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# **Update of Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Findings from Public Consultation**

September 9, 2021

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## About this Document

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# Summary of Findings from Public Consultation

## Key Messages

- In spring 2021, CCSA held an online public consultation to hear what alcohol, health and well-being issues matter most and what is most useful to people. The consultation also aimed to obtain insights into the type of knowledge mobilization efforts that would increase awareness and use of the updated Low-Risk Alcohol Drinking Guidelines (LRDGs).
- A total of 4,809 submissions were received. Nearly all contributors were White, and three times more females than males submitted feedback. The majority self-identified as members of the general public, while about one-fifth self-identified as individuals with lived or living experience of an alcohol use disorder, and another fifth self-identified as healthcare professionals or providers.
- Nearly everyone who contributed said they currently consume alcohol with most drinking on a weekly basis and no more than two drinks on any day.
- About six out of 10 contributors said they were not aware of Canada's LRDGs. Among those who were aware, two-thirds said they used the guidelines mainly for "checking if they are drinking too much alcohol." Those who used the LRDGs also noted challenges with their use, the most common one being "not wanting to follow the LRDGs."
- These findings highlight the need for sustained public education to ensure people living in Canada are aware of the LRDGs, so they can make informed choices about drinking alcohol. Understanding the risks and benefits of drinking alcohol will help people understand why they should follow the guidelines.
- Contributors suggested the impact of drinking alcohol on mental health should be prioritized in the updated LRDGs. This topic was followed by the impact of drinking alcohol on physical health and how alcohol can impact people's lives, for example, violence, sexual assaults, or work or school absenteeism.
- Most contributors said the updated LRDGs should help them "to reduce their risk of experiencing alcohol-related harms" and "improve their knowledge about alcohol-related risks and benefits."
- Contributors' responses to some key questions, such as challenges when using the LRDGs and reasons for not using the guidelines, differed by sex and age. However, differences in the results by race nor ethnicity cannot be examined because about 98 percent of contributors self-identified as White.
- To better understand alcohol-related issues for people in key demographics, specifically women and youth, CCSA will hold focus groups before developing knowledge mobilization recommendations to increase awareness and use of the updated guidelines.



## Introduction

In Canada, the first Low-Risk Alcohol Drinking Guidelines (LRDGs) were released in 2011. They aimed to provide consistent information and messaging for people who want to reduce the risk of acute harms related to intoxication and chronic harms related to long-term alcohol use. Since then, new research has improved our understanding about the risks and benefits of alcohol use. Many countries have updated their alcohol use guidelines to reflect these advancements. In July 2020, CCSA received funding from Health Canada to lead the initiative to update the LRDGs to help people make well-informed and responsible decisions about their alcohol consumption.

In support of this initiative, CCSA held public consultation about the LRDGs to improve our understanding about the awareness and usage of the current LRDGs. This consultation will inform our work and help increase the use of the updated LRDGs in Canada.

The consultation findings serve two purposes. First, the overall level of awareness, understanding and use of the current LRDGs will provide insights into the range and type of knowledge mobilization efforts that would increase awareness and use of the updated guidelines. Second, indications about what alcohol, health and well-being issues matter most and is most useful to people living in Canada will inform the experts' decisions and deliberations during the guidelines update,<sup>1</sup> per the GRADE approach (Guidelines International Network and McMaster University, n.d.).

To help people in Canada make more informed decisions about alcohol consumption, this public consultation collected feedback from those most interested. A total of 4,809 submissions were received in response to this consultation and while the results are not considered to be representative of the views of all people living in Canada, this level of response demonstrates a tremendous interest for the provision of alcohol-related advice and information.

## Format of the Consultation

The online public consultation was held for six weeks. It was open to all people in Canada from March 8 to April 18, 2021. The consultation was promoted widely through CCSA's website, e-blasts, social media, and national and regional digital news media advertisements.

