



35 FREQUENTLY ASKED QUESTIONS ABOUT THE LOW-RISK DRINKING GUIDELINES (LRDGs)

March 2001

TABLE OF CONTENTS

A

ABOUT THE GUIDELINES

1. Why were the Low-Risk Drinking Guidelines developed? 3
2. What do the Low-Risk Drinking Guidelines say? 3
3. What is a standard drink? 4
4. Why do the Guidelines set weekly drinking limits? 4
5. Why are the weekly limits lower for women? 4
6. Why do the Guidelines set daily limits? 4
7. Why do the Guidelines include hourly limits? 4
8. Why don't you advise people to refrain from drinking at least one day a week? 4
9. You say people with "certain health problems" should drink less. Who are you referring to exactly? 5
10. What types of medications can become dangerous when combined with alcohol? 5
11. You say people under any legal or other restriction on drinking, should drink less or not at all. How do you define "legal or other restrictions"? 5
12. How much can I safely drink if I'm driving? 5
13. Are there other situations when it's not advisable to drink? 6
14. Will women who are pregnant or breastfeeding have babies with fetal alcohol syndrome if they have a small amount to drink? 6
15. Aren't there different daily drinking limits for problem drinkers? 6
16. I've heard that red wine is good for the heart. Should I be drinking red wine? 6
17. What *is* the link between alcohol and heart health? 7
18. Should I start drinking to improve my health? 7
19. If I drink, but not every day, should I consider becoming a more regular drinker? 7
20. What if I decide to have all my drinks in one night? 7
21. What should I do if I am considering a change in the amount I now drink? 7
22. What if my doctor tells me to drink? 8
23. It seems every week there's a news item about the benefits of alcohol. Where can I find credible research on alcohol and (heart) health? 8

B

ABOUT THE CAMPAIGN

24. Who developed the Low-Risk Drinking Guidelines? 9
25. Other countries have higher drinking guidelines. Why are Canada's so low? 9
26. Isn't it dangerous for public health groups to admit that drinking has some health benefits? 9
27. Are you encouraging drinking? 9
28. You say that the Guidelines are based on current research and will be reviewed from time to time. How often are you going to change them? 9
29. How have the Guidelines been promoted? 9
30. How is the Campaign being evaluated? 10
31. Who has endorsed these Guidelines? Can we add our organization to the list? 11
32. Can you recommend resources to educate health professionals, the media and the public about alcohol and heart health? 11
33. I like your new materials. Do you have camera-ready artwork for use in local campaigns? 11
34. We're developing local resources to support the Low-Risk Drinking Guidelines. Do you have any helpful advice? 11
35. Who can I call for more information? 12

SOURCES

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- *Lifestyle Modifications to prevent and control Hypertension, Supplement to CMAJ, 1999; 160 (9 supp)*, Canadian Hypertension Society, the Canadian Coalition for High Blood Pressure Prevention and Control, the Laboratory Centre for Disease Control at Health Canada and the Heart and Stroke Foundation of Canada. Available: <http://www.cma.ca/cmaj/vol-160/issue-9/hypertension/part-3.pdf>
- *Low-Risk Drinking Guidelines Orientation Package*, Addiction Research Foundation, Association of Local Public Health Agencies and Ontario Public Health Association, August 1997.
- *Moderate Drinking and Health Questions and Answers*, Canadian Centre on Substance Abuse, 1993.
- *Moderate Drinking: the good, the bad and the unknown*, College of Family Physicians of Canada, 1997.
- *Responsible Alcohol Beverage Training Workbook*. Toronto: Smart Serve Ontario, August 1999.

For more information about the contents of this package, or for permission to quote or reprint, please contact the Centre for Addiction and Mental Health, 416-535-8501 ext. 4552.

A ABOUT THE GUIDELINES

1. Why were the Low-Risk Drinking Guidelines developed?

Many people have heard mixed messages about whether drinking alcohol has good or bad effects on a person's health. The Guidelines are intended to help people make an informed decision about the amount of alcohol that they consume. They describe daily and weekly drinking limits and drinking practices that take into account the health benefits of alcohol, while minimizing the risk of problems. These include problems that can occur in the short-term, such as drinking and driving, and long-term health problems, such as liver disease or certain types of cancer.

The Guidelines are directed at the general population. They are as much intended to reinforce the drinking practices of the approximately 82% of drinkers in Ontario who already comply with the combined daily and weekly drinking levels outlined in the Guidelines, as they are for the approximately 18% who don't.

