Introduction

Alcohol is a legal commodity that has economic and social benefits but also has high potential for harm. During cross-country consultations in 2005 on substance use in Canada, alcohol abuse was repeatedly identified as an issue requiring national attention. As a result, Health Canada, the Alberta Alcohol and Drug Abuse Commission, and the Canadian Centre on Substance Abuse (CCSA) jointly...
created an expert working group to study the situation and develop recommendations for a National Alcohol Strategy (NAS).

In 2007, the group reached consensus on a comprehensive strategy that recognizes the roles of all stakeholders in the field of alcohol in addressing alcohol-related harm (National Alcohol Strategy Working Group, 2007). Four strategic areas for action and a total of 41 recommendations were identified to help Canada move toward a culture of moderation around alcohol consumption. In 2008, the National Alcohol Strategy Advisory Committee (NASAC), which includes representatives from government, health, education, law enforcement, nongovernmental organizations, and the alcohol and hospitality industries, was mandated to lead the implementation, monitoring, and evaluation of the NAS recommendations. (A complete list of NASAC members is available at http://www.ccsa.ca/Eng/collaboration/National-Alcohol-Strategy-Partnerships/Pages/National-Alcohol-Strategy-Advisory-Committee.aspx.) The group is cochaired by the Chief Executive Officer of MADD Canada, the Director of Addiction Services at the Nova Scotia Department of Health and Wellness, and the Chief Executive Officer of CCSA.

Since the release of the NAS, there has been considerable collective engagement of stakeholders in the development of initiatives and investments to move toward a culture of moderation. However, whether these efforts have been effective in promoting moderation and reducing the overall harm from alcohol remains unknown.

In November 2013, NASAC identified the need to track progress on the recommendations through an evaluation system based on a structured monitoring framework. A small group of experts on alcohol-related issues explored ideas and agreed that the framework should

1. provide a baseline measure against which to track the progress of each recommendation;
2. highlight the progress that has been made on each of the recommendations and the NAS as a whole;
3. facilitate transparency and accountability in reporting on progress related to the recommendations;
4. ensure the NAS is being implemented as planned;
5. identify priority areas where further action is needed; and
6. identify opportunities for collaboration and possible ways forward.

The purpose of this evaluation practice note is to describe the current state of this framework, called the Progress Project. This note will present the chosen method to assess whether the NAS is effective in promoting moderation and reducing the overall harm from alcohol. The discussion will focus on current challenges associated with this framework. It will also address the potential of the Progress Project to support policy innovations to reduce the burden of alcohol use in Canada.
METHOD
The Progress Project must be grounded in evidence. To ensure neutrality and objectivity in the execution of this task, a monitoring strategy was chosen. Monitoring is a systematic, ongoing process to collect, analyze, and interpret accurate, up-to-date, relevant information from various data sources with a view to describing and examining changes in a phenomenon over time. Monitoring supports analysis to determine whether available resources are sufficient and are being used well, whether capacity is sufficient and appropriate, and whether what was planned is being done. In the short term, a monitoring strategy for the NAS will collect available data to reveal general trends about changes in alcohol-related issues in Canada since the release of the NAS. In the long term, analyses of these multiple data sources should permit the explanation in detail of the drinking behaviours of Canadians and the environment in which those behaviours evolve.

General Structure of the Monitoring System
Given the novelty of this evaluation system, NASAC decided to use a structured monitoring framework based on a logic model. This framework was adopted to ensure the adaptability of the system to the ever-changing environment within which alcohol-related issues evolve.

Logic Model
A logic model is a visual way of expressing the rationale and theory behind a program, initiative, or strategy. It illustrates the cause-and-effect relationship between activities and outputs through to final results. Using a logic model to organize data collection makes it possible to situate the evaluation system within an array of factors and to establish a logical relationship between the available resources, the activities implemented, and the outcomes, as well as the logical progression between the elements over time (Treasury Board of Canada Secretariat, 2004).