A total of 22 questions focused on different themes, including:

- Awareness about the current Canadian LRDGs
- Knowledge about standard drinks and current recommended limits
- Best approaches for getting information about alcohol consumption
- Whether and how the contributors were using the current LRDGs
- Reasons for using the current LRDGs
- What is most useful with the current guidelines
- Challenges when using the current LRDGs
- Needs and expectations for the updated guidelines
- Topics to be prioritized in the first update of the Canadian LRDGs

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<sup>1</sup> The LRDG update project involves three Scientific Expert Panels, one focusing on the impacts of alcohol consumption on physical health, one on the social and mental health effects, and the third on knowledge mobilization. For a complete list of experts go to [www.ccsa/irdg](http://www.ccsa/irdg)



Nearly all questions were closed-ended questions, which allowed the contributors to choose from a list of pre-selected options. A few were open-ended. Answers to these questions will be published in a complementary summary report at a later date. The public consultation questionnaire is presented in Appendix 1.

## Who Did We Hear From?

For this consultation, contributors were able to submit feedback on more than one occasion if desired. Feedback accumulated is an amalgamation of all input received. Not all contributors answered all questions. However, for a submission to be considered complete, contributors had to officially submit their responses by reaching the end of the questionnaire. If a submission only included responses to the socio-demographic questions but not the other questions pertaining to the LRDGs, the submission was excluded.

### *Contributors' Socio-Demographic Information*

People who submitted feedback came from all 13 provinces and territories. Responses were received in both French ( $n = 251$ , 9%) and English ( $n = 2,570$ , 92%)<sup>2</sup>. Nearly all contributors self-identified as White ( $n = 4,352$ , 91%). They were relatively young as 9% ( $n = 434$ ) reported being younger than 25 years old, with most reporting being between 25 and 29 ( $n = 754$ , 16%), 30 and 34 ( $n = 839$ , 17%) or 35 to 39 years old ( $n = 677$ , 14%). More females ( $n = 3,578$ , 77%) than males ( $n = 1,020$ , 22%) participated.

When asked to select the group or groups they felt best described them, the majority self-identified as members of the general public ( $n = 3,178$ , 66%). About one-fifth ( $n = 914$ , 19%) reported having lived or living experience with an alcohol use disorder. An additional one-fifth ( $n = 886$ , 18%) self-identified as healthcare professionals or providers.

### *Contributors' Alcohol Use*

Nearly all people who responded to this consultation used alcohol in the previous 12 months ( $n = 4,353$ , 91%) and did so frequently (i.e., two to three times a week [ $n = 1,168$ , 24%], four to five times a week [ $n = 699$ , 15%] or on a daily basis [ $n = 760$ , 16%]). The majority who contributed to the consultation and who use alcohol reported drinking no more than two alcoholic beverages on those days they drink alcohol ( $n = 2,593$ , 59%), while 31% ( $n = 1,375$ ) reported usually having three to five drinks and 9% ( $n = 383$ ) reported six or more drinks.

For more details about the contributors' socio-demographic information, see Appendix 2.

## Reading This Report

Findings in this summary report reflect the views of those who participated in the consultation. They are **not** representative of the views of all people living in Canada and do not reflect the perspectives

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<sup>2</sup> A technical problem prevented us from collecting information about the province of residence during the first week of the survey. Post-consultation analyses allowed us to conclude that those who responded in French during this period are likely to be Quebec residents.



of the broader general public. Rather, the findings offer a thematic overview of the feedback that was submitted through the consultation process by interested contributors.<sup>3</sup>

Since the feedback is derived from a non-probability sample, percentages are presented throughout the report to provide a more comprehensive picture of the results – not as an attempt to generalize to all people living in Canada. To avoid confusion about the generalizability of the results, individuals who participated in the online consultation are referred throughout this report as “contributors.”

The LRDGs are intended for the general population but according to the terms of reference for the project (Canadian Centre on Substance Use and Addiction, 2021), the updated guidelines need to include specific recommendations for at-risk groups such as youth and females. Because these groups' perspectives are important, the next section not only covers results from all contributors but also highlights when females responded differently than males and when youth responded differently than older contributors.

