

# Canadian Alcohol Policy Evaluation (CAPE) Community of Practice

## *Canada's Guidance on Alcohol & Health - Knowledge mobilization activities*

**Event #19: October 25, 2023**



**University  
of Victoria**

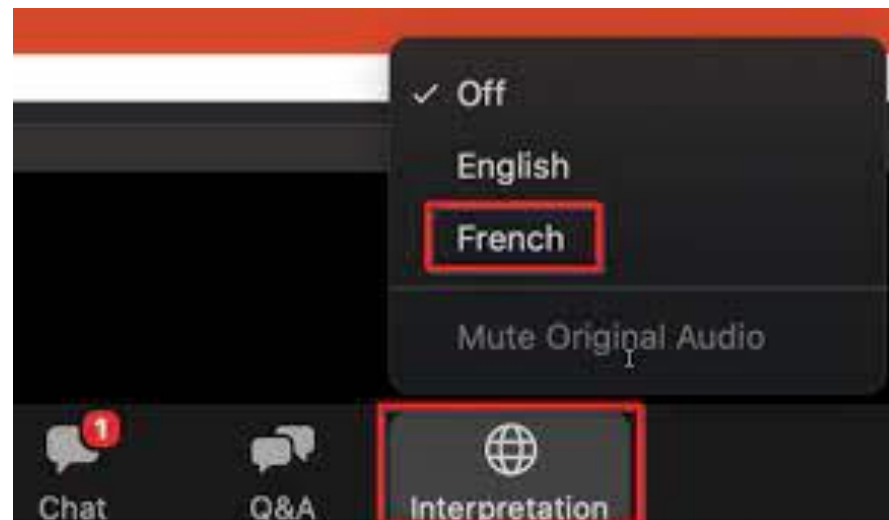
Canadian Institute  
for Substance  
Use Research

Institut canadien  
de recherche sur  
l'usage de substances

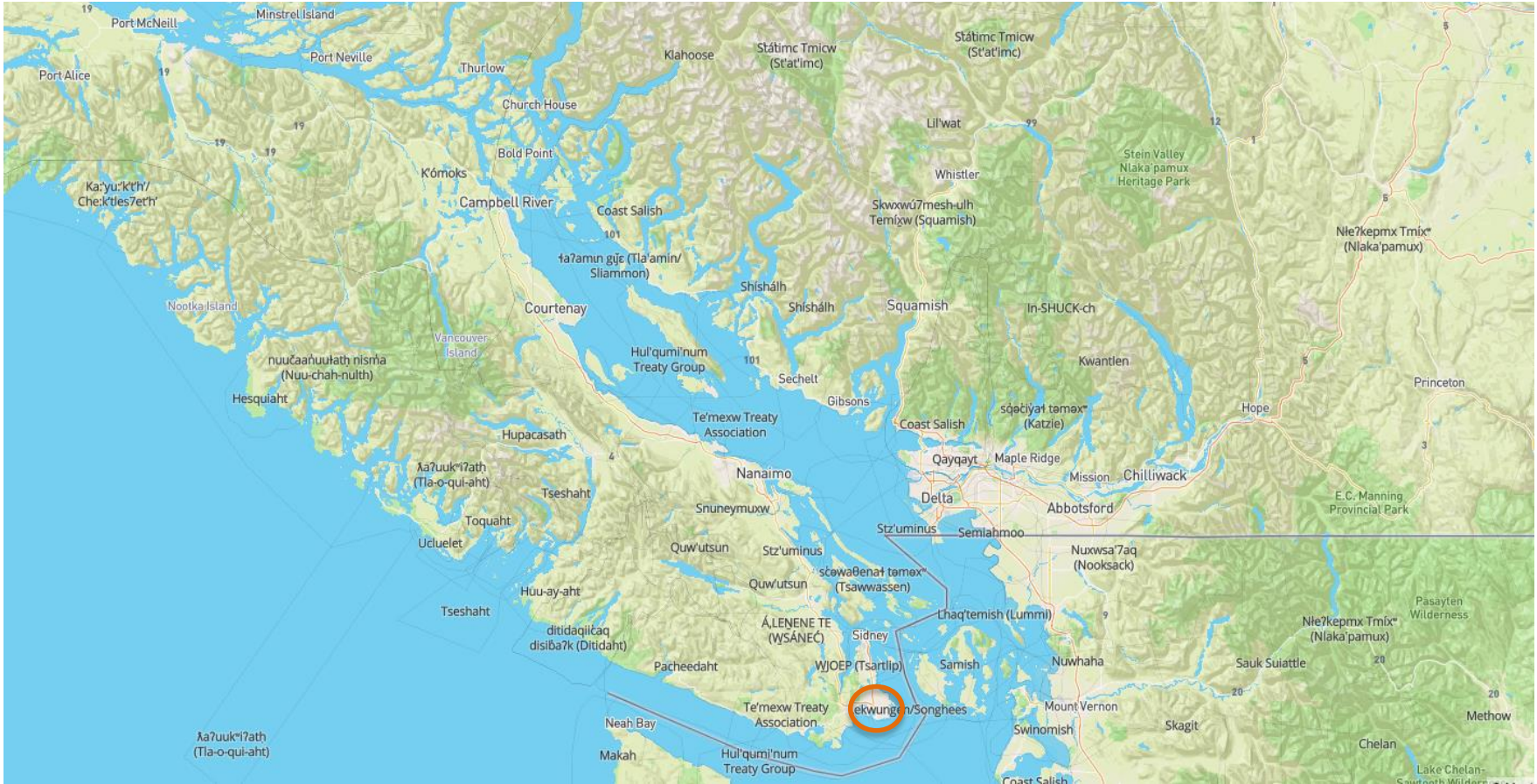
**camh**  
Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

# Simultaneous French interpretation

- Simultaneous French interpretation is available **except** for the Q&A portion / interprétation simultanée en français est disponible **sauf** pour la section Q&R (see Chat box for instructions)



# Land acknowledgement



*We acknowledge and respect the lək<sup>w</sup>əŋən peoples on whose traditional territory the University of Victoria stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.*

# Housekeeping

- Today's webinar includes a presentation and Q&A = 90mins
- The presentation segment will be recorded (not Q&A). Links to the recording and webinar slides will be emailed.
- We invite your feedback about today's session. A survey link will be shared in the Chat box and via email.
- For persons with lived/living experience stipends: email [capecopcoord@uvic.ca](mailto:capecopcoord@uvic.ca)

***The views and opinions expressed as part of this event are those of the presenters alone and do not necessarily represent those of our funders or other organizations acknowledged***



**University  
of Victoria**

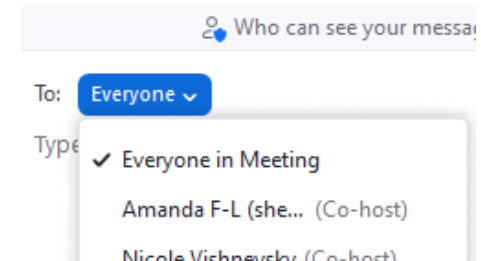
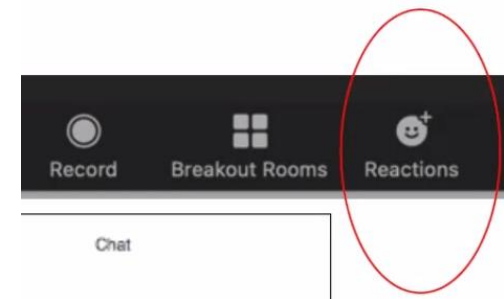
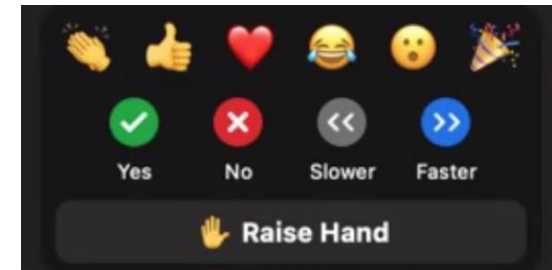
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## Q&A format

- Use the chat box or Q&A tool to submit a question at any time.
- Use 'raise hand' during Q&A segment. The moderator will ask you to unmute to pose your question. Name the presenter to whom you are directing the question.
- The moderator may read aloud questions typed in the chat or Q&A tool.
- Technical difficulties? please message us in the chat.



**Dr. Kevin D. Shield**

Independent Scientist, Institute for Mental Health Policy Research and Head, WHO/PAHO Collaborating Centre in Addiction and Mental Health, CAMH

**Dr. Peter Butt**

Clinical Associate Professor  
University of Saskatchewan

**Eftyhia Helis. M.Sc.**

Canadian Centre on Substance Use and Addiction (CCSA)

**Bryce Barker, PhD.**

Canadian Centre on Substance Use and Addiction (CCSA)



# Canada's Guidance on Alcohol & Health: Knowledge mobilization activities

CAPE CoP

25<sup>th</sup> October 2023

Kevin Shield, PhD

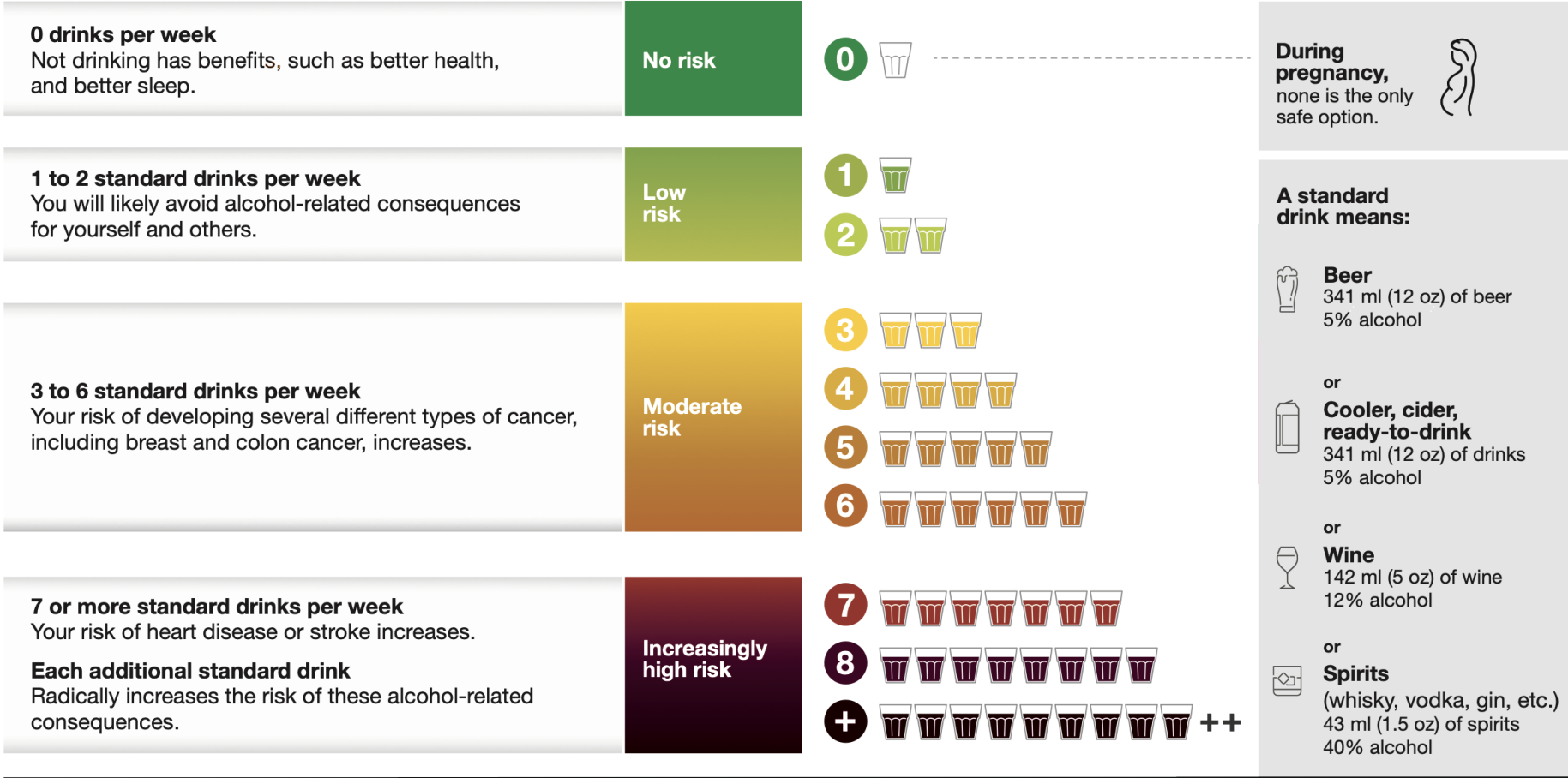
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# Key results: Implications for the General Public

## Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



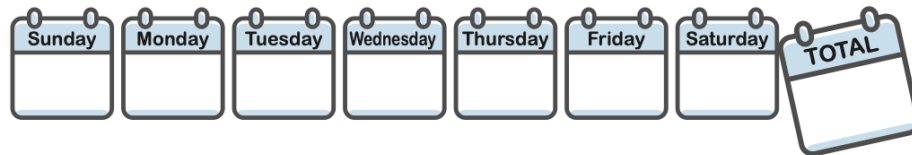


## Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

### Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

### Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

## It's time to pick a new target

### What will your weekly drinking target be?



### Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

## Media Reaction – Mostly Positive – Some Negative

OPINION

### Canada's drastic new alcohol guidelines demand a closer look

NP Comment

### Sabrina Maddeaux: Two drinks a week? New guidelines are unsupported and puritanical kill-joys

*Health Canada funded report wants drastic alcohol regulations, but group's own actual evidence doesn't back it up*

### Alcohol guidelines misleading

The CCSA's assertions about increased risk of drinking alcohol are alarmist and distorting, v

### Better Make it a Double: New Anti-Drinking Guidelines Seek Abstinence Through Fear, Part I

### Chris Selley: A scorching new critique of Canada's 'pseudo-scientific' alcohol guidelines

*Canadians know when they're being spun, and know when to tune out and go for a pint*

## Industry sponsored blog post - reaction

Critique 261: Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction (2023).



**International Scientific Forum  
on Alcohol Research**

## Peer-reviewed Research - Reactions

“Less is better” is the best message when talking to patients about alcohol

Savita Rani and Andreas Laupacis

CMAJ September 18, 2023 195 (36) E1232-E1233; DOI: <https://doi.org/10.1503/cmaj.231238>



## Did the media get it wrong?

In short **YES**.

The media is biased towards sensationalizing news.

Some media outlets have ideological biases

Media outlets are not peer-reviewed journals and do not go through the same validation (peer-reviewed) process.

Journalists are not scientific experts and are required to write on a lot of topics.

Media publications are not open scientific forums and responses to opinions are not always published.

# Are the guidelines pseudo-scientific?

**No**

The guideline development was based on and strictly adhered to a standardized scientific protocol

Guideline development was performed in accordance with the Grading of Recommendations Assessment, Development and Evaluation (GRADE)-Adaptation, Adoption, De Novo Development (ADOLOPMENT) approach



**Canadian Task Force  
on Preventive Health Care**



**World Health  
Organization**

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**cmaJ**OPEN

[CMAJ Open](#). 2023 Mar-Apr; 11(2): E248–E254.  
Published online 2023 Mar 14. doi: [10.9778/cmajo.20220098](https://doi.org/10.9778/cmajo.20220098)

PMCID: PMC10019324  
PMID: [36918208](https://pubmed.ncbi.nlm.nih.gov/36918208/)

Canadian Association of Radiologists Diagnostic Imaging Referral Guidelines: a guideline development protocol

Are the guidelines based on:  
An amalgamation of selected studies of low scientific validity that fit their preconceived notions and ignore many high-quality studies whose results may not support their own views

This is **false**

All articles were considered for inclusion (i.e., a **systematic review** of all peer-reviewed literature was performed)

**Only one RR function can be used for modelling** (the most accurate one was chosen)

The most accurate RR function was selected based on **AMSTAR (A MeaSurement Tool to Assess systematic Reviews)** A standardized tool used to assess systematic review quality.

**The results were based on only 16 studies!!!**

This is **misleading**.

The results are based on **16 systematic reviews**.

These 14 systematic reviews for chronic diseases are based on: **~364 studies** were included in the underlying analyses (208 cohort studies and 155 case-control studies)



<b>Study</b>	<b>Disease</b>	<b>Search date</b>	<b>Sex- specific analysis</b>	<b># of studies included in the analysis</b>
Imtiaz et al., 2017	Tuberculosis	Jan 2007 to June 2016	No	4 (3 cohort studies; 1 case-control)
Samokhvalov et al., 2010	Lower respiratory infections	Jan 1980 to Aug 2009	No	5 (2 cohort and 3 case-control)
Bagnardi et al., 2015	Lip and oral cavity and other pharyngeal cancers	1956 to Sept 2012	No	52 (4 cohort, 47 case-control)
	Oesophageal cancer	1956 to Sept 2012	No	79 (17 cohort and 62 case-control)
	Larynx cancer	1956 to Sept 2012	No	41 (3 cohort, 38 case-control)
Vieira et al., 2017	Colon and rectum cancers	Jan 2006 to May 31 2015	Male	14 (all cohort)
			Female	10 (all cohort)
World Cancer Research Fund International, 2018	Liver cancer	Mar 01 2013	Male	8 (all cohort)
			Female	4 (all cohort)
Sun, 2020	Breast cancer	1990 to Dec 01 2018	Female	22 (all cohort)
Liu et al., 2020	Hypertensive heart disease	Sept 07 2019	Male	13 (all cohort)
			Female	8 (all cohort)
Zhao et al., 2017	Ischemic heart disease	June 30 2016	No	14 (all cohort)
Larsson et al., 2016	Ischemic stroke	Sept 01 2016	No	25 (all cohort)
	Intracerebral hemorrhage		No	11 (all cohort)
	Subarachnoid hemorrhage		No	11 (all cohort)
Larsson et al., 2014	Atrial fibrillation and flutter	Jan 10 2014	No	7 (all cohort)
Knott et al., 2015	Diabetes mellitus	Feb 18 2014	Male	33 (all cohort)
			Female	23 (all cohort)
Samokhvalov et al., 2010	Epilepsy	Jan 1960 to Sept 01 2008	No	6 (all case-control)
Roerecke et al., 2019	Cirrhosis of the liver	Mar 6 2019	Male	6 (4 cohort; 2 case-control)
			Female	7 (5 cohort; 2 case-control)
Samokhvalov et al., 2015	Pancreatitis	January 2009 to May 2015	Male	3 (1 cohort ; 2 case-control)
			Female	3 (1 cohort ; 2 case-control)

## Do the guidelines account for confounding factors?

**Yes.** All underlying systematic reviews corrected for competing risk factors.

This includes smoking, BMI etc. The confounding factors adjusted for depends on the study/outcome.

Study	Study Location	Sex (% Male)	Age Range (Mean Age)	Sample Size (Number of Tuberculosis Cases)	Follow-Up Duration	Number and Description of Alcohol Consumption Categories	Method of Tuberculosis Ascertainment	Confounders Adjusted for in Analysis of Extracted Risk Estimate
Jee et al. 2009[13]	South Korea	Both sexes (64%)	30 – 95 years (data not available)	1,294,504 (13,266) [Note: Number of tuberculosis cases is based on incident cases]	14 years	5 categories: 0 g/day, < 25 g/day, 25 - 49.9 g/day, 50 - 99.9 g/day and ≥ 100 g/day	Minimal 1 hospitalization for tuberculosis, ≥ 2 outpatient visits for tuberculosis, or receipt of ≥ 3 anti-tuberculosis medications. The hospitalizations and outpatient visits ascertainment was based on ICD-10 classification system codes A15 - A19	Age, age squared, body mass index and smoking
Amoakwa et al. 2015[14]	South Africa	Both sexes (17%)	Data not available (data not available)	908 (59)	Median follow-up of 3-7 years	6 categories: Analysis 1 - alcohol non-user and alcohol user (definition not provided); Analysis 2 - None, 0 - 4 units/week, 5 - 10 units/week and > 10 units/week	Follow-up of participants and review of clinical records and death certificates	Age, sex, smoking, baseline viral load, baseline CD4, tuberculin skin test induration size, body mass index, antiretroviral therapy start and treatment arm
Hemilä et al. 1999[15]	Finland	Males (100%)	50 - 69 years (data not available)	26,975 (167)	8 years	2 categories: < 30 g/day and ≥ 30 g/day	Clinical diagnoses of tuberculosis identified during follow-up through the national hospital discharge register based on ICD-8 and ICD-9 classification systems' codes 010 – 018	Age, body mass index, marital status, education, residential neighborhood, cigarettes smoked/day and supplementation group

# The guidelines use are based on relative risks not absolute risks!

This is: **false**

The guidelines are report and are based on **absolute risk**

A person's **absolute risk** of losing 0.0175 years of life (under which is risk), and the absolute risk of losing 0.175 years of life (over which is high risk)

17.5 YLL per 1000 people

17.5 YLL per 100 people

# How should I interpret the alcohol-attributable years of life lost

17.5 years of life lost per 1000 people

- Does this mean everyone who drinks this amount loses **6.4 days of life**?
- **No.**

A good way to interpret it is

- (1) That you have 1 in 1000 chance of dying early from alcohol at this consumption level
- (2) That death will occur on average **17.5 years earlier (i.e., 17.5 years of life lost)** than the age you would have died if that alcohol-attributable death did not occur.

## Why are you telling Canadians to drink <2 drinks per week

The guidance *does not recommend an alcohol consumption amount.*

The guidelines **convey risk** of alcohol use.

