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Commissioned Report: Update on Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Stakeholder Focus Groups

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Leger

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Project Background

In July 2020, the Canadian Centre on Substance Use and Addiction (CCSA) received funding from Health Canada to update *Canada's Low-Risk Alcohol Drinking Guidelines* (LRDG) and make recommendations for knowledge mobilization to maximize dissemination and application of the updated guidelines.

As part of this initiative, CCSA contracted Leger to assist in holding eight virtual focus groups with representatives from health-related organizations. The goal was to obtain their perspective on people living in Canada's familiarity and understanding of Canada's LRDGs, as well as on related issues like standard drink labelling. The focus groups also discussed knowledge mobilization recommendations, including specific messaging and communication strategies that could increase awareness of the LRDGs among various target groups, like youth and women. This report summarizes the findings of the eight focus groups. Leger produced this report for members of the LRDG expert panels to inform their discussions about how best to present the conclusions of the LRDG update.

Summary of Key Findings

Perspective on Canada's *Low-Risk Alcohol Drinking Guidelines*

Stakeholders were familiar with the LRDGs and frequently referenced the guidelines and the communication materials created by CCSA. Stakeholders working in public education and those working directly with community members and frontline employees tended to have a greater familiarity with the guidelines than people not providing direct care and those in executive positions.

Most frequently used as an education and communication tool, the LRDGs are used in a variety of different settings, including clinics, hospitals, schools and universities. Public health stakeholders use the LRDGs as the basis for public communication materials. In addition, the LRDGs are often used as a tool to get people thinking about their drinking patterns and to start the conversation surrounding alcohol consumption.

Different types of stakeholders use the guidelines in different ways. For example, organizations working with people with chronic diseases focus on promoting abstinence, while stakeholders working with populations that are managing substance use tend to use the guidelines to support a harm reduction approach. Geographical location also influences how the guidelines are used. Stakeholders from the east coast often adjust the guidelines to reflect the cultural normative attitudes toward alcohol and its consumption in east coast society.

Stakeholders value the LRDG infographics and consider them extremely useful. The infographics are used frequently in the communication materials developed for the people they serve and as part of assessment tools. The development of infographics for the updated LRDGs is viewed as an important requirement for the updated guidelines by most stakeholders.

Stakeholders in Quebec generally use alcohol awareness materials produced by Éduc'alcool rather than those produced by CCSA. Quebec stakeholders believe that although the guidelines promoted by Éduc'alcool are aligned with CCSA's LRDGs, it makes sense to have Éduc'alcool act as the voice for alcohol guidelines because residents of Quebec are familiar with and trust the organization.

Some stakeholders believe the LRDGs can be confusing, can be viewed as providing permission to drink, and do not focus enough on promoting a non-drinking culture. Stakeholders would like to see the updated LRDGs be more inclusive, speak to a wider variety of population segments such as youth, women, those with chronic diseases, individuals with mental health and substance use concerns, new Canadians and Indigenous peoples. Creating specific messaging for specific populations was viewed as the best approach for the updated LRDGs.

Stakeholders confirmed that general knowledge of the harms of alcohol is limited and that many of the people they serve are not aware of the LRDGs. It is difficult for stakeholders to know just how people are using the guidelines, but there is concern that people often pick and choose specific guidelines to ensure their consumption fits within the recommended limits. Because people who live in Canada normalize consuming alcohol, it is challenging to encourage people to follow the guidelines.

Stakeholders are concerned about the lack of awareness of people living in Canada about alcohol consumption and encourage the revised guidelines to have a focus on the adverse effects of alcohol on overall health and wellness. Stakeholders would also like to see the revised LRDGs provide

information on alcohol as a known carcinogen and the negative impact drinking has on young adults and youth. Additional outcomes of alcohol consumption that should be in the guidelines include its impact on mental and physical health, its negative social impacts such as domestic abuse and child neglect, and its negative impacts during pregnancy.

Stakeholders recognize some guidelines will resonate with particular populations, while others will not. Ideally, having very specific guidelines for different population segments that highlight specific health and social harms would be most beneficial. However, stakeholders agree that creating guidelines that get people thinking about their alcohol consumption and related risks to their overall health and environment should be the ultimate goal. Many stakeholders also agreed that the LRDGs should focus on messaging that combats the cultural attitudes toward drinking in Canada, especially binge drinking. This messaging is particularly important when addressing youth and young adults.

