

New Mexico Medical Advisory Team (MAT) Assessment

MAT Workgroup Name: Behavioral Health (BH)

Date: April 14, 2020

Question or request:

With the recent NM Department of Health Public Health Order closing liquor stores, what kinds of provisions can be/are being put in place for people with potential for dangerous and life-threatening implications of withdrawal, seizures, delirium tremens (DTs) etc. during a time when our limited medical resources are responding to the COVID-19 pandemic?

Recommendation/s in bullet form:

Maintaining access to alcohol during the pandemic is critical. Restricting all access to alcohol in a community will result into increased pressure on the healthcare system. An unattended withdrawal from alcohol is potentially life-threatening event, with a prevalence of death resulting from this at the 5 to 8% range (higher than the COVID-19 fatality rate). Alcohol dependent individuals, by the nature of their disease, are driven to consume alcohol and will travel in search of the substance, subsequent risk of driving under the influence, and if COVID-19 positive of spreading the disease. **No community should stop access to alcohol.** Should a community wish to restrict access to alcohol beyond current state policy, that community should incorporate that request as part of an overall public health COVID campaign which will include: involvement of Nation and Tribe leadership in developing the campaign, where appropriate; specifics on how this restriction will be executed; public health as a key element; etc. A public health COVID-19 campaign might also include:

1. Targeted messaging to 10 unique audiences to include harm reduction, education, and PSA regarding healthy coping strategies. Details in assessment below.
2. Use of [Project Echo](#) to extend expertise in treatment of SUD co-occurring with COVID, as needed, into remote locations.
3. Assessment and Expansion of telehealth capacity and [NM Crisis Line](#) resources and protocol.
4. Identification, assessment, and tracking of detox open beds and need for expanded detox sites.
5. Identification and development of local medical detox site and expert consult availability.

Assessment:

The focus of this response is to limit the number of detox cases arriving at hospitals and expansion of appropriate detox access. The BH Workgroup's response emphasizes harm reduction and education. Several factors contribute to this BH challenge because of closing liquor stores during the COVID pandemic: different populations, provider focus on COVID, and resource access.

Alcohol use disorder (AUD) is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using. According to the NM DOH, there are 101,012 persons in New Mexico living with AUD.

Over the past 30 years, NM has consistently had among the highest alcohol-related death rates in the United States, and it has had the highest alcohol-related death rate since 1997. One in five deaths among working age adults (20-64) in NM is attributable to alcohol. Death rates from alcohol-related causes increase with age with COVID deaths also correlated with age.

Abrupt reduction or total cessation of long-term alcohol consumption produces a well-defined cluster of symptoms called acute alcohol withdrawal. Although some patients in alcohol withdrawal experience relatively mild withdrawal symptoms, those with acute withdrawal experience symptoms and complications that require medical treatment including seizures, hallucinations, delirium tremens, and death.

Based on the current models, it is anticipated that New Mexico will be short 687 to 1281 general hospital beds and 1232 to 1586 ICU beds at the peak of the COVID surge. Statistics on total alcohol related emergency room visits or hospitalizations was not located. However, alcohol related deaths per county is assumed to be associated with

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alcohol related hospital visits. Based upon this assumption, the ten counties with the highest alcohol related deaths also currently contain 48% of the positive COVID cases and only 15% of the available ICU beds. It is anticipated that these counties will experience scarcity of resources to address the COVID surge earlier than the metro area facilities.

Counties with the highest alcohol related deaths	covid pos. cases	Avail. ICU beds
Cibola County	77	1
Lincoln County	5	2
McKinley County	118	9
Mora County	0	6
Rio Arriba County	18	1
San Juan County	98	6
San Miguel County	4	1
Sierra County	0	0
Socorro County	53	0
Taos County	46	5
Total	419	31
% of NM total	48%	15%

1. Maintaining access to alcohol

As discussed in the concern listed below, maintaining access to alcohol as a harm reduction intervention is recommended to reduce dangerous life-threatening withdrawal incidents. In addition, it is beneficial to ensure access to avoid excessive driving (particularly in population densities where there are fewer sales sites) and potential life-threatening withdrawals for those who cannot access alcohol. Within the current context of the COVID-19 pandemic, the upcoming surge in medical capacity, a harm reduction approach to maintaining access to alcohol can overt additional public health and public safety concerns.

Thus, any consideration for limiting access to alcohol beyond that of state policy, must be integrated into public health campaign subject to approval of the State.