## What We Heard from Contributors

### *Awareness and Understanding of the Current LRDGs and Related Issues*

- Among the 4,809 submissions, only a third of contributors said they had previously heard of the current LRDGs ( $n = 1,845$ , 38%).
  - Exactly the same proportions of females ( $n = 1,419$ , 38%) and males ( $n = 398$ , 38%) were aware of the LRDGs.
  - Only a quarter of those younger than 25 years old had heard about the LRDGs ( $n = 112$ , 26%), compared with 40% ( $n = 1,713$ ) of those aged 25 and older.
- Most contributors said they primarily got information about alcohol consumption in the previous year from the internet and social media ( $n = 2,226$ , 46%), and word of mouth ( $n = 1,819$ , 38%).
  - Contributors younger than 25 years old said word of mouth was their primary source of information ( $n = 261$ , 60%), followed by the internet or social media ( $n = 208$ , 48%).
- Among contributors who said they were aware of the LRDGs, more than a quarter ( $n = 508$ , 28%) had heard about the guidelines from the internet and social media (e.g., Facebook, Twitter, Instagram). Another quarter ( $n = 479$ , 25%) said they had heard about them from public health and health organizations (e.g., a hospital, treatment centre) and nearly a quarter ( $n = 419$ , 23%) said they heard about them from healthcare professionals (e.g., doctors, nurses, social workers).
  - Contributors younger than 25 years old said they had heard about the LRDGs primarily at school, college or university ( $n = 55$ , 49%).
- Those who said they were aware of the LRDGs were asked about the weekly and daily limit of alcohol use for their sex.

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<sup>3</sup> This public consultation is one part of the larger project of updating the LRDGs. At a later stage, CCSA will conduct targeted consultations and interviews to gain detailed insight on the views of at-risk groups, such as youth, women and people with chronic diseases, and stakeholders who have promoted the current guidelines or related topics.



- Nearly four out of 10 female ( $n = 555$ , 39%) and male ( $n = 152$ , 39%) contributors correctly identified what the current LRDGs recommend weekly (i.e., a maximum of 10 drinks a week for females and 15 drinks a week for males) (Canadian Centre on Substance Use and Addiction, 2018).
  - Contributors younger than 25 years old were less likely to correctly identify the current LRDGs' weekly limit for their sex.
- Nearly half of female contributors ( $n = 680$ , 48%) knew that the limit is a maximum of two alcoholic drinks per day, while more than a third ( $n = 529$ , 37%) gave a lower limit (i.e., one or fewer than one alcoholic drink per day). A smaller proportion of male contributors ( $n = 174$ , 44%) knew that three alcoholic drinks per day is the limit, while fewer said it was lower (i.e., two, one or fewer than one alcoholic drink per day) ( $n = 167$ , 42%).
  - Contributors younger than 25 years old were more likely than older contributors to underestimate the weekly limit for their sex.

### **Use of the Current LRDGs**

- Among the 1,845 contributors who said they had heard of the current LRDGs, about two-thirds said they used them ( $n = 1,171$ , 63%).
  - About the same proportions of female ( $n = 913$ , 64%) and male contributors ( $n = 245$ , 62%) reported to have used the LRDGs.
  - A little more than half of contributors younger than 25 years old said they have used the LRDGs ( $n = 65$ , 58%), compared with nearly two-third of those aged 25 and older ( $n = 1,093$ , 64%).
- Contributors who have used the LRDGs said the most useful purpose of the guidelines is to check whether they are drinking too much alcohol ( $n = 430$ , 37%), get tips about drinking more safely ( $n = 259$ , 22%) and obtain information about the long-term risks and benefits of drinking alcohol ( $n = 237$ , 20%). In fact, items like checking whether they are drinking too much alcohol ( $n = 613$ , 42%) or getting information about the long-term risks and benefits of alcohol consumption ( $n = 487$ , 34%) are also the main reasons they reported for using the guidelines.
- Contributors who have used the LRDGs also reported challenges with their use. Most of them said they sometimes do not want to follow the guidelines ( $n = 413$ , 35%), it is not clear to them what a "standard drink" is ( $n = 212$ , 18%) and the standard drinks in the guidelines do not represent the types of alcoholic beverages they typically drink ( $n = 196$ , 17%).
  - About twice as many female ( $n = 145$ , 16%) as male ( $n = 20$ , 8%) contributors said one challenge for not using the guidelines is that other people, whose views are important to them, do not really care about the guidelines.
  - Not being clear whether the guidelines apply to them is a challenge that was identified by three times more contributors younger than 25 years old ( $n = 14$ , 22%) than those aged 25 and older ( $n = 70$ , 7%).



