

Understanding NICE guidance

Information for people who use NHS services

Treating harmful drinking and alcohol dependence

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of adults and young people (aged 10–17 years) who drink alcohol in a way that is harmful or who are dependent on alcohol (also referred to as 'people who misuse alcohol' in this booklet). It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people who misuse alcohol but it can be useful for their families or carers or for anyone with an interest in the condition.

The booklet is to help you understand the care and treatment options that should be available in the NHS. It does not describe alcohol misuse or the treatments for it in detail. A member of your care team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. You can get more information from the organisations listed on the back page. Medical terms printed in **bold** type are explained on page 15.

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The advice in the NICE guideline covers:

- The care, treatment and support that should be offered to adults and young people (aged 10–17 years) who are alcohol dependent or drink harmfully, and their families or carers.

It does not specifically look at:

- women who are pregnant
- children younger than 10 years
- the care, treatment and support that should be offered to people who have physical health problems caused by drinking alcohol (this is covered by another NICE guideline, see below).

NICE has produced separate guidance on:

- the prevention of alcohol-related problems (available from www.nice.org.uk/guidance/PH24)
- the treatment of physical health problems caused by drinking alcohol (available from www.nice.org.uk/guidance/CG100)

Your care

In the NHS, patients and care staff have rights and responsibilities as set out in the NHS Constitution

(www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm).

All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your care team. Your choices are important and care staff should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, care staff should explain alcohol misuse and the possible treatments. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have a physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made any 'advance decisions or statements' (have already given instructions) about any treatments that you do not wish to have, care staff have a legal obligation to take this into account.

All treatment and care should be given with your informed consent.

If, during the course of your treatment, you are not able to make decisions about your care, care staff have a duty to talk to your family or carers unless you have specifically asked them not to. Care staff should follow the Department of Health's advice on consent (www.dh.gov.uk/consent) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.publicguardian.gov.uk. In Wales care staff should follow advice on consent from the Welsh Assembly Government (www.wales.nhs.uk/consent).

In an emergency, care staff may give treatment immediately, without obtaining your informed consent, when it is in your best interests.

If you are under 16, your parents or carers will need to agree to your treatment, unless it is clear that you fully understand the treatment and can give your own consent. In an emergency, if the person with parental responsibility cannot be contacted, care staff may give treatment immediately when it is in the child or young person's best interests.

Harmful drinking and alcohol dependence

Many people in the UK drink in a way that is harmful and a smaller number are dependent on alcohol. Alcohol problems are becoming more common in young people and even children.

Harmful drinking

Drinking is considered harmful when it leads to physical or mental health problems such as alcohol-related injury, inflammation of the liver or pancreas, or depression. In the longer term the person may develop high blood pressure, cirrhosis of the liver, heart disease, some types of cancer or brain damage because of their drinking. Heavy drinking can also lead to relationship problems, problems at work, college or school, or violence.

Alcohol dependence

Alcohol dependence involves a range of symptoms that do not all necessarily happen at the same time. A person who is dependent on alcohol may feel a strong desire to drink and may have difficulty in controlling how much they drink. They may keep drinking despite knowing about or experiencing harmful effects (as described above). The body may become more tolerant to the effects of alcohol over time, which can lead to a person needing to drink more to feel an effect. If a person becomes dependent on alcohol, they can develop withdrawal symptoms if they stop or reduce their drinking suddenly.

Withdrawal symptoms

Alcohol withdrawal symptoms can vary from mild problems, such as sleeping badly and feeling shaky and anxious, to much more serious problems, which can be life-threatening. Serious problems can include fits (sometimes called seizures) where a person may temporarily lose consciousness, and **delirium tremens** (sometimes called the DTs).

Planned withdrawal from alcohol (also known as detoxification, or 'detox' for short) can help people to stop drinking safely and can reduce withdrawal symptoms (see pages 7 and 8).

Mild, moderate and severe alcohol dependence

Alcohol dependence can become more severe over time. The type of help and support needed will depend on how severe it is.

The terms mild, moderate and severe alcohol dependence are used in this booklet. The level of dependence is determined by a number of factors, such as how much alcohol a person drinks, and how severe their symptoms are.

What should happen when you see care staff

When you first see any care staff (see the box below), they may ask you questions about your drinking (such as how long you have been drinking and what problems you may have had), whether you have any other mental or physical health problems and any social problems, whether there is a risk to yourself or others because of your drinking, and whether you need urgent treatment such as planned withdrawal from alcohol (see page 7). Knowing more about your drinking can help care staff understand your problems and plan your care with you. If you see your GP or a hospital doctor or nurse, you may be referred to a service that specialises in treating people who misuse alcohol (see below).

Which care staff might I see for treatment and support for my drinking problem?

Care staff you might see include your GP, a hospital doctor or nurse, a specialist alcohol worker, a psychologist or psychiatrist, a key worker or a social care worker.

More than one of these people may be involved in treating and supporting you.

Care staff should be aware of any sensitive issues relating to alcohol misuse and should build a supportive relationship with you based on trust and understanding. They should discuss the treatments described in this booklet with you and help you to better understand your problems related to your drinking. They should encourage you to believe in your ability to change, and to make positive changes in your drinking.

Some people find it difficult to discuss their alcohol misuse, so your confidentiality, privacy and dignity should be respected at all times.

Specialist alcohol treatment centres

Care staff in specialist alcohol treatment centres should ask you about your drinking and your health, as described above. They should then discuss and agree a treatment plan with you, taking into account your preferences and whether any treatments for alcohol misuse have helped you in the past. They should also discuss and agree the goals of treatment with you – these goals may vary from being completely alcohol-free to a reduced level of drinking that is agreed between you and care staff. If you need to stop drinking as part of a court order or sentence, care staff should take this into account when agreeing treatment goals.

If you think that your care does not match what is described in this booklet, please talk to a member of your care team in the first instance.

If you have moderate or severe alcohol dependence, care staff may ask more about your drinking, problems you may have related to drinking and your life situation. This will help them to advise you on what kind of treatment you may need. They may ask about:

- your drinking patterns (both recent and in the past)
- any problems related to your drinking such as difficulties with work, education and relationships, including whether there is a risk to yourself or others
- any problems with drugs (including prescribed medication, non-prescribed medication and illegal drugs)
- any physical or mental health problems
- whether you are ready and able to make a positive change to your drinking habits.

With your agreement, your family or carer may also be asked about your drinking. You may also be asked about your drinking and other areas of your life.

Care staff may suggest that you have a blood test, to help identify any physical health problems, and a short memory test, because alcohol misuse can sometimes affect a person's memory.

Self-help and support groups

Care staff should give you information about local support networks for people who misuse alcohol and about self-help groups such as Alcoholics Anonymous or SMART Recovery. If needed, they should help you to participate in such meetings by, for example, arranging for someone to take you and support you.

Questions you could ask care staff

- What kinds of treatment are available to help with my drinking?
- Will I have to stop drinking completely?
- What will happen if I stop drinking suddenly?
- What may happen to my physical health if I continue to drink?
- What help can I get from my local alcohol support service?
- Do you have any information for my family/carers?
- Why might people with alcohol problems need to see a psychologist or psychiatrist?

Treatments for adults who misuse alcohol

Treatments for adults (aged 18 or over) who misuse alcohol may include:

- planned withdrawal from alcohol, which can help people to safely stop drinking, and
- psychological treatments and medication, which can help people to stay alcohol-free or reduce their drinking to a less harmful level.

These treatments are explained in the sections below.

Most treatments can be provided in a clinic near your home or, in some cases, in your own home. If you are homeless and alcohol dependent, you may be offered a place in a residential rehabilitation unit (sometimes called 'rehab' for short). This should usually be for a maximum of 3 months and care staff should help you to find accommodation before you leave the unit.

You should be regularly monitored to see whether the treatment is working. If there are no signs of improvement or your condition is becoming worse then your care staff should review your treatment and you may be offered a different treatment.

Treatments for harmful drinking and mild alcohol dependence

If you drink in a way that is harmful, or have mild alcohol dependence, you should be offered a **psychological treatment** (these are listed in the glossary). This should be specifically focused on the alcohol problem and how it affects your thoughts, behaviour and relationships.

If psychological treatment on its own does not help you, you may be offered medication (acamprosate or naltrexone) at the same time as a psychological treatment. See page 9 for further information about this medication.

Treatments for moderate and severe alcohol dependence

Planned withdrawal from alcohol programmes

This section contains information about what should happen during a planned withdrawal from alcohol (sometimes called detoxification or 'detox'). For information about what should happen if you go to hospital in an emergency because of alcohol withdrawal, see the NICE guideline on the treatment of physical health problems caused by drinking alcohol (available from www.nice.org.uk/guidance/CG100/PublicInfo).

If you have moderate or severe alcohol dependence, it is more effective and safer to stop or reduce your drinking in a planned way with medical help. Depending on how severe your drinking problem is, you may be offered a planned withdrawal programme in a clinic or sometimes in your own home. If there are safety concerns (see page 8) you may be offered support in a specialist alcohol treatment centre.