2. What do the Low-Risk Drinking Guidelines say?

Healthy people who choose to drink and who are of drinking age can minimize the risk of alcohol-related problems – such as health and social problems, injuries and alcohol dependence – by:

- Drinking no more than two standard drinks on any day.
- Limiting their weekly intake to 14 or fewer standard drinks for men and 9 or fewer standard drinks for women.
- Drinking slowly to avoid intoxication, waiting at least one hour between drinks, take alcohol with food and drink non-alcoholic beverages.

The Guidelines also recommend that:

- If you abstain, don't start drinking alcohol for its protective effect against heart disease; there are less risky alternatives such as exercise, better nutrition and quitting smoking.
- If you choose to drink, the protective effect of alcohol can be achieved with as little as one drink every other day.
- If you are seeking help for a drinking problem, follow the advice of your counsellor or health professional.

Finally, the Guidelines note that there are some people who should not use alcohol, or who should limit their use to less than the above maximum amounts. These groups include:

- people with certain health problems, such as liver disease or certain psychiatric illnesses
- people taking certain medications, such as sedatives, sleeping pills and pain killers
- people with a personal or family history of serious drinking problems
- women who are pregnant, trying to conceive, or breast-feeding
- people who are or will be operating vehicles such as automobiles, motorcycles, boats, snowmobiles, all-terrain vehicles or bicycles
- people who need to be alert. For example, those responsible for the safety of others or public order, working machinery or dangerous equipment or doing challenging physical activities
- people who are under any legal or other restriction on drinking – personally or because of the environment they're in.

These guidelines are based on current research and will be reviewed and revised as necessary by the Centre for Addiction and Mental Health and its partners.

3. What is a standard drink?

In Canada, a standard drink contains 13.6 grams of alcohol, the amount in:

- 341 ml / 12 oz of beer (5% alcohol)
- 142 ml / 5 oz glass of table wine (12% alcohol)
- 85 ml / 3 oz of fortified wine such as sherry or port (18% alcohol)
- 43 ml / 1.5 oz of spirits (40% alcohol)

Higher strength beer, coolers and overproof liquor contain more than 1 standard drink.

4. Why do the Guidelines set weekly drinking limits?

As a person's average weekly alcohol consumption increases, so does the risk of health problems including diseases of the liver, pancreas and nervous system as well as cancers of the upper respiratory and digestive systems, liver, colon and breast. For these health problems, risk increases with each increase in alcohol intake, and abstainers are at the lowest risk.

At the same time, alcohol decreases the risk of ischemic heart disease — the single most common cause of death in Canadians over 45—and stroke. Men who drink less than 14 drinks a week on average are at lower risk of early death than men who do not drink alcohol. However, the risk of premature death begins to increase above 14 drinks a week for men and 9 drinks a week for women. An average intake of no more than 14 drinks per week for men and 9 for women does not appear to be linked to an increased overall risk of long-term health problems.

5. Why are the weekly limits lower for women?

Women have lower gastric alcohol dehydrogenase activity and water content in the body than men. This means they can achieve higher blood alcohol levels when consuming the same amount of alcohol as men. There is also emerging evidence of an association between alcohol intake and breast cancer.

6. Why do the Guidelines set daily drinking limits?

The number of drinks consumed in each drinking day is as important as the average number of drinks a week. A day of heavy drinking can have several adverse consequences. One is an increase in blood pressure, which affects the pumping action of the heart and increases the risk of stroke. In addition, as blood alcohol content (BAC) increases, so does the risk of accidents and injuries. For example, a driver with a BAC of .08 is three times more likely to be involved in a motor vehicle crash than a driver who hasn't been drinking. A heavy drinking day also increases the risk of social problems related to home life, work, the law and finances. It's important to recognize that some adults who drink responsibly will exceed the recommended maximum of two drinks a day on occasions such as parties or weddings. Extra precautions should be taken to avoid intoxication. Food, other drinks, and safe transportation should be available, and alcohol should not be mixed with potentially hazardous activities such as sports.

