

Purpose

This tool provides community pharmacy professionals with a practical, streamlined approach to identify and support adult and adolescentⁱ patients who may be at risk for alcohol use disorder (AUD). Designed for use in everyday pharmacy practice, it outlines how to incorporate Screening, Brief Intervention and Referral (SBIR) — an approach proven to reduce high-risk alcohol consumption, by using validated screening tools and brief, actionable interventions that can be integrated into current workflows.ⁱ Alcohol is the most commonly consumed substance in Canada and is a causal factor for both short- and long-term harms, including injury and chronic disease, yet most people with high-risk drinking go unrecognized without routine screening.^{i,ii}

Start the Conversation

All patients should be screened for AUD at least once a year — even when there are no obvious signs.ⁱⁱⁱ Many individuals with AUD may go unrecognized,ⁱⁱⁱ and community pharmacy professionals are uniquely positioned to help identify these patients during routine care.

When to Screen

Incorporate AUD screening with routine pharmacy services. Suggested touchpoints include:

- Medication reviews
- Minor ailment assessments
- Medication refills or new prescriptions
- When caregivers or family members express concern about their loved one's alcohol use^{*iv}
- When significant life changes or transitions occur^v
- Discussions about one of the indicators below

* Note that screening tools are meant to be administered either as an oral questionnaire or completed by the patient themselves, family members should not be completing screening tools.^v

Indicators that may suggest increased risk for AUD:^{iii,iv}

- A recent motor vehicle accident
- Frequent work avoidance
- Rosacea
- Rhinophyma
- High blood pressure
- Cardiac arrhythmia
- Insomnia
- Exacerbation of sleep apnea
- Liver disease
- Chronic pain
- Social problems
- Legal problems

Additional indicators in older adults include:^{iv}

- Seizures, slurred speech, tremors, poor motor control
- Persistent irritability, cognitive impairment, memory or concentration disturbances
- Incontinence
- Poor hygiene and self-neglect
- Unusual restlessness and agitation
- Complaints of blurred vision or dry mouth
- Changes in eating habits, malnutrition, muscle wasting
- Frequent falls and unexplained bruising

Normalize and Obtain Consent

Normalize your approach and gather consent, for example:^{iii,vi}

“We’re now asking all patients this question as part of routine care — is it okay if I ask you a quick screening question about alcohol use?”

Screen for AUD

Step 1 Quick Initial Screen – Single Alcohol Screening Question (SASQ)^{vi}

Ask your patient this Single Alcohol Screening Question:

“In the past year, how often have you had more than 4 drinks (females) or 5 drinks (males) on any 1 occasion?”

- If 1 or more occasions are disclosed, go to **step 2**
- If there are no occasions, provide encouragement and discuss continuing healthy drinking habits

Step 2 Complete the Alcohol Use Disorders Identification Test (AUDIT)^{vii}

The [AUDIT screening tool](#) consists of 10 questions that can be asked verbally or completed by the patient.^{vii} An online survey version of the AUDIT can also be found [here](#). Administered either as an interview or via a questionnaire, the AUDIT can usually be completed in 2-4 minutes and scored in a few seconds.^v

Assess the level of risk:

AUDIT (10-item questionnaire, scored out of 40) ^{vi}		
If score is 0-7: Low risk for AUD	If score is 8-15: Moderate risk for AUD	If score is ≥ 16: High risk for AUD

Interpret the Results and Take Action^{iii,vi}

Use the patient’s AUDIT score to determine the next steps. Tailor your approach based on the level of risk; below are examples of what can be said or done for each risk category.