The logic model adopted for this project formalizes the causal links between four main components. First, the inputs are the human, financial, organizational, and community resources available to implement the NAS recommendations. Second, the outputs are what NAS partners and stakeholders do with the resources, as well as the main products or services produced as a result of these activities. Third, the outcomes are the specific changes in attitudes, behaviours, knowledge, skills, status, or level of functioning expected to result from NAS activities, which are most often expressed at an individual level. Last, the impacts are community-level changes expected to result from all the initiatives taken under the NAS.

The logic model reflects the NAS’s four strategic areas for action:

1. Health promotion, prevention, and education
2. Health impacts and treatment
3. Availability of alcohol
4. Safer communities

The 41 NAS recommendations fall into these four strategic areas. While each recommendation is important, a logic model that incorporated them all individually would be overly complex and would lose its value as a communications, planning, and evaluation tool. Therefore, within each strategic area some recommendations were merged. The logic model also coordinates activities in different streams of action such as legislation, communications, educational programs, research, and so on.

While different resources are deployed within each of the four strategic areas, and those resources plan different activities and anticipate different benefits for the population, all activities within each area aim to reduce alcohol-related harm in Canada and move toward a culture of moderation. Therefore, the long-term results and impacts are the same for each strategic area, and the logic model needs to express the inherent synergy between the four strategic areas, their resources, and their activities. The use of a circular logic model reflects this synergy (Figure 1).

**Using Indicators to Measure Results**

A structured monitoring framework requires indicators to measure results. An indicator is a statistic or parameter that provides information on trends in the condition of a phenomenon, and has significance extending beyond that associated with the statistic itself. Indicators are meant to compare planned results with actual results (Treasury Board of Canada Secretariat, 2004). While most indicators are quantitative (i.e., based on numbers or objective information), they can also be qualitative (i.e., based on narrative).

Temporal follow-up of the outcome indicators is one of the functions of the monitoring framework as repeated measurements make it possible to clearly perceive change over time. Accordingly, the Progress Project will emphasize, among an array of possible indicators, those that are valid, reliable, and recurrent over time.

In Canada, very few alcohol-related initiatives are implemented nationally. Decisions about prevention, treatment, availability, promotion, legislation, and regulation are almost exclusively made at the provincial level. When the data allow it, this project will present its findings in a way that highlights differences among provinces, so that legislators can draw on the experience of their counterparts in other provinces.

**DISCUSSION**

In the alcohol field, there is constant debate about what works and what does not to reduce alcohol-related harm. The adoption of the NAS presents a unique opportunity to develop an evidence base that would further the development of
Figure 1. Logic Model of the National Alcohol Strategy
various initiatives. By using the method described in this note, NASAC expects to be able to

1. describe how far the implementation of NAS recommendations has been rendered;
2. determine whether the NAS recommendations have affected Canadians’ awareness, attitudes, knowledge, and behaviours related to alcohol; and
3. identify some of the mechanisms by which the NAS recommendations achieve expected outcomes.

**Limitations**

There are challenges inherent in the method adopted by NASAC. First, NASAC relies on provincial and federal agencies such as Health Canada and Statistics Canada to collect, analyze, and publish outcome data, particularly those that relate to the drinking behaviours of Canadians and their associated health consequences. Unfortunately, the number of questions about alcohol consumption in national surveys has been markedly reduced in recent years, and this limits the ability to estimate changes in drinking-related experiences over time. In 2010, there were nearly 50 alcohol-related questions in the Canadian Alcohol and Drugs Use Monitoring Survey (CADUMS). In 2013, the survey that replaced CADUMS, the Canadian Tobacco, Alcohol and Drugs Survey (CTADS), included only 14 questions about alcohol. This reduction in collected data, means, for example, that it is no longer possible to estimate the proportion of Canadians that experience alcohol-related problems, as participants are no longer asked about harm from their use of alcohol and whether they have been seeking help or treatment. Furthermore, some analyses conducted by Health Canada are done in a manner that does not reflect the NAS. For example, since 2012 the agency has published data about the prevalence of drinking within the Low-Risk Alcohol Drinking Guidelines (LRDGs; Beirness, Butt, Gliksman, Paradis, & Stockwell, 2011). This estimate is based on past week consumption and considers all current drinkers who did not drink in the past week to follow the LRDGs. But in Canada, drinking is an occasional behaviour. In 2012, half of current drinkers did not drink in the past week. It is very unlikely that all these occasional drinkers respect the LRDGs. Therefore, it is most likely that the proportion of Canadians who are drinking within the LRDGs is currently overestimated.

