



Managing Alcohol Use: Understanding Updated Recommendations

PANELISTS

Dr. Alex Caudarella • Dr. Jennifer Wyman

WITH

Dr. Stephanie Zhou • Dr. Carrie Bernard



Ontario College of
Family Physicians

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Well**
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Family & Community Medicine
UNIVERSITY OF TORONTO

April 17, 2024

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your twitter handle



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Alex Caudarella

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speakers
- CCSA - CEO

Dr. Jennifer Wyman

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speakers
- Salary paid by META:PHI (Mentoring Education and Clinical Tools for Addiction: Partners in Health Integration) and funded by Ministry of Health
- Honoraria from AFMC, Ministry of Health and Centre for Effective Practice for program development
- Investigator on funded CIHR grants.

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- University of Toronto – Stipend to supervise learners (students and residents) for the Department of Family and Community Medicine
- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- McMaster University – Stipend to supervise residents
- College of Family Physicians of Canada – Board Member

Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

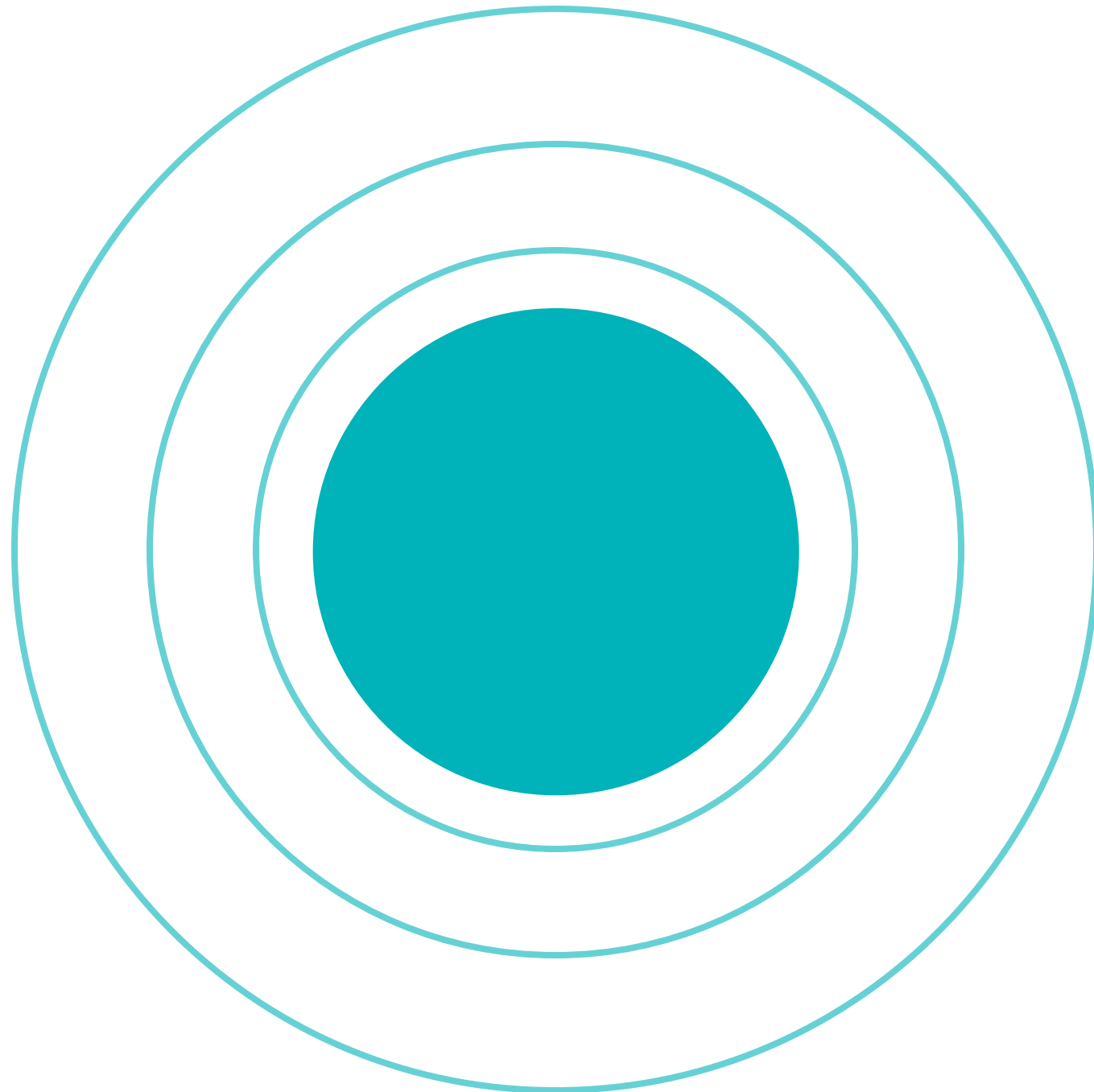
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Managing Alcohol Use: Understanding Updated Recommendations

You raised important questions we'll try to work through together today:

1. How do you get better buy-in from patients on the updating guidelines?
2. What are some treatment options (ie. Medications, lidocaine infusion) for alcohol use?
3. What is the safest way to do out patients detox?
4. Challenges when dealing with combined AUD with benzodiazepines and opioid with chronic pain patients. Where do you start?
5. What has been most effective in working with patients who are pre-contemplative in terms of quitting?