	Low Risk	Moderate Risk	High Risk
What to say	<p>“Thanks for answering those questions. Your responses indicate your alcohol use is considered to be at a low risk. This reduces your chances of alcohol related health issues down the road.”</p>	<p>“Thanks for answering those questions. Your responses show that your drinking could put you at risk for future health concerns. Would you be open to discussing a few simple ways to reduce your alcohol intake?”[#]</p>	<p>“Thanks for answering those questions. Your responses suggest your drinking is likely having a significant impact on your health. There are several options that could help, from reducing alcohol intake safely to working with a doctor or a local support program. Would you be interested in exploring any of those options today?”[#]</p>
What to do	<ul style="list-style-type: none"> • Provide feedback and reinforce healthy habits • Review low risk drinking guidelines • Document screening results • Follow up in 1 year 	<ul style="list-style-type: none"> • Provide feedback and deliver brief advice which includes reviewing the effects of alcohol, the benefits of reducing intake, and strategies to reduce drinking • Review low risk drinking guidelines • Document screening results • Consider following up in 2-3 months as required 	<ul style="list-style-type: none"> • Provide feedback and deliver a brief intervention • Review low risk drinking guidelines • Discuss harms and consider referral (e.g., primary care, addiction services). AUDIT scores of >20 warrant further diagnostic evaluation for alcohol dependence • Document screening results • Follow up every 2-3 months to reassess goals and progress

[#] Note: If a patient declines to discuss next steps, respect their choice but leave the door open. For example, you might say: “No problem, if you ever want to talk about it, I’m here.”^{viii}

Brief Interventions

Brief interventions are short, structured, and collaborative conversations that raise awareness, strengthen motivation, and support patients in reducing risky alcohol use.^{i,viii} They are delivered in a non-judgmental, patient-centred way that helps individuals identify personal reasons for change and choose manageable next steps.^{i,vi,viii} These interventions typically take 5-15 minutes.^{i,vi,viii} For patients who are high risk or likely have AUD, brief interventions should not replace referrals to specialized care, but they can help initiate change and support engagement while referrals are arranged.^{i,vi,viii}

Below are 6 practical steps that can be used to support the delivery of a brief intervention in your pharmacy, along with suggested actions and phrases you may consider using where appropriate^{viii}:

1. Give feedback on risks and offer clear advice

- Share the screening results in plain language
 - › *“Based on your answers, you’re drinking above Canada’s low risk drinking guidelines; at this level, your risk of health problems goes up.”*
- Link alcohol use to their health and medications
 - › *“Alcohol at this level can worsen blood pressure and sleep.”*
- Provide advice, such as reducing intake through small concrete goals (e.g., no heavy drinking days)
 - › *“Cutting back on alcohol intake, even a bit, can reduce these risks. I’d recommend working toward lower-risk levels or fewer heavy drinking days.”*
- If the patient has probable AUD – strengthen your message, emphasize safety of reducing alcohol intake, and suggest referral
 - › *“Your results suggest a higher level of risk. There are effective treatments that can help, and I’d strongly recommend speaking with your doctor or a support service.”*
- Some patients should not drink at all; advise abstinence (and referral as needed) for patients who:
 - › Are pregnant or trying to become pregnant
 - › Have a condition made worse by alcohol (e.g., liver disease, uncontrolled hypertension, recurrent falls)
 - › Take medicines that are contraindicated with alcohol or can cause negative side effects when used together (e.g., benzodiazepines, antidepressants, opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, warfarin, verapamil, propranolol, doxycycline, ketoconazole, metronidazole, metformin, etc.)^{ix}

2. Check understanding and readiness for change

- See how the patient feels about the information provided and whether they are ready to make a change in their drinking habits
 - › *“How do you feel about the information I just provided?”*
 - › *“How open are you to making any changes to your drinking?”*
- Keep the focus on the individual’s drinking and risk. Patients may comment that their friends drink the same or more
 - › *“I hear you, there are some people who drink this way, but I’m mainly focused on your health and how this level of drinking affects you and your medications.”*

3. Build motivation by exploring reasons for change

- Use open-ended questions to ask about their reasons for cutting back
 - › *“What might be some benefits for you personally if you reduce your alcohol intake?”*
 - › *“In what ways, if any, is alcohol causing problems or getting in the way of things you care about?”*
- Use the patient’s AUDIT assessment as an opener
 - › *“You indicated that you had given up some activities that once were important to you to drink. Can you tell me more about that?”*
- When a patient mentions a reason to change, reflect it back
 - › *“You’d like to have more energy in the morning and be less irritable with your family. Those are important reasons.”*