They encourage people to **reflect upon their risk.**

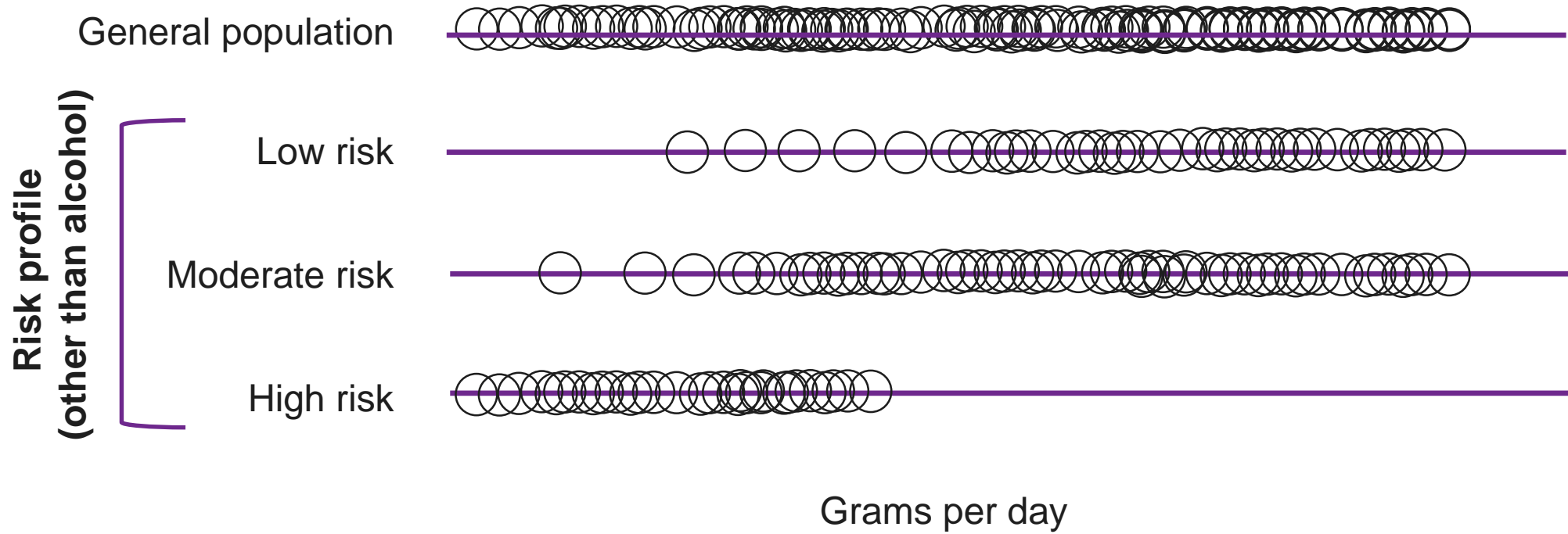
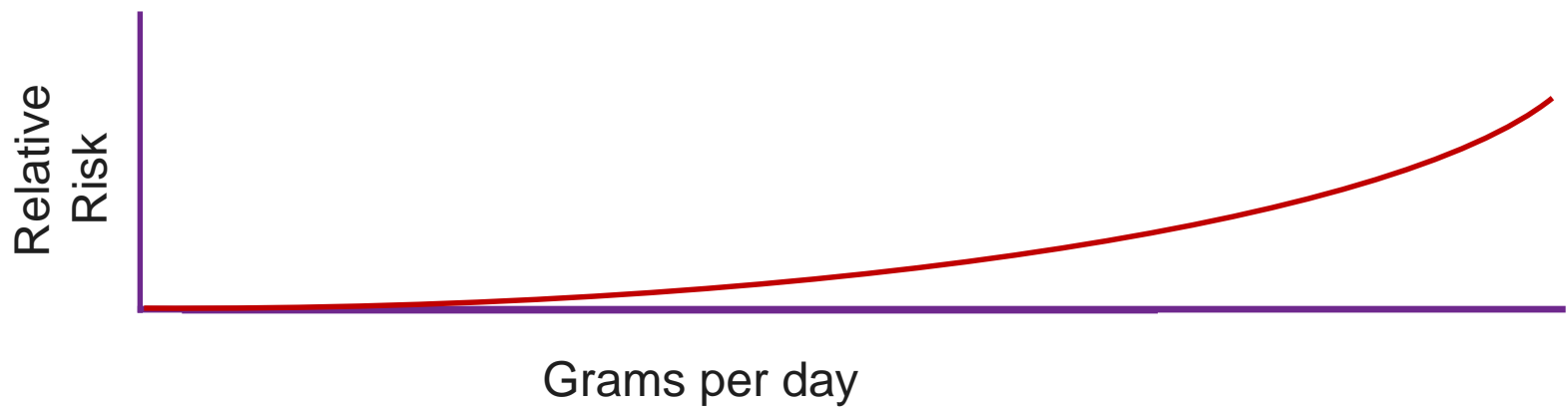
# What the guidelines are are what they are not

The guidelines do not provide advice to **specific Canadians**

The guidelines provide advice to **all Canadians**

The presented guidelines are based on the general population of Canada

- This includes poor people
- People who have a lot of risk factors (hepatitis A, B or C, obesity, high blood pressure, smoking etc)
- This includes the homeless
- etc





# Why include Tuberculosis?

Like all other guidelines and burden of disease analyses we:

1) Included diseases **causally** related to **alcohol use**

- Alcohol has been shown to weaken the immune system leading to TB infections that would not be present if the person was not consuming alcohol

**Causality** is established by the **World Health Organization** *NOT THE AUTHORS OF THE GUIDELINES*

This meets the causality threshold set by the WHO

2) Performed a **systematic** and **comprehensive** analysis

- I.e., a scientific analysis

3) TB cases and deaths and cases do occur in Canada

In 2020 there were **1,772 cases** of active tuberculosis reported in Canada

Although not captured in the guidelines: each TB case requires a tremendous amount of **public health recourses** to **treat** and **stop the further spread** of TB

## How are the risk thresholds determined

We use standard definitions of risk based on environmental regulations (Starr 1969), and BMJ recommendations.

These definitions of risk are standard and are used for other risk factors.

# Risk thresholds

## **Where to set Risk Thresholds**

What level of risk is “acceptable“

### **Starr 1969**

1 in 1000 lifetime deaths

### **Other low-risk drinking guidelines**

1 in 100 lifetime deaths

### **Years of life lost**

17.5 YLL per death in Canada

## Comparison to other guidelines

**WARNING DRINK SIZE VARIES ACROSS COUNTRIES WE NEED TO STANDARDIZE TO G/DAY**

**We ALSO NEED TO STANDARDIZE TO RISK LEVELS – 1 in 100 lifetime deaths**

**Canada:** no more than 80.7 g / week (6 drinks /week; SD = 13.45 g)

**US Dietary Guidelines:** 28 g or less in a day for men or 14 g or less in a day for women, on days when alcohol is consumed [No risk level used] (SD = 14 g)

**Australia:** no more than 100 g / week (10 drinks / week; SD = 10 g)

**UK:** no more than 112 g / week (14 drinks /week; SD = 8)

## Conclusions

The Canadian guidelines are based on a **scientific, systematic** and **comprehensive tools** used for setting guidelines in **Canada** and around the **world**.

The guidelines **convey risk** and **promote reflection**, but do not recommend an alcohol use amount.

The definition of **low, moderate** and **high risk** is based on a **standard definition** used in the **scientific literature**.

**Thank You**

**camh**



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# Canada's Guidance on Alcohol and Health

## Knowledge Mobilization Approach, Activities, Resources

Presentation by: Eftyhia Helis, Knowledge Broker (CCSA)

# Land Acknowledgment

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We respectfully acknowledge that the offices of CCSA are located on the traditional, unceded and unsurrendered territory of the Algonquin Anishinaabe people, who have been present on this land and its stewards since time immemorial. As a national organization, we also acknowledge that we work on the traditional lands of many distinct nations, including Métis (settlements) and Inuit (Inuit Nunangat, homeland). We are humbled to have the opportunity to be present on these territories.



We pay our respects to and honour all First Nations, Métis and Inuit as distinct Peoples and as sovereign Traditional Knowledge keepers.

In the spirit of reconciliation with First Nations, Métis and Inuit Peoples in Canada, CCSA is committed to contributing to making positive changes in our relationship with Indigenous Peoples and to honour the Truth and Reconciliation Commission of Canada's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.



# Canada's Guidance on Alcohol and Health: A National Conversation

## Canada's Guidance on Alcohol and Health is now available

Canada's Guidance on Alcohol and Health provides the latest evidence-based advice on alcohol. It aims to support people in making informed decisions about their health.

Since the release of Canada's Low-Risk Alcohol Drinking Guidelines in Nov. 2011, substantial new research on the association between alcohol use and physical, mental and social harms has been done. Evidence shows that consuming alcohol increases the risk of such harms, including the risk of seven types of cancer, short-term disability and injury, and heart disease and stroke. Less consumption means less risk.

[Learn more](#)



# Outline

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- Overview of knowledge mobilization approach, ongoing and planned activities
  - » Engagement and partnerships
  - » Publications
  - » Media response analysis
  - » Evaluation
- Overview of available and planned resources
- Your feedback

# Acknowledgement

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***Bryce Barker (Knowledge Mobilization); Christine Levesque (Research);  
Wendy Schlachta (Communications); Jill Harnum (Policy);  
Nolan McGreer (Project Coordination)***

# Knowledge Mobilization Approach

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## Focus on:

- answering questions most important to communities,
- building awareness.

## Goal:

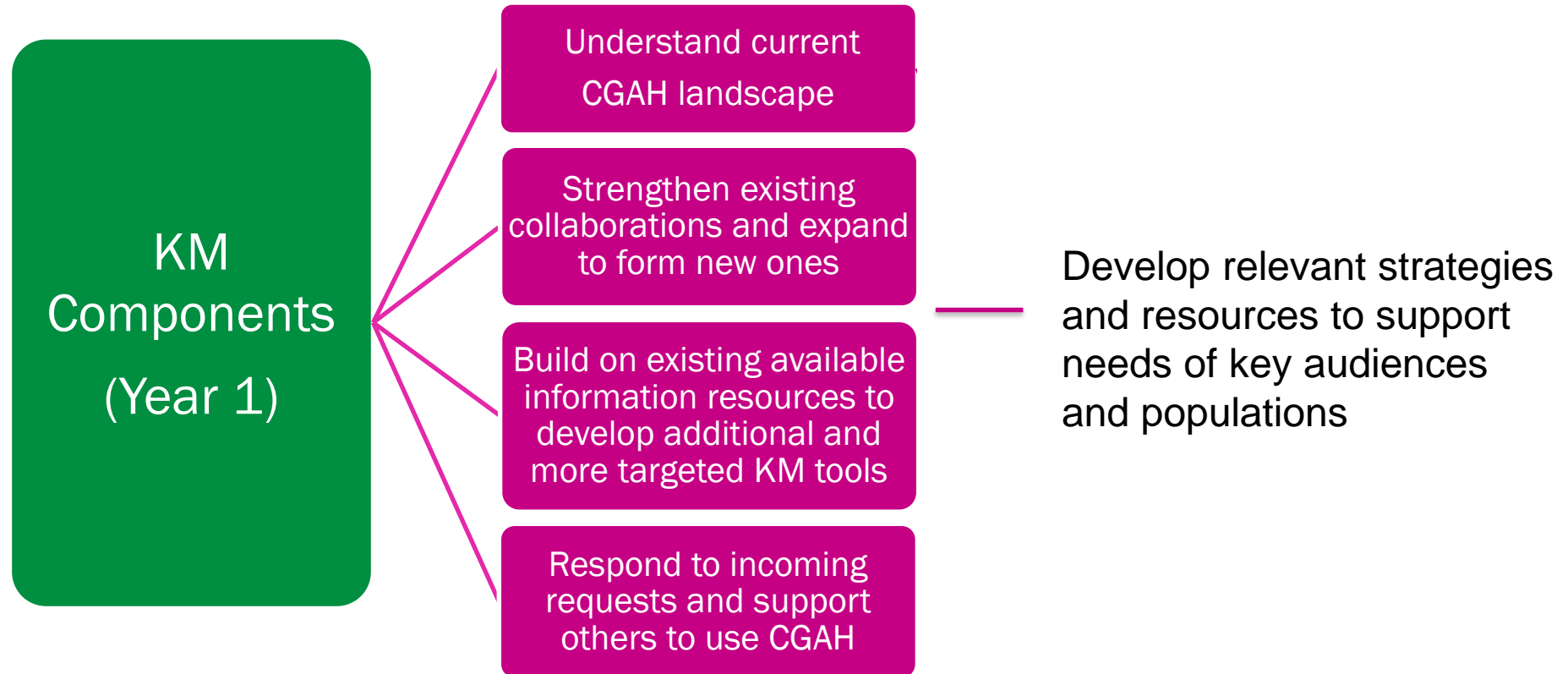
- Facilitate collaboration and encourage tailoring and use of the guidance.