Perspectives on Standard Drink and Labelling

Stakeholders believe that the public should be provided with information about standard drink size, nutrition and potential health risks related to consuming alcohol. Keeping the guidelines as simple as possible and providing standard drink measurements that are easy to follow is viewed as the best approach to conveying the guidelines. Stakeholders believe that the public's knowledge of what constitutes a standard drink is limited. Several stakeholders indicated that increased clarification and public education efforts about standard drinks would help with understanding the LRDGs. Currently, many stakeholders face difficulties in conveying standard drink measurements to the public in a way that is straightforward and easy to understand.

Several stakeholders, specifically those working in public health and in organizations that treat chronic diseases, mental health and addiction, support the idea of warning labels on alcohol containers. They viewed providing the public with information about the potential harms of alcohol consumption as an important addition to public education about alcohol. However, there were several stakeholders across most segments who believed that while warning labels may be a good idea, logistically they would be difficult to implement and would not significantly impact consumer behaviour.

Perspectives on Knowledge Mobilization

Stakeholders need LRDG messaging that can be tailored for specific audiences. They would like to have a variety of different types of information and infographics that can be incorporated into a variety of different communication materials. Messaging for teens and young adults should focus on the short-term impacts of drinking. Stakeholders viewed peer-to-peer messaging, social media campaigns, warning labels and information provided at point of sale as effective ways of communicating the LRDGs to the public. Stakeholders would like CCSA to develop a variety of infographics, posters, brochures and handouts, as well as assessment tools that provide information on the guidelines.

Targeted information developed for specific populations would be beneficial for stakeholders. These populations include youth, women, those living with chronic diseases, those living with mental health issues, populations with lived or living experience of substance use, Indigenous peoples and new Canadians.

Methodology

Study Population

- The groups were divided into a total of six different segments: public health organizations, professional associations, mental health and addiction organizations, organizations that treat chronic disease, counsellors and treatment providers, and individuals with lived or living experience of substance use.
- The participants from mental health and addiction organization were divided into two groups due to the number of stakeholders within the segment who expressed interest in participating.
- A total of eight focus groups were conducted. Seven of the groups were conducted in English and were segmented by their organization type. The eighth focus group was conducted in French and included individuals from mental health and addiction organizations and public health associations.
- Each group included a mix of participants from different regions and occupational positions. A total of 48 individuals participated in the focus groups.

Table 1: Date and composition of focus groups

Date	Segment	Participant Count
Dec. 1, 2021	Public health organizations	5
Dec. 1, 2021	Professional associations	3
Dec. 2, 2021	Mental health and addictions organizations	8
Dec. 2, 2021	Mental health and addictions organizations	7
Dec. 2, 2021	Chronic disease–related organizations	7
Dec. 7, 2021	Counsellors and treatment providers	7
Dec. 7, 2021	Individuals with living and lived experience	3
Dec. 8, 2021	French language group (mental health and addictions organizations and public health associations)	8

Table 2: Number of participants per province

Province	Participant Count
British Columbia	5
Alberta	5
Saskatchewan	1
Manitoba	3
Ontario	19
Quebec	8
New Brunswick	2
Nova Scotia	3
Newfoundland	2

Participant Occupations

The focus group participants came from a variety of different organizations and backgrounds. To maintain confidentiality and respondent anonymity, the report will only refer to occupational segments and generic occupational titles.

Participant's occupation positions included:

- Adviser
- Chief executive officer
- Clinical instructor
- Coordinator
- Counsellor
- Director
- Doctor
- Educator/professor
- Health promoter
- Manager
- Nurse practitioner
- President
- Program manager
- Psychiatrist
- Social worker
- Therapist
- Vice president

Data Collection

- The discussion guide was developed by CCSA, using a semi-structured format to allow for deeper exploration of the topics and increased discussion flexibility.
- The Leger consultants moderated the focus groups.
- The focus groups were conducted virtually using Leger's online focus group platform, FOCUS. Each group lasted 60 minutes.
- To recruit participants, CCSA sent an initial invitation email to various stakeholder contacts. In partnership with Leger, participants were recruited and scheduled through email communication.
- Participants were offered a $200 Visa or Amazon gift card as an honorarium. Participants could decline the honorarium. If requested, the honorarium was donated to a charitable organization specified by the participant.