- Contributors who have used the LRDGs said they were extremely ( $n = 501$ , 43%) or moderately ( $n = 441$ , 38%) familiar with the concept of a standard drink. Most said that when they use alcohol, they count the number of standard drinks they consume almost every time ( $n = 396$ , 34%) or occasionally/sometimes ( $n = 328$ , 28%).
  - Fewer contributors younger than 25 years old than older contributors said they were extremely familiar with the concept of a standard drink ( $n = 16$ , 25%, compared with  $n = 477$ , 44%)
- Contributors who have heard about the LRDGs but have not used them ( $n = 397$ , 22%) said it was because they already drink little alcohol or in moderation ( $n = 156$ , 39%), they do not want to follow the guidelines ( $n = 90$ , 23%) or the suggested limits are too low ( $n = 72$ , 18%).
  - Compared with males, female contributors were more likely to note that they did not use the guidelines because they already drink in moderation (45% for female and 28% for male contributors) and less likely to note that it is because the suggested limits are too low (15% for females and 25% for males) or that they do not want to follow the guidelines (20% for females and 30% for males).
  - Compared with older contributors (aged 25 years and older), those younger than 25 years old were more likely to note that they did not use the guidelines because they do not want to follow the guidelines (36% for younger and 21% for older contributors) and because they think it is unlikely drinking alcohol will harm them (15% for younger vs 6% for older).

### ***Expectations for the Updated LRDGs***

Contributors were clear on what topics they thought CCSA should prioritize in the update of the guidelines. This included, in order of prioritization:

1. The impact of drinking alcohol on mental health (i.e., anxiety or depression) ( $n = 3,887$ , 80%).
2. The impact of drinking alcohol on physical health, such as the link between alcohol and cancer, cardio-vascular disease or liver disease ( $n = 3,399$ , 71%).
3. How drinking alcohol can affect people's lives. For example, the link between alcohol and violence, sexual assault or work or school absenteeism ( $n = 2,655$ , 55%).
  - Female and male contributors provided different input. Females' top three priorities were the impact of drinking alcohol on mental health ( $n = 3,091$ , 85%), on physical health ( $n = 2,633$ , 72%) and on people's lives ( $n = 2,072$ , 56%). Males' top three priorities were the effect of drinking alcohol on mental health ( $n = 735$ , 71%), on people's lives ( $n = 353$ , 51%) and how to drink alcohol more safely in specific circumstances ( $n = 442$ , 42%). Less than a third of males indicated that the impact of alcohol use on physical health should be a priority of the update ( $n = 325$ , 31%).
  - Compared with older contributors, those younger than 25 years old were more likely to identify how to drink alcohol more safely in specific circumstances (59% for younger contributors and 42% for older) as a priority for the update.



Most contributors said they think the updated guidelines should help them reduce their risk of experiencing alcohol-related harms ( $n = 2,775$ , 58%) and improve their knowledge about alcohol-related risks and benefits ( $n = 2,660$ , 55%).

## Discussion

An important finding from the public consultation is that the majority of contributors reported not being aware of the current LRDGs. Of those who were aware of the current guidelines, two-thirds reported using them, mainly to check whether they were drinking too much alcohol and to obtain information about the long-term risks and benefits of alcohol consumption. Taken together, these findings highlight the value of the LRDGs to inform individuals about low-risk drinking and the need for dedicated resources for sustained public education efforts. Increasing awareness and understanding of the updated LRDGs among people in Canada will better equip them to make informed choices about their consumption of alcohol.

Other countries that recently reviewed their alcohol guidelines have also found few people were aware of their guidelines. Because of this, experts responsible for updating alcohol guidelines in these countries have formulated clear knowledge mobilization recommendations. For example, a report to the Chief Medical Officers in the United Kingdom stated that alcohol guidelines need a well-funded launch campaign and continued promotion, and that health warnings and consistent messaging should appear on all alcohol advertising, products and sponsorship (UK Chief Medical Officers, 2016). In France, a group of experts mandated by the Directorate-General for Health and the Inter-Ministerial Mission against Addictive Behaviour concluded that alcohol guidelines are “only one element of a unified public discourse that aims to prevent the risks associated with alcohol consumption.” They recommended that the alcohol guidelines be accompanied by broad social media marketing campaigns and supported by health professionals. They also recommended a general health warning that any alcohol use poses health risks<sup>4</sup>, and to put warning, nutrition and standard drink labels be put on alcohol containers (Santé publique France, 2017).