## Plan:

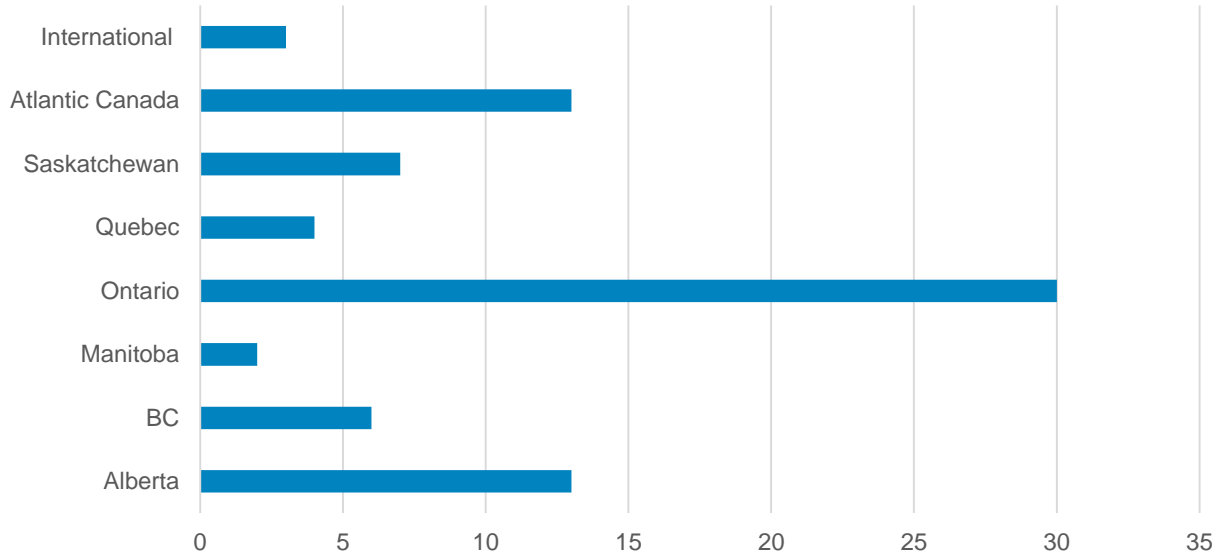
- Support the building of tools tailored specifically to community needs, outlooks, interests, and priorities.

# Knowledge Mobilization Approach

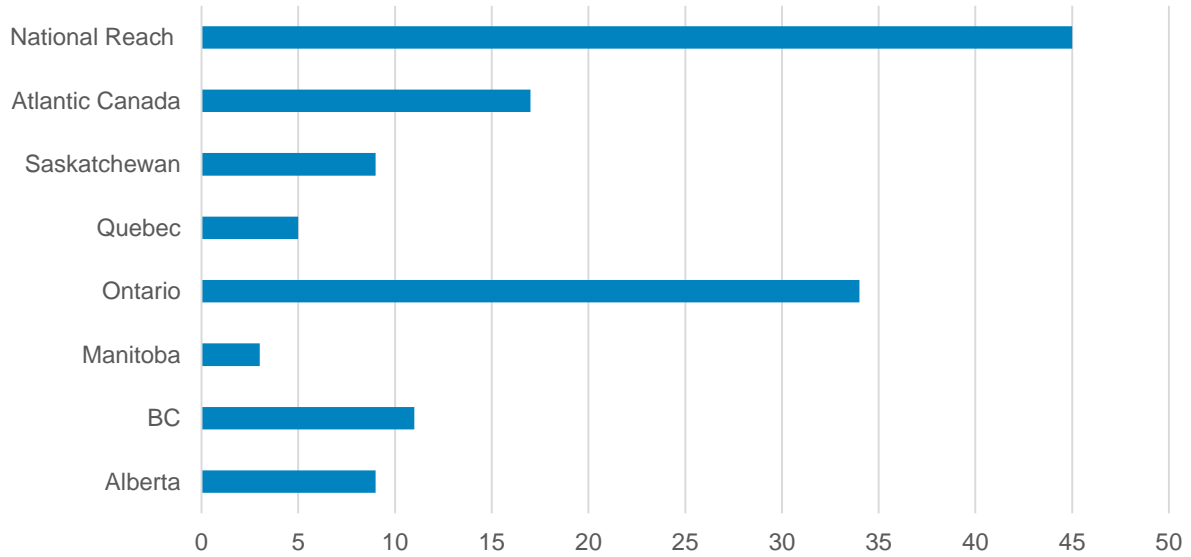
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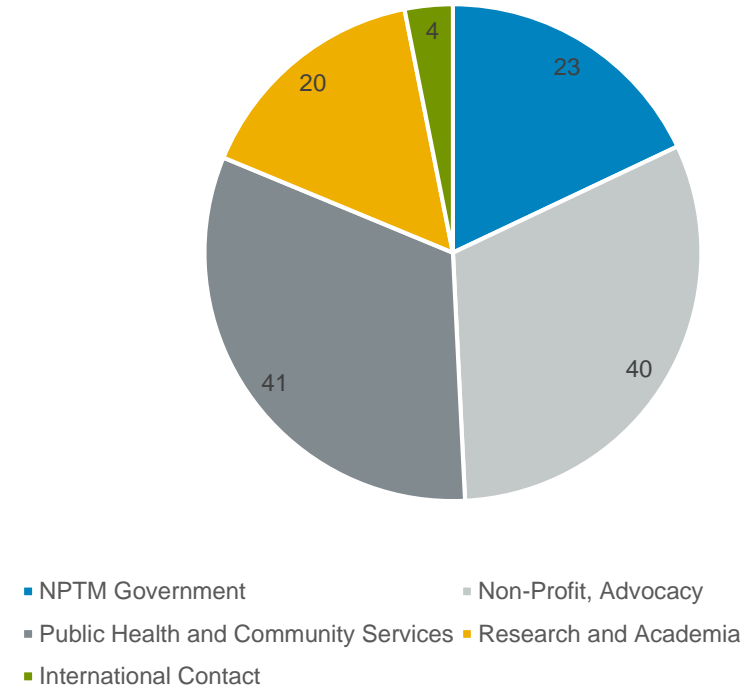
### New Requests for Collaboration



### Established Contacts



### Organization Type of Established Contacts



# Engagement and Collaboration

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- National and Regional Partnerships
- Key Partners:
  - Partners with diverse experience with alcohol
  - Health care partners
  - Public health partners
  - Education partners
  - Policy-making partners
  - Indigenous partners

# National Partnerships

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- National events
- Facilitate collaborations and exchange of already developed resources among various regions
- Collaboration with CISUR:
  - Guidance-based web app

Collaborators and groups with expressed interest		
<b>Canadian Institute for Substance Use Research (CISUR)</b>	<b>Canadian Cancer Society</b>	<b>Canadian Coalition of Seniors Mental Health</b>
Other partners as identified in the engagement process		



# Regional Partnerships (Atlantic)

- Enhanced understanding of regional efforts, decision-making and service landscape
- Regional Roundtable
- Identification of regional priority areas/populations and champions
- Regionally-specific strategies, tools and activities
- Expansion to other regions

Collaborators and groups with expressed interest		
<b>Government of Newfoundland and Labrador</b>	<b>Government of Nova Scotia</b>	<b>Government of New Brunswick</b>
<b>Newfoundland Health Services</b>	<b>Government of Prince Edward Island</b>	<b>PEI Alliance for Mental Well-Being</b>
<b>New Brunswick Medical Society</b>	<b>St. Francis Xavier University</b>	<b>Acadia University</b>
Other partners as identified in the engagement process		

# Indigenous Partnerships

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[www.ccsa.ca](http://www.ccsa.ca) | [www.ccdus.ca](http://www.ccdus.ca)

- Indigenous Partnership and Strategy framework.
- Engage in meaningful partnerships with First Nations, Metis, and Inuit people and organizations at the national and regional levels.
- **Aim:** To co-develop relevant, appropriate, and tailored messaging and resources that are representative of Indigenous realities, worldviews, and processes.<sup>36</sup>

