First Nations Health Authority
Health through wellness

ALCOHOL USE: RISK MITIGATION STRATEGIES DURING A PANDEMIC

During crisis situations such as the COVID-19 pandemic, individuals may face challenges impacting their regular pattern of alcohol consumption, such as a sudden or unexpected shortage of safe alcohol supply and a reduction in available treatment options.

This document will outline resources and options to address the potential risks of withdrawal related to changes in alcohol intake. Withdrawal is most likely to occur when changes in consumption/availability are rapid, i.e. communities 'closing down' and no access to alcohol purchase. Withdrawal results in an overall state of CNS hyperactivity and a lower seizure threshold and for some individuals this can result in severe complications including death.

Below are options to help support individuals struggling with alcohol use disorder (AUD) during unexpected barriers to accessing alcohol. When treatment planning with clients, it is important for the clinician to understand what the client's goals and expectations are regarding their alcohol use. Clinicians are encouraged to screen appropriately and adopt strategies to minimize alcohol-related harms rather than imposing abstinence.

These strategies could include:

- Encouraging individuals to reduce their drinking (e.g., drinking one less day/week or one less drink/day).
- Ensuring a safe supply of alcohol is available through a community led managed alcohol initiative. If an individual is able to continue to drink the amount of alcohol their body is accustomed to, there is less risk they will experience symptoms of withdrawal.
- Providing pharmaceutical interventions to aid an individual in gradually reducing or abstaining from alcohol intake.
- Provide withdrawal management support with the aid of pharmacotherapies (medical support needed).

The table below has key points and resources listed for each level of support:

Alcohol Use Disorder (AUD) Risk Mitigation Strategies	
Reduced Drinking	As a harm reduction measure where medical withdrawal is not available or deemed appropriate, it is recommended that a managed alcohol taper be considered. Examples of possible taper schedules: • Individualize the taper by 1 standard drink/3 days (aggressive), weekly (moderate taper) or every 2-3 weeks (mild tapering). • Consider using the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) to keep the withdrawal symptoms below 10. The approach should be individualized, incremental, and with an indeterminate timeline. To support a facilitated conversation consider using a Brief Action Planning or motivational interviewing approach

ALCOHOL USE: RISK MITIGATION STRATEGIES DURING A PANDEMIC

	Resource: BCCSU Provincial standards for Clinical Management of High Risk Drinking and Alcohol Use Disorder: https://www.bccsu.ca/alcohol-use-disorder/ Safer Drinking Tips During COVID-19 and Counting your Drinks: https://www.uvic.ca/research/centres/cisur/projects/map/index.php

Managed Alcohol Approach	Ensuring a safe, accessible supply of alcohol is a harm reduction strategy that can reduce consumption of non-beverage alcohol, home brews and volume of consumed alcohol. During a pandemic when faced with limited access to alcohol and treatment options, supporting individuals with a managed alcohol approach could help ensure a safe, consistent supply of alcohol as a means to reduce the risks associated with unintended withdrawal and binge-drinking patterns.
	
	Managed Alcohol (MA) may be useful:
	• for individuals who are suffering from Alcohol Use Disorder, have seizure risks, and risks for over-intoxication
	• for individuals with AUD who are unable to reduce drinking, have limited access to pharmaceutical interventions, and have had repeated unsuccessful attempts at detox and/or traditional inpatient withdrawal attempts
	
	If there is a need to incorporate a Managed Alcohol approach within community, consider some of the following components that would need to be developed specific to each community, based on need. For example:
	• Team roles and responsibilities (Nursing, Health Director, NNADAP) Nursing considerations:
	  ○ The scopes of practice of RNs, LPNs and RPNs allow for nurses to participate in managed alcohol programs (MAPs). Considerations for a nurse performing activities such as providing alcohol, within their autonomous scope of practice (without an order from a physician or nurse practitioner) include the respective *Standards for Acting without an Order/Acting within Autonomous Scope of Practice*
	  ○ The provision of alcohol is not a restricted health care activity and nothing in the Federal Liquor Control and Licensing Act prevents nurses from providing liquor for medical purposes (see page 63 Legislation Relevant to Nurses Practice).
	  ○ If nurses are performing MAP activities within their autonomous scope of practice, clearly defined organizational processes should be established.
	  ○ A full list of the relevant standards can be found in the various scope of practice documents at www.bccnp.ca

