COVID-19 Impact: Dealing with the Hidden Epidemic of Alcohol Use Disorder

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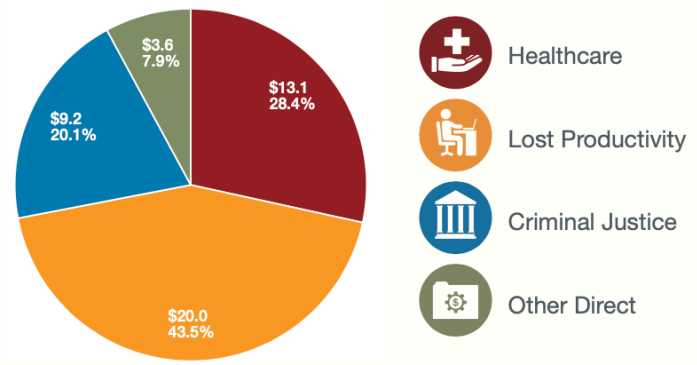
Canadian Substance Use Costs and Harms

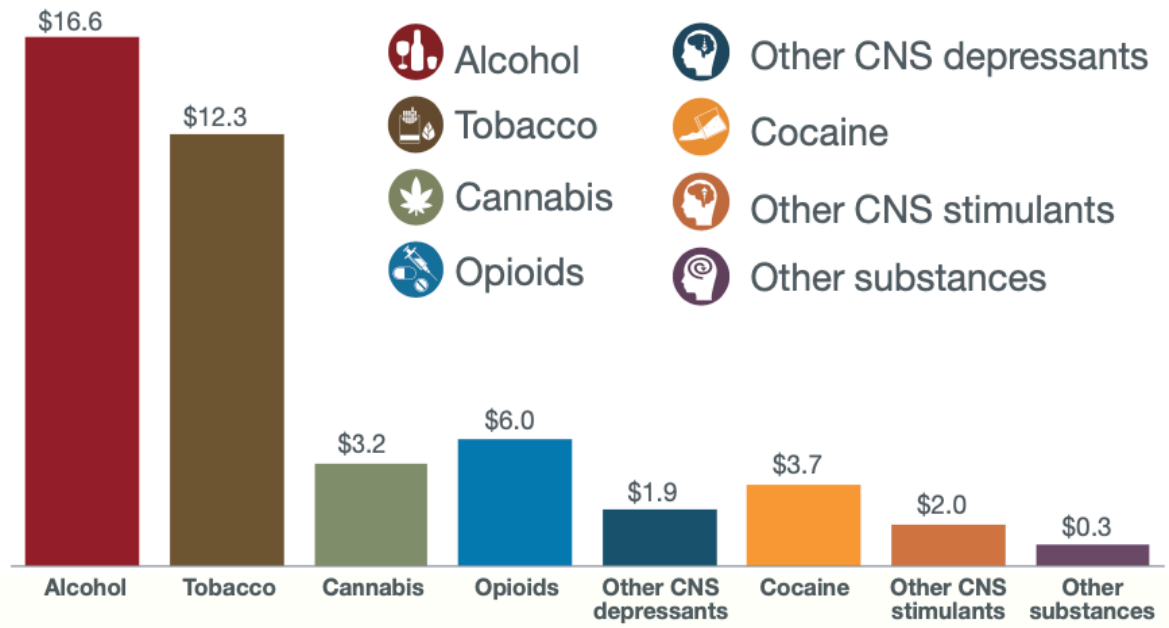
In 2017, substance use cost Canadians a total of

$46 BILLION

Overall costs attributable to substance use in billions



The cost of substance use (in billions)



THE UNIVERSITY OF BRITISH COLUMBIA

Canadian Substance Use Costs and Harms Scientific Working Group. CCSA. 2020.