7. Why do the Guidelines include hourly limits?

The guideline of drinking no more than one drink an hour takes into account research showing that a person weighing 70 kg (154 lbs.) can eliminate roughly 8 to 10 g of absolute alcohol per hour (less than the 13.6 g of alcohol in one standard drink). It's important to note that the same amount of alcohol affects individuals differently based on tolerance, setting, personality and other factors. Spacing out drinks, alternating alcoholic and non-alcoholic beverages, having alcohol with food, and drinking low-alcohol beverages can slow absorption of alcohol. Please note that hourly limits are not meant to replace the low-risk daily limit of 2 standard drinks.

8. Why don't you advise people to refrain from drinking at least one day a week?

An inability to go without alcohol, or a perceived need to drink daily, is a sign of potential problems. However, for an average healthy person who stays within both the daily and weekly limits, the risk of dependence is low. As well, spreading the weekly limit over seven days reduces the risk of problems. Therefore, we have not recommended a minimum number of alcohol-free days per week. Drinkers would be wise to ensure that they can comfortably go without alcohol from time to time. Those who feel they can't go without alcohol should seek help. Also, people who have been advised by a physician or counsellor to take days off from drinking because of previous problems should follow this advice.

9. You say people with "certain health problems" should drink less than the 0-2-9-14 Guidelines. Who are you referring to exactly?

The Low-risk Drinking Guidelines may not apply to people with health problems such as:

- disorders associated with increased bleeding
- undergoing recovery from an injury or operation
- gastritis, ulcers and liver disease
- uncontrolled high blood pressure
- diabetes
- depression and anxiety
- serious psychiatric illness.

If you have one or more of these conditions, please consult your doctor.

10. What types of medications can become dangerous when combined with alcohol?

Combining alcohol with some prescription drugs and over-the-counter medications can result in serious problems. These medications include anti-depressants, sedatives, sleeping pills, painkillers, and heart pills such as anticoagulants and inotropic drugs (e.g. digitalis). Consult a physician or pharmacist and read medication labels and inserts carefully.

11. You say people who are under any legal or other restriction on drinking should drink less or not at all. How do you define "legal or other restrictions"?

People in certain occupations — airline pilots, for example — may be forbidden from using any alcohol while working or before working, for safety reasons. Others are forbidden to drink by a court order. The *Liquor Licence Act of Ontario* prohibits anyone under the age of 19 from purchasing or consuming alcohol. Parents or guardians, however, may provide alcohol to their children at home. The guidelines presented above are intended for an adult audience. People under the legal drinking age should be particularly cautious. Younger age groups are at higher risk of episodic heavy drinking and related problems such as "accidents," injuries, violence, suicide, etc.

12. How much can I safely drink if I'm driving?

Impaired driving is a major public health and safety problem in Canada. As little as one drink affects neuromotor function, judgment and the performance of skilled tasks. The risk of a motor vehicle crash increases with each increase in blood alcohol content (BAC) of the driver. The *Criminal Code of Canada* prohibits anyone with a BAC of .08 or more from operating any motor vehicle. The *Highway Safety Act of Ontario* allows police to temporarily suspend the license of a driver with a BAC of more than .05. A 175-lb. man age 25 who has three standard drinks in one hour would have a BAC of about .056 (.061 in the case of a 60 year-old man). A 150-lb. woman who has three drinks in one hour would have a BAC of .086. Furthermore, BAC levels can accumulate to .05, even when the drink per hour rule is applied. BACs also peak 30 to 90 minutes after drinking. This means that waiting an hour before driving may not prevent legal

consequences. The safest course is therefore never to drink before getting behind the wheel of a car, snowmobile, boat, motorcycle, bicycle, or any other vehicle.

13. Are there other situations when it's not advisable to drink?

Studies have documented alcohol's involvement in fatal incidents and injuries related to falls, drownings, burns, wounds, hypothermia and other events occurring at home or during leisure activities. Heavy drinkers are not the only ones who may experience problems as a result of drinking. The risk of preventable injury or death increases with every drink beyond the person's usual amount. Abstinence is advised for anyone operating machinery, responsible for public order or safety, working, studying or entering into potentially dangerous activities.

14. Will women who are pregnant or breastfeeding have babies with fetal alcohol syndrome if they have a small amount to drink?

Research does not show conclusively whether there is an increased risk of damage for the child of a pregnant woman who drinks within the guidelines during pregnancy. In the absence of a clear definition of risk-free levels, however, it's advisable not to drink any alcohol during pregnancy. Research has shown that prenatal alcohol use can cause adverse effects on the physical and mental development of the infant, and increase the risk of congenital defects. The most severe example of this — Fetal Alcohol Syndrome (FAS) — is uncommon and is found in the children of mothers with serious alcohol problems.

