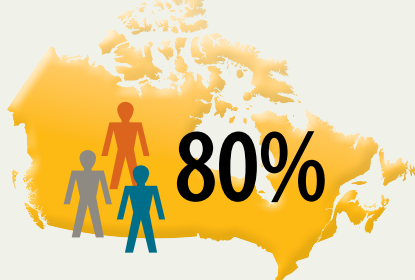
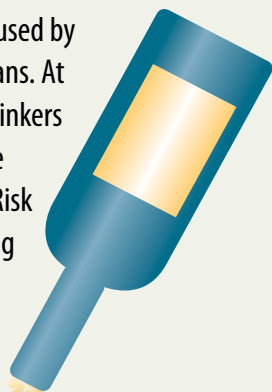


Pharmacotherapy for AUD transforms family practice

ALCOHOL QUICK FACTS:

Alcohol is by far the most common drug used by 80% of Canadians. At least 20% of drinkers consume above Canada's Low-Risk Alcohol Drinking Guidelines.



Total cost of alcohol-related harm to Canadians is estimated to be **\$14.6 billion per year.**



In 2015-2016, alcohol caused **77,000** hospitalizations while heart attacks caused 75,000 hospitalizations.



28% increase of alcohol consumption by Kamloops residents.

Unintended Consequences of Covid-19:

Sources: Canadian Centre on Substance Use and Addiction, Health Canada, BC COVID-19 SPEAK Population Health Survey

FOUR YEARS AGO, when Dr. Amanda Bosman attended a long-term care conference in Vernon, she didn't realize at the time how much one of the lecturers would transform her family practice: Dr. Jeff Harries, a family physician in Penticton, championed a new standard of care for Alcohol Use Disorder (AUD) that Dr. Bosman could immediately apply in her practice.

"What struck me about his lecture... was the arsenal of meds that he mentions," Dr. Bosman said. "These are meds that I prescribe every day. I prescribe Zoloft (sertraline) for depression, and I can use it off-label for Alcohol Use Disorder, I use Gabapentin for nerve pain and fibromyalgia, and I can use it off-label for Alcohol Use Disorder."

She also treats AUD with Topiramate, Acamprosate, Naltrexone, Baclofen, and Ondansetron.

"It's actually excited me a little bit that I can equip myself with this knowledge and come back to my practice with a bit of a different approach," she said.

Dr. Harries founded the Canadian Alcohol Use Disorder Society, and contributed to the BC Centre on Substance Use's new AUD guidelines, which include pharmacotherapy treatments. In the Interior Health video Alcohol Use Disorder – A New Approach, Dr. Harries describes how physicians need to get past the prejudices

associated with AUD, view the disorder with compassion, and approach pharmacotherapy as a process to heal the patient's brain and curb cravings. Dr. Harries is emphatic: The meds work, but physicians need to be diligent to find the best prescriptions for different patients.

Dr. Harries states, "It's a matter of choosing the most likely one and that likely will work, but if it doesn't you don't kick the person to the side of the road and say, 'Tough luck.' You know, you wouldn't do that if someone had pneumonia. 'Oh, penicillin didn't work? Tough shit... Next.'"

For Dr. Bosman, using pharmacotherapy offers her and her AUD patients a path forward. "For me, it's really more about how it changed my approach, my confidence, and when you have that it breaks through inertia, because that often is the issue with us," she said. "If you have that confidence and a patient comes to you, you can really walk them through the therapeutic options."

"The case that I delight with most is a 25-year-old patient and she has a family history of Alcohol Use Disorder, and historically has been abusing alcohol but unfortunately when that happens, she uses cocaine. It has become a bit of a double menace for her. She mentioned it to me, and we actually started her on Topamax, and within six weeks, where she drank every single day and therefore used cocaine



Dr. Amanda Bosman

every single day, she went down to only drinking over weekends and never exceeding more than two glasses of wine over the weekend, and therefore not using any cocaine,” Dr. Bosman said.

“She has been completely sober now for six months and absolutely no cocaine use,” Dr. Bosman said. “She’s healthy, she works out, she does yoga, she’s applying herself to her career. I don’t need many of those cases to parade around. A simple case like that is a good one for me.”

Dr. Harries retired from family practice a couple years ago after being diagnosed with ALS. He prefers to communicate via email, and has had to curtail his work to advance pharmacotherapy treatment for people with AUD.

“It’s really more about how it changed my approach, my confidence, and when you have that it breaks through inertia, because that often is the issue with us.

Where can other physicians look at starting pharmacotherapy treatments for AUD in their own practices? Dr. Bosman chuckles and waves a coffee-stained paper with highlighter and her scribbles, “With good medicine comes great cheat sheets... I use it all the time.”

Tongue-in-cheek aside, Dr. Bosman said physicians need a willingness to take ownership of AUD treatments with their patients: “It’s almost a little bit like palliative care, too. You’ve got to take ownership, you’ve got to go there. You have to bring those discussions to the table. You have to reassure patients that there are treatment options. That’s where you start, just one patient at a time, really. One consult at a time.” ❖

EXTRA INFO

VIDEOS: Several videos featuring Dr. Harries and his work are available on YouTube, including a recent video by Interior Health at <https://www.youtube.com/watch?v=OpcmPYzMMjw>. Or simply go to YouTube and search “Dr. Jeff Harries AUD.”

RESOURCES: Canadian Alcohol Use Disorder Society: www.cauds.org
UBC CPD: <https://thischangedmypractice.com/alcohol-use-disorder/>

PDF RESOURCES: divisionsbc.ca/thompson-region/physician-resources/aud

MEDICATION GUIDE: [AUD Medication Table](#)

MEDICATION SELECTION GUIDE: [How I Choose an AUD Pharmacotherapy](#)

PRESCRIBING AGREEMENT: [Current Collaborative Prescribing Agreement](#)



The Sun Peaks COVID-19 Testing Site provided fast and local contact tracing for Sun Peaks residents. (Pictured L-R: Dr. Chip Bantock, Laura Bantock, Registered Nurse, and Dr. Shane Barclay)

Sun Peaks COVID Testing Site a unique collaboration

SUN PEAKS VILLAGE had its own COVID-19 Testing Site thanks to a unique partnership between the Thompson Region Division of Family Practice (Division), Interior Health (IH), the municipality of Sun Peaks, and the Sun Peaks Community Health Centre (SPCHC). Residents and guests could get tested three times a week by booking online, eliminating the drive into Kamloops. Those who were tested could opt to have a copy of their result sent to the SPCHC, even if they were not registered patients. That helped to deliver timely results and a clear direction whether to continue with life or self-isolate as well as an opportunity to provide help with problem solving and support.

“Many young people in our resort are away from home for the first time,” says SPCHC Executive Director and RN Laura Bantock. “They are happy to have the support and the ability to ask questions.”

The SPCHC is owned and operated by the municipality with a community board and not-for-profit status. With support from the Division, they collaborated with IH to submit

See COVID Testing Site...page 4