Canadian Centre on Substance Use and Addiction

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Update of Canada's Low Risk Alcohol Drinking Guidelines: Terms of Reference

Background

The Canadian Centre on Substance Use and Addiction (CCSA) prides itself on being an independent, neutral, non-partisan and trusted third-party expert on substance use and addiction. Our work is always firmly rooted in science and sound methodology, and driven by compassion. CCSA also recognizes the power of the traditional knowledge held by the First Peoples. These qualities make CCSA a trusted adviser in Canada for all levels of government.

For more than three decades, CCSA has continued to build the trust that has enabled us to work with governments across the political spectrum to advance initiatives that reduce harms, improve wellness and increase community safety across Canada. In doing so, CCSA brings together governments, organizations and people with disparate voices to help Canadians lead healthier, more productive lives.

As much as CCSA is a credible voice and an established leader in the field of substance use and addiction, as a national organization it has an equal responsibility to recognize and encourage the innovative work being done throughout Canada. It takes seriously its role of collaborating with other Canadian scientists and service providers to help advance their work and shine a light on the progress being made in every corner of the country.

Canada's Low-Risk Alcohol Drinking Guidelines (LRDGs) were originally released in November 2011. Since then, new evidence on alcohol-related mortality and morbidity has been gathered, and research showing that drinking alcohol contributes to social harms has also evolved. Countries like the United Kingdom and Australia have recently updated their guidelines to reduce health risks from alcohol consumption.

It is against this background that in late 2019, CCSA met with Health Canada, the Public Health Agency of Canada and members of the 2011 LRDG Working Group. With funding support to the CCSA from Health Canada, it was agreed that an update of Canada's LRDGs was necessary and the outline for a successful update was discussed. An internationally recognized evidence-to-decision framework based on the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) methodology would be used to ensure that the latest and best scientific evidence would be correctly and appropriately collected, analyzed, interpreted and reported in a transparent manner. Any potential conflicts of interests would be declared and managed according to the approach of the World Health Organization and the Public Health Agency of Canada.

The update of the LRDGs will be the result of a co-development process among CCSA, scientists and knowledge mobilization specialists, as well as senior representatives from health promotion, public health, research, the federal government and some provincial governments. As a co-development project, the update of the LRDGs will be consensual and based on the principle of co-operation. The

process will be voluntary and flexible. All parties will participate on their committees or panels with equal status, and the expression of each parties' points of views will be encouraged. The project will be done for the public good of Canadians.

The overarching goal of the project is to update Canada's Low Risk Alcohol Drinking Guidelines. A technical report will be developed describing the process, the outcome of Canada's LRDGs update, including recommendations tailored for specific target groups that are particularly at risk, such as youth, women and those with chronic diseases, and recommendations for knowledge mobilization.

Governance

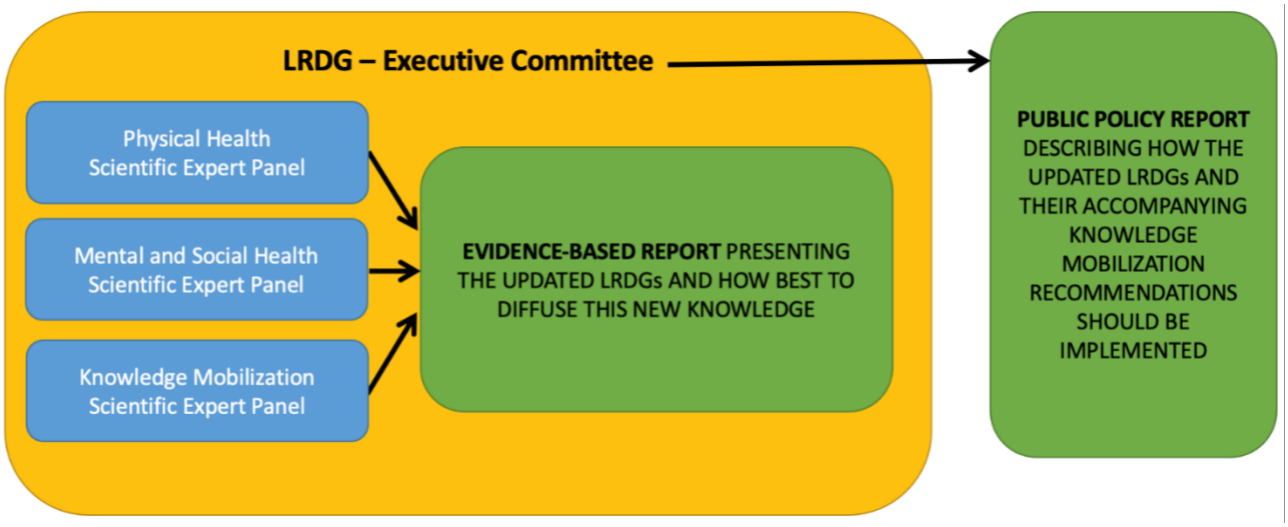
The Executive Committee (LRDG-EC), composed of senior management from CCSA, Health Canada, the Canadian Institutes of Health Research, the Ministry of Mental Health and Addictions of British Columbia, the Council of Chief Medical Officers of Health, the Public Health Agency of Canada, and the Canadian Public Health Association will provide project oversight and advice.