And other questions you add in the Q&A box...



Your Panelists

Dr. Alex Caudarella

Toronto, ON

Dr. Jennifer Wyman

Toronto, ON



**Managing Alcohol Use:
Understanding Updated
Recommendations**



Canadian Centre
on Substance Use
and Addiction

Centre canadien sur
les dépendances et
l'usage de substances



 @CCSA.CCDUS

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 @CCSAcanada
@CCDUScanada

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Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

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Données. Engagement. Résultats.



Ontario College of Family Physicians: Practising Well

Dr. Alexander Caudarella, MDCCM CCFP AM ABAM(d)
CEO, Canadian Centre on Substance Use and Addiction

April 17, 2024

Land Acknowledgment



Overview

- As seen in CMAJ
- About CCSA
- Diseases linked to alcohol
- Recommendation
- Risk type
- How to talk to patients
- Direct management issues
 - Anti-craving medications
- Takeaways

CANADA'S LOW-RISK ALCOHOL DRINKING GUIDELINES

Drinking is a personal choice.
If you choose to drink, these guidelines can help you decide when, where, why and how.



Canada's Guidance on Alcohol and Health



As seen in CMAJ

Editorial

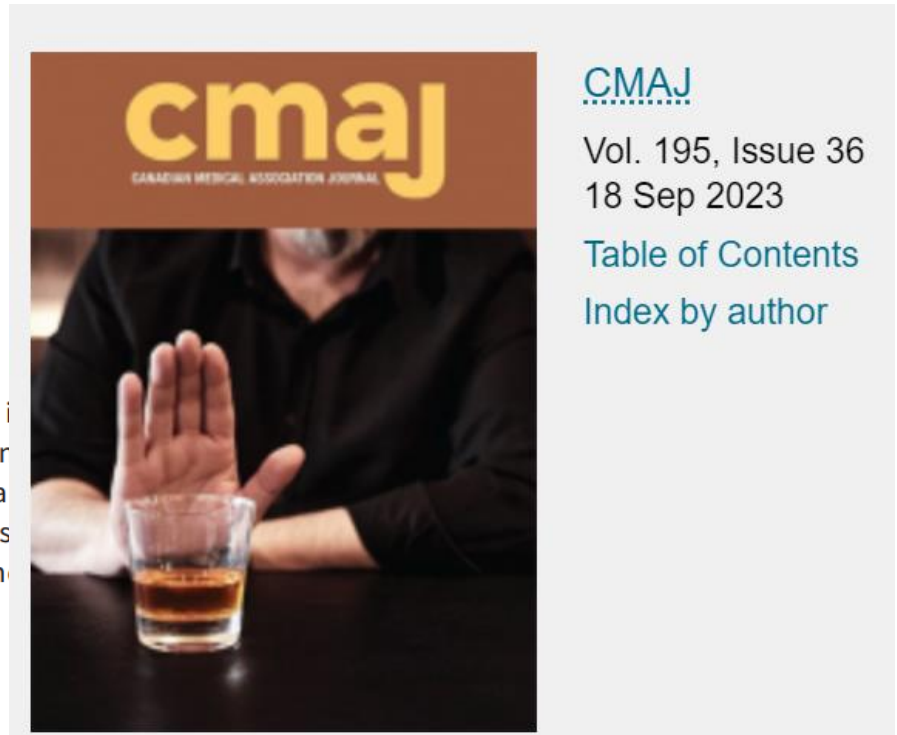
“Less is better” is the best message when talking to patients about alcohol

Savita Rani MD MPH, Andreas Laupacis MD MSc

■ Cite as: *CMAJ* 2023 September 18;195:E1232-3. doi: 10.1503/cmaj.231238

In January 2023, the Canadian Centre on Substance Use and Addiction (CCSA) published updated guidance on alcohol consumption and health.¹ They describe a continuum of health risk starting with consumption as low as 3 standard drinks per week (a standard drink in Canada contains 13 g of pure alcohol). This

consumption. Nonetheless, alcohol i low levels of exposure to a carcin adverse health effects, especially if a tors for cancers caused by alcohol, s ynx, pharynx, esophagus, colon an



About CCSA

- Created by an act of Parliament in 1988
- Non-governmental organization to provide national leadership on substance use and advance solutions to address substance use health issues



Canadian Centre
**on Substance Use
and Addiction**

Centre canadien sur
**les dépendances et
l'usage de substances**

Diseases Linked to Alcohol Use

- >7 types of cancer like colon and breast cancer
- Risk factor for most cardiovascular disease:
 - Atrial fibrillation
 - Heart failure
 - Hemorrhagic stroke
 - High blood pressure
 - Hypertension

+ Injuries, accidents, aggressive behaviour, intimate partner violence, sexual violence













Recommendation

To reduce the risk of harm from alcohol,
it is recommended
for people living in Canada
to consider reducing their alcohol use



Recommendation cont'd

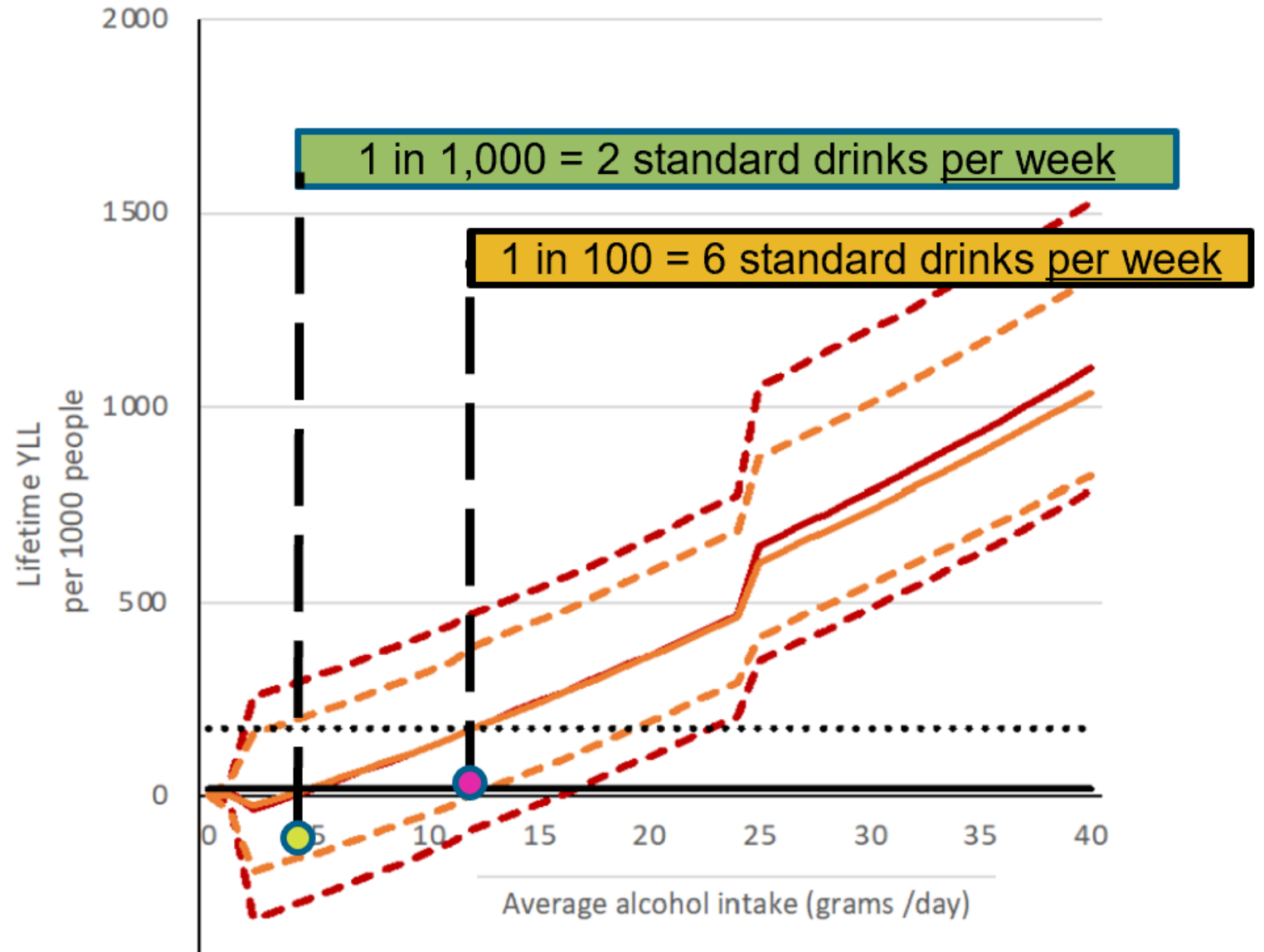
<p>0 drinks per week Not drinking has benefits, such as better health, and better sleep.</p>	<p>No risk</p>	<p>0 </p>
<p>1 to 2 standard drinks per week You will likely avoid alcohol-related consequences for yourself and others.</p>	<p>Low risk</p>	<p>1  2 </p>
<p>3 to 6 standard drinks per week Your risk of developing several different types of cancer, including breast and colon cancer, increases.</p>	<p>Moderate risk</p>	<p>3  4  5  6 </p>
<p>7 or more standard drinks per week Your risk of heart disease or stroke increases.</p> <p>Each additional standard drink Radically increases the risk of these alcohol-related consequences.</p>	<p>Increasingly high risk</p>	<p>7  8  + </p>

People who are going to drink should make sure to not exceed 2 drinks on any day

When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.

When breastfeeding, not drinking alcohol is safest.

Risk type



How to Talk to Patients

- Ask
- Offer information
- Meet them where they are
- Every little reduction helps
- **Key message:**
 - **Less is better.**

It's time to pick a new target

What will your weekly drinking target be?