ALCOHOL USE: RISK MITIGATION STRATEGIES DURING A PANDEMIC

	• Procurement and storage of alcohol • Documentation: assessments and administration records • Prescriber role: Individualized dosing and administration schedules **Resource:** Scaling Up of Managed Alcohol Programs Guide: https://www.uvic.ca/research/centres/cisur/projects/map/index.php
Pharmaceutical Interventions	Pharmacotherapy can play an important role in supporting individuals with AUD to reduce or stop drinking, depending on the client's treatment goals. Consider having adequate stock of these medications and advocate for local prescribers to be educated on these pharmaceutical options in the treatment of AUD. First-line medications include Naltrexone, Acamprosate, and other alternative therapies that may be helpful such as Topiramate, Gabapentin, Disufiram, Ondansetron, Baclofen. • Naltrexone may be used for both alcohol reduction and abstinence and can be started while client is still drinking. • Acamprosate (supply currently limited) is used to support abstinence. Client must be sober to start. • Topiramate can also be started while client is still drinking. It helps reduce the urge to drink, reduces the chance of having seizures should alcohol become unavailable unexpectedly, and there is some anecdotal evidence that it can be helpful for individuals with PTSD. • Gabapentin can be effective if client has a history of seizures, although there is a higher risk of potential misuse. This medication can also be started while a client is still drinking.
Withdrawal Management	A systematic method for predicting the risk of severe withdrawal symptoms may support decision making in identifying withdrawal management pathways. • Clinicians should use the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) to predict the risk of severe complications with withdrawal. A score of 4 or higher indicates inpatient treatment is indicated. https://www.bccsu.ca/alcohol-use-disorder/ • Recognizing that inpatient treatment may not be an option due to limited access to resources during the pandemic, consider harm reduction measures and outpatient management strategies listed below that could be implemented in an outpatient setting.
Outpatient Withdrawal Management	In ideal circumstances outpatient withdrawal management is to be considered for clients who score less than 4 on the PAWSS scale, and have an absence of uncontrolled comorbid medical conditions, cognitive impairment, acute illness, co-occurring serious psychiatric symptoms, co-occurring (any) other substances (e.g., opioids) and pregnancy.

ALCOHOL USE: RISK MITIGATION STRATEGIES DURING A PANDEMIC

	In the context of the COVID-19 pandemic, individuals could potentially have difficulty accessing inpatient withdrawal management due to closures and community lockdowns. Consider safe options and alternative strategies for the client in the circumstances available that may not be ideal, but could be life-saving. Consider, in partnership with the client and care team: • incorporating telehealth options for assessing and monitoring • incorporating support from friends and family for symptom monitoring • ensuring a safe supportive place for outpatient withdrawal management to happen • creating a safety plan: what to do if things go wrong Refer to the BCCSU AUD guidelines https://www.bccsu.ca/alcohol-use-disorder/
Inpatient Withdrawal Management	Most health authorities have existing protocols in place and can be adapted to a nursing station setting.

Resources:

British Columbia Centre on Substance Use, (2019). Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder. Retrieved from: https://www.bccsu.ca/alcohol-use-disorder/

British Columbia Centre on Substance Use, (2019). Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder: Summary of Recommendations. Retrieved from: https://www.bccsu.ca/wp-content/uploads/2019/12/AUD-Recommendations.pdf

British Columbia Centre on Substance Use, (2020). COVID-19. Retrieved from: https://www.bccsu.ca/covid-19/

British Columbia Centre on Substance Use, (2020). Risk Mitigation in the Context of Dual Public Health Emergencies. Retrieved from: https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf

Canadian Centre on Substance Use and Addiction, (2020). Canada's Low-Risk Alcohol Drinking Guidelines. Retrieved from: https://ccsa.ca/canadas-low-risk-alcohol-drinking-guidelines-brochure

Canadian Coalition for Seniors Mental Health, (2019). Canadian Guidelines on Alcohol Use Disorder Among Older Adults. Retrieved from: https://ccsmh.ca/wp-content/uploads/2019/12/Final_Alcohol_Use_DisorderV6.pdf

Canadian Centre on Substance Use and Addiction, (2020). Alcohol. Retrieved from: https://www.ccsa.ca/alcohol

ALCOHOL USE: RISK MITIGATION STRATEGIES DURING A PANDEMIC

Canadian Institute for Substance Use Research, (2020). Safer drinking tips during COVID-19. Canadian Institute for Substance Use Research. Retrieved from: https://www.uvic.ca/research/centres/cisur/about/news/current/safer-drinking-tips-during-covid-19.php

Canadian Institute for Substance Use Research, (2020). The Canadian Managed Alcohol Program Study (CMAPS). Retrieved from: https://www.uvic.ca/research/centres/cisur/projects/map/index.php

Canadian Institute for Substance Use Research, (2020). Scaling Up of Managed Alcohol Programs Guide. Retrieved from: https://www.uvic.ca/research/centres/cisur/projects/map/index.php

Centre for Collaboration and Motivation, (2020). Brief Action Planning. Retrieved from: https://centrecmi.ca/brief-action-planning/

First Nations Health Authority, (2020). Supporting People with Alcohol Dependency during COVID-19. Retrieved from: https://www.fnha.ca/Documents/FNHA-Supporting-People-with-Alcohol-Dependency-during-COVID-19.pdf

McGill University, (2012). Motivational Interviewing Techniques – Facilitating Behaviour Change in the General Practice Setting. Retrieved from: https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf