

Public Health Updates for Halton Physicians

Alcohol Misuse during the COVID-19 Pandemic

October 28, 2021

“**a drink**”
means:



Beer

341 ml (12 oz.)
5% alcohol
content



**Cider/
Cooler**

341 ml (12 oz.)
5% alcohol
content



Wine

142 ml (5 oz.)
12% alcohol
content



Distilled Alcohol

(rye, gin, rum, etc.)
43 ml (1.5 oz.)
40% alcohol
content



The webinar will begin at 6 p.m.

If you run into technical difficulties, please email Javier.Rincon@halton.ca

halton.ca ☎ 311





Agenda

Mainpro+ accredited CME event (6-7 p.m.)

- Alcohol misuse during the pandemic – local context
 - Dr. Hamidah Meghani, Medical Officer of Health
- Keynote speaker – Dr. Anna Holland
 - Alcohol misuse screening, brief intervention
 - Referral to treatment
- Question and answer session

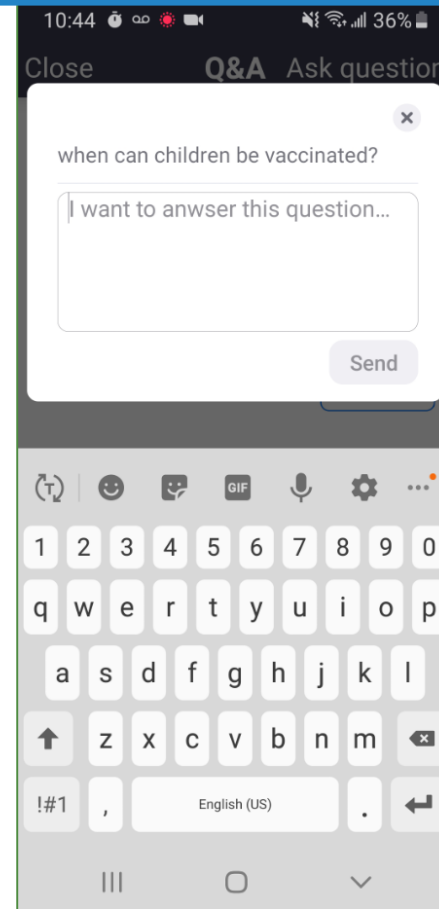
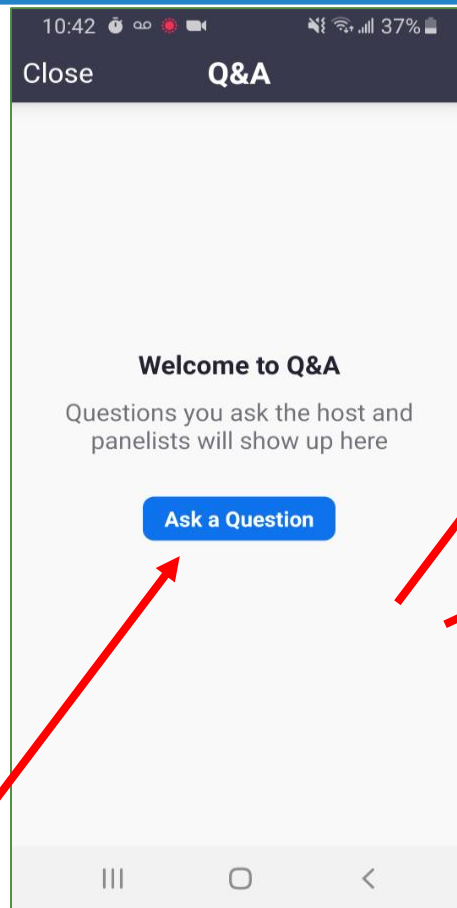
Town Hall update on 5-11 y.o. COVID-19 vaccination

- 7-7:30 p.m.





Housekeeping



Use the Q&A function to ask, vote or comment on a question



Learning Objectives

By the end of this session, participants will be able to:

- Describe local alcohol consumption trends
- Conduct alcohol misuse screening, brief intervention and referral to treatment (SBIRT) with patients

Overall series learning objective:

- By attending the Public Health Updates for Halton Physicians series, participants will be able to identify and discuss relevant and recent information about approaches to the prevention, diagnosis and management of key public health issues impacting their family medicine practice in both rural and urban settings.





