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Applications of *Canada's Guidance on Alcohol and Health* in Primary Care

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Key Points

Given that alcohol is a leading preventable cause of death and social problems in Canada, it is important that primary care clinicians are empowered to provide the best advice to patients on alcohol use and health.

For long-term health, when it comes to consuming alcohol, the core message primary care clinicians should communicate to patients is "less is better."

The health and safety risks associated with alcohol use are determined by the number of standard alcoholic drinks consumed per week and per occasion. A standard alcoholic drink contains approximately 13.5 grams of alcohol.

To foster supportive conversations or potentially screen for and treat alcohol use disorder when necessary, it is crucial for primary care clinicians to take a non-judgmental, equitable approach to advising patients about alcohol and health.

Anchor conversations about alcohol to the risk zones in *Canada's Guidance on Alcohol and Health*: consuming 1–2 standard drinks per week is low risk, 3–6 standard drinks per week is moderate risk, and seven or more standard drinks per week is increasingly high risk. For drinks per occasion, more than two standard drinks increases short-term health risks.

Take into account special considerations about alcohol for young people under the legal drinking age, people who are pregnant, planning to become pregnant, or breastfeeding, as well as older adults.

Best practices for treating high-risk drinking and alcohol use disorder include prescribing anti-craving medications such as naltrexone and acamprosate, providing psychosocial counselling, and maintaining ongoing follow-up with patients.

Introduction

Canada's Guidance on Alcohol and Health by the Canadian Centre on Substance Use and Addiction (CCSA) provides evidence-based advice on alcohol to support people in making informed decisions about their health. The guidance is based on the principle of autonomy in harm reduction and the fundamental idea behind it that people living in Canada have a right to understand that all alcohol consumption carries risk.¹

In Canada, alcohol remains a leading preventable cause of death, disability, and social problems, including certain cancers, cardiovascular disease, liver disease, unintentional injuries, impaired driving, gender-based and intimate partner violence, and fetal alcohol spectrum disorder.¹

Alcohol is a leading preventable cause of death and social problems in Canada, making it important for primary care clinicians to be equipped with the knowledge to provide the best advice to patients on alcohol use and its health impacts.

Drawing on *Canada's Guidance on Alcohol and Health*, this article will outline the risks associated with alcohol use, define what constitutes a standard alcoholic drink, and describe best practices for primary care clinicians in Canada when discussing alcohol and health with patients — emphasizing the core message that drinking less alcohol is better for long-term health.

The Core Message: Less Is Better

Shortly after the release of *Canada's Guidance on Alcohol and Health*, an editorial published in the *Canadian Medical Association Journal* noted that the clearest, most correct advice clinicians can offer patients is that “less is better” regarding alcohol use.²

The key message of *Canada's Guidance on Alcohol and Health* based on the best available evidence is “To reduce the risk of harm from alcohol, it is recommended that people living in Canada consider reducing their alcohol use.”¹ More succinctly: less is better.

As noted by Dr. Sheila Wijayasinghe in a 2025 *Globe and Mail* article, “The evidence shows that even small amounts of alcohol carry health risks, including seven types of cancer, heart disease, liver damage, mental health effects, and disrupted sleep.”³

Alcohol and Risk

The risks associated with consuming alcohol are determined by both the number of standard alcoholic drinks consumed per week and per occasion.

A standard alcoholic drink contains approximately 13.5 grams of alcohol. That corresponds to a 341 mL container of beer, cider, or ready-to-drink cocktail at 5% alcohol, a 142 mL serving of wine at 12% alcohol, or a 43 mL serving of spirits at 40% alcohol (refer to **Figure 1**).

Consuming two or fewer standard drinks per week is considered low risk for negative long-term health outcomes. Consuming three to six standard drinks per week increases the risk of some long-term health outcomes, including breast and colon cancers. Drinking seven or more standard drinks per week further increases peoples' risks of cancer, as well as heart disease and stroke (refer to **Figure 2**).¹

In terms of short-term risks, consuming more than two standard drinks per occasion increases the risk of injuries, accidents, and violence.¹

The risk of harm from drinking alcohol begins at lower levels of consumption and increases gradually with greater intake. Reducing alcohol use by drinking less per occasion and fewer drinks per week can have positive impacts. This includes making changes that still fall within the high-risk category, such as cutting back by consuming seven drinks per week instead of 14 per week.

