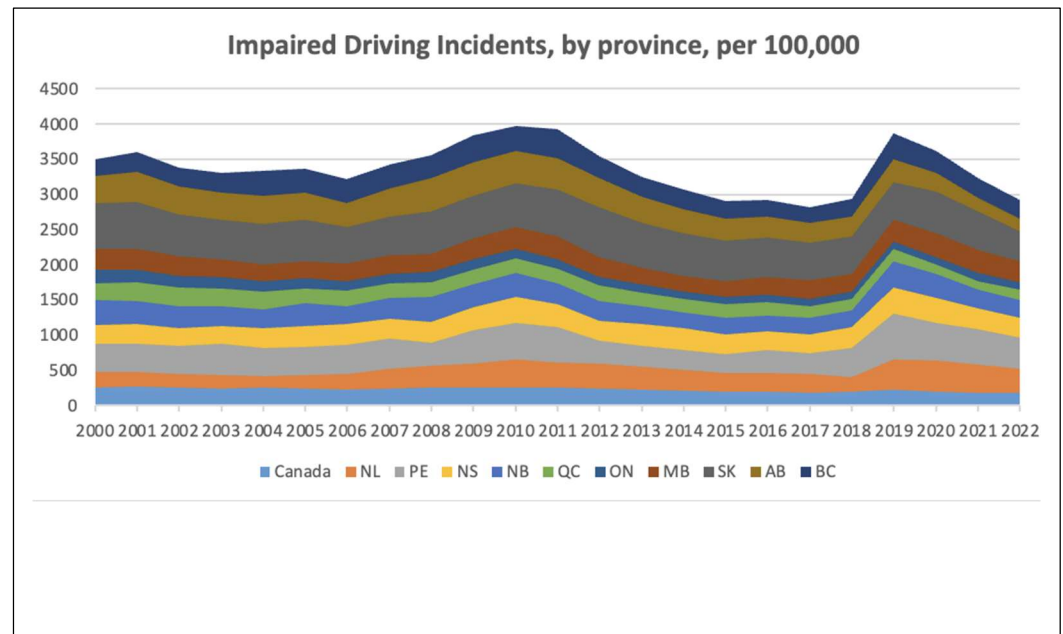
Violation	Operation while impaired (alcohol)										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Annual total	71,720	68,178	64,781	63,968	61,711	62,366	68,823	57,996	52,349	53,123	53,579
Actual incidents	71,720	68,178	64,781	63,968	61,711	62,366	68,823	57,996	52,349	53,123	53,579
Rate per 100,000 population	204.43	192.39	181.44	177.14	168.86	168.23	182.95	152.51	136.9	136.43	133.62
Total cleared	61,478	57,681	54,983	53,013	49,295	48,165	46,448	38,677	36,290	39,273	39,398
Cleared by charge	49,880	47,412	46,147	44,274	41,097	39,479	38,873	31,656	26,998	28,736	28,667
Cleared otherwise	11,598	10,269	8,836	8,739	8,198	8,686	7,575	7,021	9,292	10,537	10,731
Total, persons charged	49,863	47,448	46,169	44,259	41,061	39,466	38,879	31,674	26,996	28,707	28,674
Total, adult charged	49,458	47,092	45,825	43,960	40,810	39,246	38,631	31,430	26,777	28,490	28,438
Rate, adult charged per 100,000 pop. aged 18 years+	175.78	165.41	159.69	151.44	138.73	131.33	127.24	102.33	86.59	90.29	87.23

Source: Statistics Canada, Incident-based crime statistics, by detailed violations, Canada, provinces, territories, Census Metropolitan Areas and Canadian Forces Military Police

Frequency: Annual

Table: 35-10-0177-01 (formerly CANSIM 252-0051)

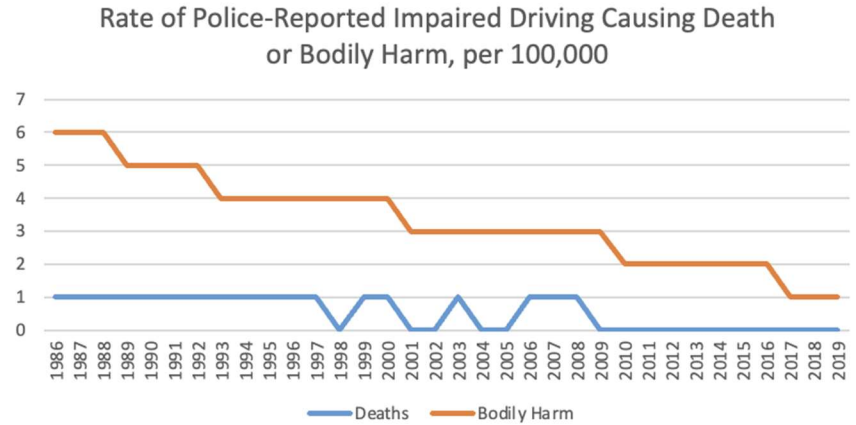
Release date: 2024-07-25



Self-report estimates of impaired driving prevalence do vary. According to the [E-Survey of Road Users' Attitudes](#), in 2023, 15.1% of Canadians said they drove after drinking alcohol in the past 30 days.^{lix} In comparison, 13.4% drove within 2 hours of taking medication that may affect their driving ability and 11.6% drove within 1 hour after taking that were not prescribed or over the counter medications (i.e., illicit drugs). A further 10.5% said they drove when they may have been over the legal limit for drinking and driving. The same survey also found that only 2.8% of Canadians think it is personally acceptable to drive when they may be over the legal limit for drinking and driving, confirming the strong social stigma associated with driving under the influence.

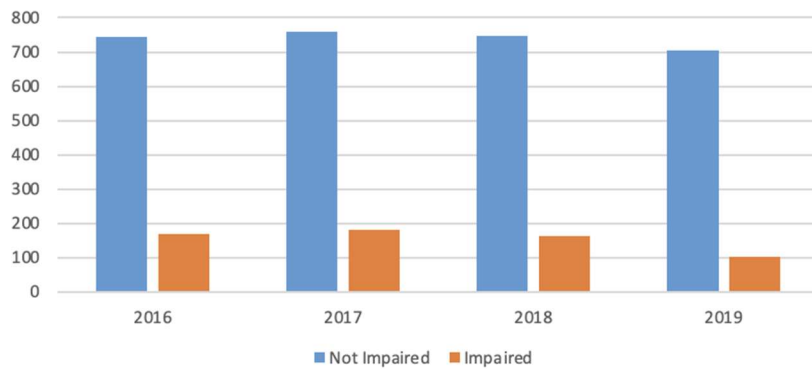
Harms of driving under the influence of alcohol

