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Dr Dominique Florin
Editor

Symposium on Alcohol and Health next month. This is always a great opportunity to reconnect with colleagues in the field and share all the recent developments.

MCA Competitions

We have recently judged two MCA competitions, the annual Essay Prize for UK medical students, on the theme of the Alcohol Dependence Syndrome; and the biennial Quality Improvement competition for a poster on a QI project on an alcohol theme by doctors in training grades. The essays were so impressive that the first prize was awarded jointly to the two top winners. Both winning essays will be published in our Annual Report. The Quality Improvement winning entries are published in this edition of Alcoholis and will also be exhibited at our Symposium. This stream of our work reflects our commitment to give health professionals in training an opportunity to deepen and demonstrate their interest in the alcohol and health area. Watch out for imminent news of next year's Essay competition for medical students and NAAD prize for medical and other health professional students.

Other MCA activities

Earlier this year the MCA worked with colleagues from Hull University and other centres to develop a definition of Alcohol-Related Cognitive Impairment (ARCI). This proved to involve much discussion on many knotty problems but we are delighted that the work is now completed and amongst other outcomes will be presented at our Annual Symposium

From the Editor

Welcome to the Autumn 2026 issue of Alcoholis, including news of some of our recent activities. As ever at this time of year, we are greatly looking forward to seeing many of you in person at our Annual Symposium on Alcohol and Health next month. This is always a great opportunity to reconnect with colleagues in the field and share all the recent developments.

next month. We are also delighted that a project long in planning is now underway to survey undergraduate alcohol teaching in UK medical schools. Dr Liz Speakman from Dundee Medical School is leading on this and some readers may shortly get a request for information on their own medical schools – please do reply! A poster on this project will be presented at the Symposium. This topic is very much core MCA business and follows more than 20 years since information on this was last collected. In the policy field the MCA is very dependent on leads taken by other organisations, particularly the AHA. Most recently the MCA was happy to sign a letter following PM Andy Burnham's comments that the banning of alcohol consumption in football stands should be reconsidered on the grounds of discrimination. Truly alcohol is never out of the news.

MCA Annual Symposium and Max Glatt Memorial Lecture 18 November 2026

The 2026 MCA Symposium on Alcohol and Health will be held on 18th November in person at the RCP in London. The excellent programme this year is particularly focussed clinical developments across alcohol and health which will be of relevance to health professionals working in the field. This includes talks on the liver and AUD, the impact of the new Alcohol Clinical Guidelines, Alcohol-Related Cognitive Impairment and the challenge of alcohol misuse combined with other mental health issues. In addition, we are delighted that the Max Glatt lecture will be given by Prof John Holmes, who has been so instrumental in bringing a research focus to bear on policy developments, on MUP and other areas. Throughout the day there will be plenty of time for discussion and networking which delegates find particularly valuable. The full programme is published in this edition of Alcoholis and on the MCA website, please do book your place now.

Contact details

The Medical Council on Alcohol
2 St Andrews Place, London NW1 4LB
T: 07842 244944 | **E:** contact@m-c-a.org.uk
W: www.m-c-a.org.uk
X: @mca_med
Registered Charity Number 265242

2026 MCA Symposium on Alcohol & Health

Wednesday 18 November 2026 at the RCP, London

#MCASymp2026

Programme

09:00 Registration & Refreshments

09:30 Welcome

09:40 **Dr Ashwin Dhanda**, 'Psychosocial interventions for alcohol use disorder: the role of peers and integrated care.'

10:05 **Dr Lynsey Corless**, 'Clinical trials in Alcohol-related Liver Disease: Current activity and horizon scanning.'

10:30 Q&A Discussion

10:55 Refreshments Break and visit Exhibitor Stands

11:15 MCA Annual General Meeting (AGM) *MCA members only

11:55 Competition Winners' Presentations

12:00 **Max Glatt Lecture, Prof John Holmes**, 'From minimum unit pricing to the future of alcohol policy.'

13:00-13.50 Lunch and visit Exhibitor Stands

13:50 Welcome Back - Afternoon session

13:55 **Dr Phillipa Case**, Hull University, 'Broadening perspectives on alcohol-related cognitive impairment (ARCI)'

14:20 **Dr Louise Sell & Ms Hazel Jordan**, 'Alcohol Clinical Guidelines increasing the focus on quality; one year on.'

14:45 **Dr Emily Finch**, 'Alcohol misuse and mental health: challenges and solutions.'

15:10 Q&A Panel and Discussion

15:35 Close – Refreshments available

Booking & Pricing	
MCA Member	£179
Non-Member	£269
Concession MCA Member	£119
Concession Non-Member	£179

For Group Discounts and to book visit: www.m-c-a.org.uk/symposia/2026

Signed up delegates will be able to view the entire symposium online after the event.

