Public Awareness of Alcohol-related Harms Survey

Final Report

Prepared for Health Canada

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August 2023

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Executive summary

A. Background and objectives

Alcohol is a popular legal psychoactive substance that holds special social and cultural significance in Canada as in many parts of the world. Many Canadians associate drinking with pleasurable social events, such as music festivals, parties, watching sports, and/or to de-stress or to cope. Our society condones, supports, and in some cases promotes drinking such as through "drink of the day" specials and sale prices on certain brands. Alcohol also plays a significant role in the Canadian economy, generating jobs, and tax revenues for governments.

While alcohol is socially accepted and its use widely tolerated and promoted, particularly in comparison with other substances, it has one of the most significant impacts on the health and wellbeing of Canadians compared to other substances. In 2020, there were over 17,000 alcohol-related deaths and 652,000 emergency visits in Canada, including deaths from alcohol poisoning and impaired driving[1]. Alcohol is the most costly substance, with $19.67 billion in costs to Canadian society in terms of direct health care costs, direct law enforcement costs, and indirect costs related to lost productivity[1]. Although more deaths can be attributed to tobacco use, alcohol use has the highest cost because it can be attributed to injuries and deaths of people at a younger age and was therefore responsible for more lost years of productive life. In 2020, alcohol use accounted for the greatest costs to the criminal justice system at nearly $4.0 billion or 39.8% of all criminal justice costs[2]. Evidence shows that alcohol use is a serious public health issue that is having significant impacts on Canadians.

- Alcohol is related to over 200 diseases and conditions, including alcoholic liver disease, fetal alcohol spectrum disorder (FASD), cardiovascular disease and cancer[3].
- Alcohol consumption increases one's risk of seven types of cancer including cancer of the mouth, larynx, pharynx, esophagus, liver, colon, and breast[4].
- Cancer is the leading cause of alcohol-attributable mortality in both men and women[5].
- Youth, women and Indigenous people are disproportionately impacted by over-consumption. Approximately 25% of youth in grades 7 to 12 used alcohol excessively in 2019[6] and the alcohol-attributed death rate for women increased by 26% from 2001 to 2017, compared with a roughly 5% increase over the same period for men[7].

The costs and harms of alcohol use are well documented, and 75% of Canadians understand generally that alcohol use can increase the risk of developing serious health conditions[8]. However, there is little national data

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[1] Canadian Substance Use Costs and Harms Dashboard. Available at: https://csuch.ca/explore-the-data/. Accessed 2023-08-29.

[2] Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction

[3] Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. The Lancet, *373*(9682), 2223-2233.

[4] International Agency for Research on Cancer Monograph. (2014). IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Available from https://monographs.iarc.fr/wp-content/uploads/2018/08/14-002.pdf.

[5] Sherk, A., Stockwell, T., Rehm, J., Dorocicz, J., Shield, K. D., & Churchill, S. (2020). The international model of alcohol harms and policies: A new method for estimating alcohol health harms with application to alcohol-attributable mortality in Canada. *Journal of studies on alcohol and drugs*, *81*(3), 339-351.

[6] Health Canada. (2019). Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-19. Available from https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html

[7] Canadian Institute for Health Information. (2018). Alcohol harm on the rise for Canadian women. Available from https://www. cihi.ca/en/alcohol-harm-on-the-rise-for-canadian-women.

[8] Earnscliffe Strategy Group. (2019). Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education. Final Report prepared for Health Canada.

available on Canadians' awareness of *specific* alcohol-related harms. For example, a 2017-2018 survey in the Yukon and Northwest Territories demonstrated a general low-level knowledge of alcohol-related health risks, with only 23% being aware that alcohol increased breast cancer risk[9]. According to a 2019 public opinion research report, only 32% of respondents were familiar with Canada's Low-Risk Alcohol Drinking Guidelines, and only approximately half of those surveyed knew what comprised a standard serving of beer[10]. In light of the above, this initiative will provide a comprehensive, up-to-date national scan on Canadians' awareness of specific alcohol-related harms.

Purpose and objectives

The overall objective of the research is to benchmark the views and knowledge of Canadians related to alcohol and the associated risks when consuming it.

The specific research objectives were as follows:

- Benchmark awareness of various alcohol-caused diseases, including cancer, heart disease, and liver disease among others;
- Benchmark awareness of the causal connection between low levels of alcohol use and disease;
- Gauge patterns of alcohol use, including what quantity of alcohol in what frequency and their average levels of consumption;
- Benchmark awareness by level of alcohol consumption;
- Benchmark awareness of Canada's Low-Risk Drinking Guidelines and what a standard drink size is;
- Measure views of Canadians towards various alcohol policies or initiatives to increase awareness including labelling;
- Gauge perceptions of risk associated with alcohol consumption;
- Segment those who had consumed alcohol in the past 12 months and those who had not consumed alcohol in the past 12 months by health literacy scores utilizing the New Vital Sign (NVS) assessment tool; and,
- Benchmark intentions to change drinking patterns based on their knowledge of health risks.

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[9] Vallance, K., Stockwell, T., Zhao, J., Shokar, S., Schoueri-Mychasiw, N., Hammond, D., ... & Hobin, E. (2020). Baseline assessment of alcohol-related knowledge of and support for alcohol warning labels among alcohol consumers in northern Canada and associations with key sociodemographic characteristics. *Journal of Studies on Alcohol and Drugs*, *81*(2), 238-248.

[10] Earnscliffe Strategy Group. (2019). Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education. Final Report prepared for Health Canada.

B. Methodology

The survey is comprised of 9,812 Canadians, 16 years of age and older. The survey was conducted across Canada in each province and territory between February 13th and June 30th, 2023.

The survey sample was drawn from two sources:

1) The Nanos Probability Panel, which contains about 50,000 Canadians who were randomly recruited to join the panel by land- and cell-lines with live agents.
2) Random recruitment by land-and cell-lines and administered the survey online.

The resulting sample contains Canadians who were all randomly recruited by telephone, thus it is a probability sample and allows a margin of error to be associated with the research. The randomly recruited probability sample has a margin of error of +/-1.0% at a 95% confidence interval. Results are weighted to population proportions for region, age, and sex from the 2021 Census. Chi-square tests were used to compare subgroups to the remaining sample (ex. Ontario versus the rest of Canada; 16 to 19 years old versus the rest of Canada; women versus men).

All respondents self-administered the survey online. Please see Appendix A for the detailed methodology.

C. Contract value

The contract value was $296,738.57 (HST included).

Supplier name: Nanos Research
PWGSC contract number: CW2242531
Original contract date: 2022-09-07

For more information, contact Department at HC.cpab.por-rop.dgcap.SC@canada.ca.

D. Political neutrality statement and contact information

This certification is to be submitted with the final report submitted to the Project Authority.

I hereby certify, as a Representative of Nanos Research, that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Government of Canada's Policy on Communications and Federal Identity and Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party standings with the electorate, or ratings of the performance of a political party or its leaders.

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E. Key findings

Awareness of Education Campaigns about Alcohol Use (EDU)

Respondents most often reported having seen or heard education campaigns, public health or safety messages about alcohol on TV/Radio in the past 12 months (59%), followed by social media (25%), print newspapers or magazines (25%), public display of posters or billboards (20%), in health care settings (17%), inside/outside stores that sell alcohol (16%), and through non-social media websites (11%). Nineteen per cent (19%) said they have not noticed any education campaigns or public health messages.

Awareness of National Drinking Guidelines (NDG)

A majority reported that they have heard of or were aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health" (59%), while three in ten (35%) reported they had not heard of them and seven per cent reported they didn't know.

Respondents who reported being aware of the guidelines most often said they first heard about these guidelines on TV/radio (61%), followed by print news or magazines (12%), social media (8%), non-social media websites (7%) and word of mouth (3%).

Knowledge of Standard Drink Measurements (SDM)

Over four in ten respondents (41%) selected wine as the alcohol they typically drink, while over one in four selected beer (27%), over one in five selected spirits (21%), and seven per cent selected ciders/coolers.

Three in five (60%) respondents reported they have heard of the term "standard drink".

When shown an image of a bottle of the alcohol they said they typically drink, beer drinkers on average correctly responded that the bottle contains one standard drink (mean of 1.2), while those who drink ciders/coolers on average said the cooler shown contains one and a half drinks (mean of 1.5 - correct response is 1 drink).Wine drinkers on average incorrectly said the bottle of wine they were shown contains six drinks (mean of 6.3 – correct response was 5 drinks), and those who said they typically drink spirits on average incorrectly said the bottle of spirits they were shown contains 22 drinks (correct response was 17 drinks).

Self-reported Alcohol Drinking Behaviours (ADB)

In a typical week, respondents were more likely to report they drink more on the weekend rather than on weekdays. On average, they reported drinking the most on Saturday (mean of 1.6 drinks), followed by Friday (mean of 1.3 drinks), and Sunday (0.7 drinks). They reported drinking less than one drink on average on Monday (0.4 drinks), Tuesday (0.4 drinks), Wednesday (0.5 drinks) and Thursday (0.5 drinks) during a typical week.

Awareness of Alcohol-related Health Risks (AHR)

Overall, more than eight in ten respondents think that drinking any number of standard drinks (at least 1 to 2 standard drinks of alcohol) per week increases the risk of harm to a fetus when pregnant (84%). A greater proportion of respondents think that risk of harm to a fetus when pregnant increases with 3 to 6 standard drinks of alcohol consumed per week (92%) or 7 or more standard drinks per week (95%).

About three in ten respondents thought drinking 1-2 standard drinks per week increased the risk of a number of cancers (colon, throat, breast and mouth). This increased to about four in ten for 3-6 drinks per week and to around one in two for 7 or more drinks per week.

Respondents were least likely to think alcohol increases risk of Arthritis for any number of standard drinks per week (1-2: 17%; 3-6: 31%; 7 or more: 43%) and were most likely to think alcohol decreases the risk of heart diseases compared to other health conditions (1-2 drinks: 6%; 3-6 drinks: 3%; 7 or more drinks: 1%).

Of note, health conditions which had a lower proportion of "increases risk" responses also had a higher proportion of respondents who were unsure. Over one in five were unsure on the impact of alcohol on colon cancer, high cholesterol, throat cancer, breast cancer, mouth cancer and arthritis for any number of drinks per week.

Self-reported Use of Label Information (LAB)

Risk Label

Close to six in ten respondents (55%) said warning labels stating the serious health risks of alcohol (including that it causes cancer) would make them think about the harms caused by alcohol either to a small (31%) or moderate extent (24%), while around one in five (19%) said to a large (13%) or an extremely large extent (6%), and around one in four say they would not think about it at all (23%). After being shown the label, an increasing proportion of respondents said they would think about the risks to a large extent (17%) or to an extremely large extent (10%) and 21 per cent continued to say it would not make them think about it at all.

One in two respondents (50%) said a label stating the health risks of alcohol would make them think about cutting back on their drinking or talking to others about cutting back on their drinking to a small (29%) or moderate extent (21%), while one in five said to a large (12%) or extremely large extent (6%), and 28 per cent say it would not make them think about cutting back on drinking at all. Once shown the label, a little under one in four (24%) said it would make them think about cutting back or speaking to others about cutting back to a large extent (15%) or to an extremely large extent (9%), which is a marginal increase. Twenty-five per cent continued to say the label would not make them think about it at all.

Standard Drink Label

When shown the label with the number of standard drinks displayed for a bottle of alcohol, close to six in ten respondents (57%) said they would use this information to help them track the number of drinks they consumed, while around one in three (30%) said they would not use this information and thirteen per cent were unsure.

