

Recognition and Management of Alcohol Use Disorder

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Learning Objectives

- Review burden of alcohol use disorder and options for screening
- Explore outpatient and inpatient detox protocols and how to determine what is the appropriate level of care
- Identify medications used for assisting with maintenance of sobriety

DISCLOSURES

- No relevant commercial relationships to disclose
- Opinions expressed are my own and do not represent any employers or other organizations with which I am affiliated

How much do we drink?

- Everyone downplays negative traits and amplifies positive ones when asked to self report
- Can correlate self reported consumption data with alcohol sales

Why care?

- ETOH accounted for nearly 1 in 10 deaths and over 1 in 10 years of potential life lost in US (2006-2010)
- Study looked at millions of hospital encounters in 2017
 - 2.5mill ED visits related to ETOH
 - 1.6mill inpatient encounters related to ETOH
 - Estimated cost of nearly \$7.6 BILLION

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4075492/>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777032>

Pandemic Impact

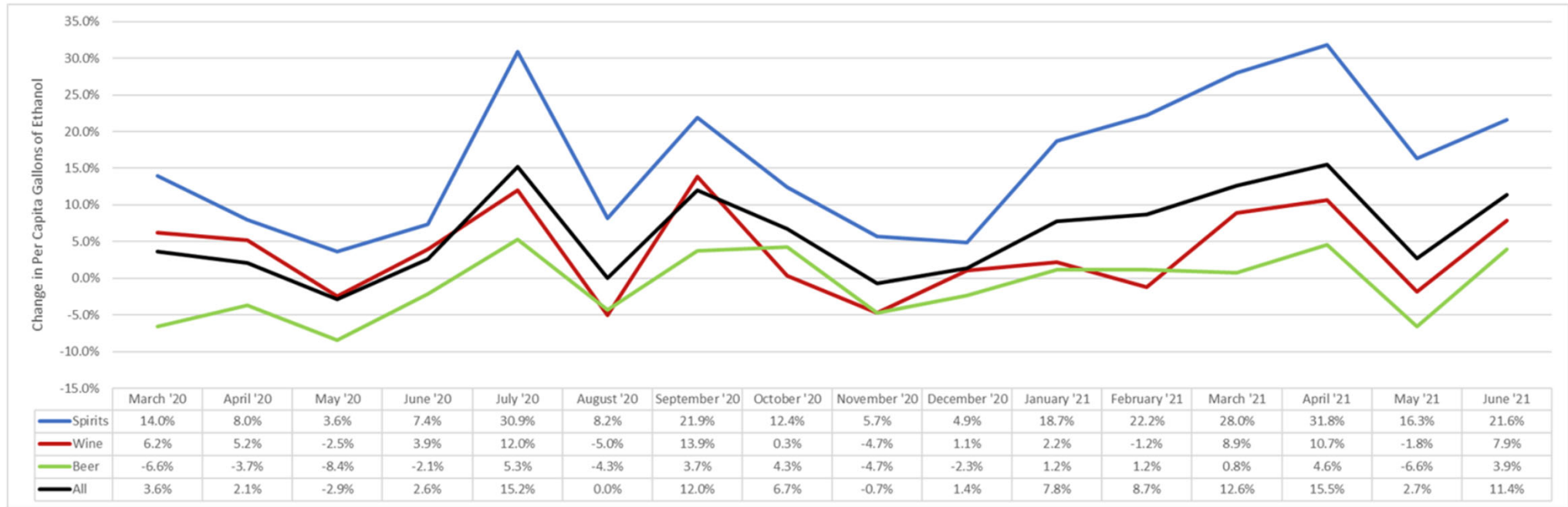
- Many states had emergency/executive orders that impacted alcohol sales
 - Allowed for 'to-go' or curbside pickup
 - Allowed for home delivery of alcohol
 - Changed days/hours it could be sold
 - Some of these changes are not being rescinded
- NIAAA looked at data of alcohol sales during 2020/2021 in 14 states compared to the average sales 2017-2019
 - Showed wine/spirits sales increased, beer sales more stable

[https://alcoholpolicy.niaaa.nih.gov/sites/default/files/static/apis_covid-19_memo_4.22.20_508c_\(3\).pdf](https://alcoholpolicy.niaaa.nih.gov/sites/default/files/static/apis_covid-19_memo_4.22.20_508c_(3).pdf)

<https://wapo.st/3sOcTBM>

<https://pubs.niaaa.nih.gov/publications/surveillance-covid-19/COVSALES.htm>

Figure 1. Percentage changes in monthly per capita sales of alcoholic beverages (in gallons of ethanol) in 2020 or 2021 compared to the 2017–2019 3-year average in 14 states combined (Alaska, Colorado, Connecticut, Delaware, Florida, Illinois, Kentucky, Massachusetts, Minnesota, Missouri, North Dakota, Tennessee, Texas, and Virginia).



