



Progress Report on the  
Dissemination of Ontario's  
Low-Risk Drinking Guidelines

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## EXECUTIVE SUMMARY

In October 1997, the Addiction Research Foundation (ARF), now a division of the Centre for Addiction and Mental Health, along with the Ontario Public Health Association and the Association of Local Public Health Agencies, released a new set of low-risk drinking guidelines for Ontarians. These Guidelines, commonly referred to as the LRDGs, recommended that *healthy people who choose to drink and are of legal drinking age*:

- Have no more than 2 standard drinks *on any single day*—up to a weekly maximum of 14 standard drinks for men, and 9 standard drinks for women.
- Drink slowly, wait at least one hour between drinks and take alcohol with food and non-alcoholic beverages to avoid intoxication.

The LRDGs also advised that:


- No one start drinking alcohol for its protective effect against heart disease. Less risky alternatives such as exercise, better nutrition and quitting smoking are recommended.
- Those who choose to drink can achieve benefits with as little as one drink every other day.
- Those seeking help for a drinking problem follow the advice of their counsellor or health professional.
- Certain groups (eg., pregnant or breastfeeding women, persons on certain types of medication, suffering from certain illnesses, or individuals engaged in potentially dangerous activities) drink less or not at all.

An ad hoc committee composed of representatives from CAMH, OPHA and aPHa has been working over the past eighteen months to promote the use of the Guidelines among key professional groups and the public-at-large. During this first phase of the Campaign, the Committee and its partner agencies succeeded in:

- securing buy-in, endorsements and assistance from a core group of organizations and opinion leaders, including the College of Family Physicians and the Canadian Centre on Substance Abuse
- pooling financial and in-kind resources to produce 245,000 brochures, 5,500 posters (English and French), as well as a comprehensive orientation package distributed to over 300 groups
- distributing 145,000 brochures and 2,750 posters across Ontario, with assistance from the LCBO, public health and hundreds of other service organizations
- directly reaching an estimated 600 public health and social service professionals through presentations and displays and another 6,000 through newsletter and journal articles; as well as 50,000 Ontarians through media interviews and general programming.


In November 1998, the Committee met to develop a strategic plan for the next phase of the Campaign based upon a review of activities to date and feedback from public health professionals and CAMH-ARF Community Programs staff. The following were identified as priorities for action:

1. **Ensure the LRDGs become integrated in policies and programs that reduce the risk of alcohol-related problems and improve overall public health and safety.** For example, strengthen partnerships with heart health and injury prevention communities. Investigate the possibility of integrating LRDGs into *Canada's Food Guide* and other healthy lifestyle campaigns. Promote the inclusion of the LRDGs in responsible service policies in licensed establishments, special occasion permit



events and municipal facilities; as well as initiatives focusing on home hosting and impaired driving/snowmobiling/boating. Provide one-on-one consulting to health units and others interested in integrating the LRDGs into existing programming. Situate LRDGs as one component of a broader strategy to address alcohol-related problems. Continue to promote broader alcohol policy measures to control alcohol availability and reduce related harm.

2. **Expand the list of groups and opinion leaders that officially and publicly endorse the LRDGs and continue to clarify and support their role in disseminating information on low-risk drinking to their membership, colleagues, the media and the public-at-large.** Examples of supports that could be provided include: public service announcements, media kits and training, regional training/LRDG presentation materials, teleconferences to promote information-sharing and collaboration, collection of success stories, information package for endorsing organizations outlining role and responsibilities, key activities, etc.
3. **Work collaboratively with governments at all levels, provincial organizations and local ARF offices, public health units and FOCUS groups to expand point-of-purchase and point-of-service distribution channels for the updated brochures and posters.** At a minimum, these should include: Wine Kiosks, BRI and Brew-on-Premise outlets, alcohol delivery service operators, licensed establishments, SmartServe Training packages, doctors' offices, walk-in clinics, hospital emergency rooms, pharmacies, public libraries, municipal info kiosks, health food stores, information packages for groups hosting licensed events on municipal property, etc. In order to avoid overlap and duplication, the roles of various groups in the LRDG dissemination process need to be clarified. At minimum, the role and functions of the LRDG Committee, local public health units, FOCUS projects, CAMH-ARF area offices and Ministry of Health-funded resource centers must be clearly defined and agreed upon.
4. **Develop more targeted messages, vehicles and channels for Phase 2 of the LRDG Campaign based on solid health communication principles and local needs and priorities.** Particular care should be taken to address the special needs of ethno-racial and aboriginal populations, youth and young adults, and rural communities. Priority should be given to those high need groups/communities that have expressed interest in partnering with the LRDG Committee (e.g. Chinese community). Finally, resources should be targeted to populations and situations they are likely to yield the highest impact. For example: those who are drinking above the Guidelines, those who engage in high risk behaviour when drinking; those who have direct and frequent contact with the latter two groups and are in a position to influence their behaviour; adolescents and young adults who have the highest proportion of high risk drinkers.
5. **Continue to disseminate research on low-risk drinking and the Guidelines through articles in academic journals, organizational newsletters, presentations and displays at conferences and workshops.** Priorities for action in this area include the production of a CAMH-ARF *Best Advice on Low-Risk Drinking*, ongoing research/publication of academic articles on drinking levels and practices incorporated in the Guidelines and more formal links between the LRDG Committee and the research team that developed the Guidelines.

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- 6. Track effort and assess impact over the medium to long-term to ensure that identified activities are achieving the desired results.** While the preliminary survey of the public health and safety community presented earlier may give us some indication of the receptiveness of this group to the LRDG messages, it may not be representative of the professional intermediaries targeted for dissemination. Nor does it give an indication of the impact of the LRDG's on the public-at-large. In order to be successful, Phase 2 of the LRDG Campaign must be guided by measurable and attainable short, medium and long-term goals that clearly link **desired outcomes** (eg., awareness, behaviour change among specific target groups and the population at large) to **available resources** (inputs) and **planned activities** (outputs).

In order to successfully carry out these priorities, however, members of the ad hoc LRDG Committee recommends **that a more formal and broader-based LRDG Committee be established to provide province-wide leadership and coordination to Phase 2 of the LRDG Campaign.** A draft Committee Terms of reference is appended.

External funding is also required to:

- Conduct health communications research to more clearly identify target groups and appropriate messages, vehicles and channels for Phase 2 of the LRDG Campaign.
- Develop a more focused, goal-oriented strategic plan in consultation with various Ministry of Health-funded resource centres as well as key groups with a mandate/interest in the promotion of low-risk drinking.
- Coordinate, support, monitor and evaluate a centralized province-wide LRDG campaign.

## INTRODUCTION

In October 1997, the Addiction Research Foundation (ARF), now a division of the Centre for Addiction and Mental Health, along with the Ontario Public Health Association and the Association of Local Public Health Agencies, released a new set of low-risk drinking guidelines for Ontarians. The LRDGs, as these guidelines came to be known, were intended to:


- provide simple, concrete answers to frequently asked questions about low-risk drinking
- reinforce the low-risk drinking behaviour of the majority of the general public
- help people reduce their alcohol use to a level that no longer poses a high risk to the health or social well-being of themselves or others
- guide professionals who have the power to help patients or clients change behaviour
- put into context emerging evidence on alcohol's beneficial effects against heart disease, and illuminate the balance between beneficial and harmful effects of alcohol
- support people who don't drink alcohol by pointing out that there are less risky alternatives to achieve a protective effect against heart disease
- emphasize the distinction between alcohol consumption itself and behaviours — such as drinking and driving — that can increase the risk of harm
- heighten public awareness about alcohol use, alcohol problems and ways to prevent those problems
- support public policy aimed at reducing alcohol-related problems
- support ongoing prevention, treatment and research initiatives
- reduce alcohol abuse and related economic and social costs.

