BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
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AT A GLANCE

Managing Co-occurring Opioid and Alcohol Use Disorders

BACKGROUND

Approximately one-third of individuals prescribed treatment for opioid use disorder (OUD) also meet the criteria for high-risk drinking or alcohol use disorder (AUD). Concurrent use of alcohol and opioids, including opioid agonist therapy (OAT), is associated with an increased risk of respiratory depression, overdose, and death. Alcohol use is a known risk factor for fatal overdose among individuals prescribed opioids. Individuals with OUD who engage in high-risk alcohol use[a] may also experience increased difficulty with OAT adherence. This document provides a brief overview of evidence-based screening and treatment options for co-occurring OUD and AUD in reference to provincial guidelines.[b,c]

For a comprehensive review of evidence supporting the information provided in this document, and for further guidance on the identification and management of OUD and AUD, refer to the BCCSU's *Provincial Guideline for the Clinical Management of Opioid Use Disorder* and the *Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder*, respectively.

SCREENING AND BRIEF INTERVENTION FOR CO-OCCURRING SUBSTANCE USE

Provincial guidelines recommend universal substance use screening on a regular basis. Clinicians should screen patients for substance use through validated methods that are familiar and appropriate to their practice. A positive result on any screening tool should prompt further assessment to confirm or rule out AUD or OUD based on the DSM-5 diagnostic criteria for substance use disorders. Examples of validated screening tools are provided below.

Screening for co-occurring opioid and alcohol use
• The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) • The Tobacco, Alcohol, Prescription medication, and other Substance use tool (TAPS)
Screening for opioid use
• The 2-item Screen of Drug Use
Screening for alcohol use
• Single alcohol screening question (SASQ) See BCCSU's *AUD Guideline* for instructive information on SASQ • The Alcohol Use Disorders Identification Test (AUDIT)

For individuals on OAT who exceed the limits for low-risk drinking but do not meet an AUD diagnosis, physician or nurse-delivered brief intervention has been found to reduce alcohol consumption. Motivational interviewing may also be effective for reducing alcohol consumption in patients prescribed OAT.

GENERAL CONSIDERATIONS FOR MANAGING CO-OCCURRING OUD AND AUD

- Where possible, OUD and AUD should be treated concurrently
- Where concurrent treatment initiation is not feasible, treatment for co-occurring substance use disorders should be triaged according to which disorder carries the highest risk of mortality and other harms.
- Safety should be prioritized; pharmacotherapies should be selected with consideration of possible drug–drug interactions and other safety concerns (see below)
- Frequent follow-up visits should be arranged for this patient population
- For patients with co-occurring severe OUD and AUD, referral to bed-based treatment facilities may be considered for stabilization to ensure sufficient monitoring and support (e.g., during withdrawal management for AUD or OAT initiation for OUD)

[a] Canada's *Low-Risk Alcohol Drinking Guidelines* define low-risk drinking as no more than 2 standard drinks per day or 10 standard drinks per week for women, and no more than 3 standard drinks per day or 15 standard drinks per week for men.
[b] British Columbia Centre on Substance Use and B.C. Ministry of Health. *A Guideline for the Clinical Management of Opioid Use Disorder*. Published June 5, 2017. Available at: https://www.bccsu.ca/opioid-use-disorder/.
[c] British Columbia Centre on Substance Use (BCCSU), B.C. Ministry of Health and B.C. Ministry of Mental Health and Addictions. *Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder*. 2019. Vancouver, B.C.: BCCSU. Available at: https://www.bccsu.ca/alcohol-use-disorder/.

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PHARMACOTHERAPY CONSIDERATIONS FOR CO-OCCURRING AUD AND OUD

This section provides an overview of considerations for medication selection for individuals with co-occurring AUD and OUD. Clinical discretion and patient-specific factors, along with the cautions outlined below, should guide medication selection. More information can be found in *A Guideline for the Clinical Management of Opioid Use Disorder* and the *Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder*.

OPIOID AGONIST TREATMENT MEDICATION SELECTION FOR PATIENTS WITH AUD[b]

Recommended: Buprenorphine/naloxone
- Ceiling effect for respiratory depression; lower risk of overdose than other OAT options
- Milder side effect profile
- Fewer drug–drug interactions

Caution: Methadone
- No ceiling effect; higher risk of overdose than buprenorphine
- More severe side effect profile (e.g., sedation, cognitive blunting)
- More possible drug–drug interactions (e.g., antibiotics, antidepressants, antiretrovirals)

Caution: Slow-release oral morphine
- No ceiling effect; higher risk of overdose
- Similar safety profile to methadone
- Effect on alcohol use and craving has not been studied

ALCOHOL USE DISORDER PHARMOCOTHERAPY SELECTION FOR PATIENTS ON OAT[c]

Recommended: Acamprosate
- Established evidence base for safety and efficacy for the treatment of alcohol use disorder
- Does not pose significant safety risks when used concurrently with CNS depressants

Caution: Gabapentin
- Growing evidence of efficacy for alcohol relapse prevention
- Known to potentiate the euphoric effects of opioids. Increases the risk of respiratory depression and overdose if used at moderate-to-high doses concurrently with opioids
- If co-prescribed with opioids, close monitoring is required

Contraindicated: Naltrexone[d]
- Opioid antagonist; blocks the effect of OAT and other opioid agonist medications.[e] Can cause precipitated withdrawal if prescribed to individuals on OAT or using illicit opioids

[d] While contraindicated for people on OAT, extended-release naltrexone may be beneficial for treating both AUD and OUD in patients who are **not** on OAT. However, this medication is not available in Canada at this time.
[e] For individuals who decline OAT, oral naltrexone prescribed for AUD may provide some benefit for OUD as well.

ADDITIONAL RESOURCES

- For further instructive information, see Module 8: Concurrent Mental Health and Substance Use Disorders of The Addiction Care and Treatment Online Course (ACTOC)
- For case-based consultation with an addiction medicine specialist, care providers may contact the following services:
    - The Rapid Access to Consultative Expertise (RACE) app connects physicians and nurse practitioners with an addiction specialist (8am–5pm, M-F)
    - The 24/7 Addiction Medicine Clinician Support Line (778-945-7619) provides real-time telephone consultation to physicians, nurse practitioners, nurses, and pharmacists involved in addiction care