Another key result of this public consultation in Canada is that among contributors who said they use the LRDGs, the most often cited challenge with using the guidelines was “not wanting to follow the LRDGs”. This result points to the importance of not only informing people about the existence of the guidelines but also about the reasons for their existence. Without fully understanding risks and benefits associated with alcohol use, people are unlikely to understand why they should follow the guidelines. In the United Kingdom, the Guidelines development group recommended that the Chief Medical Officers publish a more extensive narrative about the basis for the new guidelines and clearly communicate updated evidence about the risks and the protective effects of alcohol use (UK Chief Medical Officers, 2016).

The Canadian public consultation also aimed to gather information about what issues matter most to people and what is most useful for them. Contributors said the updated LRDGs should prioritize the impact of drinking alcohol on mental and physical health, and how alcohol can impact people's lives, including violence, sexual assaults and work and school absenteeism, for example. The effect of alcohol use on mental health was cited as the top priority. This result may be explained by the context of the 2020-2021 COVID-19 pandemic during which people living in Canada have reported lower self-perceived mental health (Findlay & Arim, 2020). Still, the result aligns with previous findings that 18% of people aged 12 and older needed some help in the previous year with their

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<sup>4</sup> Message in the French document: “Toute consommation d'alcool est à risque pour la santé.”



mental health, including for their use of alcohol or drugs, and that nearly half of those felt their needs were either unmet or only partially met (Statistics Canada, 2019).

Lastly, contributors shared an interest in understanding their risk of experiencing alcohol-related harms and receiving information about long-term risks and benefits of alcohol use. Hence, the LRDGs have an important role in providing people with up-to-date information based on the best available evidence to help people in Canada make well-informed and responsible decisions about their alcohol consumption.

## Limitations

A minor limitation of this report is that 18% of contributors self-identified as healthcare professionals or providers, a higher proportion than in the general population (Statistics Canada, 2021). Given their occupational role, people working in health care are likely to be more informed than others about alcohol-related issues. Additional analyses not presented in this report showed that they possess greater knowledge of the LRDGs, their content and related concepts such as standard drink. Hence, public awareness and understanding of the LRDGs and related issues might be lower than what is presented in this summary.

A more important limitation is that people who participated in this public consultation were mostly females who self-identified as White. The convenience nature of the sample means that the results do not reflect the perspectives of the broader general public. Notably, with fewer than two percent of contributors self-identifying with any racial group other than White, it is impossible to present results according to race.

However, it is possible to focus on youth and females, two specific target groups that are particularly at risk and for which the updated LRDGs must include tailored recommendations. The overall results lend themselves to further exploration with all people living in Canada, including diverse groups, to ensure that the updated guidelines will be inclusive and aligned with the values and preferences of the largest possible number of people.

## Next Steps

Building on the findings from the first public consultation, key stakeholders will be provided with an opportunity to contribute information to support the LRDG update. (See <https://ccsa.ca/lrdg-project-2022#public-and-stakeholder-consultations>.)

To further explore and develop the most effective approaches for sharing the updated guidelines, the CCSA will hold meetings with representatives from different organizations that have an interest in or focus on alcohol-related issues to learn about their experience with the current LRDGs. These targeted meetings will be useful in better understanding and meeting the needs of these organizations as they help people make informed decisions about drinking alcohol.

Contributors' responses to some key questions in the public consultation differed greatly by both sex and age – two high-risk groups for which tailored recommendations are needed. To develop knowledge mobilization recommendations focused on the unique needs and preferences of these groups, CCSA will organize focus groups with key demographics to gain a deeper understanding of topics and issues that matter most to them related to the LRDGs.

Overall feedback from the public consultation will inform the experts' decisions and deliberations during the guidelines update.