Under the leadership of Dr. Mary Jane Ashley, a team of internationally respected addiction researchers and medical doctors from the Addiction Research Foundation (ARF), the University of Toronto Centre for Health Promotion, the Ontario Ministry of Health and the Ontario Addiction Coordinating Group, among others:

- examined emerging evidence of the potential protective effect of moderate drinking against heart disease
- assessed the patterns and levels of alcohol use related to the lowest risk of adverse effects such as preventable injury, chronic disease and social harms
- reviewed major international, national and provincial drinking guidelines introduced over the past 20 years (see attached article *Review of Canadian Low-Risk Drinking Guidelines and Their Effectiveness*, CJPH, Jul-Aug, 1998)
- sought to dispel both professional and public confusion by developing a comprehensive set of guidelines for use as a population health promotion tool that would balance the risks and benefits of alcohol for both individual drinkers and society.

Their best advice based on a comprehensive review of the latest international research: *Healthy people who choose to drink and who are of legal drinking age can minimize the risk of alcohol-related problems — such as health and social problems, injuries and alcohol dependence — by observing the following guidelines:*

1. Have no more than 2 standard drinks *on any single day*—up to a weekly maximum of 14 standard drinks for men, and 9 standard drinks for women. *In Canada, a standard drink contains 13.6 grams of alcohol; roughly the amount of alcohol in one*
  - 341 ml (12 oz.) bottle of beer (5% alcohol)
  - 142 ml (5 oz.) glass of table wine (12% alcohol)
  - 43 ml (1 1/2 oz.) serving of spirits (40% alcohol) or
  - 85 ml (3 oz.) serving of fortified wine, such as sherry or port (18% alcohol).

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2. Drink slowly to avoid intoxication. Wait at least one hour between drinks. Take alcohol with food and non-alcoholic beverages.
  3. If you abstain, don't start drinking alcohol for its protective effect against heart disease. Instead, take advantage of less risky alternatives such as exercise, better nutrition and quitting smoking.
  4. If you choose to drink, the protective effect of alcohol can be achieved with as little as one drink every other day.
  5. If you are seeking help for a drinking problem, follow the advice of your counsellor or health professional.
  6. Drink less than the above guidelines or don't drink at all, if you:
    - have certain health problems, such as liver disease, or certain psychiatric illnesses
    - are taking certain medications, such as sedatives, sleeping pills and pain killers
    - have a personal or family history of serious drinking problems
    - are pregnant, trying to conceive, or breast-feeding
    - will be operating vehicles such as automobiles, motorcycles, boats, snowmobiles, all-terrain vehicles or bicycles
    - need to be alert (for example, if you will be working with machinery or dangerous equipment, engaging in physically challenging or potential risky activities or if you are responsible for public order or the safety of others)
    - are under any legal or other restriction on drinking either personally or because of the environment you are in (for example, minors, people in certain professions).

These Guidelines should be taken as a whole to ensure a low risk of alcohol problems. People who exceed the daily or weekly limits frequently run an increased risk of health problems, including injury.

The Guidelines, condensed to 0-2-9-14 by the College of Family Physicians, will be reviewed and revised as necessary by the Centre for Addiction and Mental Health and its partners. For a summary of the research evidence upon which they are based, see *Guidelines on Low-Risk Drinking*, released by the Addiction Research Foundation in March 1997, or the more extensive 1996 consultation document, *A Report of the Committee to Recommend Draft Guidelines on Low-risk Drinking for the Province of Ontario*.

This report briefly summarizes the strategies used to inform various target audiences about the new Guidelines during Phase 1 of the LRDG Dissemination Strategy. It includes:

- highlights of progress to date
- impact, gaps and opportunities for action based on the results of needs assessments conducted with public health groups and CAMH-ARF staff and
- recommended next steps.



### **LRDG GUIDELINES, PHASE 1 DISSEMINATION (Oct 1997- Dec 1998)**

The primary audiences for Phase 1 dissemination of the Low Risk Drinking Guidelines were *professional intermediaries* (physicians, public health nurses, health promoters, etc.) and the *general public* (healthy adult men and women in the province of Ontario).

The key messages were simple:

- 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.
- Ontario's new Low-Risk Drinking Guidelines help consumers make an informed decision about the health risks and benefits associated with alcohol use.
- The Guidelines cover drinking *levels* (how much you drink), as well as drinking *practices* (how, when and where you drink).
- Adults who choose to drink can benefit from alcohol's protective effects by having as little as one drink every other day. Similar effects, however, can be achieved through other lifestyle changes such as better diet, more exercise and quitting smoking.
- The Guidelines do not advise anyone to start drinking or to increase their current consumption. They also recognize that there are situations where drinking is inadvisable and groups (e.g., clinical populations) for whom these Guidelines may be inappropriate.
- Professionals are encouraged to use these Guidelines in their practice to reinforce informed, low-risk choices about drinking and promote the health and safety of the general population.

The Low-Risk Drinking Guidelines were developed at the invitation of the Ministry of Health. While no organization was assigned responsibility for coordinating the LRDG Campaign, the Centre for Addiction and Mental Health-ARF Division (CAMH) was instrumental in bringing together a small ad hoc group of representatives from key organizations to plan and implement the first phase of the dissemination. It also contributed significant resources to the development, production and distribution of support materials.

Through their early public endorsement of the Guidelines and ongoing active membership on the LRDG committee, the Association of Local Public Health Agencies (ALPHA) and the Ontario Public Health Association (OPHA) have become core partners in the LRDG dissemination.

More recently, the Ontario Ministry of Health has mandated two specific groups to promote the LRDGs. The *Mandatory Health Programs and Services Guidelines for Public Health* released in December 1997, require Ontario's 36 municipal public health units to "educate the public and targeted groups about low-risk drinking..." and to specifically address topics such as:

- alcohol use and health status
- drinking levels associated with a low-risk of alcohol-related problems and
- circumstances and populations where alcohol's use should be limited.

To dispel any confusion about which guidelines were referenced in the original document, the Ministry sent a letter to all medical officers of health in November 1998 reasserting the LRDGs as the standard for general population health promotion purposes.

Also specifically mandated to promote “low-risk drinking practices” in 1998 were 22 FOCUS projects funded by the Ministry of Health’s Health Promotion Branch to address substance abuse and injury prevention in communities at risk throughout Ontario.

While public health units, community groups and others have undoubtedly been active in the promotion of the Guidelines, the section that follows focuses mainly on the activities undertaken between October 1997 and December 1998 by staff of the three partner organizations, CAMH-ARF, OPHA and aPHa. The table is organized in a manner consistent with the Phase 1 Dissemination Plan developed by the LRDG Committee in the Summer of 1997.

