Alcohol Pathway

Blood tests are not recommended for screening but can be used to monitor established alcohol-related problems.

NICE recommends 'professional judgement' is used when interpreting AUDIT scores as some people are more vulnerable to the effects of alcohol e.g. low BMI, women, >65years and some ethnic groups who may not metabolise alcohol as effectively.

Patient leaflets and useful links e.g. AA

Recovery in Camden Guide

Screening – who to screen

- Alcohol history including units/week
- AUDIT-C – if time limited

Audit C NEGATIVE score≤ 4 indicates drinking at safe levels

Audit C POSITIVE score≥ 5

Binge drinking is more than >6u in one session

Drink Diary

Pregnancy and Alcohol

Driving advice

Alcohol Units

What are the recommended safer limits for drinking?

Women and men
2 or less units daily
14 or less units weekly
2 alcohol free days a week
(No alcohol advised during pregnancy)
Dependent drinkers/those with significant liver disease
Abstinence - no drinks are safe

Down Your Drink – online patient tool

Full Alcohol Use Disorders Identification Test AUDIT

Low risk drinking
<35 units/wk
and Audit C <5
or Full Audit <7

Reinforce benefits of lower risk drinking – no action required

Hazardous drinking
<35 units/wk
and Audit C ≥5
or Full Audit 8-15

Recommend enhanced liver fibrosis (ELF) test with referral to hepatology if ELF ≥9.8.
If ELF <9.8 consider reassessment (including ELF) in 1-3 years if ongoing alcohol excess
Offer brief intervention
Follow-up: GP/ practice nurse or alcohol worker

Harmful drinking
≥35 units/wk
or Full Audit >16
(≥20 suggests alcohol dependence)

Recommend enhanced liver fibrosis (ELF) test with referral to hepatology if ELF ≥9.8.
If ELF <9.8 consider reassessment (including ELF) in 1-3 years if ongoing alcohol excess.
Assess/consider LFTs, FBC, prothrombin time, +/- hep screen, US scan liver/spleen and prescribing thiamine.

Assess **severity of alcohol dependence** SADQ

<16 mild dependency

16-30 moderate dependency

31 or more severe dependency

Refer Integrated Camden Alcohol Service

Forward – FWD for < 25yrs

Red Flags – urgent referral to medical registrar RFH bleep 2527or hepatology RFH bleep 2530/ UCLH duty gastro

- Acute alcohol withdrawal with or at high risk of alcohol withdrawal seizures or delirium tremens
- Jaundice, ascites, acute pancreatitis or GI bleeding
- Encephalopathy (confusion)

Urgent referral to crisis team (0333 200 7193)

- Suicidal intent or serious risk to others (+/- police referral)
- Severe psychotic symptoms

Routine hepatology referral

- Evidence of cirrhosis/fibrosis on scan
- Persisting low platelets <130, prolonged prothrombin time, increased bilirubin (not Gilberts), persistently significantly elevated LFTs
- Splenomegaly
- Stigmata of chronic liver disease - spider naevi
- Suspected chronic pancreatitis

Refer Integrated Camden Alcohol Service for Extended Brief intervention /Treatment

Forward – FWD for < 25 yrs

Refer via primary care based mental health team if concerns regarding significant mental health problems are identified
(lower level associated mental health issues can be assessed by Integrated Camden Alcohol Service)

Routes off the Streets – support for rough sleepers

SHP recovery and social inclusion service

NHS

Camden Clinical Commissioning Group

Optional – GPs with training / experience - can do community alcohol detoxification (assisted withdrawal) in suitable patients <75yrs
This should be accompanied by psychosocial interventions

CIWA-Ar
Formal withdrawal assessment tool
Drugs used in detox
Chlordiazepoxide- except if severe liver disease/or >75yrs
Oxazepam/lorazepam – **not** for primary care prescribing. For severe liver impairment.

