



The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

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Constituent Societies
Alliance for Healthier Communities (AHC)

Association of Public Health Epidemiologists in Ontario (APHEO)

Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)

Canadian Institute of Public Health Inspectors - Ontario Branch (CIPHI-O)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario (HPO)

Ontario Association of Public Health Dentistry (OAPHD)

Ontario Association of Public Health Nursing Leaders (OAPHNL)

Ontario Dietitians in Public Health (ODPH)

Ontario Public Health Libraries Association (OPHLA)

Charitable Registration
Number 11924 8771 RR0001

September 20, 2022

Canadian Centre on Substance Use and Addiction
75 Albert Street, Suite 500
Ottawa, ON
K1P 5E7 Canada

Re: Public consultations on updates to Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs), 2011

Public Summary

The public summary is intended for the public.

1. I want to answer questions about the Public Summary

a) **Yes** b) No [go to Technical Summary]

2. Please indicate how strongly you agree with the following statement: The Public Summary is clear, simple and easy to understand.

a) Strongly agree b) **Agree** c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

3. Please tell us the key message of the Public Summary (maximum 20 words). If you do not want to respond, please write "no comment".

Alcohol harms health. Drinking less is better. Limit to 2 drinks or less a week to avoid problems from alcohol.

4. What elements of the Public Summary help you understand this key message? If you do not want to respond, please write "no comment".

Even in small quantities, alcohol is not good for your health.

5. If you could change one thing to improve the Public Summary, what would it be and please tell us why (maximum 30 words). If you do not want to respond, please write "no answer".

- Visual resolution is poor
- Consider literacy level; avoid potentially stigmatizing words (eg. "habit")
- Include evidence-based tool to cut down
- Combine the risk scale with the consequences of drinking statements

Technical Summary

The Technical Summary is intended for health organizations, health professionals (e.g., physicians, nurses, counsellors) and people who would like to learn about the update of the LRDGs, its key takeaways, the risks associated with alcohol and implications.

6. I want to answer questions about the Technical Summary

a) Yes b) No [Go to Technical Report]

7. Please indicate how strongly you agree with the following statement: The Technical Summary is clear, simple and easy to understand.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

8. Please indicate how strongly you agree with the following statement: The information presented in the Technical Summary is likely to make people reconsider their alcohol drinking habits.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

9. Please indicate how strongly you agree with the Technical Summary's Policy Implications.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

10. If you could change one thing to improve the Technical Summary, what would it be and please tell us why (maximum 30 words). If you do not want to respond, please write "no answer".

Include findings/advice for youth or state what age range the evidence speaks to. New low-risk definition may cause confusion. Tailor messages to variety of audiences with sustained social marketing campaign.

Technical Report

The Technical Report is intended for alcohol scientists, policy makers and healthcare professionals who are interested in understanding the detailed process followed, the types of evidence reviewed and the way the evidence was used to update the LRDGs.

The update of the LRDGs and the resulting seven key takeaways are based on the most recent and high-quality evidence available.

11. I want to answer questions about the Technical Report

a) Yes b) No [Go to Background]

Takeaway 1: All levels of alcohol consumption are associated with some risk, so drinking less is better for everyone

12. Please indicate how strongly you agree with Takeaway 1.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

13. In your opinion, is there any additional evidence relevant for takeaway 1 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

No comment

Takeaway 2: There is a continuum of risk whereby the risk for those who consume 2 standard drinks or less per week is negligible to low; it is moderate for those who consume between 3 and 6 standard drinks per week; and it is high for those who consume more than 6 standard drinks per week, with increasingly higher levels of risk with every additional drink

14. Please indicate how strongly you agree with takeaway 2.

a) Strongly agree **b) Agree** c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

15. In your opinion, is there any additional evidence relevant for takeaway 2 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

Are people to understand low, moderate and high risk as how you have explained “The consequences of drinking”? Do we now talk about low, moderate and high risk drinking guidelines vs. low-risk drinking guidelines (as previously done)? What research/reviews exists to guide how these guidelines can be crafted to get people to rethink/change their consumption levels?

Takeaway 3: On any occasion, any level of consumption has risks, and with more than two standard drinks, most individuals will have an increased risk of injuries or other problems.

16. Please indicate how strongly you agree with takeaway 3.

a) Strongly agree **b) Agree** c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

17. In your opinion, is there any additional evidence relevant for takeaway 3 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

Although backed by evidence/research, public may find this difficult to accept as true because drinking is so normalized and consequences are not readily linked back to alcohol.

The Report's call for alcohol warning labels is a key tool for increasing public awareness of alcohol-related health risks and reducing per capita alcohol use. <https://kmb.camh.ca/eenet/resources/alcohol-labeling-a-tool-to-inform-consumers-about-alcohol-s-link-to-cancer>.

What does research tell us about how to communicate risk about a socially accepted/glamorized/ promoted, normalized, risky behaviour? What evidence is there from tobacco control?

[Alcohol Health Warning Labels: A Rapid Review with Action Recommendations](#) (Giesbrecht, Reisdorfer and Rios, 2022)

Takeaway 4: Disproportionately more injuries, violence and deaths result from men’s drinking.

18. Please indicate how strongly you agree with takeaway 4.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

19. In your opinion, is there any additional evidence relevant for takeaway 4 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

Contextualized in the understanding that males experience higher rates of harm from (other) substance use (e.g., opioids) because of male-specific traits. In the CCSA update, gender-specific traits regarding women are outlined but not as much for men.

Takeaway 5: Above low levels of alcohol consumption, the health risks increase more steeply for women than for men

20. Please indicate how strongly you agree with takeaway 5.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

21. In your opinion, is there any additional evidence relevant for takeaway 5 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

No answer.

Takeaway 6: It is safest to not drink while pregnant and during the preconception period

22. Please indicate how strongly you agree with takeaway 6.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

23. In your opinion, is there any additional evidence relevant for takeaway 6 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

What does the research say about how to communicate this effectively to women in preconception/ during pregnancy?

Takeaway 7: For women who are breastfeeding, it is safest not to use alcohol

24. Please indicate how strongly you agree with takeaway 7.

a) Strongly agree b) Agree c) Neither agree nor disagree d) Disagree e) Strongly disagree f) Prefer not to answer

25. In your opinion, is there any additional evidence relevant for takeaway 7 that we should consider? If so, please provide the citation or citations. If you do not want to respond, please write “no answer”.

Harm reduction messages and strategies for women who are breastfeeding and choose to drink.

Background Questions

26. Please choose which of the following statement best describes you. Are you giving us your feedback:

a) As someone who cares about the effect of alcohol consumption for you, your family or your friends?

b) As a professional who uses drinking guidelines in your work? c) On behalf of an organization? If so, which one? Ontario Public Health Association Either OPHA or YRPH

d) Prefer not to answer.

27. In which province or territory is your organization based?

e) Ontario

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange. Our membership represents many disciplines from across multiple sectors.

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