<b>Phase 1 LRDG Plan: Professional Intermediaries</b>	
<b>Activity</b>	<b>Progress</b>
Publish articles in academic journals; present research at academic conferences to enhance scientific credibility of the Guidelines.	<p>While the Guidelines were developed through a collaborative process and with input from experts in and outside Canada, there was also an effort to ensure that they were subjected to scientific peer review. To that end, academic articles were accepted for publication/published in:</p> <ul style="list-style-type: none"> <li>• <i>Canadian Family Physician</i> (vol. 43, pp. 687-94, April 1997)</li> <li>• <i>Canadian Journal of Public Health</i> (vol. 89, no. 4, Jul-Aug, 1998:241-247)</li> <li>• <i>Addiction</i> (vol. 91 no.10 Oct, 1996:1439-1444; and vol. 91, no. 1) and</li> <li>• <i>Canadian Medical Association Journal</i> (forthcoming).</li> </ul> <p>The Guidelines have also been referenced in a number of magazine and journal articles. See appendix for samples.</p>
Place articles or inserts in organizational and professional newsletters	<p>In order to inform key public health and safety professionals about the new Guidelines, a comprehensive insert was published in <i>Canadian Family Physician</i> (circ. 30,000 family practitioners across Canada, October 1997). Summary articles and/or LRDG promotional materials were also included in:</p> <ul style="list-style-type: none"> <li>• <i>The Journal</i> (circulation 2,000 addictions professionals, Sept/Oct 1997)</li> <li>• <i>OPHA News</i>, (circ. 800 public health staff, Sept 1997 and Nov 1997)</li> <li>• <i>Injury Prevention News</i>, (circ. 600 injury prevention professionals, June 1998)</li> <li>• <i>Alcohol Policy Update</i> (circ. 600, substance abuse prevention contacts, policymakers, Aug 1997)</li> <li>• <i>OHPE Bulletin</i> (circ. 600 health promotion professionals, Aug 31, 1998)</li> <li>• <i>Active Living</i> (circ. 1,800 public health, fitness and recreation professionals, May 1998), and</li> <li>• <i>@heart</i> (circ. 100, heart health practitioners, Fall 1998).</li> </ul> <p>See appendix for sample articles.</p>

<b>Phase 1 LRDG Plan: Professional Intermediaries</b>	
<b>Activity</b>	<b>Progress</b>
Distribute orientation packages to key professional groups	<p>In August 1997, the LRDG Committee compiled comprehensive orientation packages consisting of :</p> <ul style="list-style-type: none"> <li>· a cover letter signed by the chief executives of the ARF, OPHA and alPHa outlining the purpose of the Guidelines and suggestions for action</li> <li>· research backgrounder and supporting statistics</li> <li>· list of Frequently Asked Questions</li> <li>· sample campaign materials and order form, and</li> <li>· contact names and numbers.</li> </ul> <p>These packages were sent to approximately 300 groups across Ontario, including:</p> <ul style="list-style-type: none"> <li>· ARF staff in community programs offices, library, social research, etc.</li> <li>· medical officers of health and substance abuse contacts in 36 municipal public health units across Ontario</li> <li>· executive directors of some 60 community health centres and 34 district health councils</li> <li>· executive directors of approximately 150 alcohol and other drug and drinking and driving groups on the Alcohol Policy Network database, including Mothers Against Drunk Driving (MADD), Ontario Community Councils on Impaired Driving (OCCID), Council on Drug Abuse, FOCUS Community Projects, drug awareness committees, umbrella organizations, etc.</li> </ul> <p>The purpose of this package was to orient key professionals to the Guidelines prior to their release to the media and the general public. The small number of individuals who provided feedback on the package found it timely and informative.</p>
Seek official endorsements from key public health organizations to promote dissemination of LRDGs to key professional groups and the general public	<p>In addition to CAMH, OPHA and alPHa, the following organizations had officially and publicly endorsed the Low-Risk Drinking Guidelines as of October, 1998:</p> <ul style="list-style-type: none"> <li>· Canadian Centre on Substance Abuse</li> <li>· College of Family Physicians of Canada</li> <li>· Ontario Heart and Stroke Foundation</li> <li>· Ontario Society of Nutrition Professionals in Public Health.</li> </ul> <p>As part of their commitment, these organizations participated in the LRDG Committee and/or promoted and disseminated the Guidelines to their membership and/or the public-at-large.</p> <p>A few groups outside Ontario have also endorsed the Guidelines, among them:</p> <ul style="list-style-type: none"> <li>· the Addictions Foundation of Manitoba</li> <li>· FACE, a US substance abuse prevention group which, in addition to posting LRDG information on its web site</li> </ul>

**Phase 1 LRDG Plan: Professional Intermediaries**

Activity	Progress
	<p>(<a href="http://thechalkboard.com/FACE/LowRisk/">http://thechalkboard.com/FACE/LowRisk/</a>), developed several low-cost resources for use with the general public including two posters, a bookmark and brochure. Order information can be found at <a href="http://thechalkboard.com/Face/Catalog/Catalog_items/guide.html">http://thechalkboard.com/Face/Catalog/Catalog_items/guide.html</a> or by calling 1-888-822-3223.</p> <p>Finally, in a forthcoming article in <i>Canadian Medical Association Journal</i>, the Canadian Hypertension Society, the Canadian Coalition for High Blood Pressure Prevention and Control, the Laboratory Disease Control at Health Canada and the Heart and Stroke Foundation of Canada recommend that health care professionals encourage healthy adults, as well as those suffering from hypertension, to follow the LRDGs.</p>
<p>Offer a limited number of regional orientation sessions to stakeholder groups</p>	<p>A regional seminar series targeting public health nurses, ARF and FOCUS community staff, health promotion specialists and other key community intermediaries/professionals was tentatively planned for Kingston, London, Ottawa, Thunder Bay, Sudbury and Halton/Peel. The seminars, set for Fall 1998, were to be presented by representatives from the 3 co-sponsoring organizations: CAMH-ARF, OPHA-APN and alPHa.</p> <p>Due to ongoing organizational restructuring within public health units and FOCUS community projects, as well as lack of dedicated funds for travel associated with LRDG dissemination, the series was not implemented. However, detailed presentations on the content of the Guidelines, the process by which they were developed and ideas for dissemination, were made at:</p> <ul style="list-style-type: none"> <li>· the October 1997 meeting of the 16 members of Alcohol Policy Network Coordinating Committee. Presentation by Dr Susan Bondy.</li> <li>· the 1997 Ontario Public Health Association Conference in Kingston. Presentation by Dr. Susan Bondy and Marianne Kobus-Matthews.</li> <li>· the October 1998 meeting of the SW Regional Network of Substance Abuse Professionals in London. Presentation by Marianne Kobus-Matthews (CAMH-ARF), Denise DePape (alPHa) and Paula Neves (OPHA-APN) to representatives of the 9 health units in the region.</li> <li>· the annual Injury Prevention Provincial Meeting hosted by the Ontario Injury Prevention Resource Centre in December 1998. Presentation by Denise DePape to some 100 injury prevention professionals.</li> </ul>

Phase 1 LRDG Plan: <i>Professional Intermediaries</i>	
Activity	Progress
Make information available on the web	In order to encourage professionals to find out about and use the Guidelines, selected materials from the orientation package were posted on the web sites of the Alcohol Policy Network ( <a href="http://www.apolnet.web.net/actpacks/ap_low.html">http://www.apolnet.web.net/actpacks/ap_low.html</a> ) and the Centre for Addiction and Mental Health ( <a href="http://www.arf.org">www.arf.org</a> and <a href="http://sano.arf.org">sano.arf.org</a> ).

The LRDG Phase 1 Dissemination Plan targeted not only professionals in the fields of addictions, public health and injury prevention, but also the public-at-large. Below is a summary of the activities undertaken with this group.