Alcohol Use Disorder in Canada

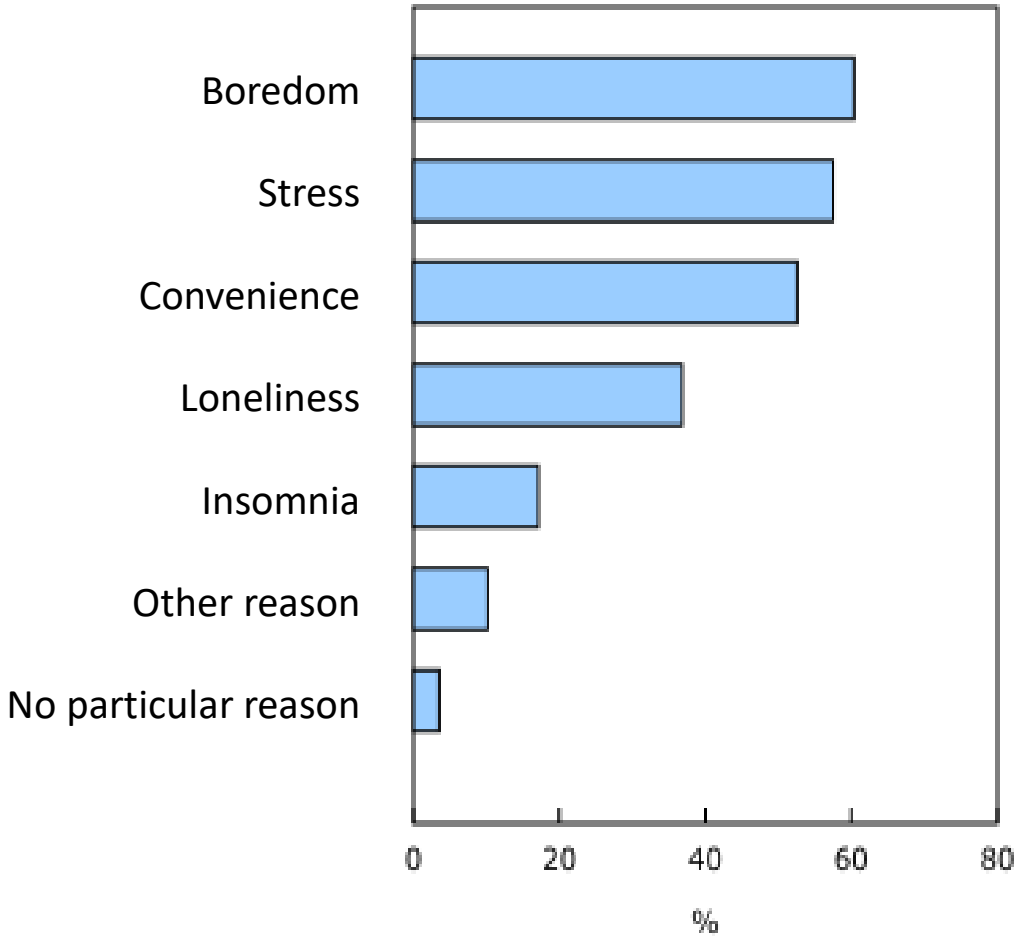
	Lifetime (%)	12-month (%)
Substance use disorder	21.6	4.4
Alcohol abuse or dependence	18.1	3.2
Cannabis abuse or dependence	6.8	1.3
Other drug abuse or dependence (excluding cannabis)	4.0	0.7

*DSM-IV diagnoses

Canadian Community Health Survey – Mental Health. Statistics Canada. 2012.

Changes During the COVID-19 Pandemic

- In 2021 66% of Canadians reported consuming alcohol in the previous month
  - 24% of these have increased consumption
  - 22% have decreased consumption
- 18% consumed 5+ drinks on drinking days
  - Pre-pandemic rates were 11%