Drink Limit Label

About one in two respondents (51%) said the warning label with drink limits would make them think about cutting back on their drinking or talking to others about cutting their drinking to a small extent (26%) or to a moderate extent (25%), while under one in four said the warning label would make them think about it to a large extent (16%) or to an extremely large extent (8%) and 22 per cent said they would not think about it at all.

Support for Alcohol Labelling (SAL)

Respondents most often strongly agreed (26%) or agreed (36%) that cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container to help consumers track how much they are drinking, followed by agreement that cans and bottles should be labelled with guidance to reduce health risks from alcohol to inform consumers of the level of risk associated with how much they are drinking (24% strongly agree; 36% agree). Just over one in two strongly agreed (23%) or agreed (31%) that cans and bottles should be labelled with health warning information describing the known link between alcohol and diseases to increase public awareness of the health harm caused by alcohol.

Respondents were three times more likely to strongly disagree (28%) or disagree (30%) that alcohol should continue to be exempt from health information labelling that is currently required of tobacco and cannabis packaging than to agree (13%) or strongly agree (9%).

About this report

This report begins with an executive summary outlining key findings and conclusions, followed by a detailed analysis of the results. A detailed dataset of "banner tables" is provided under separate cover; this presents results for all survey questions by key segments such as region, age and sex.

The quantitative results in the report are expressed as percentages unless otherwise noted. Base size is the sample of n=9,812 unless otherwise specified.

Detailed findings are presented in the sections that follow. Overall results are presented in the main portion of the narrative and are typically supported by a graphic or tabular presentation of results. Results for the proportion of respondents in the sample who either said "don't know" or did not provide a response may not be indicated in the graphic representation of the results in all cases, particularly where they are not sizable (e.g., 10% or less). Net results cited in the text may not exactly match individual results shown in the charts due to rounding. Results may not add to 100% due to rounding or multiple responses.

The bullets under the charts also note any significant differences between sub-groups of respondents in different demographic groups. Only demographic differences that are significantly different based on the margin of error of plus or minus 1.0 percentage points (95% confidence interval) and Chi Square tests are presented.

Please note throughout the report, the following definition is used for the research streams:

- Stream A – Drinkers – Respondents who report ever having an alcoholic drink (not including having a few sips of wine for religious or other purposes)
- Stream B – Non-Drinkers – Respondents who report never having an alcoholic drink

Key demographic patterns of interest are described throughout the report, in the following order: sex, age, province/territory, those who had and who had not consumed alcohol in the past 12 months, frequency of drinking, and health literacy).

Details of the methodology and sample characteristics can be found in Appendix A. The final survey instrument can be found in Appendix B.

About the sample

A. Sex

The PAAHS recruitment target for sex was 50% males and 50% females based on the respondents' sex at birth. This target was based on the Canadian 2021 Census of Population which reported 49% of people in Canada as male and 51% as female[11]. In the final PAAHS sample, 51% of respondents were male and 49% of respondents were female. A comparison of males and females is available throughout the report.

B. Age

The PAAHS recruitment targeted four age groups (16-19 years old, 20-24 years old, 25-49 years old, and adults aged 50 years and older) based on their proportional representation in 2021 Census data[12]. An oversample of 16-19 year olds was planned given known difficulties recruiting this age group. In the final PAAHS sample, 4% of respondents were aged 16 to 19 years old, nine per cent aged 20 to 24 years old, 38% aged 25 to 49 years old, and 48% were aged 50 plus. A comparison of age groups is available throughout the report.

C.   Province / Territories

The PAAHS recruitment targeted each province and territory based on proportional representation in 2021 Census data[13]. Given difficulties with recruitment in individual territories, this region is collectively referred to as "the North". In the final PHAAS sample, 4% of respondents were from Newfoundland & Labrador, 5% from New Brunswick, 5% from Nova Scotia, 4% from Prince Edward Island, 14% from Quebec, 28% from Ontario, 5% from Manitoba, 5% from Saskatchewan, 11% from Alberta, 15% from British Columbia, and four per cent from the Territories (Northwest Territories, Nunavut and the Yukon). A comparison of provinces and the North to the national overall results is available throughout the report.

D. Alcohol Consumption

The PAAHS recruitment quota for alcohol consumption was to recruit a sample where 75% of respondents reported consuming alcohol in the past 12 months and 25% had not consumed alcohol in the past 12 months. This target was based on the 2019 Canadian Alcohol and Drug Survey which reported 76% of Canadians reported consuming an alcohol beverage in the past year[14]. At the conclusion of recruitment, 95% of PAAHS respondents reported consuming alcohol in their lifetime (Stream A - Drinkers), with 90% of those in Stream A having consumed alcohol in the past 12 months, while 5% reported never having an alcoholic drink (Stream B – Non-drinkers). Overall, 85% of the total sample reported having consumed alcohol in the past 12 months and 15% had not consumed alcohol in the past 12 months or more. Estimates for the overall sample should be interpreted with caution as individuals who consumed alcohol in the past 12 months are overrepresented in the total sample. One possible reason for this volunteer bias may have been that the title of the survey revealed the subject matter to potential respondents which could have resulted in more participation among people who consume alcohol (i.e., people who are innately more interested in discussing alcohol-related topics because they consume alcohol). The study team attempted to encourage greater participation among individuals who had not consumed alcohol in the past 12 months by altering the telephone script on June 13th, 2023 to emphasize to

[11] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-316-X2021003. Accessed 2023-08-29.

[12] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-316-X2021003. Accessed 2023-08-29.

[13] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-316-X2021003. Accessed 2023-08-29.

[14] Health Canada. (2019). Canadian alcohol and drugs survey (CADS): Summary of results for 2019. Accessed 2023-08-29.

potential respondents that participation was possible without being a consumer of alcohol. A comparison of people who consumed alcohol in the past 12 months and people who did not consume alcohol in the past 12 months is available throughout the report.

E.   Health Literacy Score

In the PAAHS sample, 20% of respondents were identified as having low or possibly low health literacy on the Canadian adaptation of the Newest Vital Sign health literacy assessment tool[15]. However, previous research estimates 60% of Canadians have low levels of health literacy[16]. Estimates for the overall sample should be interpreted with caution as people with adequate health literacy are overrepresented in the total sample. A comparison of people with adequate health literacy and low health literacy is available throughout the report.

F.   Demographics of Sample

Community Size

In the final PAAHS sample, 50% of respondents reside in a large urban centre (population of 100,000 or more people), 18% reside in a medium population centre (population of 30,000 to 99,999 people), 21% reside in a small population centre (population of 1,000 to 29,999 people) and 10% reside in a rural area (population of less than 1,000 people). Estimates for the overall sample should be interpreted with caution as individuals living in a rural area were underrepresented in the sample (approximately 18% of Canadians reside in a rural area per the 2021 Census compared to 10% of the PAAHS sample)[17] due to the difficulty in reaching individuals in these communities.

Education

In terms of education level, about half of respondents in the final PAAHS sample report completing at least a Bachelor's Degree (25% have completed a Bachelor's and 22% have completed a University certificate, diploma, degree above the bachelor's level), while 19% report having completed College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas) and 9% have completed a University certificate or diploma below the bachelor's level. Seven per cent of respondents in the final sample report they have completed up to a Trade certificate or diploma and 17% have completed either a high school diploma or equivalent or less than high school. Estimates for the overall sample should be interpreted with caution as individuals who have completed a high school education or less were underrepresented in the final sample (43% of Canadians), while those who completed a university education (University certificate or higher) were overrepresented (30%)[18].

Ethnic Identity

In the final PAAHS sample, 80% of respondents self-identified as White (European descent), while 17 per cent self-identified as BIPOC. Specifically, 5% of respondents in the final sample self-identified as East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent), 4% self-identified as South Asian (e.g., East Indian, Pakistani, Bangladeshi, Sri

[15] Mansfield, E. D., Wahba, R., Gillis, D. E., Weiss, B. D., & L'Abbé, M. (2018). Canadian adaptation of the Newest Vital Sign©, a health literacy assessment tool. Public health nutrition, 21(11), 2038-2045.

[16] Health Literacy in Canada: A Healthy Understanding 2008 (Ottawa: 2008). page 10. Accessed 2023-08-29.

[17] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-200-X2021002. Accessed 2023-09-20.

[18] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-200-X2021002. Accessed 2023-09-20.

Lankan, Indo-Caribbean), 3% as Black (African, Afro-Caribbean, African Canadian descent), and 2% as Indigenous (First Nations, Métis, Inuk/Inuit descent). One per cent each self-identified as Latino (Latin American, Hispanic descent) or Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)). Estimates for the overall sample should be interpreted with caution as individuals who self-identify as BIPOC were slightly underrepresented in the final sample (27% of Canadians).[19]

Income

Fifty-two per cent of respondents in the final PAAHS sample who reported an income reported having an annual household income of $80,000 a year or more, while 24% report having a household income of $40,000 to just under $80,000 per year and 12% report having a household income of less than $40,000 per year. Estimates for the overall survey should be interpreted with caution as individuals with a household income of less than $40,000 per year were slightly underrepresented in the survey (19% of Canadians)[20], though of note, 12% of respondents in the final sample opted not to report their household income.

Official Language

More than eight in ten respondents in the final PAAHS sample have English as their first official language (88%), while 11% of the sample has French as their first official language, and 1% have a different language as their first official language. Estimates for the overall survey should be interpreted with caution as individuals with French as their first official language were underrepresented in the final sample (21% of Canadians).[21]

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[19]Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-10-0324-01. Accessed 2023-09-21.

[20] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-200-X2021002. Accessed 2023-09-20.

[21] Statistics Canada, 2021 Census of Population, Statistics Canada Catalogue no. 98-200-X2021002. Accessed 2023-09-20.

Detailed findings

A. Awareness of Education Campaigns about Alcohol Use (EDU)

Recollection of education campaigns

Respondents most often reported having seen or heard education campaigns, public health or safety messages about alcohol on TV/Radio in the past 12 months (59%), followed by social media (25%), print newspapers or magazines (25%), public display of posters or billboards (20%), in health care settings (17%), inside/outside stores that sell alcohol (16%), and through non-social media websites (11%). Nineteen per cent (19%) said they have not noticed any education campaigns or public health messages.

Q – In the past 12 months, have you seen/heard education campaigns, public health, or safety messages* about alcohol in any of the following places? [RANDOMIZE] [SELECT ALL THAT APPLY] *These campaigns and messages describe the risks of using alcohol and/or safer ways to use alcohol.

Table 3 – Recall of Education Campaigns About Alcohol Use

Location of Education Campaign(s)	Total (n=9,812)
TV/radio	59%
Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube)	25%
Print newspapers or magazines	25%
Public display of posters or billboards (e.g., in public transit, at bars/restaurants)	20%
Health care setting (e.g., pharmacy, doctors' office)	17%
Inside/outside stores that sell alcohol	16%
Non-social media websites	11%
Events (e.g., sporting events, concerts, festivals)	6%
School (e.g., university campus)	5%
Community-based/not for profit organizations	4%
Workplace	4%
Kiosks or temporary sales locations (e.g., farmer's market)	1%
I have not noticed any education campaigns or public health messages	19%

Base: All respondents, n=9,812.

Sex

- No significant differences by sex are observed.