[Statistics Canada](#) said, “trends in impaired driving causing death or bodily harm may prove to be better indicators of the actual trend in impaired driving or, at least, of the magnitude of the harm linked to this offence,” given that incidents that result in harm are more likely to be reported to the police.^{lx} Between 1986 and 2019, the rate of impaired driving that caused bodily harm decreased from 6.06 incidents per 100,000 to 1.2 per 100,000. Likewise, the rate of impaired driving that caused death declined from 0.75 per 100,000 to 0.16 per 100,000.^{lxi}



This positive trend is supported by a 2021 [study](#) of the impact of Mandatory Alcohol Screening in Canada, which reviewed outcomes in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Nova Scotia^{lxii} - all provinces that adopted the new roadside police breath-testing regime. It found that the number of fatally injured alcohol-impaired drivers in these seven provinces decreased between 2016 and 2019, from 169 to 104. At the same time, the number of fatally injured drivers who were not impaired by alcohol decreased from 745 to 704. The number of alcohol-impaired fatalities decreased by 38% between 2016 and 2019, while the number for drivers not impaired by alcohol decreased by 6%, likely because of concerted efforts against impaired driving.

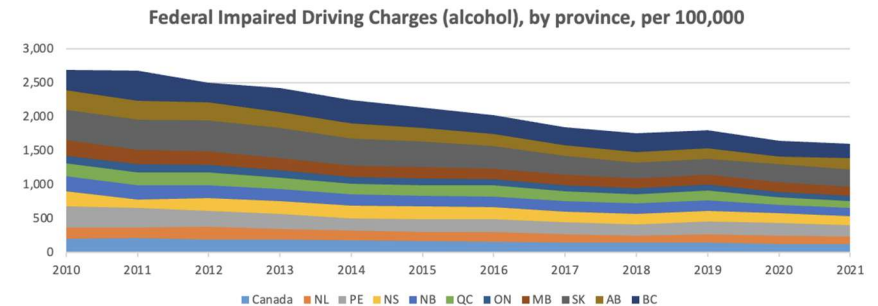
Fatally Injured Drivers According to Alcohol Impairment



The Road Safety Monitor 2023 [report](#) from TIRF found that “391 Canadians were killed in an impaired driving crash, accounting for 26.5% of all fatal road crashes in 2021.”^{lxiii} This compares to 875 in 1996, when 34.4% of the people killed in crashes involved an alcohol-impaired driver. Between 1996 and 2021, there was a 55% reduction in Canadians killed in an alcohol-impaired driving crash. The factors that explain this reduction would also include improved car occupant safety standards along with enhanced emergency medical care, rather than simply a reduction in risky behaviours like impaired driving. Despite this positive trend, a significant number of Canadians still drive while impaired by alcohol, and are subject to criminal but also civil penalties and other measures if caught.

Enforcement for alcohol impaired driving

Driving under the influence of alcohol is proscribed by Canada’s federal criminal code. This offence is charged by police agencies at the provincial level and Crown prosecutors. As the prevalence of impaired driving has declined, the rate of federal impaired driving charges has also declined. The number of federal impaired driving charges for alcohol only (i.e., not including drugs), on a per capita basis, declined between 2010 and 2021. In 2010, at the national level, there were 198 charges per 100,000; by 2021, this had decreased to 123 per 100,000.^{lxiv} At the provincial level, in 2010, this ranged from 121 per 100,000 in Ontario to 444 per 100,000 in Saskatchewan. In 2021, it ranged from 83 per 100,000 in Ontario to 253 per 100,000 in Saskatchewan, however the trend across the last decade is in the same direction across all provinces.

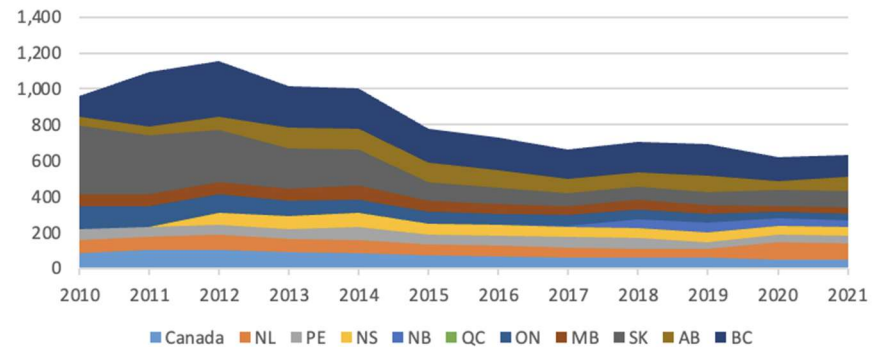


As the province with the most drink-impaired driving, Saskatchewan has the most proactive police response, with many more detected offences and charges.

Notably, as progress has been made in reducing the number of alcohol-impaired driving incidents, the number of drug-impaired driving incidents has been increasing. The latter is more difficult to detect, but changes like the Drug Evaluation and Classification Program and Standardized Field Sobriety Testing have aided law enforcement in determining whether drivers are impaired by drugs. Between 2009 and 2019, as the rate of [alcohol-impaired driving incidents](#) declined from 258 per 100,000 to 206 per 100,000, the rate of drug-impaired driving incidents quadrupled from 4 per 100,000 to 17 per 100,000.^{lxv} This increase will most likely also reflect improvements in roadside screening for proscribed substances. After beginning to report incidents of impaired driving that involved the co-use of alcohol and a drug in 2018, there were 4,618 incidents of impaired driving with alcohol and drugs in 2019, representing a rate of 12 per 100,000.^{lxvi}

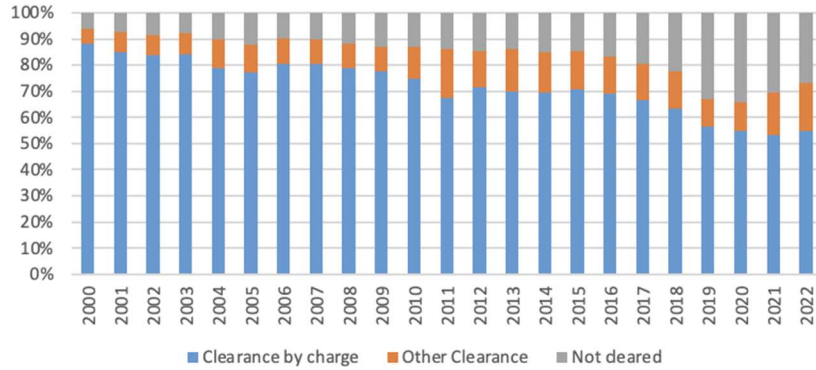
The declining rate of charges is one indication of how the criminal justice system has been responding. Drivers often face a driving license suspension in addition to, or on occasion, in lieu of a criminal code charge for impaired driving. The rate of provincial license suspensions for alcohol has followed a similar trend, declining from 84 per 100,000 in 2010 to 48 per 100,000 in 2021.^{lxvii}

Provincial License Suspensions for alcohol, by province, per 100,000



TIRF and other organisations have noted the increasing complexity of securing a conviction under the Criminal Code offence of driving while impaired by alcohol. The clearance rate for DUI incidents has decreased from 88% in 2000 to 55% in 2022.^{lxviii} Likewise, the percentage that were not cleared increased from 6% to 27%, with the remainder having been processed a different way. This trend may reflect the legal challenges and the complex case law that has developed which has made defense against such charges more successful. The Crown in prosecuting such offences is reliant on the skills and training of the attending officers and the evidence collected at the scene and via analysis after drivers are detained.