Phase 1 LRDG Plan: <i>General Public</i>	
Action	Progress
Hold News Conference/Issue Press Release	<p>On October 29, 1997, the CAMH-ARF, OPHA and the alpha hosted a joint press conference to officially unveil the Low-risk Drinking Guidelines. A press release was sent to all Ontario media including daily newspapers, community papers, radio, TV and ethnic media) via Canada Newswire. Media interviews were conducted by Perry Kendall (ARF), Denise DePape (alpha), Sheela Basrur (public health) and Mary Martin-Smith (OPHA). As a result of the press release, CAMH-ARF Community Programs and public health unit staff were also contacted for interviews by local media.</p> <p>According to a report prepared by ARF Public Relations, the event generated 26 media interviews, including 9 interviews on CBC morning shows across the country, and at least 40 mentions in the media. These figures exclude interviews conducted by public health unit staff and mentions in media outside Ontario. The quality of the media coverage was deemed to be high in that the desired messages were widely disseminated and no contrary messages were presented.</p>
Display Posters/Distribute Brochures through Point-of-Purchase (e.g. LCBO) and Point-of-Service (eg. Public health units, community organizations)	<p>To facilitate the promotion and dissemination of the LRDG, ARF designed and printed:</p> <ul style="list-style-type: none"> <li>· 125,000 English and 20,000 French brochures (145,000 in total)</li> <li>· 2,500 English and 250 French posters (2,750 in total).</li> </ul> <p>See Appendix for samples.</p> <p>According to the ARF Marketing Department, between October 1997 and December 31, 1998, an estimated 123,679 English and 18,375 French <b>brochures</b> were distributed. Of these:</p>

<b>Phase 1 LRDG Plan: General Public</b>	
<b>Action</b>	<b>Progress</b>
	<ul style="list-style-type: none"> <li>· 60,000 English and 11,000 French brochures (71,000 in total) were in circulation or had been distributed through 602 <b>LCBO</b> outlets across Ontario.</li> <li>· An additional 63,679 English and 7,375 French brochures (71,054 in total) had been distributed by public health units, community organizations, police forces, etc. for use in public education campaigns, displays, direct distribution to the public, etc.</li> </ul> <p>An estimated 2,500 English and 205 French <b>posters</b> were also distributed.</p> <p>Due to low inventories and continued high demand for materials from the LCBO and others, the LRDG Committee decided to do a 2nd print run of <b>100,000 English and French brochures</b> and <b>2,750 posters</b> in December 1998, incorporating a number of suggestions from Public Health and others. Below is a summary of the changes.</p> <ul style="list-style-type: none"> <li>· A sentence was added to clarify that it is the alcohol in beer, wine or distilled spirits that can have a protective effect against heart disease and stroke in older adults—not the colour or type of beverage consumed.</li> <li>· A statement was added explaining that the LRDGs are based on research analysis conducted by medical doctors and social scientists affiliated with the ARF Division of the Centre for Addiction and Mental Health, and the University of Toronto.</li> <li>· The definition of Standard Drink was expanded to include grams of alcohol.</li> <li>· A list of organizations that have endorsed the Guidelines was added, along with space for public health units and others to add their logos/contact information.</li> <li>· The information on who to contact for resources, etc. was expanded.</li> <li>· Watermarks behind the text were toned down for easier reading.</li> </ul> <p>More substantive—and expensive—changes to the design and content of the existing materials were left for Phase 2 Dissemination when resources will be available for focus testing and the development of more targeted messages/vehicles.</p> <p>According to the CAMH-ARF Marketing Department, the first brochure and poster print run cost an estimated \$17,500; the second, \$12,500. The \$30,000 total includes professional copy editing, translation, design, desktopping and printing.</p>

Phase 1 LRDG Plan: <i>General Public</i>	
Action	Progress
Present on the LRDG to community groups, distribute info at community events (e.g., Drug Awareness Week)	<p>Due to the small size and limited resources of the LRDG Committee, this part of the LRDG Dissemination Plan was carried out largely by CAMH-ARF Community Programs staff. A preliminary survey of 62 regional managers and community consultants was conducted in the Fall 1998. Of the 23 staff from all regions of the province who responded, 96% (22) had used the brochures and 61% (14) had used the posters in one or more of the following ways:</p> <ul style="list-style-type: none"> <li>· at <b>seminars and presentations</b> to FOCUS and other drug awareness coalitions, service providers, physicians, health promoters, university and high school students, seniors groups, parent groups, local addiction planning committees, etc.</li> <li>· in <b>mailings</b> to workplaces, physicians, district health council and public health staff, addictions and mental health agencies, community contacts and Francophone stakeholders.</li> <li>· in <b>general programming</b> such as community displays, municipal alcohol policy presentations, <i>Ready or Not!</i> presentations, etc.</li> </ul> <p>A number of respondents also indicated they had conducted radio interviews and written or been interviewed for articles in ethnic and community newspapers. Respondents estimated these initiatives to have reached some <b>50,000 Ontarians</b>.</p>

A survey to determine the extent to which the broader health and safety community was using the LRDGs was undertaken in summer/fall 1998. The latter also provided an indication of the impact of Phase 1 Dissemination on Professional Intermediaries in the Public Health field, as well as information and resource needs and barriers to be addressed in Phase 2. The preliminary results are discussed in the pages that follow.

### IMPACT OF LRDG DISSEMINATION ON PROFESSIONAL INTERMEDIARIES: PUBLIC HEALTH & SAFETY PROFESSIONALS

In the summer of 1998, nearly a year after the release of the LRDG, the OPHA Alcohol Policy Network sent a short questionnaire/needs assessment to approximately 2,500 subscribers of *OPHA News*, *Injury Prevention News* and *Alcohol Policy Update*. Most of these individuals are professionals active in injury or substance abuse prevention, health promotion, policy and planning, treatment, enforcement, recreation and community action within Ontario. A copy is included in the appendix.

Of the 61 responses, 34 were from individual substance abuse contacts in 36 public health units across Ontario. The remaining responses came from a diverse group of organizations including:

- police and ambulance services (5),
- hospitals (3),
- addictions agencies (3),
- community health centres (3),
- community groups including FOCUS sites (3),
- educational institutions (3),
- EAP/workplace programs (2),
- a district health council, and
- a licensed establishment.

Responses represented a cross-section of rural areas and large and small urban centres in all regions of the province. The vast majority of the questionnaires were completed by program managers and front-line professionals (consultants, nurses, health promoters, counsellors, paramedics, police officers and social workers).

Due to the overlap and duplication in the mailing lists, it is impossible to accurately estimate the response rate for the broader public health and safety community to which the original mailing was distributed, although among staff in public health units, the response rate was 94%. What follows is a summary of the responses.

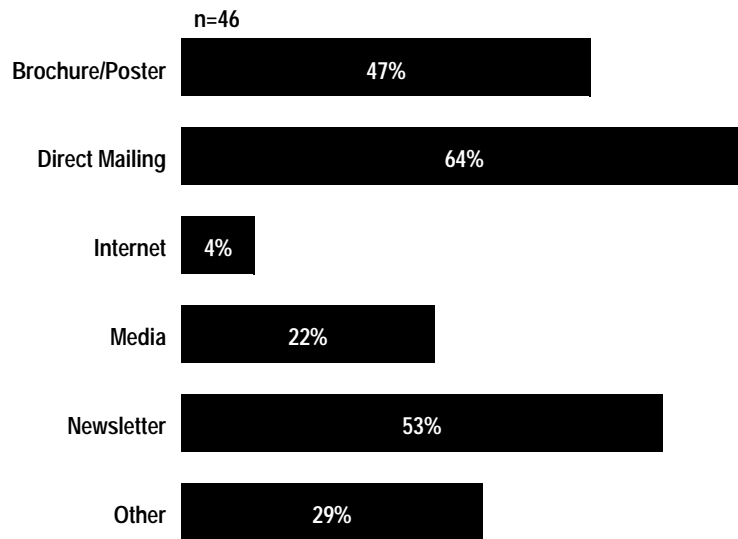
It should be noted that data on public awareness of the Low-Risk Drinking Guidelines is not yet available. Targeted questions will be added to the *1999 Ontario Alcohol and Other Drugs Survey*. The impact of the campaign on drinking behaviour is difficult to assess and likely will not be known for some years.