To overcome this challenge, key actions have been taken in the past year. First, the project lead for the NAS evaluation met with Health Canada representatives to discuss the possibility of the agency revising the content of the next CTADS and then, on behalf of CCSA, responded to a solicitation by Health Canada’s Office of Research and Surveillance for suggestions on how to revise CTADS’ list of alcohol questions. Second, the project lead and one NASAC member met with Canadian Institute for Health Information (CIHI) managers to propose a national collaboration to annually estimate and report rates of alcohol-attributable morbidity and mortality for provinces and territories using the attributable fraction
methodology developed for the WHO Global Burden of Disease project and tested on Canadian databases by CARBC.

Another challenge associated with the method adopted by NASAC relates to documenting activities and initiatives led by stakeholders in the alcohol field. For example, any organization can decide to promote the LRDGs, just as any health professional can incorporate the clinical guide to alcohol screening, brief intervention, and referral into their practice (Canadian Centre on Substance Abuse [CCSA], 2013). CCSA asks to be informed when initiatives from the NAS are being used, but not every organization does so. As a result, CCSA does not know the full extent to which initiatives are being used and produce effects.

NASAC has taken action to address the issue of documenting outputs. First, in April 2015, a working group met to identify five stages along which progress in executing specific recommendations could be measured. The stages for key NAS recommendations are (a) informing, (b) promoting, (c) implementing, (d) monitoring, and (e) evaluating. The working group agreed that even if a NASAC member had not developed a specific NAS-related activity, it did not mean there had been no progress. An online survey was sent to NASAC members to document if they had been involved in progressing recommendations through the five stages. The response rate was 85%, and preliminary analyses indicate the survey results will help NASAC understand in which areas the majority of resources have been deployed and where activities are critically needed.

Regulations directed toward commercial sellers of alcohol and backed up with enforcement seem to have the greatest effect on alcohol consumption levels and drinking-related problems (Babor, 2010). With this in mind, the second action NASAC took to help document outputs was to reach an agreement on data sharing with a team of researchers at the Centre for Addiction and Mental Health (CAMH) who collected data from multiple sources for a project on alcohol policies across Canada (Giesbrecht et al., 2013), and who are planning a second wave of data collection.

Achievements

Despite challenges, four important achievements have been made so far. First, a picture is worth a thousand words. Translating the NAS into a logic model—especially a circular one—has reconnected members with the basic idea that the reduction of alcohol-related harm must be examined in light of the multiple perspectives that influence it. Achieving a culture of moderation can only happen if commitments are made across the four strategic areas, resources are shared, and activities are jointly planned. Even if unlimited resources were invested in one strategic area and nothing were done in the other areas, the centre of the circle—the ultimate goal—would only be affected from one side. NASAC recognizes that not every member can act in every strategic area of the NAS. Nonetheless, the logic model has enabled individual NASAC members to envision where they could act next.
Second, the logic model has uncovered the possibility that the composition of NASAC might need to be changed to gain further progress on the NAS. Insofar as efforts must address prevention and treatment, availability and promotion, legislation and regulation, and the economy and taxation, there are multiple recommendations that current NASAC members cannot implement, particularly those relating to the strategic areas of “availability of alcohol” and “safer communities.” Some NASAC members are actively promoting and advocating pricing policies, such as applying social reference prices to all types of alcoholic beverage, but NASAC includes no representatives with the capacity to make policy. Therefore, NASAC is currently restrained in its ability to put some of its recommendations into effect. The logic model has clearly highlighted that regulators and legal and financial representatives need to be brought into discussions or progress on the NAS will stall.

