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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).[1] 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.[2]

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.[3,4] 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 Enhancing Management of Chronic Conditions Using Virtual Care During COVID-19 resource for more guidance.[5]
- Pharmacotherapy and non-pharmacotherapy interventions can be initiated without laboratory tests and physical examinations in many cases. See manage with counselling 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 to achieve abstinence.
- Encourage patients who may have a physical dependence on alcohol to prepare for a disruption in their alcohol supply. See harm reduction.

Intervention-based guidance for managing at-risk drinking and AUD

Intervention	Guidance during the pandemic	Provider resources	Patient resources
Screen	**Shift to:** • 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 (see p. 3) to patients for completion.[6] 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.[7]	SASQ: How many times in the past year have you had [4 (women) or 5 (men)] or more drinks on one occasion?[7] Once or more is a positive screen.	AUDIT-10: Self-report version (see p. 3)[6]
Categorize	**Continue to:** • Use the AUDIT-10 to categorize people as low-risk (<8), risky (8-15) , high risk for AUD (>15).[6]	See screening for AUD in the CEP AUD tool for risk categorization.[1]	
Patients who score 8-15 on the AUDIT-10 (risky alcohol use):			
Conduct brief intervention (BI)	**Shift to:** • Provide a 3-5 minute virtual brief intervention to those who score 8-15 on the AUDIT-10.	See the conversations starters in the CEP AUD tool.[1] See Portico Network for more information on brief interventions.[8]	Canada's Low-Risk Drinking Guidelines[9] Goal setting and drinking diary[10]
Patients who score >15 on the AUDIT-10 (high risk for AUD)			
Further assess and diagnose	**Continue to:** • Diagnose patient with mild, moderate or severe AUD using the diagnosing AUD section in the CEP AUD tool.[1] • Determine if patient needs medically managed withdrawal. If yes, see support a planned withdrawal. **Delay:** • 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.[1] To determine if your patient is likely to need medical management for withdrawal, see alcohol withdrawal in the CEP AUD tool.[1]	See the CEP's local services site for information on laboratories available by region.[11]

Management and treatment for patients diagnosed with AUD

Intervention	Guidance during the pandemic	Provider resources	Patient resources

Manage with counselling	**Continue to:**
	• Due to a history of discrimination in the health care system against patients who use substances, it is important to clearly demonstrate empathy and compassion when providing care.
	• Offer frequent supportive counselling and follow-up visits until the patient is stabilized. The frequency of visits will depend on the patient, their needs and the severity of their AUD.
	  • See non-pharmacotherapy options in the CEP AUD tool for more information.[1]
	  • When patients are making changes and in periods of instability, visits should be every 1-2 weeks.
	  • When patients are more stable, the visits may be less frequent.
	• Offer harm reduction strategies and help patients to prepare for disruptions in their alcohol supply if self-isolation is required (see harm reduction).
	Shift to:
	• Provide follow-up visits and counselling virtually when appropriate.
		Billing information[2]	Safer Drinking Tips During COVID-19 is a resource to help patients make a plan for safe drinking.[12]