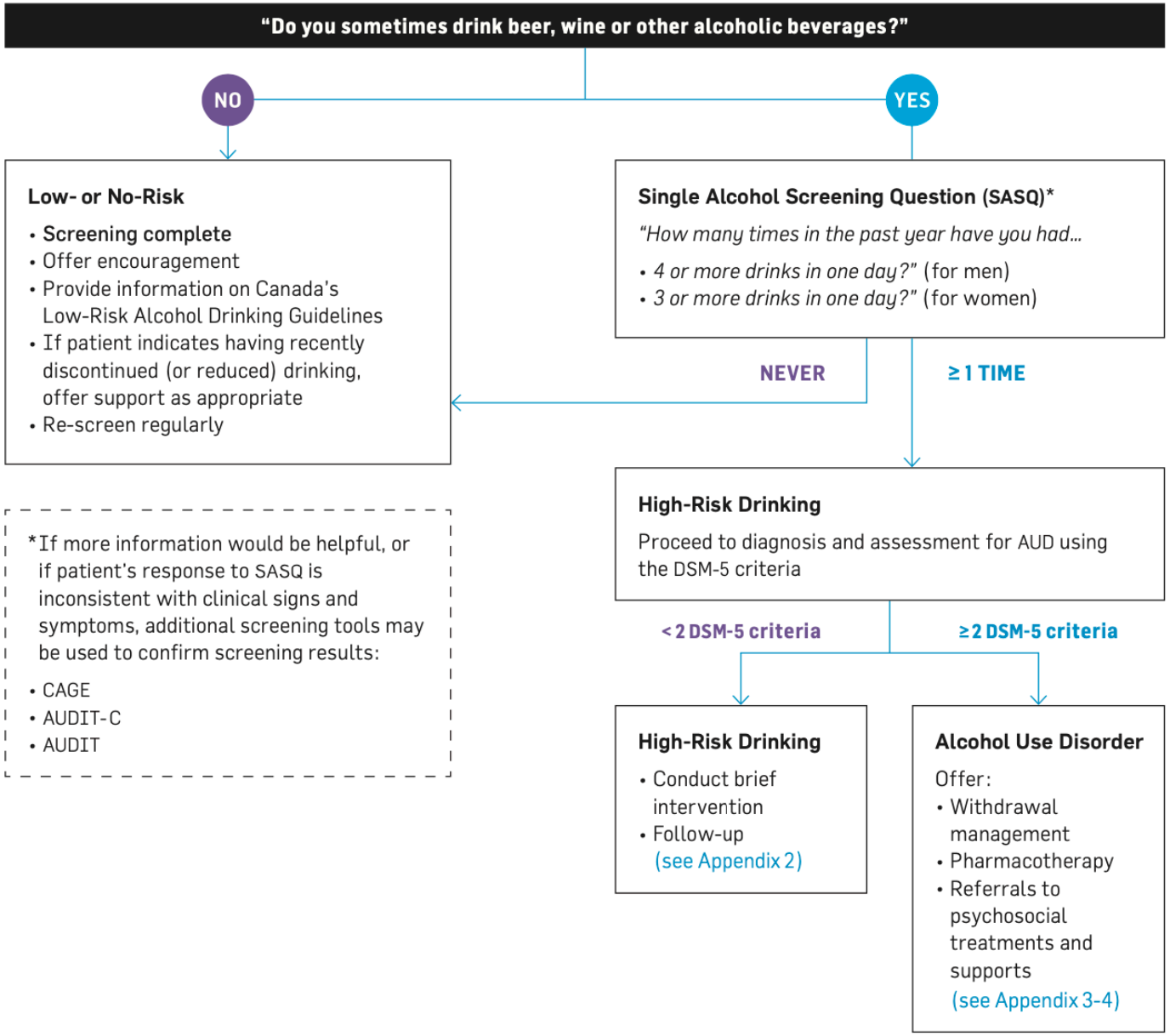
Alcohol and cannabis use during the pandemic. Statistics Canada. 2021.

Our experiences…

Table 3 Summary of Canada's Low-Risk Alcohol Drinking Guidelines[9]

	Women	Men	Youth
If you drink, you can reduce health and safety risks by following the guidelines:	0-2 standard drinks per day[a]	0-3 standard drinks per day	For youth <19 years, delay drinking until adulthood. If you choose to drink, speak with your parents, and do so with parental guidance.
	No more than 3 standard drinks on any one occasion	No more than 4 standard drinks on any one occasion	For youth 19-24 years, no more than 1-2 drinks on any one occasion.
	No more than 10 standard drinks per week	No more than 15 standard drinks per week	For youth 19-24 years, do not drink more than 1-2 times per week.
	Always have some non-drinking days per week to minimize tolerance and habit formation.		If you do choose to drink, plan ahead, adhere to local laws, and follow safer drinking tips.

High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.



High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.