Third, the logic model has proven to be useful among subpopulations seeking to reduce alcohol-related harms. For example, leaders of the Postsecondary Education Partnership-Alcohol Harms (PEP-AH) are currently reviewing a version of the logic model adapted for the campus context. Consultations with college and university administrators suggest the logic model can be a significant resource for campuses trying to identify core elements of a campus alcohol policy and wanting to strategically implement initiatives.

The fourth achievement is directly linked to the need for the Progress Project: tracking progress on the NAS. So far, the monitoring framework has brought to light at least one association between inputs, outputs, and outcomes that is worth mentioning. Monitoring has revealed that when LRDGs are broadly distributed and promoted, knowledge increases and behaviours may change, too. One of the NAS recommendations is “to promote national alcohol drinking guidelines to encourage a culture of moderation.” One NASAC member, Éduc’alcool, an independent, not-for-profit organization primarily responsible for preventing alcohol abuse in the province of Quebec, has invested a total of $4.5 million over the past three years to disseminate and promote the LRDGs. No other jurisdiction in Canada has come close to investing as much in promoting the LRDGs. Regarding outcomes, data from CADUMS indicate that in 2012, Quebec was the province where more people by far were familiar with the LRDGs. When asked “Have you ever seen or heard about Canada’s low-risk alcohol drinking guidelines?” around one fifth of all Canadians responded yes, while 43% of Quebecers said they knew about the LRDGs (Health Canada, 2013). More interestingly, the latest results from the CTADS (in April 2016) showed that Quebec is the province where the greatest percentage of drinkers follow the LRDGs (Statistics Canada, 2015). The drinking behaviour of Quebecers cannot be attributed solely to Éduc’alcool’s efforts, but when it comes to familiarity with the LRDGs, Éduc’alcool should be recognized for its role in increasing awareness. It is hoped that this story, as revealed by monitoring, will encourage other actors, ideally provincial and federal health authorities, to promote the LRDGs.
CONCLUSION

The monitoring framework can guide next steps such as accessing public data to document all inputs and activities by provincial governments, regardless of whether they are members in NASAC, and meeting with federal agencies, such as CIHI and Health Canada, to show the importance of collecting and analyzing certain types of data.

During the coming year, NASAC will encourage groups such as the PEP-AH to use the NAS monitoring framework to monitor their initiatives. The framework can be adapted so that the progress report could include aggregated data about the alcohol use of college and university students—one of the most vulnerable populations in Canada.

Each step taken so far to conduct this evaluation has produced information that is useful to one group or another in the alcohol field. However, communicating information to stakeholders at each stage, either through webinars, in-person meetings, or conferences, requires time and takes evaluators away from conducting the evaluation itself. Evaluators engaged in a large-scale project should not underestimate the importance of keeping stakeholders informed and should include time in their work plan for the dissemination of interim results.

Evaluating the NAS is an ongoing project, and a monitoring framework based on a logic model is bearing fruit. Some results are already being used to inform discussions with stakeholders about the areas in which their resources and activities have so far been deployed and where they could act next. Using this framework, the Progress Project can provide direction for future investments and lead to innovative policies that support a culture of moderation in Canada.

NOTES

1 Tim Stockwell, who is the Director of the Centre for Addictions Research of British Columbia (CARBC) and a professor in the Department of Psychology at the University of Victoria.

2 The working group included representatives from CCSA, including the project lead, and three NASAC members: Peter Butt (University of Saskatchewan and College of Family Physicians of Canada), Louise Nadeau (University of Montreal), and Tim Stockwell.

REFERENCES


AUTHOR INFORMATION

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