RECORD OF DISCUSSION

Orientation Session Part 1 – Low Risk Drinking Guidelines 2.0

September 29, 2020, 13:00 to 16:15

Attendees:

Mark Asbridge, Mark Avey, Alfred Aziz, Peter Butt, Frank Cesa, François Damphousse, Hani Edalati, Scott Hannant, Jennifer Heatley, Erin Hobin, Christine Lévesque, Lauren Levett, Victoria Lewis, Alan Martino, Kate Morissette, Heather Morrison, Daniel Myran, Tim Naimi, Catherine Paradis, Mark Pettigrew, Nancy Poole, Amy Porath, Justin Presseau, Jennifer Reynolds, Nancy Santesso, Brittany Sauvé, Adam Sherk, Kevin Shield, Tim Stockwell, Rebecca Sutherns, Kara Thompson, Taryn Walsh, Samantha Wells, Matthew Young

13:00 to 13:05 The facilitator, Rebecca Sutherns, welcomed everyone to the session and presented the rules of engagement and the agenda.

13:05 to 13:15 Introduction to guideline development for LRDGs

- Catherine Paradis presented the goals of both orientation sessions. First, learning from the experience of other groups who have worked on developing guidelines in Canada (Original LRDGs, Low-Risk Gambling Guidelines and the Canadian Food Guide) and in other countries (review of LRDGs in UK and Australia). Second, getting an introduction to the GRADE ADOLOPMENT approach to focus on what are the key elements that will be the most useful as part of the methodology.

- Peter Butt presented a broad overview of the work to be undertaken to update the LRDGs, such as reviewing the evidence, making recommendations based on the evidence and communicating them to the public. It will be important to update all the guidelines, to look at the fundamental question of what is low-risk, to make recommendations for different population groups and, also to look at the social impacts of alcohol use. It will be essential to provide the minister with the best available evidence. The GRADE ADOLOPMENT approach will be useful to build on the most recent UK and Australia guidelines as well as to identify existing gaps and additional recent studies that could be considered for updating the Canadian LRDGs.

13:15 to 13:45

Presentation: General introduction to guideline development process and GRADE approach

Speaker: Dr. Nancy Santesso from the GRADE Centre at McMaster University

Dr. Nancy Santesso presented the GRADE guidelines development process. There are five steps in the process: prioritizing what to recommend, pulling together the evidence, summarizing the evidence, making the recommendations and disseminating and implementing the guidelines. The process involves committees, working groups and stakeholders.

The stakeholders include the providers, the policy makers, the principal investigators and researchers, the purchasers and payers and the product makers (the Ps). It will be important to determine not only how to engage them but also at which stage to engage them.

The GRADE process proposes a systematic approach to determine the most important outcomes and key foreground questions for the development of the guidelines; gather the relevant evidence (benefits and harms); assess its level of certainty (high, moderate, low); consider if the recommendations will have an impact on equity and how to proceed with the implementation of the recommendations (strong or conditional).

13:45 to 13:55 Questions and Answers

The questions following the presentation covered the following issues:

- Conflict of interests;
- The critical threshold for what would be considered as low-risk;
- The evidence related specifically to the implementation of the guidelines.

14:00 to 14:20

Presentation: Canada's 2011 Low-Risk Drinking Guidelines

Speaker: Dr Tim Stockwell from the University of Victoria

Dr Stockwell presented an overview of the process that led to the development of the 2011 LRDGs. The guidelines propose limits for weekly and daily drinking, drinking during special occasions, for youth and when people should not drink such as during pregnancy.

The process for the 2011 LRDGs was much less elaborate than that which will be used for the updated guidelines. It was one of the first actions proposed by the National Alcohol Strategy Advisory Committee (NASAC) after the development of the National Alcohol Strategy. There were more than 40 people involved in NASAC, including industry representatives. However, the LRDG expert working group membership was struck without industry representatives.

At the time, there was no elaborate transparent system like the GRADE approach proposed for the new guidelines. It was fairly simple: identifying the questions that needed to be answered, determining the best kind of study design to address the questions, finding the best quality studies and communicating the risks.