PART A: THRESHOLD CRITERIA — Yes or No, no point	
Have you consumed any amount of alcohol (i.e., been drinking) **within the last 30 days**? **OR** Did the patient have a positive (+) blood alcohol level (BAL) on admission?	
If the answer to either is YES, proceed to next questions.	
PART B: BASED ON PATIENT INTERVIEW — 1 point each	
1	Have you been recently **intoxicated/drunk**, within the last 30 days?
2	Have you **ever** undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? (i.e., in-patient or out-patient treatment programs or AA attendance)
3	Have you **ever** experienced any previous episodes of alcohol withdrawal, regardless of severity?
4	Have you **ever** experienced blackouts?
5	Have you **ever** experienced alcohol withdrawal seizures?
6	Have you **ever** experienced delirium tremens or DTs?
7	Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, **during the last 90 days**?
8	Have you combined alcohol with any other substance of abuse, **during the last 90 days**?
PART C: BASED ON CLINICAL EVIDENCE — 1 point each	
9	Was the patient's blood alcohol level (BAL) greater than 200mg/dL? (SI units 43.5 mmol/L)* **OR** *Have you consumed any alcohol in the past 24 hours?
10	Is there any evidence of increased autonomic activity? e.g., heart rate >120 bpm, tremor, agitation, sweating, nausea

*Due to the common absence of a BAL the committee has added this modification. Please see next page.

Interpretation

Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of alcohol withdrawal syndrome (AWS).

A score of ≥4 suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or inpatient treatment are indicated.

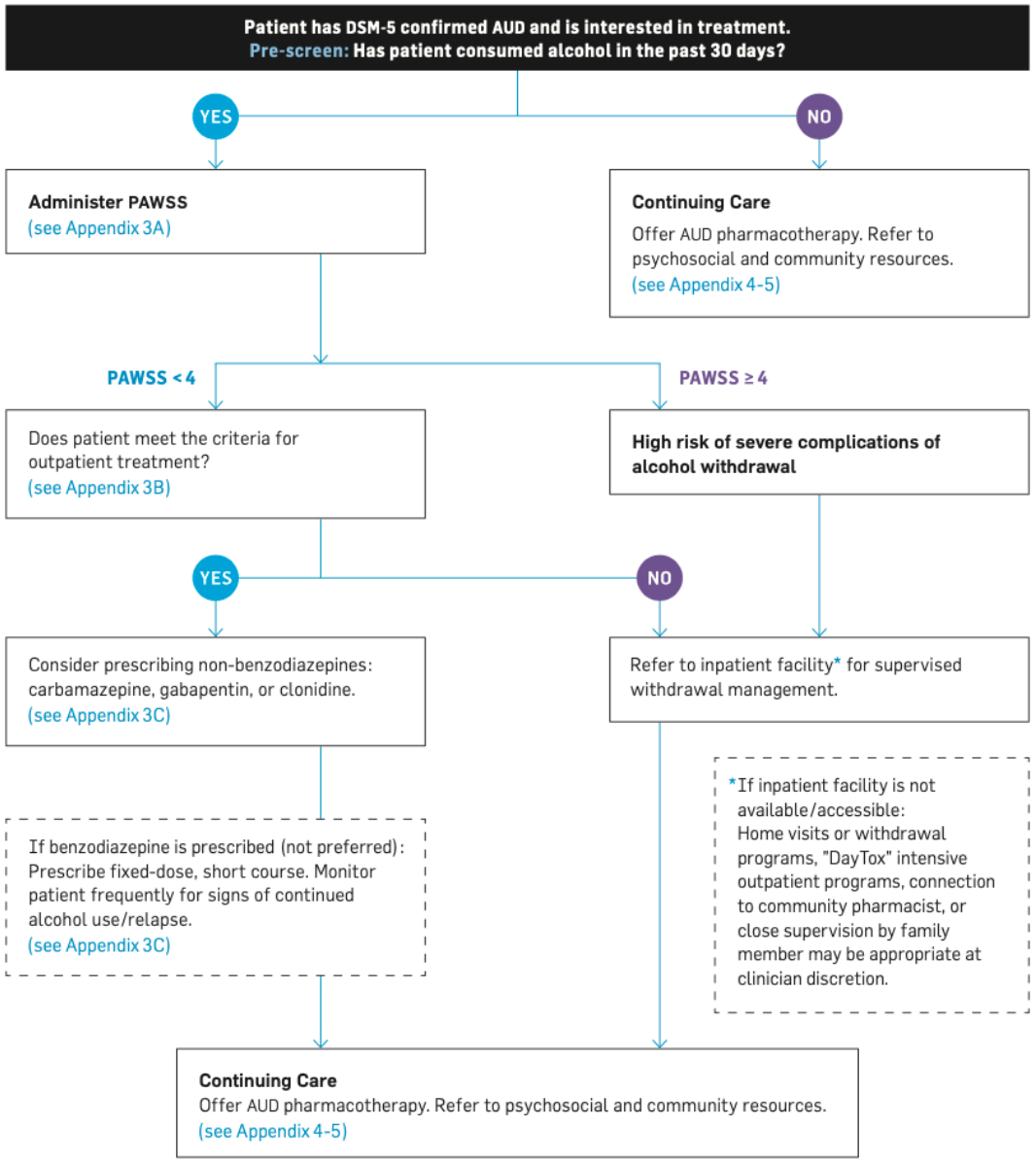
Recommendation 5 Care Setting for Withdrawal Management in Patients at Low Risk of Severe Complications