Discussing Alcohol and Health with Patients

When discussing alcohol use with patients, it is important that primary care clinicians adopt a non-judgmental and supportive approach to effectively share information, screen for risks, and provide guidance. Explaining the concept of a standard drink, sharing practical tips for reducing alcohol use, and providing tailored advice for specific groups of people can further support patients in making informed decisions about their alcohol consumption that support their health.⁴

Use Stigma-Free Language

Due to the stigma surrounding alcohol use, patients can feel singled-out when confronted with questions about their alcohol consumption, which can make it challenging to have supportive conversations or potentially screen for and treat alcohol use disorder when necessary.

In Canada, a standard drink is...



Beer

341 mL (12 oz) of beer
5% alcohol



or
**Cooler, cider,
ready-to-drink**

341 mL (12 oz) of drinks
5% alcohol



or
Wine

142 mL (5 oz) of wine
12% alcohol



or
Spirits

(whisky, vodka, gin, etc.)
43 mL (1.5 oz) of spirits
40% alcohol

Figure 1. Measurements of a standard alcoholic drink in Canada; *courtesy of Canadian Centre on Substance Use and Addiction.*

Canada's Guidance on Alcohol and Health



Per week

No risk

0



Low risk

1



2



Moderate
risk

3



4



5



6



Increasingly
high risk

7



8



+



Figure 2. Continuum of risk associated with weekly alcohol use; *courtesy of Canadian Centre on Substance Use and Addiction.*

It is crucial for clinicians to take a non-judgmental and equitable approach to conversations about alcohol. Here are a few examples for opening the conversation:

- “I talk to all my patients about alcohol and other substance use. Would it be alright for us to talk about this now?”⁵
- “Canada has guidance about drinking and its impacts on health. Would you be interested in hearing their recommendations? I try to inform all my patients on how to prevent health issues related to alcohol.”⁴

Sample dialogue when discussing drinking less:

- “Alcohol at almost any level may have negative impacts on health, but that these effects occur along a spectrum and it is up to every individual to decide for themselves how much they will consume.”⁵
- “This isn’t all-or-nothing. The guidance outlines a continuum of risk. Even moving from seven drinks a week to three or four can improve energy, sleep and long-term health.”³
- “You can make changes gradually; every drink counts, and any reduction has benefits.”¹

Explain the Concept of a Standard Drink and Share Resources

Before discussing alcohol and health, clinicians can begin by asking a few simple screening questions during the collection of information at intake, such as how much alcohol a patient consumes per week and per occasion. Note that many people in Canada are not familiar with the concept of a standard alcoholic drink.¹ Showing patients visual aids, such as the figures in this article from CCSA’s **Drink Less Live More campaign** can help clarify this concept.

Provide key messages about alcohol and health regularly and via diverse methods of communication including at the point of care.

Here are some resources:

1. CCSA’s **Communications Toolkit: Canada’s Guidance on Alcohol and Health** contains several resources that provide key messages about alcohol, including practical steps for cutting back on alcohol consumption.
2. The Help With Drinking website by the British Columbia Centre on Substance Use provides **point of care tools for healthcare providers**.
3. Campaign materials: Whether through digital displays in your location, shared via patient emails, or posted on your healthcare team’s social media accounts, well-considered key messages can effectively communicate important information about alcohol and health. Here are some examples below:
 - CCSA’s **Drink Less Live More** campaign helps explain concepts such as standard drink measurements, risk zones, and the risks associated with drinking alcohol.
 - The New Brunswick Medical Society’s **It’s your Choice. Know the Risks** campaign educates patients about the risks associated with alcohol and cannabis use.
 - The Southwest Polysubstance Workgroup’s **Rethink Your Drinking** website focuses on recent alcohol research from *Canada’s Guidance on Alcohol and Health*.
 - Help With Drinking also includes **point of care resources** for physicians to share information about alcohol, including tips for drinking less.
 - The Government of New Brunswick’s **Health risks of alcohol webpage** has short videos featuring Dr. Yves Léger, Chief Medical Officer of Health, explaining *Canada’s Guidance on Alcohol and Health* for the public.