DUI Incident Clearance Rates, over time



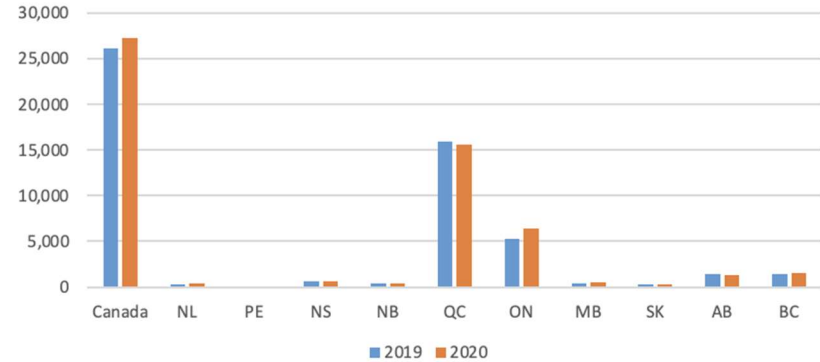
Field sobriety tests

Standardized Field Sobriety Testing (SFST) is a program in place to help law enforcement officers detect alcohol-impaired driving. It consists of three central components: Walk and Turn, One Leg Stand, and Horizontal Gaze Nystagmus. A 2021 [report](#) from Public Safety Canada explained, “while used to detect [drug-impaired driving] in the USA since 1981, SFST was formally authorized as a screening tool for law enforcement to detect impaired driving in Canada in 2008, and training offered on its use in all provinces and territories.”^{lxix} The report noted, “the national target is that 33% (or approximately 21,000) of all frontline law enforcement officers will have been trained in SFST over five years.”

By December 31, 2020, a total of 27,304 officers currently serving had been trained in SFST in Canada, including 11,682 outside of Quebec.^{lxx} Training on SFST is mandatory for police officers in Quebec. In 2018, 3,694 officers in Canada (not

including Quebec) were newly trained in SFST, declining to 3,120 in 2019 and 766 in 2020, with training impacted by the COVID-19 pandemic.^{lxxi}

Officers Trained in SFST, Total, over time



In many provinces, between one-fourth and one-third of frontline officers are trained in SFST, including 33% in British Columbia, 24% in Alberta, 23% in Saskatchewan, and 25% in Ontario.^{lxxii} The report from Public Safety Canada said, “the average cost of SFST training varies significantly across jurisdictions from a few hundred dollars to a few thousands,” which may help explain potential barriers to adoption.^{lxxiii} In addition to more police resources devoted to impaired driving enforcement, additional officers trained in SFST would also enhance the ability of law enforcement to detect impaired driving.

4: New policy responses

Existing and potential policies to address alcohol-linked offending Canada

The policy response to alcohol-linked offending focuses on interventions to control behaviour and deter reoffending. Interventions to address impaired driving that rely on repeat fines, conditional discharges and short periods of imprisonment are now supplemented in Canada by other programmes and many provinces have legislated to impose administrative sanctions for impaired driving. Canadian law enforcement agencies therefore have two parallel but distinct paths to take in responding to impaired driving.

Countries set a limit in law for impairment that tolerates a certain amount of alcohol consumption before driving. The Blood Alcohol Concentration (BAC) limit for impaired driving is 0.08 per cent in Canada, which is the same as England and Wales, and most states in the USA, but is above the 0.05 limit set in Australia, New Zealand, Scotland and Ireland. At this level, Criminal Code impaired driving charges can be laid, at the discretion of the Crown. Below this level, but above 0.05 BAC (or 0.04 in Saskatchewan), drivers can face licence suspension under a variety of provincial schemes.

A law change in Canada in 2018 introduced ‘Mandatory alcohol screening’ and removed the need for police to have reasonable suspicion of impairment. This means in Canada police officers can demand that any lawfully-stopped driver provide a preliminary breath sample to test for alcohol.

In Canada, an offender charged to court is subject to a fine, licence suspension and potentially a period of imprisonment. Under the code, depending on the level of intoxication, the mandatory minimum fine for a first offence is between \$1000 and \$2000. Judges may also impose other requirements. The mandatory minimum penalty on conviction for a second offence is 30 days imprisonment, or 120 days imprisonment for a third offence.^{lxiv}

Administrative driver sanctions: British Columbia and Alberta

An administrative penalty for impaired driving is available under provincial law in some parts of Canada. In British Columbia, an Immediate Roadside Prohibition (IRP) programme allows law enforcement officers to issue an immediate 90-day prohibition for impaired drivers, as well as impound the driver’s vehicle at the roadside. In several key respects, the IRP policy takes a different approach in response to alcohol-impaired driving. Rather than seeking behaviour change by increasing the penalties for the offense (e.g., lengthier prison sentences), the IRP model seeks to deter behaviour by increasing the certainty and swiftness of punishment. While the traditional Criminal

Court-based process may take weeks or even months, the IRP program happens immediately at the roadside and concludes within hours and days.

A [report](#) from RoadSafetyBC explained, “peace officers may issue an IRP and impound the vehicle if a driver provides a breath sample into an ASD which results in either a ‘Warn’ or a ‘Fail’ reading, or if a driver refuses to provide a breath sample into an ASD.”^{lxxv} A fail is defined as a test greater than 0.08 BAC, while a warn is defined as a test between 0.05 and 0.08.

A central difference between the IRP program and traditional penalties is that the former provides administrative penalties rather than criminal penalties. This means the offense will not be added to the individual’s criminal record and will not be charged to court. The severity of penalties increases with the number of incidents. After the first warn incident in British Columbia, the individual will face a three-day driving prohibition. After the second warn incident within a five-year period, the individual will face a seven-day driving prohibition. After the third within a five-year period, the individual will face a 30-day driving prohibition. Their vehicle will be impounded for the same length of time as their driving prohibition after a warn incident. If the individual fails the ASD test, they will be given a 90-day driving prohibition and their vehicle will be impounded for 30 days. The driver also incurs the cost of retrieving their vehicle and paying any charges, in addition to increased insurance premiums after their licence is endorsed.