Winners: MCA Quality Improvement Prize 2026

1st Prize: Dr Alkim Arikan

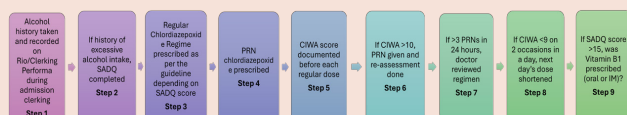
Improving Adherence to Trust Alcohol Withdrawal Guideline in an Adult Inpatient Setting: A Quality Improvement Project

Authors: [Dr A. Tum](#)¹, Dr S. Senanayake¹, Dr A. Arikan¹, Dr Nkechi Iheagwaram¹, Dr D. Krishnan¹, Dr M. Rajendram¹
1. Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, UK



INTRODUCTION

The Nottinghamshire Primary Care Alcohol Dependence Guidelines are the standard reference used in our inpatient unit for the management of patients with alcohol withdrawal. Adherence to the local guidelines in routine clinical practice is not always consistent. This QI project is being undertaken to assess the adherence to this guideline on Cedar Ward with the aim of identifying areas of compliance and opportunities for improvement. This QI project aims to ensure that patient care is delivered safely, effectively, and in line with best practice.



SMART AIM

S Specific	Improve adherence to The Nottinghamshire Primary Care Alcohol Dependence Guidelines on Cedar Ward, Sherwood Oaks Hospital.
M Measurable	we will collaboratively identify outcome of measures, process measures and balance measures.
A Achievable	we set a target of 6 months to achieve the above aim to make this an achievable target.
R Relevant	In line with Nottinghamshire Trust Guidelines.
T Time	Achieve the above aim by April 2026.

METHODOLOGY

This Quality Improvement Project included patients admitted to Cedar Ward, Sherwood Oaks Hospital, who required alcohol withdrawal management, between October 2025 and April 2026. In order to assess baseline levels of adherence to the guideline, previous patient records were reviewed. Baseline and current records have been measured for adherence to the Nottinghamshire Primary Care Alcohol Dependence Guidelines.

At the start of the project, a multidisciplinary meeting was arranged with medics, nursing team, and the pharmacy team to introduce and discuss this QI project. Together we developed a driver diagram, and identified primary drivers, secondary drivers, and change ideas collaboratively. Agreed changes were then implemented using the Plan-Do-Study-Act cycle. After these discussions, we planned how to put these changes into practice.

CHANGE IDEAS

Objective 1: Improve awareness and knowledge amongst Cedar Ward. Measure whether the teaching session has been delivered to all new Resident Doctors on Cedar Ward and nursing staff of the Trust Alcohol Withdrawal guideline. Change Idea: Pharmacy team to include training on Trust alcohol withdrawal guidelines in Induction Training for nursing staff on Cedar Ward. Study: Measure whether all new nursing staff received induction training on the guideline.
Objective 2: Ensure CIWA scale is completed prior to giving chlordiazepoxide as per Trust Alcohol withdrawal guidelines. Change Idea: Liaise with EPMA team regarding including a notification on EPMA to complete CIWA scale before giving Chlordiazepoxide to patients. Study: Audit whether CIWA scales are documented on RIO.
Objective 3: Improve knowledge and awareness of Trust Alcohol withdrawal guidelines amongst Resident Doctors. Change Idea: Organise a Teaching Session on Trust alcohol withdrawal guideline for Resident Doctors during changeover. Study: Measure whether the teaching session has been delivered to all new Resident Doctors on Cedar Ward.
Objective 4: Improve the Trust Alcohol Withdrawal Guideline to make it easier to understand. Change Idea: Have a meeting with the pharmacy team to discuss the process of updating the guideline and/or creating a flowchart to summarise the steps. Study: Measure whether the updated guideline has been made available to all Resident Doctors.
Objective 5: Improve Resident Doctors' awareness, knowledge and experience of Trust Alcohol withdrawal guidelines. Change Idea: Liaise with the Medical Education Team to integrate teaching on Trust alcohol withdrawal guideline for Resident Doctors during induction. Study: Measure whether the teaching session has been delivered to all new Resident Doctors during Induction.
Objective 6: Improve completion ratio of SADQ scale and CIWA scale. Change Idea: Adding SADQ and CIWA scales to the electronic documentation system (RIO). Study: Audit the completion ratios of these scales three months after introducing these changes.

RESULTS

We delivered teaching sessions to resident doctors and nurses to improve their knowledge and confidence on managing patients admitted to the ward with alcohol withdrawal. Pre- and post-teaching questionnaires were used to assess changes which showed significant increase in all identified areas.