Due to pressures from the industry, some key elements were lost or changed during the process to decide on final wording and presentation of the guidelines. For example, the issue of when to abstain from drinking alcohol was demoted from the first to the third guideline, the statement about lowest risk being at half a drink per day and risk increasing with every extra drink was removed and, the mention of cancer risk was removed in the final guidelines.

The assessment of long-term health risks from alcohol was done by looking at recent meta-analysis or perspective longitudinal cohort studies on alcohol use and all cause mortality, to determine a net-zero relative risk for average number of standard drinks consumed per day. However, some aspects need to be considered with this methodology such as the differences in quality criteria for inclusion in the reference groups in studies from across the world, the confounding and lifetime selection bias, the inclusion of all known and unknown alcohol attributable causes of death and the influence of the controversial protective effect of alcohol.

For the LRDGs update, it will be important to consider the limitation of research evidence. For example, under reporting of alcohol consumption, failure to account for binge drinking and failure to account for risk taking can lead to an upward bias in risk estimates. In turn, poor definition of abstainers and failure to account for moderate style and other exaggeration of benefits can lead to a downward bias in risk estimates.

14:20 to 14:30 Questions and Answers

Questions regarding the presentations include the following issues:

- How the problem of people over pouring their wine and their spirits was addressed during the development of the LRDGs;
- The control of other variables, such as exercise and smoking, that might affect the levels of risks associated with alcohol use;
- The possibility of considering only Canadian data for the development of the new guidelines.

14:30 to 14:50

Presentation: Canada's Lower-Risk Gambling Guidelines: The complexities of incorporating social harms as an outcome of interest

Speaker: Dr. Matthew Young from the Canadian Centre on Substance Use and Addiction

Dr Young presented the Lower-Risk Gambling Guidelines (LRGGs) that will be publicly released soon and the process that led to their development. The guidelines recommend that people should not gamble more than 1% of their household income before tax per month, should play no more than 2 types of game and gamble no more than 4 days a month.

There are some similarities and differences between the LRDGs and the LRGGs. In terms of similarities, both drinking and gambling are legal and impact public health. Also, both the alcohol and gambling market are often operated by state controlled monopolies. They differ because there is no previous version of the LRGG as is the case with alcohol and, there is a much larger and higher quality evidence base for alcohol comparatively. Other notable differences include relying only on self-report to measure gambling harms, less severe harms for gambling compared to alcohol and quantifying a unit of alcohol much easier than a unit of gambling.

A scientific working group and an advisory committee were created to develop the LRGGs. The LRGGs were needed because there was a lack of evidence-based guidelines about how to gamble in a manner that poses minimal risks to the gamblers and those around them. The first step consisted of developing and publishing a research protocol, which included 8 different steps from determining the harms to the release of the technical report and the finalized LRGGs.

In terms of harms, the group looked at financial harms, relationship conflicts, emotional and psychological distress, health problems, cultural problems, reduced performance at work and criminal activity. The next step consisted of seeking datasets to conduct risk curve analysis to determine quantitative limits. It was important to make sure that the different data sets had similar measures of harms and of gambling involvement.

The risk curve analysis focused on frequency of any gambling in a typical month, expenditure, duration of typical session and number of gambling formats in the past year. This process resulted in the following ranges for lower-risk gambling: 5 to 8 days per month, 1 to 3% of monthly gross income and 3 to 4 different game types in a month. Of note, the thresholds and the shape of the curves were all very similar. Furthermore, there was not enough evidence to determine if there was a sex and gender difference in the relationship between gambling and risk of harm.

Two literature reviews were also conducted to assess the effect of substance use on gambling behavior and the factors associated with elevated risk of gambling harm (mostly mental health and substance use issues were associated with elevated risk of gambling). An online survey was also conducted of over 10,000 Canadians who gamble to assess their thoughts about the proposed limits (this helped further clarify the final recommendations). Interviews and focus group testing were done as well across Canada to help clarify the messaging.