Relapse prevention meds-
Specialist initiation. Prescribing in primary can be continued in primary care once patient stabilised, care plan is established and GP is in agreement with the plan and the transfer of care.

Acamprosate
Naltrexone
Disulfiram

Nalmefene – used to reduce alcohol consumption. Specialist initiation only.

References:
SIGN Management of Harmful drinking and alcohol dependence in primary care
http://cks.nice.org.uk/alcohol-problem-drinking
NICE guideline CG115 – alcohol – use disorders: diagnosis, assessment and management of harmful drinking
NICE guideline CG100 - alcohol - use disorders Diagnosis and clinical management of alcohol-related physical complications

For alcohol hepatology queries contact
Dr Jennifer Ryan jenniferryan1@nhs.net and cc ecroxford@nhs.net
Tel: 0207 794 0500 extn: 36167

For community alcohol queries contact Dr Punukollu
bhaskar.punukollu@candi.nhs.uk
Tel: 0203 227 4950

Approved: 2014 MMT, MHPIG,RFH Hepatology
Reviewed: 2016 + Dec 2019 MMT, Clinical cabinet
Next review due Dec 2022

Who to screen

Alcohol screening should be an integral part of professional practice to identify those with alcohol use problems

- New patient registration
- When screening for other problems – e.g. at health check
- When monitoring chronic disease
- Those with relevant physical/mental health complaints
- During medication reviews
- Patients who have been assaulted
- Those at risk of self-harm
- When promoting sexual health
- During antenatal appointments
- Presenting with minor injuries or history of accidents/minor trauma/falls
- Incidental findings which may be relevant e.g.
  - blood results – raised LFTs, MCV, low platelet count
  - examination findings > 5 spider naevi, palmar erythema, hepatomegaly or splenomegaly
- Active request for help

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Audit C
This is one unit of alcohol…

…and each of these is more than one unit

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684824/Alcohol_use_disorders_identification_test_for_primary_care__AUDIT_PC_.pdf

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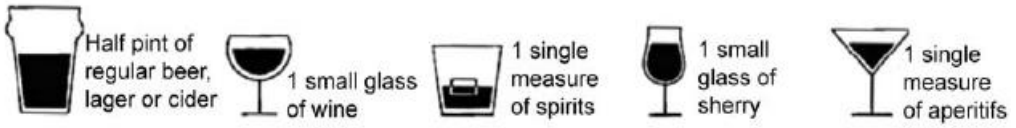
Audit http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4896

This is one unit



…and each of these is more than one unit

AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

SCORE

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SEVERITY OF ALCOHOL DEPENDENCE QUESTIONAIRE (SADQ-C)

NAME_____AGE_____No._____

DATE: _____

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month Year Please answer all the following questions about your drinking by circling your most appropriate response.

During that period of heavy drinking

1. The day after drinking alcohol, I woke up feeling sweaty.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

2. The day after drinking alcohol, my hands shook first thing in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

4. The day after drinking alcohol, I woke up absolutely drenched in sweat.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

5. The day after drinking alcohol, I dread waking up in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

8. The day after drinking alcohol, I felt very frightened when I awoke.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

9. The day after drinking alcohol, I liked to have an alcoholic drink in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

10. The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

11. The day after drinking alcohol, I drank more alcohol to get rid of the shakes.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

12. The day after drinking alcohol, I had a very strong craving for a drink when I awoke.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beers).

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

14. I drank more than half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer).

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

15. I drank more than one bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer).

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

16. I drank more than two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer)

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

Imagine the following situation:

1. You have been **completely off drink for a few weeks** 2. You then drink **very heavily** for **two days**

How would you feel the **morning after** those two days of drinking?