Data Analysis

A standard qualitative data analysis approach was used to prepare this report. Group transcripts and video recordings were reviewed, and the main themes and consistencies were extrapolated. In the following section, each of the focus group discussion topics are summarized with the overall consistencies outlined, followed by outlier opinions and specific impacts on at-risk populations (youth, women, Indigenous peoples and those with chronic diseases). Each section also includes anonymous quotations from the focus group participants that support the extrapolated themes. The report document was prepared by the focus group moderators, Llisa Morrow and Aubert Descoteaux.

Detailed Summary

Canada's Low-Risk Alcohol Drinking Guidelines

Are you aware of Canada's current LRDGs?

- **The majority of stakeholders were familiar with the LRDGs.** Almost all stakeholders had some level of familiarity with the LRDGs, and many referenced them frequently as a tool they use to help the people they serve. Individuals who are responsible for community education and those who work directly with community members and frontline employees tended to have greater familiarity with the guidelines. Individuals in roles removed from providing direct care and those in executive positions tended to have less familiarity with the details of the guidelines but were aware of their existence and familiar with the communication materials created by CCSA.
- **Stakeholders who worked with advocacy organizations indicated they did not use the LRDGs often.** However, some share the guidelines with other organization members and colleagues to ensure the information is available to the communities they serve.

How do you use them? Which guidelines are most useful to the people you serve?

- **The LRDGs are most frequently used as an education and communication tool.** The LRDGs are used in clinic settings, hospitals, at events where alcohol is consumed and as educational materials provided to those receiving training to work with vulnerable populations. Some public health organizations use the guidelines as the framework for their public education campaigns. In addition, stakeholders observed how the LRDGs are used to "start the discussion around drinking" and as a tool to get people to think about how alcohol use fits into their lives and "how it serves them."
- Different types of organizations use the LRDGs in different ways and often customize the guidelines to resonate with the specific populations and communities they serve. For example, organizations working with people with chronic diseases tend to stress the "zero's the limit" section of the guidelines. Those who work in clinics and with populations managing substance use employ the guidelines to support a harm reduction approach. Stakeholders from the east coast indicated they often adjusted the guidelines to speak to a wider range of people in the community, using slightly different language to reflect the prevalence of drinking culture in east coast society.
- Several stakeholders indicated the LRDGs are used as an assessment tool to help people identify consumption patterns and to recognize risky consumption behaviour. Stakeholders, counsellors and treatment providers from mental health and addiction organizations, and those working directly with individuals in hospitals and healthcare settings indicated they often use the guidelines as an assessment tool.
- Stakeholders referenced the infographics as being extremely useful for the people they serve, particularly those that illustrate the standard drink sizes for different types of alcohol. Stakeholders from several segments indicated the infographics were used frequently and were a helpful communication tool. They discussed the importance of ensuring the updated LRDGs include a variety of infographics that can be used in public communication materials.

- Quebec stakeholders most often use alcohol awareness materials produced by Éduc'alcool. they indicated that guidelines and materials produced by Éduc'alcool created are favoured over the LRDGs created by CCSA. This is mainly because Éduc'alcool is highly recognized in Quebec and viewed as the go-to source for alcohol consumption information. Quebec stakeholders agreed that the guidelines promoted by Éduc'alcool were aligned with CCSA's LRDGs and that it made sense to have Éduc'alcool act as the voice for alcohol guidelines because residents of Quebec are familiar with and trust the organization. It should be noted that Quebec stakeholder participants worked directly for Éduc'alcool.

Additional Uses for the LRDGs

- As a harm reduction tool
- As a tool to educate individuals in the community and those seeking help with substance use
- In combination with other peer-reviewed academic research publications that have no conflict of interest
- To communicate the volume of a standard drink
- To provide information to patients in medical situations such as the emergency room
- As a teaching tool for medical professionals and primary care providers
- To create educational materials for events and festivals
- To train servers and licensed establishments
- In prenatal care conversations

Quotations

> We attend a lot of events. We've done banners with the low-risk drinking guidelines. We've done fridge magnets, and we've done different things that people can take and walk away with them. (Public health organization stakeholder)

> Where [the LRDGs] are effective is with people that we see, many of whom have an accident or some other misadventure related to alcohol use, who may have unrecognized problem drinking or maybe going that way. (Professional association stakeholder)

> Every time I give a talk on alcohol use, alcohol use disorder or substance use, I generally have a couple of slides [for the LRDGs]. It's an important tool for how we assess and measure and helps differentiate between problem drinking and alcohol use disorder. (Mental health and addictions organization stakeholder)

> I've used [the LRDGs] extensively for teaching, and what I've found to be most beneficial were the infographics. If I have infographics, I can communicate those infographics to patients and people that I'm dealing with much more effectively than I can in a conversational way. So, the infographics that were included, standard drink, etc., I used extensively, and I found that very beneficial. (Mental health and addictions organization stakeholder)

> I've used the guidelines in my role doing prevention promotion activities in the community, presenting to our general public or parents or things like that. (Counsellor and treatment provider stakeholder)

> I think it might be relevant to limit the textual content as much as possible and give priority to the infographics and diagrams. (Quebec stakeholder, public health association)

Additional Feedback

- The guidelines can be confusing. While stakeholders generally agreed that the LRDGs were helpful as an education and assessment tool and served as a reference for communication campaigns, several participants indicated that the guidelines were somewhat confusing, making the messaging they share with the people they serve challenging. For example, the reference to daily and weekly limits, the meaning of a standard drink, and the information about special occasion consumption was viewed as difficult to interpret for some.
- The guidelines can be viewed as a permission to drink. Some stakeholders indicated that they do not use the LRDGs with certain populations because the guidelines can be viewed as a goal or as giving permission to consume alcohol. For example, using the guidelines with people currently in recovery, those with chronic liver disease or other chronic illnesses, and even youth, was thought to be inappropriate and harmful. Stakeholders tended to agree that the guidelines are best suited for prevention messaging.
- Stakeholders in Quebec believe that the term "directives" is not well received by the Quebec population. Participants stated that the word "directives" can be perceived as an "order" and does not resonate with youth in particular. Participants agreed that wording in the sense of "advice" would be better suited.

At-Risk Populations

Specific feedback in relation to at-risk populations included:

- The guidelines are often used to support harm reduction approaches, including for those with substance use and chronic health conditions.
- Prenatal care discussions use the "zero is safest" guidelines.
- The youth guidelines are helpful to promote harm reduction approaches, but some stakeholders believe more emphasis on promoting a non-drinking culture is needed.
- **The Indigenous perspective is significant and different.** During the discussion about awareness of the LRDGs, an Indigenous participant spoke about the complex relationship that Indigenous people have with alcohol. While this stakeholder was the only individual to identify themselves as Indigenous and confirm they work specifically with Indigenous people, their comments resonated with the group and others agreed with their feedback. They clarified that the Indigenous relationship with alcohol is incredibly complex and toxic. Due to the dichotomized thinking that is often part of Indigenous culture, the LRDGs have little impact. Because of the incredibly specific differences, the stakeholder wanted to ensure that the development of the new guidelines takes these complexities into account and is mindful of the Indigenous perspective for viewing the guidelines.

Quotations

> It's that the [LRDGs] are really complicated. So, when we tell people the weekly limits compared to the daily limits, we get a lot of confusion about this. People say, "Well that means I could just drink 10 drinks if I'm a female or 15 drinks in one night and I'm good to go." It's the complexity of it: "No, this is not a binge drinking permission because of the

weekly limit." It makes me think of the Canada Food Guide, right? Like for some people, they are going to look at it and go, "Oh, I didn't realize I should have this amount of grains or this much fruit and veg." For some people, the guidelines are beneficial and others it does not matter. (Public health organization stakeholder)

We use the guidelines for assisting with a harm reduction approach. (Counsellor and treatment provider stakeholder)

I tend not to use the guidelines in much of my one-on-one work with individuals who are in recovery or working on recovery. It's been known to kind of be a permission statement to drink because they think, "oh well, I am within the guidelines so its okay," so I tend not to use it in a therapeutic session as much as I would in a prevention kind of realm of the work I do. (Councillor and treatment provider stakeholder)

Alcohol has not been a part of our way of life. It's only been introduced in the last 200 years, and it was modelled by settlers who came and were binge drinkers. And so, if we look at our history of that in Canada, it's really important to acknowledge that impact on [Indigenous] communities. It wasn't introduced to us in a meaningful way. (Mental health and addiction organization stakeholder)

We prefer the term "limit" rather than the term "directive," because "directive" means giving orders to people and people don't really care about the orders we give them. They don't need us to make orders. (Quebec stakeholder, mental health and addictions organization)

For your organization to endorse the new LRDGs, what do you need?