Three Scientific Expert Panels (LRDG-SEPs) will operate as expert panels. One panel will focus on the impacts of alcohol consumption on physical health. Another will concentrate on the social and mental health effects. A third one will review evidence-based principles of knowledge translation. All three LRDG-SEPs will use the internationally recognized GRADE-ADOLOPMENT approach for guideline production to ensure that the latest and best scientific evidence is correctly and appropriately collected, analyzed, interpreted and reported in a transparent manner.

CCSA, through the LRDG-SEPs, is accountable for updating the LRDGs and making recommendations to mobilize the knowledge to support the reduction of harm associated with alcohol consumption. To this end, a CCSA Evidence Review Working Group, composed of researchers and knowledge brokers, will be tasked with the preparation and technical aspects of guideline development, such as assisting the LRDG-SEPs in formulating PECO (Population, Exposure, Comparator and Outcomes) questions, conducting systematic reviews, rating quality of evidence, preparing evidence summaries and background documents for LRDG-SEPs panel discussions, and collecting and reviewing comments from stakeholders and public consultation. The Evidence Review Working Group will work closely with the LRDG-SEPs to ensure that work to achieve goals and objectives for the LRDG update is completed.

The LRDG-SEPs will present the outcomes of evidence reviews (i.e., recommendations pertaining to updated LRDGs and how best to diffuse this new knowledge) in a report to the LRDG-EC. The LRDG-EC members will provide advice throughout the project and advise on how best to disseminate the knowledge based on available evidence. The LRDG-EC will translate the outcome of the evidence reviews into a public policy report that describes how best to implement the recommendations on updating the LRDGs and the accompanying knowledge mobilization recommendations.

Figure 1. Project governance for the LRDG update



Members of the LRDG-SEPS will have the right to include work product, results and data resulting from the LRDGs update project in academic publications and presentations, for research purposes and for other academic purposes. For all proposed publications and presentations that include any such work product, results or data, members of the LRDG-SEPS will seek permission from CCSA and reference the financial support of CCSA.

Executive Committee

Mandate

The Executive Committee for the update of Canada's LRDGs (LRDG-EC) will oversee the initiative by providing guidance on the project and the process, protecting its scientific integrity and addressing how best to implement the recommendations from the evidence reviews related to updated LRDGs. The purpose of the LRDG-EC will be to review the outputs of the LRDG-SEPs (updated LRDGs and accompanying knowledge mobilization recommendations) and to advise on ways to convert those outputs into public policy that will create positive health and social impacts in Canada.

Membership

The LRDG-EC will be composed of senior representatives from health promotion, public health and research, as well as from federal and some provincial governments. Membership in the LRDG-EC will end upon completion of the project, expected to be March 31, 2022.

The LRDG-EC is co-chaired by Rita Notarandrea, Chief Executive Officer, CCSA, and Shannon Nix, Associate Assistant Deputy Minister, Health Canada.

Members will be required to complete disclosure of interest forms annually. A Conflict of Interest Oversight Committee, composed of the LRDG-EC co-chairs and one representative from the Public Health Agency of Canada, will assess the disclosures and determine the management approach.

Representative	Organization
Co-chairs	
Rita Notarandrea	Chief Executive Officer, Canadian Centre on Substance Use and Addiction
Shannon Nix	Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Health Canada
Members	
Ally Butler	A/Assistant Deputy Minister, Strategic Priorities and Initiatives, Ministry of Mental Health and Addictions, Government of British Columbia, and representative from the FPT Committee on Problematic Substance Use and Harm
Ian Culbert	Executive Director, Canadian Public Health Association
Scott Hannant	Director, Public Affairs and Communications, Canadian Centre on Substance Use and Addiction
Carol Hopkins	Executive Director, Thunderbird Partnership Foundation
Candice St-Aubin	Vice-President, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada
Dr. Rob Strang	Deputy Chief Public Health Officer for the Province of Prince Edward Island
Jennifer Saxe	Director General, Controlled Substances Directorate, Health Canada
Dr. Sam Weiss	Scientific Director, Institute of Neurosciences, Mental Health and Addiction, Canadian Institutes of Health Research