17. I would start to sweat.	*NOT AT ALL*	*SLIGHTLY*	*MODERATELY*	*QUITE A LOT*
18. My hands would shake.	*NOT AT ALL*	*SLIGHTLY*	*MODERATELY*	*QUITE A LOT*
19. My body would shake.	*NOT AT ALL*	*SLIGHTLY*	*MODERATELY*	*QUITE A LOT*
20. I would be craving for a drink.	*NOT AT ALL*	*SLIGHTLY*	*MODERATELY*	*QUITE A LOT*

SCORE _____ CHECKED BY: ALCOHOL DETOX PRESCRIBED: YES/NO

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NOTES ON THE USE OF THE SADQ

The Severity of Alcohol Dependence Questionnaire was developed by the Addiction Research Unit at the Maudsley Hospital. It is a measure of the severity of dependence. The AUDIT questionnaire, by contrast, is used to assess whether or not there is a problem with dependence.

The SADQ questions cover the following aspects of dependency syndrome:

- physical withdrawal symptoms
- affective withdrawal symptoms
- relief drinking
- frequency of alcohol consumption
- speed of onset of withdrawal symptoms

Scoring Answers are rated on a four-point scale:

Almost never- 0 , Sometimes -1, Often -2, Nearly always - 3

A score of 31 or higher indicates "severe alcohol dependence".
A score of 16 -30 indicates "moderate dependence"
A score of below 16 usually indicates only a mild physical dependency.
A chlordiazepoxide detoxification regime is usually indicated for someone who scores 16 or over.

It is essential to take account of the amount of alcohol that the patient reports drinking prior to admission as well as the result of the SADQ.

There is no correlation between the SADQ and such parameters as the MCV or GGT.

Brief Intervention

Evidence – There is consistent evidence from a large number of studies that brief intervention in primary care can reduce alcohol consumption and episodes of binge drinking in hazardous drinkers, for periods lasting up to a year. The effectiveness of brief intervention is well-established.

The characteristics of brief advice are:

- Opportunistic – delivered in empathetic and non-judgemental way
- Based on advice covering potential harm and the benefits of reducing/stopping, barriers to change
- Practical suggestions on how to reduce alcohol consumption including community support networks AA , smart recovery
- Leads to a set of goals
- With or without formal follow-up
- Up to 10 minutes in duration

This type of brief advice is most effective for those drinking at hazardous levels i.e. 8-15 on AUDIT.

Brief Advice is not designed to treat those with alcohol dependence, which generally requires greater expertise and more intensive clinical management

Brief intervention has been defined as having six essential elements summarised by the acronym **FRAMES** (Miller and Sanchez, 1993).

- **Feedback:** provide feedback on the patient's risk for alcohol problems
- **Responsibility:** highlight that the individual is responsible for change
- **Advice:** advise reduction or give explicit direction to change
- **Menu:** provide a variety of options for change
- **Empathy:** emphasise a warm, reflective and understanding approach
- **Self-efficacy:** encourage optimism about changing behaviour

Motivational interventions – key elements

- Help people to recognise problems or potential problems related to their drinking
- Help to resolve ambivalence and encourage positive change and belief in the ability to change
- Being persuasive and supportive rather than argumentative and confrontational

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This is one unit...

Half pint of regular beer, lager or cider

1 very small glass of wine(9%)

1 single measure of spirits

1 small glass of sherry

1 single measure of aperitifs

How many units did you drink today?

...and each of these is more than one unit

A pint of "regular" beer, lager or cider

A pint of "strong"/ "premium" beer, lager or cider

Alcopop or a 275ml bottle of regular lager

440ml can of "regular" lager or cider

440ml can of "super strength" lager

250ml glass of wine (12%)

Bottle of wine (12%)

Risk	Men	Women	Common Effects
Lower Risk	**No more than 14 units per week spread over 3 or more days**	**No more than 14 units per week spread over 3 or more days**	•Increased relaxation •Sociability •Some possible evidence of protective effects for heart disease in small amounts •Small increased risk of some cancers
Increasing Risk	**Over 14 units per week**	**Over 14 units per week**	***Progressively increasing risk of:*** •Low energy •Depression •Insomnia •Impotence •Injury & social problems •Alcohol dependence •High blood pressure •Liver disease •Cancer & many more
Higher Risk	**28 units or more per week on a regular basis**	**28 units or more per week on a regular basis**	

Download this 'IBA tool' from www.alcohollearningcentre.org.uk or www.alcoholiba.com

There are times when you will be at risk even after one or two units. For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medication.