Advise that Less Is Better

While best practice suggests that primary care clinicians provide brief interventions to patients who screen as high-risk for alcohol use disorder, providing concise advice is also appropriate for patients with increasingly high-risk drinking levels. Patients who are not at high risk for alcohol use disorder may still benefit from this advice and may be able to modify their drinking in a straightforward manner.

Common tips for reducing alcohol consumption include:

- Set limits for intake per week and per occasion.
- Alternate between alcoholic and non-alcoholic drinks.
- Eat before and while drinking.
- Choose lower-alcohol or non-alcohol alternatives in place of regular alcoholic drinks.
- Plan alcohol-free days and weeks.
- Plan activities that do not involve alcohol.
- Seek support from family and friends, and ask them to avoid drinking alcohol around you.
- Practice refusing alcoholic drinks.^{1,6-8}

There are several tools to share with patients that can support them to consider reducing their alcohol consumption:

1. **CCSA's Knowing your Limits with Alcohol: A Practical Guide to Assessing your Drinking** provides tips and guidance for individuals considering changing their alcohol consumption.
2. **Know Alcohol** is a web resource that patients can use to explore how alcohol impacts their health, financial costs, and calorie intake.
3. **Help with Drinking** offers information and resources for the public and for healthcare providers based on the **Canadian Clinical Guideline: High-Risk Drinking and Alcohol Use Disorder**.

Advise Based on Special Considerations

Discussions about alcohol should be tailored for different patients:

- Adolescents and young adults are at increased risk of negative outcomes from their drinking and should therefore be encouraged to delay drinking as long as possible.¹
- People who are pregnant, planning to become pregnant, or breastfeeding should avoid alcohol, since alcohol is a teratogen and can be present in breastmilk following consumption.^{1,4}
- Older adults should consider reducing or eliminating alcohol if they have comorbid conditions, frailty, or are taking medications that may interact harmfully with alcohol.^{1,9}

- People experiencing mental health challenges, illnesses, or cognitive impairment should consider reducing or abstaining from alcohol.^{1,4,9}
- Conversations about alcohol may also be appropriate when discussing various other areas such as nutrition and Canada's Food Guide, sleep, and mental health, especially since alcohol can affect each of these areas and cutting back on alcohol or changing drinking patterns can help.^{1,4,10}

High-Risk Alcohol Use and Alcohol Use Disorder

Alcohol use disorder is estimated to affect approximately 18% of the population, while increasingly high-risk drinking, defined as consuming seven or more standard drinks per week, is estimated to occur in approximately 34% of the population aged 15 years and older.^{4,11}

Developed by the British Columbia Centre on Substance Use and the Canadian Research Initiative in Substance Matters, the Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder recommends using *Canada's Guidance on Alcohol and Health* in initiating discussions with patients about alcohol use. In addition, the guideline suggests:

1. Routine screening once per year using a validated screener.
2. When appropriate, diagnose alcohol use disorder using criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision.
3. Brief interventions for patients at high risk of alcohol use disorder.
4. Screening for and supporting patients at risk for acute withdrawal symptoms.
5. Administration of anti-craving medications such as naltrexone and acamprosate.
6. Appropriate psychosocial supports.⁴

Conclusion

To summarize, “less is better” remains an appropriate message for patients regarding alcohol consumption and its impact on their health and well-being.

There are several ways to help patients understand the risks associated with alcohol and health, including point-of-care communication. Clinicians can begin by screening patients for alcohol use patterns and engage in supportive, non-judgmental conversations about alcohol and risk. These interactions can also serve as part of a more comprehensive approach for identifying and treating alcohol use disorder.^{2,3}

To be effective, these discussions should be consistent, stigma-free, and tailored to the needs of specific populations, while including evidence-based interventions for people at high risk or living with alcohol use disorder.

With alcohol remaining one of the leading preventable causes of death and social harms in Canada, empowering primary care clinicians to share accurate information with compassionate care is a vital step toward reducing alcohol-related harms and improving overall health outcomes.^{1,12}

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