## References

- Canadian Centre on Substance Use and Addiction. (2021). *Update of Canada's Low Risk Alcohol Drinking Guidelines: Terms of reference*. <https://www.ccsa.ca/sites/default/files/2021-03/CCSA-Lower-Risk-Drinking-Guidelines-Terms-of-Reference-2021-en.pdf>
- Canadian Centre on Substance Use and Addiction. (2018). *Canada's low-risk alcohol drinking guidelines*. [https://www.ccsa.ca/sites/default/files/2020-07/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en\\_0.pdf](https://www.ccsa.ca/sites/default/files/2020-07/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en_0.pdf)
- Findlay, L. & Arim, R. (2020). *Canadians report lower self-perceived mental health during the COVID-19 pandemic*. [https://epe.lac-bac.gc.ca/100/201/301/weekly\\_acquisitions\\_list-ef/2020/20-17/publications.gc.ca/collections/collection\\_2020/statcan/45-28/CS45-28-1-2020-3-eng.pdf](https://epe.lac-bac.gc.ca/100/201/301/weekly_acquisitions_list-ef/2020/20-17/publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-3-eng.pdf)
- Guidelines International Network and McMaster University. (n.d.). *GIN-McMaster Guideline Development Checklist*. <https://cebgrade.mcmaster.ca/guidelinechecklistonline.html>
- Santé publique France et l'Institut national du cancer. (2017). *Avis d'experts relatif à l'évolution du discours public en matière de consommation d'alcool en France*. Saint-Maurice: SPF; 2017. [www.santepubliquefrance.fr/Actualites/Avis-d-experts-relatif-a-l-evolution-du-discours-public-en-matiere-de-consommation-d-alcool-en-France-organise-par-Sante-publique-France-et-l-Inca](http://www.santepubliquefrance.fr/Actualites/Avis-d-experts-relatif-a-l-evolution-du-discours-public-en-matiere-de-consommation-d-alcool-en-France-organise-par-Sante-publique-France-et-l-Inca)
- Statistics Canada. (2021) Table 14-10-0023-01 Labour force characteristics by industry, annual (x 1,000). Retrieved from <https://doi.org/10.25318/1410002301-eng>
- Statistics Canada. (2019). Mental health care needs, 2018. <https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00011-eng.htm>
- UK Chief Medical Officers. (2016). *Alcohol guidelines review – Report from the guidelines development group to the UK Chief Medical Officers* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545739/GDG\\_report-Jan2016.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545739/GDG_report-Jan2016.pdf)



## Appendix 1. Questionnaire

**Q1. Please select the group or groups that best describe you.**

- General public
- Person with lived or living experience with an alcohol use disorder
- Healthcare professional or provider
- Social service provider
- Support worker or caregiver
- Member of community group working in areas related to alcohol prevention
- Public health professional or organization
- Researcher or academic
- Member or employee of alcohol industry
- Member of the armed forces
- Government official
- Other

**Q2. What gender do you identify with?**

- Woman
- Man
- Gender diverse
- Transgender
- Non-binary/Two-spirit
- Prefer not to answer
- Do not know
- Not listed

**Q3. What sex were you assigned at birth?**

- Female
- Male
- Intersex
- Prefer not to answer
- Do not know
- Not listed

**Q4. What is your current age?**

- Less than 15 years
- 15–17 years
- 18–19 years
- 20–24 years
- 25–29 years
- 30–34 years
- 35–39 years
- 40–44 years
- 45–49 years
- 50–54 years
- 55–59 years
- 60–64 years
- 65–69 years



- 70–74 years
- 75 years and older
- Prefer not to answer
- Do not know

**Q5. Please select the group or groups with which you identify.**

- Arab
- Black
- Chinese
- Filipino
- First Nations
- Indigenous/Aboriginal (not listed above)
- Inuk (Inuit)
- Japanese
- Korean
- Latin American
- Métis
- South Asian (e.g., Indian, Pakistani, Sri Lankan)
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
- West Asian (e.g., Iranian, Afghan)
- White
- Prefer not to answer
- Do not know
- Not listed

**Q6. How often did you drink alcoholic beverages during the past 12 months?**

- Daily or almost daily
- 4 to 5 times a week
- 2 to 3 times a week
- Once a week
- 2 to 3 times a month
- Once a month
- Less than once a month
- Never
- Prefer not to answer
- Do not know

**Q7. During the past 12 months, on those days when you drank alcohol, how many alcoholic drinks did you usually have?**

- Less than 1 drink
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks



- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks or more
- Prefer not to answer
- Don't know