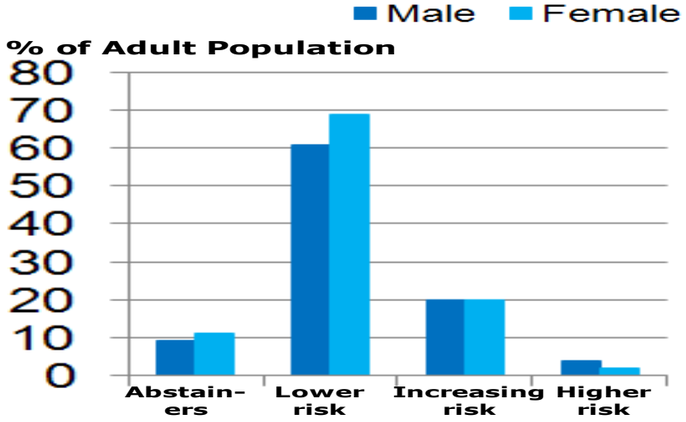
If you are pregnant or trying to conceive, it is recommended that you avoid drinking alcohol. But if you do drink, it should be no more than 1-2 units once or twice a week and avoid getting drunk.

Your screening score suggests you are drinking at a rate that increases your risk of harm and you might be at risk of problems in the future.

What do you think?

NHS

What's everyone else like?



Making your plan

- When bored or stressed have a workout instead of drinking
- Avoid going to the pub after work
- Plan activities and tasks at those times you would usually drink
- When you do drink, set yourself a limit and stick to it
- Have your first drink after starting to eat
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
- Avoid drinking in rounds or in large groups
- Switch to low alcohol beer/lager
- Avoid or limit the time spent with "heavy" drinking friends

The benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Improved relationships
- Reduced risks of drink driving
- Save money

Physical

- Sleep better
- More energy
- Lose weight
- No hangovers
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risks of liver disease
- Reduced risks of brain damage

What targets should you aim for?

Guidelines suggest that both men and women should aim for no more than 14 units per week.

These should be spread out over 3 days or more and single occasion amounts should be limited.

These guidelines were reviewed in 2016 following new evidence that any amount of alcohol increases risk of some cancers.

What is your personal target?

This brief advice is based on the "**How Much Is Too Much?**" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

NHS

Extended brief intervention is conducted by trained professionals

For those who:

- have not responded to brief interventions with hazardous drinking
- are harmful drinkers
- are suspected of being moderately dependant on alcohol but refuse referral for assisted withdrawal
- would benefit for other reasons such as they wish for further input.

EBI takes the form of motivation interview or motivational enhancement therapy and lasts 20-30mins

It helps individuals to address their alcohol use and to reduce the amount they drink to low risk levels or to abstinence.

Up to 4 sessions are given and patients should be followed up by the alcohol worker or their GP

If ineffective referral to a specialist alcohol treatment service should be considered

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Patient leaflets

Alcohol – recommended safe limits

http://www.patient.co.uk/health/Recommended-Safe-Limits-of-Alcohol.htm

Alcohol and sensible drinking

http://www.patient.co.uk/health/Alcohol-and-Sensible-Drinking.htm

Alcohol and problem drinking

http://www.patient.co.uk/health/Alcoholism-and-Problem-Drinking.htm

Alcohol and liver disease

http://www.patient.co.uk/health/alcohol-and-liver-disease

Alcohol detoxification

http://www.patient.co.uk/health/Alcohol-and-Sensible-Drinking.htm

Useful links

Alcoholic anonymous – 0800 917 7650

http://www.alcoholics-anonymous.org.uk/

Al-anon – support for families/friends of alcoholics 24hr – 020 7403 0888

National Association for Children of Alcoholics - provides information, advice and support for these vulnerable children and people concerned for their welfare – 0800 358 3456

www.nacoa.org.uk

Down your drink – online programme to reducing drinking

www.downyourdrink.org.uk

Drinkline – National drink helpline 0300 123 110

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Pregnancy and alcohol

Current DH guidance is that drinking during pregnancy is not recommended. Anyone consuming alcohol during pregnancy should be advised not to do so, or if they choose to continue then should keep their drinking to the lowest possible level.