Mitigating Potential Bias

All data, resources and recommendations presented are based on current scientific literature and data.





Disclosures of Financial Support

- This program is hosted and organized by Halton Region Public Health.
- I am a paid employee with Halton Region Public Health.
- **Potential for conflict(s) of interest:**
 - Halton Region Public Health receives funding from the Province of Ontario who also provides funding for some public health research, programs and resources that may be discussed today.





Health Risks Associated with Chronic Alcohol Misuse

- One of the top five risk factors for death and disease in the world (WHO)
- Causal factor in over 200 disease and injury conditions, including:
 - Some cancers (e.g. colorectal, breast, liver, oral, pharyngeal, oesophageal, laryngeal);
 - Cirrhosis of the liver;
 - Fetal alcohol spectrum disorder;
 - Cardiovascular disease;
 - Some mental health illnesses; and
 - Alcohol poisoning, impaired driving, violence, among others





Canada's Low-Risk Alcohol Drinking Guidelines

A "drink" means:

- 341mL (12oz) beer, cider or cooler, 5% alcohol
- 142mL (5oz) wine, 12% alcohol
- 43mL (1.5oz) distilled alcohol, 40% alcohol



0-2 standard drinks
per day



No more than
10 standard drinks
per week



0-3 standard drinks
per day



No more than
15 standard drinks
per week



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

Women

Men



Alcohol use in Halton Region

Historically, alcohol consumption is one of the few health indicators where Halton rates have been **less favorable** than the provincial average

- Canadian Community Health Survey data show that Halton residents were more likely than Ontario residents to be regular drinkers, have had an alcoholic beverage in the past week, drink heavily and exceed the Low-Risk Alcohol Drinking Guidelines.
- Halton residents who were younger, male, have higher incomes, or were single, divorced, separated or widowed were more likely to engage in alcohol use or risky drinking patterns.
- However, Halton residents had lower rates of ED visits and hospitalizations for issues entirely caused by alcohol compared to Ontario.



Alcohol consumption is a leading risk factor for disease, disability and premature death in Canada. Alcohol use has both short-term harms (e.g. intoxication, injury) and long-term harms (e.g. chronic disease).





Alcohol use in Canada and the COVID-19 pandemic



Canada



1 in 4 Canadians report drinking more since the start of the pandemic, however **a similar proportion** reported decreasing their drinking.



Alcohol sales in **Canada** **increased by 7%** from 2019 to 2020

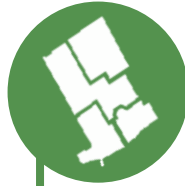


1 in 5 Canadians reported binge drinking during the pandemic, which was higher than before the pandemic

Certain groups of Canadians have been **more likely to increase their consumption** during the pandemic, including younger individuals, those with mental health concerns or experiencing social isolation, and parents.



Alcohol use in Halton and the COVID-19 pandemic



Halton



1 in 4 Rapid Risk Factor Surveillance System (RRFSS) survey respondents in Halton reported drinking more during the pandemic, while **11%** reported drinking less.



Fewer residents requested support for alcohol use disorder through *ConnexOntario* in 2020 compared to previous years.



No change in the percentage of women in Halton who consumed alcohol during pregnancy in 2020 compared to previous years.



Community and political context



The Province of **Ontario expanded alcohol sales and relaxed regulations** prior to and throughout the pandemic.



Several **community partners are working on addressing alcohol use in Halton** (e.g. CSWB Alcohol Action Table, Halton FASD Collaborative, MADD Halton Region.)



In February 2020, a motion was passed by Halton Regional council for staff to research and report back on a **municipal alcohol policy**, however this has not occurred due to the pandemic.



Alcohol consumption is a socially acceptable part of life. For many people, alcohol is associated with celebrations, traditions, stress relief and rewards.



Resources for physicians

- Visit the [Halton Region Information for Physicians: Substance Misuse](#) webpage for a list of available tools and resources
- Local referral resources are also linked, including [One Link](#), [Halton Community Services Directory](#), [ADAPT](#), [Halton FASD](#) among others
- The [Centre for Effective Practice \(CEP\)](#)
 - [Screening for and Managing At-Risk Drinking and Alcohol Use Disorder \(AUD\) During COVID-19](#)



CEP | Providers Family & Community Medicine
UNIVERSITY OF TORONTO

Screening for and Managing At-Risk Drinking and Alcohol Use Disorder (AUD) During COVID-19

This resource is designed to support family physicians and primary care nurse practitioners in screening, diagnosing and treating at-risk drinking and AUD in adults (>18 years) during the COVID-19 pandemic.
 Note: This resource is meant to supplement the [CEP's Alcohol Use Disorder Tool \(2018\)](#). Please see this tool for more information on the standard of AUD care. For billing information, please see the accompanying [virtual version of this resource](#).