- **The LRDGs should be designed to be more inclusive.** When asked what their organizations needed to endorse the new LRDGs, several participants indicated that having guidelines designed for a variety of specific segments of the population would be ideal, particularly vulnerable populations such as youth, women, those with chronic disease, individuals with mental health and substance use concerns, new Canadians and Indigenous peoples. Creating specific messaging for specific populations was viewed as the best approach to creating updated LRDGs.
- Several stakeholders also stated that the gendered recommendations for alcohol limits should be reconsidered as many viewed this type of guideline as irrelevant and outdated. Participants advocated that the guidelines would be more inclusive if gender references were removed altogether.
- Stakeholders in Quebec were particularly vocal about the guidelines not considering the context in which alcohol is being consumed (social, drinking with or without food, the age of the consumer, etc.). This lack was perceived as a failure to adapt the guidelines to the reality of different situations. Quebec stakeholders also believed the guidelines did not put enough emphasis on abstinence from drinking.
- **Updated guidelines should be developed without industry input.** Stakeholders wanted to ensure that the new guidelines are developed without industry consultation. They believed that current guidelines should eliminate any references to health benefits, promote non-drinking as a better choice, and highlight the harms of drinking such as cancer and negative impacts on mental and physical health.

Among the people you serve, what is their understanding of the concept of drinking guidelines?

- **Understanding and familiarity with the LRDGs is low.** Several stakeholders indicated that general knowledge of the dangers of alcohol is limited and the people they serve are not aware of the guidelines. Stakeholders believed that the consumption of alcohol is completely normalized in Canadian society and many people who live in Canada are not familiar with the guidelines because they do not perceive drinking as dangerous.
- Stakeholders working in prevention roles and directly with their community are more likely to report that the people they serve are familiar with the LRDGs. This awareness is because one of the goals and regular practices for these stakeholders is to inform the people they serve, especially youth, about the risks of alcohol.
- **Stakeholders generally have a good understanding of the LRDGs.** Stakeholders who serve other stakeholders agreed that the people they serve are generally well educated on the guidelines. For example, public health organizations that work with universities and colleges and different community organizations believe the people within those organizations are familiar with the LRDGs. However, there is often persistent confusion about standard drink size and the recommendations for daily versus weekly alcohol consumption limits.

How do people monitor their drinking (e.g., daily or weekly)?

- It is difficult for stakeholders to know how the people they serve monitor their drinking. Stakeholders indicated that they believe most people use one measure or the other (weekly or daily), but some may use a combination of both. A few stakeholders mentioned they believed that because the LRDGs gave both daily and weekly monitoring options, people sometimes "bend the guidelines" to make the number of drinks they have fit within them.
- **It depends on the question you ask.** Stakeholders indicated that depending on the type of conversations being had with the people they serve and the questions being asked, people express how they monitor their drinking differently. For example, chronic disease–related stakeholders agreed that the discussion around alcohol and the LRDGs would depend greatly on the individual being served and their needs.

What may be keeping people from following the drinking guidelines?

- **There is a lack of awareness about the existence of the LRDGs.** Many stakeholders indicated a general lack of awareness about the LRDGs in the communities they serve, especially youth.
- **The normalization of drinking in Canadian culture keeps people from being concerned about their drinking.** Stakeholders agreed that drinking is normalized and even expected within Canadian culture, and this keeps people from being concerned about their drinking patterns. Stakeholders believe that people who live in Canada are generally not aware of the dangers of drinking, such as cancer risks. Stakeholders in Quebec strongly believe that the normalization of drinking is problematic and contributes to people not following any type of drinking guidelines.

Quotations

> If the level of knowledge of the dangers of alcohol is super low, people don't even know they're supposed to be looking for guidelines or that type of information. That's the problem, they don't know to look for guidelines. (Lived and living experience of substance use stakeholder)

> I think all [university students] really know is that how many drinks per week or the guideline amount. They're not so familiar with all the other information in the guidelines. In terms of monitoring their drinking, I don't think they necessarily do monitor. It's probably one extreme to another. Students are quite familiar with getting a safe ride home and having a designated driver. Other than that, I'm not exactly sure. (Counsellor and treatment provider stakeholder)

> For many of our clients, oftentimes, it is that they've been told abstinence is the only way to go. And the idea of responsible drinking and low-risk drinking is something that they've never been told about, don't know anything about. (Chronic disease–related organization stakeholder)

> I would say that our stakeholders are quite familiar and since we don't provide direct services, we disseminate the guidelines to our stakeholders and communities. (Mental health and addictions organization stakeholder)