The safest approach is not to drink alcohol at all if pregnant, planning pregnancy or breastfeeding.

Although the risk of harm to the baby is low with small amounts of alcohol before becoming aware of the pregnancy, there is no 'safe' level of alcohol to drink when pregnant.

Refer patient to the Camden Alcohol Service if they are pregnant and drinking >2 units a day.

Risk to fetus

- Fetal growth and development problems
- Increased risk of miscarriage
- Increased risk of structural malformation
- Fetal alcohol syndrome/fetal alcohol syndrome disorder

Patient resources

http://www.patient.co.uk/health/fetal-alcohol-syndrome

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-alcohol-and-pregnancy.pdf

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Thiamine

Deficiency is common in alcohol drinkers due to poor diet, poor absorption secondary to gastritis and high demand for the vitamin as it is a coenzyme in alcohol metabolism. Thiamine deficiency can cause Wernicke's encephalopathy (reversible with thiamine supplements), which if not treated can result in Korsokoff's syndrome and irreversible brain damage.

Prescribe to harmful or dependent drinkers:

- 50mg daily if they are malnourished /have a poor diet, have decompensated liver disease or following detox. Oral thiamine should be continued indefinitely in patients with chronic alcohol dependence
- 200-300mg daily (in divided doses) during assisted withdrawal or if drinking very excessively
- IM/IV pabrinex is used in hospital for those with poor health and severe malnutrition undergoing detox
- Vitamin B compound strong and other vitamin supplements are not recommended unless otherwise clinically indicated

Adverse effects of thiamine include mild gastrointestinal side effects-nausea, vomiting, diarrhoea and abdominal pain.

Allergic and anaphylactic reactions are rare.

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Suitability for Community detox <75yrs

Effective and safe treatment for patient with mild to moderate withdrawal symptoms

Consider in those drinking 15-30 units /day and /or scoring<30 SADQ **(Primary Care – consider in those with SADQ <16 unless able to see daily)**

There should be no history of epilepsy, seizures or delirium tremens or other significant comorbidities.

Inpatient /residential detox is advised if the patient

- Drinks over 30 units a day
- Has a SADQ score >30
- Is confused or has hallucination
- Has a history of previous complicated withdrawal e.g. delirium tremens/seizures, uncontrollable withdrawal symptoms
- Had epilepsy or history of fits
- Is vulnerable – homeless, elderly, learning disability or cognitive impairment, undernourished
- Has severe vomiting or diarrhoea
- Is at risk of suicide
- Has a previously failed community withdrawal programme
- Has significant physical or psychiatric co-morbidity
- Has multiple substance misuse
- Has a home environment unsupportive of abstinence

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Detox – confirm abstinence by checking for alcohol on breath or by using a breathalyser.

Monitor patient every 1-2 days (BP, pulse, respiratory rate, breath alcohol concentration(BAC), physical and mental state) and prescribe no more than 2 days supply at a time.

Formal measure of withdrawal symptoms CIWA-Ar. https://www.mdcalc.com/ciwa-ar-alcohol-withdrawal

Adjust dose if severe withdrawal symptoms or over sedation.

Chlordiazepoxide – (do not use if severe liver disease or >75yrs) prescribe every 1-2 days. In primary care a tapered fixed –dose regimen is used with regular monitoring every 1-2days. Reducing to zero over 7-10 days. Other settings where a higher degree of supervision is available may use symptom triggered therapy where a person is monitored.

Chlordiazepoxide reducing dose regimes based on SADQ scores on day 1

Table 1. Grey fields - regimens to be given by specialists only.

Daily Alcohol Consumption	15-25 units		30-40 units		50-60 units
Severity of dependence	Mild/Moderate: SADQ Score <30		Severe: SADQ Score 30-40		Very Severe: SADQ score 40-60
Day 1	15mg qds	25mg qds	30mg qds	40mg qds	50mg qds
Day 2	10mg qds	20mg qds	25mg qds	35mg qds	45mg qds
Day 3	10mg tds	15mg qds	20mg qds	30mg qds	40mg qds
Day 4	5mg tds	10mg qds	15mg qds	25mg qds	35mg qds
Day 5	5mg bd	10mg tds	10mg qds	20mg qds	30mg qds
Day 6	5mg nocte	5mg tds	10mg tds	15mg qds	25mg qds
Day 7		5mg bd	5mg tds	10mqds	20mg qds
Day 8		5mg nocte	5mg bd	10mg tds	15mg qds
Day 9			5mg nocte	5mg tds	10mqds
Day 10				5mg bd	10mg tds
Day 11				5mg nocte	5mg tds
Day 12					5mg bd
Day 13					5mg nocte

Additional information:
Oxazepam/lorazepam – may be used in specialist services for patients with severe liver impairment. **Not** for prescribing in primary care.

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Relapse prevention medicines: Specialist initiation. Prescribing in primary can be continued in primary care once patient stabilised, care plan is established and GP is in agreement with the plan.

Acamprosate:

- reduces intensity of and response to cues and triggers to drinking
- for patients struggling to maintain abstinence and describes anxiety as a feature of their difficulties in remaining sober. If a patient describes "craving" as a desire to get a "high or buzz" from alcohol, acamprosate is less likely to be effective
- started as soon as abstinence is achieved, can be continued for up to 6 months, or longer if patient is benefiting. Stop acamprosate if drinking persists for 4-6 weeks after starting the drug. Seek specialist advice for treatment beyond 12 months. **Treatment is recommended as an adjunct to psychosocial interventions**

See SPC of acamprosate for dosing, contra-indications and side-effects.

Naltrexone:

- reduces and suppresses cravings for alcohol
- used as part of a comprehensive programme of treatment for alcoholism Including psychological guidance for detoxified patients who have been opioid-dependent and alcohol dependence to support abstinence.
- patients taking oral naltrexone should stay under supervision, at least monthly, for 6 months, and at reduced but regular intervals if the drug is continued after 6 months. At 12 months the treatment should be discussed with the patient, and a stop date agreed on
- treatment must begin **only when any opioid has been discontinued** for a sufficiently long period of time

For a comprehensive list of dosing, contra-indications and side-effects, refer to SPC.

Disulfiram:

- is a deterrent or alcohol sensitising drug. If alcohol is consumed by an individual taking disulfiram within 10-15 minutes they can experience: severe headache, violent flushing, palpitations and tachycardia, nausea and vomiting, hypotension, collapse, cardiac arrhythmias. The severity of the reaction varies between individuals some having severe and occasionally life-threatening reactions, others having mild or no reaction at standard doses (these latter individuals may require higher doses)
- as an adjuvant in the treatment of selected and cooperative patients with drinking problems accompanied by appropriate supportive treatment
- must be stopped if patient restarts consumption of alcohol. Patient needs to be reviewed every 6 months at least and treatment duration discussed with the specialist

For a comprehensive list of dosing, contra-indications and side-effects, refer to SPC.

Medicines used to reduce alcohol consumption.

Nalmefene has been recommended by NICE (TA 325) as an option for reducing alcohol consumption, for people with alcohol dependence. However, this should only be initiated by a specialist in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. Can be continued in primary care.