Alcohol should also be avoided during breast-feeding. Alcohol consumed by the mother passes readily into her milk and can affect the infant. There is some evidence that children feed less well if breast milk contains alcohol. Evidence that alcohol in breast milk can impair child development is limited, but mothers are advised not to take the risk.

We advise women not to drink while they are pregnant in order to ensure that the fetus is protected and not to drink while breastfeeding. However, women should not be alarmed if they have consumed small amounts before they found out they were pregnant. For more information, women should consult their doctors.

15. Aren't there different daily drinking limits for problem drinkers?

In the case of problem drinkers, research has shown that men who limit themselves to four drinks on drinking days and women who limited themselves to three drinks (slightly higher daily limits than the guidelines for the general public) consistently reported that they no longer had social, financial, work-related or legal problems linked to their alcohol use.

Although there are many drinking guidelines in use, among the most popular are the ones developed by researcher Martha Sanchez-Craig. Intended for use in treatment settings, they advise women to restrict their drinking to 3 standard drinks on any day, and men to 4 standard drinks on any day. They also recommend at least one alcohol-free day a week no more than 12 drinks a week. Finally they recognize instances when drinking is inadvisable for health or safety reasons.

In 1997, the College of Family Physicians of Canada officially endorsed the Low-Risk Drinking Guidelines for the primary prevention of alcohol problems among the general population, and the Sanchez-Craig Guidelines for use with people whose drinking puts them at risk of alcohol problems (secondary prevention).

16. I've heard that red wine is good for the heart. Should I be drinking red wine?

A large number of studies have been conducted to try to determine what ingredient in alcoholic beverages results in a reduced risk of heart disease. As a result of these studies we now know that it is not the color,

type or brand of the beverage but the alcohol itself that is associated with reduced risk of heart attack or certain types of strokes. Any form of alcohol can help your heart, it doesn't have to be wine. Reduced risk of heart disease and stroke appears to be limited to men above the age of forty and women past menopause. People do need to take care to follow the Guidelines, however, or they won't reap the health benefit from alcohol.

17. What *is* the link between alcohol and heart health?

Research has shown that life-long abstainers (people who have never drunk alcohol) have higher rates of coronary heart disease (CHD) than moderate drinkers. Some scientists believe that alcohol provides a level of protection against CHD by interfering with the formation of blood clots and slowing down the build-up of plaque in the arteries. Despite well publicized claims singling out red wine, the effect is the same for white wine, liquor or beer. Because CHD is rare among young people, there is not likely to be any significant benefit from drinking for younger men and for women who have not reached menopause.

Major reductions in the risk of CHD can be achieved by other means. For example, not starting or giving up smoking has a greater effect on lowering the risk of CHD than moderate drinking. Regular exercise also reduces the risk of CHD. Eating a low-fat diet may also be beneficial. For more information on other ways to improve heart health see the *Healthy Heart Kit*, co-sponsored by Health Canada and the Heart and Stroke Foundation, www.hc-sc.gc.ca/hppb/ahi/healthyheartkit/healthyheartkit.htm

18. Should I start drinking to improve my health?

People choose not to drink for many valid reasons - medical, religious and personal. People who drink generally do so for social and personal pleasure, or to "drown their sorrows." A decision to begin drinking should not generally be made for medical reasons. Would-be drinkers need to recognize that there are many risks associated with drinking, even at moderate levels. For example, when people start drinking, regardless of the amount, their chances of being injured or killed in a car crash increase. They also face a greater risk of suffering from hypertension (high blood pressure). Women who drink even one drink a day may be more likely to get breast cancer.

19. If I drink, but not every day, should I consider becoming a more regular drinker?

The reduced risk of CHD has been observed in people who drink as little as one drink every other day. Occasional drinkers who start drinking every day may not improve their odds against CHD, but will in many cases increase the risk to their overall health. The idea of recommending a limit of two drinks a day is not to get everybody drinking that much, but to get people who drink more than that amount to reduce their consumption. After two drinks a day, any reduced risk of CHD is overshadowed by increased risk of death resulting from accidents and violence, certain cancers, liver cirrhosis, and hemorrhagic stroke. For these and other alcohol-related causes of death, the risk grows with increasing alcohol consumption.