Tips to help you stay on target

- Stick to the limits you've set
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have a glass of water.
- Choose alcohol-free or low-alcohol drinks.
- Eat before and while you're drinking.
- Have alcohol-free weeks or days.

Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

Direct Management Issues

- A quantity and pattern of alcohol intake appropriate for the individual, considering:
 - Health conditions
 - Medications
 - Age
 - Context – work, family, responsibilities
 - Patterns
 - Risks

Anti-Craving Medications

- Should be routinely offered to patients with:
 - Alcohol use disorder
 - Alcohol-related conditions
 - Heavy drinking who would benefit from reducing intake
- Based on controlled trials:
 - Reduce alcohol use, ED visits and hospitalizations
 - Are cost-effective
 - Increase participation in psychosocial treatment
 - Can safely be prescribed by MDs who are not addiction specialists

Takeaways

1. Updated evidence shows alcohol is linked to cancer, heart disease and many other health conditions – the more you drink, the higher your risk
2. Talk to your patients about alcohol
3. Key message: **Less is better.**

Contact Information

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Toronto, ON

Dr. Jennifer Wyman

Toronto, ON



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Now what?



Sonia

- 70 yo with a recent hematology visit regarding ?MGUS/polyneuropathy
- Hgb 106, MCV 100.8, plt 140, Cr 148, ALT 62, ALP 73, Bili 5

”I suspect her alcohol intake of 4 glasses per day is contributing to bone marrow suppression and we discussed trying to limit her alcohol intake to 7 drinks per week as a reasonable goal.”

Consider alcohol in the context of ...

- Elevated liver enzymes
- Anemia – low B12, elevated MCV
- Poor Sleep
- Uncontrolled hypertension
- Atrial fibrillation/arrhythmias
- Pancreatitis
- Gastritis
- Unexplained trauma
- Mental health conditions not stabilizing with usual approaches

What about screening for alcohol use?

LIFESTYLE REVIEW:	("Any concerns with ...?")	SCREENING REVIEW:
No		
Yes		
<input type="checkbox"/> Smoking:	<input type="text"/>	
<input type="checkbox"/> Alcohol:	<input type="text"/>	
<input type="checkbox"/> OTC/Illicit Drugs:	<input type="text"/>	
<input type="checkbox"/> Exercise/Sports	<input type="text"/>	
<input type="checkbox"/> Nutrition:	<input type="text"/>	
<input type="checkbox"/> Dental Hygiene:	<input type="text"/>	
<input type="checkbox"/> Relationship Issues:	<input type="text"/>	
<input type="checkbox"/> Sexuality Risks (STD/HIV):	<input type="text"/>	
<input type="checkbox"/> Occupational Risks:	<input type="text"/>	
<input type="checkbox"/> Driving Safety:	<input type="text"/>	
<input type="checkbox"/> Foreign Travel (in last yr.):	<input type="text"/>	
<input type="checkbox"/> OTHER:	<input type="text"/>	

Rethinking Substance Use as Social History

“...argue that the physical space devoted to a substance use history within the Social History reinforces the hidden moral curriculum or discourse in medicine which sees substance use disorders as a “habit” or “life-style choice” rather than a chronic medical condition. This attribution of personal responsibility among health care providers leads to negative opinions regarding persons with substance use disorders and contributes to poorer care.”

Bozinoff, N., Kleinman, R.A., Sloan, M.E. *et al.* Rethinking Substance Use as Social History: Charting a Way Forward. *J GEN INTERN MED* (2024).
<https://doi.org/10.1007/s11606-024-08642-9>

