



This regional guidance is intended to help health care professionals (HCP) support the nutritional needs of people at risk of harm due to substance use. This document was developed and reviewed by clinical specialist dietitians in Northern Ireland.

Persons at risk of harm due to substance use may have a range of nutrition related problems including:

- Poor appetite and weight loss
- Constipation (Opioid users in particular)
- Nutritionally inadequate diet
- Dental decay

Reasons for nutrition related problems in persons at risk of harm due to substance use can include:

- Poor appetite
- A reduction of saliva pH leading to dental problems
- Craving sweet foods
- Lack of interest in food and eating
- Poor access to food
- Low income, intensified by increased spending on drugs and alcohol
- Chaotic lifestyles and irregular eating habits
- Constipation
- Poor memory
- Poor nutritional knowledge and skills
- Homelessness or poor living accommodation
- Infection with HIV or Hepatitis B and C
- Eating disorders with co-existent substance use

Provision of Appropriate Nutrition Support

NI formulary guidance: [Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutrition Supplements \(ONS\) | NI Formulary \(hscni.net\)](#) provides guidance on nutrition support as well as prescribing advice. The additional information below is relevant to this patient group.

Provision of Dietary Advice

First line dietary advice regarding a “Food first approach” and appropriate literature should be used to empower, advise, discuss goals and support self-care. Consider use of:

Nourishing Drink Ideas available at [Oral nutrition support - resources for patients, carers and healthcare professionals | HSC Public Health Agency \(hscni.net\)](#)

- The online recipe resource: [101 Square Meals.pdf \(safefood.net\)](#)
- Nutrition for Substance Use workbook
 - This booklet uses a range of approaches such as psycho-education, harm reduction and motivational enhancement to support change in eating behaviours and is available at: [Nutrition for Substance Use \(extern.org\)](#)

When is Referral to Dietetic Services appropriate?

People at risk of harm due to substance use should be referred to Dietetic services when they meet the regional dietetic access referral criteria. A person-centred food-based nutrition care plan will be promoted in the first instance.

When is it appropriate to prescribe Oral Nutritional Supplements?

ONS should not be initiated for people at risk of harm due to substance use unless there is a willingness to engage **OR have engagement with Addiction Services **OR** have a desire to reduce harm from their intake of their primary substance **OR** desire to overcome dependence **OR** desire for abstinence. **NOTE THAT harm from substance use is not a specified ACBS indication for ONS prescription.****

Clinical benefits of ONS are limited in this patient group and the following non-clinical problems can be created by prescribing ONS:

- Alcohol interferes with nutrient absorption negating potential benefit of ONS
- Monitoring of nutritional status and the review for ongoing need for ONS can be difficult due to poor attendance at appointments
- ONS used instead of food/meals provide no benefit
- ONS when given away to other members of the family/friends provide no benefit
- ONS when sold and used as a source of income provide no benefit
- Once started on ONS it can be difficult to stop prescriptions

ONS prescription should only be recommended when ALL OF the following criteria are met:

- MUST score of ≥ 2
- AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria
- AND once food fortification advice has been offered and tried for 4 weeks

ONS product choice should be in line with the [9.4 Oral Nutrition | NI Formulary \(hscni.net\)](#) as appropriate and it is suggested that prescribing should:

- Follow the guidelines for starting prescriptions in NI Formulary, available at: [9.4 Oral Nutrition | NI Formulary \(hscni.net\)](#).
 - Avoid adding ONS prescriptions to the repeat template.
 - Prescriptions should be for a limited time period (for example 1-3 months).
 - If there's no change in weight after 3 months ONS should be reduced and stopped.
 - If weight gain occurs, continue until the treatment goals are met (for example usual or healthy weight is reached) and then reduce and stop prescription.
 - If individuals wish to continue using supplements once prescribing has stopped, recommend purchase of OTC preparations e.g. Aymes® Retail. • Complan® milkshakes or soups. • Meritene Energis® (formerly Build Up) milkshakes or soups, or • Nurishment® milkshakes or homemade nourishing drinks.
 - Re-visit goals & aspirations. Consider further support promoting self-care to maintain recovery.

References

Adapted from: Northern Lincolnshire Area Prescribing Committee Approved: November 2021
[Guidelines-for-the-Appropriate-Use-of-Oral-Nutritional-Supplements-ONS-for-Adults-in-Primary-Care-11-2021.pdf \(nlg.nhs.uk\)](#)

Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care PrescQIPP 2021
<https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5753%2f261-oral-nutritional-supplements-22.pdf>

National Institute on Alcohol Abuse and Alcoholism No. 22 PH 346 October 1993 [Alcohol and Nutrition - Alcohol Alert No. 22- 1993 \(nih.gov\)](#)

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