> I don't think that we should be promoting that alcohol is helpful for anyone's health. If you're talking about antioxidants, I mean, there's far easier ways to get antioxidants instead of ingesting the toxin that alcohol is. So that statement bugs me, and I think it's not appropriate on [the LRDGs]. (Counsellor and treatment provider stakeholder)

At-Risk Populations

Specific feedback in relation to at-risk populations included:

- Those working with youth, including university students, indicated they are working on normalizing the option of not drinking. They are showing youth that this is a perfectly acceptable option and that many of their peers are also choosing not to drink.
- Many at-risk populations, particularly youth, have limited to no awareness of the LRDGs. There is often little understanding of serving sizes and standard drink units.
- Many people being treated for chronic diseases have been told that abstinence is the only approach to alcohol consumption and are not familiar with the LRDGs and the idea of low-risk drinking.

Which health or social harms (i.e., outcomes) do you think are most important to focus on when the LRDGs are being developed?

- Alcohol is a known carcinogen. Stakeholders discussed how the knowledge of alcohol being a carcinogen was extremely low among people who live in Canada. Stakeholders discussed the importance of this information being shared with the people they serve and people who live in Canada in general. The increased risk of breast cancer was also emphasized by several stakeholders.

- **The negative impact of drinking on young adults, particularly university and college students.** It is difficult to get this population to think about the negative impacts of drinking, especially long-term effects. It was suggested by a professional association stakeholder that showing young adults the short-term impacts of drinking, such as fights, assaults, accidents, might have more impact. Other stakeholders referenced the impact of the Mothers Against Drunk Driving (MADD) campaigns and how this type of graphic and "immediate consequences" messaging has worked in the fight against drunk driving.
- **The negative impact of drinking alcohol on teens and children.** Several stakeholders, particularly in mental health and addictions organizations, indicated that young people often start drinking at a very early age, sometimes in the pre-teen years. Similar to young adults, focusing on the short-term impacts was viewed as the most effective way to express the dangers of alcohol to teens and children. Having information to guide parents through these types of discussions was seen as important. Negative effects for this population included impacts on brain development, mental health and dangers as a result of impaired judgment.
- **The negative impact alcohol consumption has on mental health.** Stakeholders expressed the importance of education about alcohol as a depressant and the negative impact on overall mental wellbeing. Stakeholders in the mental health and addictions segment stressed the negative impact alcohol can have when taken with different types of medications such as antidepressants and antipsychotic medications.
- **The negative impact of alcohol on physical health.** Stakeholders agreed that the guidelines should stress the negative impact that alcohol consumption has on physical health, including cardiovascular disease, liver disease and diabetes.
- **Societal impacts such as domestic abuse, child neglect and other harmful effects to the family unit.** Stakeholders discussed the importance of understanding how alcohol use disorder impacts families and friends and not just the individual consuming alcohol. This particular discussion was top of mind for stakeholders with lived and living experience of substance use who highlighted the overall negative impacts on the quality of life perpetuated by alcohol use disorder.
- **The negative impacts of drinking alcohol during pregnancy.** While this particular outcome was not mentioned as frequently by stakeholders, those in the chronic disease–related organizations segment pointed out that there is still a lot of confusion about "safe amounts" of alcohol during pregnancy and that some physicians discuss the idea of safe limits during pregnancy when they should be promoting the "no alcohol during pregnancy" approach.

Quotations

> I'll say that I think many people, especially young people have a hard time thinking about something that might happen to them in 10 or 20 years. … But I think for young people, what might be helpful is seeing the immediate risk to them. … There's lots of misadventure associated with just being intoxicated. (Professional association stakeholder)

> Alcohol is attributable to over 200 different medical conditions. It's one of the leading causes of the premature mortality globally. (Public health organization stakeholder)

> Public awareness of alcohol as a carcinogen is very, very low. People have the right to know that it does cause cancer, over seven types of cancer. (Public health organization stakeholder)

> In terms of health harms, there are so many. Obviously, your liver, right? And it causes seven kinds of cancer. And then there's alcohol use disorder, causes diabetes. It's linked to health issues. It affects a lot of people's physical health and it's really linked to suicide and domestic abuse. (Lived and living experience of substance use stakeholder)
>
> It's about the impact on physical health and mental health, but also, it's those other pieces that are so critical to a person's overall quality of life. … we need to think about this in a broader context, the social determinants of health and impact. (Mental Health and addictions organization stakeholder)
>
> It's certainly not uncommon for physicians to have conversations about how to use alcohol responsibly during pregnancy, as opposed to just saying, "You should not consume alcohol." (Chronic disease–related organization stakeholder)

Additional Feedback

A major takeaway from the health and social harms discussion was that there are a multitude of outcomes that would be useful to include in the guidelines. Some guidelines will resonate with a particular population, while others will not. Having specific guidelines for different population segments that highlight specific health and social harms would be most beneficial. However, stakeholders agreed that creating LRDGs that get people thinking about their alcohol consumption and related risks to their overall health should be the goal of the guidelines.