Note: Source of State Population Denominators: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Bridged-Race Population Estimates, United States July 1st Resident Population by State, County, Age, Sex, Bridged-Race, and Hispanic Origin. Vintage 2020 postcensal population estimates (released on 9/22/2021). Available on CDC WONDER Online Database at: <https://wonder.cdc.gov/Bridged-Race-v2020.HTML>.

Data for Figure 1

- [https://alcoholpolicy.niaaa.nih.gov/sites/default/files/static/apis_covid-19_memo_4.22.20_508c_\(3\).pdf](https://alcoholpolicy.niaaa.nih.gov/sites/default/files/static/apis_covid-19_memo_4.22.20_508c_(3).pdf)
- <https://wapo.st/3sOcTBM>
- <https://pubs.niaaa.nih.gov/publications/surveillance-covid-19/COVSALES.htm>

Pandemic Impact

- Survey of nearly 2,000 adults in 2020
 - 34% of sample reported binge drinking
 - Binge drinkers increased alcohol consumption
 - Every one-week increase in lockdown resulted in 1.19 greater odds of binge drinking
- Different survey of over 800 adults surveyed one year apart
 - Increase in baseline use of alcohol
 - Increase in number of days of heavy drinking for women
 - Increase in report of problems related to alcohol use independent of level of consumption

<https://pubmed.ncbi.nlm.nih.gov/33280423/>

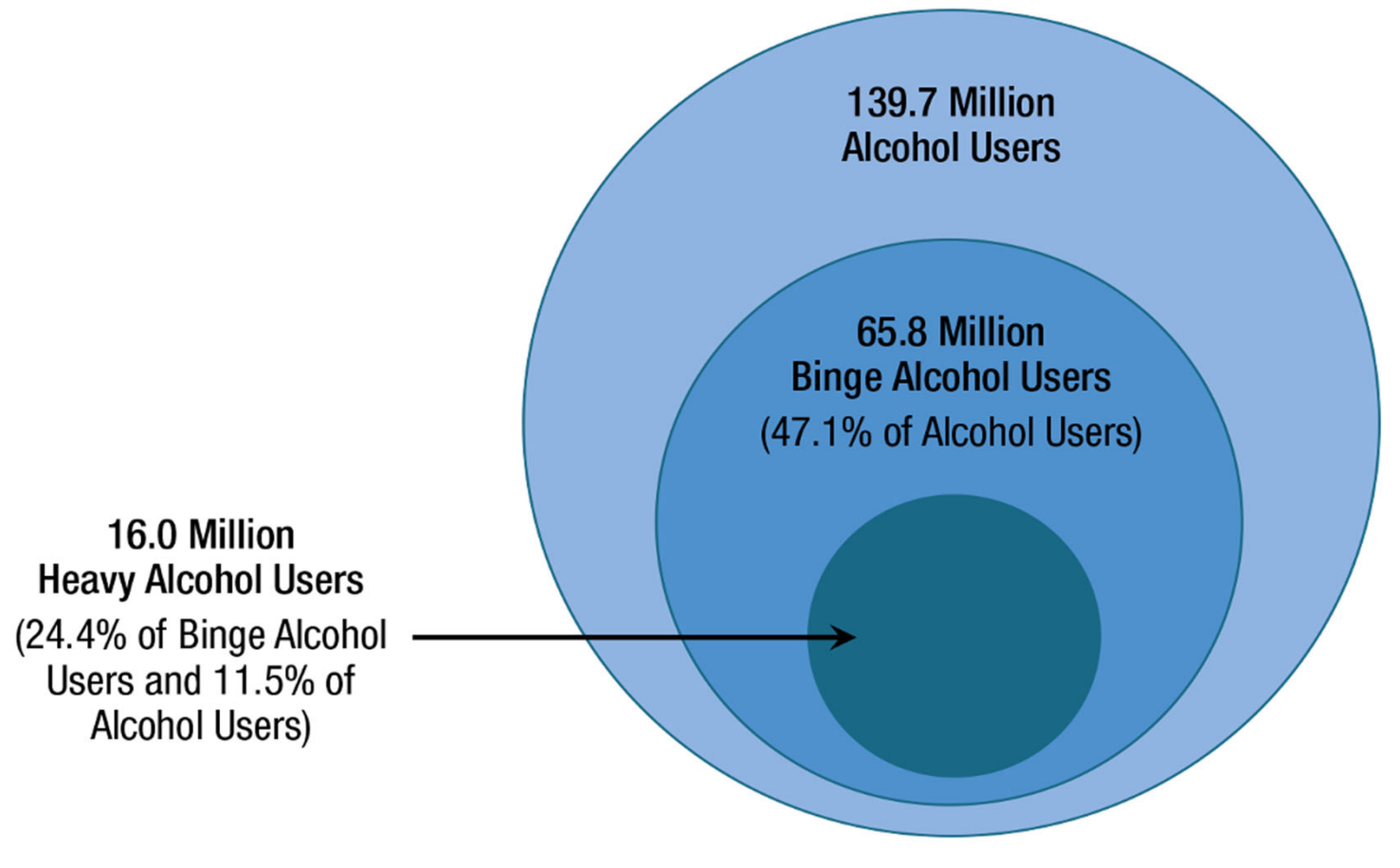
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975>

Pandemic Impact

- Using data that showed a 21% increase in binge drinking behavior, projected out the impact this would have over time
- 1 year increase in alcohol consumption
 - By 2023
 - 100 additional deaths
 - 2,800 additional cases of liver failure 8,000 additional deaths from alcohol-related liver disease
 - By 2040
 - 18,700 additional cases of liver failure
 - 1,000 additional cases of liver cancer
- If increase in alcohol consumption continues for >1yr could result in increased in mortality of 19–35%

<https://aasldpubs.onlinelibrary.wiley.com/doi/full/10.1002/hep.32272>

Current, Binge, and Heavy Alcohol Use among People Aged 12 or Older: 2019



Risks of Alcohol

- Cardiomyopathy, stroke, HTN, arrhythmias (esp. A fib)
- Liver disease
- Pancreatitis
- Drinking increases risk of cancer: oropharyngeal, esophageal, colorectal, liver and breast
- Increases risk of violence, both as victim and aggressor
 - Among the violent deaths with a reported BAC,
 - 41.1% had a positive BAC
 - 27.7% had a BAC \geq 0.08 g/dL
- Increases risk of STD and HIV transmission
- Increased risk of death in combination with opioids/benzodiazepines

<https://www.cdc.gov/alcoholportal/>. <https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body>

<https://pubmed.ncbi.nlm.nih.gov/33745953/>

Definitions



HOW MUCH BEER IS IN A GROWLER?



Source: staff research

Amy Haneline/The Star

How Many Shots Are in a Bottle?

* Based on the average 1 1/2 ounce shot

Volume	Weight	Shots
50 ml	1.7 oz	1 shot
100 ml	3.4 oz	2 shots
200 ml	6.8 oz	4 shots
375 ml	12.7 oz	8 shots
750 ml	25.4 oz	16 shots
1 L	33.8 oz	22 shots
1.5 L	50.7 oz	33 shots
1.75 L	59.2 oz	39 shots
3 L	101.4 oz	67 shots
4.5 L	152.2 oz	101 shots

Labels: Miniature (Mini or Nip), Quarter Pint, Half Pint, Pint, Standard Bottle (Fifth), Liter, Magnum, Half Gallon (Handle), Double Magnum (Jeroboam), Rehoboam.


from the spruce









Be Aware

- Hand sanitizer
 - Products should contain 60%–95% alcohol ($\geq 60\%$ ethanol or $\geq 70\%$ isopropanol)
 - Increasing reports of poisoning related to hand sanitizer ingestion
 - Both intentional (1) and accidental (2)
 - Case report in 2020: 15 cases of methanol poisoning in Arizona and New Mexico from imported sanitizer (3)
 - Four patients died, 3 with permanent visual impairment
- Extracts as source (4)
 - Per FDA, must be at least 35% alcohol by volume (5)
 - Homemade extract is just vodka with spice (e.g. vanilla, almonds)

1- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3408316/> (intentional) 2- <https://pubmed.ncbi.nlm.nih.gov/28253227/> (accidental)
3- <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e1.htm> (methanol) 4- <https://pubmed.ncbi.nlm.nih.gov/33191804/> (stoned on spices) 5- <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm>

Risky Drinking Definitions



Low-risk drinking limits		MEN	WOMEN
On any single DAY	No more than	4 	3 
	drinks on any day	4 	3 
		** AND **	** AND **
Per WEEK	No more than	14 	7 
	drinks per week	14 	7 

To stay low risk, keep within BOTH the single-day AND weekly limits.

<https://www.councilsepa.org/programs/screening-brief-intervention-and-referral-to-treatment-sbirt/what-is-low-risk-drinking/>

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>

https://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/pocket_guide2.htm

<https://www.cdc.gov/alcohol/onlinemedia/infographics/excessive-alcohol-use.html> <https://www.businessinsider.com/what-the-lines-on-a-solo-cup-mean-2012-6>

Benefit of Screening

- USPSTF says SBIRT for alcohol is Level B recommendation
- “...counseling interventions to reduce unhealthy alcohol use were associated with reductions in...
 - Overall alcohol use
 - The odds of exceeding recommended drinking limits
 - Heavy use episodes at 6 to 12 months of follow-up. ”