Standard Drink Sizes



Beer

341 ml (12 oz.)
5% alcohol content



Cider/cooling

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

Asking about alcohol

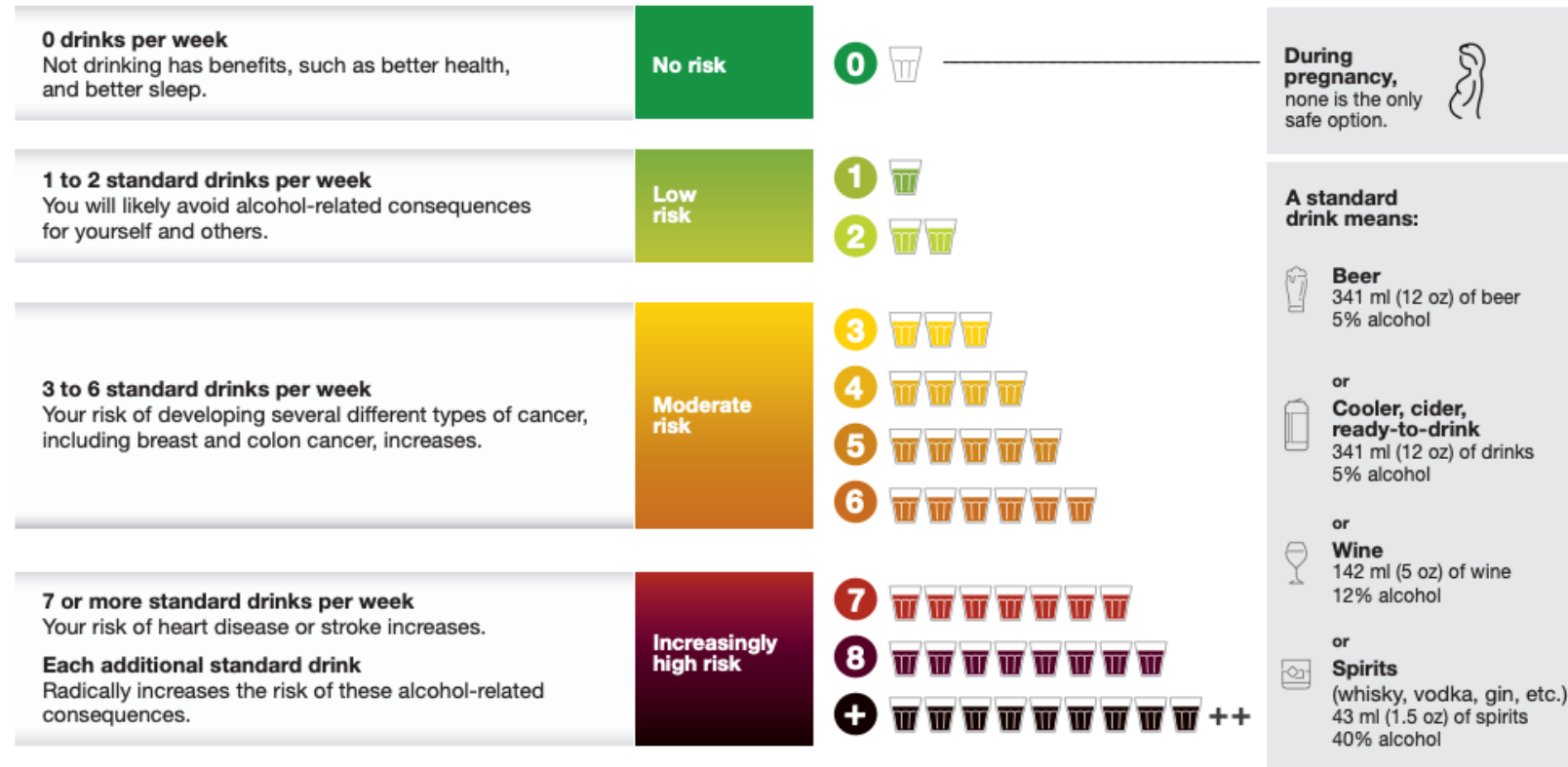
- Do you drink alcohol?
- What do you drink? Beer, wine, coolers or other alcoholic beverages?
- On average, how many days per week do you have an alcoholic drink?
- On a typical drinking day, how many drinks do you consume?
- So, that would be about x drinks/week?
- When was the last time you took a break from drinking? How did you feel then?

Making connections

- Assess – impact on sleep, work, relationships, accidents (driving)
- Offer information – I don't know if you're aware of the new guidance. It's based on the potential health consequences of alcohol use
- Acknowledge- Based on what you're telling me, you're drinking more than the recommended upper limits. It sounds like the amount/the way you're drinking could be potentially unhealthy
- Engage – I wonder if the amount that you're drinking could be contributing to some of the symptoms you're describing.
- Negotiate – Given what we've discussed, what's the next step with respect to your alcohol intake?

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.



Benefits of decreasing alcohol consumption

- Improvements in weight, liver function, insulin resistance, and blood pressure
- Reductions in cancer risks
- Fewer headaches
- Better sleep and energy
- More clear-headed
- Less anxious
- Reduced risks of atrial fibrillation

Targets

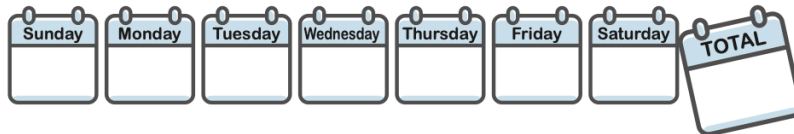
- A quantity and pattern of alcohol intake appropriate for the individual, considering:
 - Health conditions
 - Medications
 - Age
 - Sex
 - Context – work, family, responsibilities
 - Patterns
 - Risks

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What will your weekly drinking target be?



Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.



Canadian Centre
on Substance Use
and Addiction

The Canadian Centre on Substance Use and Addiction was commissioned by Health Canada to produce Canada's Guidance on Alcohol and Health.

This document is a summary for the public of the new guidance. For more information, please visit www.ccsa.ca.