Many stakeholders agreed that it is important for the LRDGs to focus on including messaging that combats the cultural attitudes of drinking culture in Canada, especially binge drinking. This is particularly important when addressing youth and young adults.

Perspectives on Standard Drink and Labelling

Do you feel that people have the right to be presented information about standard drinks, warnings or nutrition via labels on alcohol bottles?

- Stakeholders believed that people have the right to be given all available information about standard drink size, potential harms from consuming alcohol and nutritional information. While not all stakeholders were asked this question due to time constraints, those who provided a response indicated that warning labels, nutrition labels and number of servings in a bottle was important information that should be provided to the public.
- Public health organization stakeholders believed warning labels are extremely important and provide an opportunity for advocacy. Stakeholders from public health organizations felt very strongly about the inclusion of alcohol warning labels and additional information about standard drinks. Individuals from other stakeholder segments including mental health and addiction organizations and chronic disease–related organizations had similar opinions.

What do you think about using the terms standard drink versus unit of alcohol?

- Keeping the drinking guidelines as simple as possible is considered best. Stakeholders believed that using the simplest way to describe one serving of alcohol is the best approach. They agreed

that the more complicated it becomes, the less people will pay attention to the guidelines. Most agreed that simple terms such as a bottle of beer, a five-ounce glass of wine or one shot of hard liquor made the most sense when describing what a standard drink is.

- **Standard drink, standard serving and unit of alcohol were generally perceived as confusing terms.** Several stakeholders thought these different terms were confusing and that most people were not aware of the difference between the three definitions.
- **People living in Quebec have a good understanding of standard drink sizes.** Quebec stakeholders were confident that due to the public information campaign work that has been done over the last several years, Quebec residents have a strong understanding of standard drink sizes.

What would you recommend about how to most effectively present what a standard serving of alcohol is?

- Most stakeholders used the term standard drink size or standard drink unit and referred to the drink sizes for different types of alcohol outlined in the LRDGs. Communicating that different types of alcohol have different standard drink sizes was thought to be very important.
- **Public education was believed to be the most important element to help people understand standard serving sizes.** Most stakeholders agreed that regardless of how this information is presented, continuous public education is needed to ensure the public is well informed. Ensuring the information is simple and easy to understand was viewed as the best approach.
- **The development of an app to help clarify the guidelines and standard drink size could be beneficial.** A few stakeholders discussed developing an application that people could download onto their phones. The app could scan products and provide information on the number of servings per container and the size of individual servings. While this was not mentioned in all stakeholder groups, those in the professional associations segment were especially fond of the idea.

Quotations

> I think people have the right to know what they're consuming. It really goes back to those principles. I think most of us acknowledge alcohol is a poison that we're choosing to consume or not, and there's lots of reasons. … knowledge is power, so I'm a supporter of labelling. (Chronic disease–related organization stakeholder)

> Here is your opportunity to all become advocates for alcohol warning labels, right? I think that's where the evidence shows we should be focusing our attention. Having these linked to advocacy efforts or strong alcohol warning labels, like the Yukon study, will be fantastic and then we could really be onto something. (Public health organization stakeholder)

> In Quebec, because of the work that has been done [to educate the public], more than two-thirds of Quebecers know what a standard drink is. They don't know how to tell you it's 13.45 grams of alcohol, but they'll tell you it's a normal bottle of beer, there are six glasses in a bottle of wine, it's [one and a half ounces] of spirits. There are easy ways to explain this to people. (Quebec stakeholder, mental health and addictions organization)

> I've always just used the term standard drink unit, right? But it's a little bulky and cumbersome. Here's a standard drink unit. And how does it differ if you're drinking five per cent alcohol verses 13 per cent alcohol verses 30 per cent? Again, it's a real literacy

piece around being able to sort out what is one standard drink unit. So, I just always use that term, standard drink unit. (Counsellor and treatment provider stakeholder)

Perspectives on Knowledge Mobilization

How can CCSA create targeted LRDG messaging for the people you serve?