Roles and Responsibilities

The role of the LRDG-EC is to provide guidance on the project and the process. Members of the LRDG-EC will:

- Actively participate in two LRDG-EC in-person or virtual meetings during the life of the project and regular teleconferences to receive updates and provide advice on the project, as required;
- Review and provide advice for a mid-point guidance document presenting the guideline development methodology and guideline protocol, the evidence reviewed to date and the common themes that are surfacing;
- Provide advice for stakeholder engagement;
- Build public support for the project by communicating the project status and promoting in their organizations and networks the aims of the project, such as evidence-based knowledge, rigour and transparency;
- Inform their respective organizations and networks about relevant project developments;
- Act as a resource for the project by sharing with other committee members and the co-chairs of the LRDG-SEPs information received from their networks;
- Seek opportunities to connect the outcomes of the evidence update with key partners and stakeholders and provide guidance to CCSA and the co-chairs of the LRDG-SEPs about more specific mobilization initiatives to increase receptivity in the field and facilitate uptake of the new LRDGs by key partners and stakeholders;
- Play a key role in the uptake and mobilization of the updated LRDGs, based on the recommendations of the Knowledge Mobilization SEP; and
- Submit a final report to the Health Minister outlining the outcome of the evidence review related to updating the LRDG and the accompanying knowledge mobilization recommendations.

In addition to these responsibilities, the LRDG-EC co-chairs will:

- Lead and facilitate discussions at LRDG-EC meetings;
- Provide input into the LRDG-EC meeting agendas, minutes and other relevant documentation;
- Provide input into communication briefings about project activities and progress among the LRDG-EC members and beyond the committee, as required and determined by both the LRDG-EC and LRDG-SEPs; and
- Facilitate communications about the mobilization, uptake and use of the new LRDGs by key stakeholders.

Scientific Expert Panels

Mandate

The mandate of the LRDG-SEPs is to review, evaluate and summarize the evidence on the impacts of alcohol consumption on physical health and mental health, and its social consequences, and principles of knowledge mobilization; and to update the LRDGs and make recommendations on knowledge mobilization to increase the awareness of the updated LRDGs and inform alcohol use in Canadian society.

Membership

The LRDG-SEPs are made up of people whose knowledge, expertise and experience best match the mandate of the LRDG update project. These are people who, by way of publications in peer-reviewed journals, have proven:

- Scientific or methodological knowledge in alcohol guidelines;
- Specialized expertise in guidelines development;
- Specialized expertise on the impacts of alcohol use on physical health and mental health, and its social consequences; or
- Specialized expertise in implementation research and knowledge translation.

Membership in the LRDG-SEPs will end upon completion of the project, expected to be March 31, 2022.

The LRDG-SEPs will be co-chaired by Dr. Peter Butt, Associate Professor, Department of Family Medicine, College of Medicine, University of Saskatchewan, and Dr. Catherine Paradis, Senior Research and Policy Analyst, Canadian Centre on Substance Use and Addiction. Ryan McCarthy, Director, Knowledge Mobilization, Canadian Centre on Substance Use and Addiction, will also co-chair the Knowledge Mobilization SEP.

Members will be required to complete disclosure of interest forms annually. A Conflict of Interest Oversight Committee, composed of the LRDG-SEPs co-chairs and one representative from the Public Health Agency of Canada, will assess the disclosures and determine the management approach.

Physical Health Expert Panel

Representative	Organization
Co-chairs	
Dr. Peter Butt	Associate Professor, Department of Family Medicine, College of Medicine, University of Saskatchewan
Dr. Catherine Paradis	Senior Research and Policy Analyst, Canadian Centre on Substance Use and Addiction
Members	
Dr. Patricia Conrod	Full Professor, Department of Psychiatry, Université de Montréal
Georgia Livadiotakis	Manager, Office of Drug Policy and Science, Health Canada
Dr. Chris Mushquash	Canada Research Chair in Indigenous Mental Health and Addiction, Associate Professor, Lakehead University
Dr. Daniel Myran	Family Physician and Resident, Public Health and Preventive Medicine, University of Ottawa
Dr. Adam Sherk	Postdoctoral Fellow, Canadian Institute for Substance Use Research, University of Victoria
Dr. Kevin D. Shield	Independent Scientist, Institute for Mental Health Policy Research, and Head, World Health Organization/Pan-American Health Organization Collaborating, Centre for Addiction and Mental Health
Dr. Matthew Young	Senior Research and Policy Analyst, Canadian Centre on Substance Use and Addiction
Observer	
Kate Morissette	A/Manager, Global Health and Guidelines Division, Public Health Agency of Canada