Anti-craving Medications

- Should be **routinely offered** to patients with:
 - Alcohol use disorder
 - Alcohol-related conditions
 - Heavy drinking who would benefit from support reducing their intake
- Based on controlled trials:
 - Reduce alcohol use
 - Reduce ED visits, hospitalizations
 - Are cost-effective
 - Improve participation in psychosocial treatment
 - Can be prescribed by any MD/NP

Naltrexone

- Opioid receptor antagonist, blocks the release of alcohol-induced dopamine
- Blunts euphoric and reinforcing effect of alcohol
- Mild SE that resolve in couple of weeks – nausea, dizziness
- No need to abstain before starting
- Starting dose 25 mg OD X 3 days to minimize nausea, then 50 mg OD
- Order liver enzymes prior to prescribing and repeat at 3-4 weeks
- contraindicated in people who take opioids/severe liver disease
- Limited Use code 532

Acamprosate

- NMDA antagonist reduces and modulates glutamate, enhances GABA
- May be most suited for patients who experience withdrawal symptoms; most effective if patient stops drinking for at least a few days
- Well tolerated: mild diarrhea, nausea/agitation
- Not metabolized by the liver – safe in liver disease
- Dose: Acamprosate 333mg two tabs (666mg) three times daily
- Dose 333 mg one tab tid in those with CrCl < 50 or <60kg
- Contraindicated in patients with CrCl < 30
- LU code 531

	Naltrexone NNT 20	Acamprosate NNT 12
Bottom Line	Helps reduce heavy drinking and achieve abstinence	Helps achieve and maintain abstinence
When to Use	Anytime	Should be abstinent/following withdrawal
Patient Selection	Goal – Abstinence OR reducing consumption	Abstinence
Dosing	Once daily Range: 25-150mg once daily Typical: 50mg once daily	3 times daily Range: 333-666mg TID Typical: 666mg TID
Safety	Contraindicated in patients on opioids Monitor liver enzymes	Renal clearance->better choice with liver disease No drug drug interactions Avoid with CrCl <50
Side Effects	Nausea, vomiting, headaches, dizziness, anxiety, sedation	Diarrhea, anxiety, pruritis – subside

Tips and supports

- Regular, planned follow-up – can be with MD, RN, therapist, sponsor
- Any reduction is a health benefit
- Short-term & reasonable goals (e.g. no more than 5 drinks/day for Fri, Sat)
- Address concurrent anxiety, depression, PTSD etc.
- Encourage participation in self-help/mutual support groups
- Refer for more supports if needed: RAAM clinic, outpatient or residential programs

Support Groups/Connections to Care

- 12-step groups
- SMART Recovery (Self-management and Recovery Training)
- Women for Sobriety
- Breaking Free Online
- In The Rooms

- Connex Ontario



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Eating Disorders

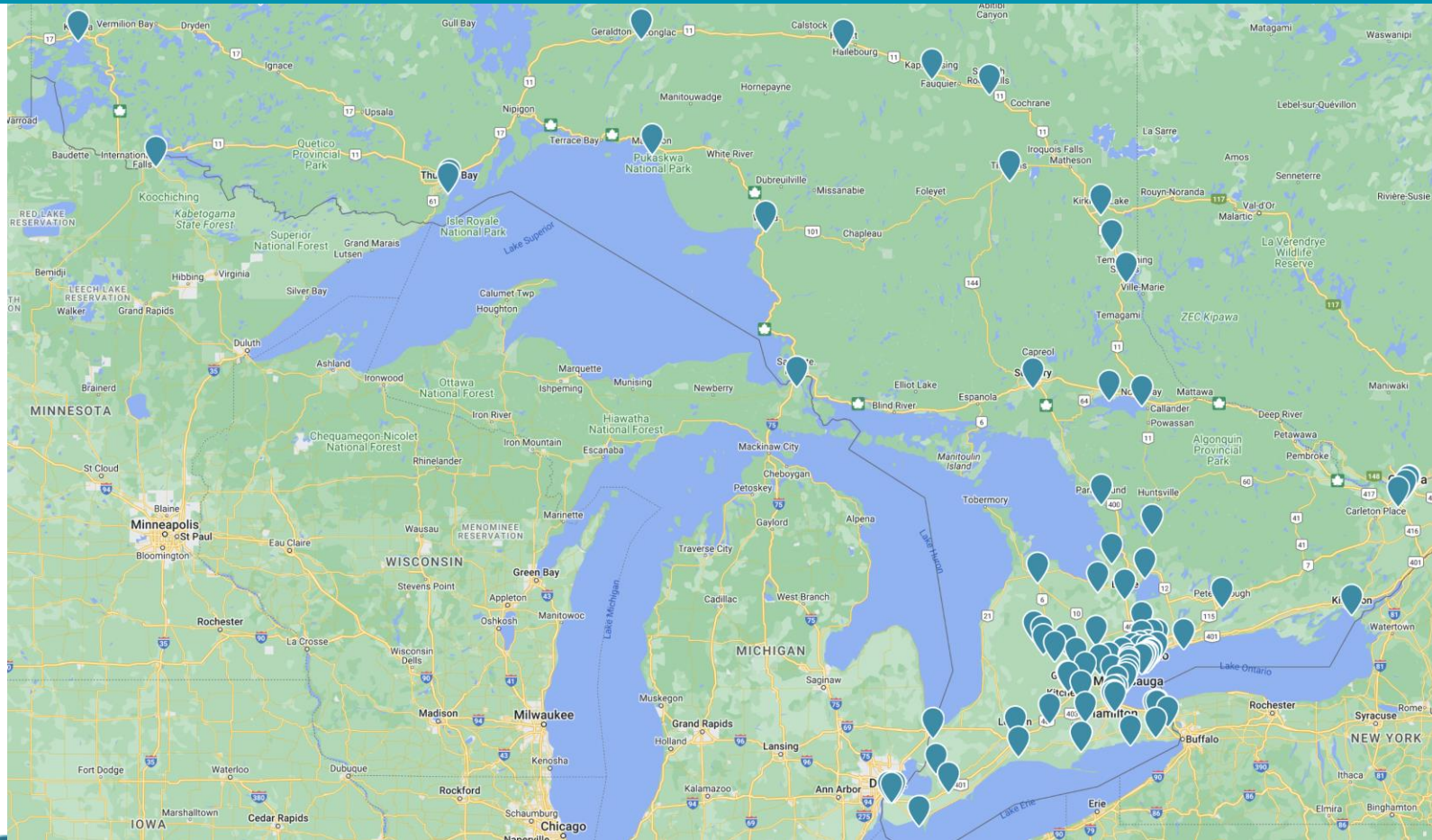
Free 24/7 Access to Healthcare Services Information

