

ROADS Alcohol Detox Guidance

The decision as to when and where to offer detox is based on a multitude of factors including level of drinking, physical and mental health needs, level of support at home and outcome of previous detoxes.

GP's are advised to contact the BSDAS team on 0117 919 2345 to discuss specific patients, if you are unsure as to whether they are suitable for a primary care detox, or whether they would benefit from the enhanced monitoring and support of a secondary care detox with BSDAS.

It is important to remember that most people can reduce their drinking and once at a low level some can reduce and stop without needing a medically assisted detox. See the alcohol harm reduction advice on remedy for more information: <https://remedy.bnssgccg.nhs.uk/media/4650/alcohol-harm-reduction-leaflet-slam.pdf>

Primary Care Detox – GP

Guidance on a patient's suitability for a primary care alcohol detox is as follows:

- ✓ The patient is drinking up to a maximum of 30 units a day
 - ✓ They are not pregnant
 - ✓ The patient has adequate social support. For higher level drinkers or with someone with greater support needs this could include someone staying with them for the first 5 days, but for lower level drinkers this may not be necessary.
 - ✓ They are engaged with ROADS (DHI/BDP/substance misuse liaison) for preparation work
 - ✓ If the patient is assessed as requiring IM Pabrinex, the GP practice is able to administer IM Pabrinex.
- X If the patient has significant psychiatric or physical comorbidities (see examples below) or if they are concurrently taking substantial amounts of sedating medications (full opioid agonists or benzodiazepines) then GPs should consider whether a secondary care detox with BSDAS would be more appropriate. Someone who has had repeated failed detoxes may benefit from the additional support that can be provided by Kingsdown Fort. If unsure, or there is significant polypharmacy, please ring BSDAS to discuss.

Indications for enhanced support or monitoring:

- Significant comorbid physical health problems, for example: epilepsy; significant liver impairment (for example clinical signs of decompensated liver disease such as ascites and jaundice or Child-Pugh B or C); severe COPD (for example, known history of type II Respiratory failure, receiving long term oxygen therapy or resting Sats <92% on room air or FEV1 < 30% predicted); physical frailty due to very low weight eg. BMI <17.

- Concurrently prescribed sedating medication (full opioid agonists or benzodiazepines).
- Significant psychiatric comorbidity such as an overdose risk (eg. Recent overdose) or concerns about a relapse in psychosis being triggered by detox and so requiring daily monitoring.
- Poor social support.
- Learning difficulty requiring closer monitoring of medication.
- Assessed as requiring IM Pabrinex but the GP practice is unable to administer.

Secondary Care Detox – BSDAS

BSDAS detoxes in the community (Kingsdown Fort) and on the Acer detox unit are able to provide patients with enhanced monitoring and support.

(a) Community Detox – Kingsdown Fort

Seen daily Monday-Friday at Kingsdown fort. Only given 1 days worth of medication at a time.

- ✓ The patient is drinking more than 30 units a day and up to a maximum of 40 units a day.

Or

- ✓ The patient is drinking below 30 units a day and requires enhanced monitoring or support.

Indications for enhanced support or monitoring:

- Significant comorbid physical health problems, for example: epilepsy; liver impairment.
- Concurrently prescribed sedating medication (full opioid agonists or benzodiazepines).
- Significant psychiatric comorbidity such as an overdose risk (eg. Recent overdose) or concerns about a relapse in psychosis being triggered by detox and so requiring daily monitoring.
- Poor social support.
- Learning difficulty requiring closer monitoring of medication.
- Assessed as requiring IM Pabrinex but the GP practice is unable to administer.

(b) Inpatient Detox - Acer Unit

Patient is admitted to this community detox unit based at Southmead Hospital.

- ✓ The patient is drinking more than 40 units a day and unable to reduce this in the community with support.

Or

- ✓ The patient is drinking below 40 units a day and requires enhanced monitoring or support.

Indications for enhanced support or monitoring:

- If the patient is pregnant.
- If the patient is detoxing from other drugs (e.g. opiates) at the same time.
- If the patient has experienced withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes.
- If there are significant but stable physical or mental health needs that require the enhanced support and monitoring of an inpatient environment (for example severe COPD with known history of type II Respiratory failure or receiving long term oxygen therapy or resting Sats <92% on room air or FEV1 < 30% predicted); significant liver impairment (for example clinical signs of decompensated liver disease). Consider Acer unit for BMI <17.5 but >15.
- If the patient has a learning difficulty and they are unable to manage a detox in the community.

Secondary Care Detox – BRI / Southmead / Callington Road Hospitals

Patients with unstable physical or mental illness will need to be stabilised prior to performing a planned detox within ROADS. **If this is not possible, then it may be necessary to consider admitting the patient to a general or psychiatric hospital.**

Consortium beds at Broadway lodge

There are also consortium beds at Broadway lodge for Bristol patients. These can enable additional monitoring and a supportive environment for those who need it but who do not meet the threshold for an ACER bed.

References

- National Collaborating Centre for Mental Health (Great Britain), National Institute for Health, & Clinical Excellence (Great Britain). (2011). Alcohol use disorders: The NICE guideline on the diagnosis, assessment and management of harmful drinking and alcohol dependence. Accessed on 9/6/21 from: <https://www.nice.org.uk/guidance/cg115>