<https://jamanetwork.com/journals/jama/fullarticle/2714536>

Screening

Screen in
every practice
setting

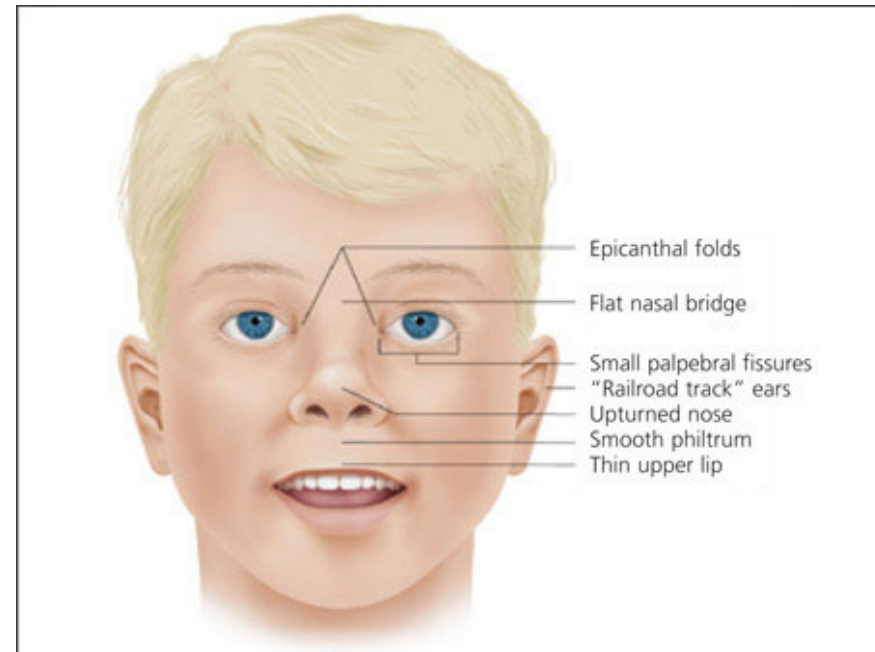
- Adults
 - Alcohol Use Disorders Identification Test (AUDIT and AUDIT-C)
 - CAGE
 - If 2 “yes” answers, 71% sensitive/90% specific for alcohol use disorder by DSM-IV criteria
 - TACE (ACOG recommended <https://bit.ly/2HemNGw>)
 - NIAAA Single Question Screen
 - “How many times in the past year have you had more than 4/5 drinks in a day?”
 - DSM-5 Level 1 or 2 screens
 - Longer screens available
- Adolescents (12yo+)
 - CRAFFT
 - Recommended by AAP
 - Note: USPSTF says insufficient evidence to recommend for/against screening adolescents

Fetal Alcohol Spectrum Disorder (FASD)



National Organization on Fetal Alcohol Syndrome

STAMP OUT STIGMA



Resources

<https://nofas.org/>

AAP <https://bit.ly/3eHIK06>

<https://www.cdc.gov/ncbddd/fasd/index.html>

<https://www.aafp.org/afp/2005/0715/p279.htm>

Fetal Alcohol Spectrum Disorder (FASD)

- 1 in 100 or 40,000 newborns every year
 - FASD more common than Down Syndrome, Cerebral Palsy, SIDS, Cystic Fibrosis and Spina Bifida COMBINED
- Alcohol-Related Neurodevelopmental Disorder (ARND)
 - cognitive and behavioral difficulties
- Alcohol-Related Birth Defects (ARBD)
 - primarily affecting heart, kidneys, bones, hearing
- Fetal Alcohol Syndrome (FAS)
 - physical, behavioral and cognitive issues; range from mild impairments to fetal demise
- Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)
 - 3 requirements- problems with thinking, behavior and ADLs

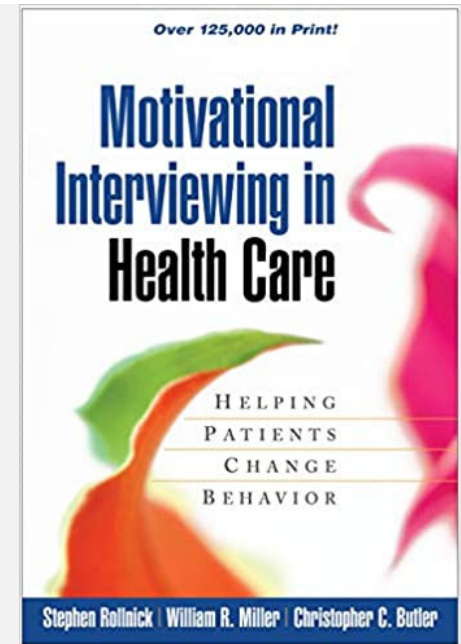
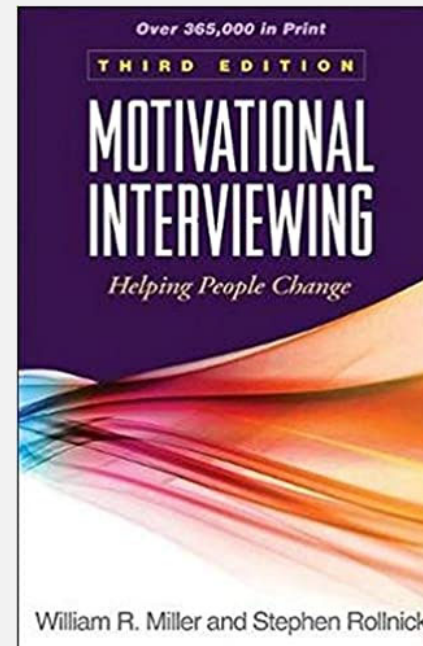
<https://www.cdc.gov/ncbddd/fasd/facts.html>