Age

- Older Canadians aged 50 plus were less likely to report they have seen or heard education campaigns, public health or safety messages on social media (19%) than younger Canadians (16-19: 39%; 20-24: 33%; 25-49: 27%).

- Younger Canadians were more likely to report having seen or heard education campaigns or public health messages at a school (16-19: 19%; 20-24: 34%) than older Canadians (25-49: 3%; 50 plus: 1%).

- Canadians aged 50 plus were more likely to report they had seen or heard such in print newspapers or magazines (34%) and on TV/radio (68%) than the average (25% and 59% respectively).

Province/territories

- Residents of Manitoba were more likely to report they have seen or heard education campaigns inside/outside stores that sell alcohol (32%) than Canadians on average (16%). Residents of Manitoba were also more likely to say they heard/saw these education campaign on public display or posters or billboards (42%; 20% of Canadians overall).

Alcohol consumption in last 12 months

- Those who reported they have had an alcoholic drink in the past 12 months were more likely to report they saw education campaigns or messages inside/outside stores that sell alcohol (18%) than those who had not have an alcoholic drink (9%).

Awareness of drinking guidelines

- Respondents who reported they are aware of the drinking guidelines were more likely to report they had seen/heard education campaigns on social media (28%), non-social media websites (14%), print newspapers or magazines (33%) and on TV/radio (69%) than those who are not aware of drinking guidelines.

- Those who are unaware of the drinking guidelines were more likely to report they have not noticed any education campaigns or public health messages in the past 12 months (35%) than those who are aware of the national drinking guidelines (9%).

Health Literacy score

- Respondents with low health literacy were less likely to have seen/heard education campaigns on social media (16%) than Canadians overall (25%).

B. Awareness of National Drinking Guidelines (NDG)

Awareness of NDG

About three in five Canadians (59%) reported they had heard or were aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health", while one in three (35%) reported they had not heard or are not aware, and seven per cent reported that they were unsure. Note: A soft launch of Canada's Guidance on Alcohol and Health occurred in November 2022 with the public release occurring in January 2023, immediately proceeding PAAHS' launch (mid-February 2023). This may have impacted awareness of guidelines.

Q - Have you heard of or are you aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health"?

Table 4 – Awareness of Alcohol Guidelines

Aware of Guidelines	Total (n=9,812)
Yes	59%
No	35%
Don't know	7%

Base: All respondents, n=9,812.

Sex

- No significant differences by sex are observed.

Age

- Canadians aged 50 plus were more likely to have heard or be aware of these (67%) than younger Canadians aged 16 to 19 (40%), 20 to 24 (45%) and 25 to 49 (54%).

Province/territories

- Reported awareness was higher among residents of Manitoba (65%), while residents of New Brunswick were comparatively less likely to have heard of the guidelines (50%) than the national average (59%)

Alcohol consumption in last 12 months

- Those who have consumed alcohol in the past year were more likely to report they have heard of the guidelines (61%) than those who have not consumed alcohol (50%).

Health Literacy score

- Respondents with adequate health literacy were more likely to report they have heard of the guidelines (60%) than those with low health literacy (49%).

Where Canadians became aware of drinking guidelines

Respondents who reported being aware of the guidelines most often said they first heard about these guidelines on TV/radio (61%), followed by print news or magazines (12%), social media (8%), non-social media websites (7%) and word of mouth (3%).

Q – Where did you first hear about "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health"?

Table 5 – Where Respondents First Heard of NDGs

Location	Total (n=5,758)
TV/radio	61%
Print newspapers or magazines	12%
Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube)	8%
Non-social media websites	7%
Word of mouth	3%
Health care setting (e.g., pharmacy, doctors' office)	2%
CBC News	1%
Inside/outside stores that sell alcohol	1%
Public display of posters or billboards (e.g., in public transit, at bars/restaurants)	1%
School (e.g., university campus)	1%
Workplace	1%
Community-based/not for profit organizations	<1%

Base: Respondents aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health", n=5,758.

Sex

- No significant differences by sex are observed.

Age

- Canadians aged 50 plus were more likely to report they heard of the guidelines via TV/radio (67%) than Canadians aged 16 to 19 (32%) or 20 to 24 (40%).

Province/territories

- Residents of Québec were also more likely to have heard of the guidelines via TV/radio (71%) than Canadians overall (61%).

Alcohol consumption in last 12 months

- No significant differences by alcohol consumption are observed.

Health Literacy score

- No significant differences by health literacy are observed.

C. Knowledge of Standard Drink Measurements (SDM) – [STREAM A – DRINKERS ONLY]

Typical alcoholic drink consumed

Over four in ten Canadians who reported consuming alcohol (41%) selected wine as the alcohol they typically drink, while over one in four selected beer (27%), over one in five selected spirits (21%), and seven per cent selected ciders/coolers.

Q – [STREAM A – DRINKERS ONLY] When you drink alcohol, do you typically drink beer, cider, coolers, wine, or spirits (e.g., rum, whisky, vodka)? [SELECT ONE]

Table 6 – Typical Type of Alcohol Consumed

Location	Total (n=9,377)
Wine	41%
Beer	27%
Spirits	21%
Cider/coolers	7%

Base: Respondents who report ever having an alcoholic drink (not including having a few sips of wine for religious or other purposes), n=9,377

Sex

- Male respondents were more likely to report they typically consume beer (39%) than female respondents (15%).

- Female respondents were more likely to report they typically consume wine (52%) than male respondents (30%).

Age

- Older Canadians aged 50 plus were more likely to report they consume wine (52%) than younger Canadians aged 25 to 49 (35%), 20 to 24 (23%) and 16 to 19 (17%).

- Canadians aged 20 to 24 were more likely to report they typically consume beer (37%) than Canadians 50 plus (23%).

Province/territories

- Residents of Québec were more likely to report they typically consume wine (52%), than residents of Alberta (31%), Saskatchewan (29%) and Newfoundland and Labrador (33%).

Awareness of drinking guidelines

- Those who are aware of the drinking guidelines were more likely to report they consume wine (45%) than those who are not (35%).

Health Literacy score

- No significant differences by health literacy are observed.

Awareness of term 'standard drink'

Three in five (60%) Canadians who reported consuming alcohol said they have heard of the term "standard drink".

Q - [STREAM A – DRINKERS ONLY] Have you heard of the term "standard drink"?

Table 7 – Awareness of Term "Standard Drink"

Aware of term	Total (n=9,343)
Yes	60%
No	38%
No answer	2%

Base: Respondents who report ever having an alcoholic drink (not including having a few sips of wine for religious or other purposes), n=9,343

Sex

- No significant differences by sex are observed.

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- Canadians that reported they have had an alcoholic beverage in the past 12 months were more likely to report they have heard of the term (62%) than those who have not had an alcoholic beverage in the past 12 months (47%).

Awareness of drinking guidelines

- Respondents that are aware of the drinking guidelines were more likely to report they have heard of the term "standard drink" (74%) than respondents who have not heard of the drinking guidelines (37%).

Health Literacy score

- Those of higher health literacy were more likely to report they have heard of the term (64%) than those who have possible low health literacy (48%) or low health literacy (34%).

Identifying number of standard drinks in alcoholic beverages

When shown an image of a bottle of the alcohol they said they typically consume, beer consumers on average correctly responded that the bottle contains one standard drink (mean of 1.2), while those who consume ciders/coolers on average said the cooler shown contains one and a half drinks (mean of 1.5 - correct response is 1 drink). Wine consumers on average incorrectly said the bottle of wine they were shown contains six drinks (mean of 6.3 – correct response was 5 drinks), and those who said they typically consume spirits on average incorrectly said the bottle of spirits they were shown contains 22 drinks (correct response was 17 drinks).

Q - [STREAM A – DRINKERS ONLY] How many 'standard drinks' are in this bottle of [INSERT RESPONSE FROM Q6]? (image of their preferred drink type from Q6 shown on screen)

Table 8 – Knowledge Test of "Standard Drink"

Type of Drink	Mean
Beer	1.2
Cider/coolers	1.5
Wine	6.3
Spirits	22.1

Base: Respondents who report ever having an alcoholic drink (not including having a few sips of wine for religious or other purposes), n=9,377.

Sex

- No significant differences by sex are observed.

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- No significant differences by alcohol consumption are observed.

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

D. Self-reported Alcohol Drinking Behaviours (ADB) – [STREAM A – DRINKERS ONLY]

Alcohol consumed during typical week

In a typical week, Canadians were more likely to report consuming more alcohol on the weekend rather than on weekdays. On average, they reported consuming the most alcohol on Saturday (mean of 1.6 drinks), followed by Friday (mean of 1.3 drinks), and Sunday (0.7 drinks). They reported consuming less than one drink on average on Monday (0.4 drinks), Tuesday (0.4 drinks),Wednesday (0.5 drinks) and Thursday (0.5 drinks) during a typical week.

Q – [STREAM A – DRINKERS ONLY] Consider the table (or the list) below with the days of the week. Thinking of a typical week, please enter how many drinks you would typically have on each day of the week:

Table 9 – Number of Drinks Consumed Per Day during Typical Week

Day of the Week	Mean
Monday	0.4
Tuesday	0.4
Wednesday	0.5
Thursday	0.5
Friday	1.3
Saturday	1.6
Sunday	0.7

Base: Respondents who report ever having an alcoholic drink (not including having a few sips of wine for religious or other purposes), n=9,377.

Sex

- Male respondents reported they consume more alcoholic drinks on average than female respondents on Fridays (male respondents: mean of 1.5 drinks; female respondents: mean of 1.1 drinks) and Saturdays (male respondents: mean of 1.9 drinks; female respondents: mean of 1.3 drinks).

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- No significant differences by alcohol consumption are observed.

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- Individuals with low health literacy reported consuming a higher number of drinks on average on Saturdays (mean of 2.0) than those with adequate health literacy (mean of 1.5).

E. Awareness of Alcohol-related Health Risks (AHR) – [STREAM A+B – ALL RESPONDENTS]

Overall, respondents were most likely to think that consuming any number of standard drinks per week increases the risk of harm to a fetus when pregnant, though this increased in intensity from 1-2 standard drinks per week (84% increases risk), to 3-6 drinks per week (92%) and 7 or more standard drinks per week (95%).

About three in ten respondents thought consuming 1-2 standard drinks per week increased the risk of a number of cancers (colon, throat, breast and mouth). This increased to about four in ten for 3-6 drinks per week and to around one in two for 7 or more drinks per week.

Respondents were least likely to think alcohol increases risk of Arthritis for any number of standard drinks per week (1-2: 17%; 3-6: 31%; 7 or more: 43%) and were most likely to think alcohol decreases the risk of heart diseases compared to other health conditions (1-2 drinks: 6%; 3-6 drinks: 3%; 7 or more drinks: 1%).

Of note, health conditions which had a lower proportion of "increases risk" responses also had a higher proportion of respondents who were unsure. Over one in five were unsure on the impact of alcohol on colon cancer, high cholesterol, throat cancer, breast cancer, mouth cancer and arthritis for any number of drinks per week.

Sex

- Female respondents were generally more likely to say consuming alcohol increases risks of health conditions than male respondents. This is across all health conditions and the number of drinks per week.