2. Tailored Messaging

Tailoring messaging to audiences increases effectiveness. The BH Workgroup has identified 9 unique audiences to target with harm reduction messaging and education and a general population message:

- Hospitals
- Primary care providers
- Substance use providers
- Behavioral health providers
- First responders
- Law enforcement
- Tribal health and human services
- County Managers
- Peer support organizations
- Public

Symptom awareness and education:

Alcohol withdrawal symptoms can vary widely among individuals. A delay in identifying patients in withdrawal can result in increased severity and morbidity. With the current focus on COVID-19 symptoms, diagnosis, and treatment,

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it is possible withdrawal symptoms could be missed or misdiagnosed. Therefore, a focus on education and harm reduction messaging to healthcare providers, first responders, and others identified above could improve early identification and outcomes. The goal is a carefully crafted and tailored message bringing withdrawal symptoms to salience for various professionals with patient interactions.

General Population:

With increased levels of anxiety, uncertainty, and stress in the general population during this time, individuals who have not sought recovery resources to this point may be at greater risk of life-threatening withdrawal while not having knowledge of available resources. A tailored message to the public is suggested to include: available resources and symptoms of withdrawal, as well as, encouraging healthy coping strategies rather than maladaptive ones.

3. [Project Echo](#)

A Project Echo session for providers discussing the above topics will provide an opportunity for education, symptom awareness, and subject matter expert Q&A. Project Echo format connects community providers with specialists in real-time collaboration. This format allows community providers and others without experience to learn from, and gain awareness about, this issue from content area specialists. This approach extends reach into the non-metro areas and expands educational opportunities for individuals who may have less experience with alcohol withdrawal patients. In addition, this allows community providers in spoke-facilities to ask questions specific to their area and challenges.

4. [Capacity expansion of Telehealth and NM Crisis Line](#)

A large majority of BH providers have incorporated or transitioned to telehealth. Communicating the availability of telehealth provider services beyond existing patient base can assist individuals who may be struggling with alcohol use or at risk of withdrawal. Information regarding insurance coverage for these services may also be helpful to include.

An assessment of current telehealth BH provider capacity would be advised to determine if additional resources need to be created. The BH Workgroup will follow-up.

Incorporating alcohol withdrawal more clearly in the NM Crisis Line website could assist individuals seeking assistance. In addition, providing guidance for crisis line counselors regarding alcohol withdrawal assessment and counseling is suggested. Information regarding telehealth services and the NM Crisis Line in terms of alcohol use and withdrawal in the general population messaging listed above could be helpful.

The increase in stress and anxiety brought on by the pandemic is likely to increase maladaptive coping mechanisms, including alcohol use. The added stress of reduced supply locations and disordered alcohol use may result in increased levels of domestic violence, including child abuse. The BH Workgroup suggests specific tailored messaging educating the public of resources.

5. [Detox Sites and Healthcare Surge Capacity Provisions](#)

An assessment of capacity and open beds at existing detox facilities is needed. Prior to the public health order closing liquor stores, the existing detox facilities have been consistently running at or close to capacity. The BH Workgroup will identify sites statewide, tracking open beds.

Alcohol withdrawal can be life-threatening, needing specialized medical care. In case of a healthcare surge scenario with scarce resources, the BH Workgroup suggests the establishment of a metro-based detox specific facility. This

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would allow non-COVID 19 patients in withdrawal to get medical care without adding to hospital overload. An identification and assessment of potential sites including existing crisis triage detox sites that can be potentially stepped up to include adequate medical care for withdrawal is suggested.

Transfers from spoke facilities would not be suggested due to time sensitivity of withdrawal treatments. Therefore, it is suggested that a consult model with specialists be developed for these sites.

Red flags and concerns:

The BH Workgroup advises the Governor and DOH reconsider the closure of liquor stores. The benefit of reducing locations of social interactions (and thereby potential spread) by closing liquor stores may be offset by an increase in dangerous, life-threatening withdrawal incidents. Without access to alcohol, alcohol-dependent individuals can potentially experience serious life-threatening withdrawal. Increased withdrawal incidents will add to the patient load of already overwhelmed medical systems, draining resources while adding COVID-19 risk to potentially non-COVID 19 individuals in withdrawal.

In addition, decreasing supply locations is likely to have the unintended consequence of increasing customer/population densities at fewer supply locations that do still provide liquor sales (grocery stores, convenience stores, and gas stations). This has the potential of increasing the likelihood of spread rather than decreasing.

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Resources/Reference: n/a