Learn More

Explore Directory



What is a RAAM Clinic? – metaphi.ca



Zero Proof

Wirecutter

Help me decide on...

Deals Tech More...

Log in

Subscribe

The Best Nonalcoholic Drinks

By [Mace Dent Johnson](#) Updated January 26, 2024



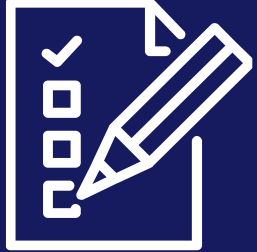
Save



Photo: Michael Murtaugh

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Type	Link
Canada's Guidance on Alcohol and Health: Final Report	Guideline	https://www.ccsa.ca/sites/default/files/2023-01/CCSA_Canadas_Guidance_on_Alcohol_and_Health_Final_Report_en.pdf
Knowing your limits with Alcohol: a practical Guide to Assessing Your Drinking:	Guideline	https://www.ccsa.ca/knowning-your-limits-alcohol-practical-guide-assessing-your-drinking
A link to learn what a standard drink is	Resource	http://aodtool.cfar.uvic.ca/index-stddt.html
Primary care management of substance abuse:	Resource	https://www.metaphi.ca/wp-content/uploads/Guide_PrimaryCareManagement.pdf
New CMAJ guideline on alcohol use disorder	Guideline	https://www.cmaj.ca/content/195/40/E1364
Summer Mocktails:	Resource	https://ccsmh.ca/wp-content/uploads/2023/06/WEB-FINAL-ccsmh-mocktail-recipe-cards.pdf
Problematic Alcohol Use and Alcohol Use Disorder	OH Quality Standard	Problematic Alcohol Use and Alcohol Use Disorder

Resources

Education



Links to resources shared today will be sent to participants following the session.

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.

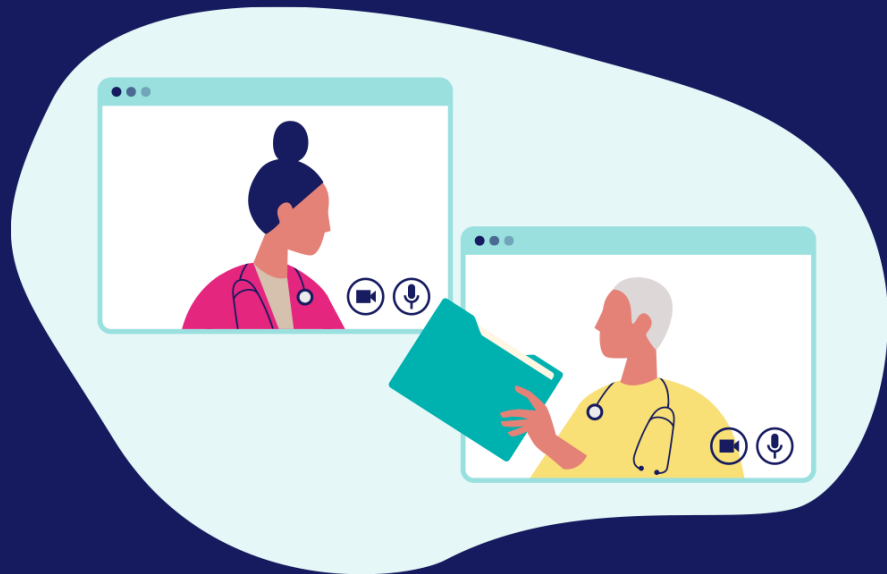


**Learn More and
Participate**

Peer Connect

Have questions about caring for patients with substance use disorders?

Connect with a Peer Guide for more individualized educational support.



Dr. Adam Newman

[Connect Now!](#)



Dr. Paul Hoogeveen

[Connect Now!](#)



Dr. Rupa Patel

[Connect Now!](#)



Dr. Lori Regenstreif

[Connect Now!](#)



Resources

Supports



Links to resources shared today will be sent to participants following the session.

Writing Sick Notes

To help educate employers on changing their policies, the OCFP has created this resource for use in your EMRs and clinic workflows for sick notes.