Table 1 - Awareness of Guidelines

		Unaware	Aware
Health Units	n=34	6%	93%
Other Health/Safety	n=27	48%	52%
Overall	n=61	25%	75%

As Table 1 indicates, with the exception of two, all health unit respondents —93%—were aware of the Guidelines. Not surprisingly, awareness of the Guidelines among professionals in other areas was not as high. Of the 14 “Other” respondents who indicated they were unaware of the LRDG, 5 were from police and ambulance services, while the remainder came from a cross-section of organizations including hospitals, district health councils, workplace programs, and educational institutions. Most of the 13 “Other” respondents who were *aware* of the Guidelines were from community health centres, addiction agencies and alcohol and other substance abuse-related community groups.

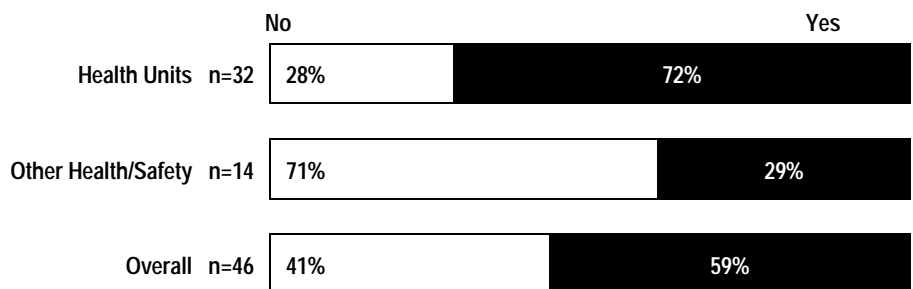
**Table 2 - Sources of Information about Guidelines**



Of the 46 respondents who were aware of the Guidelines, the vast majority received the information from multiple sources. Among Health Unit respondents, the most often cited sources were: direct mailings (25), newsletter (17), brochure/poster (17) and the media (8). Over one-third (12) also received information from other sources including ARF consultants, Ministry of Health, OPHA Conference, and various meetings and seminars.

Among the “Other” respondents, the most often cited sources of information about the Guidelines were: newsletter (7), direct mailing (4) and brochure/poster (4); with “media” and “other” receiving two and one mentions respectively. Surprisingly, only two respondents, both in public health units, cited the Internet as a source.

**Table 3 - Proportion who have ordered/used LRDG Brochure/Poster**



Over two thirds of health unit respondents reported ordering free LRDG brochures and/or posters from CAMH-ARF. Among the 14 “Other” Health and Safety contacts that responded to this question, the proportion dropped to fewer than one in three. While not everyone provided detailed information, brochure orders ranged from 50 to 5,000 among public health units and from 25 to 100 among “Other” respondents. Orders for posters ranged from 0 to 100, with most under 25.

Respondents who did not order LRDG materials cited the following reasons:

- didn’t know LRDG materials were available/just found out about them (6)
- didn’t need to order/received them directly from the health unit/other organization (4)
- didn’t like the resources/literacy too high/have produced own materials (4)
- not our mandate (3)
- lack of staff/organizational issues (2)

**Table 4 - How Public Health is using LRDG Materials**

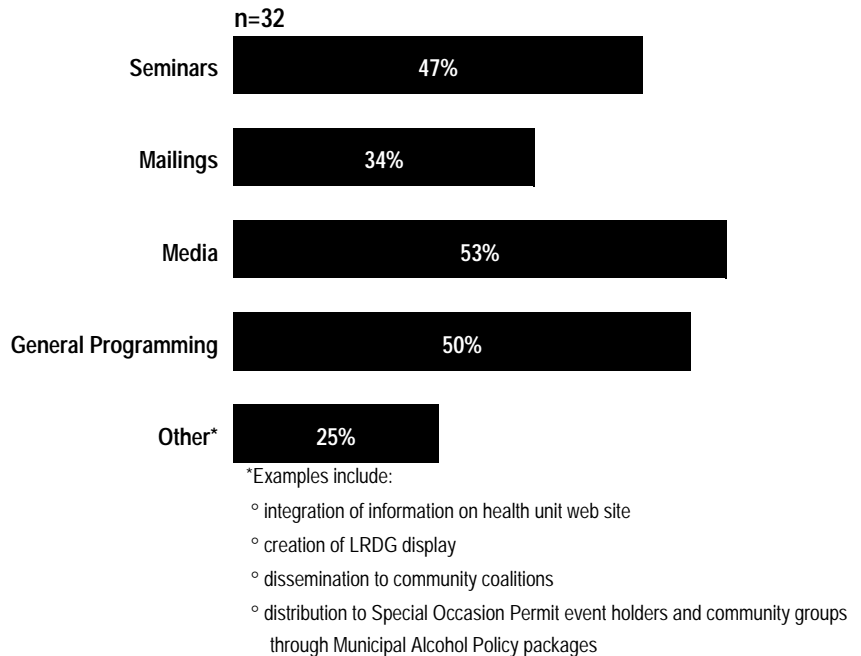


Table 4 shows how public health unit respondents are using the LRDG Materials. Among **respondents outside public health units**, most planned to use LRDG materials in:

- workshops and seminars (4)
- general programming (3)
- organizational newsletters (4)
- mall displays
- distribution to community agencies and
- internal staff meetings/professional development.



With respect to **groups targeted for distribution**, the most often cited, particularly among public health respondents, were:

- general public/adult population (11)
- health unit/municipal staff (7)
- teens/high school students (4)
- community coalitions/groups (4)
- prenatal/parenting class registrants (3)
- university students (2)
- workplaces/EAP groups (2)
- physicians (2)
- injury prevention groups
- women
- health professionals
- pharmacies
- Francophones
- libraries.

Respondents also identified the following **barriers to dissemination**:

- lack of resources (money, staff)
- lack of time
- public apathy
- conflicting messages from the media on the benefits of alcohol
- complex message
- lack of clarity regarding target group(s)
- difficulty in communicating information to specific groups such as rural and northern communities, tourists, ethno-racial groups, etc.
- lack of background information on the Guidelines, how to use them and where to get resources/dissemination assistance
- problems with existing materials: high literacy level, small print, confusing graphics, not targeted/useful to some key groups (e.g. young people) for whom heart disease is not a concern
- lack of regional and province-wide coordination.

**Table 5 - Need for Additional Resources/Assistance**  
 Proportion of Respondents who ranked the items below among top 2