In a [ruling](#) upholding the legality of the IRP program, Justice Jennifer Duncan said: “[IRP] is a powerful tool which sees the immediate suspension of drivers who have been drinking alcohol from our roads, yet enables a meaningful review of the suspension as well as avenues for further judicial review. It is a measured response to the societal danger of drunk driving.”

Impact of IRP in British Columbia

As British Columbia has transitioned to supporting the IRP model, they have placed less reliance charging cases under the criminal code, or the use of ignition interlock devices. [MADD](#) said, “British Columbia has had a significant decrease in its alcohol interlock participant rate since 2011. This is due to making alcohol interlock participation discretionary as part of their 90-day Immediate Roadside Prohibition program, which was introduced in 2010.”^{lxxvi}

However, on its own, the IRP scheme has been effective at addressing harm. A 2013 [study](#) in *Accident Analysis and Prevention* found the IRP program in British Columbia was associated with a 40.4% decline in alcohol-related fatal collisions, which translates into an annual reduction of 44 alcohol-related fatal collisions.^{lxxvii} The study also found that there was a 23.4% decrease in alcohol-related injury collisions, translating to 487 fewer injury collisions. And the IRP program was associated with a 19.5% decrease in alcohol-related property damage only collisions, translating to a reduction of 508 property damage only collisions.

A 2020 [report](#) from RoadSafetyBC said there was an average of 113 alcohol-related motor vehicle fatalities each year between 2005 and 2009, prior to the IRP program.^{lxxviii} After the IRP program took effect, the average was halved to 56 between October 2010 and December 2019. They estimate that the program saved 522 lives between October 2010 and December 2019.^{lxxix}

One limitation on understanding the effectiveness of the IRP program is that researchers are unable to differentiate between the effect of the immediate license suspension and the effect of having the driver's car impounded. In a [study](#) in 2016, three staffers from the Ministry of Transportation of Ontario said, "given the simultaneous introduction of both countermeasures for the same offences, it was not possible to disentangle their relative contributions."^{lxxx}

Even so, the [BC Road Safety Strategy 2025](#) said, "*data shows that B.C. has seen significant reductions in alcohol-affected driving fatalities since 2010—a decrease of 50%. This is largely attributed to the police getting the tools they need to immediately remove alcohol-affected drivers from the road.*"^{lxxxii} The civil penalty regime is also available in Alberta and some other provinces but the best data on the impact is from British Columbia where the scheme has been operating for longest. The Alberta Immediate Roadside Sanction (IRS) programme has been running since December 2020 and is more punitive than the BC scheme, involving higher fixed fine amounts in addition to vehicle seizure and licence suspension.^{lxxxii}

Criminal justice impact

Criminal code charges for impaired driving still occur in British Columbia and Alberta, and are typically reserved for serious repeat offenders or those who have a very high BAC level when stopped by police. Provincial administrative sanction schemes like IRP do not prevent police and Crown charging the offender to court. Nevertheless, the growth of administrative sanction regimes and evidence of their impact has seen a corresponding reduction in traditional court charges in these cases.

According to Statistics Canada, the volume of charges has declined since IRP was introduced in British Columbia in 2010. In that year, there were 14,898 incidents of which 14,023 were cleared by the police and of these, 9,004 were charged (64.2%). By 2023, there were fewer incidents overall, but far fewer charges: with 10,865 incidents, and 7,851 being cleared, but of these only 1,556 were charged (19.8%).

In Alberta, the same shift occurred. In 2010, there were 15,780 incidents, resulting in 12,299 cleared offences, of which 10,250 were charged (83.3%). By 2019 this had almost halved, to just 5,873 charges out of 6,171 cleared offences (95.1%) and 11,755 total incidents.

In the three years after IRS was introduced, incidents remained broadly stable but charges declined significantly in Alberta:

Alberta: Operation while impaired (alcohol)				
	2020	2021	2022	2023
Actual incidents	8,772	6,127	6,083	6,080
Rate per 100,000 pop.	199.0	138.3	134.9	129.5
Total cleared	4,456	3,629	3,994	4,060
Cleared by charge	3,972	866	805	764
Cleared otherwise	484	2,763	3,189	3,296
Total, persons charged	3,960	871	793	767

This illustrates the shift away from laying criminal code charges for impaired driving in Western Canada and the move towards other, swifter responses.

Ignition interlock devices (IIDs)

As an alternative to traditional court sanctions such as fines, license suspensions, and incarceration, one policy response is to require individuals who are convicted of alcohol-impaired driving to install an ignition interlock device (IID) in their personal vehicle.

Ignition interlock programs ('IIDs') represent a development in law enforcement responses to alcohol-impaired driving. In effect, an IID serves as an in-vehicle breathalyzer, vehicle immobilizer and data recorder, that prevents the vehicle from starting unless the driver can demonstrate that they are not impaired by alcohol.

All devices on the market allow the IID to be set at varying levels (e.g., a BAC of 0.02) and asks for occasional re-tests to ensure that the sanctioned driver did not have someone else start the car or kept the car running while they consumed alcohol.

IID programmes are designed to control behaviour using technology to reduce opportunities for offending – rather than a traditional justice system response that relies on deterrence alone, with a court banning a driver from operating a vehicle, expecting compliance, and relying on any subsequent breach being promptly detected by police.

The policy dilemma is that many impaired drivers who are banned, continue to drive, and most are not detected. As TIRF has argued: *“The highest risk offenders are more likely to drive and to drive after drinking during the hard suspension period, and the longer they are able to drive without detection or consequences, the more likely they will continue this behaviour and not return to licenced driving.”*^{xxxiii}

The principle benefit of IIDs is behaviour change – it reduces the opportunity to drive whilst impaired and therefore helps to prevent drunk driving, while allowing the offender to maintain their driving privileges on a conditional basis. This is especially important for those with employment or carer responsibilities, and for those who live in rural areas far from public transport options, where a driving ban could have wider negative consequences for them and their families.

The nature of IID programmes also makes them effective alternatives to traditional sanctions insofar as they can be applied quickly, and used to control driver behaviour, without depending on the compliance of the individual with an order of the court to desist from driving entirely. High rates of reoffending for DUI offences suggest that traditional bans and fines for such behaviour are not effective long-term, meaning that the risk to other road users is not mitigated.