Key considerations when managing at-risk drinking and AUD during the pandemic

- Increase the frequency of screening for at-risk drinking and AUD. Alcohol consumption has increased by 25% since the start of the COVID-19 pandemic.^{1,2} See the section on [screening](#).
- Consider patient preferences, access to technology and technology literacy when reviewing virtual care options. With virtual care, it is essential to demonstrate empathy and support verbally. See the [CEP's Endorsing Management of Chronic Conditions Using Virtual Care During COVID-19](#) resource for more guidance.³
- Pharmacotherapy and non-pharmacotherapy interventions can be initiated without laboratory tests and physical examinations in many cases. See [manage with telemedicine](#) and [manage with first-line medications](#).
- During the COVID-19 pandemic, access to non-medical withdrawal beds (detox beds) may be limited. Consider delaying outpatient or inpatient withdrawal management if this is the case and assist patients with a slow taper using supportive counselling and consideration of naltrexone. See [additional guidance for planned alcohol reduction in at-home abstinence](#).
- Encourage patients who may have a physical dependence on alcohol to prepare for a disruption in their alcohol supply. See [just-in-time](#).

Intervention	Guidance during the pandemic	Provider resources	Patient resources
Screen	Shift to: <ul style="list-style-type: none"> • Screening more often than yearly, particularly patients with mental health concerns or those who are going into self-isolation. • Email or message the AUDIT-10 Self-report version (page 2) to patients for completion.⁴ Please note the form is also available to complete on OCEAN. • Use the Single-Item Alcohol Screening Questionnaire (SASQ) for virtual appointments if time is limited.⁵ 	SASQ: How many times in the past year have you had 4 (women) or 5 (men) or more drinks on one occasion? Once or more is a positive screen.	AUDIT-10 Self-report version page 2
Categorize	Continue to: <ul style="list-style-type: none"> • Use the AUDIT-10 to categorize people as low-risk (<8), risky (8-15), high risk for AUD (>15).⁴ 	See screening for AUD in the CEP AUD tool for risk categorization. ⁴	
Patients who score 8-15 on the AUDIT-10 (risky alcohol use):			
Conduct brief intervention (BI)	Shift to: <ul style="list-style-type: none"> • Provide a 3-5 minute virtual brief intervention to those who score 8-15 on the AUDIT-10. 	See the intervention strategies in the CEP AUD tool. See Patient History for more information on brief interventions. ⁴	Canada's Low-Risk Drinking Guidelines: Confidential and drinking diary
Patients who score >15 on the AUDIT-10 (high risk for AUD)			
Further assess and diagnose	Continue to: <ul style="list-style-type: none"> • Diagnose patient with mild, moderate or severe AUD using the diagnose AUD history in the CEP AUD tool.⁴ • Determine if patient needs medically managed withdrawal. If yes, see support a planned withdrawal. Delay: <ul style="list-style-type: none"> • Postpone physical examinations and laboratory tests unless a patient has severe AUD, known liver disease or symptoms thereof and/or other end-organ damage. 	See physical examinations and laboratory tests in the CEP AUD tool for more information. ⁴ To determine if your patient is likely to need medical management for withdrawal, see medical withdrawal in the CEP AUD tool. ⁴	See the CEP's social services site for information on laboratories available by region. ⁴



Resources for physicians

[ADAPT](http://haltonadapt.org) – haltonadapt.org

[Alternatives for Youth](http://ay.on.ca) – ay.on.ca

[Centre for Addiction and Mental Health \(CAMH\)](http://camh.ca) – camh.ca

[ConnexOntario](http://connexontario.ca) – connexontario.ca

[Halton Community Services Directory](http://search.hipinfo.info) – search.hipinfo.info

