Nottinghamshire Primary Care Alcohol Use Guidelines

Contents

Introduction

This guideline aims to support primary care practitioners reduce harms from alcohol by improving identification, providing advice and facilitating referral for specialist intervention.

Problem alcohol use is defined as exceeding The Chief Medical Officers low-risk drinking guideline.

- Low risk drinking:
    - It is safest not to drink more than 14 units a week on a regular basis.
    - People who drink as much as 14 units per week should spread this evenly over 3 days or more.
    - During pregnancy, the safest approach is to avoid drinking alcohol.
- Hazardous (increasing risk) drinking is a pattern of alcohol consumption that increases a person's risk of harm:
    - Drinking more than 14 units of alcohol a week, but less than 35 units a week for women.
    - Drinking more than 14 units of alcohol a week, but less than 50 units a week for men.
- Harmful (higher risk) drinking:
    - A pattern of alcohol consumption causing health problems (physical, mental or accidental injury) directly related to alcohol. In the longer term, harmful drinkers may go on to develop high blood pressure, cirrhosis, heart disease, and seven types of cancer (mouth, throat, oesophageal, liver, breast, bowel and stomach).

Alcohol dependence — characterized by craving, tolerance, a preoccupation with alcohol, and continued drinking despite harmful consequences.

See here for more information about how to calculate units of alcohol Unit and Calorie Calculator | Drinkaware.

Talking about alcohol

When exploring use of alcohol, practitioners should work to build a trusting relationship with people taking a supportive, empathic and non-judgemental approach. Practitioners should ensure that a compassionate approach is evident in every contact. A trusting relationship can develop into a strong therapeutic alliance, where the practitioner and the person can work together to achieve the person's goals.

Discussions about alcohol use should be an integral part of practice in primary care. For example, when:

- There is an active request for help either from the person, or through friends or relatives.
- Conducting long-term condition reviews (e.g. diabetes, chronic heart disease, hypertension, gastrointestinal disorders, or liver disorders).
- Managing mental health problems such as anxiety, depression, gambling related harms, or other mood disorders.
- Reviewing patients at risk of self-harm.
- Managing care of older patients aged 65 years or over.
- Reviewing patients who experience accidents or falls.

Where primary care practitioners have concerns about a person's alcohol use, they can refer them to the specialist service for assessment. Alcohol services in Nottingham City and Nottinghamshire County have same day access. Please see alcohol care pathways in appendix 1 and appendix 2.

GP practices can refer patients using the F12 launcher. There are also a range of other resources here (AUDIT tool, alcohol brief advice) that practitioners will find helpful.

SystmOne GP practices: Open F12 launcher - choose lifestyle change F12 091 - select tab for City or County.

EMIS GP practices: Press F12 to open Protocol Launcher - choose 'Select and launch' - Choose F12 pathfinder and launcher - Follow the weblink to eHealthscope, this will open a page in the internet browser - Choose 'Mental Health' from the Mental Health Tools section - Choose 'Alcohol, Drugs & Gambling'

The **AUDIT (Alcohol Use Disorders Identification Test)** questionnaire can be used to assess the nature and severity of alcohol use.

AUDIT scores are interpreted as:

- 0-7 indicates low risk
- 8-15 indicates increasing risk
- 16-19 indicates higher risk
- 20 or more indicates possible dependence

The **AUDIT-C** questionnaire consists of the first 3 questions from AUDIT and can be used where time is limited**.** If the score is 5 or more, and time permits, complete the remaining AUDIT questions to obtain a full score. Following audit screening:

- Practitioners can give feedback on the person's level of risk (for example, explaining the meaning of the AUDIT score) and if appropriate, encouraging people to talk about their alcohol use.
- A referral for specialist treatment should be arranged if the person has features of **harmful / higher risk** drinking or alcohol dependence. If you refer a person for specialist assessment, you should do this in an encouraging way, listening to their concerns and discussing them. The person might feel stigma or fear about going to an alcohol treatment service, so it's important to be as supportive as possible when you refer them.
- **For people who are alcohol dependent — offer advice to avoid a sudden reduction in alcohol intake**. Note that a sudden reduction in alcohol intake can result in severe withdrawal in dependent drinkers.
- Increasing or higher risk use of alcohol in pregnancy warrants an urgent referral to drug and alcohol treatment and recovery services. Please also refer to the specialist midwife, a referral can be made using the F12 launcher as described above.
- People presenting with alcohol use where there is **increasing risk** will benefit from alcohol brief advice prompting to reduce alcohol use on their own. Nottingham City alcohol advice information - Advice about alcohol - Nottingham Recovery Network or Nottinghamshire County alcohol advice information - Alcohol and drug advice and info from Change Grow Live

Training to support practitioners give alcohol brief advice can be accessed using the links below.

Nottinghamshire County - Training - Your Health Nottinghamshire

Nottingham City - Nottingham Recovery Network Events - 6 Upcoming Activities and Tickets | Eventbrite

Nottinghamshire County and Nottingham City can also offer bespoke alcohol brief advice training which can be delivered in-house at the GP practice.

- Where a person does not want to engage in treatment, offer advice about alcohol, access to services (see above) and try to find future opportunities to refer or follow up (these patients may benefit from a referral to a social prescriber for support around health and wellbeing).
- Regular heavy drinkers of alcohol often have a poor diet. Absorption of thiamine from the gut is poor in malnourished people and reduced further by the presence of alcohol. Primary care practitioners should **offer oral thiamine to all people with harmful or dependent drinking** (see appendix 3 for more detail). Please also refer the patient to the drug and alcohol treatment and recovery service.
- **If a person presents in acute alcohol withdrawal, and the practitioner feels that the person is at high risk of developing alcohol withdrawal seizures** — offer admission to hospital for immediate medically assisted alcohol withdrawal.
- **Where patients present with clinical features of Wernicke's encephalopathy** (ataxia, ophthalmoplegia, nystagmus, acute confusional state, or more rarely hypotension or hypothermia) **seek emergency admission for treatment with parenteral thiamine** (see appendix 3 for more detail).

Medicines for planned alcohol withdrawal and relapse prevention

- Medicines such as chlordiazepoxide which are prescribed to support planned alcohol withdrawal are for specialist prescribing in an inpatient setting or within a drug and alcohol treatment and recovery service.
- Medicines prescribed to help prevent relapse after a planned alcohol withdrawal (acamprosate, disulfiram, naltrexone) are for specialist prescribing in an inpatient setting or within a drug and alcohol treatment and recovery service.

Contact drug and alcohol treatment and recovery services

Contact the drug and alcohol treatment and recovery services for advice and support:

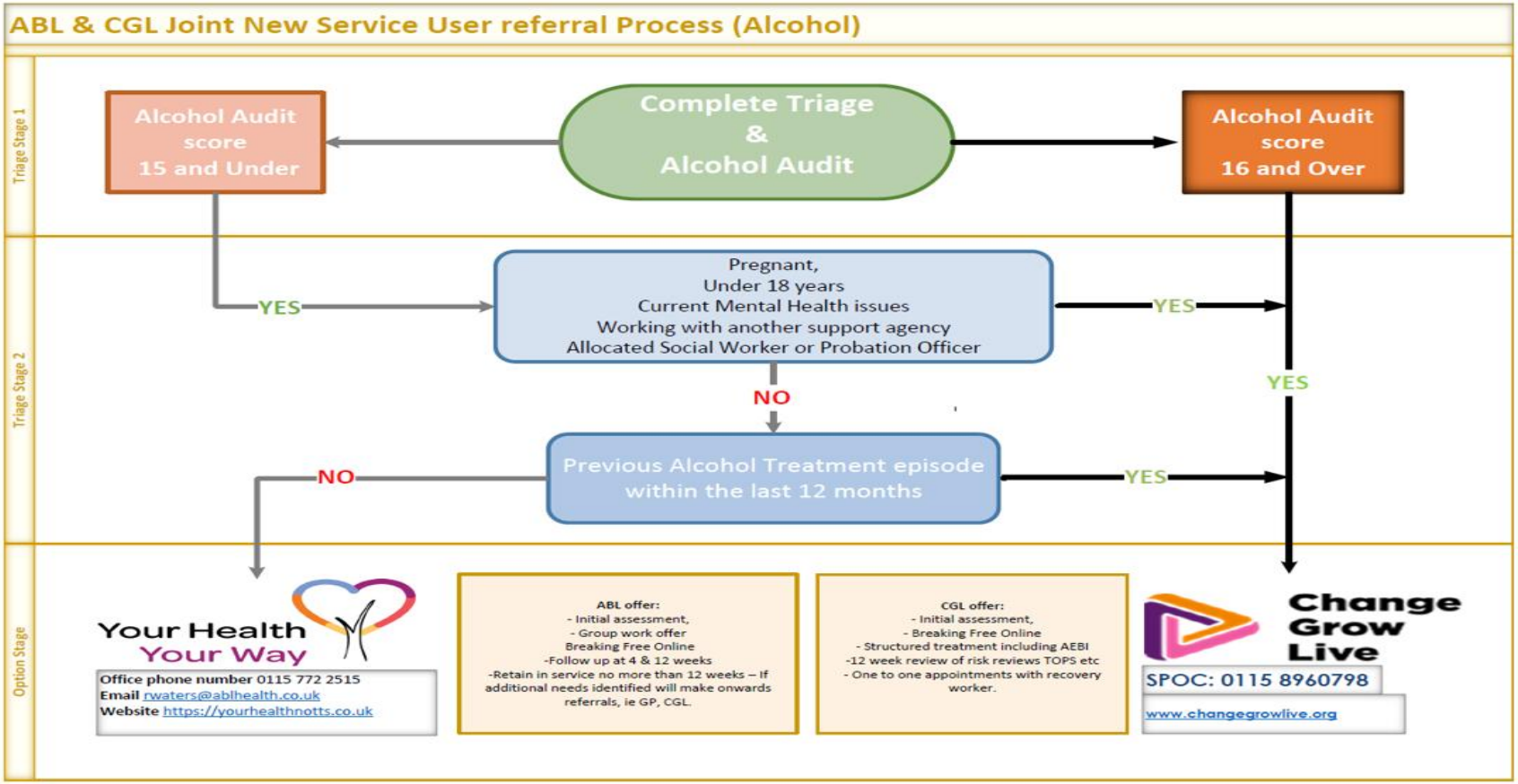
Nottingham Recovery Network (Nottingham City) – 0115 970 9590