20. What if I decide to have all my drinks in one night?

More studies are needed to show how different patterns of drinking affect the ability of alcohol to lower the risk of CHD. However, no beneficial effect on heart disease is likely to result from "binge" drinking. On the other hand, we do know that excessive drinking often results in violence, accidental injury and death. Everyone who drinks should avoid drinking to get drunk. In most places in Canada, it is against the law to serve alcohol to someone who is already intoxicated.

21. What should I do if I am considering a change in the amount I now drink?

A general rule for drinkers is "less is better" - smaller quantities on each drinking occasion, and fewer drinking occasions. People who are thinking of consuming more alcohol for health reasons should see their doctor. Doctors can identify reasons why drinking may not be a good idea. They can say which medications interact with alcohol, and they can offer advice on alternate ways of reducing the risk of CHD.

22. What if my doctor tells me to drink?

In 1997, the College of Family Physicians of Canada distributed a document called *Moderate Drinking: the good, the bad and the unknown* to help family physicians talk to patients about alcohol and health. It advises family physicians to:

- determine the patients' current level of alcohol consumption
- check for contraindications to drinking such as peptic ulcer disease, gastritis, cirrhosis or active hepatitis, use of psychoactive medications, diabetes, seizure disorder, etc.
- advise problem drinkers to follow the Martha Sanchez-Craig Guidelines and those who are dependent on alcohol to quit drinking
- advise those currently drinking within the Low-Risk Drinking Guidelines not to increase their consumption because any additional heart health benefits will be outweighed by greater risk of other health and social problems.
- advise patients who want to improve their health to quit smoking, exercise regularly, eat a healthier diet and continue the course of treatment.

In 1999, the Canadian Hypertension Society, the Canadian Coalition for High Blood Pressure Prevention and Control, the Laboratory Centre for Disease Control at Health Canada and the Heart and Stroke Foundation released their recommendations for preventing and controlling hypertension in healthy adults (except pregnant women). Among other things, they advise that:

- health care professionals determine the body mass index and alcohol consumption of all adult patients and the sodium consumption and stress levels of all hypertensive patients.
- Canadians in the population-at-large attain and maintain a healthy body mass index, exercise regularly and follow the Low-Risk Drinking Guidelines by limiting their alcohol intake to 2 or fewer standard drinks per week, up to a maximum of 14 drinks a week for men and 9 drinks a week for women.
- Hypertensive patients follow a program of individualized therapy that emphasizes weight loss for overweight patients, abstinence or moderation in alcohol use, regular exercise, restriction of sodium intake and, in appropriate circumstances, individualized cognitive behaviour modification to reduce the effects of stress.

These recommendations are available online at <http://www.cma.ca/cmaj/vol-160/issue-9/hypertension/part-3.pdf>.

23. It seems every week there's a news item about the benefits of alcohol. Where can I find credible research on alcohol and (heart) health?

A good place to start is the Low-Risk Drinking Guidelines Action Pack on APOLNET, www.apolnet.org. It includes links to Canadian and international research on the alcohol and health, as well as an extensive bibliography prepared by Eric Single and colleagues in October 1999. For copies of the articles, contact the CAMH-ARF Library, isd@camh.net, 416-535-8501 ext 6144, www.arf.org:80/isd/links/databases.html.

Another recommended resource for researchers is the *APOLNET Databases & Indexes* section, www.apolnet.org/resources/res_dat.html. It includes links to several searchable online databases, including Alcohol and Alcohol Problems Science (ETOH), MEDSCAPE and PubMed.

B ABOUT THE CAMPAIGN

24. Who developed the Low-Risk Drinking Guidelines?

The Low-Risk Drinking Guidelines were developed by a committee of medical doctors and researchers invited by the Ontario Ministry of Health to assess the scientific evidence and develop common Guidelines on low-risk drinking. The committee was chaired by Dr. Mary Jane Ashley and included representatives from the Addiction Research Foundation (now part of the Centre for Addiction and Mental Health), the University of Toronto Centre for Health Promotion, the Ottawa-Carleton Regional Health Department, the Ontario Ministry of Health Public Health Branch and the Ontario Addictions Coordinating Group. Their recommendations contained in 1996 discussion document entitled, *A Report of the Committee to Recommend Draft Guidelines on Low-Risk Drinking for the Province of Ontario*, were reviewed by the World Health Organization, the Mensana Corporation, the Canadian Centre on Substance Abuse and the National Centre for Research into the Prevention of Drug Use (Australia). Since their official release in October 1997, the Guidelines have also been published in peer-reviewed journals such as the *Canadian Journal of Public Health*.