Manage with first-line medications	**Shift to:** • Offer and prescribe naltrexone or acamprosate virtually. **Delay:** • Consider delaying testing of liver enzymes for up to two weeks after starting medication unless a patient has severe AUD, known liver disease or symptoms thereof and/or other end-organ damage. • Consider previous lab results from all sources to see if a patient has completed liver enzyme tests in the past.	See pharmacotherapy options in the CEP AUD tool for more information on naltrexone and acamprostate.[1]	Information on naltrexone and acamprosate.[13,14]
Refer to mental health and addiction services	**Shift to:** • Connect patients to virtual mental health and addiction resources. • See the virtual patient resources for at-risk drinking and AUD for more information.[2]	Information hubs that can be used to locate various services in Ontario: • Call 211 Ontario[15] • ConnexOntario online directory or call 1-866-531-2600[16] • The Drug Rehab Services directory[17]*	
Harm reduction	**Continue to:** • Demonstrate understanding if patient is not ready to make changes. Not all patients will be receptive towards making a change and seeking treatment. • Let your patient know that they can always get back in touch if their readiness for treatment changes. Use validated tools, such as Assessing Readiness to Change - Transtheoretical Model, to assist in gauging your patients' readiness.[18] • Maintain relationship with your patient, demonstrate empathy and respect for their decision. **Shift to:** • Supporting patients with physical dependence on alcohol to create a personalized plan during the pandemic. • This plan can help to prepare patients if their alcohol supply is disrupted or if self-isolation is required to avoid precipitating withdrawal and/or patient consumption of toxic alcohols. Building a personalized plan with your patient can also help support their nutrition/food security, environment, and management of co-morbidities. Provide your patients with the Coping During COVID-19 resource for strategies to promote healthy living.[20]	Consult the Managed Alcohol Programs in Canada resource to help patients access alcohol during the pandemic and utilize the Safer Drinking Tips during COVID-19 resource to help patients in creating a personalized plan.[12,19]	
Support a planned withdrawal	**Continue to:** • Emphasize to patients to not abruptly stop their drinking. • If you do not have expertise in managing alcohol withdrawal, refer patients to a substance use specialist to manage the withdrawal process (where available). Connect with specialists using OTN eConsult.[21] • If prescribing benzodiazepines, please consider the risks of benzodiazepine use in this patient population and consider the use of long-acting benzodiazepines, such as diazepam, over short-acting ones as they have been shown to be more effective at preventing complications.[1,22,23] • Refer a patient to the emergency department for urgent/emergent treatment. **Shift to:** • Provide virtual assessments for those who are unlikely to need medical management. **Delay:** • 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 to achieve abstinence.	To determine if your patient is likely to need medical management for withdrawal, see alcohol withdrawal in the CEP AUD tool.[1] For more information on withdrawal management, see Portico Network.[24]	Alcohol withdrawal resource – signs and symptoms of withdrawal[25]

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Additional guidance for planned alcohol reduction to achieve abstinence

If there is limited availability of non-medical withdrawal beds (detox beds) and formal medically monitored and managed alcohol withdrawal programs, but the patient is intent on reducing or discontinuing alcohol use during the pandemic, then consider guiding them through a slow taper instead.

- Tapering should take a gradual approach of weeks to months.
- Consider prescribing naltrexone to assist with alcohol cravings.
- Advise patient to monitor and record their alcohol intake closely.
- Consider a slow taper of 10% of intake every 7 to 14 days, but directed by patient goals and symptoms.
- Monitor patient virtually at least weekly and assess for withdrawal symptoms within 12 hours of the last reduction.
- Familiarize the patient with the signs and symptoms of withdrawal.
  - See alcohol withdrawal in the CEP AUD tool.[1]
  - Provide patient resources, such as an alcohol withdrawal resource, that can help patients know the signs of alcohol withdrawal and when to go to an emergency department.[25]
- Let your patient know that if this method of a planned alcohol reduction is not successful an alternative is outpatient or in-patient medically-assisted withdrawal.
- Consult a specialist if tapering needs to be done rapidly (e.g. prior to surgery).[23]

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This Resource was developed by the Centre for Effective Practice and Department of Family and Community Medicine, University of Toronto. Clinical leadership for the development of the Resource was provided by Dr. Sheryl Spithoff and Dr. Jose Silveira and by the Managing At-Risk Drinking and Alcohol Use Disorder (AUD) During COVID-19 Working Group. The Managing Chronic Conditions during COVID-19 Advisory Committee provided feedback and input. This Resource was also subject to external review by health care providers and other relevant stakeholders. The development of this Resource was funded by the Government of Ontario as part of the Knowledge Translation in Primary Care.

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eHealth Centre of Excellence

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