- **Provide information that can be tailored by stakeholders.** Stakeholders would like to have a variety of different types of information and infographics they can use for different audiences. Stakeholders from the public health segment indicated they make a lot of their own communication materials, so they do not necessarily need brochures or posters from CCSA, but statistics and evidence-based information is useful.
- **Messaging that is attention grabbing and has a shock factor.** Several stakeholders agreed that this type of messaging is memorable and works particularly well with teens and younger adults. For example, stakeholders in the counsellor and treatment providers segment referenced a recent HPV Gardasil campaign with posters. Others in the group referenced the MADD campaigns.
- **Eliminate guidelines that are based on gender or incorporate a non-binary element to be more inclusive.** The gender references in the current guidelines are viewed as outdated, unnecessary and confusing, and exclude a percentage of the population.
- **Focus on messaging that supports harm reduction and not necessarily the elimination of drinking altogether.** Stakeholders in the mental health and addictions organization segment stressed the importance of ensuring messaging does not introduce stigma around drinking. These participants reinforced that the current guidelines provide balanced information about drinking limits in a non-stigmatizing way.

What is the best way to communicate these messages?

- Peer-to-peer messaging; for example, using other students to promote the LRDGs and using social media influencers through social media campaigns.
- Social media such as TikTok and Instagram.
- Provide examples to people on how to have conversations about alcohol with friends and family.
- Container and bottle labels; include information about serving size, number of servings per bottle and potential health risks.
- Provide information at point of sale.

What kinds of information materials would you like to see CCSA develop about this topic?

- Infographics
- Posters, brochures, handouts
- Assessment tools

- Social media campaigns
- An app to monitor drinking patterns and provide easy to access information
- Targeted information designed for specific populations

At-Risk Populations

Specific feedback in relation to at-risk populations included:

- Messaging to youth needs to focus on immediate outcomes and normalize choosing not to drink. Using social media platforms like TikTok and Instagram to building campaigns with messaging from peers have the most impact.
- Messaging and information that is targeted for specific groups, such as those living with chronic diseases, mental illness or other health concerns.
- Continuing to focus on a harm reduction approach for those with substance use disorders.

Additional Feedback

Most stakeholders indicated they preferred messaging that gives clear information about the harms of drinking. Stakeholders in the chronic disease–related segment and those in the public health organization segment were more likely to support messaging that promotes abstinence and the dangers of drinking. Stakeholders in the mental health and addictions organizations and counsellors and treatment providers segments were more likely to favour messaging focused on harm reduction.

Quotations

> For us, we really involve the students. Student to student is really powerful. (Counsellor and treatment provider stakeholder)
>
> Our population does not want to sit and listen to me, who's 20 years older than them. Something that we think might be effective as well is kind of the shock factor. … I'm thinking right now we're providing HPV Gardasil in our clinic, and they put together these amazing posters that are just going to grab the attention of the students. So, I'm sort of thinking something like that would maybe work well with the population we work with. (Counsellor and treatment provider stakeholder)
>
> Cancer's a hard one when I think about it, it's a really long-term thing for most people. So, you're not going to convince youth in relation to low-risk drinking about cancer because they're invincible and they're not going to think about getting cancer. (Chronic disease–related organization stakeholder)
>
> I think the current alcohol use disorder treatments that are available, they dovetail nicely with this document because it isn't about having to quit. It's about choosing wisely. If you make the decision to drink in your life, you're choosing wisely and you're making a good decision. (Mental health and addictions organization stakeholder)
>
> If you put some of the numbers out there of how much it costs the government, how many people are incarcerated because of alcohol, how much it costs you per day if you drank two glasses of wine a day or had five beers a day times 365 days, this is what it's costing you at the end of the day. Maybe people will say they will have an extra look at how much they're drinking. (Lived or living experience of substance use stakeholder)

Conclusion

Stakeholders were incredibly engaged throughout the research process and willing to share their feedback. Almost all participants agreed that they would like to be contacted again for future research opportunities and consultation sessions related to the further development of the revised LRDGs. There is room for LRDG education initiatives and stakeholders are willing to engage in bringing the LRDG information to the people they serve. Providing tools such as infographics, materials that can be customized to include specific messaging for different populations and clearer direction on standard drink guidelines will be important elements to the revised LRDGs.