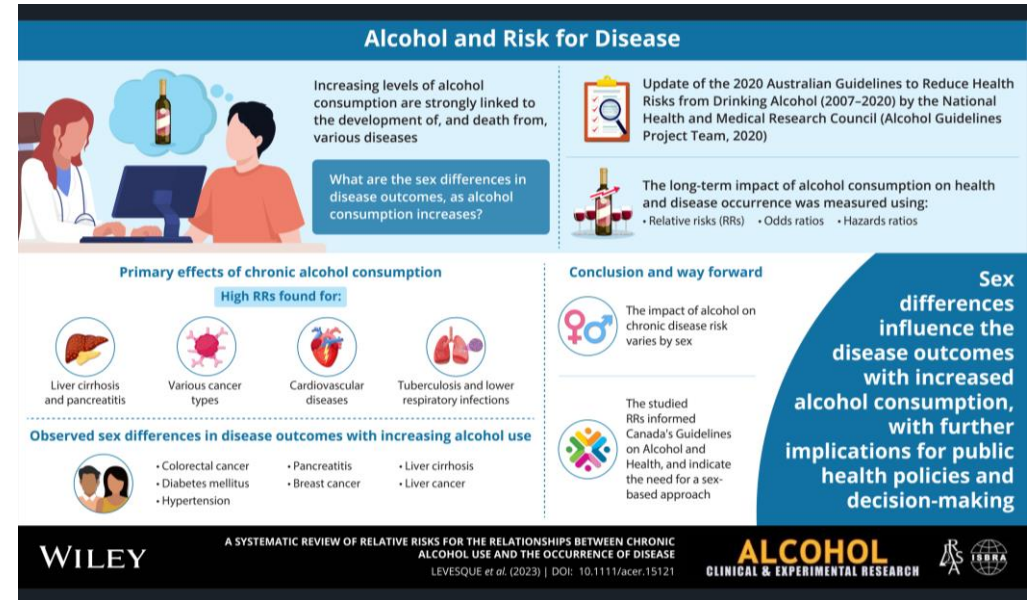
# Publications

## Published:

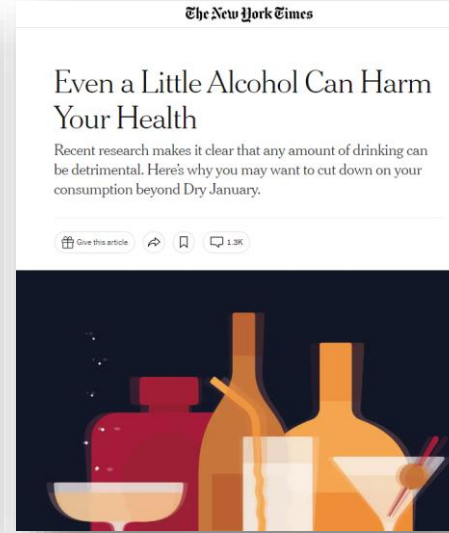
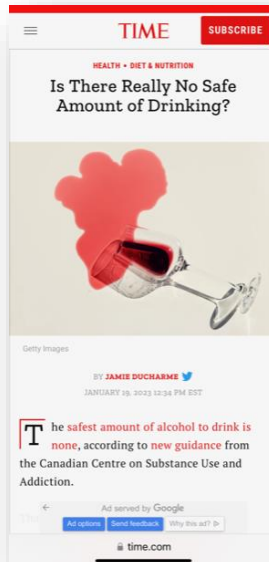
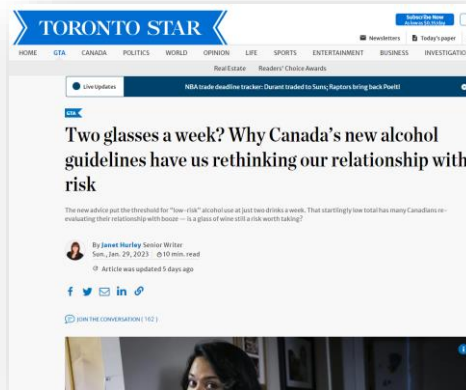
- Shield, K., Paradis, C., Butt, P., Naimi, T., Sherk, A., Asbridge, M., Myran, D., Stockwell, T., Wells, S., Poole, N., Heatley, J., Hobin, E., Thompson, K., Young, M., & Low-Risk Alcohol Drinking Guidelines Scientific Expert Panel (2023). **New perspectives on how to formulate alcohol drinking guidelines.** *Addiction* (Abingdon, England), 10.1111/add.16316. Advance online publication. <https://doi.org/10.1111/add.16316>
- Levesque, C., Sanger, N., Edalati, H., Sohi, I., Shield, K.D., Sherk, A. et al. (2023) **A systematic review of relative risks for the relationship between chronic alcohol use and the occurrence of disease.** *Alcohol: Clinical and Experimental Research*, 47, 1238– 1255. doi:10.1111/acer.15121

## In progress:

- Results of the initial survey assessing how knowing the health impacts of alcohol use influences individuals' motivation to change their drinking behaviors.
- Methods used in the development of CGAH.



# Media Coverage



Number of articles: 2532  
Potential reach: 5.9 billion

# Content Analysis of Media Coverage

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- Conducting a qualitative, thematic analysis of Canadian media coverage of the public consultation in September 2022 and launch of the Guidance, released January 17th, 2023.

## **In progress:**

- Analysis of media coverage post-launch.
- Manuscript and report to highlight themes and discuss media context and experiences related to alcohol guidance

# Evaluation of Guidance Awareness and Use

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- Evaluation over a period of 2 years
- Initial focus: Awareness and Knowledge of Canada's Guidance on Alcohol and Health
- Subsequent surveys will focus on impact measurement
- Annual review of findings to inform future activities
- First survey: February 7 and February 24, 2023 (n=5819)
- Second survey: October 20<sup>th</sup> – November 2<sup>nd</sup>, 2023

## Report

### Canada's Guidance on Alcohol and Health

Conducted by Leger for the Canadian Centre on Substance Use and Addiction



Canadian Centre  
on Substance Use  
and Addiction

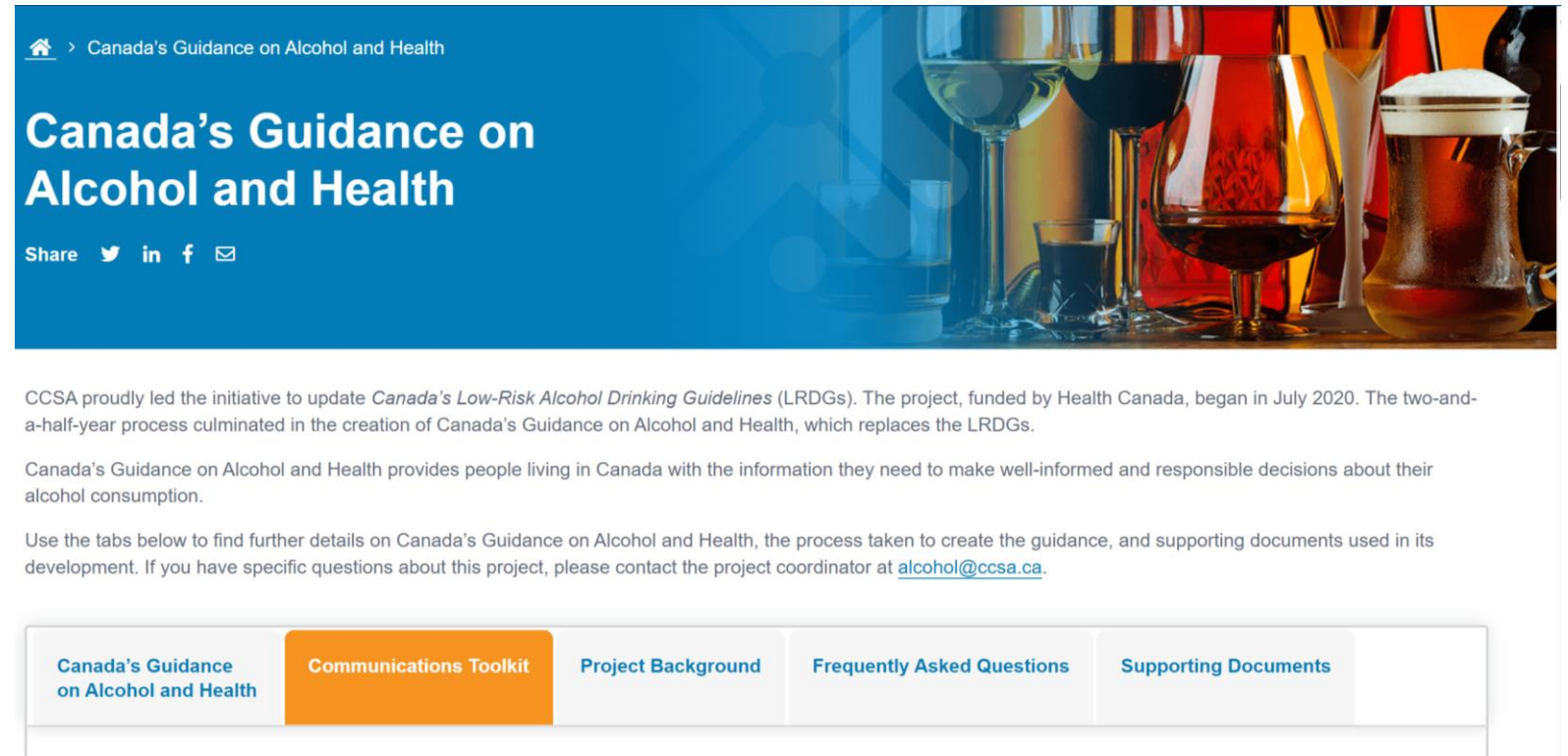
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les dépendances et  
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Données. Engagement. Résultats.

# Communications Toolkit

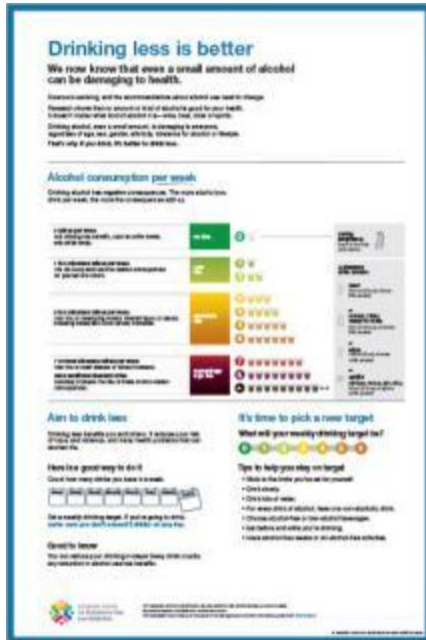
- Printable key message posters
- Social media assets
- Key messages presentation
- Additional support resources



The screenshot shows the website for Canada's Guidance on Alcohol and Health. The header includes a home icon and the text "Canada's Guidance on Alcohol and Health". Below this is the main title "Canada's Guidance on Alcohol and Health" in large white font on a blue background. Underneath the title are social media sharing icons for Twitter, LinkedIn, Facebook, and Email. The main content area has a background image of various alcoholic drinks in glasses. Below the image, there is a paragraph of text: "CCSA proudly led the initiative to update *Canada's Low-Risk Alcohol Drinking Guidelines* (LRDGs). The project, funded by Health Canada, began in July 2020. The two-and-a-half-year process culminated in the creation of Canada's Guidance on Alcohol and Health, which replaces the LRDGs." This is followed by another paragraph: "Canada's Guidance on Alcohol and Health provides people living in Canada with the information they need to make well-informed and responsible decisions about their alcohol consumption." A third paragraph states: "Use the tabs below to find further details on Canada's Guidance on Alcohol and Health, the process taken to create the guidance, and supporting documents used in its development. If you have specific questions about this project, please contact the project coordinator at [alcohol@ccsa.ca](mailto:alcohol@ccsa.ca)." At the bottom, there is a navigation bar with five tabs: "Canada's Guidance on Alcohol and Health", "Communications Toolkit" (which is highlighted in orange), "Project Background", "Frequently Asked Questions", and "Supporting Documents".

<https://ccsa.ca/canadas-guidance-alcohol-and-health#communications-toolkit>.

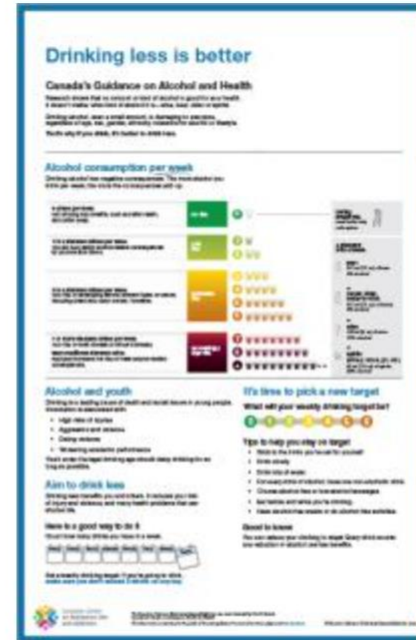
# Communications Toolkit



Public Summary Poster



General Key Messages Poster



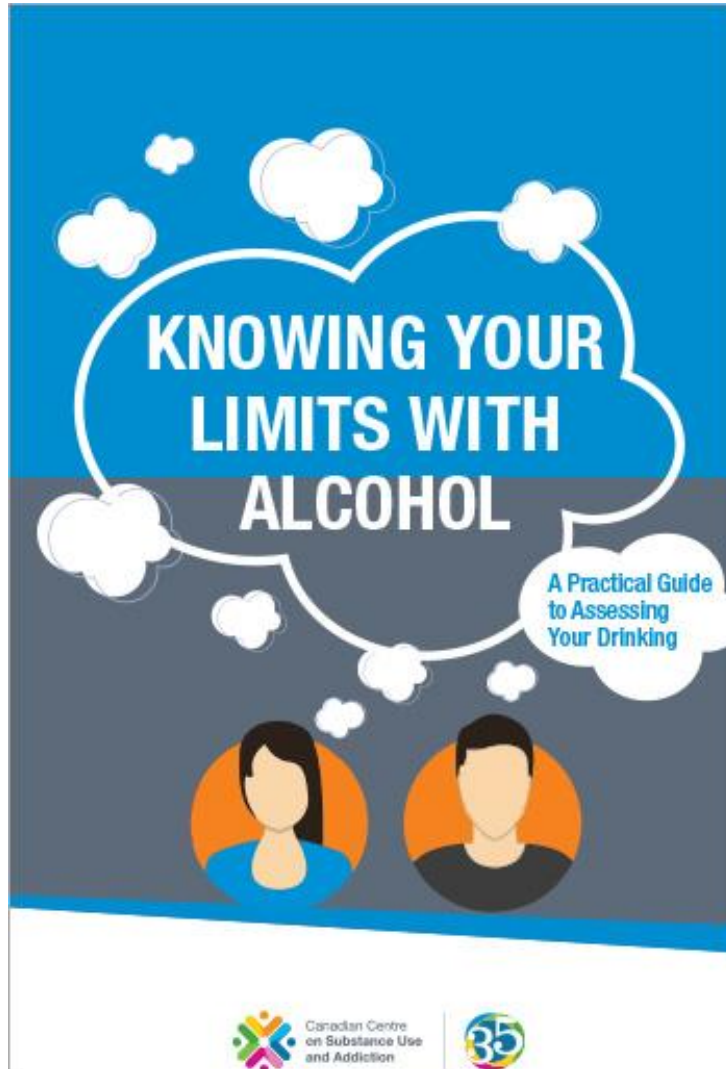
Youth & Alcohol Poster



Brochure




# Additional Resources



## **In progress:**

Plain language resources for  
journalists and health professionals


# Drink Less, Live More



**Drink Less** **Live More**

Any reduction in alcohol use has benefits.