<https://www.nofas.org>

Motivational Interviewing

- “OARS”
 - Open questions
 - Affirmation
 - Reflection
 - Summarizing

- Listening for change talk



Reimbursement

- You can get paid for screening for alcohol/substance use
 - And get paid more for doing a brief intervention
- Also with new reimbursement guidelines, if you spend more time doing the intervention, you can increase the visit level
 - Just document the total time spent

<https://www.aafp.org/fpm/2017/0500/p12.html>

Don't forget the vitamins!



- Banana bags too dilute
 - Not just poor intake → cirrhotic liver also impacts metabolism
- Thiamine 100mg IV (to start), then PO
- Magnesium & Cobalamin (B12)
 - Must be replaced to allow for optimal thiamine utilization
 - But usually time to check a level
- Potassium abnormalities → check EKG
- ICU protocol for severe withdrawal (2016)
 - IV Thiamine, Mag, Folate
- Remember that the “frequent flyers” are often given supplements at every ED visit- much less likely to be deficient than “covert” drinkers

Wernicke Encephalopathy *

- Thiamine (B1) deficiency
 - Any nutritional deficiency, including bariatric surgery
- Can develop in 2-3 weeks
- Classic Triad: encephalopathy, ataxia, oculomotor abnormality
 - Really any altered mental status in setting of nutritional difficulties
 - Also hypothermia with hypotension
- Incidence of 12.5% in people with alcoholism
- Continue oral thiamine for as long as they continue to drink
- Must give IV/IM dose of Thiamine before or while giving glucose

Korsakoff Psychosis

- Anterograde and retrograde amnesia
 - Can repeat things back but no long-term memory
- Confabulation
 - Filling in memory gaps with any available information
- More likely present during alcohol withdrawal due to increased demands
- Rarely reversible
 - If improvement with high dose thiamine (IV/IM) – can continue to give until plateau in improvement

<https://pubs.niaaa.nih.gov/publications/arh27-2/134-142.htm> <https://emedicine.medscape.com/article/288379-clinical#b3>.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545191/>

PAWSS: Prediction of Alcohol Withdrawal Severity Score

1. Have you had any alcohol in last 30days [or +BAL at visit]?
2. Prior alcohol withdrawal?
3. Prior withdrawal seizures?
4. Prior DTs?
5. Attended rehab before?
6. Ever had blackouts?
7. Mixed alcohol with downers e.g. BZDs?
8. Mixed alcohol with any other substance of abuse?
9. Was BAL >200 (0.2)?
10. Evidence of increased autonomic activity (HR >120, tremor, agitation).

Free on medical calculators

<https://medicine.med.ubc.ca/files/2015/06/Alcohol-2015.pdf>

PAWSS: Prediction of Alcohol Withdrawal Severity Score

- What is it?
- 4 or more positive, HIGH RISK for mod/severe withdrawal
- Idea is to be more aggressive with prophylactic meds

Does an alcohol taper work?

- Risky, especially if +PAWSS
- Consider reducing by 1-2 standard drinks every 1-2 days
 - But protracted withdrawal expected
 - Internet search: lots of recommendations from non-official sources...

Clinical Institute Withdrawal Assessment for Alcohol- Revised (CIWA-Ar)

Total score: <9 mild/no withdrawal; 10-19 moderate; 20+ severe withdrawal

Nausea/Vomiting: 0-7	Tremor: 0-7	Sweats: 0-7	Anxiety: 0-7
Agitation: 0-7	Tactile Disturbances: 0-7	Auditory Disturbances: 0-7	Visual Disturbances: 0-7
	Headaches: 0-7	Orientation: 0-4	

Max score: 67

Where to admit?

- Hard and fast rules not helpful for admission criteria
- Consider not just current CIWA score but also how many doses of meds it took to get patient there
 - 20+ can be ICU/CCU
- Also look at past history – if prior DTs/seizures want more frequent monitoring

Kindling

- With each withdrawal symptoms are worse and start sooner after cessation
 - Lower seizure threshold
- Carbamazepine most studied
 - Oxcarbamazepine may also be effective
 - Gabapentin also has positive studies
- Increasing evidence for Topiramate, Zonisamide
- *All off label uses

<https://pubs.niaaa.nih.gov/publications/arh22-1/25-34.pdf> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000183/>
<https://academic.oup.com/alcalc/article/46/2/177/199299>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759952/> <https://www.aafp.org/afp/2013/1101/p589.html>

Prophylactic
vs
Symptomatic
vs
Fixed Dosing

- Prophylactic actually uses less medicine and less complications
- Symptomatic once treatment initiated also uses less meds and less complications/side effects
- Fixed dose taper helpful for outpatient management

Acute Withdrawal: Inpatient

- Gold Standard is Benzodiazepines
- If PAWSS positive, even if CIWA neg → start BZD taper
- Want long-acting BZD (Chlordiazepoxide or Diazepam)
 - Less rebound

Equivalency Chart

Chlordiazepoxide (Librium)	Diazepam (Valium)	Lorazepam (Ativan)	Alprazolam (Xanax)	Clonazepam (Klonopin)
25mg	10mg	2mg	1mg	0.5mg

Resistant Alcohol Withdrawal

- If large doses of BZD or drip is unsuccessful
 - >150mg Diazepam or >30mg Lorazepam in first 4 hours, add a med:
 - Propofol
 - Phenobarbital/pentobarbital
 - Some argue that Phenobarbital should be the first med you reach for due to better pharmacokinetic/dynamic profile
 - Dexmedetomidine (Precedex) (IV alpha 2 agonist)
- Ketamine?

<https://emedicine.medscape.com/article/819502>. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759952/>. https://www.asam.org/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol-1.pdf Dexmedetomidine <https://bit.ly/2QI5Haf>

Phenobarbital <https://emcrit.org/pulmcrit/phenobarb-sampler/> https://emcrit.org/ibcc/etoh/#advantages_of_phenobarbital_over_benzodiazepines

Ketamine https://journals.lww.com/ccmjournal/Abstract/2018/08000/Adjunct_Ketamine_Use_in_the_Management_of_Severe.33.aspx

Assessment: ASAM Criteria

- 6 Domains to assess treatment location/placement
 1. Acute intoxication or withdrawal potential
 2. Biomedical conditions and complications
 3. Emotional, behavioral, or cognitive conditions or complications
 4. Readiness for change
 5. Relapse, continued use or continued problem potential
 6. Recovery/living environment
- Labs
 - CBC, CMP (renal, LFTs)
 - Consider Hepatitis, HIV, TB assessment
 - Per guidelines, don't delay treatment waiting for lab results

<https://www.asam.org/asam-criteria/about>

<https://www.asam.org/Quality-Science/quality/guideline-on-alcohol-withdrawal-management>

To admit or not to admit?

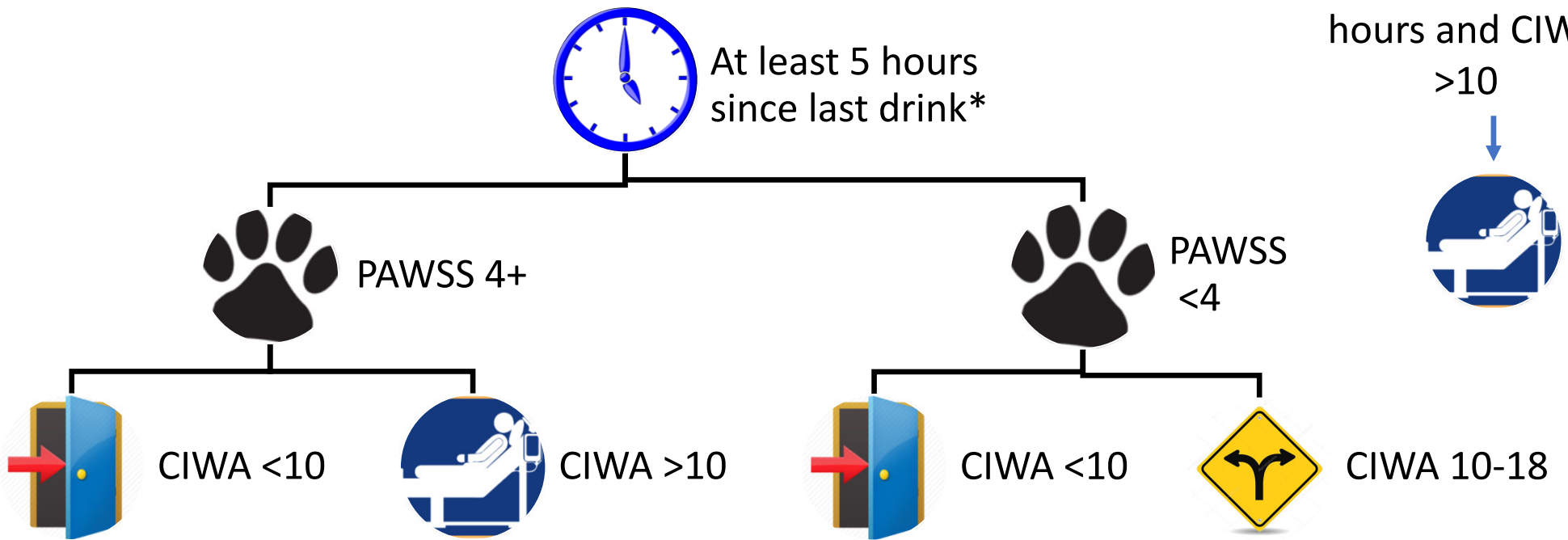
- Use the CIWA and the PAWSS
 - CIWA >18 = Admit (doesn't matter the PAWSS)
 - CIWA 10-18 = can be outpatient if no hx of DTs/seizure
 - CIWA <10 + PAWSS >4 = clinical judgment but usually outpatient
 - CIWA <10 + PAWSS <4 = Lowest risk, may not need any w/d meds, only meds for supportive care

https://cdn-links.lww.com/permalink/jam/a/jam_00_00_2020_04_06_white_jam-d-20-00038_sdc1.pdf