Patients at low risk of severe complications of withdrawal (i.e., PAWSS<4) who have no concurrent conditions that would require inpatient management should be offered outpatient withdrawal management.

Quality of Evidence: HIGH	**Strength of Recommendation: STRONG**

Remarks

- In addition to a PAWSS score<4, candidates for outpatient withdrawal management should meet the following criteria:
  - No contraindications such as severe or uncontrolled comorbid medical conditions, serious psychiatric conditions, concurrent severe substance use disorders other than tobacco use, and/or pregnancy.
  - Ability to commit to daily medical visits for first 3-5 days, or to participate in an appropriate remote mode of medical follow-up when in-person visits are not feasible.
  - Ability to take oral medications.
  - Stable accommodation and reliable caregiver for providing support and monitoring symptoms during acute withdrawal period (i.e., 3-5 days).
- Patients who do not meet these criteria should be referred to inpatient treatment.



High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.

Recommendation 6 Pharmacotherapy for Management of Mild to Moderate Withdrawal

Clinicians should consider non-benzodiazepine medications, such as carbamazepine, gabapentin, or clonidine, for outpatient withdrawal management in patients at low risk of severe complications of alcohol withdrawal.

Quality of Evidence: MODERATE	Strength of Recommendation: STRONG

High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.

Recommendation 9 First-line Pharmacotherapy for Alcohol Use Disorder

Adult patients with moderate to severe alcohol use disorder should be offered naltrexone or acamprosate as a first-line pharmacotherapy to support achievement of patient-identified treatment goals.

A. Naltrexone is recommended for patients who have a treatment goal of either abstinence or a reduction in alcohol consumption.