Statement	Pre Teaching Session	Post Teaching Session
The alcohol withdrawal assessment process does not cause unnecessary delays or interruptions.	43%	83%
I document CIWA-Ar scores clearly and consistently on the withdrawal chart.	43%	75%
I know how often CIWA-Ar scoring should be completed and documented.	43%	83%
I feel confident using the CIWA-Ar scale correctly to assess alcohol withdrawal severity.	57%	75%
I understand the purpose of the local Alcohol Withdrawal guideline and when to apply it.	64%	100%

Table 1: Nursing Team's Knowledge and Confidence Pre vs Post Teaching Session

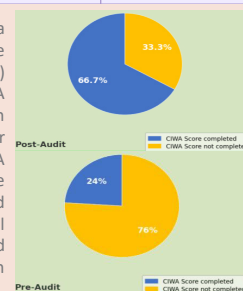
Statement	Pre Teaching Session	Post Teaching Session
I feel confident starting chlordiazepoxide regime and deciding on the correct dosing schedule.	43%	92%
I feel confident assessing a patient for alcohol withdrawal.	43%	75%
I know the key principles of the chlordiazepoxide regime.	50%	67%
I understand when the SADQ scale should be used.	71%	100%

Table 2: Resident Doctor's Knowledge and Confidence Pre vs Post Teaching Session

Following the teaching sessions, we have completed the first cycle of our project to assess changes in knowledge and clinical practice. The findings of the first cycle of QIP demonstrated clear improvements in SADQ completion and documentation as well as improvements in both regular and PRN Chlordiazepoxide prescribing.

	Baseline Audit Results	After Changes Implemented
SADQ/Units Documented on Admission	56%	100%
Regular Chlordiazepoxide Prescription	56%	100%
PRN Chlordiazepoxide Prescription	66%	100%

After meetings with the EPMA team, a notification was added to the electronic prescribing system (EPMA) to remind nursing staff that CIWA score should be checked before each chlordiazepoxide administration. Our data showed improved CIWA completion ratios after this step. We had several meetings with the lead pharmacist as a result, alcohol withdrawal management was added into the nursing staff induction checklist



CONCLUSIONS AND NEXT STEPS

- Regular teaching sessions delivered to resident doctors and nursing staff have improved their knowledge and confidence in managing patients admitted with alcohol withdrawal. Furthermore, the integration of notifications within the electronic prescribing system has significantly increased CIWA scale completion rates, contributing to safer and more effective patient care
- We are currently developing a new alcohol withdrawal guideline tailored specifically for the adult mental health inpatient setting. To support this work, our team has held multiple meetings with the Clinical Policies Team, the Trust's Pharmacy Team, Medicines Optimisation Group as well as working closely with CGL and Nottingham Recovery Network.
- We incorporated SADQ and CIWA-Ar scales into our electronic patient record system to improve access and ensure accurate documentation.
- Following the success of our local QI project, we are now planning to take our work to the next level by undertaking a trust-wide, systemic quality improvement project.

CONTACT INFORMATION

Dr Atakan Tum - Atakan.Tum@nottshc.nhs.uk
Dr Alkim Arikan - Alkim.arikan@nottshc.nhs.uk
Dr Suranjana Senanayake - Suranjana.Senanayake@nottshc.nhs.uk

REFERENCES

- Nottinghamshire Healthcare Trust. Nottinghamshire Primary Care Alcohol Dependence Guidelines. Nottingham: Nottinghamshire Healthcare Trust; (2025)
- NICE Guidelines CG100: Recommendations | Alcohol-use disorders: diagnosis and management of physical

Closing the alcohol detox pathway gap

A quality improvement review of detox discussion, access and outcomes

Dr Philip Brooks (CT3) | Dr Anisha Chauhan (ST4) | Dr Mary Thornton (Consultant Psychiatrist)
Wandsworth Community Drug & Alcohol Service | 2026

NHS
South London and Maudsley
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RICHMOND & WANDSWORTH COMMUNITY
DRUG AND ALCOHOL SERVICE
RWCDAS

2nd Prize:
Dr Philip Brooks

Only 8 of 22 alcohol-dependent clients had a documented detox discussion. Median delay to discussion was 224.5 days. No clients were referred for community detoxification, and only 3 detoxes were completed, all inpatient.

BACKGROUND

Medically assisted withdrawal (MAW) is one component of a personalised alcohol treatment plan. Current UK guidance states that community MAW should be available in every local treatment system and accessed easily and promptly. People with severe dependence or complex needs require a clear specialist inpatient pathway without unnecessary delay. Assessment should identify dependence, risk, treatment goals and need for urgent withdrawal management. Successful withdrawal should link directly to psychosocial treatment, relapse-prevention medication where appropriate, and continuing recovery support.