Impact and costs of IID schemes

Research demonstrates that IIDs are effective in preventing recidivism. The US Centers for Disease Control and Prevention estimates that “ignition interlocks reduce repeat offenses for driving while intoxicated (DWI) by about 70% while they are installed.”^{lxxxiv} A 2011 systematic review, across 15 studies in the *Journal of Preventive Medicine* found that IIDs reduced recidivism by a median of 67%.^{lxxxv} However, it added that “re-arrest rates reverted to levels similar to those for comparison groups” after IIDs were removed.

In addition to being associated with a reduction in recidivism while the device is installed, IIDs are associated with a reduction in traffic fatalities involving an alcohol-impaired driver. A 2021 study in *Traffic Injury Prevention* reviewed the effectiveness of three types of IID policies in the United States.^{lxxxvi} Laws requiring IIDs only for repeat offenders were associated with a 9% decrease in drivers with a BAC of 0.08 or greater that were involved in fatal crashes. Laws requiring IIDs for repeat offenders and those with a high BAC (e.g., greater than 0.15) were

associated with a 20% reduction in alcohol-impaired drivers involved in fatal crashes.

Laws requiring IIDs for all offenders were associated with a 26% reduction in alcohol-impaired drivers involved in fatal crashes. The study concluded that “interlock laws, especially those covering all offenders, are an effective impaired-driving countermeasure for fatal crashes,” adding that “jurisdictions that do not currently have all-offender alcohol ignition interlock laws could expect large reductions in impaired-driving crash deaths if they do adopt these laws.” A 2016 study in the *American Journal of Public Health* came to a similar conclusion, finding that “requiring ignition interlocks for all drunk-driving convictions was associated with 15% fewer alcohol-involved crash deaths, compared with states with less-stringent requirements.”^{lxxxvii}

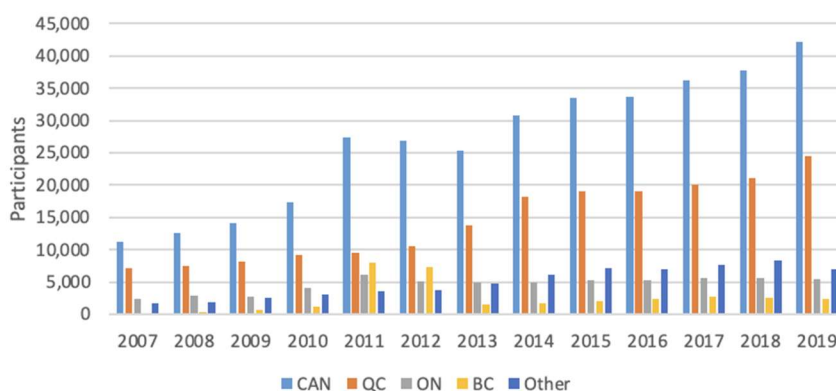
The National Highway Traffic Safety Administration said, “preliminary research on the costs and benefits of interlocks suggests that interlocks are cost effective.”^{lxxxviii} They cited two studies that estimated that IIDs result in benefits of \$3–7 for every \$1 in costs. Additionally, offenders are often required to pay for the IID, though many jurisdictions now allocate funding to help offset the cost of the IID for those who are unable to pay for it. The National Highway Traffic Safety Administration said, “cost is frequently cited as a barrier to greater use of interlocks.”^{lxxxix} For example, British Columbia signed a contract with Smart Start Canada that provides a 50% discount in installation and monitoring fees for up to 5% of program

participants.^{xc} They also allow drivers to pay weekly without interest, helping to make it more affordable.

Adoption of IID schemes over time

The technology has been widely adopted across North America since the first schemes began in the USA in the early Nineties. Other countries like Australia and New Zealand have since also adopted the same technology to control driver behaviour. A [report](#) from Mother’s Against Drunk Driving (MADD) Canada noted that participation in ignition interlock programmes had more than trebled in just over a decade – with enrolments increasing from 11,305 in 2007 to 42,210 in 2019.^{xcii}

Interlock Usage in Canada, over time, by province



The greatest increase occurred in Quebec, where the number increased from 7,083 in 2007 to 24,510 in 2019. Given the uptake of the technology and the significant impact it could make in other jurisdictions, MADD Canada recommends that

“all provinces and territories should require mandatory alcohol ignition interlocks for a minimum of one year following a conviction for any Criminal Code impaired driving offence involving alcohol.”

Recognizing the effectiveness of IIDs, governments and non-governmental organizations in the USA and other common law jurisdictions such as Australia have embraced IIDs. In its model guidelines for state-level ignition interlock programs, the National Highway Traffic Safety Administration said, “there is [strong scientific evidence](#) from several countries that show alcohol ignition interlocks, while in use, are effective tools to reduce drunk driving among both first and repeat offenders.”^{xciii}

As of 2024, all US states either require or permit the use of IIDs. According to the [National Conference of State Legislatures](#), as of March 2024, 31 states and the District of Columbia require all offenders to install an IDD.^{xciii} They found that 8 states require the installation of an IID if a certain blood alcohol concentration is exceeded (e.g., 0.10), while 5 states require repeat offenders to install them. The remaining 6 states do not require IIDs but permit judges to order their installation. A position statement from the [National Safety Council](#) states, “ignition interlock devices should be mandatory for all people convicted of driving under the influence of alcohol.”^{xciv}

According to Transport Canada data compiled by Paul Boase, given its size, Ontario remains the province with the scope to grow the use of IID schemes the most, with the largest potential benefit in terms of road safety and lives saved.

Canada

Offender Interlock Programs

Province/Territory	Type of Program	Population (2022)		No. of IIDs (2022) ¹		IIDs per 100K pop (2022)
		#	%	#	%	
Ontario	Voluntary ¹	14.9 M	38.8	5,300	11.7	35.6
Quebec	Mandatory	8.6 M	22.4	26,264	57.8	305.4
British Columbia	Mandatory for repeat offenders	5.2 M	13.5	2,860	6.3	55.0
Alberta	Mandatory for repeat offenders	4.5 M	11.7	5,489	12.1	122.0
Manitoba	Mandatory for repeat offenders	1.4 M	3.6	986	2.2	70.4
Saskatchewan	Mandatory	1.2 M	3.1	2,671	5.9	222.6
Nova Scotia	Mandatory for repeat offenders	1.0 M	2.6	738	1.6	73.8
New Brunswick	Mandatory	0.8 M	2.1	520	1.1	65.0
Newfoundland & Labrador	Mandatory	0.5 M	1.3	356	0.7	71.2
Prince Edward Island	Mandatory	0.2 M	0.5	256	0.5	128.0
Northwest Territories	Voluntary	0.05 M	0.1	6	0.0	12.0
Yukon Territory	Voluntary	0.04 M	0.1	29	0.1	72.5
Nunavut Territory	n/a	0.04 M	0.1	n/a	n/a	n/a
Total (Canada)		38.4 M	100.0	45,475	100.0	118.4

Success factors for IID schemes

After reviewing the effectiveness of IID programs and their implementation in US states, the [National Highway Traffic Safety Administration](#), within the federal Department of Transportation, identified 3 program aspects and 8 keys that contributed to the success of an IID program.^{xcv} These were:

Program Design

1. **Requirements:** A requirement or strong incentive for all DWI offenders to install an interlock. Typical incentives include reduction of hard suspension periods, fines, or other penalties.
2. **Penalties:** Swift, certain, and appropriately severe penalties for offenders who are required or elect to install interlocks if they drive vehicles that do not have operating interlocks.