**Q8. Have you heard of the Low-Risk Alcohol Drinking Guidelines?**

- Yes
- No

**Q9. How or where did you hear about the Low-Risk Alcohol Drinking Guidelines? (Select all that apply.)**

- Word of mouth (friends, family, acquaintances)
- Internet ad or social media such as Facebook, Twitter, Instagram
- Newspaper, poster, brochure or flyer
- Radio or TV ad or public service announcement
- Healthcare professional or provider (for example, a family doctor, nurse, social worker, psychologist)
- Public health and healthcare organization (for example, a hospital, maternity clinic, treatment centre, peer support group)
- School, college, university
- Where I buy alcohol (liquor store, grocery store, convenience store)
- Where I buy and drink alcohol (restaurant, bar, pub)
- Label on alcohol bottle, can or box
- Prefer not to answer
- Do not know
- Other

**Q10. Do you know the DAILY recommended limit of alcoholic drinks for your sex?**

- Less than 1 drink
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks or more
- Prefer not to answer
- Don't know

**Q11. Do you know the WEEKLY recommended limit of alcoholic drinks for your sex?**

- 5 drinks or less



- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks
- 11 drinks
- 12 drinks
- 13 drinks
- 14 drinks
- 15 drinks
- 16 drinks
- 17 drinks
- 18 drinks
- 19 drinks
- 20 drinks
- 21 drinks
- 22 drinks
- 23 drinks
- 24 drinks
- 25 drinks
- 26 drinks
- 27 drinks
- 28 drinks
- 29 drinks
- 30 drinks or more
- Prefer not to answer
- Don't know

**Q12. What are the main reasons that you use the Low-Risk Alcohol Drinking Guidelines?**

- To get tips on how to drink more safely
- To check if I'm drinking too much alcohol
- To check how much alcohol I can drink
- To check when and where I can drink alcohol
- To get information about the immediate risks and benefits of alcohol use
- To get information about the long-term risks and benefits of alcohol use
- I have never used the Low-Risk Alcohol Drinking Guidelines
- Prefer not to answer
- Do not know
- Other

**Q13. Based on your experience, what is the most useful purpose of the Low-Risk Alcohol Drinking Guidelines?**

- To get tips on how to drink more safely
- To check if I'm drinking too much alcohol
- To check how much alcohol I can drink
- To check when and where I can drink alcohol
- To get information about the immediate risks and benefits of alcohol use
- To get information about the long-term risks and benefits of alcohol use



- Prefer not to answer
- Do not know
- Other

**Q14. What are some of the challenges you faced when using the Low-Risk Alcohol Drinking Guidelines?**

- The guidelines are difficult to understand
- It is not clear what a “drink” or “standard drink” is
- The standard drinks in the guidelines don't represent the types of alcoholic beverages I typically drink
- The guidelines are not realistic for me
- It is not clear if the guidelines apply to me (for example, because of my age, ethnicity or medical condition)
- Other people whose views are important to me don't really care about the guidelines
- Sometimes I don't want to follow the guidelines
- It is not clear to me what the guidelines should be used for
- Prefer not to answer
- Do not know
- Other challenge

**Q15. Canada's Low-Risk Alcohol Drinking Guidelines define a “standard drink” as the following:**

**15.1 How familiar are you with the concept of “standard drink”?**

- Extremely familiar
- Moderately familiar
- Somewhat familiar
- Slightly familiar
- Not at all familiar
- Prefer not to answer
- Do not know

**15.2 How often do you count the number of “standard drinks” that you drink?**

- Every time
- Almost every time
- Occasionally/Sometimes
- Almost never
- Never
- Prefer not to answer
- Do not know

**Q16. Please tell us why you have not used Canada's Low-Risk Alcohol Drinking Guidelines.**

- I don't drink alcohol
- The guidelines are difficult to understand
- It is not clear what a “drink” or “standard drink” is
- The standard drinks in the guidelines don't represent the types of alcoholic beverages I typically drink
- The suggested limits of alcohol use are too high for me
- The suggested limits of alcohol use are too low for me



- It is not clear if the guidelines apply to me (for example, because of my age, ethnicity or medical condition)
- Other people whose views are important to me don't really care about the guidelines
- Sometimes I don't want to follow the guidelines
- It is not clear to me what the guidelines should be used for
- I drink little or in moderation
- I think it is unlikely that drinking alcohol will harm me
- I don't trust the advice from the Low-Risk Alcohol Drinking Guidelines
- Prefer not to answer
- Do not know
- Other reasons why you have not used the Low-Risk Alcohol Drinking Guidelines