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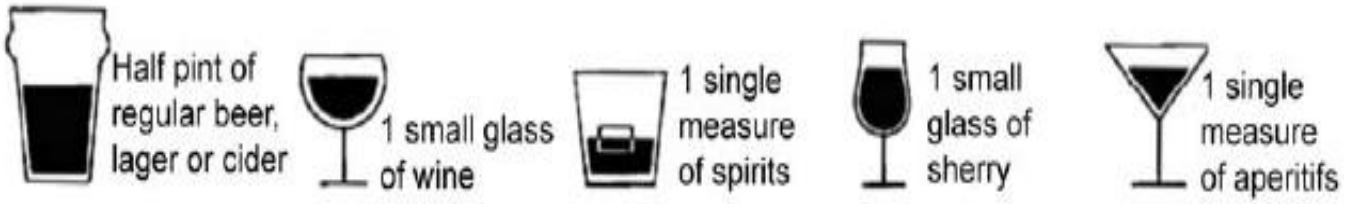
Alcohol Units

UK definition One alcohol unit=drink containing 10ml (8g) ethanol

Units = vol alcohol in litres x alcohol percentage

E.g. 500ml i.e. **0.5L** beer x **5**% abv (alcohol by volume)= **2.5 units**

This is one unit of alcohol...



...and each of these is more than one unit

[Back to Pathway]

Assessment for those scoring 16 or more on AUDIT

All assessments should include risk assessment to self and others

- Alcohol use including consumption and patterns of drinking (collateral hx from family member/carer if possible), dependence using SAD-Q and alcohol related problems
- Other drug misuse including OTC preparations
- Physical health problems
- Psychological and social problems
- Cognitive function e.g. MMSE
- Readiness and belief in ability to change

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Driving Advice

It is the driver's responsibility to contact the DVLA if they are persistently misusing alcohol or are dependent and it is against the law not to do so. This will result in revocation of their licence.

At follow up check if the patient has informed the DVLA explaining that you will have to inform the DVLA if they refuse to in order to protect them and others at risk from this behaviour.

See chapter 5 of the DVLA Guide of Medical Standards of Fitness to Drive https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/312882/aagv1.pdf

Consider contacting your medical defence union for advice.

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Integrated Camden Alcohol Service (iCAS) T 0203 227 4950 Email- Camden.iCAS@cgl.cjsm.net

Website – https://www.candi.nhs.uk/services/camden-specialist-alcohol-treatment-service-csats

7-8 Early Mews , Arlington Road London NW1 7HG

Mon to Fri 9am-5pm

GP referral or self-referral

Brief/extended interventions and advice, structured psychosocial interventions, harm reduction, assessment for mental health. Provides key work sessions, psychology, relapse prevention groups, structured day programmes/pre-detoxification groups and complementary therapies. Counselling sessions from their Families and Partner Support services for those affected by someone else's alcohol/drug use can also be provided.

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Forward – (FWD) - drug and alcohol service for young people under 25 yrs in Camden can self-refer or have professional referral. Offers 1:1 structured support and group work.

T: 020 7974 6245 E: fwd.referrals@camden.gov.uk

Children, Schools and Families, Vadnie Bish House, London NW5 2DR

https://gps.camdenccg.nhs.uk/service/drugs-and-alcohol-young-people

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Routes Off the Streets– specialist day service for rough sleepers

T-0207 846 3535

Email streetsafe@cgl.org.uk

Website https://camdenrts.co.uk/

6 Greenland Street, London NW1 0ND

Motivational support and access to treatment for homeless patients

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SHP recovery and social inclusion service

T0207 520 8682 F 0207 837 7498

245 Gray's Inn Road, London Wc1X 8OY

Mon to Fri 9am-5pm

GP referral or self-referral

- Relapse prevention
- Education, training , employment support
- Group work
- Benefits advice
- Peer-led activities

Provides education and training programmes and access to employment schemes for those who have misused drugs and or alcohol and other vulnerable groups.

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