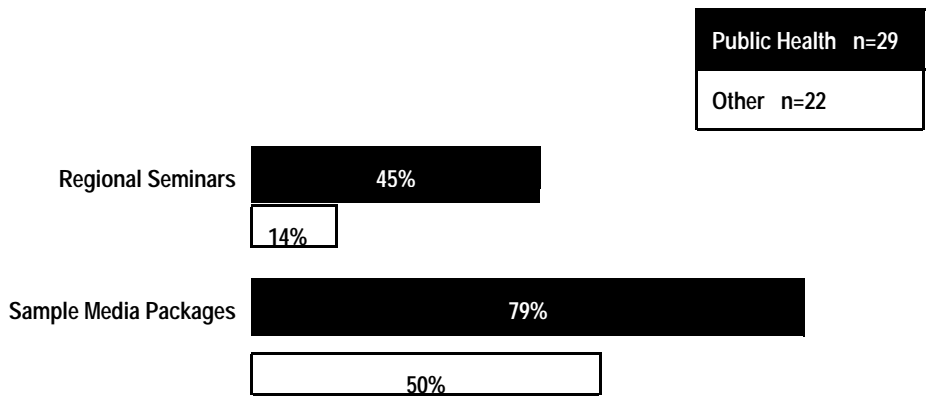
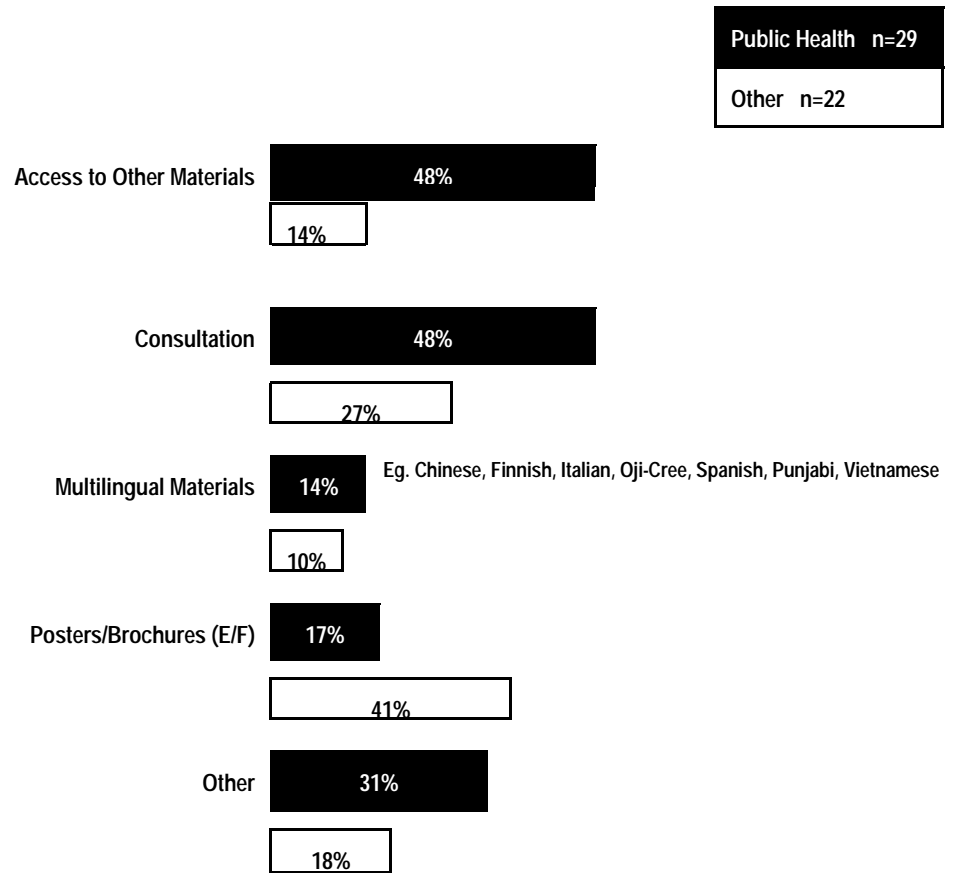


Table 5 - Need for Additional Resources/Assistance *continued*

When asked to prioritize resources/assistance, most respondents ranked **sample media packages** (draft press releases, camera-ready art, articles, etc.) as their top need.

Public health respondents also rated access to **other organizations' materials** very highly followed by:

- consultation with an outside expert or other health department on how to design a local public awareness campaign on low-risk drinking and/or incorporate the LRDG into departmental programming and
- seminars on the Guidelines and ideas for dissemination.

Respondents outside of public health ranked **posters and brochures** in English and French as their second highest priority—perhaps because many were unaware that these were already available—followed by consultation on ways to disseminate the Guidelines locally.

Both sets of respondents also identified the following **needs** not specifically listed on the questionnaire:

- better materials (6)
- rationale for Guidelines/background on health effects/info on how Guidelines were developed/scientific research (4)
- money to produce own resources; develop own campaigns (3)
- more materials (3)
- information on how Guidelines relate to specific groups (eg. Expectant fathers,

youth, 20-40 year-old males, etc.)

- advice on how to work with community partners to disseminate the Guidelines
- risk/benefit data associated with different drinking patterns; groups (eg. youth, elderly, men, women)
- free materials
- order forms for materials
- sponsorship of regional media campaigns
- person to contact for more information
- ways to link with injury prevention
- easy ways to describe low-risk drinking
- larger print/fewer graphics for seniors.

Below is a sampling of their **comments**:

- “The current Guidelines are very literacy and medically-oriented. We have produced a low-literacy version.”
- “I’ve wrestled with how to simply present the complex information contained in the Guidelines.”
- “Hard to get message out with so many exceptions.”
- “The resources are very high literacy. Please simplify.”
- “The visual graphics suggest having a drink of red wine improves health.”
- “The poster, what message is it trying to get across? The printing is too small.”
- “Very difficult to generate interest. Due to high alcohol use in NW Ontario, Guidelines are not taken seriously.”
- “Unsure whether ARF already distributed materials to physicians, etc. Do not want to duplicate mail-outs.”
- “Limit of 2 standard drinks is so conservative...many of our clients scoff at it and we lose credibility because we know of no scientific evidence to defend it.”

#### **COMPARISON WITH CAMH-ARF STAFF NEEDS ASSESSMENT**

These responses were consistent with those of **CAMH-ARF Community Programs staff**. Of the 23 community consultants and regional program managers who responded to a separate survey discussed earlier in this report (see page 9), over half (12) ranked **sample media packages** as their top need followed by:

- regional seminars
- access to materials in other languages (eg. Italian, Portuguese, German, Chinese, Punjabi) or developed by other organizations, and
- consultation on disseminating the Guidelines locally.

CAMH-ARF respondents also suggested that the following **additional resources** be developed:

- success stories/lessons learned on dissemination of the Guidelines in small urban and rural areas
- promotional items such as fridge magnets and calendars
- materials specifically targeted to tourist and leisure groups.

Like their public health counterparts, CAMH-ARF staff felt the major **barriers** to dissemination were:

- lack of time and resources
- lack of appropriate materials and dissemination strategies for specific groups (ethno-racial communities, tourism/leisure groups, rural communities)
- public resistance/apathy/confusion
- lack of clear direction/coordination from organization/LRDG committee.

Some **comments**:

- “There was a whole flurry of activity, then the whole campaign seemed to fizzle.”
- “The LRDGs are not very topical. No one calls to inquire about them. When I do talk to people about them, they react negatively to what they perceive to be too high. It’s been easier to avoid talking about them altogether.”
- “In our community, a great deal more can be done to educate and inform the public about these Guidelines. Having access to “ready to go” materials would be helpful, particularly with our area, since our volunteer groups have been well sustained in the past 5 years.”
- “In my experience, excellent products like the LRDGs tend to get lost among the demands of our project work...It would be helpful if the LRDG was an actual project where consultants had time planned for the necessary promotion.”

### **PRIORITIES FOR ACTION & NEXT STEPS**

On November 10, 1998 the LRDG Committee held a meeting to review the results of the needs assessment and develop a preliminary plan for the next phase of the campaign. The day was facilitated by Larry Hershfield of the Health Communication Unit, U of T Centre for Health Promotion, and included representation from public health unit and CAMH-ARF Community Programs staff outside Toronto. In general, the group agreed to build on efforts to date. More specifically, members agreed on the following broad-based priorities:

1. **Ensure the LRDGs become integrated in policies and programs that reduce the risk of alcohol-related problems and improve overall public health and safety.** For example, strengthen partnerships with heart health and injury prevention communities. Investigate the possibility of integrating LRDGs into *Canada’s Food Guide* and other healthy lifestyle campaigns. Promote the inclusion of the LRDGs in responsible service policies/activities in licensed establishments and initiatives focusing on home hosting. Provide one-on-one consulting to health units and others interested in integrating the LRDGs into existing programming.
2. **Expand the list of groups and opinion leaders that officially and publicly endorse the LRDGs and continue to clarify and support their role in disseminating information on low-risk drinking to their membership, colleagues, the media and the public-at-large.** Examples of supports that could be provided include: public service announcements, media kits and training, regional training/LRDG presentation materials, teleconferences to promote information-sharing and collaboration, collection of success stories, etc.
3. **Work collaboratively with governments at all levels, provincial organizations and local ARF offices, public health units and FOCUS groups to expand point-of-purchase and point-of-service distribution channels for the updated brochures and posters.** At a minimum, these should include: Wine Kiosks, BRI and



Brew-on-Premise outlets, alcohol delivery service operators, licensed establishments, SmartServe Training packages, doctors' offices, walk-in clinics, hospital emergency rooms, pharmacies, public libraries, municipal info kiosks, health food stores, information packages for groups hosting licensed events on municipal property, etc.