Mental Health and Social Effects Expert Panel

Representative	Organization
Co-chairs	
Dr. Peter Butt	Associate Professor, Department of Family Medicine, College of Medicine, University of Saskatchewan
Dr. Catherine Paradis	Senior Research and Policy Analyst, Canadian Centre on Substance Use and Addiction
Members	
Dr. Mark Asbridge	Professor, Department of Community Health and Epidemiology, Department of Emergency Medicine, Dalhousie University
Dr. Magali Dufour	Professor, Département de psychologie, Université du Québec à Montréal
Harold Johnson	Former Crown Prosecutor and Author
Georgia Livadiotakis	Manager, Office of Drug Policy and Science, Health Canada
Dr. Tim Naimi	Director, Canadian Institute for Substance Use Research, University of Victoria
Dr. Nancy Poole	Director, British Columbia Centre of Excellence for Women's Health
Dr. Kara Thompson	Assistant Professor of Psychology, St. Francis Xavier University
Dr. Samantha Wells	Senior Director and Senior Scientist, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health
Observer	
Kate Morissette	A/Manager, Global Health and Guidelines Division, Public Health Agency of Canada

Knowledge Mobilization Expert Panel

Representative	Organization
Co-chairs	
Dr. Peter Butt	Associate Professor, Department of Family Medicine, College of Medicine, University of Saskatchewan
Dr. Catherine Paradis	Senior Research and Policy Analyst, Canadian Centre on Substance Use and Addiction
Ryan McCarthy	Director, Knowledge Mobilization, Canadian Centre on Substance Use and Addiction
Members	
Jennifer Heatley	Project Executive, Health Promotion, Department of Health and Wellness, Nova Scotia, and P/T Co-chair for the Problematic Substance Use and Harm Prevention Sub-committee
Dr. Erin Hobin	Scientist, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario
Georgia Livadiotakis	Manager, Office of Drug Policy and Science, Health Canada
Dr. Justin Presseau	Scientist, Ottawa Hospital Research Institute, and Associate Professor, School of Epidemiology and Public Health and School of Psychology, University of Ottawa
Dr. Tim Stockwell	Scientist, Canadian Institute for Substance Use Research, and Professor, Department of Psychology, University of Victoria
Dr. Sharon Straus Dr. Danielle Buell (alternate to Dr. Sharon Straus)	Director, Knowledge Translation Program, Physician-in-Chief, St. Michael's Hospital, and Professor, Department of Medicine, University of Toronto. Chief Medical Resident, St. Michael's Hospital
Observer	
Kate Morissette	A/Manager, Global Health and Guidelines Division, Public Health Agency of Canada

Roles and Responsibilities

Members of the LRDG-SEPs will:

- Actively attend and participate by contributing to discussions in both in-person meetings and via teleconferences and providing feedback on documents as requested;
- Attend training sessions or consult training package summarizing the guideline development process and the GRADE approach, how to interpret GRADE evidence tables, and the evidence-to-decision framework;
- Communicate with and be reasonably accessible to the project co-chairs. All LRDG-SEP members are expected to share subject-matter information as appropriate with their panel to ensure broad understanding of the issues;
- In accordance with the GRADE approach, as well as the Guidelines International Network, McMaster Development Checklist, contribute to the guideline development topics outlined in the following table, as requested:[1]

Physical Health Expert Panel	Mental Health and Social Effects Expert Panel	Knowledge Mobilization Expert Panel:
1. Identifying the primary audience and secondary audiences for the guidelines and a list of topics to be addressed within the guidelines;		
2. Generating and documenting the key questions to be answered in the guidelines using a standard format (e.g., PICO);		
3. Summarizing evidence and considering additional information;		

1 Different panels will place greater emphasis on different tasks. For example, the physical health panel and the mental health and social effects panel will likely be more involved in steps 3 to 5 while the knowledge mobilization panel will focus more on steps 6 to 8.

4. Judging quality, strength or certainty of the body of evidence;	
5. Developing recommendations and determining their strength;	
	6. Informing appropriate methods for consumer and stakeholder engagement;
	7. Based on the evidence, determining the most appropriate language and wording of the recommendations;
	8. Addressing implementation, feasibility and equity considerations.