Change Grow Live (Nottinghamshire County) – 0115 896 0798

Appendix 1 Nottinghamshire County treatment pathway

referral

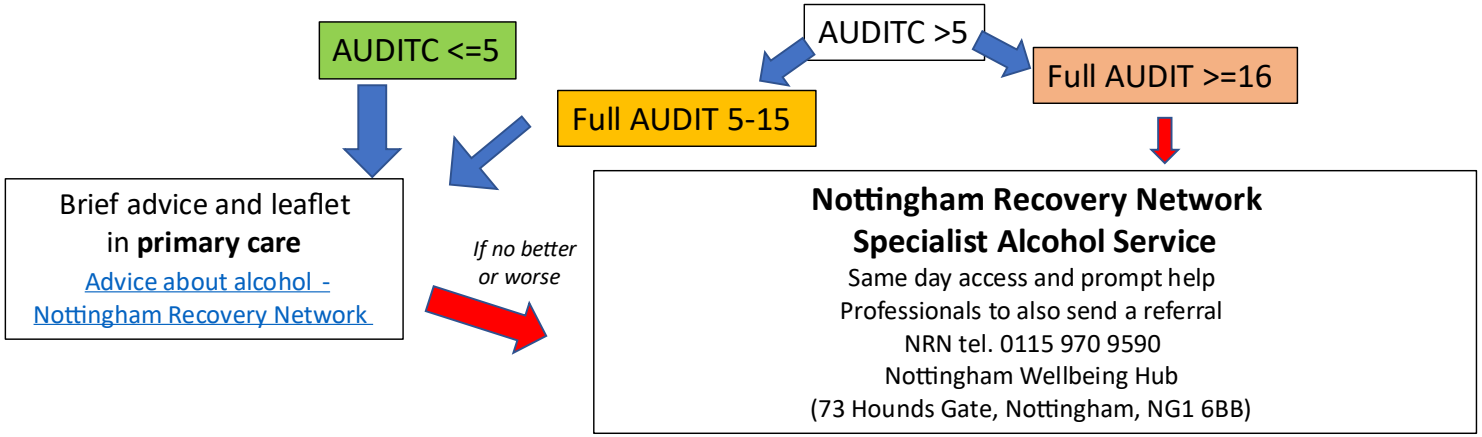
Nottinghamshire County



Appendix 2 – Nottingham City treatment pathway

NOTTINGHAM CITY ALCOHOL PATHWAY/SUPPORT ON A PAGE

Do AUDIT C and brief alcohol advice at **long term condition reviews** especially **diabetes /hypertension/ LD or SMI checks & new pt** checks.
Ask **opportunistically** if presents with anxiety, insomnia, depression, minor injuries, raised BP or lipids, gout, epigastric pain, psoriasis, obesity, pregnancy



Websites and Smartphone Apps :
eg NHS "drink free days" or Alcohol Change "try dry"app

Support: Smart group via NRN /Alcoholics Anonymous
www.alcoholics-anonymous.org.uk

Support for partners/ families:
Alcoholics Anonymous/CGL The Place/NRN

CGL The Place
https://www.changegrowlive.org/service/nottingham-the-place/young-people
For under 25s & their families

For all professionals: For all professionals: If any withdrawal symptoms, advise slow alcohol reduction not sudden stopping, offer oral thiamine, review other medication (maybe restrict amount/stop opioids or anti -depressants) and encourage prompt self referral to NRN. Prof essionals should obtain consent and refer to NRN, whilst also providing drop in details. If consent not obtained, provide self referral and drop in information.

Consider if GP practice wants to offer IM thiamine to those at risk of Wernicke's, according to this guideline see appendix 3.

Appendix 3 Vitamin B

Severe vitamin deficiencies may lead to a variety of conditions of which Wernicke's encephalopathy (WE) is most critical. Regular heavy drinkers of alcohol, often have a poor diet. Absorption of thiamine from the gut is poor in malnourished people and reduced further by the presence of alcohol. Thiamine is needed to prevent / treat Wernicke's encephalopathy.

Medicine	Dose	When to prescribe	
Thiamine 50mg or 100mg tablets	200mg to 300mg daily in divided doses	All harmful or dependant drinkers	For more information see section on Thiamine below
Vitamin B Compound Strong tablets (in addition to Thiamine)	Two tablets three times a day	Harmful or dependant drinkers with symptoms suggestive of Vitamin B deficiency	For more information see section on Vitamin B Compound Strong below.
Thiamine IM	250mg IM once daily for at least 3 days with daily review and monitoring for signs of WE	Harmful or dependent drinkers in higher risk groups	For more information see section on Thiamine IM below.

Thiamine (oral) (GREEN)

Offer oral thiamine to all people with harmful or dependent drinking. Higher risk groups with poor diets may require intramuscular (IM) followed by oral thiamine.

- Recommended oral prophylactic dose of thiamine for harmful or dependent drinking is **200mg to 300mg daily in divided doses.** Thiamine tablets are available as 50mg or 100mg tablets. Prescribe generically.
- Thiamine should be continued for as long as malnutrition is present and/or during periods of continued alcohol consumption.
- Recommended dose post detoxification is 200mg to 300mg daily in divided doses for 6 weeks then review. If still abstinent at 6 weeks, and there are no signs of cognitive impairment, then stop. If there are signs of cognitive impairment then continue thiamine for a further 6 weeks, then review and stop if still abstinent. Restart if patient starts drinking again.
- Continuing need for thiamine should be reviewed at appropriate intervals which may depend on individual patient circumstances.

