

Appendix 5: Substance Misusers (Drug & Alcohol)

There is no specified ACBS indication for the prescription of ONS for substance misuse. It is an area of concern due both to the cost and appropriateness of prescribing.

Substance misusers may have a range of nutrition related problems including poor appetite, weight loss, nutritionally inadequate diet, constipation and dental decay (latter two particularly drug misusers).

Reasons for nutrition relation problems can include:

- Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation & craving sweet foods (particularly drug misusers)
- Lack of interest in food & eating
- Chaotic lifestyles & irregular eating habits
- Poor nutritional knowledge & skills
- Poor memory
- Low income – worsened by increased spend on alcohol/drugs
- Poor access to food
- Homelessness/poor living accommodation
- Poor dental hygiene (particularly drug misusers)
- Eating disorders alongside substance misuse
- Infection with blood borne viruses – particularly if non-compliant with treatment (e.g. those who are non-compliant with antiretroviral drugs, who are consequently more prone to infection and more likely to be underweight)

Problems can be created by prescribing ONS in substance misusers:

- Once started on ONS, it can be difficult to stop prescriptions
- ONS can be used instead of meals & therefore provide no benefit
- They may be given to other members of family/friends
- They can be sold and used as a source of income
- It can be hard to monitor nutritional status & assess ongoing need for ONS due to poor attendance at appointments

ONS should only be prescribed if all of the following criteria are met:

- ❖ BMI < 18.5kg/m²
- ❖ AND there is evidence of significant weight loss (greater than 10%)
- ❖ AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria
- ❖ AND food fortification advice has been provided and tried for 4 weeks (i.e. Steps 1-5 have been followed first)
- ❖ AND the patient is in a rehabilitation programme, e.g. methadone or alcohol programme, or is on a waiting list to enter a programme

If ONS are commenced:

- ❖ Prescriptions should be for a limited time period (up to 3 months) – Acute not Repeat
- ❖ If there is no improvement in weight after 3 months, ONS should be reduced and stopped
- ❖ If weight gain occurs, continue until treatment goals are met (e.g. usual or healthy weight is reached) and then reduce and stop the prescription
- ❖ Consider referral to dietitian if meets referral criteria – normal Trust Access Policy guidelines should apply regarding discharge from the dietetic service for non-attendance
Once prescribing has stopped, if ongoing supplements required, recommend over the counter preparations (e.g. *Complan*®) or homemade fortified drinks