Program Management

3. **Monitoring:** Careful monitoring after interlocks are ordered or required to assure that offenders install the interlocks and that they do not circumvent the requirement after interlocks are installed.
4. **Uniformity:** Uniform interlock program operations statewide.
5. **Coordination:** Close coordination and communication across all agencies involved in interlock program operations, including law enforcement, prosecutors, judges, probation,

licensing, alcohol treatment, and interlock vendors.

6. **Education:** Thorough education on interlock program requirements and procedures for the public and for all program staff and management.

Program Support

7. **Resources:** Adequate staff and funding resources to operate the program effectively and efficiently.
8. **Data:** Accurate, accessible, and up-to-date record systems to determine which offenders are required or eligible to install interlock, to monitor offenders and report violators, and to evaluate program effectiveness and suggest improvements.

Support for IID schemes

In addressing alcohol-linked offending, public opinion is an additional consideration when determining an appropriate policy response. In this regard, there is also broad public support for IIDs. The 2019 [Traffic Safety Culture Index](#) from the AAA Foundation for Traffic Safety asked respondents how strongly they would support or oppose “having a law requiring all drivers who have been convicted of DWI to use a device that won't let their car start if they have been drinking, even if it's their first time being convicted of DWI.”^{xcvi}

This survey found that 80.3% supported these devices (i.e., IIDs), with a 53.2% majority answering that they “strongly support” this measure. Moreover, it found that 72.6% support “requiring all new cars to have a built-in technology that won’t let the car start if the driver’s alcohol level is over the legal limit,” with 44.1% strongly supporting this measure.

These findings are similar to those of a 2010 [study](#) in the journal *Traffic Injury Prevention*, which found that 84% of respondents on a nationally representative survey supported requiring IIDs for those convicted of driving while intoxicated.^{xcvii} Those who supported this measure were asked why, with 66.6% saying it would prevent drunk driving and another 37.9% said it would “save lives/prevent accidents.” On balance, it also asked those who did not support IIDS why, with the top two reasons being that they thought not everyone needed it and that it would cost too much.

The study concluded that there is “strong support” for laws that would require those convicted of driving while intoxicated to install an IID, adding that “these findings lend support to efforts underway in many states to broaden interlock requirements to cover all offenders, including first-time offenders.”

Ignition interlock devices: Quebec

In [Quebec](#), those found guilty of alcohol-impaired driving have their driver's license canceled by the Société d'assurance automobile du Québec (SAAQ), in which case they enter a prohibition period before they can get a new license.¹ However, some offenders can apply for a restricted license, which would allow them to drive prior to the end of the prohibition period. In order to receive a restricted license, the offender must agree to drive with an ignition interlock device (IID). Quebec's IID program began operating in December 1997.

According to the SAAQ, there are two types of restricted licenses. The first is for those convicted of alcohol- or drug-impaired driving. The second is for those who accumulate "[demerit points](#)," which correspond to offenses.¹ When a threshold of points is surpassed, the individual's license is [revoked](#).¹ In 2019, Quebec took a further step of increasing penalties for repeat offenders. Those convicted of drunk driving [twice](#) in 10 years will need to use an IID in order to maintain a driving licence – potentially for the rest of their lives. The CEO of Mothers Against Drunk Driving (MADD) Canada, Andrew Murie, said, "when you compare it to other provinces, nobody else has done anything like this," adding that "it would be the toughest interlock legislation, not only in Canada but globally."¹

For those caught on their first offense, the individual's license is suspended and their vehicle is impounded [upon arrest](#).¹ Following a criminal conviction for the offense, they are prohibited from driving for a minimum of one year. In addition to paying a mandatory \$1,000 fine and having the offense added to their criminal record, they must complete an assessment and educational program about the risks of impaired driving. They must use a mandatory ignition interlock device if they receive a restricted license, and pay for the cost of this. For repeat offenders, upon arrest, their license is suspended and their vehicle is impounded, both for 90 days. Following a conviction, they are prohibited from driving for a minimum two-year period and have their license revoked for 3–5 years or longer, depending on the situation. They are imprisoned and cannot register, rent, acquire, or lease a vehicle under their name upon release. Additionally, they are required to have an IID for the rest of their life, though there is the "possibility of applying for its removal after 10 years only in the case of a first repeat offence," again depending on the situation. "In the case of a second or subsequent repeat offence within a period of 10 years," the [SAAQ](#) said they will use an IID "for life."¹

According to the [Highway Safety Code](#), those caught with a BAC of 0.16 or greater (e.g., double the legal limit) may be required to have an IID.¹ Those who refuse to obey the orders of a peace officer may also be required to have an IID. In an article about Quebec's 2019 change that would require some to use IIDs for life, *Driving* noted, "it's already been demonstrated alcohol ignition interlock devices work. In Quebec, the [recidivism ratio](#) dropped from 31 per cent in 2003 to 15 per cent in 2017 after their use was adopted."¹ They added, "there are presently 22,000 alcohol interlock devices in circulation in Quebec, but only 105 of them are imposed under a life sanction."

Prevention and treatment

Although ignition interlock devices and immediate roadside prohibition programs are effective in reducing alcohol-impaired driving and its harms, neither are comprehensive solutions to address driver impairment. Jurisdictions should implement a comprehensive approach that features these programs alongside existing initiatives. For example, the police can continue to operate sobriety checkpoints during peak hours for drunk driving (e.g., 11pm–3am and at weekends), using the IRP model on someone who is caught.

One of the most effective – and cost-effective – approaches to reducing drunk driving is likely premised on prevention. Jurisdictions should continue to invest in prevention campaigns focused on discouraging drunk driving. Wider public health efforts to discourage heavy alcohol use in general would also contribute to improved road safety.