- Listen for roadblocks and acknowledge them. Patients may describe why they rely on alcohol (e.g., for stress, sleep, socializing, or cultural reasons). Use these roadblocks to solve problems together
 - › *“If you decided to cut back, what might make that difficult? What could help in those situations instead?”*
- Offer general benefits if they can’t think of reasons to change
 - › *“Some people notice better sleep, lower blood pressure, more energy, or saving money when they cut back. Do any of these feel relevant to you?”*

4. Offer support by expressing empathy and respecting patient autonomy

- Use an empathic, non-judgmental tone and acknowledge that changing drinking habits is hard and that it often takes more than one attempt. This reduces pressure for the patient and builds trust
 - › *“I know changing any habit is tough, and it’s completely normal for this to take time.”*
- Reinforce that the patient is in control of their decision
 - › *“It’s your choice what you do with this. My role is to give you the best information I can and support you if you decide to make this change.”*
- Keep the door open for future conversations, especially if the patient is not ready to seek help
 - › *“If now isn’t the right time, that’s okay. We can revisit this any time you’d like.”*

5. Identify next steps and make a simple change plan

- Collaboratively set 1 or 2 clear, small steps such as setting a weekly drink limit, avoiding drinking on work nights, not combining alcohol with certain medications and tracking alcohol intake for 1-2 weeks using an alcohol diary
 - › *“Given what you said, what feels realistic to try over the next few weeks?”*
 - › *“Let’s start with aiming for no alcohol with your evening medications.”*
- Anticipate challenges and plan around them
 - › *“What might make it hard to stick to this plan?”*
 - › *“What could help you manage situations like stress, social events or pressure from others?”*
- Summarize the plan
 - › *“So you’re going to aim for no more than X drinks per week and keep track for the next two weeks.”*

6. Follow-up

- If patient agrees on a change – reinforce that you will provide ongoing support and follow-up
 - › *“Let’s check in on how the plan is going next time you’re in for a refill. We can adjust the plan if needed.”*
- If patient is not ready for a change – encourage open and ongoing communication
 - › *“Thanks for talking this through with me. Even if you are not ready to make changes now, we can revisit this at any time. I’m here to support you.”*

Implementation Tips^{i,iii,vi,viii}

Communication Principles

- Use friendly, non-judgmental language
- Use motivational interviewing techniques: open-ended questions, affirmations, reflective listening and summarizing
- Deliver advice with a harm-reduction mindset (e.g., focus on achievable patient-selected change goals with non-confrontational behaviour change discussions)

Patient Experience and Equity

- Respect patient privacy (e.g., offer a private space for screening and discussions to reduce discomfort and support openness)
- Allow patients to self-complete tools when possible
- Prioritize patient-centered care (e.g., tailor language and pace to each patient's readiness and context, reinforce that screening and advice are intended to support their health goals)
- Practice trauma and violence-informed care
 - › Recognize that patients may have a history of trauma; use supportive, empathetic language
- Use a harm reduction approach
 - › Patients may not be ready for complete abstinence – support practical steps that reduce risk (e.g., spacing drinks, setting maximums per week)

Workflow and Practical Integration

- Normalize screening as part of routine care to reduce stigma
 - › Use phrases like “*We ask all our patients this question because alcohol use affects many health outcomes*”
- Identify natural workflow opportunities
 - › Integrate AUD screening into other pharmacy professional services such as medication reviews, minor ailment consultations, chronic disease discussions, etc.
- Compile local resources for referral
 - › Maintain a list of community supports (e.g., ConnexOntario, primary care clinics, addictions services, counselling agencies) for referring patients who are high risk for AUD
- Involve the pharmacy team in identifying patients and supporting the process
 - › Provide staff with training on when to flag patients for screening, how to collect or distribute screening tools, and how to use non-judgmental language and motivational interviewing techniques so the process is consistent