Vitamin B Co STRONG (GREEN) (two tablets three times a day) should be prescribed to a problem drinker **in addition to thiamine** if any of the following are present:

- There are signs and symptoms suggestive of B vitamin deficiencies.
- There is evidence of significant poor nutrition, such as low body mass index (less than 18.5) or significant weight loss over the last 6 months (greater than 5%)
- The patient has diseases likely to combine with chronic drinking to cause vitamin deficiencies, such as malabsorption syndromes (for example Crohn's and Coeliac disease), severe chronic organ disease, such as severe chronic liver disease, COPD and chronic kidney disease and severe chronic infection (for example tuberculosis)
- In preparation for assisted withdrawal, where body demand for B vitamins is likely to increase
- Prescribe generic **Vitamin B Co strong tablets**. Stop post detoxification, once patient has been abstinent for 6 weeks. Consider restarting if patient starts drinking again.
- **Prescribe as vitamin B compound STRONG, not "vitamin B compound" tablets which are more than ten times the price**.

Thiamine (IM) (AMBER 3)

Offer prophylactic **IM thiamine followed by oral thiamine** to harmful or dependent drinkers in the following higher risk groups:

- decompensated liver disease
- medically assisted withdrawal from alcohol (planned or unplanned)
- acute alcohol withdrawal
- malnourishment or risk of malnourishment; this may include:
    - weight loss in past year
    - reduced BMI
    - a general impression of malnourishment
- homelessness
- hospitalised for acute illness/ comorbidity or another alcohol issue

Generic thiamine 50mg/ml solution for injection (5ml ampoules) is usually administered IM in specialist alcohol services. GP practices are allowed to administer in exceptional circumstances where patients are unable or unwilling to access specialist services. Note that the Pabrinex® brand of IM injection was discontinued in December 24.

IM thiamine must be administered by appropriately trained professionals using the correct administration technique (see route of administration section below).

Acute Wernicke's Syndrome

Wernicke's encephalopathy must be treated urgently with parenteral thiamine. **For patients presenting in primary care seek urgent medical attention.** It is estimated that 80% of cases are sub-clinical and only 10% of cases present with the classic triad of confusion, ataxia and ophthalmoplegia (paralysis of eye muscles). Wernicke's encephalopathy has been shown to occur in 12.5% of alcohol users. It may develop rapidly or over several days. Inappropriately managed it is the primary or a contributory cause of death in 17% of patients and results in permanent brain damage in 85% of survivors.

Signs of possible Wernicke's syndrome in a patient undergoing detoxification
• Confusion • Ataxia • Ophthalmoplegia (paralysis of eye muscle) • Nystagmus • Memory disturbance • Hypothermia, Hypotension > Coma

Route of administration

Parenteral thiamine is extremely safe with an incidence of anaphylaxis of approximately 1 in 1 million doses given, but anaphylaxis risk is higher with IV administration, **so we advise that in primary care it is only given by IM route.** Facilities for treating anaphylactic reactions should be available whenever IM thiamine is administered

IM thiamine should only be administered by **appropriately trained professionals.** The contents of the ampoule(s) should be injected slowly high into the gluteal muscle, 5cm below the iliac crest. A 15-minute observation period is recommended post IM injection.

Dose

Prophylaxis of Wernicke's encephalopathy - 250mg IM once daily for at least 3 days with daily review and monitoring for signs of WE followed by oral thiamine.

References

1. Leach. JM (2017), *Should GPs prescribe vitamin B compound strong tablets to alcoholics?* British Journal of General Practice 2017; 67 (656): 134-135.
2. NICE CG 100: Alcohol-use disorders: diagnosis and management of physical complications (last updated Apr 2017)
3. NICE CG 115: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.
4. NICE Clinical Knowledge Summary: Alcohol-problem drinking. Available from: https://cks.nice.org.uk/alcohol-problem-drinking
5. Department of Health and Social Care (2025) Clinical Guideline for alcohol treatment. Clinical guidelines for alcohol treatment - Guidance - GOV.UK.
6. Summary of Product Characteristics; Thiamine Hydrochloride 50 mg/ml solution for injection. Thiamine Hydrochloride 50 mg/ml solution for injection - Summary of Product Characteristics (SmPC) - (emc)