

Alcohol Use: Recommendation, Rationale and Supplemental References

Recommendation

Canada's Low-Risk Alcohol Drinking Guidelines (LRDG) (Canadian Centre on Substance Abuse, 2014) provide information to help reduce the harms related to long-term alcohol use. Alberta Health Services* recommends the adoption of the LRDG as an information and education resource to help guide alcohol use discussions between providers and patients in various health care settings.

*Canada's Low Risk Drinking Guidelines***

- 1. Reduce long-term health risks by drinking no more than 10 standard drinks/week for women (no more than 2 drinks/day) and 15 standard drinks/week for men (no more than 3 drinks/day)*
- 2. Plan non-drinking days every week to avoid developing a habit*

* Access at: <https://www.albertahealthservices.ca/assets/info/amh/if-amh-alcohol-cancer-other-chronic-disease.pdf>

** Canadian Centre on Substance Abuse (2014). Access at: <https://www.ccsa.ca/sites/default/files/2019-05/CCSA-Cancer-and-Alcohol-Summary-2014-en.pdf>

Rationale for the Inclusion of Alcohol Use in ASaP+

Background

Alcohol use was an original maneuver in the Alberta Screening and Prevention (ASaP) provincial initiative. In 2016, alcohol use was removed from the ASaP maneuver menu due to the lack of “evidence of corresponding improvement in alcohol-related morbidity and mortality” resulting from brief intervention on alcohol intake (Alberta College of Family Physicians, 2015; Elzerbi, et al., 2015).

Impact of Alcohol on Cancer and Other Chronic Diseases

- There is strong evidence that alcohol is a risk factor for the development of several cancers (i.e., oral cavity/pharynx, larynx, esophagus and bladder) (Boffetta & Hashibe, 2006; Butt, et al., 2011; Praud, et al., 2016), other chronic diseases (i.e., hypertension, liver cirrhosis, and diabetes) (Bell, et al., 2017), stroke (Bell, et al., 2017), and adverse brain outcomes and cognitive decline (Topiwala, et al., 2017)
- Five percent of new cancers diagnosed in Alberta in 2015 were due to drinking alcoholic beverages (n=280 new cancer cases) (Brenner, et al., 2019; Poirier, et al., 2019)¹
- The risk of these cancers and other serious medical conditions increases with any amount consumed on a regular basis (Butt, et al., 2011; UK Chief Medical Officers' Alcohol Review, 2016)
- Previous evidence for a direct, protective effect (i.e., reduced risk of heart disease) of alcohol on mortality is being debated (Department of Health, 2016; Public Health Agency of Canada, 2015)

Importance and Impact of Screening, Brief Intervention and Referral to Support

- Screening and brief intervention for alcohol in primary care settings is effective in reducing alcohol use (Elzerbi, et al., 2015; Moyer & Finney, 2015; Jonas, et al., 2012; Carvalho, et al., 2019)
- Brief advice from a health care professional takes as little as 5 minutes and can help reduce drinking (O'Donnell, et al., 2014; Centers for Disease Control and Prevention, 2014). It provides a more systematic opportunity to support patients toward positive health changes using community, primary care network or provincial resources
- Brief interventions are best applied in patients who do not meet criteria for alcohol use disorder, especially one of high severity (Moyer & Finney, 2015)
- Given patients might not fully understand the role of alcohol in cancer development, providers can discuss alcohol use with their patients to improve their understanding of individual health risks (McKnight-Eily, et al., 2017)
- Referral to behavioural counseling interventions improves behavioural outcomes for adults with risky drinking (Jonas, et al., 2012; Moyer & Finney, 2015)
- Alcoholic drinks are a source of additional calories and should be considered in efforts to maintain a healthy weight and prevent excess weight gain (National Institute for Health and Care Excellence, 2015; National Institutes of Health, 2018)

¹ All data provided by the ComPARE Study (prevent.cancer.ca)

Supplemental References

Several reviews, reports and monographs related to the health effects of alcohol have been developed. The highlights below are provided as additional information.

1. Canadian Centre of Substance Use and Addiction. (2020). *Substances and Addiction: Resources*. Retrieved from Canadian Centre of Substance Use and Addiction: <https://www.ccsa.ca/resources-alcohol> (Canadian Centre of Substance Use and Addiction, 2020)
 - Links to resources specifically for screening, brief intervention and referral to treatment
2. Department of Health. (2016, Jan). *UK Chief Medical Officers' Alcohol Guidelines Review*. Retrieved from Government of UK: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf (Department of Health, 2016)

As stated in the weekly guideline for regular drinking:

 - There is increasing, recent evidence on the link between alcohol and cancer; specifically, there is an increased risk at low levels of consumption for cancers of the mouth, esophagus, throat and breast, and at higher levels for liver and colorectal cancers
 - This risk starts from any level of regular drinking and then rises with the amounts of alcohol being consumed
 - If you wish to cut down on the amount you're drinking, have several alcohol-free days each week
3. World Cancer Research Fund network. (2018). *Cancer Prevention Recommendations*. Retrieved from World Cancer Research Fund: <https://www.wcrf.org/dietandcancer/recommendations/limit-alcohol-consumption> (World Cancer Research Fund network, 2018)
 - For cancer prevention, it's best not to drink alcohol. If you do, limit alcoholic drinks and follow national guidelines
4. International Agency for Research on Cancer (IARC). (2010). *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans: Volume 96: Alcohol Consumption and Ethyl Carbamate*. Lyon, France: International Agency for Research on Cancer. Retrieved from <https://publications.iarc.fr/114> (International Agency for Research on Cancer (IARC), 2010)
 - IARC Working Group classified ethanol in alcoholic beverages as Group 1 "carcinogenic to humans"

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Appendix A: Evaluation of the Evidence Base

Less Support for the Health Protective Effect of Alcohol

A key message in the *Chief Public Health Officer's Report on the State of Public Health in Canada, 2015: Alcohol Consumption in Canada* stated, "Our understanding of the dose-dependent health effects of alcohol continues to evolve" (Public Health Agency of Canada, 2015). The summary provided below suggests that previous evidence for the protective effect of alcohol is weaker than originally thought, and the protective effect may only be relevant to a specific population. This evolving evidence supports the importance of alcohol use conversations between patients and primary care providers and hence the reintroduction in ASaP+.

- **Confounding and selection bias:** Primary threats to internal validity of the observational studies regarding mortality effects of alcohol consumption (Naimi, et al., 2016)
- **Healthy survivor bias:** Disease-specific longitudinal studies (CHD/CVD mortality) do not consider competing risks from other alcohol-related causes of death across life course (Stockwell, et al., 2016)
- **Systematic selection bias:** Meta-analysis of alcohol and CHD (Zhao, et al., 2017)
 - Alcohol studies that do not use lifelong abstainers as reference group are biased
 - Abstainer reference group: Former drinkers have higher morbidity and mortality risk than lifetime abstainers however they are frequently included in the abstainer reference group (Stockwell, et al., 2016)
- **Life-course approach with longitudinal data starting from youth** can overcome aspects of selection bias related to competing mortality and drinker misclassification of former and occasional drinkers as abstainers (Staff & Maggs, 2017)
- **Department of Health, UK Alcohol Guidelines Review January 2016:** Previous evidence supporting protective effects is weaker than it was at the time of earlier reports, and net protective effect from mortality is primarily relevant to women aged 55+ (Department of Health, 2016):
 - Any potential protective effect mainly relevant to older age groups
 - Important to note "unresolved confounding and health selection"
 - Mortality from CHD/CVD is continuing to decrease
 - Peak of any protective effect achieved at very low levels of consumption