Age

- Younger Canadians (16-19) were more likely to say consuming alcohol increases the risk of various health harms than those 50 plus. Regarding the increase in risk after consuming 1-2 standard drinks per week, younger Canadians are more likely to perceive an increased risk of several types of cancer, such as throat (31%), mouth (32%) and colon cancers (40%) than those 50 years of age and older (throat: 25%; mouth: 24%; colon: 32%). They were also more likely to think this number of drinks increases the risk of heart disease (60%; 50 plus: 41%), high cholesterol (43%; 50 plus: 27%), liver disease (74%; 50 plus: 61%) and being overweight/obesity (66%; 50 plus: 54%).
- The same general observation can be made regarding perceived health risks for consuming 3-6 standard drinks per week, or 7 or more standard drinks per week.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- Respondents who reported they have not consumed alcohol in the past 12 months were generally more likely to think alcohol increases risks of various health conditions than those who reported they have consumed alcohol in the past 12 months. The exception is alcohol increasing risk of harm to a fetus while pregnant, which a similar proportion of both those who had consumed alcohol in the past 12 months and those who had not consumed alcohol in the past 12 months perceived to be an increased risk.

Awareness of drinking guidelines

- • Those who are aware of the drinking guidelines were in general more likely to say consuming alcohol increases risks of cancers and heart disease across all number of drinks consumed per week.

Health Literacy score

- • Individuals with adequate health literacy were generally more likely to think consuming alcohol increases the risk of various cancers, heart disease, liver disease and harm to a fetus when pregnant than those with low health literacy.

Increase of health risks from consuming 1 to 2 standard drinks per week

Canadians were most likely to think consuming one to two standard drinks per week increases the risk of harm to a fetus when pregnant (84%), followed by liver disease (64%), being overweight or obese (57%) and diabetes (50%). They were less likely to think it increases the risk of arthritis (17%), mouth cancer (26%), throat cancer (27%) or breast cancer (28%).

Q – [STREAM A+B – ALL RESPONDENTS] Do you believe drinking 1 to 2 standard drinks of alcohol per week increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]

Table 10 – Knowledge of the Impact of 1 to 2 Standard Drinks of Alcohol Per Week

Health Condition	Increases risk	Decreases risk	No impact on risk	Unsure
Harm to a fetus when pregnant	84%	<1%	8%	7%
Liver disease	64%	1%	26%	10%
Being overweight or obese	57%	1%	30%	12%
Diabetes	50%	1%	28%	21%
Heart disease	44%	6%	33%	18%
Colon cancer	34%	1%	35%	30%
High cholesterol	29%	3%	38%	30%
Breast cancer	28%	1%	38%	34%
Mouth cancer	26%	1%	39%	34%
Throat cancer	27%	1%	39%	34%
Arthritis	17%	1%	44%	38%

Base: All respondents, n=9,812

Increase of health risks from consuming 3 to 6 standard drinks per week

The proportion of Canadians who said consuming three to six standard drinks of alcohol per week increased across the board, while the proportion of those who said they are unsure is similar. The proportion that said three to six standard drinks increases the risk of heart disease went up by 22 percentage points (44% to 66%) compared to one to two drinks, while the proportion that said the same about being overweight or obese increased by 21 percentage points (57% to 78%).

Q – [STREAM A+B – ALL RESPONDENTS] Do you believe drinking 3 to 6 standard drinks of alcohol per week increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]

Table 11 – Knowledge of the Impact of 3 to 6 Standard Drinks of Alcohol Per Week

Health Condition	Increases risk	Decreases risk	No impact on risk	Unsure
Harm to a fetus when pregnant	92%	<1%	3%	5%
Liver disease	84%	<1%	9%	7%
Being overweight or obese	78%	<1%	12%	10%
Diabetes	69%	<1%	12%	18%
Heart disease	66%	3%	15%	17%
Colon cancer	50%	<1%	20%	30%
High cholesterol	49%	2%	21%	29%
Breast cancer	43%	<1%	22%	35%
Throat cancer	42%	<1%	23%	35%
Mouth cancer	41%	<1%	24%	35%
Arthritis	31%	<1%	28%	41%

Base: All respondents, n=9,812

Increase of health risks from consuming 7 or more standard drinks per week

Canadians most often believed seven or more standard drinks of alcohol per week increases the risk of harm to a fetus when pregnant (95%), liver disease (92%), being overweight or obese (87%), diabetes (79%) and heart disease (87%), but a majority also believed seven or more standard drinks causes an increased risk for a variety of cancers, as well as diabetes, and high cholesterol. Canadians were less likely to think drinking alcohol increases the risk of arthritis than other health conditions.

Q – [STREAM A+B – ALL RESPONDENTS] Do you believe drinking 7 or more standard drinks of alcohol per week increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]

<div align="center">

Table 12 – Knowledge of the Impact of 7 or More Standard Drinks of Alcohol Per Week

</div>

Health Condition	Increases risk	Decreases risk	No impact on risk	Unsure
Harm to a fetus when pregnant	95%	<1%	1%	4%
Liver disease	92%	<1%	3%	5%
Being overweight or obese	87%	<1%	5%	8%
Diabetes	79%	<1%	6%	15%
Heart disease	78%	1%	7%	14%
High cholesterol	62%	1%	12%	25%
Colon cancer	61%	<1%	12%	27%
Breast cancer	54%	<1%	15%	32%
Mouth cancer	52%	<1%	16%	32%
Throat cancer	53%	<1%	15%	32%
Arthritis	43%	<1%	19%	38%

Base: All respondents, n=9,812

Awareness that alcohol increases risk of cancer

Of those who said consuming some amount of alcohol increases risk of cancer(s), over half (56%) said they became aware of this information more than a year ago. However, 16 per cent (16%) reported they became aware that alcohol increases the risk of cancer in the last year, eight per cent (8%) in the last month, and one per cent (1%) in the last week. Eighteen per cent (18%) did not recall when they became aware of this.

Q - [STREAM A+B – ALL RESPONDENTS] [IF "INCREASES RISK" TO ANY CANCER RESPONSE OPTION] When did you become aware that drinking alcohol increases your risk of cancer?

Table 13 – When Respondents Became Aware of Link Between Alcohol and Increased Risk of Cancer

Time	Total (n=6,731)
In the last week	1%
In the last month	8%
In the last year	16%
More than a year ago	56%
Don't know	18%
Prefer not to say	1%

Base: Respondents who think alcohol causes an increased risk of cancer, n=6,731.

Sex

- No significant differences by sex are observed.

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by region are observed.

Alcohol consumption in last 12 months

- Individuals who reported they have not consumed alcohol in the last 12 months were more likely to say they heard of the increased risk of cancer more than a year ago (64%) than those who have consumed alcohol in the last year (55%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

Where respondents heard of link between alcohol and increased risk of cancer

Of those who thought that consuming alcohol increases the risk of cancer, four in ten reported they first heard this information on TV/Radio (39%), followed by print newspapers or magazine (13%) and a healthcare setting (10%).

Q – [STREAM A+B – ALL RESPONDENTS] [IF "INCREASES RISK" TO ANY CANCER RESPONSE OPTION] Where did you first hear information that drinking alcohol increases your risk of cancer? [RANDOMIZE]

Table 14 – Where Respondents Heard of the Link Between Alcohol and Increased Risk of Cancer

Location	Total (n=5,779)
TV/radio	39%
Print newspapers or magazines	13%
Health care setting (e.g., pharmacy, doctors' office)	10%
School (e.g., university campus)	8%
Non-social media websites	6%
Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube)	5%
Public display of posters or billboards (e.g., in public transit, at bars/restaurants)	2%
Workplace	2%
Word of mouth	1%
Common sense/my own knowledge	1%
Inside/outside stores that sell alcohol	1%
Community-based/not for profit organizations	1%
Research studies	1%
Was not aware/learned from this survey	1%
Unsure	8%

Base: Respondents in who think alcohol increases risk of cancer(s), n=5,779.

Sex

- No significant differences by sex are observed.

Age

- Older Canadians aged 50 plus were more likely to report they have heard that alcohol causes cancer on TV/radio (46%) than younger Canadians aged 16 to 19 (13%) or 20 to 24 (20%), as well as print newspapers or magazines (18%; 16-19: 2%; 20-24: 5%).

- Canadians 16 to 19 were more likely to report they heard alcohol causes cancer at school (34%) than those 25 to 49 (9%) or 50 plus (3%).

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- No significant differences by alcohol consumption are observed.

Awareness of drinking guidelines

- Canadians who have heard or are aware of the drinking guidelines were more likely to report they heard that alcohol causes cancer on TV/radio (30%) than those who have not heard of the guidelines (12%).

Health Literacy score

- No significant differences by health literacy score are observed.

F. Self-reported Use of Label Information (LAB) – [STREAM A+B – ALL RESPONDENTS]

Impact of a warning label on respondents thinking of harms caused by alcohol

Close to six in ten Canadians (55%) said warning labels stating the serious health risks of alcohol (including that it causes cancer) would make them think about the harms caused by alcohol either to a small (31%) or moderate extent (24%), while around one in five said to a large (13%) or an extremely large extent (6%), and around one in four said they would not think about it at all (23%). After being shown the label, an increasing proportion of respondents said they would think about the risks to a large extent (17%) or to an extremely large extent (10%) and 21 per cent continued to say it would not make them think about it at all.

Q - [STREAM A+B – ALL RESPONDENTS] To what extent, if at all, would warning labels stating the serious health risks of alcohol use, such as cancer, on bottles and cans of alcoholic beverages make you think about harms caused by alcohol?

Table 15 – Impact of Health Risk Warning Label on Perceptions of Harms Caused by Alcohol (Before Label)

Extent of impact	Total (n=9,812)
Not at all	23%
To a small extent	31%
To a moderate extent	24%
To a large extent	13%
To an extremely large extent	6%
Unsure	3%

Base: All respondents, n=9,812.

Q - [STREAM A+B – ALL RESPONDENTS] To what extent, if at all, would warning labels such as the one below, stating that alcohol causes cancer, on bottles and cans of alcoholic beverages, make you think about the health harms caused by alcohol?

Table 16 – Impact of Health Risk Warning Label on Perceptions of Harms Caused by Alcohol (After Label)

Extent of impact	Total (n=9,812)
Not at all	21%
To a small extent	26%
To a moderate extent	23%
To a large extent	17%
To an extremely large extent	10%
Unsure	2%

Base: All respondents, n=9,812.

Sex

- Male respondents were more likely to say a label would not make them think about the health harms caused by alcohol at all (28%) than female respondents (18%). The same observation is noted even after respondents were presented with a sample label (male respondents: 27% not at all; female respondents: 16% not at all).

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- Canadians who reported they have not had an alcoholic drink in the past 12 months were more likely to say it would make them think about the health harms to a large (20%) or extremely large extent (12%) than those who had consumed alcohol in the past 12 months (large: 12%; extremely large: 5%).

- Once prompted with a sample label, those who had not consumed alcohol in the past 12 months continued to be more likely to say the label would make them think about harms to a large (23%) or extremely large extent (19%) than those who had consumed alcohol in the past 12 months (large: 16%; extremely large: 8%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

Impact of a warning label on respondents considering cutting back on drinking

One in two Canadians (50%) said a label stating the health risks of alcohol would make them think about cutting back on their drinking or talking to others about cutting back on their drinking to a small (29%) or moderate extent (21%), while one in five said to a large (12%) or extremely large extent (6%), and 28 per cent said it would not make them think about cutting back on drinking at all. Once shown the label, a little under one in four (24%) said it would make them think about cutting back or speaking to others about cutting back to a large extent (15%) or to an extremely large extent (9%), which is a marginal increase. Twenty-five per cent continued to say the label would not make them think about it at all.