Did you know that most employers in Ontario have eliminated the requirement for sick notes for short illnesses?

While the *Employment Standards Act* permits employers to ask employees for medical notes when taking sick leave, **it is not a requirement of the Act for employers to ask their employees to provide a medical note.** In fact, other provinces have amended their legislation to prohibit employers from doing so.

HERE'S WHY YOUR ORGANIZATION SHOULD RECONSIDER REQUIRING SICK NOTES:



Sick notes impact employee and economic productivity. Many employees would rather go to work ill than spend the time and money getting a sick note, leading to illness spreading in the workplace.



Sick notes strain healthcare resources and take time from patients who need urgent care. Patients should see a doctor only if they require medical care—most common illnesses can be managed at home.



Sick employees should stay home. Travelling to a doctor's appointment or emergency department for a sick note hinders recovery and **needlessly exposes vulnerable patients and healthcare providers to illness.**



Doctors rely on patient's self-reporting of their illness and may not be able to verify it from a medical standpoint.



Many patients are **charged a fee** for sick notes because OHIP does not compensate doctors for providing this non-medical service.



Some patients can't access a doctor during their illness. There is a shortage of family doctors in Ontario. As a result, some patients are unable to get a timely appointment. Over 2 million Ontarians don't have a family doctor at all, and must seek care (and sick notes) through walk-in clinics and emergency departments.



Resources to support your practice

Changes to the CPSO *Continuity of Care: Advice to the Profession*

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.

What you need to know:

What you need to know: _____


CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE

REFERRALS

- It is important for family physicians to consider whether a patient's condition is within the specialist's **scope of practice**, whether the specialist is **accepting patients** and whether the specialist's practice is **accessible to the patient**.
- Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider.
- Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms).
- Specialists can decline referrals that do not provide sufficient information, but they must **communicate their reasons** to the family physician. **Rather than requiring a new referral**, there may be **opportunities** for the specialist to work with the family physician to **clarify any outstanding questions**.
- Acknowledging a referral simply means informing the family physician whether the referral will be accepted**. If it is accepted, specialists can indicate the estimated or actual appointment date. There is no requirement to see the patient **within 14 days**, just a requirement to **review the referral and close the loop**.
- Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for urgent or unique issues.


While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care; noting that **family physicians and specialists share responsibility for ensuring patients can access the care they need**.

 **Referrals Checklist (OMA)**
Continuity of Care: Guide for Patients and Caregivers
(CPSO)

The updated advice explicitly reminds specialists of the **requirement for timely acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.

Ontario College of Family Physicians  02

Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

02 Ordering Tests

Insert practice name & information

Dear Dr. (insert name),
Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

Include the relevant tests and imaging, where applicable

You'll note that the recently updated advice from **CPSO on Continuity of Care** explicitly clarified that: *"Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice."*

Include the following, if desired: I appreciate being copied to receive test results; however, as per the CPSO "it should be clear that I have no additional responsibilities in regard to the tests or results."

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,
Dr. (insert name)

Resources

Supports



OMA Physician Health Program
<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site
<http://www.camh.ca/covid19hcw>

CMA Wellness Hub
<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST<https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

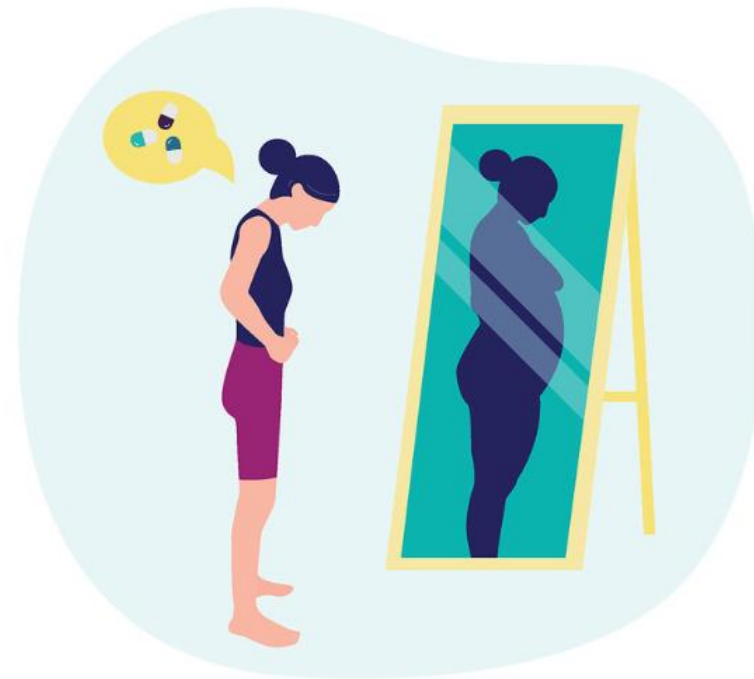
Upcoming Community of Practice

Addressing Bias: Utilizing emerging therapeutics amidst fat-shaming
with Dr. Sean Wharton and Dr. Stephanie Hart

May 22, 2024
8:00am – 9:00am

Register Now

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.