4. **Develop more targeted messages, vehicles and channels for Phase 2 of the LRDG Campaign based on solid health communication principles and local needs and priorities.** Particular care should be taken to address the special needs of ethno-racial and aboriginal populations, youth and young adults, and rural communities. Priority should be given to those high need groups/communities that have expressed interest in partnering with the LRDG Committee (e.g, Chinese community).
5. **Continue to disseminate research on low-risk drinking and the Guidelines through articles in academic journals, organizational newsletters, presentations and displays at conferences and workshops.** Priorities for action in this area include the production of a CAMH-ARF *Best Advice on Low-Risk Drinking* and more formal links between the LRDG Committee and the research team that developed the Guidelines.
6. **Track effort and assess impact over the medium to long-term to ensure that identified activities are achieving the desired results.** While the preliminary survey of the public health and safety community presented earlier may give us some indication of the receptiveness of this group to the LRDG messages, it may not be representative of the professional intermediaries targeted for dissemination. Nor does it give an indication of the impact of the LRDG's on the public-at-large.

A broad-based committee composed of representatives from OPHA-APN, CAMH and alPha as well as the broader public health and safety community, has been struck to oversee the next phase of the LRDG campaign (see Appendix 5 for Draft Terms of Reference). Over the next few months, committee members will be consulting with interested groups across the province on a draft work plan for the year ahead.

## SUMMARY

The Phase 1 Dissemination of the Low-Risk Drinking Guidelines represents an attempt at collaboration by three provincial organizations with complementary mandates. While no one organization had been explicitly assigned responsibility or given targeted resources to coordinate the campaign or develop LRDG materials, it is clear that there is much goodwill and commitment on the part of all involved and, in particular, on the part of CAMH-ARF.

Since the launch of LRDGs, public health units and FOCUS Communities have been given a role in their dissemination. While these groups bring some resources to the table, there continues to be a need for central coordination and support of the LRDG Dissemination campaign to ensure that:

- key messages are clear and consistent
- gaps in training, resources, reach, etc. are identified and addressed
- overlap and duplication are kept to minimum
- collaborative action and best practices are encouraged and supported
- effort and impact are tracked and evaluated.

From the preliminary needs assessments, it is clear that in this first phase of the LRDG Campaign and with few resources, we succeeded in:

- getting buy-in, endorsements and assistance from a core group of organizations and opinion leaders
- raising awareness about the LRDGs among public health organizations and others with a mandate to promote low-risk drinking
- pooling financial and in-kind resources to produce 245,000 brochures, 5,500 posters (English and French), as well as a comprehensive orientation package distributed to over 300 groups
- securing assistance from the LCBO, public health and hundreds of other service organizations to distribute 145,000 brochures and 2,750 posters across Ontario.

Together, CAMH-ARF Community Programs staff and the LRDG Committee members and the team of researchers that originally developed the LRDGs have also been able to **directly reach** an estimated:

- 600 public health and social service professionals through presentations and displays and another 6,000 through newsletter and journal articles
- 50,000 Ontarians through media interviews and general programming.

Yet much remains to be done both to reach professional intermediaries and the public-at-large, and to track impact. Health communication research tells us that unless there is a sustained long-term commitment to the development and implementation of effective interventions, few changes in public knowledge, attitudes or more importantly, behaviour, can be expected.

The members of the LRDG Committee believe that investment in a well-planned, well-coordinated and well-implemented Low-Risk Drinking Guidelines Campaign will improve the capacity of local groups to promote the Guidelines, and the public-at-large to live within them —ultimately benefiting not only public health but also the public purse.



**APPENDIX 1****SUGGESTED ACTIVITIES FOR THE PROMOTION OF THE LRDGS**  
excerpt from articles published in *Alcohol Policy Update* and *OPHA News***How active are you in promoting low risk drinking?**

Since October 1997, a coalition of public health agencies has been working collaboratively on the dissemination of new Low-risk Drinking Guidelines. The Guidelines aim to clarify the links between alcohol consumption, health and risk, and have been endorsed by ARF (now the Centre for Addiction and Mental Health), OPHA, alPHa and the College of Family Physicians of Canada, among others.

Your support in the dissemination of the Guidelines will greatly enhance their effectiveness. Please take the time to read the enclosed brochure "*Alcohol and your health- it's a question of balance*" and to consider:

- a) placing an article and/or inserts in your organization's newsletter
- b) adding information to your web site (or linking to [http://www.apolnet.web.net/actpacks/ap\\_low.html](http://www.apolnet.web.net/actpacks/ap_low.html))
- c) displaying posters or distributing brochures to your contacts;
- d) organizing in-services on low-risk drinking for key contacts in your workplace and/or community and/or e) planning educational campaigns targeted to groups in at risk of alcohol-related problems. We also urge you to take a few moments to complete the accompanying needs assessment.

If you have questions about the Guidelines or would like assistance with their dissemination, contact Marianne Kobus-Matthews at the Centre for Addiction and Mental Health, Tel: 416-595-8748, E-mail: [mkobusma@arf.org](mailto:mkobusma@arf.org) or Paula Neves at the Alcohol Policy Network, 416-367-3313, ext. 27, E-mail: [apn@web.net](mailto:apn@web.net).

For on-line information check out our websites at <http://www.arf.org> or <http://www.apolnet.web.net>.

To order free copies of the brochures or posters (in English or French) call the Centre for Addiction and Mental Health's Marketing Department at 1-800-661-1111.

**APPENDIX 2.1**

**LOW-RISK DRINKING GUIDELINES  
NEEDS ASSESSMENT QUESTIONNAIRE  
(Public Health and Injury Prevention Contacts)**

1. Were you aware of the Low-Risk Drinking Guidelines released by the ARF, alPHa and the Ontario Public Health Association in October 1997?

- YES  NO (Please go to question 4)

2. If yes, how did you hear about the Guidelines (please check all that apply)?

- Newsletter  Direct Mailing  Internet  
 Brochure/Poster  Media  Other

3. Has your organization/group ordered ARF materials explaining the new guidelines?

- Yes. Approx # of posters ordered: \_\_\_\_\_ Brochures: \_\_\_\_\_  
 No, because: \_\_\_\_\_

4. If yes, how is your organization/group using these materials (please check all that apply)?

✓		Groups Targeted	#s Reached
	Seminars/presentations/ workshops to clients/groups		
	Mailings to staff/key contacts		
	Media/public education campaigns		
	General programming		
	Other (please specify)		



5. What additional resources/assistance do you need to promote the Low-risk Drinking Guidelines in your community? (To help us determine where to allocate limited resources, please rank in order of priority/usefulness)

Very useful/Top priority      Somewhat useful      Not useful  
 1 \_\_\_\_\_ 3 \_\_\_\_\_ 5

- \_\_\_ Regional seminars on the Guidelines & dissemination strategies
- \_\_\_ Sample media packages, articles, public service announcements, etc.
- \_\_\_ Access to materials, etc. developed by other organizations/groups
- \_\_\_ Consultation on how to design a local public awareness campaign
- \_\_\_ Posters/brochures in different languages (please specify): \_\_\_\_\_
- \_\_\_ Other (please specify): \_\_\_\_\_

6. Other comments/suggestions (re: barriers to dissemination, potential target groups, special needs, etc.)

7. Tell us a bit about yourself:

**Where you work**

- Public health unit                       CHC                       Hospital
- Addictions agency                       Community group                       Other: \_\_\_\_\_

**Area of province you work in (check all that apply)**

- Northwest                       Northeast                       Central
- Southeast                       Southwest
- Large Urban Area                       Small Urban Area                       Rural area

**What you do**

- Nurse/Physician                       Health Promoter                       Program Consultant
- Police Officer                       Community Activist                       Other: \_\_\_\_\_



**APPENDIX 2.2**

**LOW-RISK DRINKING GUIDELINES  
NEEDS ASSESSMENT QUESTIONNAIRE**  
(Program Consultants, Community Health & Education Division, CAMH)

The *Low-risk Drinking Guidelines* were released by the ARF, alPHA and the Ontario Public Health Association in October 1997. Since then, a coalition of public health agencies has been working collaboratively on the dissemination of the guidelines. Currently, surveys are being conducted to retrieve information that will greatly assist future dissemination strategies. Would you please take a few moments to complete the following questionnaire.