Q - [STREAM A+B – ALL RESPONDENTS] To what extent, if at all, would warning labels stating the serious health risks of alcohol use, such as cancer, on bottles and cans of alcoholic beverages make you think about cutting back on your drinking or talk to others about cutting back on their drinking?

Table 17 – Impact of Warning Label on Drinking (Before Label)

Extent of impact	Total (n=9,812)
Not at all	28%
To a small extent	29%
To a moderate extent	21%
To a large extent	12%
To an extremely large extent	6%
Unsure	4%

Base: All respondents, n=9,812

Q - [STREAM A+B – ALL RESPONDENTS] To what extent, if at all, would warning labels such as the one below, stating that alcohol causes cancer, on bottles and cans of alcoholic beverages, make you think about cutting back on your drinking or talk to others about cutting back on their drinking?

Table 18 – Impact of Warning Label on Drinking (After Label)

Extent of impact	Total (n=9,812)
Not at all	25%
To a small extent	26%
To a moderate extent	22%
To a large extent	15%
To an extremely large extent	9%
Unsure	3%

Base: All respondents, n=9,812

Sex

- Male respondents were more likely to say a hypothetical warning label would not make them think about cutting back on drinking (34%) than female respondents (24%) and were more likely to say the same when shown the sample label (male respondents: 31% not at all; female respondents: 20% not at all).

Age

- No significant differences by age are observed.

Province/territories

- Residents of Alberta were more likely to say the sample label would not make them think at all about cutting back or talking to others about cutting back on drinking (33%) than residents of Newfoundland (22%) or Prince Edward Island (21%).

Alcohol consumption in last 12 months

- Individuals who reported they had not consumed alcohol in the last 12 months were more likely to say a warning label would make them think about cutting back or talking to others about cutting back to a large (19%) or extremely large extent (13%) than those who had consumed alcohol (large: 11%; extremely large: 4%).

- After being shown a sample label, respondents who reported not consuming alcohol remained more likely to say this would make them think about cutting back or talking to others about it to a large (21%; 14% of those who had consumed alcohol in the past 12 months) or extremely large extent (19%; 7% of those who had consumed alcohol in the past 12 months).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy

- No significant differences by health literacy are observed.

Likely use of label to help track number of drinks consumed

When shown the label with the number of standard drinks displayed for a bottle of alcohol, close to six in ten respondents (57%) said they would use this information to help them track the number of drinks they consumed, while around one in three (30%) said they would not use this information and thirteen per cent were unsure.

Q – If the number of standard drinks were displayed on the labels of bottles and cans of alcoholic drinks, such as the one below, would you ever use this information to help yourself or someone else track the number of drinks you or they consumed?.

Table 19 – Using Standard Drink Label to Track Drinking

Use of Information	Total (n=9,812)
Yes	57%
No	30%
Don't know	13%

Base: All respondents, n=9,812.

Sex

- Female respondents were more likely to say they would use this information (61%) than male respondents (53%).

Age

- Younger Canadians ages 16 to 19 (70%) and 20 to 24 (66%) were more likely to say they would use this information than Canadians aged 25 to 49 (59%) and 50 plus (53%).

Province/territories

- Residents of Quebec were more likely to say they would use this information (62%) than residents of Saskatchewan (51%) or Nova Scotia (49%).

Alcohol consumption in last 12 months

- No significant differences by alcohol consumption are observed.

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- Respondents with adequate health literacy were more likely to say they would use this information (58%) than those with low health literacy (46%).

Impact of sample label outlining drink limits on respondents thinking about cutting back on drinking

Finally, respondents were asked to what extent a warning label with drink limits to reduce health risks, such as the one shown would make them think about cutting back on their drinking or talking to others about cutting their drinking. About one in two respondents (51%) said the warning label with drink limits would make them think about cutting back on their drinking or talking to others about cutting their drinking to a small extent (26%) or to a moderate extent (25%), while under one in four said the warning label would make them think about it to a large extent (16%) or to an extremely large extent (8%) and 22 per cent said they would not think about it at all.

Q – [STREAM A+B – ALL RESPONDENTS] To what extent, if at all, would labels with drink limits to reduce health risks, such as the one below, on bottles and cans of alcoholic beverages make you think about cutting back on your drinking or talk to others about cutting back on their drinking?

Table 20 – Potential Impact of Warning Label with Drink Limits on Alcohol Consumption

Extent of impact	Total (n=9,812)
Not at all	22%
To a small extent	26%
To a moderate extent	25%
To a large extent	16%
To an extremely large extent	8%
Unsure	3%

Base: All respondents, n=9,812.

Sex

- Female respondents were more likely to say it would make them think about it to a large or extremely large extent (27%) than male respondents (17%).

Age

- No significant differences by age are observed.

Province/territories

- Residents of Alberta were more likely to say the warning label would not make them think about cutting back on their drinking (29%) than residents of Newfoundland and Labrador (15%) or Quebec (16%).

Alcohol consumption in last 12 months

- Respondents who have not consumed alcohol in the past 12 months were more likely to say it would make them think about it to a large (19%) or an extremely large extent (13%) than respondents who have consumed alcohol in the past 12 months (large: 15%; extremely large: 6%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

G. Support for Alcohol Labelling (SAL)

Respondents most often strongly agreed (26%) or agreed (36%) that cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container to help consumers track how much they are drinking, followed by agreement that cans and bottles should be labelled with guidance to reduce health risks from alcohol to inform consumers of the level of risk associated with how much they are drinking (24% strongly agree; 36% agree). Just over one in two strongly agreed (23%) or agreed (31%) that cans and bottles should be labelled with health warning information describing the known link between alcohol and diseases to increase public awareness of the health harms caused by alcohol.

Respondents were three times more likely to strongly disagree (28%) or disagree (30%) that alcohol should continue to be exempt from health information labelling that is currently required of tobacco and cannabis packaging than to agree (13%) or strongly agree (9%).

Agreement with labelling alcoholic beverages with health warning information

Respondents were asked to rate their agreement with the statement that to increase public awareness of the health harm caused by alcohol, cans and bottles of alcoholic beverages should be labelled with health warning information describing the known link between alcohol and diseases, including cancer, such as the image shown with the question. Just over one in two said they strongly agreed (23%) or agreed (31%) with the statement, while 19 per cent (19%) neither agreed nor disagreed, and one in four either disagreed (12%), or strongly disagreed (12%).

Q - [STREAM A+B – ALL RESPONDENTS] To what extent do you agree or disagree with the following statement? To increase public awareness of the health harm caused by alcohol, cans and bottles of alcoholic beverages should be labelled with health warning information describing the known link between alcohol and diseases, including cancer, as in the image below.

Table 21 – Labelling Alcohol Beverages with Health Warning Information

Agreement with statement	Total (n=9,812)
Strongly disagree	12%
Disagree	12%
Neither agree nor disagree	19%
Agree	31%
Strongly agree	23%
Don't know	3%
Prefer not to say	<1%

Base: All respondents, n=9,812.

Sex

- Female respondents were more likely to strongly agree or agree with this (59%) than male respondents (50%).

Age

- No significant differences by age are observed.

Province/territories

- Residents of British Columbia were more likely to strongly agree or agree (56%) than residents of Alberta (48%).

Alcohol consumption in last 12 months

- Those who had not consumed alcohol in the past 12 months were more likely to strongly agree or agree (69%) with this than those who had consumed alcohol in the past 12 months (51%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

Agreement with labelling alcoholic beverages with information on risks related to drinking

When shown a label outlining guidance to reduce the risk of health consequences caused by alcohol, the majority of respondents said they strongly agreed (24%) or agreed (36%) that cans and bottles of alcoholic beverages should be labelled with guidance to reduce health risks from alcohol, to inform consumers of the level of risk associated with how much they are drinking, while 16 per cent neither agreed or disagreed, and over one in five disagreed (11%) or strongly disagreed (10%).

[STREAM A+B – ALL RESPONDENTS] To what extent do you agree or disagree with the following statement? Cans and bottles of alcoholic beverages should be labelled with guidance to reduce health risks from alcohol, such as the one below, to inform consumers of the level of risk associated with how much they are drinking.

Table 22 – Labelling Alcohol Beverages with Alcohol Risk Information

Agreement with statement	Total (n=9,812)
Strongly disagree	10%
Disagree	11%
Neither agree nor disagree	16%
Agree	36%
Strongly agree	24%
Don't know	2%
Prefer not to say	<1%

Base: All respondents, n=9,812.

Sex

- Female respondents were more likely to say they strongly agree or agree with the statement (65%) than male respondents (54%).

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- Respondents who reported they did not consume alcohol in the past 12 months were more likely to strongly agree or agree (68%) with this statement than those who reported consuming alcohol (58%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- Individuals with adequate health literacy were more likely to strongly agree or agree (61%) that cans and bottles should be labeled with guidance than those with low health literacy (52%).

Agreement with labelling alcoholic beverages with standard drink information

Over six in ten Canadians strongly agreed (26%) or agreed (36%) with the statement "Cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container, such as the one below, to help consumers track how much they are drinking".

Q - [STREAM A+B – ALL RESPONDENTS] To what extent do you agree or disagree with the following statement? Cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container, such as the one below, to help consumers track how much they are drinking.

Table 23 – Labelling Alcohol Beverages with Standard Drink Information

Agreement with statement	Total (n=9,812)
Strongly disagree	9%
Disagree	10%
Neither agree nor disagree	17%
Agree	36%
Strongly agree	26%
Don't know	3%
Prefer not to say	<1%

Base: All respondents, n=9,812

Sex

- Female respondents were more likely to strongly agree with the statement (30%) than male respondents (22%).

Age

- Younger Canadians aged 16 to 19 (34%) and 20 to 24 (31%) were more likely to strongly agree than older Canadians aged 25 to 49 (26%) and 50 plus (25%).

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- A higher proportion of reported those who had not consumed in the past 12 months said they strongly agree or agree with the statement (69%) than those who had consumed alcohol in the past 12 months (61%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- Respondents with adequate health literacy were more likely to strongly agree or agree (63%) that cans and bottles should be labeled with standard drink information than those with low health literacy (54%).

Agreement with alcohol being exempt from health information labelling

A little under six in ten strongly disagreed (28%) or disagreed (30%) that alcohol should continue to be exempt from health information labelling, while 18 per cent said they neither agree nor disagree, over one in five said they strongly agree (9%) or agree (13%).

Q - [STREAM A+B – ALL RESPONDENTS] In Canada, tobacco and cannabis packages are required to have health information labels but alcohol containers are not required to have health information labels. To what extent do you agree or disagree with the following statement? Alcohol should continue to be exempt from health information labelling.

Table 24 – Exempting Alcohol from Health Information Labeling Requirements

Agreement with statement	Total (n=9,812)
Strongly disagree	28%
Disagree	30%
Neither agree nor disagree	18%
Agree	13%
Strongly agree	9%
Don't know	2%
Prefer not to say	<1%

Base: All respondents, n=9,812

Sex

- Male respondents were more likely to strongly or somewhat agree that alcohol should be exempt (26%) than female respondents (16%).

Age

- No significant differences by age are observed.

Province/territories

- No significant differences by province/territory are observed.

Alcohol consumption in last 12 months

- Respondents who reported they have not had an alcoholic drink in the past 12 months were more likely to strongly disagree that alcohol should be exempt from labelling requirements (48%) than those who have had an alcoholic drink in the past 12 months (25%).

Awareness of drinking guidelines

- No significant differences by awareness of drinking guidelines are observed.

Health Literacy score

- No significant differences by health literacy are observed.