[Learn More](#)



Canadian Centre  
on Substance Use  
and Addiction



**Drink Less** **Live More**

Any reduction in alcohol use has benefits.

Visit [drinklesslivemore.ca](http://drinklesslivemore.ca)



Canadian Centre  
on Substance Use  
and Addiction

# Drink Less, Live More



Toute réduction de la consommation d'alcool est bénéfique.

En savoir plus [boiremoinscestmieux.ca](http://boiremoinscestmieux.ca)



Centre canadien sur  
les dépendances et  
l'usage de substances



To learn more about Canada's Guidance on Alcohol and Health:  
Visit [DrinkLessLiveMore.ca](http://DrinkLessLiveMore.ca)



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# Campaign Goals

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- Create public awareness of the new Guidance.
- Build an understanding of the main takeaway of the Guidance (**drinking less is better**) in French and English.
- Spark discussions of the new guidance amongst people in Canada.
- Correct “two drink/week limit” misinformation.
- **Week of October 9: Launch of campaign”** (approx. 5 weeks)

# Endorsements

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All ads driven to: <http://drinklesslivemore.ca>



**Canada's Guidance on Alcohol and Health**

The banner features a blue background with white text and a graphic of stylized human figures in white and blue. Below the banner, logos of endorsing organizations are displayed:

- DALHOUSIE UNIVERSITY**  
Department of Community Health and Epidemiology
- Bruyère** RESEARCH INSTITUTE  
camh
- University of Victoria** | Canadian Institute for Substance Use Research
- greo** | EVIDENCE INSIGHTS
- centre of excellence for women's health**
- Lakehead UNIVERSITY**
- ST. FRANCIS XAVIER UNIVERSITY**

The above organizations contributed to the development of the guidance and endorse the evidence-based science that guided the final report.

# Year 1 Outcomes

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- Year 1 of multi-year efforts
- Various collaborations are currently in progress and planning stages (e.g. accredited event for medical faculty members)
- CCSA aims to lead but also support effectively activities from other groups across the country (avoid duplication)
- Right time to provide feedback

A decorative graphic on a blue background. At the top center is a starburst shape with six light blue petals and a dark blue center, surrounded by four dark blue circles. On the right side, there are several overlapping, flowing ribbons in shades of pink, light blue, orange, and yellow.

Your feedback  
email: [alcohol@ccsa.ca](mailto:alcohol@ccsa.ca)



Canadian Centre  
on **Substance Use**  
and **Addiction**

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# Canada's new Guidance on Alcohol and Health: Clinical Implications

Peter Butt, MD, University of Saskatchewan, on behalf of the Low-Risk Alcohol Drinking  
Guidelines Scientific Expert Panels.

October 2023

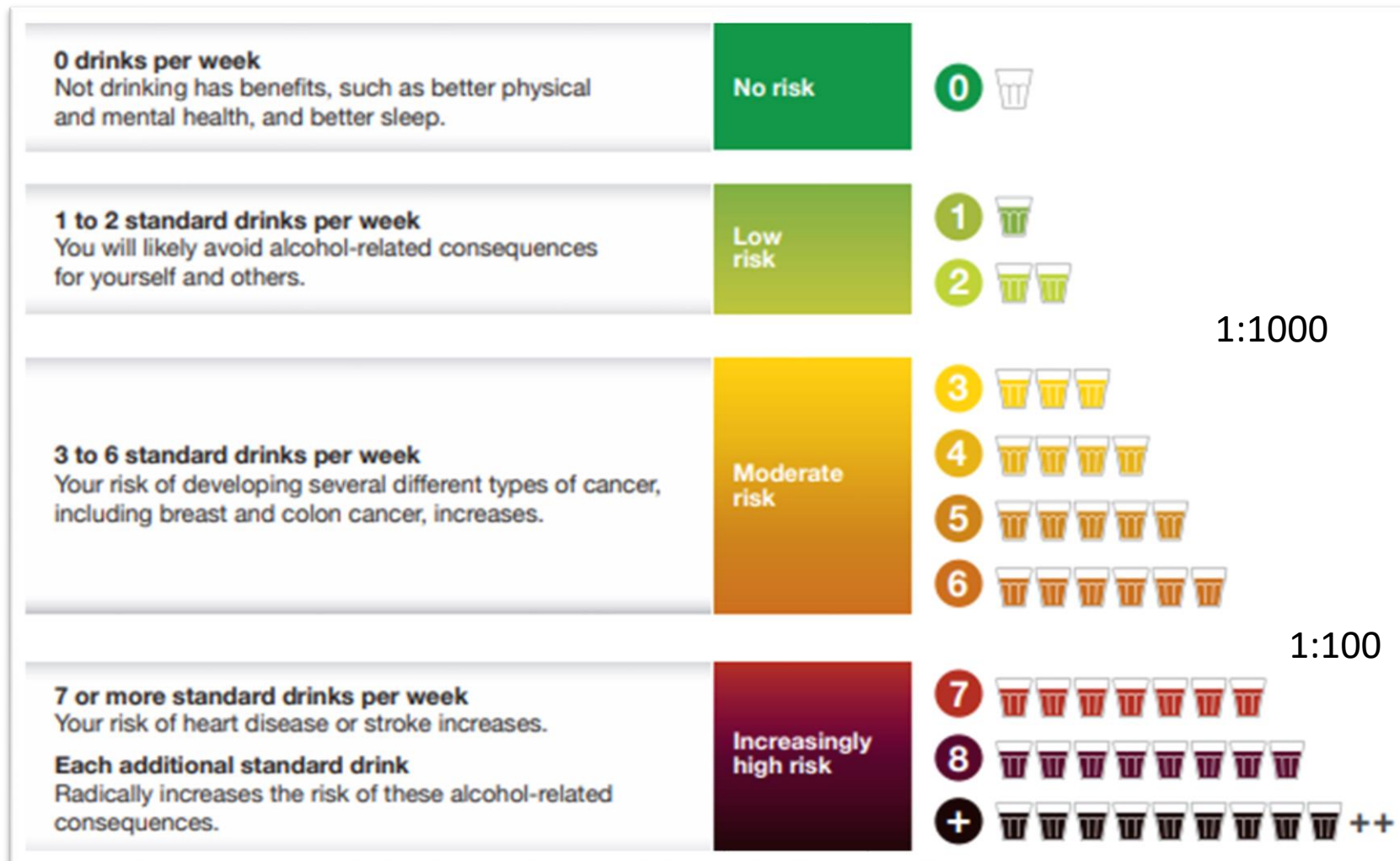


# Recommendation

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To reduce the risk of harm from alcohol,  
**it is recommended**  
**for people living in Canada**  
**to consider reducing their alcohol use**

# A Continuum of risk



# Clinical Implications

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## Individualizing risk

In addition to prompting reflection on the risk from alcohol use alone, **people with a personal or family history** of an alcohol-attributable condition should be encouraged to reduce their level of consumption even further or consider abstinence.

# Clinical Implications

## Increased risk for females - Example

	Disease or injury	Deaths per 100,000 people per year	Premature deaths per 100,000 people per year	Average alcohol intake (g/day)									
				5	10	15	20	25	30	35	40	45	50
Heart disease	Ischemic heart disease	72.1	16.7	-5.0%	-5.0%	-5.0%	-5.0%	4.0%	4.0%	4.0%	4.0%	7.0%	7.0%
	Hypertension	11.3	1.9	3.0%	<b>6.0%</b>	<b>8.9%</b>	<b>11.8%</b>	<b>14.9%</b>	<b>18.0%</b>	<b>21.4%</b>	<b>24.8%</b>	<b>28.4%</b>	<b>32.0%</b>
	Atrial fibrillation and flutter	10.4	0.6	<b>3.3%</b>	<b>6.6%</b>	<b>10.1%</b>	<b>13.7%</b>	<b>17.4%</b>	<b>21.2%</b>	<b>25.2%</b>	<b>29.2%</b>	<b>33.5%</b>	<b>37.8%</b>
	Intracerebral hemorrhage	8.6	2.4	-8.0%	-8.0%	-1.0%	-1.0%	25.0%	25.0%	25.0%	25.0%	25.0%	<b>67.0%</b>
	Ischemic stroke	6.5	1.1	-10.0%	-10.0%	-8.0%	-8.0%	<b>8.0%</b>	<b>8.0%</b>	<b>8.0%</b>	<b>8.0%</b>	<b>8.0%</b>	<b>14.0%</b>
	Subarachnoid hemorrhage	2.4	1.7	21.0%	21.0%	11.0%	11.0%	39.0%	39.0%	39.0%	39.0%	39.0%	82.0%
	Liver cirrhosis	6.9	5.5	<b>109.5%</b>	<b>182.1%</b>	<b>254.9%</b>	<b>330.8%</b>	<b>411.2%</b>	<b>496.7%</b>	<b>588.0%</b>	<b>685.5%</b>	<b>789.6%</b>	<b>900.9%</b>
Cancer	Breast cancer	28.3	17.3	<b>4.7%</b>	<b>9.5%</b>	<b>14.7%</b>	<b>20.0%</b>	<b>25.6%</b>	<b>31.5%</b>	<b>37.6%</b>	<b>44.0%</b>	<b>50.7%</b>	<b>57.7%</b>
	Colorectal cancer	21.0	9.2	<b>3.4%</b>	<b>7.0%</b>	<b>10.7%</b>	<b>14.5%</b>	<b>18.4%</b>	<b>22.5%</b>	<b>26.7%</b>	<b>31.1%</b>	<b>35.6%</b>	<b>40.3%</b>
	Liver cancer	6.0	3.2	<b>2.0%</b>	<b>4.0%</b>	<b>6.1%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>12.5%</b>	<b>14.7%</b>	<b>17.0%</b>	<b>19.3%</b>	<b>21.7%</b>
	Esophagus cancer	2.6	1.5	<b>6.8%</b>	<b>14.1%</b>	<b>21.9%</b>	<b>30.2%</b>	<b>39.0%</b>	<b>48.4%</b>	<b>58.5%</b>	<b>69.1%</b>	<b>80.5%</b>	<b>92.5%</b>
	Oral and pharynx cancer	2.2	1.2	<b>13.1%</b>	<b>27.6%</b>	<b>43.6%</b>	<b>61.4%</b>	<b>81.0%</b>	<b>102.6%</b>	<b>126.3%</b>	<b>152.3%</b>	<b>180.8%</b>	<b>211.7%</b>
	Larynx cancer	0.3	0.2	<b>7.5%</b>	<b>15.5%</b>	<b>24.0%</b>	<b>32.9%</b>	<b>42.3%</b>	<b>52.3%</b>	<b>62.8%</b>	<b>73.8%</b>	<b>85.4%</b>	<b>97.6%</b>