If you have talked to your care team, and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS') or NHS Direct Wales.

Planned withdrawal programmes usually consist of medication along with **psychological treatment** and support.

Taking medication during planned withdrawal from alcohol can help to reduce withdrawal symptoms (see page 4). The medication usually offered is called a **benzodiazepine** (but you should not be offered this medication if your liver is badly damaged). You should see care staff at least every other day so that they can check how well the medication is helping you. A family member or carer should preferably help you to take the medication correctly in case you become unwell or confused. If you have severe withdrawal symptoms, or you feel very drowsy, your care staff should look at whether the dose of your medication needs to be changed.

You should not be offered medication called clomethiazole to help with planned withdrawal from alcohol in a clinic or at home because of safety concerns.

You may be offered planned withdrawal from alcohol in hospital or in a residential rehabilitation unit if one or more of the following apply to you:

- you drink more than 30 **units of alcohol** a day
- you have epilepsy or have had delirium tremens during a previous planned withdrawal from alcohol
- you are dependent on benzodiazepines and need to withdraw from them as well as alcohol
- you regularly drink between 15 and 20 units of alcohol a day and also have a severe physical or mental illness or a severe learning disability.

Vulnerable groups such as older people may be offered planned withdrawal from alcohol in hospital or a residential rehabilitation unit.

Treatments to help you stay alcohol-free after planned withdrawal from alcohol

After a successful planned withdrawal from alcohol you may be offered medication to help you stay alcohol-free together with a **psychological treatment**. Acamprosate or naltrexone are more effective than other medications and should be offered to you first. If neither drug is suitable for you, you may be offered a medication called disulfiram (together with psychological treatment). Care staff should explain the risks of taking each medication (for the risks of taking disulfiram see the box on page 9).

You should not be offered either antidepressants or gammahydroxybutyrate (GHB) for treating alcohol problems. You should not be offered benzodiazepines for treating alcohol dependence in the long term.

Acamprosate and naltrexone

Before starting acamprosate or naltrexone, you should have a full medical assessment, which should include blood tests.

Treatment with acamprosate should start as soon as possible after you have finished planned withdrawal from alcohol.

If you are offered naltrexone, you should be told about the information card that comes with it explaining that naltrexone will stop painkillers that contain opioids (such as morphine or codeine) from working. If you feel unwell when taking naltrexone, you should stop the medication immediately and seek advice from care staff.

You can take acamprosate or naltrexone for up to 6 months, or longer if the medication is helping and you would like to continue with it. While you are taking either of these medications, care staff should see you regularly (and at least every month for the first 6 months). If you are still drinking while taking either medication, care staff should review with you whether to continue with the treatment.

Disulfiram

Before starting disulfiram, you should have a full medical assessment, which should include blood tests. You should not be offered disulfiram if you are pregnant, or if you have ever had a severe mental health problem, stroke, heart disease or high blood pressure.

Treatment should start at least 24 hours after your last alcoholic drink. Care staff should see you at least every 2 weeks for the first 2 months and then every month for the following 4 months. After this you will need a medical check-up at least every 6 months. If possible, a family member or carer should be with you when you take disulfiram.

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your care team.

What you should know about disulfiram

Care staff should warn you and your family and carers that:

- Disulfiram can react with alcohol. Some foods, perfumes, aerosol sprays, and other everyday substances may contain alcohol and so can react with disulfiram.
- If disulfiram reacts with alcohol this can make you unwell (for example you may feel flushed or nauseous, feel your heart racing, or feel dizzy or faint).
- In rare circumstances, people may feel very unwell or develop a fever or jaundice. If this happens you should stop taking disulfiram and contact a member of your care team straight away.

Questions you might like to ask your care team about treatments for alcohol misuse

- When can I start treatment?
- Where will I have treatment?
- Do I have a choice about treatment?
- What does planned withdrawal from alcohol (detox) involve?
- What support is available during planned withdrawal from alcohol?
- What help can I have to stay off alcohol after planned withdrawal?
- Do I need to take medication to help me to stay alcohol-free?
- What are the choices of medication?
- How long would I need to take medication for?
- Are there any side effects with the medication you have offered to me?
- Might psychological treatment help me?

Treatments for children and young people

The treatments for children and young people aged 10–17 are similar to those for adults described above, but care staff need to take your age into account.