<https://www.the-hospitalist.org/hospitalist/article/121823/should-patient-who-requests-alcohol-detoxification-be-admitted-or-treated>

https://www.asam.org/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol-1.pdf

Admit Flowchart



Alcohol – Acute Withdrawal/Detox

- Gold standard is BZD taper in/out-patient
 - Long acting preferred
 - If bad liver- use Lorazepam (off label)
- Anticonvulsants +/- BZDs
 - Valproate, Carbamazepine, Gabapentin, Topiramate
 - Not good evidence for using alone per Cochrane in 2010
 - But systematic review in 2018 found good evidence
- Adjuvants
 - Antidepressants/antipsychotics, Anti-hypertensives *off label
- Outpatient protocols for mild/moderate AWS (AAFP, ASAM)

https://www.researchgate.net/publication/8458430_3_Regimens_for_alcohol_withdrawal_and_detoxification <https://bit.ly/2VSTDjx>
<https://www.ncbi.nlm.nih.gov/pubmed/16472931> <http://www.aafp.org/afp/2013/1101/p589.html> <https://www.ncbi.nlm.nih.gov/pubmed/30372509>
<http://www.ncbi.nlm.nih.gov/pubmed/27002274> <http://bit.ly/2bfmCJ> <https://www.asam.org/Quality-Science/quality/guideline-on-alcohol-withdrawal-management> |

Outpatient Detox

- BZD Protocol:
 - 50mg Chlordiazepoxide or 10-20mg Diazepam q6hr for 1-2 days
 - Dose until CIWA <10 if following symptom trigger or front-loaded regimen
 - Then TID for 1-2 days, then BID for 1-2 days, then Daily for 1-2 days
 - Basically taper daily total dose by 25–50% per day over 3–5 days
 - ASAM 2020 guidelines, Project ECHO, AAFP Protocols
- AED Protocols can be monotherapy or adjunct
 - Carbamazepine 600-800mg/day down to 200mg/day over 4-7 days
 - Gabapentin 1200-1800mg/day down 300mg/day over 4-7 days
 - Valproic acid 1200mg/day down to 600mg/d over 4-7 days

https://cdn-links.lww.com/permalink/jam/a/jam_00_00_2020_04_06_white_jam-d-20-00038_sdc1.pdf --> page 71

<https://echo.unm.edu/wp-content/uploads/2014/10/Alcohol-Abuse-and-Addiction-Management-Protocol.pdf> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5957503/>

<https://evidencebasedpractice.osumc.edu/Documents/Guidelines/AlcoholWithdrawal.pdf> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759952/>

https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf

Naltrexone

(Brand: ReVia, Vivitrol)

- Opioid antagonist
- Once daily pill or once monthly injection
- Need to be opioid free x1wk before starting (no matter reason for use)
- Can't be used with severe liver disease, may also cause increase in LFTs
- Pregnancy: limited data on pill, but avoid injection
 - More data as it relates to opioid dependence
- Breastfeeding: limited data, should be ok

<https://www.uspharmacist.com/article/naltrexone-for-the-treatment-of-alcohol-use-disorder-in-the-primary-care-setting>
<https://www.vivitrol.com/content/pdfs/prescribing-information.pdf>

Acamprosate

(Brand: Campral)

- Targets GABA and glutamate receptors
- TID dosing
 - Med compliance related to increase in abstinence rates
- Not related to liver pathways, but is excreted by kidneys
- Not effected by ETOH consumption
- Pregnancy: limited data, caution advised
- Breastfeeding: limited data, should be ok

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3277871/>

<https://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/PrescribingMeds.pdf>

Disulfiram

(Brand: Antabuse)

- Stops breakdown of alcohol, results in build up of acetaldehyde
 - Which causes side effects (vomiting, flushing, palpitations)
- Must take it daily
- Cannot take if hx of CAD, CHF
- Monitor LFTs
- Interacts with ALL alcohol products (mouthwash, cold medicine, wine sauce with dinner)
- Pregnancy: limited data, definitely not good if still drinking
- Breastfeeding: limited data, should be ok