# Clinical Implications

## Increased risk for males - Example

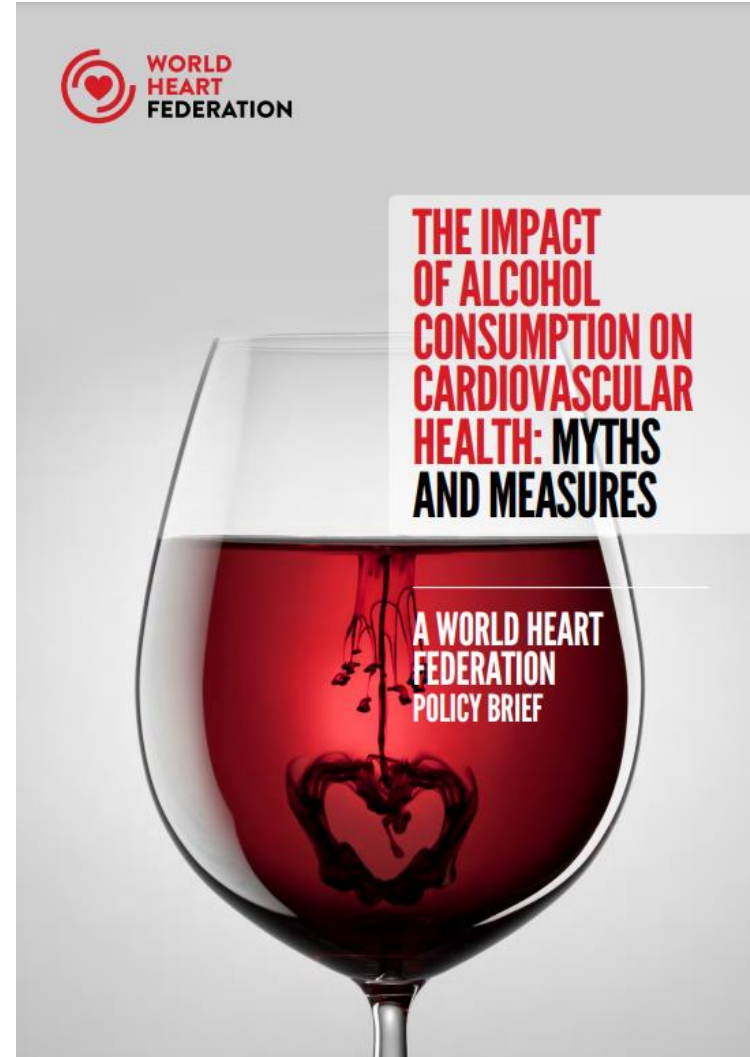
	Disease or injury	Deaths per 100,000 people per year	Premature deaths per 100,000 people per year	Average alcohol intake (g/day)									
				5	10	15	20	25	30	35	40	45	50
Heart disease	Ischemic heart disease	104.1	47.5	-5.0%	-5.0%	-5.0%	-5.0%	4.0%	4.0%	4.0%	4.0%	7.0%	7.0%
	Hypertension	8.4	3.4	7.2%	15.0%	19.0%	23.2%	27.5%	32.0%	34.0%	35.9%	38.0%	40.0%
	Atrial fibrillation and flutter	6.6	1.0	3.3%	6.6%	10.1%	13.7%	17.4%	21.2%	25.2%	29.2%	33.5%	37.8%
	Intracerebral hemorrhage	8.2	3.3	-8.0%	-8.0%	-1.0%	-1.0%	25.0%	25.0%	25.0%	25.0%	25.0%	67.0%
	Ischemic stroke	5.7	1.9	-8.0%	-8.0%	-8.0%	-8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	14.0%
	Subarachnoid hemorrhage	1.6	1.2	21.0%	21.0%	11.0%	11.0%	39.0%	39.0%	39.0%	39.0%	39.0%	82.0%
	Liver cirrhosis	12.2	10.3	15.5%	32.9%	52.8%	75.7%	102.0%	132.3%	167.1%	207.1%	253.2%	306.1%
Cancer	Colorectal cancer	25.6	13.9	3.4%	7.0%	10.7%	14.5%	18.4%	22.5%	26.7%	31.1%	35.6%	40.3%
	Liver cancer	12.2	10.3	15.5%	32.9%	52.8%	75.7%	102.0%	132.3%	167.1%	207.1%	253.2%	306.1%
	Esophagus cancer	9.0	6.2	6.8%	14.1%	21.9%	30.2%	39.0%	48.4%	58.5%	69.1%	80.5%	92.5%
	Oral and pharynx cancer	5.2	3.6	13.1%	27.6%	43.6%	61.4%	81.0%	102.6%	126.3%	152.3%	180.8%	211.7%
	Larynx cancer	1.8	1.1	7.5%	15.5%	24.0%	32.9%	42.3%	52.3%	62.8%	73.8%	85.4%	97.6%

## World Heart Federation Policy Brief (2021)

*“Contrary to popular opinion, alcohol is not good for the heart.”*

*“Research in the latest decade has led to major reversals in the perception of alcohol in relation to health in general and cardiovascular disease in particular.”*

*“Risks due to alcohol consumption increase for all major cardiovascular diseases, including hypertensive heart disease, cardiomyopathy, atrial fibrillation and flutter, and stroke.”*



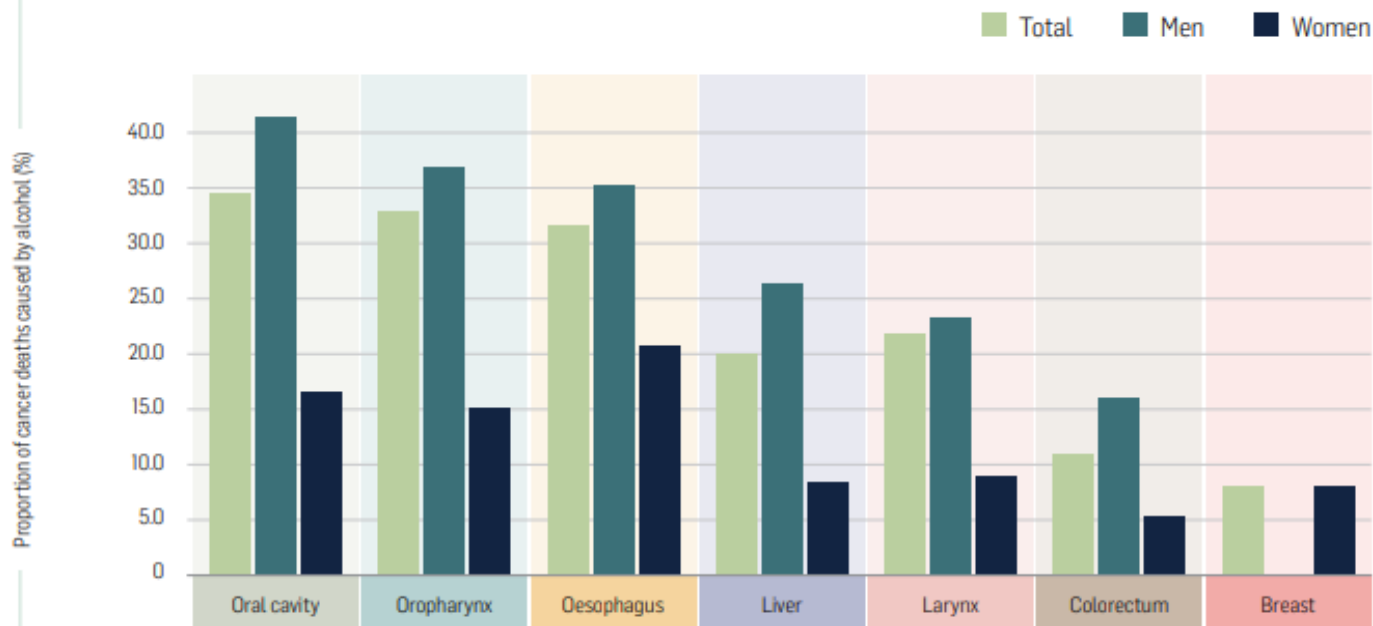
# Criteria for Group 1 Cancer Causation



- 1) *Cellular impact demonstrates mechanism*
- 2) *Animal models reproduce the mechanism*
- 3) *Epidemiological data establishes association*

# Alcohol Attributable Cancer Deaths

Fig. 2. Proportion of cancer deaths, per cancer type, that are attributable to alcohol (alcohol-attributable fractions), by sex, 2018\*



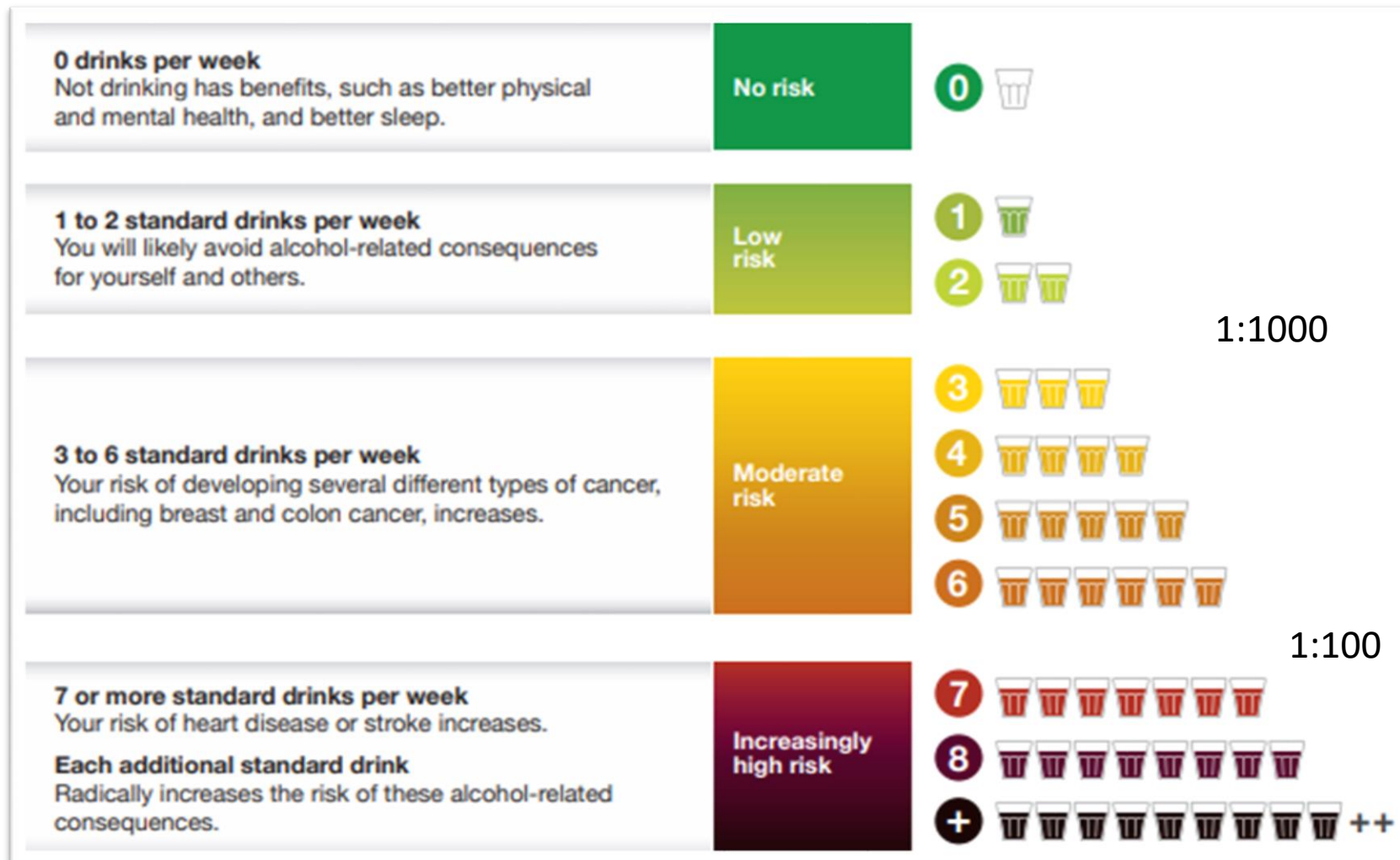
## Percentages

<i>Oral</i>	34
<i>Oropharynx</i>	33
<i>Esophagus</i>	32
<i>Liver</i>	20
<i>Larynx</i>	22
<i>Colorectum</i>	11
<i>Breast</i>	7