Appendix A: Methodology

Sampling

The sample was drawn from two sources:
   a) the Nanos Online Probability Panel and,
   b) random digit dialled land- and cell-lines and administered online.

Nanos conducted a mixed-sample Random Digit Dialled (RDD) dual frame (land- and cell-lines) hybrid random telephone and online survey of 9,812 Canadians, 16 years of age or older, between February 13th and June 30th, 2023. Participants were randomly recruited by telephone using live agents and administered a survey online, with the sample recruited from the Nanos Online Probability Panel and recruited directly by a dual frame RDD sample of land- and cell-line numbers and administered the survey online.

With over 50,000 panelists, the Nanos Online Probability Panel consists of individuals randomly recruited by land-and cell-lines using live agents. As panelists are randomly recruited, this ensures the panel is representative of Canadians. In total, 7,663 Canadians were recruited through the Nanos Panel and 2,149 by were recruited by telephone.

Sample design, weighting and respondent profile

The sampling method was designed to complete interviews with 9,950 Canadians 16 years of age and older. Soft quotas were set by age, sex, region, and alcohol consumption status. In the end, 9,812 interviews were completed in order to meet the soft targets where possible, especially those set for youth (16 to 19 years of age). Discussions were held throughout the fieldwork and adjustments were made to the soft target quotas, including reducing the target for the North and youth (16 to 19).This was due to continuous challenges recruiting for these groups, where the recruiting hit a saturation point after which very few new respondents in these groups were able to be recruited for the survey despite extensive efforts to do so.

The survey obtained the following distribution:

Variable	% of population	Original Target (soft quota)	% of sample	Adjusted Target (soft quota)*	Actual Unweighted	Actual Weighted*	Margin of Error
Region							
Newfoundland and Labrador	1%	450	5%	-	438	140	±4.7
Nova Scotia	2%	450	5%	-	486	264	±4.5
Prince Edward Island	<1%	450	5%	385	346	41	±5.3
New Brunswick	2%	450	5%	-	452	211	±4.7
Quebec	19%	1,550	16%	-	1,364	2,253	±2.7
Ontario	31%	2,500	25%	-	2,784	3,793	±1.9
Manitoba	3%	450	5%	-	499	344	±4.4
Saskatchewan	2%	450	5%	-	463	287	±4.6
Alberta	9%	1,000	10%	-	1,103	1,092	±3.0
British Columbia	11%	1,200	12%	-	1,456	1,358	±2.6
Northwest Territories	<1%	450	5%	385	421	29	±4.8

Variable	% of population	Original Target (soft quota)	% of sample	Adjusted Target (soft quota)*	Actual Unweighted	Actual Weighted*	Margin of Error
Yukon	<1%	450	5%				
Nunavut	<1%	100	1%				
Age							
16-19	5%	700	7%	385	368	517	±5.2
20-24	7%	900	9%	-	923	707	±3.2
25-49	40%	3,750	38%	-	3,763	3,900	±1.6
50+	48%	4,600	46%	-	4,758	4,688	±1.4
Sex							
Male	49%	4,975	50%	-	5,005	4,792	±1.4
Female	51%	4,975	50%	-	4,807	5,020	±1.4
Alcohol Consumption Status of those in Stream A							
Has consumed alcohol in the last 12 months	76%	7,475	75%	-	8,364	8,386	±1.1
Has not consumed alcohol in the last 12 months	24%	2,475	25%	-	1,013	956	±3.1

where applicable

As part of the sampling methodology, Nanos also included a dual frame Random Digit Dialed sample of land- and cell-line numbers to recruit participants. With this approach, a separate sampling frame was created for the land-line portion of the sample and for the cell-line portion of the sample. This approach ensured sample coverage for not only landlines but households with land and cell line and households which are cell-line only residences. The overlap resulted in a greater level of granularity. A decision was made to increase the proportion of cell lines to 85% (15% land lines) in order to better reach youth (16 to 19 years of age).

As part of the recruiting screener, participants were administered a set of screening questions to filter out anyone who was not eligible to participate in the study. For the purposes of this study the following screening criteria were applied:

- The first set of screening criteria that were applied are industry standard screening criteria. This involves several components, the first of which is age – in this case, all respondents confirmed they are 16 years of age or older at the time they are taking the survey. Any respondent who indicated they are under 16 years of age or refused to answer the question was not allowed to proceed through the survey.
- Respondents were also screened on their employment situation and the employment situation of their immediate family members/household members. The industry standards required that any respondents who indicated they are employed, or have family members employed, in the market research, advertising and/or media sectors were not allowed to proceed through the survey.

As noted, respondents who fell into any of the above categories were immediately terminated from the research/prevented from proceeding any further and they were no longer eligible to participate in the study.

Readers should note that panel members have already been pre-screened for the industry specific criteria; however, as part of industry best practices, respondents are always screened on this question in case either

their or an immediate family members' employment situation has changed, and they are now employed in an ineligible field. In that case the email is scrubbed from the panel and placed on a 'never contact' database.

As a best practice a screening question was added to ensure respondents had not participated in Government of Canada surveys in the last 30 days before being contacted.

Of note, a few changes were made to the recruiting script and screeners during the fieldwork in an effort to increase the conversion rate of the fieldwork.

1) For any fieldwork completed after May 1st, 2023, a note was added to the recruiting script that clearly stated that individuals who do not consume alcohol are still able to complete the survey (this was also added in an effort to increase the proportion of those who had not consumed alcohol in the past 12 months who were completing the survey)

2) For any fieldwork completed after June 13th, 2023, a shorter, streamlined telephone recruiting screener was utilized in an effort to increase the conversion rate of the fieldwork. This shorter telephone recruiting screener removed the mention of the survey length and only screened on age and whether they had a smartphone, tablet or computer on which to take the survey. The other screening questions were then administered only within the online survey itself.

Panel maintenance

Individuals cannot self-select to join the panel or to complete surveys once they are panelists. For each project the sample is randomly selected from the randomly recruited panel.

Individuals are randomly recruited for the panel by land- and cell-lines across Canada. They provide their consent on the call and voluntarily provide their email address to Nanos to be contacted for future online research. We recruit for the panel every week as we do a weekly national survey which is representative of Canada and includes recruitment for the panel. Panelists usually drop out of the panel after a few months.

Weighting procedures

Our sampling methodology stratified the population along three key variables which allowed triangulation of the weighting approach and yielded robust, geographic and demographic representation across the country.

The sample was stratified along three axes – by region/province, by sex and by age. Fixed completion quotas were assigned to each province, regionally in the Territories due to their relative size, which were anchored by their population distribution relative to the national total.

In order to ensure balanced representation within each province/region, the sample was further stratified by sub-regions. This prevented over/under-sampling of geographies (e.g., City of Toronto), within the provincial total.

Within each province soft sex quotas were then set which approximate that area's sex distribution. The data collection allowed for a variance of +/- 5% for sex within each region, again preventing over representation by either men or women. The third stratification axis was by age category. The age categories were used to group respondents and for weighting purposes.

Each of the age categories were weighted, within their sex and their province/region, the outcome of which yielded a dataset which accurately reflects the demographic composition of the population at large.

Data collection

Methodology

The survey methodology included a randomly selected probability sample. The sample was drawn from two sources: 1) the Nanos Online Probability Panel and 2) random digit dialed land- and cell-lines and administered online.

Due to the large proposed target sample size and to compensate for the parameters of the Nanos Online Probability Panel, Nanos conducted a dual mode recruitment, which consisted of using our Nanos Online Probability Panel and interviews randomly recruited through a telephone interview (random digit dialed land- and cell-lines). All respondents self-administered the questionnaire online.

Accessibility provisions

Accessibility is paramount during the questionnaire design process, where we ensured questions were not overly wordy or complex and that they will be easily understood.

Our online survey platform is designed to meet accessibility standards, including proper HTML format and tags, alternative text, proper contrast and other best practices to allow for ease of use of screen readers and other assistive technologies.

During fieldwork we ensured we accommodated the needs of all eligible respondents as required, including informing respondents of available accommodations or alternatives available, such as completing the survey by telephone instead of online and vice versa.

Fieldwork dates

Fieldwork was conducted between February 13th to June 30th, 2023.

Interview duration

The average interview length was 22.0 minutes and ranged from 14 to 41 minutes.

Incentives/methods to encourage participation

An incentive of $5 (either via e-transfer or to a donation to a registered charity) was offered to all panelists who participated in the research. A minimum of three reminder emails were sent and up to three reminder calls were made to invitees to encourage their participation.

Quality controls

Prior to launching the survey, a pre-test was conducted online with 20 individuals (10 English, 10 French) from February 7th to 8th, 2023. The purpose of the pre-test was to ensure that the content of the questionnaire was understandable, that the duration of the interview fit the target, to ensure comparability between the French and the English, and to ensure that the logic of the survey flowed smoothly.

Upon completion of the pre-test, Nanos and Health Canada reviewed the findings and determined no modifications were needed and the survey was deployed to the full sample.

For our online surveys from our panel, we have a minimum field period of one week to give people a chance to complete the survey and for Nanos to send reminders to those who did not complete the survey (this limits the bias of only taking people who respond to the first invitation because they are free and/or have immediate access to a computer for online surveys).

The data file was checked on a number of elements to ensure accuracy and validity, both during and after the data collection as follows:

- Average time taken – surveys which fell outside the acceptable range of variation for the average survey response time are subjected to extra checks for accuracy. For example, the survey duration is checked for 'speed-racers' – those who complete the survey in an inordinately short period of time so

they can be entered into a prize draw offered. These surveys are deleted. By the same token surveys which take far in excess of the average time are double checked in case the respondent may have been conducting external research on the subject matter while completing the survey.

- Page loading – our software platform tracks the page order viewed by respondents. This allows us to identify respondents who may have continually moved back and forth through a survey.

- Single use – survey invitations are tied to a unique code embedded in the invitation link. This only allows the respondent to access/complete the survey once.

Nanos Research monitors 10% of all fieldwork for quality control and assurance in accordance with the standards of the Canadian Research Insights Council (CRIC), the European Society for Opinion and Marketing Research (ESOMAR) and the American Association for Public Opinion Research (AAPOR).

Call dispositions

The following tables outline the contact disposition for the fieldwork.

Online Survey Contact Disposition	
Total Invitations (a)	43,929
Total Completes (b)	9,812
Qualified Break-offs (c)	142
Disqualified (d)	31
No response (e)	33,944
Contact Rate (b+c+d)/a	22.7%
Participation Rate (b+d)/a	22.4%

Telephone Survey Contact Disposition	
	Total
Total Numbers Attempted	589,203
Out of scope - invalid	440,566
NIS, Business, etc	440,566
Unresolved (U)	25,748
No answer/machine/etc	25,748
Busy	
In-scope Non-responding (IS)	117,693
Language barrier	
Callback	112
Refusal	117,581
Termination	
In-scope Responding (R)	5,196

Telephone Survey Contact Disposition	
Complete	5,196
Partials	
Response Rate	3.5%

Response rate

The response rate for this survey was 3.5%. This was calculated using the Canadian Research Insights Council formula, which has been approved by the Government of Canada (Response Rate/Participation Rate = R/(U + IS + R).

Non-response bias

First, there is potential non-response bias based on the profile of the responding sample. Based on our experience, using the Random Digit Dialed (RDD) dual frame land- and cell-line sample represents the optimal and most reliable form of research that requires the least amount of post fieldwork statistical weighting (both for the telephone sample and the online, as participants were recruited by land- and cell-lines). From a research perspective, the less weighting the better since the data remains random and in its raw form as shared with Nanos.

Non-response bias is managed primarily through the application of statistical weights. Another possible non-response bias would be individuals of a lower socio-economic status. These individuals may not have access to a land or cell-line to be included in the sample so there is the potential coverage issue from a sampling perspective. Nanos managed this non-response bias by statistically checking the demographics of the participating sample group with the Canadian population. Where a valid variance occurs, the dataset is weighted to be consistent with the profile of all Canadians including those, for example, of a lower socio-economic status. The estimated proportion of Canadians without access to internet to complete the survey is 6%[22].

Second, there is the potential non-response bias based on the answers themselves. Although the demographic profile of the sample reflects the Canadian population, hypothetically, the non-responding participants may have different opinions. Although this is a hypothetical possibility, the Nanos track record with respect to both economic and political sentiment which very accurately captures opinion and closely correlates to a number of external measures intended to be examined, suggests that there is little non-response bias in the Nanos methodology.

Third, as the recruiting screener mentioned the survey topic of alcohol, there is potential non-response bias in favour of those who consume alcohol. Nanos worked to manage this with Health Canada by adding a note to the recruiting script which informed potential respondents that their alcohol consumption (or lack thereof) had no bearing on their ability to respond to the survey questions.

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[22] https://www150.statcan.gc.ca/n1/en/daily-quotidien/210531/dq210531d-eng.pdf?st=A1Uw2f80

Appendix B: Survey questionnaire

INTRODUCTION

Thank you for your interest in participating in this 20 minute research survey for Health Canada. All the views and information you share with Nanos Research will be confidential and protected in accordance with Canada's privacy laws. Thank you, in advance, for sharing your time.

This research project is registered with the CRIC Research Verification Service that allows you to verify its legitimacy and share your feedback. If you have feedback on this research, you can share it by going to https://canadianresearchinsightscouncil.ca/rvs and using the RVS code: XYZ.

Invitation to Participate: You are invited to participate in the above-mentioned research study conducted by Nanos Research on behalf of Health Canada.

Si vous préférez répondre au sondage en français, veuillez cliquer sur français

Purpose of the Study: From this research we wish to examine Canadians' awareness of specific harms related to alcohol. This study will serve as a benchmark for future waves of research.

Participation: If you wish to participate in this study, please click the invitation link. Your decision to complete and return this survey will be interpreted as an indication of your consent to participate. The survey should take you approximately 20 minutes to complete.

Confidentiality and Anonymity: The information that you will share will remain strictly confidential and will be used solely for the purposes of this research. The only people who will have access to the research data are Nanos Research and Health Canada. Results will be published in pooled (aggregate) format. Anonymity is guaranteed. Health Canada will only have access to de-identified data with no means of identifying participants.

Conservation of data: The surveys will be kept in a secure server in the Nanos Office in Toronto only accessible by the Nanos Chief Privacy Officer for a period of 5 years at which time they will be destroyed.

Voluntary Participation: You are under no obligation to participate and if you choose to participate, you may refuse to answer questions that you do not want to answer. You may choose to withdraw from the process at any time during or after the data collection process and any collected data will be destroyed upon request.

Contact: If you have any questions or require more information about the study itself, or for technical support with the survey, accessibility requirements, or to request to complete the survey over the phone you can contact jhenwood@nanosresearch.com.If you have any questions regarding the administration of this study, you may contact the Senior Researcher, Nik Nanos at nik@nanos.co or 613-234-4666 extension 237.

Thank you for your time and consideration.

A. In which age category do you fall? [GROUPINGS ARE FROM SAMPLING/CLIENT REQUEST FOR ANALYSIS]
    Under 16..1 [TERMINATE – NOT QUALIFIED]
    16 to 19...2
    20 to 24...3
    25 to 49...4
    50 plus 5

B. Do you or does anyone in your immediate family, work in any of the following occupations?
    ☐ Market research firm (*Terminate – not qualified*)

    ☐ TV, radio or news media (*Terminate – not qualified*)

    ☐ Advertising company (*Terminate – not qualified*)

C. Have you participated in any Government of Canada surveys or surveys about alcohol in the last 30 days?

      Yes (Terminate – not qualified)
      No

D. What was your sex at birth? Sex refers to sex assigned at birth. [CAPTURED FOR QUOTA MANAGEMENT]

      Male...1
      Female 2

G. What is your gender? Refers to the gender that you identify with (which may be different from sex assigned at birth and may be different from what is indicated on legal documents) [OPEN]

H. In which province or territory do you currently live?

      Alberta (AB) 1
      British Columbia (BC).......................2
      Manitoba (MB) 3
      New Brunswick (NB) 4
      Newfoundland and Labrador (NL) ...5
      Northwest Territories (NT) 6
      Nova Scotia (NS) 7
      Nunavut (NU)...................................8
      Ontario (ON) 9
      Prince Edward Island (PE)...............10
      Quebec (QC) 11
      Saskatchewan (SK)..........................12
      Yukon (YT).......................................13

Our next few questions are about alcohol consumption.

1.   Have you ever had an alcoholic drink? Drinking does not include having a few sips of wine for religious or other purposes.
      Yes [STREAM A – DRINKERS] ....1 [GO TO Q2]
      No [STREAM B -NON-DRINKERS] ....2 [SKIP TO Q3]

2.   During the **past 12 months**, how often did you drink alcoholic beverages? Was it:
      Daily or almost daily 1
      4 to 5 times a week 2
      2 to 3 times a week 3
      Once a week 4
      2 to 3 times a month 5
      Once a month 6
      Less than once a month... 7
      I have not had a drink in the past 12 months.............. 8

Awareness of Education Campaigns about Alcohol Use (EDU)

3.   In the past 12 months, have you seen/heard education campaigns, public health, or safety messages* about alcohol in any of the following places? [RANDOMIZE] [SELECT ALL THAT APPLY]
*These campaigns and messages describe the risks of using alcohol and/or safer ways to use alcohol
      School (e.g., university campus) 1
      Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube) 2

Non-social media websites.. 3
Events (e.g., sporting events, concerts, festivals) 4
Kiosks or temporary sales locations (e.g., farmer's market) 5
Inside/outside stores that sell alcohol 6
Public display of posters or billboards (e.g., in public transit, at bars/restaurants)............... 7
Health care setting (e.g., pharmacy, doctors' office) 8
Print newspapers or magazines.. 9
TV/radio.. 10
Community-based/not for profit organizations 11
Workplace 12
Other (please specify):_____.. 20 [ANCHOR]
I have not noticed any education campaigns or public health messages .... 13 [ANCHOR]
[EXCLUSIVE]

Awareness of National Drinking Guidelines (NDG)

4. Have you heard of or are you aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health"?
    Yes .... 1 [GO TO Q5]
    No .... 2 [SKIP TO Q6]
    Don't know .... 77 [SKIP TO Q6]

5. Where did you first hear about "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health"? [RANDOMIZE][SELECT ONE]
    School (e.g., university campus)... 1
    Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube) 2
    Non-social media websites.. 3
    At stores that sell alcohol 4
    Public display of posters or billboards (e.g., in public transit, at bars/restaurants).................. 5
    Health care setting (e.g., pharmacy, doctors' office) 6
    Print newspapers or magazines.. 7
    TV/Radio... 8
    Community-based/not for profit organizations 9
    Workplace 10
    Word of mouth.. 11
    Other (please specify):_____.. 20 [ANCHOR]
    Don't know .... 77 [ANCHOR –
EXCLUSIVE]

Knowledge of Standard Drink Measurements (SDM) –   [STREAM A – DRINKERS ONLY]

6. [STREAM A – DRINKERS ONLY] When you drink alcohol, do you typically drink beer, cider, coolers, wine, or spirits (e.g., rum, whisky, vodka)? [SELECT ONE]
    Beer 1
    Cider / Coolers 2
    Wine 3
    Spirits (e.g., rum, whisky, vodka).....4

7. [STREAM A – DRINKERS ONLY] Have you heard of the term "standard drink"?
    Yes ....1 [GO TO Q8]
    No (Go to next section) ....2 [SKIP TO Q9]

8. [STREAM A – DRINKERS ONLY] How many 'standard drinks' are in this bottle of [INSERT RESPONSE FROM Q6]?   (image of their preferred drink type from Q6 shown on screen)

Enter number of drinks: _____ number [up to 1 decimal place]
Don't know 77

Self-reported Alcohol Drinking Behaviours (ADB) – [STREAM A – DRINKERS ONLY]

The following questions are about your alcohol consumption.

For the purpose of this survey, a drink means:

• 341 ml or 12 oz. of 5% ABV beer or cooler (bottle, can, or draft)

• 142 ml or 5 oz. of 12% ABV wine

• 43 ml or 1.5 oz. of 40% ABV liquor or spirit (straight or mixed).

Include light beer.

Exclude de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as Virgin Mary or Shirley Temple.

ABV = Alcohol by volume

[INSERT IMAGE – DrinkInfoENG or DrinkInfoFR]

[STREAM A – DRINKERS ONLY] Consider the table (or the list) below with the days of the week. Thinking of a typical week, please enter how many drinks you would typically have on each day of the week:

[Min = 0; Max = 50 for each – DO NOT ADD UP/DISPLAY TOTAL]

9. Monday _____number
10. Tuesday _____number
11. Wednesday _____number
12. Thursday _____number
13. Friday _____number
14. Saturday _____number
15. Sunday _____number

Awareness of Alcohol-related Health Risks (AHR) – [STREAM A+B – ALL RESPONDENTS]

[STREAM A+B – ALL RESPONDENTS] Do you believe drinking 3 to 6 standard drinks of alcohol per week increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]
16. Breast cancer
17. Colon cancer
18. Mouth cancer
19. Throat cancer
20. Heart disease
21. Arthritis
22. Diabetes
23. High cholesterol
24. Liver disease
25. Being overweight or obese
26. Harm to a fetus when pregnant
          Increases risk 1
          Decreases risk...................................2
          No impact on risk.............................3
          Unsure 77

[**STREAM A+B – ALL RESPONDENTS**] Do you believe drinking **3 to 6 standard drinks of alcohol per week** increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]

27. Breast cancer

28. Colon cancer
29. Mouth cancer
30. Throat cancer
31. Heart disease
32. Arthritis
33. Diabetes
34. High cholesterol
35. Liver disease
36. Being overweight or obese
37. Harm to a fetus when pregnant

    Increases risk 1

    Decreases risk..................................2

    No impact on risk.............................3

    Unsure 77

[**STREAM A+B – ALL RESPONDENTS**] Do you believe drinking **7 or more standard drinks of alcohol per week** increases, decreases or has no impact on your risk of the following health conditions? [RANDOMIZE]

38. Breast cancer
39. Colon cancer
40. Mouth cancer
41. Throat cancer
42. Heart disease
43. Arthritis
44. Diabetes
45. High cholesterol
46. Liver disease
47. Being overweight or obese
48. Harm to a fetus when pregnant

    Increases risk 1

    Decreases risk..................................2

    No impact on risk.............................3

    Unsure 77

49. [**STREAM A+B – ALL RESPONDENTS**] [IF "INCREASES RISK" TO ANY CANCER RESPONSE OPTION] When did you become aware that drinking alcohol increases your risk of cancer?