[Halton FASD](http://haltonfasd.ca) – haltonfasd.ca

[Hope Place Centres](http://hopeplacecentres.org) – hopeplacecentres.org

[Infant and Child Development Services](http://halton.ca) – halton.ca

[One-Link](http://one-link.ca) – one-link.ca







Dr. Anna Holland, MD, CCFP (AM)



Family and Addiction Medicine Physician

Member, Managing Alcohol Use Disorder Working Group during COVID-19, Centre for Effective Practice



Alcohol Use Disorder (AUD) during the pandemic

Dr. Anna Holland MD CCFP (AM)



Faculty/Presenter Disclosure

Faculty: Dr. Anna Holland

Relationships with financial sponsors:

- **Grants/Research Support:** none
- **Speakers Bureau/Honoraria:** none
- **Consulting Fees:** none
- **Patents:** none
- **Other:** none

Faculty/Presenter Disclosure

- This program has not received financial support.
- This program has not received in-kind support.
- Potential for conflict(s) of interest: None

Mitigating Potential Bias

- Not applicable

Objectives

- 1) Learn how to screen, diagnose, treat and communicate with patients who have, or are at risk of developing AUD
- 2) Learn how to provide Brief intervention and referral to treatment (SBIRT) with patients

Case

38 year old woman has been your patient for a number of years. Over the pandemic she has escalated her drinking and has started to drink a bottle of wine at the end of the day. She states she has come to need it at the end of the day to relax and sleep. She has come in because she is concerned about her drinking.

Screening

- Recommend screen annually or when indicators
- Non-judgmental, supportive, friendly
- Possible indicators
 - After a recent MVC
 - Frequent work avoidance
 - Rosacea/Rhinophyma
 - High blood pressure
 - Cardiac arrhythmia
 - Insomnia
 - Exacerbation of sleep apnea
 - Liver disease
 - Chronic pain
 - Social problems
 - Legal problems

Screening

- The Alcohol Use Disorders Identification Test (AUDIT)
 - 10-item screening tool developed by the WHO
 - Both a clinician-administered & self-report versions
 - Categorize/stratify patients
- Quick screen: Single-item Alcohol Screening Questionnaire (SASQ)
 - How many times in the past year have you had 4 (women) or 5 (men) or more drinks on one occasion?

AUDIT-10

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Adapted from: <https://www.drugabuse.gov/sites/default/files/audit.pdf>

AUDIT-10

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Adapted from: <https://www.drugabuse.gov/sites/default/files/audit.pdf>

Stratify

AUDIT Score	0-7	8-15	16-19	20-24
Category	Low risk	Risky	High risk	Higher risk/dependent
Intervention	Simple Advice + Discuss benefits to low risk drinking	Simple Advice +/-Tips for reducing alcohol consumption	Simple Advice +Brief Counselling +Monitoring +Lab testing	Lab testing +Referral