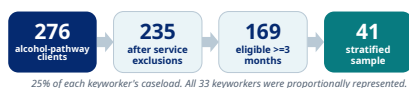
AIM

To establish a baseline of how consistently and promptly alcohol detoxification was discussed with alcohol-dependent clients at Wandsworth Community Drug and Alcohol Service (WCDAS), describe progression from discussion to completion, and identify practical service-level improvements.

METHODS

We completed a retrospective case-note review using data extracted on 15 April 2026. Of 276 clients on alcohol pathways, day-programme and primary-care clients were excluded, leaving 235. A further 66 with less than 3 months in service were excluded. From 169 eligible clients, a stratified random sample of 25% of each keyworker's caseload was selected, giving 41 clients across 33 keyworkers. Dependence was determined from assessments/NDTMS combined review, TOPS drinking frequency, AUDIT greater than 20 and clinical evidence within the notes. We recorded detox discussion and timing, acceptance, referral, completion and setting, aftercare, abstinence and relapse.

FIGURE 1. ELIGIBILITY AND STRATIFIED SAMPLING



RESULTS

22 of 41 clients (54%) met criteria for alcohol dependence. 8 had a documented detox discussion (36% of all dependent clients, or 40% after excluding 2 clients without an abstinence goal). 10 (45%) had no documented discussion, 2 (9%) had no goal of abstinence and 2 (9%) underwent emergency or unplanned detoxification elsewhere. Of the 8 discussions, 6 clients accepted, 4 were referred and 3 completed detoxification. All 3 completed detoxifications were inpatient. No clients were referred for community detoxification. 2 clients remained abstinent and 1 relapsed during recorded follow-up. Among the 8 documented discussions, median time from first assessment was 224.5 days (range 8-606).

FIGURE 2. STATUS OF ALCOHOL-DEPENDENT CLIENTS (n=22)



RESULTS: PATHWAY PROGRESSION



FIGURE 3. PROGRESSION FROM ALCOHOL DEPENDENCE TO DETOX COMPLETION

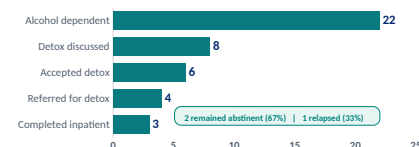
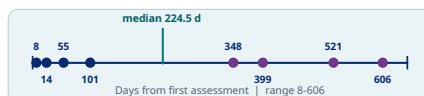


FIGURE 4. TIME TO DOCUMENTED DETOX DISCUSSION (n=8)



INTERPRETATION

Case-note review identified why detoxification was not discussed or clients did not progress to referral. Reasons included emergency detoxification elsewhere, self-detoxification, delays despite interest, reduction rather than abstinence goals, keyworker uncertainty about dependence, and disengagement. Absence of a documented discussion therefore did not always represent poor care. However, the low discussion rate, long and variable delay, and lack of community referrals suggest inconsistent recognition of alcohol dependence or need for medically assisted withdrawal, with possible missed windows of readiness.

MEASURES AND CONCLUSION

Re-audit after three months will measure the proportion with documented treatment-option discussion, time from identification to discussion, community and inpatient referrals/completions, and documented aftercare. Training uptake, pathway use and inappropriate or delayed referrals will be monitored as process and balancing measures. Cycle 1 identified a clear opportunity: make the evidence-based pathway visible, usable and routinely discussed, while preserving personalised goals and clinical judgement.

INTERVENTION AND NEXT CYCLE

An updated one-page Alcohol Use Disorders Treatment Pathway will be displayed prominently in the main office and used in induction and supervision. Keyworker teaching will cover recognising alcohol dependence, preparing clients for detox, when to request medical review, choosing community or inpatient care, and planning psychosocial and relapse-prevention support. A barriers questionnaire, MDT review and re-audit will support implementation.



REFERENCES

1. Department of Health and Social Care. Clinical guidelines for alcohol treatment, Chapters 11-13: community and specialist inpatient medically assisted withdrawal, and community alcohol treatment and recovery services. 2025, updated 2026.
2. NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (CG115). 2011, updated 2014.

Winners: MCA Student Essay Competition 2026

How relevant and useful is the concept of the Alcohol Dependence Syndrome to the diagnosis and clinical management of alcohol-related health harm?

Joint 1st Prize: Josiah Wilson, University of Liverpool

Ben Phillips, University of Sheffield

Runner Up: Cheon Hoi Koo, Hull York Medical School



EDUCATION | JOURNAL | POLICY | SUPPORT |

The Alcoholis bulletin for health care professionals, is published by the Medical Council on Alcohol. Views expressed by contributors are not necessarily those of the MCA. We welcome any articles or comments from other parties which may be published.

Registered Charity Number 265242.

2 St Andrews Place, London, NW1 4LB

T: 07842 244944

E: contact@m-c-a.org.uk

www.m-c-a.org.uk

X @mca_med