    In the last week 1

    In the last month 2

    In the last year.................................3

    More than a year ago 4

    Don't know 77

    Prefer not to say 99

50. [**STREAM A+B – ALL RESPONDENTS**] [IF "INCREASES RISK" TO ANY CANCER RESPONSE OPTION] Where did you first hear information that drinking alcohol increases your risk of cancer? [RANDOMIZE]

    School (e.g., university campus) 1

    Social media (e.g., TikTok, Instagram, Facebook, Twitter, Snapchat, YouTube) 2

    Non-social media websites...3

    At stores that sell alcohol 4

    Public display of posters or billboards (e.g., in public transit, at bars/restaurants)............................5

    Health care setting (e.g., pharmacy, doctors' office) 6

    Print newspapers or magazines...7

    TV/Radio 8

    Community-based/not for profit organizations 9

Workplace 10
Word of mouth 11
Other (please specify):_____ 20
Unsure 77

Self-reported Use of Label Information (LAB) – [STREAM A+B – ALL RESPONDENTS]

51. [**STREAM A+B – ALL RESPONDENTS**] To what extent, if at all, would warning labels stating the serious health risks of alcohol use, such as cancer, on bottles and cans of alcoholic beverages **make you think about harms caused by alcohol**?
    Not at all 1
    To a small extent 2
    To a moderate extent......................3
    To a large extent.............................4
    To an extremely large extent...........5
    Unsure 77

52. [**STREAM A+B – ALL RESPONDENTS**] To what extent, if at all, would warning labels stating the serious health risks of alcohol use, such as cancer, on bottles and cans of alcoholic beverages **make you think about cutting back on your drinking or talk to others about cutting back on their drinking**?
    Not at all 1
    To a small extent 2
    To a moderate extent......................3
    To a large extent.............................4
    To an extremely large extent...........5
    Unsure 77

53. [**STREAM A+B – ALL RESPONDENTS**] To what extent, if at all, would warning labels such as the one below, stating that alcohol causes cancer, on bottles and cans of alcoholic beverages**, make you think about the health harms caused by alcohol**?
    Not at all 1
    To a small extent 2
    To a moderate extent......................3
    To a large extent.............................4
    To an extremely large extent...........5
    Unsure 77

[INSERT IMAGE – AlcoholCancerImage]

54. [**STREAM A+B – ALL RESPONDENTS**] To what extent, if at all, would warning labels such as the one below, stating that alcohol causes cancer, on bottles and cans of alcoholic beverages, **make you think about cutting back on your drinking or talk to others about cutting back on their drinking**?
    Not at all 1
    To a small extent 2
    To a moderate extent......................3
    To a large extent.............................4
    To an extremely large extent...........5
    Unsure 77

[INSERT IMAGE – AlcoholCancerImage]

[**STREAM A+B – ALL RESPONDENTS**] The label below states that a 750mL bottle of wine at 12% alcohol by volume (ABV) contains 5 standard drinks and a 750mL bottle of wine at 15% ABV contains 7 standard drinks.

55. If the number of standard drinks were displayed on the labels of bottles and cans of alcoholic drinks, such as the one below, would you ever use this information to help yourself or someone else track the number of drinks you or they consumed?
    Yes 1
    No 2
    Don't know 77

[**INSERT IMAGE – NumberofSDImage**]

56. [**STREAM A+B – ALL RESPONDENTS**] To what extent, if at all, would labels with drink limits to reduce health risks from alcohol, such as the one below, on bottles and cans of alcoholic beverages **make you think about cutting back on your drinking or talk to others about cutting back on their drinking**?
    Not at all 1
    To a small extent 2
    To a moderate extent......................3
    To a large extent..............................4
    To an extremely large extent...........5
    Unsure 77

[**INSERT IMAGE – AlcoholRiskLevelImage**]

Support for Alcohol Labelling (SAL)

57. [**STREAM A+B – ALL RESPONDENTS**] To what extent do you agree or disagree with the following statement? To increase public awareness of the health harm caused by alcohol, cans and bottles of alcoholic beverages should be labelled with health warning information describing the known link between alcohol and diseases, including cancer, as in the image below.
    Strongly disagree.............................1
    Disagree...2
    Neither agree nor disagree 3
    Agree 4
    Strongly agree..................................5
    Don't know 77
    Prefer not to say..............................99

[**INSERT IMAGE – AlcoholCancerImage**]

58. [**STREAM A+B – ALL RESPONDENTS**] To what extent do you agree or disagree with the following statement? Cans and bottles of alcoholic beverages should be labelled with guidance to reduce health risks from alcohol, such as the one below, **to inform consumers of the level of risk associated with how much they are drinking**.
    Strongly disagree.............................1
    Disagree...2
    Neither agree nor disagree 3
    Agree 4
    Strongly agree..................................5
    Don't know 77
    Prefer not to say..............................99

[INSERT IMAGE – AlcoholRiskLevelImage]

59. [**STREAM A+B – ALL RESPONDENTS**] To what extent do you agree or disagree with the following statement? Cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container, such as the one below, **to help consumers track how much they are drinking**.

    Strongly disagree 1
    Disagree 2
    Neither agree nor disagree 3
    Agree 4
    Strongly agree 5
    Don't know 77
    Prefer not to say 99

[INSERT IMAGE – NumberofSDImage]

60. [**STREAM A+B – ALL RESPONDENTS**] In Canada, tobacco and cannabis packages are required to have health information labels but alcohol containers are not required to have health information labels. To what extent do you agree or disagree with the following statement? Alcohol should continue to be exempt from health information labelling.

    Strongly disagree 1
    Disagree 2
    Neither agree nor disagree 3
    Agree 4
    Strongly agree 5
    Don't know 77
    Prefer not to say 99

[STREAM A+B – ALL RESPONDENTS] Newest Vital Sign – Health Literacy (NVS)

We are asking participants to help us learn how well people can understand the health information in our environments. The next set of questions will ask you to look at some health information and then answer a few questions about that information. Your answers will help us learn how to provide health information in ways that people will understand. This part will only take about 3 minutes.

This nutritional fact information table (NFT) is on the back of a 500-ml container of ice cream. You can refer to this table while answering the questions below.

[INSERT IMAGE – NutritionFactsENG or NutritionFactsFR]

[ENSURE IMAGE IS VISIBLE FOR EACH QUESTION]

61. [STREAM A+B – ALL RESPONDENTS] If you eat the entire container, how many calories will you eat?

    250 Calories 1
    300 Calories 2
    500 calories 3
    1000 Calories 4
    I do not know 77

62. [STREAM A+B – ALL RESPONDENTS] If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

    ½ cup (125 mL) 1
    1 cup (250 mL) 2
    2 cups (500 mL) 3

        4 cups (1000 mL) 4
        I do not know...................................77

63. [STREAM A+B – ALL RESPONDENTS] Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 grams of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be eating each day?
        9 grams 1
        15 grams 2
        33 grams 3
        42 grams 4
        I do not know...................................77

64. [STREAM A+B – ALL RESPONDENTS] If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving of ice cream?
        5%...1
        10%...2
        20%...3
        250%..4
        I do not know...................................5

65. [STREAM A+B – ALL RESPONDENTS] Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves and bee stings. Is it safe for you to eat this ice cream?
        Yes ....1 [SKIP TO Q67]
        No ....2 [GO TO Q66]
        I do not know...................................77 [SKIP TO Q67]

66. [IF NO] Why not? [RANDOMIZE]
        Contains egg 1
        Comes from bees.. 2
        Contains peanut or peanut oil... 3
        Contains ingredients that may be harmful...................... 4
        I do not know.. 77 [ANCHOR]

Respondent Demographics (DEM) – [STREAM A+B – ALL RESPONDENTS]

Our last few questions will help us group your responses and help us determine how representative of the Canadian population our sample of survey respondents is.

67. Which of the following best describes where you live?
        Rural area (less than 1,000 people)......................................1
        Small population centre (1,000 to 29,999 people).............................2
        Medium population centre (30,000 to 99,999 people)......................3
        Large urban population centre (100,000+ people) 4
        Prefer not to say 99

68. What is **the highest** certificate, diploma or degree that you have completed?
        Less than high school diploma or its equivalent.. 1
        High school diploma or a high school equivalency certificate.................... 2
        Trade certificate or diploma 3
        College, CEGEP or other non-university certificate or diploma
        (other than trades certificates or diplomas) 4
        University certificate or diploma below the bachelor's level 5
        Bachelor's degree (e.g. B.A., B.Sc., LL.B.)... 6

University certificate, diploma, degree above the bachelor's level 7

Prefer not to say 99

69. Are you:

Black (African, Afro-Caribbean, African Canadian descent) ....1 [SKIP TO Q71]

East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino,
Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)......................2 [SKIP TO Q71]

Indigenous (First Nations, Métis, Inuk/Inuit descent) ....3 [GO TO Q70]

Latino (Latin American, Hispanic descent) ....4 [SKIP TO Q71]

Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian,
Iranian, Lebanese, Turkish, Kurdish)) ....5 [SKIP TO Q71]

South Asian (South Asian descent (e.g., East Indian, Pakistani, Bangladeshi,
Sri Lankan, Indo-Caribbean)) ....6 [SKIP TO Q71]

White (European descent)..7 [SKIP TO Q71]

Other ....20 [SKIP TO Q71]

Prefer not to say ....99 [SKIP TO Q71]

70. [IF SELECTED INDIGENOUS] Which Indigenous group(s) do you identify as? [select all that apply]

First Nations 1

Métis..2

Inuk /Inuit 3

Prefer not to say 99

71. In which of the following groups did your total **household** income fall for the year ending December 31, 2021?

Less than $5,000..............................1

$5,000 to less than $10,000 2

$10,000 to less than $15,000 3

$15,000 to less than $20,000 4

$20,000 to less than $30,000 5

$30,000 to less than $40,000 6

$40,000 to less than $50,000 7

$50,000 to less than $60,000 8

$60,000 to less than $70,000 9

$70,000 to less than $80,000 10

$80,000 to less than $90,000 11

$90,000 to less than $100,000 12

$100,000 to less than $150,000 13

$150,000 and over..........................14

Prefer not to say 99

72. [IF SEX in D = FEMALE] Are you currently pregnant?

Yes 1

No 2

Don't know 3

73. [IF SEX in D = FEMALE] Are you currently breastfeeding?

Yes 1

No 2

Don't know 3

74. Can you speak English or French well enough to conduct a conversation?

English only......................................1

French only 2

Both English and French 3
Neither English nor French 4
Prefer not to say 99

75. What language do you speak most often at home?
     English 1
     French..2
     Other 20

76. What is the language that you first learned at home in childhood and still understand?
     English 1
     French..2
     Other 20

77. For verification purposes only, please enter the first three digits of your postal code: ___

78. In what year were you born? _____

Thank you for taking part in this survey. Your answers will remain anonymous and will only be reported in the aggregate. We very much appreciate your time and honesty.

If you would like to withdraw from the study, please email the senior researcher at Nanos, Jennifer Henwood at jhenwood@nanosresearch.com.

If you have any further questions or want clarification regarding this research and/or your participation, please contact: Nik Nanos at nik@nanos.co.

If you have any concerns about the way you have been treated as a participant, please contact the Health Canada-PHAC Research Ethics Board Secretariat at reb-cer@hc-sc.gc.ca.

SURVEY CONCLUSION: This concludes the survey. Thank you for your participation!
If the survey makes you feel like you would like to talk to someone about your own alcohol use or someone else's alcohol use, please visit Wellness Together Canada, Mental Health and Substance Use Support or look for health and support services specific to the Province or Territory where you live.