- Review, contribute to and approve a mid-point guidance document presenting the guideline development methodology and guideline protocol, the evidence reviewed to date and the common themes that are surfacing.
- Review, contribute to and approve the final technical report detailing the updated LRDGs and recommendations for knowledge mobilization;
- Complete the disclosure of interest form developed by the Public Health Agency of Canada and comply, if applicable, with any directive or special condition by the Public Health Agency of Canada's complementary tool to make determination of conflict of interest.

In addition to these responsibilities, the LRDG-SEPs co-chairs will:

- Attend the LRDG-EC meetings to provide updates on the LRDG-SEPs work;
- Help develop and inform the LRDG-EC meeting agendas for discussion with the LRDG EC co-chairs and review meeting minutes;
- Lead and facilitate discussions at LRDG-SEPs meetings;
- Help develop the LRDG-SEPs meeting agendas and review meeting minutes;
- Review and provide input into drafted terms of reference and other relevant documentation;
- Monitor and provide advice and input into research activities conducted by the LRDG-SEPs and the Evidence Review Working Group; and
- Review and approve drafted communication briefings about project activities to be posted on CCSA's LRDG 2.0 webpage.

Canadian Centre on Substance Use and Addiction

The LRDG update is a co-development process among CCSA, scientists and knowledge mobilization specialists, as well as representatives from various Canadian organizations, including Health Canada. CCSA is using dedicated initiative funding to meet its commitment to oversee and facilitate the LRDG update process, including providing secretariat support, actively participating in the scientific working group, leading the knowledge mobilization efforts and facilitating the implementation of the updated LRDG.

CCSA, through the LRDG-SEPs, is accountable for reviewing the evidence for the purpose of updating the LRDGs and supporting the LRDG-EC in recommending how best to mobilize this new knowledge. To this end, CCSA will provide scientific support to the LRDG-SEPs through the Evidence Review Working Group and project management support to the LRDG-EC and LRDG-SEPs, and be

responsible for the overall management of the project. In this capacity, based on direction from the LRDG-EC and LRDG-SEPs co-chairs, CCSA will:

- Schedule meetings, develop meeting agendas, and circulate minutes and supporting documents;
- Develop project deliverables and progress reports on key project activities and share them with LRDG-SEPs and LRDG-EC in advance of meetings to allow sufficient time for review (minimum five business days);
- Facilitate the sharing of relevant research reports and other reports among members;
- Monitor all project activities against the project proposal and timelines, and ensure that issues are proactively identified and addressed; and
- Facilitate training in GRADE for members of the LRDG-SEPs.

Health Canada

Health Canada will provide advice, support and guidance through membership on the LRDG-EC and LRDG-SEPs, and administrative support to the project, including:

- Prepare and translate meeting minutes for the LRDG-EC and the LRDG-SEPs 10–15 business days following meetings.

Public Health Agency of Canada

The Public Health Agency of Canada will provide methodological advice and support to the co-chairs of the LRDG-SEPs, particularly on the guideline group process, and consumer and stakeholder engagement, as well as declaration of interests and management of disclosures. A Public Health Agency of Canada observer will attend the meetings of the LRDG-SEPs.

Decision Making

Within each LRDG-SEP and the LRDG-EC, all expert opinions, ideas and concerns of members are taken into account by following a two-step decision-making process.

Step one: Best efforts to arrive at consensus.

Step two: If consensus cannot be reached, a vote will be taken. A motion will carry with a minimum vote of 75% of voting members present. All members have the right to abstain from a vote.

Abstentions will be noted in the meeting record of discussion.

Observers in committees and panels will not vote.

Quorum will consist of at least one co-chair and a majority of members (50% plus 1).

Frequency of Meetings

Over the course of the 20 months from July 2020 to March 2022:

- The LRDG-EC will have regular virtual meetings every six weeks for the duration of the project. Other virtual meetings may be required throughout the span of the project to receive updates and provide advice on the project, as required.
- The LRDG-SEPs will have a maximum of one half-day virtual meeting each month. Other virtual meetings may be required throughout the span of the project when input from members is needed to proceed with the project.

Travel and Expenses

After travel restrictions to address the COVID-19 pandemic have been lifted and travelling can resume, members will be reimbursed for travel and accommodation expenses incurred by participating in meetings of the LRDG-EC and the LRDG-SEPs according to the Government of Canada Treasury Board's guidelines for reimbursement and when booked through the CCSA travel provider.

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Canadian Centre on Substance Use and Addiction

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of Health Canada.