1. Have you used the ARF materials explaining the new guidelines?

Yes.

posters \_\_\_\_\_

brochures \_\_\_\_\_

With what groups:

\_\_\_\_\_

No, because:

\_\_\_\_\_

2. If yes, how have you or the groups you work with used these materials (please check all that apply)?

✓		Groups Targeted
✓	Seminars/presentations/workshops to clients/community groups	
	Mailings to staff/key contacts	
	Media/public education campaigns	
	General programming	
	Other (please specify)	



3. What additional resources/assistance do you need to promote the Low-risk Drinking Guidelines in your community? (To help us determine where to allocate limited resources, please rank in order of priority/usefulness.)

Very useful/Top priority                      Somewhat useful                      Not useful  
 1 \_\_\_\_\_ 3 \_\_\_\_\_ 5

- Regional seminars on the guidelines & dissemination strategies  
 Sample media packages, articles, public service announcements, etc.  
 Access to materials, etc. developed by other organizations/groups  
 Consultation on how to design a local public awareness campaign  
 Posters/brochures in different languages (please specify):  
 \_\_\_\_\_  
 Other (please specify):

4. Other comments/suggestions (re: barriers to dissemination, potential target groups, special needs, etc.)

5. Tell us a bit about yourself:

**Name:** \_\_\_\_\_

**Which region do you work in?**

- North                       East                       West                       Central

**What types of settings do you work in?**

- Large Urban Area                       Small Urban Area                       Rural area

**Would you be interested in either of the following (please check all that apply):**

- Provide presentations/workshops on the LRDG  
 Invite a speaker to present on the LRDG

PLEASE RETURN QUESTIONNAIRE TO MARIANNE KOBUS-MATTHEWS BY SEPTEMBER 25

E-MAIL ADDRESS : mkobusma@arf.org    FAX: 416-595-5019

THANK YOU!

**APPENDIX 3**

**SAMPLE CAMPAIGN MATERIALS, MEDIA COVERAGE, ETC.**

(To be distributed at June 10 meeting)

Academic Article Published in the *Canadian Journal of Public Health*

Newsletter Insert in *Canadian Family Physician*

Sample Campaign Materials



**APPENDIX 4**  
**LRDG PHASE 1 DISSEMINATION CAMPAIGN**  
**June 1997-December 1998**

**ESTIMATED COSTS/VALUE OF IN-KIND AND OTHER**  
**CONTRIBUTIONS PROVIDED BY**  
**CAMH-ARF, OPHA-APN, alPha**

**CAMPAIGN COORDINATION**

LRDG Committee (coordination, planning, report writing, etc. over 2 years)		
1 day/month x 24months x 5 people	\$ 24,000	
Travel (workshops, presentations, etc.)	500	
Meeting expenses (food, travel, etc.)	<u>250</u>	
SUBTOTAL	\$ 24,750	\$24,750

**MATERIALS PRODUCTION**

1st Print Run (125,000 2500 English/250 French Posters)		
(Copywriting, translation, design, film, printing)	\$ 17,500	
2nd Print Run (100,000 brochures, 2,750 posters)		
(Copyediting, printing)	<u>12,500</u>	
SUBTOTAL	\$ 30,000	\$30,000

**MAILING & DISTRIBUTION COSTS**

Press Conference	\$ 1,000	
Orientation packages (300 x \$3)	900	
Newsletter Inserts (Ontario Medical Review, CFP, etc.)	5,000	
General Mailing/Courier Costs	15,000	
Conference/Workshop Presentations (photocopying, etc.)	1,000	
Materials conversion/web site (30 hours x \$20)	<u>600</u>	
SUBTOTAL	\$ 23,500	\$23,500

**PHASE 1 REPORT**

Needs Assessment (printing, mailing)	\$ 3,500	
Report Production (writing, design, printing, distribution)	<u>500</u>	
SUBTOTAL	\$ 4,000	\$ 4,000

**TOTAL** **\$82,250**

**ESTIMATED COST OF IMPORTANT ITEMS NOT INCLUDED IN PHASE 1**

Focus Groups	\$ 5,000
Plain Language Editing	1,000
Centralized Campaign Coordination (teleconferences, travel, etc.)	5,000

## APPENDIX 5 DRAFT LRDG COMMITTEE TERMS OF REFERENCE

### **PURPOSE**

To coordinate Phase 2 of a province-wide campaign to promote the adoption of the Low-risk Drinking Guidelines among key professional groups and the general public.

### **FUNCTIONS**

- Develop a framework and short, medium and long-term goals for the dissemination and evaluation of the LRDGs to guide the work of the Committee and of key organizations/groups across Ontario
- Seek resources and support for local and Committee activities related to the promotion of the Guidelines
- Promote information-exchange and collaborative resource development among groups with a mandate to promote low-risk drinking (eg. Public health units, FOCUS communities)
- Develop and/or promote core Campaign vehicles/resources for use by and in consultation with key target groups
- Recruit lead agencies to: a) act as a clearinghouse for LRDG materials; b) provide consulting and training services on campaign planning, message development, etc. to groups interested in promoting the LRDGs., and c) respond to requests for information and training services related to the content of the Guidelines
- Monitor, synthesize and disseminate emerging research related to low-risk drinking, including the latest findings on effective methods of using guidelines to promote population health and safety
- Track, evaluate and periodically report on effort and impact.

### **MEMBERSHIP**

At minimum, the committee will include at least one representative from:

- Centre for Addiction and Mental Health – Community Programs
- Centre for Addiction and Mental Health – Marketing
- Centre for Addiction and Mental Health – Social Evaluation Research
- Association of Local Public Health Agencies
- Ontario Public Health Association – Alcohol Policy Network
- The technical committee responsible for developing the Guidelines
- FOCUS Community Resource Centre

Members at large with additional expertise/contacts in the fields below will also be recruited:

- Heart health
- Injury prevention
- Primary health care system (eg. College of Family Physicians)
- Health communications
- Marketing
- Program evaluation
- Substance abuse prevention
- Alcohol industries
- Media relations
- Policy development and research.

The committee will strive to include representation from rural, northern, Francophone and ethno-racial communities.

### **RESPONSIBILITIES OF COMMITTEE MEMBERS**

Committee members must:

- Attend meetings on a regular basis and participate actively in Committee deliberations
- Develop through consensus a set of principles that will guide the work of the Committee
- Support Committee activities through the donation of in-kind services and/or financial resources
- Develop and implement a workplan that is strategic, goal-oriented, time-limited and sensitive to resource and other constraints
- Designate lead agencies/individuals to coordinate/implement various parts of the workplan
- Assess Committee and Campaign effectiveness, impact and viability annually.

The FOCUS Community Resource Centre will provide administrative and other support to the LRDG Committee.