When you first see any care staff about your drinking problem, they should find out how long you have been drinking for, how severe the problem is, whether you have any other health problems or problems at home or at school, and whether you need planned withdrawal from alcohol (see page 7).

You should then be offered an appointment at a centre that specialises in mental health problems in children and young people (called a child and adolescent mental health service or CAMHS). At this specialist service, care staff should aim to find out more about your drinking and life in general. They should ask about how much alcohol you drink and when you drink, about any other mental or physical illnesses you have, about possible risks to yourself or others because of your drinking and whether you are also using drugs. They should also ask about life at home and school or work, and whether you are ready and able to make a positive change to your drinking. Depending on your age and if you agree, your family or carer may also be asked for information about your drinking. This will help care staff to advise on the most suitable care for you.

Care staff should discuss and agree the goal of treatment with you, which should usually be to stop drinking altogether.

If your drinking is found to be a serious problem you should be offered planned withdrawal from alcohol (see page 7) in hospital.

Whether or not you have planned withdrawal from alcohol, you should be offered a **psychological treatment** called **cognitive behavioural therapy** (or **CBT** for short), which can help you to stop drinking and stay alcohol-free and well in the future. If you have other problems or illnesses you should be offered psychological treatments involving all the family (see **psychological treatment** in the glossary).

If you are aged between 16 and 18 and psychological treatments involving your family have not helped you, you may also be offered medication (acamprosate or naltrexone, see page 9) as well as CBT to help you to stop drinking and stay alcohol-free and well.

Treatments for other health problems

If you have other mental health problems, these may improve after you stop drinking. If you have depression or anxiety and your symptoms do not improve after 3–4 weeks of being alcohol-free, care staff should offer you specific treatment for these problems. If you have a severe mental health problem or you have thoughts of suicide, you should be referred to a psychiatrist. So that you get the most out of psychological treatment for other mental health problems, you will need to be alcohol-free or have significantly reduced your drinking.

If you are also misusing drugs (such as heroin, cocaine or cannabis), this should be treated alongside your alcohol problem. If you smoke tobacco, you should be encouraged to try to stop smoking.

Wernicke's encephalopathy and Wernicke–Korsakoff syndrome

Wernicke's encephalopathy and Wernicke–Korsakoff syndrome are two related serious conditions caused by lack of a vitamin called thiamine (vitamin B1), which causes harm to the brain and nervous system. People who drink heavily over a long period of time, particularly those who are not eating properly, often have low levels of thiamine. Signs of Wernicke's encephalopathy include uncontrollable and jerky eye movements, problems with walking and coordination, confusion and memory loss. However, some people may not show all of these signs, which can sometimes make it difficult for care staff to recognise the condition.

If Wernicke's encephalopathy is not properly treated, it can develop into a long-term condition called Wernicke–Korsakoff syndrome, with severe memory loss.

If your healthcare professional thinks that you have, or are at high risk of developing, Wernicke's encephalopathy, they should offer you thiamine either as tablets or as an injection. You should also be offered thiamine as an injection and then as tablets to help prevent Wernicke–Korsakoff syndrome if you go through planned withdrawal from alcohol in a specialist alcohol centre or if you are in prison and you do not get enough nutrients from your food, or if you have alcohol-related liver disease.

NICE has produced a separate guideline on treating physical health problems caused by drinking alcohol, including problems caused by a lack of thiamine (available from www.nice.org.uk/guidance/CG100/PublicInfo).

Information for families and carers

It can be difficult if a member of your family or someone you are a carer for has a drinking problem. However, families and carers can play an important part in supporting a person who misuses alcohol and helping them to stay alcohol-free after treatment. If your family member or friend has a drinking problem, their GP or other care staff should ask them whether they would like you to be involved in their care.

If your family member or friend agrees, you should be given information on alcohol misuse and on how you can support them throughout treatment. For example, you might be able to support them when taking their medication and you may also be involved in their psychological treatment. However, care staff should respect their privacy if they would prefer not to have anyone else involved in their treatment or would prefer to keep certain details private. Care staff should also respect your privacy.

As a family member or carer, you may need help and support yourself. Care staff should ask you about the effect of the person's drinking problem on you and other family members (including children and their education and relationships). They should give you advice and information about this. Anyone with a caring role has the right to a **carer's assessment**.

Care staff should ask you about your needs and those of other family members, and should offer you services to help. These may include:

- providing self-help materials (where you work through a self-help manual with the help of staff)
- support groups, for example self-help groups specifically for families and carers of people with a drinking problem.

If these do not help, you may be offered family meetings to:

- give you further information and education about drinking problems
- help you to identify types of stress related to the drinking problem
- help you to develop ways of coping.