14:50 to 15:00 Questions and Answers

Questions on the presentation include the following issues:

- How to measure the public's acceptability of the new guidelines;
- The weight given to each one of the harms caused by gambling;
- The difference between people who gamble and those who do not in terms of what limits of gambling they would recommend or support.

15:05 to 15:25

Presentation: Approach to Revision of Canada's Food Guide

Speaker: Dr. Alfred Aziz, Office of Nutrition Policy and Promotion, Health Canada

Dr. Aziz spoke of the Office of Nutrition Policy and Promotion's (ONPP) experience in developing Canada's Food Guide. The Food Guide was revised to address challenges for users such as applying the recommendations in every day life and providing the right information to the right audience. It was also revised to ensure alignment with the most current evidence.

The first step consisted of reviewing the evidence. The ONPP used its own systematic process for developing the evidence. It consists of gathering, assessing and synthesizing the evidence. The evidence review focused on the following three key areas: scientific basis, relevance in the Canadian context and use of existing guidance. Once the evidence was all gathered and synthesized, the next step consisted of identifying actions such as outreach and consultations and engaging experts, stakeholders and the public in developing the messages and tools. In the end, all of this information was used to develop the Food Guide.

In terms of evidence, the ONPP relied on two Health Canada reports (*Evidence Review for Dietary Guidance 2015* and *Food, Nutrients and Health: Interim Evidence Update 2018*) and high-quality scientific systematic reviews on food, nutrients and health. Industry-commissioned reports were excluded to reduce the potential of conflict of interest. Actions were taken as well to keep monitoring the evidence, such as creating the Nutrition Science Advisory Committee (NSAC).

On consultation and engagement, the ONPP tailored its approach to engagement depending on the stage of the policy development (evidence review, development of the recommendations and communication needs). Of note, because Health Canada adopted an openness and transparency policy for the Healthy Eating Strategy, all communications from stakeholders were published. Also, the ONPP did not meet with industry stakeholders during the development of the Food Guide. Some of the engagement activities included open consultations, public opinion research, expert inputs and stakeholder meetings.

There were several other considerations taken into account during the development of the dietary guidelines such as environment, cultural diversity (including Indigenous Peoples) and the determinants of health. It was also important to understand and act on the barriers that prevent Canadians to make healthy food choices.

A suite of resources were developed to inform the public about the new Food Guide. Several documents were made available for professionals and policy makers such as the *Evidence Review for Dietary Guidance 2015*, the *Food, Nutrients and Health: Interim Evidence Update 2018* and Canada's Dietary Guidelines. Other resources were

developed for the general public such as the healthy eating strategy, the food guide snapshot and the website with includes videos, recipes and tips.

There was a tremendous positive reaction from stakeholders and the media when the Food Guide was launched in January 2019. There is ongoing work to support use of the Food Guide such as adding new webpages on popular topics such as healthy eating during COVID-19.

15:25 to 16:05 Questions and Answers

Questions regarding the presentation covered the following issues:

- Recommendations and levers to address the problem of inequity in terms of food access in remote areas;
- Harmonization of the LRDGs and the Food Guide once the new drinking guidelines are published;
- The decision of having different focuses in the Food Guide for different groups of people (Canadians, policy makers and health professionals)?
- What worked well and not as well in the approach used for the engagement process;
- Was labelling of food products viewed as an important option right from the beginning of the process to review the Food Guide?
- Strategies and materials used to raise awareness about the new Food Guide, more specifically about steering people to the website and encouraging them to use the guidelines.

16:05 to 16:15 Closing remarks

Both Catherine Paradis and Peter Butt wrapped up the session by thanking the speakers and highlighting the presentations for the next session. The focus of the next session will be on the work completed in Australia and in the UK to review their LRDGs. Peter Butt also added his own reflections about the sessions including: that they were thought provoking for the development of the new LRDGs; the importance of communicating each of the levels of risk whatever they might be; the value of having on-line tools as a way of helping individuals to identify their tolerance to risk and linking that to the LRDGs. Also, the knowledge mobilization will be interesting as it will require a lot more consultations with stakeholders and the public to assess their current understanding of the issue and how to improve it.