Resources

Guidelines

- [Canada's Low-risk Alcohol Drinking Guidelines](#) – national guidance on safer drinking limits and when risk increases
- [Canada's Guidance on Alcohol and Health \(Public Summary\)](#) – includes the harms of alcohol use and practical tips patients can follow to reduce their risk
- [Canada's Guidance on Alcohol and Health \(Technical Summary and Final Report\)](#) – includes more details than the public summary on the update of the low-risk alcohol drinking guidelines, its key takeaways and the risks associated with alcohol
- [Centre for Effective Practice AUD Tool \(Primary Care Alcohol Use Disorder Tool\)](#) – evidence-informed clinical resource supporting screening, assessment and management of AUD, including recommendations for screening approach and patient engagement
- [CMAJ Alcohol Use Disorder Clinical Guidelines](#) – evidence-based recommendations for screening, brief advice/intervention, and referral strategies
- [Canadian Guidelines on Alcohol Use Disorder Among Older Adults](#) – guidance for clinicians on either preventing the development of AUD or optimally assessing and treating older individuals who have AUD

Screening and Brief Intervention Resources

- [CAMH – Brief Interventions for Harmful Alcohol Use](#) – recommendations for providing brief advice and brief intervention in clinical settings
- [Knowing Your Limits with Alcohol](#) – a self-help workbook that includes education, reflection questions and an alcohol use diary
- [Alcohol Reduction Plan Template](#) – a template to help patients set goals and plan concrete steps to reduce their drinking
- [Building Your Drink Refusal Skills](#) – suggestions and strategies to help patients say no to alcohol in high-risk situations
- [How to Stop Alcohol Cravings](#) – tips for patients to help with managing urges to drink and finding alternative coping strategies
- [Check Your Drinking Online Survey](#) – an online version of the AUDIT screening tool for patients or providers to screen and reflect on alcohol use

Motivational Interviewing

- [Canadian Centre on Substance Use and Addiction - The Essentials of...Series: Motivational Interviewing](#) – a practical summary of motivational interviewing principles and techniques to support behaviour change conversations in healthcare settings
- [CAMH - Motivational Interviewing Foundations of Practice Course](#) – an online continuing education course that teaches core motivational interviewing principles and skills for health and social service providers; registration fee applies

Referral Pathways

- [ConnexOntario](#) – a centralized service finder for mental health, addiction, and problem gambling services available 24/7 by phone, text or Live Chat. Referrals provided by ConnexOntario are for region-specific outpatient counselling, group therapy such as Alcoholics Anonymous or Smart Recovery, and education programs
- [Rapid Access Addiction Medicine \(RAAM\) Clinics](#) – services for alcohol and other substance use concerns
- [Centre for Addiction and Mental Health \(CAMH\)](#) – provides patients, families, friends and healthcare professionals with information regarding eligibility requirements and instructions on how to make a referral to CAMH, including self-referrals (in Toronto area)
- [Canadian Centre on Substance Use and Addiction – Addictions Treatment Helplines in Canada](#) – listing of provincial addiction treatment helplines across Canada

DISCLAIMER

This tool was developed by the Ontario Pharmacists Association (OPA) with funding from the Ontario Health Mental Health and Addictions Centre of Excellence, however, OPA retained full editorial autonomy throughout the development process. Please refer to [OPA's Commitment to Content Quality and Integrity](#) for more information. The information provided in this document is intended to assist pharmacists with discussions around alcohol use disorder and screening processes but is not meant to be comprehensive and does not replace professional judgement and responsibilities. It is provided without warranty of any kind by OPA and OPA assumes no responsibility for any errors, omissions or inaccuracies therein. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes. It is the responsibility of the pharmacy professional to use professional judgment in evaluating this material in light of any relevant clinical or situational data. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. The information provided in this document is current at the time of publication. Pharmacy professionals are encouraged to confirm information with additional resources.

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DATE CREATED: February 24, 2026