Information for families and carers of children and young people with a drinking problem

This booklet covers the care and treatment that children and young people (aged 10–17 years) should be offered for drinking problems, described on page 11. When your child is first seen by care staff, you may be asked about your child's drinking and behaviour so they can offer your child the most suitable treatment. The treatments for drinking problems for children and young people include planned alcohol withdrawal and psychological treatments, some of which involve all the family. Treatment should be provided in a centre that specialises in mental health problems in children and young people.

Information for families and carers of people with Wernicke–Korsakoff syndrome

Wernicke–Korsakoff syndrome is a serious long-term condition caused by a lack of thiamine (vitamin B1), which harms the brain and nervous system (see page 12).

People who have Wernicke–Korsakoff syndrome may be offered a place in a **supported independent living** environment if they have mild symptoms, or a place with 24-hour supportive care if they have moderate or severe symptoms. The environment should be adapted to their needs and should support them in staying alcohol-free.

Questions for family members, friends or carers to ask

- Can you give me some information about treatments for alcohol misuse?
- Are you able to tell me about the treatment my family member or friend is having?
- What can I do to support my family member or friend?
- What does planned withdrawal from alcohol involve and how can I support my family member or friend?
- Will I be asked to join my family member or friend in psychological treatment? If so, what will this involve?
- Can you give me any information about specialist support for families and carers, such as helplines and help during a crisis?
- What help is available if my family member or friend develops Wernicke–Korsakoff syndrome?

Glossary

Benzodiazepine A type of medication that is often prescribed for treating anxiety, sleep problems, agitation, seizures and muscle spasms, and also helps to relieve symptoms of alcohol withdrawal. Examples include chlordiazepoxide, diazepam and lorazepam.

Carer's assessment An assessment by social services of a carer's physical and mental health and their needs in their role as a carer. Most carers have a legal right to an assessment of their own needs. There should be a written carer's plan, which is given to the carer.

Cognitive behavioural therapy (called CBT for short) A psychological treatment in which people work with a therapist to look at how their problems, thoughts, feelings and behaviour fit together. CBT can help people to challenge negative thoughts and change behaviours that cause problems.

Delirium tremens Serious symptoms of alcohol withdrawal, which can include hallucinations (seeing and hearing things that are not there) and feeling shaky, sweaty, agitated and confused.

Planned withdrawal from alcohol (sometimes called detoxification or detox) A treatment to help a person who is dependent on alcohol to stop drinking safely. It involves medication to help with withdrawal symptoms and to prevent complications such as fits and delirium tremens.

Psychological treatment A treatment that involves meeting with a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing. Treatments that can help adults who have had a drinking problem to stay alcohol-free are called behavioural and/or cognitive behavioural therapies and social network and environment-based therapies. If the person has a regular partner who is willing to join the therapy, a treatment called behavioural couples therapy may be offered. Treatments that can help children and young people are cognitive behavioural therapy (see above), therapies involving the whole family (called functional, multidimensional or brief strategic family therapy), and multisystemic therapy, which involves the family and other people in the child's life. Psychological treatment should be specifically focused on the alcohol problem and how it affects a person's thoughts, behaviour and relationships.

Supported independent living A scheme that allows people with severe mental health problems to live in their own home or in alternative housing in their local community. Care and support are provided to help the person to live an independent life.

Unit of alcohol A way of describing the amount of alcohol in a drink. For example, a large glass of wine is around two units, and a pint of normal strength beer is about two and a half units.

More information

The organisations below can provide more information and support for people who misuse alcohol. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Addaction, 020 7251 5860
www.addaction.org.uk
- Adfam, www.adfam.org.uk
- Al-Anon Family Groups UK & Eire, 020 7403 0888
www.al-anonuk.org.uk
- Alcohol Concern,
www.alcoholconcern.org.uk/concerned-about-alcohol

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. You should also contact PALS if you are unhappy with the treatment you are offered, but you should talk about your care with a member of your care team first. If your local PALS is not able to help you, they should refer you to your local independent complaints advocacy service. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts including care staff and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other care staff. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/AboutGuidance

This booklet and other versions of the guideline aimed at care staff are available at www.nice.org.uk/guidance/CG115

*You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2441). The NICE website has a screen reader service called *Browsealoud*, which allows you to listen to our guidance. Click on the *Browsealoud* logo on the NICE website to use this service.*

We encourage NHS and voluntary organisations to use text from this booklet in their own information about treating harmful drinking and alcohol dependence.