\* Displayed are alcohol-attributable fractions (AAFs) for the entire WHO European Region. The AAFs denote the proportion of deaths that are caused by alcohol (i.e. the proportion that would disappear if alcohol consumption were removed). Data were obtained from the International Agency for Research on Cancer.



# A Continuum of risk

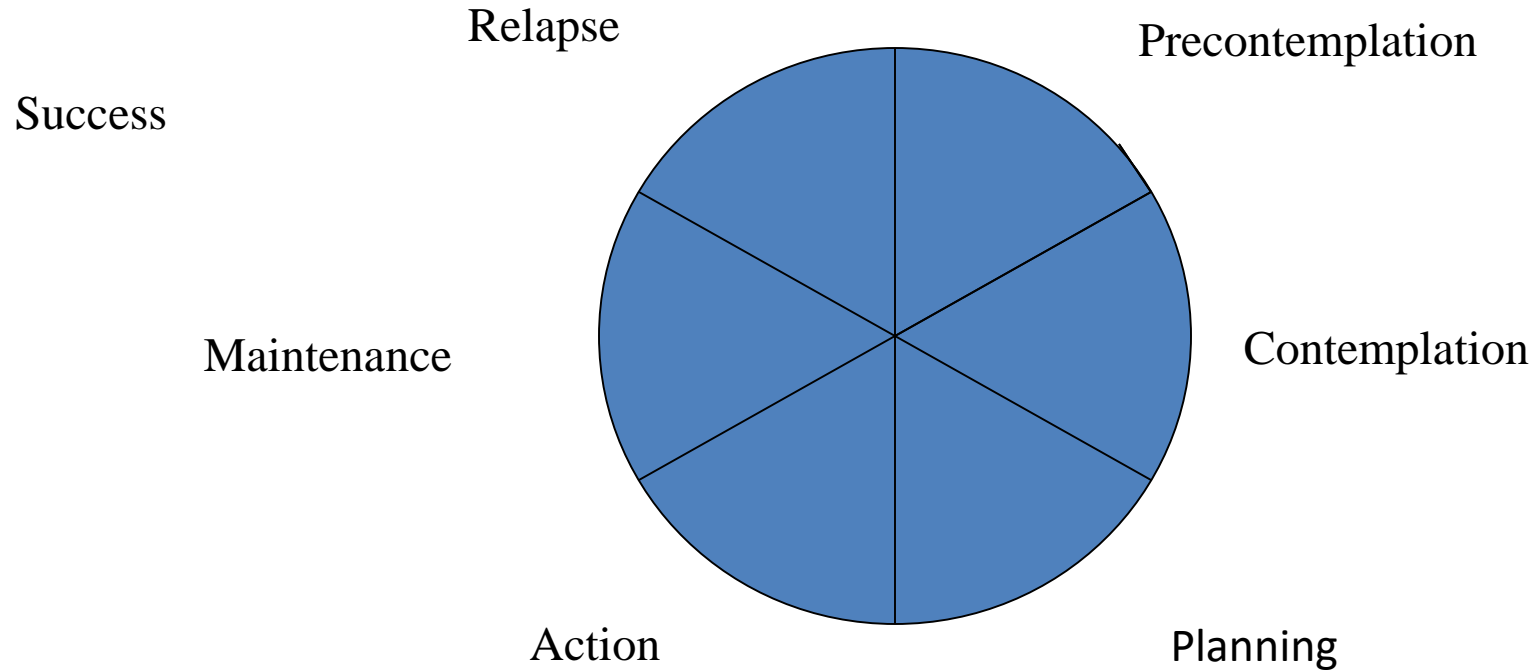


# A Triaged Approach to Goal Setting



- 1) *Individual risk comfort is variable, and not necessarily grounded in actual personal risk.*
- 2) *In general, reduce. Less is better, with a potential goal of 6 SD per week, or less.*
- 3) *Increased personal risk of alcohol attributable condition, recommend goal of 2 SD per week, or less.*
- 4) *Presence of an alcohol attributable or exacerbated condition, consider 0.*

# Stages of Change & MI



(Prochaska & Di Clemente)

# Why People Drink: Individualize Approach



## Personal-effect Motives

For enjoyment  
To alter mood  
To avoid boredom  
To escape problems  
To get drunk

## *Social-effect Motives*

*To socialize*  
*To celebrate special events*  
*To increase power*  
*Social ritual*

# The Benefits of Alcohol Reduction

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*Decreased calories - Weight loss*

*Improved sleep – More energy*

*Improved cognition and memory*

*Improved mood*

*Decreased blood pressure*

*Decreased blood sugar*

*Decreased triglycerides*

*Decreased liver fat*

*Improved sex life*

*Improved immune function*

*Decreased cancer risk*

*Decreased risk of accidents and injuries*

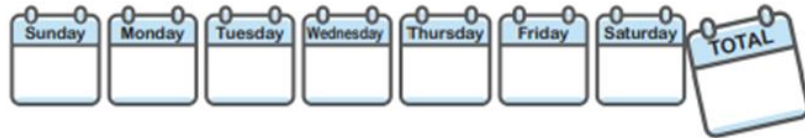
*Improved relationships*

*Financial savings*

# Harm Reduction Strategies

## Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

## It's time to pick a new target

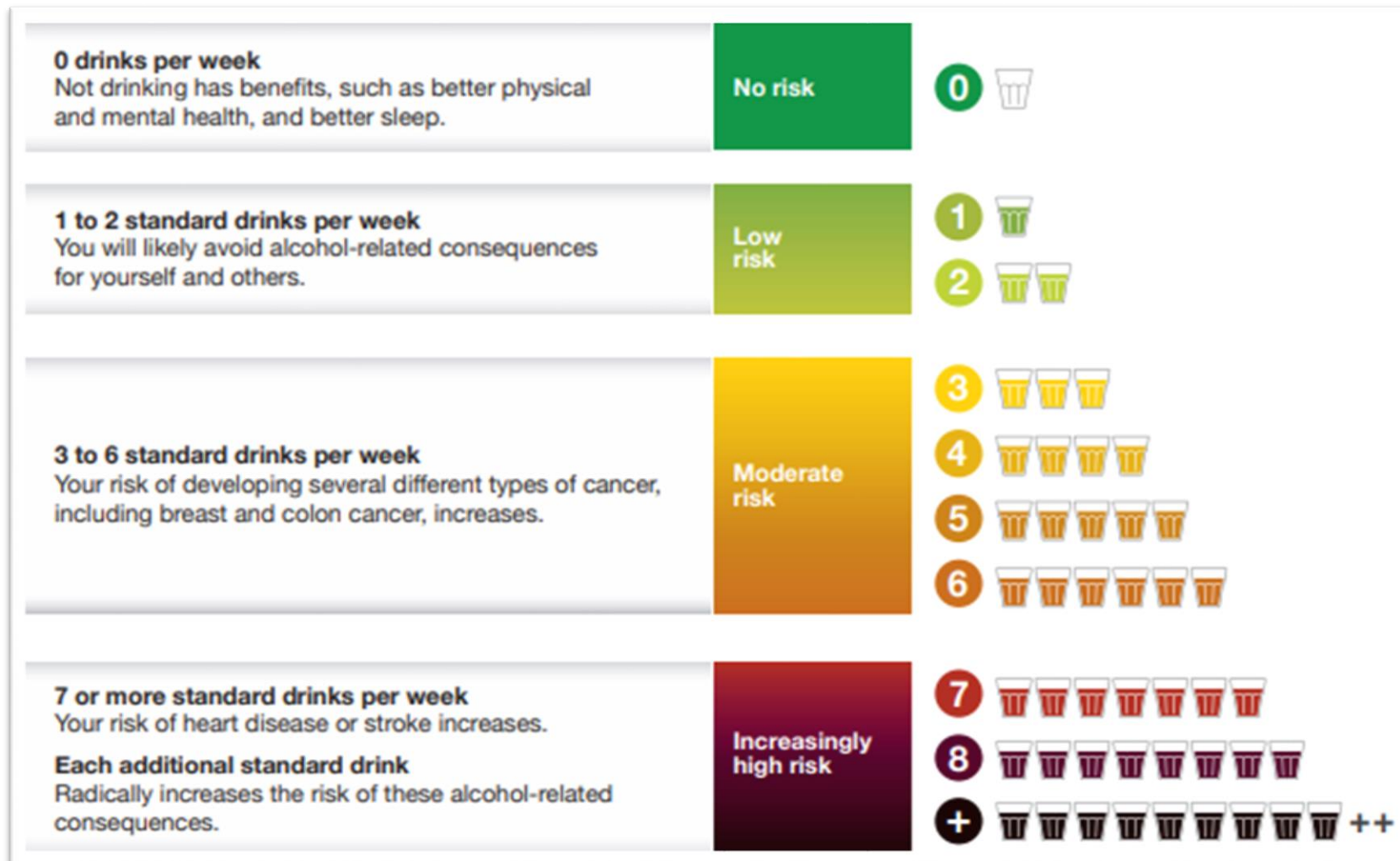
What will your weekly drinking target be?



## Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

# In A Continuum of Risk, Less is Better





Thank you





# Questions?



**Thank you!**

# CAPE Community of Practice

## Acknowledgment of funding and support



**Health Canada | Santé Canada**  
**Substance Use and Addictions Program | Programme sur l'usage et les dépendances aux substances**



**Social Sciences and Humanities Research Council (SSHRC)**  
**Connection Grant**



**Public Health Agency of Canada | Agence de la santé publique du Canada**



**In-kind funding and support from co-investigator institutions, knowledge users, and government stakeholders**

***The views and opinions expressed as part of this event are those of the presenters alone and do not necessarily represent those of our funders or other organizations acknowledged***



**University of Victoria**

Canadian Institute  
for Substance  
Use Research

Institut canadien  
de recherche sur  
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Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

# Thank you for attending this CAPE Community of Practice Event!

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