25. Other countries have higher drinking guidelines. Why are Canada's so low?

We've reviewed guidelines currently in use around the world. Our guidelines are very similar to those used in the United States and the United Kingdom. However, the amount of alcohol contained in a "standard" drink often differs from country to country. These different measurements account for some of the apparent discrepancies between our guidelines and those used in other countries.

26. Isn't it dangerous for public health groups to admit that drinking has some health benefits?

No. We have reviewed and discussed the scientific evidence presented on the health benefits of alcohol for the past few years. We have also always acknowledged that many people enjoy drinking alcohol. However, we do feel that people need to remember the potential harm caused through the inappropriate use of alcohol. Through these guidelines we hope to make both the pros and cons of alcohol use clear to the general public.

27. Are you encouraging drinking?

We are not encouraging drinking. People who currently abstain should not start drinking in an attempt to get the healthy benefits of alcohol. And there are many others, identified in the Guidelines, who shouldn't drink either. The primary purpose of the guidelines is to clarify any confusion that might exist about alcohol and health and to help people make informed choices about their use of alcohol.

28. You say that the Guidelines are based on current research and will be reviewed from time to time. How often are you going to change them?

We don't anticipate changing the guidelines very often. However, we recognize that research will continue in this area, and that we will continue to learn more about alcohol and health.

29. Can you recommend resources to educate health professionals, the media and the public about alcohol and heart health?

There are many resources on the links between alcohol and heart health. However, to minimize public confusion, we recommend that you try to use only those that are consistent with the Low-Risk Drinking Guidelines. The LRDGs are based on solid research and effectively balance the risks and benefits of alcohol. They have been endorsed by the College of Family Physicians of Canada, the Ontario Public

Health Association, the Association of Local Public Health Agencies, Centre for Addiction and Mental Health, the Canadian Centre on Substance Abuse, the Addictions Foundation of Manitoba, and the Alberta Alcohol and Drug Abuse Commission, among others. Examples of materials consistent with LRDGs include:

Heart & Stroke Foundation of Canada, <http://www.na.heartandstroke.ca>

*Should you drink alcohol to protect yourself against heart disease? Feb 24, 2000

*Could a little wine be better than no wine? Oct 6, 2000

Centre for Addiction and Mental Health, <http://www.camh.net>

*Low-Risk Drinking Guidelines Brochures, Oct 1997 and Nov 2000

*Low-Risk Drinking Guidelines Posters & Take away Sheets,

Coasters and Table Tents (with financial assistance from Toronto Public Health, Apr 2001)

*Low-Risk Drinking Guidelines Campaign Tool Kit and website, <http://www.lrdg.net>

*Evaluate Your Drinking Brochure, 2000

*Evaluate Your Drinking Online Personalized Form, <http://arfnet.arf.org/efeed.nsf/newform>

*Toll-free Information Line, 800-463-6273 (416-595-6111 in Toronto)

Canadian Health Network, <http://www.canadian-health-network.ca>

*Substance Use/Addictions Section

Addictions Foundation of Manitoba, <http://www.afm.mb.ca>

*Drinking and Driving: Holiday Season Reminders, Dec 2000

*Low-Risk Drinking Guidelines, sample website information

30. How have the Guidelines been promoted?

The Centre for Addiction and Mental Health, the Association of Local Public Health Agencies and the Ontario Public Health Association have been working since October 1997 to support the dissemination of the Low-Risk Drinking Guidelines. The campaign has targeted 2 groups: 1) professional intermediaries such as public health nurses, physicians, pharmacists, health promoters, addictions counsellors, etc. and 2) the general public with the following messages:

- there are low-risk ways to consume alcohol and many governments and health professionals are using low-risk drinking Guidelines to promote more informed decisions about alcohol use
- the Low-Risk Drinking Guidelines cover *drinking levels* (how much you drink or don't drink) and *drinking practices* (how, when and where you drink).
- Adults who choose to drink can minimize the risk of alcohol problems but drinking no more than 2 standard drinks on any day, up to 14 drinks a week for men and 9 drinks a week for women.
- Benefits can be achieved with as little as one drink every other day. Similar effects can be achieved through lifestyle changes such as better diet, exercise and quitting smoking.
- The Guidelines do not advise anyone, particularly young people to start drinking or to increase their current consumption. They also recognize that there are groups and situations where drinking is inadvisable
- Professionals are encouraged to use the LRDGs in their practice to minimize public confusion about conflicting messages on alcohol and health.