Additionally, given that the effectiveness of IIDs is reduced after they are removed, with many offenders exhibiting high rates of recidivism, there is benefit in connecting many of these same individuals to education and treatment programs for alcohol use disorder. The US-based [National Safety Council](#) said, “supervision models, such as the 24/7 Sobriety Program, should be supported for impaired drivers. These programs should combine efforts with tools and programming such as ignition interlocks and alcohol use disorder treatment (when indicated) to prevent drinking and driving.”^{xcviii} A focus on treatment will help to reduce rates of recidivism and will come with the added

benefit of reducing the health-related risks facing the individual, helping to reduce the morbidity attributable to alcohol.

A 2016 [study](#) found that those who attended alcohol use disorder treatment after having been “locked out” of their IID for failing the test were 32% less likely to experience recidivism in the 12 months following the removal of the IID, compared to those who had the device removed but did not attend treatment.^{xcix} They estimated that “this decline in recidivism would have prevented 41 rearrests, 13 crashes, and almost 9 injuries in crashes involving the 640 treated offenders over the period following interlock removal.”

Continuous Alcohol Monitoring (CAM)

Criminal justice schemes directed against alcohol-linked offending in the United States and England and Wales have had positive results and utilise a range of new technology like transdermal monitoring, facial recognition, and wearables, to support orders given by criminal and family courts. In addition to driver restriction devices such as IIDs, the availability of continuous alcohol monitoring (“CAM”) via twice daily breath tests or wearable electronic monitoring (EM) technology enables courts and law enforcement to provide more comprehensive interventions to reduce alcohol consumption and with it, alcohol-linked offending.

This is a policy innovation that has already proven effective in the United States (‘24/7 Sobriety’) and subsequently in the UK (‘AAMR’), with two similar programmes that rely on swift, certain

and fair ('SCF') conditions that deliver high rates of compliance in the community and succeed in changing behaviour. The key difference is that these schemes are designed to prohibit drinking – the key driver of the individual's offending behaviour – and then provide very swift, predictable sanctions for non-compliance, where detection of drinking events is very high. By contrast, traditional justice responses offer treatment for alcohol and prohibit certain behaviour like driving, or impose curfews, with few means to detect non-compliance, and no swift sanction regime to respond to breaches. The latter is not an effective model for changing behaviour but it is the conventional response among courts in Canada. As RAND has argued:

Courts often require individuals arrested for alcohol-related offenses to refrain from drinking or frequenting bars. However, abstinence is difficult to enforce because alcohol passes through the body quickly. In traditional community corrections settings (e.g., probation and parole), sanctions often occur only after major violations or after a series of minor violations and may not be imposed until weeks or months after the offense. This too is problematic since evidence from neurobiology, psychology, and economics suggests that punishment certainty is a stronger deterrent to criminal activity than punishment severity.⁶

24/7 Sobriety

The most widely adopted form of Continuous Alcohol Monitoring (CAM) is in the United States. Dubbed '24/7' sobriety, the scheme, which began at State-level in South Dakota requires those convicted of alcohol-involved offences to submit to regular monitoring in the community, with a clear regime of swift and certain, but modest sanctions if they fail to comply. The model was gradually adopted throughout other states in the US, with small variations; for example, some schemes require attendance for twice-daily breath tests, and other use an alcohol sensing bracelet or ankle tag (known as 'transdermal monitoring') to detect alcohol through sweat, with data recorded remotely.

The 24/7 sobriety scheme originally applied to people repeatedly convicted of impaired driving ("DUI") offences, but was later expanded to those convicted for the first time, and then to those arrested or convicted for other offenses, such as domestic violence.⁶ⁱ Compliance with the scheme was high – usually over 90% compliance, which was repeated when the scheme was expanded to other States.

The most robust evaluation by the RAND Corporation concluded that the scheme reduced DUI arrests and also domestic violence arrests, but it also had wider benefits:

"The analysis suggested that the program led to a 12 percent reduction in repeat arrests for DUI....

"The program had a statistically significant impact on arrests for domestic violence. The analysis suggested

that the program reduced arrests for domestic violence by 9 percent.”

Further individual-level analysis showed it reduced fatalities by 50%^{cii} and became so impactful state-wide, that it reduced overall mortality, principally due to a reduction in female mortality attributed to fewer domestic homicides.

In this way, a criminal justice intervention designed to address one public safety challenge, was so effective at changing behaviour that the collateral benefit to spouses of those offenders enrolled on the programme was also significant. Such positive spillovers are an advantage of programs that target drinking per se versus only one subset of intoxicated behavior (e.g., impaired driving).

AAMR

The CAM model was then adopted in England and Wales. The experience of South Dakota led to the promotion of the scheme after 2011 and legislators passed laws enabling courts to pilot the same approach under a new community order called ‘Alcohol Abstinence Monitoring Requirement’ (AAMR).

Beginning with a small pilot for alcohol-involved offenders in South London, designed and overseen by the Mayor’s Office for Policing And Crime (MOPAC), the scheme utilised transdermal monitoring for up to 120 days alongside conventional probation sanctions for non-compliance.

The AAMR pilot was the first time this technology had been used in England and it proved effective. Compliance rates were on

average 94% - in line with the US experience – and they have remained at that level as the scheme expanded, initially to London-wide, then other areas in England after 2016, and then nationally.

Using technology to expand sentencing options has been underway for twenty years or more in the UK. However, the growth of CAM has been especially marked in the last five years. In total (excluding immigration and other special cases), in June 2024 in England and Wales, 16,362 individuals were subject to some form of electronic monitoring (GPS, or curfew, or CAM) in the criminal justice setting, covering court bail, court sentence, or post-release from custody. This is up from 10,079 five years earlier in June 2019.

However, from zero cases in 2013, and then regional pilots with a few hundred cases, there has been an even stronger uptake of CAM schemes. In England and Wales, there are now 3,164 individuals with an alcohol monitoring device as at 30 June 2024, an increase of 38% from 2,288 the previous year.^{ciii} This is approximately 1 in every 5 individuals who are subject to electronic monitoring, and accounts for a large share of the growth over the last five years.

A variant of this model, the ‘Alcohol Monitoring on Licence’ (AML) was introduced in 2021-22 to enable released prisoners to have this condition added to their licence, to aid their rehabilitation in the community. It can also be applied by prison governors before a release on licence, or in a parole setting for additional monitoring for those prisoners released by the Parole

Board. As of June 2024, there is a ratio of almost 2:1 for individuals in the post-release cohort using alcohol monitoring compared to those given the same sanction by a court as part of a community order (or suspended sentence order).

In two years, the number of individuals on alcohol monitoring post-release increased from 113 to 2,035. The rapid uptake in this arena indicates that the ability to use a proven tool to support individuals to abstain from alcohol is seen as especially valuable for prisoners on release. It also indicates that widespread use in administrative settings is quicker to achieve scale than relying on judicial uptake and court-ordered uses.