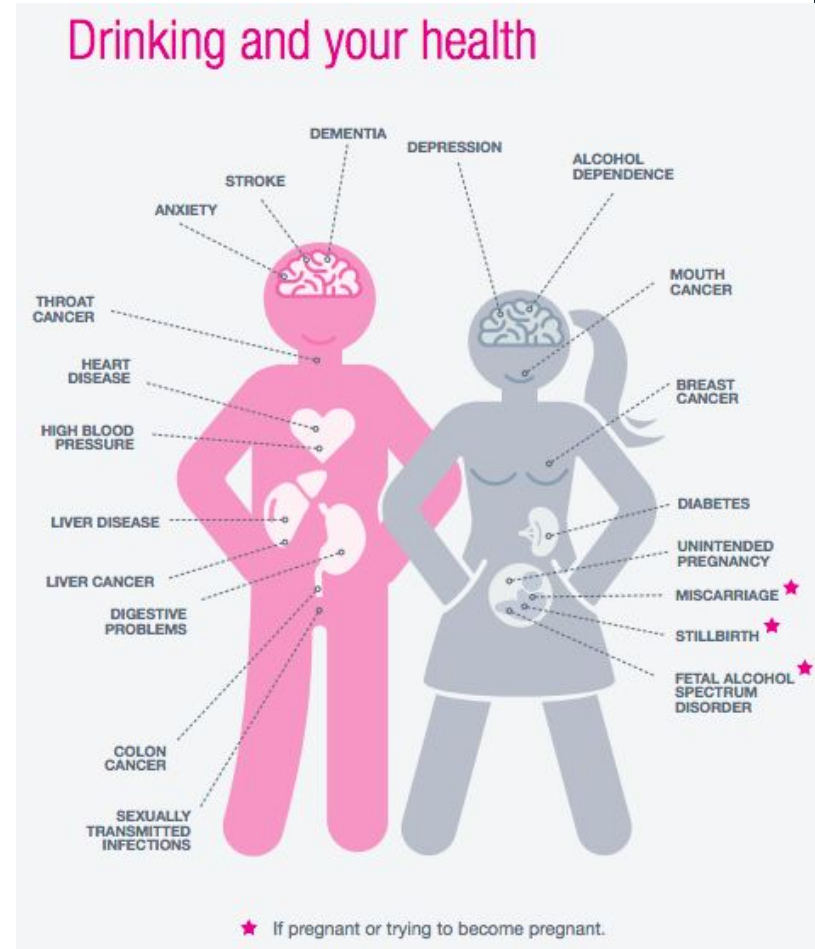
Low risk drinking guidelines

Reduce your long-term health risks by drinking no more than:

- 10 drinks a week for women, with no more than 2 drinks a day most days
- 15 drinks a week for men, with no more than 3 drinks a day most days
- Plan non-drinking days every week to avoid developing a habit.
- **SPECIAL OCCASIONS** Reduce your risk of injury and harm by drinking no more than 3 drinks (for women) or 4 drinks (for men) on any single occasion. Plan to drink in a safe environment.

Adapted from:

https://www.ccsa.ca/sites/default/files/2019-08/CCSA-Knowing-Your-Limits-with-Alcohol-Guide-2019-en_0.pdf



Diagnosis

DSM-5 Criteria for AUD

In the past 12-months have you:

- Had times when you ended up drinking more, or longer than you intended?
- More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- Spent a lot of time drinking? Or being sick or getting over the after effects?
- Experienced craving — a strong need, or urge, to drink?
- Found that drinking — or being sick from drinking — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- Continued to drink even though it was causing trouble with your family or friends?
- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there?

AUD Diagnosis



Mild (2-3)

Moderate (4-5)

Severe (6+)

Motivational Interviewing

OARS

- Open-ended questions
- Make Affirmations
- Use Reflections
- Use summarising

Four Further Principles

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self efficacy

Treatment

- Pharmacotherapy
- Counseling
- Refer to Mental health and Addiction services
- Harm reduction
- Support a planned withdrawal

Pharmacotherapy

Naltrexone

- Blocks opioid receptor & reduces euphoric effects of etoh to reduce drinking
- Dose: 25mg daily x3 days then increase to 50mg daily
- LFTs, urine drug screen (monitor)
- CIs: opioids, liver failure, elevated liver enzymes, pregnancy
- SEs: GI, liver enz
- LU: 532

Acamprosate

- Antagonizes glutamate receptors and reduces discomfort caused by imbalance of brain chemicals
- Dose: 333mg TID x7 days then 666mg TID
- Cr, lytes
- CIs: Renal disease, pregnancy
- SEs: GI, nervousness
- LU: 531

Non-Pharmacotherapy

- CBT
- Motivational Enhancement Therapy
- Marital and family counseling
- Community Reinforcement Therapy

Alcohol Withdrawal

- Start at 8 hours post last drink
- Peak at 24-72 hours
- May persist for weeks
- CIWA
- Past withdrawal predicts future episodes
 - History of severe withdrawal (seizures or DTs) need to be monitored medically
- Benzodiazepines first line

Case review

Your patient meets the criteria for a moderate AUD. Her goal is to stop drinking alcohol completely at least for a period of time. You start her on naltrexone and she starts attending virtual AA. She is able to be abstinent however it becomes apparent she also has anxiety.

Referrals

- 1) Rapid Access Addiction Medicine (RAAM) clinic
 - <https://hmraam.ca/>
- 2) One link: connecting individuals to addictions and mental health services in Mississauga and Halton
 - <https://one-link.ca/about/what-is-one-link/>

Submitted Questions

- 1) Should we increase the drinking age?
- 2) What strategies can be used to prevent alcohol misuse in youth?
- 3) How/when to report alcohol misuse to MTO?
- 4) Does alcohol misuse increase domestic violence rates?



Q&A

Thank you

q u e s t i o n s

Thank you!

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