These messages were disseminated through promotional brochures and posters as well as presentations, articles, inserts, Internet and the media. A comprehensive report on Phase 1 of the Campaign is available on the APOLNET website, www.apolnet.org.

Phase 2 of the Campaign was launched in the Fall 2000 with the development of a Low-Risk Drinking Guidelines logotype, a plain language brochure and radio public service announcements in English and French. Additional resources in the development stage include:

- a bilingual website targeted to professionals and the public-at-large. www.lrdg.net will be unveiled in June 2001
- an LRDG Power Point Presentation to orient professionals and community groups to the Guidelines. To be unveiled with the new website.
- posters and tear away sheets in 6 languages for display at community halls, municipal facilities, etc.
- coasters and table tents for use at licensed events and/or facilities, including those covered by Municipal Alcohol Policies.

Please note that the posters, coasters and table tents were developed in part with funding from Toronto Public Health. Availability of these resources for use throughout the province will depend on success in securing additional funding. Please check www.lrdg.net for more information.

31. How is the Campaign being evaluated?

In 1999, the researchers involved in developing the Guidelines published an article in the *Canadian Journal of Public Health* entitled “Do Ontarians Drink in Moderation? A baseline assessment against Canadian Low-Risk Drinking Guidelines.” Similar follow-up articles are planned to evaluate awareness and compliance with the Guidelines. An evaluation framework is also being developed to track awareness and impact of the various campaign resources.

32. Who has endorsed these Guidelines?

The Low-Risk Drinking Guidelines have been endorsed by the following groups:

- Addictions Foundation of Manitoba
- Alberta Alcohol and Drug Abuse Commission
- Association of Local Public Health Agencies
- Canadian Centre on Substance Abuse
- Centre for Addiction and Mental Health
- College of Family Physicians of Canada
- Ontario Public Health Association

The Ontario Ministry of Health’s *Mandatory Health Programs and Services Guidelines* also require that public health units across the province promote the Low-Risk Drinking Guidelines through their injury and substance abuse prevention programs. Organizations interested in adding their name to the list of endorsing organizations are encouraged to contact the LRDG Committee, <http://www.lrdg.net>.

33. I like your new materials. Do you have camera-ready artwork for use in local campaigns?

The new Low-Risk Drinking Guidelines logo and slogan are registered trademarks of the Centre for Addiction and Mental Health (CAMH). They can only be used with permission. The rationale for this is to ensure that all materials, websites, etc. that discuss these Guidelines do in fact contain information that accurately reflects the science upon which they are based. Groups interested in developing new resources in support of the LRDGs, or submitting existing resources for review, are encouraged to contact the CAMH Marketing Department, 1-800-661-1111 or the LRDG Committee (see below).

34. We're developing local resources to support the Low-Risk Drinking Guidelines. Do you have any helpful advice?

When developing materials in support of the LRDGs it's important to strike a balance between user-friendly resources that reflect the needs of the target audience, and messages that are scientifically valid. In general, when referring to the Guidelines include all the information in Question 2. This is because the Guidelines incorporate low-risk drinking *levels*, low-risk drinking *practices* as well as important *caveats*. Of course, this information can be organized, stated and translated in different ways -- and this is where it may be useful to get a second opinion either from a researcher with expertise in alcohol and health who is familiar with the Guidelines or, preferably, from a CAMH scientist.

Another option is to develop messages that are consistent with the LRDGs but simply refer to "low-risk drinking." These could emphasize only those drinking practices, consumption levels or caveats that are relevant to a particular target group, without containing all the information that would need to be present if the actual Guidelines were referenced. For additional tips on developing local resources please refer to the *LRDG Campaign Tips*.

35. Who can I call for more information?

For more information on the Low-Risk Drinking Guidelines or the campaign, please contact:

Association of Local Public Health Agencies (ALPHA)

425 University Avenue, Suite 502, Toronto ON M5G 1T6 <http://www.alphaweb.org/>

Denise DePape, Healthy Lifestyles Manager, Toronto Public Health

Tel: 416-338-7515 Fax: 416-396-5299 Email: ddepape@city.toronto.on.ca

Centre for Addiction and Mental Health (CAMH)

33 Russell Street, Toronto, ON M5S 2S1 <http://www.camh.net>

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