Meds for Sobriety: *All Off Label*

Baclofen

- GABA-B receptor agonist
- Ok for liver disease, not renal disease
- Mixed evidence, variability in study dosing (30mg-300mg/day)
- Used much more frequently in Europe
- May be 2nd line treatment
- <https://www.frontiersin.org/articles/10.3389/fpsy.2018.00708/full>

Alpha & Beta Blockers

- Alpha blockers > Beta blockers as treat vs mask tachycardia/hypertension
- Clonidine and Prazosin in particular- evidence of assistance with sobriety beyond symptomatic relief
- <https://pubmed.ncbi.nlm.nih.gov/32959918/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5995154/>

Topiramate

- Multiple studies show positive results
- Only use immediate release version
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6248154/>

Meds for Sobriety: *All Off Label*

Varenicline (Chantix)

- Several positive studies
 - Usually in context of also smoking
 - Caution with hx of psychosis/SPMI
- <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2665215>

Ondansetron

- 5-HT₃ antagonist
 - Remember that 5-HT = Serotonergic
 - Dosing BID (not just symptomatically) shown to impact alcohol consumption
 - *watch for QT prolongation
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6248154/>

Any antidepressant

- Not FDA approved specifically for AUD but help with dual diagnosis
- <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008581.pub2/full>

Support Groups

- 12 Step Programs (TSF)
 - Alcoholics Anonymous
 - AlaTeen: support for teens/kids of people with alcoholism
 - AlAnon: support for family members
 - ACoA: Adult Children of Alcoholics
- Secular Organizations for Sobriety
- Women for Sobriety/Men for Sobriety
- SMART Recovery
- LifeRing Secular Recovery
- Celebrate Recovery

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2746426/> <http://bit.ly/1hmY9yy>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full?highlightAbstract=alcohol>

Cochrane Review of TSF programs

2006

“No experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems.”

But the two reviews looked at DIFFERENT outcomes-
harm reduction vs abstinence only.

Interesting article highlighting this

<https://filtermag.org/alcoholics-anonymous-cochrane/>

2020

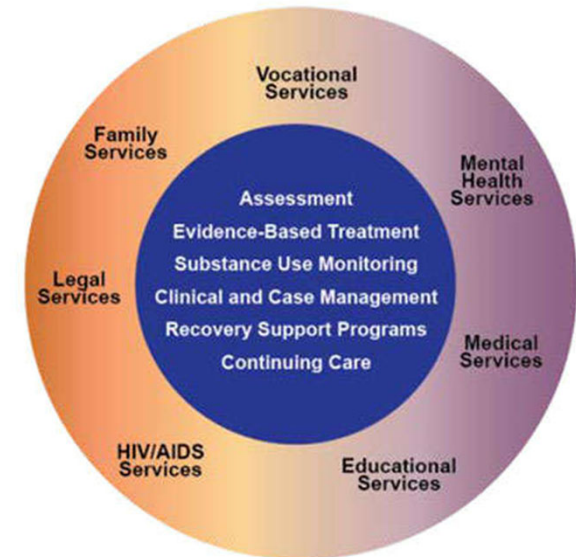
“There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments. AA/TSF interventions, both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes. AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder.”

<https://pubmed.ncbi.nlm.nih.gov/16856072/>, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2746426/> <http://bit.ly/1hmY>
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full>

How to be successful

- Look at other factors
 - Comprehensive Harm Reduction
- Support services
- Family dynamics
- Medical co-morbidities
- Partner with community services

Components of Comprehensive Drug Addiction Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

How to find community resources

- Hospital behavioral health, case management/social work
- Local mental health organizations
 - Even if they don't provide D&A services, likely know where to refer!
- Local/state health department
- SAMHSA Help Line [800-662-HELP \(4357\)](tel:800662HELP)
 - <https://findtreatment.gov/>
- Be wary of internet searches!

Caring for Caregivers

- Don't forget to take care yourself and your colleagues
- Reach out for help!
- Federation of State Physician Health Programs <https://www.fsphp.org>



The Foundation's mission is to reduce burnout of health care professionals and safeguard their well-being and job satisfaction. We envision a world where seeking mental health services is universally viewed as a sign of strength for health care professionals

Finishing Up

Take Home Points

- Screen everyone for alcohol use disorder
- Tap into local resources
- Support patients and families, connect with the community
- Offer but don't mandate TSF
- Consider meds to assist with maintaining sobriety

- Take care of yourself so that you can take care of others!

Resources

- ASAM – updated alcohol guidelines 2020
 - <https://www.asam.org/Quality-Science/quality/guideline-on-alcohol-withdrawal-management>
- Project ECHO - Based in New Mexico but numerous expansions
 - <https://hsc.unm.edu/echo/get-involved/join-an-echo/>
- American Psychiatric Association
 - <https://psychiatryonline.org/doi/book/10.1176/appi.books.9781615371969>
- SAMHSA
- NIAAA
- NIDA
- Clinician Consultation Center Hotline
 - <http://nccc.ucsf.edu/clinician-consultation/substance-use-management/>

Questions? Comments? Copies?

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