**Q17. For the first update of Canada's Low-Risk Alcohol Drinking Guidelines since 2011, what topics should we prioritize?**

- The impact of drinking alcohol on your physical health (for example, the link between alcohol and cancer, cardio-vascular disease or liver disease)
- The impact of drinking alcohol on your mental health (for example, the impact of alcohol on anxiety or depression)
- How drinking alcohol can impact people's lives (for example, the link between alcohol and violence, sexual assault or work/school absenteeism)
- The impact of drinking alcohol on the fetus or unborn baby during pregnancy
- The impact of drinking alcohol on teens
- The impact of alcohol on older adults (aged 65 years and older)
- The impact of alcohol on diverse or equity-seeking groups
- How to drink alcohol more safely in specific circumstances
- Prefer not to answer
- Do not know
- Other topics to focus on

**Q18. What do you think the Low-Risk Alcohol Drinking Guidelines should help you to achieve?**

- Improve my knowledge about alcohol-related risks and benefits
- Help me to improve my health and wellness
- Help me to reduce my risk of experiencing alcohol-related harms (for example, a physical illness, a mental illness or other negative consequences associated with alcohol use)
- Help me to decide if I should drink alcohol or not
- Help me to decide how much alcohol I can drink
- Help me to decide how often I can drink alcohol
- Help me to decide when and where I can drink alcohol
- Help me to limit my alcohol consumption
- Prefer not to answer
- Do not know
- Other

**Q19. People get information about alcohol consumption in different ways. From the following list of sources, how or where did you get information about alcohol consumption in the past year?**

- Word of mouth (friends, family, acquaintances)
- Internet ad or social media such as Facebook, Twitter, Instagram
- Newspaper, poster, brochure or flyer



- Radio or TV ad or public service announcement
- Health care professional or provider (for example, a family doctor, nurse, social worker, psychologist)
- Public health and healthcare organization (for example, a hospital, maternity clinic, treatment centre, peer support group)
- School, college, university
- Where I buy alcohol (liquor store, grocery store, convenience store)
- Where I buy and drink alcohol (restaurant, bar, pub)
- Label on alcohol bottle, can or box
- Prefer not to answer
- Do not know
- Other

**Q20. Is there anything else you would like to share with us about your experience with the Low-Risk Alcohol Drinking Guidelines? Please feel free to provide any additional comments you may have.**

**Q21. Are you interested in receiving information about the Low-Risk Alcohol Drinking Guidelines in the future? Are you interested in potentially participating in future consultations?**

- a. Yes  
Please share your contact information with us
- b. No

**Q22. In which province or territory do you live?**

- British Columbia (BC)
- Alberta (AB)
- Saskatchewan (SK)
- Manitoba (MB)
- Ontario (ON)
- Quebec (QC)
- New Brunswick (NB)
- Nova Scotia (NS)
- Prince Edward Island (PE)
- Newfoundland and Labrador (NF)
- Northwest Territories (NT)
- Yukon (YK)
- Nunavut (NU)
- Prefer not to answer



## Appendix 2. Contributors' Demographic Information

Gender	Count
Woman	3,578
Man	1,020
Gender diverse	36
Transgender	12
Non-binary/two-spirit	64
Prefer not to answer	46
Do not know	12
Not listed	24

Sex	Count
Female	3,678
Male	1,043
Intersex	5
Prefer not to answer	47
Do not know	7
Not listed	8

Age	Count
Younger than 15 years	1
15-17 years	7
18-19 years	64
20-24 years	362



25-29 years	754
30-34 years	839
35-39 years	677
40-44 years	536
45-49 years	380
50-54 years	306
55-59 years	285
60-64 years	256
65-69 years	158
70-74 years	90
75 years and older	34
Prefer not to answer	15
Do not know	4

<b>Group</b>	<b>Count</b>
Arab	27
Black	33
Chinese	55
Filipino	25
First Nations	98
Indigenous or Aboriginal (not otherwise listed)	51
Inuk (Inuit)	10
Japanese	9
Korean	6
Latin American	44
Métis	91



South Asian (e.g., Indian, Pakistani, Sri Lankan)	76
Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	12
West Asian (e.g., Iranian, Afghan)	21
White	4,352
Prefer not to answer	97
Do not know	19
Not listed	123