B. Acamprosate is recommended for patients who have a treatment goal of abstinence.

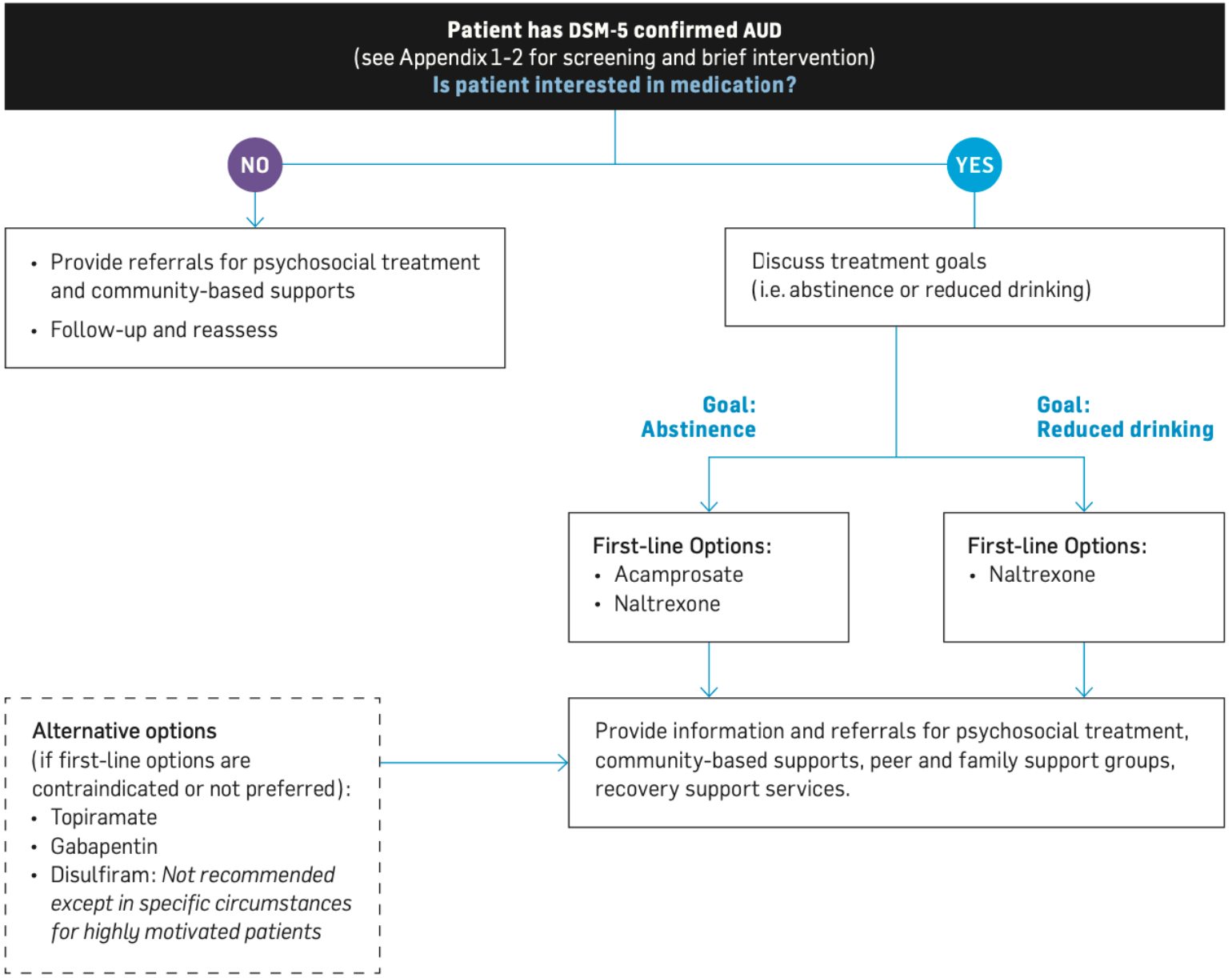
Quality of Evidence: MODERATE	Strength of Recommendation: STRONG

Recommendation 10 Alternative Pharmacotherapy for Alcohol Use Disorder

Patients with moderate to severe alcohol use disorder who do not benefit from, have contraindications to, or express a preference for an alternate to first-line medications, can be offered topiramate or gabapentin.

Quality of Evidence: MODERATE	Strength of Recommendation: STRONG

High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.



High Risk Drinking and Alcohol Use Disorder. BCCSU. 2020.

Recommendation 11 Primary Care-led Psychosocial Treatment Interventions for AUD

Primary care clinicians or care teams should provide motivational interviewing-based counselling to all patients with mild to severe AUD to support achievement of patient-identified treatment goals.	
Quality of Evidence: MODERATE	**Strength of Recommendation: STRONG**

Recommendation 12 Specialist-led Psychosocial Treatment Interventions for AUD

Adults and youth with mild to severe AUD can be provided with information about and referrals to specialist-led psychosocial treatment interventions in the community.	
Quality of Evidence: MODERATE	**Strength of Recommendation: STRONG**

Recommendation 13 Peer-based Support Groups for Individuals with AUD

Adults and youth with mild to severe AUD can be provided with information about and referrals to peer-support groups and other recovery-oriented services in the community.	
Quality of Evidence: LOW	**Strength of Recommendation: STRONG**