Schemes like AAMR and AML have not been embraced as an alternative to incarceration in England; instead they have been seen as an additional tool to enable magistrates or prison governors (or parole boards) to provide enhanced monitoring of certain offenders whose history suggests that drinking is a major driver of their offending behaviour.

With proven impacts on behaviour and with high levels of compliance, it is reasonable to assume that more offences that would have led to serious injury or death, along with longer spells of imprisonment, have been avoided by using CAM as a community sanction. Peer-reviewed studies into the long-term impact of AAMR in England and Wales are forthcoming.

Applying this model in Canada

All of the same benefits that these two policy innovations provide would be available to authorities in Canada, where conventional court-ordered disposals are the default option for offending linked to alcohol. No province in Canada has yet adopted these programmes and yet alcohol misuse and addiction and the related harms remains a key driver of demand on the criminal and justice system.

In Canada, provinces fund and oversee the criminal justice system locally, so new approaches can have more than one route to pilot and therefore many of the legislators and commissioners of new policy are not in Ottawa. This means that despite a single Criminal Code (and sentencing regime for code offences), provincial courts and public safety agencies are largely sovereign and well positioned to explore innovation without permission from the federal government, under a familiar Common Law legal framework.

Provinces would also have a strong incentive to adopt such programmes. Schemes like 24/7 sobriety in the USA have also been shown to reduce demand for custody places. Canada has a lower overall rate of imprisonment than the United States, but because electronic monitoring (EM) provision and bail bond schemes are less well developed in Canada, a higher share of arrestees are remanded pre-trial to provincial jails. Canada's ten provinces are responsible for incarcerating all offenders serving less than 2 years imprisonment, along with suspects who are remanded pending trial or convicted persons awaiting sentencing. Provinces therefore have a clear interest in adopting

schemes like 24/7 Sobriety that can reduce recidivism and imprisonment or remand rates.

This policy review sees potential smarter approaches to alcohol-linked offending in Canada across two principal domains:

Provinces in Canada have the legislative freedom to emulate the success of CAM in their own jurisdictions. Provincial governments could pilot the approach for offenders convicted in court and monitor the outcomes. The development of AAMR in the UK first involved local pilots in South London and then in Humberside and other locations, with learnings shared more widely. Judicial training was a key success factor for these local schemes. Provinces would need to pass their own legislation (as the UK Parliament did for England and Wales) and then lead the pilot development and training to select a supplier, educate staff and encourage judicial uptake.

The federal government in Canada could also pass legislation to enable such schemes to apply as a diversion scheme for lower-risk offenders convicted of specified Criminal Code offences. Some federal crimes involve mandatory minimum penalties, and these could be considered as a possible arena where CAM orders could be applied. Another opportunity would be to apply the CAM principles in the prisoner release environment by enabling the Parole Board of Canada to impose CAM as a condition of release, or as a condition for a federal prisoner to be released on licence into the community.

The Parole Board of Canada is a body that is federally regulated and adjudicates on the release of prisoners serving certain sentences in federal penitentiaries. Parole Boards are convened to assess the suitability of a prisoner to be released, according to law and guidance on risk to the public and the goal of rehabilitation.

Reducing the opportunity to relapse into negative drinking patterns upon release from prison can reduce the chances of an ex-offender committing further crimes in the community. Empowering Parole Boards with the option of layering a CAM order onto the prisoner as a condition of their parole would help support rehabilitation and reduce risk to the public, potentially allowing the Parole Board to make better decisions about who to authorise for release.

5: Recommendations

This policy review paper has focused on the public safety dimension of alcohol-linked offending in Canada. The policy recommendations below derive from this research:

- 1. Canada should share lessons around impaired driving responses with jurisdictions with similar challenges.** England and Wales have recently experienced an increase in the number killed or injured on the roads, and do not currently deploy any IID schemes for impaired drivers, or have provision for any administrative roadside prohibitions. As a Common Law jurisdiction with similar impaired driving legislation, there is potential for countries in the UK to learn from Canada's experience and pilot similar approaches. This could inform the forthcoming new Road Safety Strategy pledged by the Labour Government elected in the UK in July 2024.
- 2. Canada should collect and publish better data on alcohol and alcohol-linked offending to inform new policy responses and to track public safety trends.** Canada should repeat the annual alcohol survey last published in 2021 (with 2019 responses) and improve data collection around impaired driving in particular. Health Canada and Transport Canada should

commit to more regular data publications to allow closer scrutiny of alcohol policy and related programmes, to enable more accurate trend analysis and to address areas for improvement.

- 3. New funding and research at the national level is needed to identify and operationalise the opportunities for technology to reduce alcohol-linked offending in criminal justice systems.** In Canada, this should involve devising new CAM pilots to address alcohol-linked offending, in partnership with provinces and First Nations where appropriate. Evaluation of policy responses like IRP/IRS, should be promoted across all provinces in Canada. Federal Government dialogue with First Nations leadership could also explore the application of CAM in their communities.
- 4. Equip law enforcement with the training and tools to prevent more impaired driving.** In addition to more police resources devoted to impaired driving enforcement, additional officers trained in SFST would also enhance the ability of law enforcement to detect and deter impaired driving. Sufficient roads policing coverage is also necessary to make enforcement operations effective.
- 5. All Canadian provinces should adopt mandatory ignition interlock programmes for impaired drivers.** IID schemes are mandatory for all impaired drivers in Quebec, Saskatchewan, New Brunswick, Newfoundland, and Prince Edward Island. However, despite over two decades of deployment, in British Columbia,

Alberta, Manitoba, and Nova Scotia, their programmes are only mandatory for repeat impaired drivers. The Ontario government is exploring making their programme mandatory at present and has the most scope to achieve large scale impact in terms of road safety.

- 6. New policy research is needed to examine the emerging risks associated with drug-impaired driving.** This should include an assessment of emerging technology for these roadside tools to detect drug impairment. A parallel scheme to deploy continuous drug testing in the justice arena should also be developed following engagement with scientists and experts in industry.
- 7. Provinces should adopt CAM in the criminal justice setting to reduce alcohol-linked arrests and reduce reliance on remand and short-term prison sentences.** Provinces should engage with US and UK jurisdictions where different models of CAM have been deployed and develop their own pilot schemes that allow for courts and prisons to utilise this policy approach. Policymakers in England and Wales should share their lessons with Canadian officials and legislators.
- 8. New legislation should offer CAM as an option for the Parole Board of Canada.** Learning from the experience of AML for prison leavers in England and Wales, legislation should be passed to allow Public Safety Canada to develop a pilot scheme with select parole applicants to reduce risk to the community and improve the prospects for their rehabilitation upon release from federal custody.

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