The KEYS Project
124 City Road, London, EC1V 2NX
UK Registered Charity No: 1154263

0800 634 9638
info@thekeysproject.org
thekeysproject.org

Supported and Controlled Alcohol Reduction (SCAR) Programme

A community or home alcohol reduction lasting between one and three weeks, with consumption of a fixed daily volume of fluid.

Introduction

Physical dependence on alcohol requires an individual to withdraw from alcohol in a safe and controlled way. It can be helpful to note that most people across the world with alcohol dependence manage to withdraw from alcohol without any medical help and many safely manage without help of any sort. A significant number, however, need help to achieve abstinence.

For most alcohol dependent people seeking help to become abstinent, either a residential detox or a community detox is generally accepted as the ideal route. Whether residential or community detox is appropriate will depend primarily upon drinking levels (generally, whether stable above or below 30 units daily) and the severity of withdrawal symptoms (generally, whether having a SADQ[1] score above or below 30).

Sadly, and for various reasons, neither a residential detox nor community detox is an option for a significant number of people, at least not in the short to medium term.

This Supported and Controlled Alcohol Reduction (SCAR) programme is a simple and safe way to enable such 'clients' to reduce and stop their alcohol consumption at home or in the community, with the support of at least one other person. It is for selected clients who meet certain criteria. Whilst alcohol reduction is not without risk, it needs to be seen in the context of the following two facts:
1) continued high-level drinking is potentially more dangerous; and
2) high-level drinkers are frequently not able to safely achieve gradual reductions unaided.

The programme is ideally[2] carried out by an alcohol reduction team consisting of educated and competent volunteers. The volunteers will function as 'reduction buddies' and will be able to access medical advice and support if required.

Engagement with the local drug and alcohol services should always be strongly encouraged for the client. This reduction procedure is to be used when a community or residential detox is not an option and it is for carefully selected clients, who are at relatively low risk of complications during the supported alcohol reduction. Exclusion criteria are discussed in the final section of this document.

[1] SADQ – Severity of Alcohol Dependence Questionnaire – this tool should be seen as a **guide** to alcohol dependence and should be interpreted with caution. See APPENDIX 1

[2] Whilst this programme should ideally be managed by trained volunteers, it could potentially also be safely completed by people without formal training. The criteria to determine and define who is deemed suitable to support someone in this way are still under consideration. At the KEYS Project we have our own training. Suitability of volunteers arguably equates with the training given to family members of substance misuse patients to administer naloxone.

The person or team supporting the alcohol reduction should carry out the reduction procedure as described below. But in summary, it requires a period of stable drinking (known as the stabilisation phase) lasting at least one week, followed by a period of gradual reduction of alcohol (known as the reduction phase). For the reduction phase, vodka with an ABV of 37.5% is used, generally diluted to 2 litres with water and given in ten small glass bottles (200ml each), evenly spaced over a 24-hour period.

There is usually no need for a qualified clinician to be directly involved in the supported alcohol reduction. However rapid access to medical support for advice is essential when the supported alcohol reduction is not going to plan.

A supported alcohol reduction at home or in the community will not be regulated by the Care Quality Commission as it neither requires medication prescribed by the team overseeing the alcohol reductions, nor are there any planned clinical interventions by registered professionals.

Vitamin consumption (particularly high dose thiamine) is essential to protect health, and this may either be prescribed by the client's own GP or purchased at a local pharmacy. Instructions for vitamin consumption are given later.

This programme assumes that the client has been assessed by a competent person (see footnote 2 above) as being at a low risk of having complications.

The programme can be used in conjunction with:

1. The introductory video by Dr Steve Smith of The KEYS Project (https://thekeysproject.org/).
2. The online training modules of The KEYS Project (for approved volunteers)
3. This document with the accompanying appendices.

One point worthy of comment at this point is that this programme is for people regularly drinking up to 40 units per day. Whilst the NICE guidelines recommend that community detox may be suitable for patients stable on 30 units or below, the following should be noted:

1. The NICE guidelines apply to *medically* assisted withdrawal (and this programme does not involve prescribed medication).
2. This programme is for people seriously seeking abstinence but for whom a residential or community detox by a drug or alcohol team or GP is not an imminent option.
3. The reductions within this programme to 30 units are gradual and controlled and are mostly likely to be conducted in a safer way than by an alcohol dependent person trying to reduce their drinking alone.

   For those clients drinking above 30 units, we should be especially aware of the exclusion criteria below.

For those regularly drinking above 40 units per day, a gradual reduction to 40 units is recommended, with no more than a 10% reduction per day, followed by a stabilisation period on 40 units (or less) per day.

It should also be stressed that this programme should be undertaken in the context of long-term recovery planning. During the preparation and reduction phases of the programme and for months afterwards, the client must be strongly encouraged to engage in long-term recovery support.

Stages of the Supported and Controlled Alcohol Reduction Programme

As stated, not everyone is suitable for supported and controlled alcohol reductions within the community. Exclusion criteria are discussed at the end of this programme.

Stage 1 - Provision of information and completion of the consent form:

- The alcohol reduction process is discussed with and understood by the client, and they are provided with a leaflet about it (see APPENDIX 2). They should also be given an opportunity to view the explanatory video (as above).
- The client is given opportunities to ask any questions they have about the procedure and other options available.
- The client should complete the SADQ questionnaire, and ideally scores at 30 or below[3].
- If the client agrees, they are asked to sign a consent form (APPENDIX 3), which details that:
    - Any alcohol used in the reduction is purchased by the client or with the client's money.
    - The client gives permission for the reduction support team to manage the alcohol and the reduction process on the client's behalf and to specify the set times when they are to be taken.
    - Any alcohol left over after a successful supported alcohol reduction will be poured away.
    - The client will adhere to the schedule and not suddenly stop the process (for safety reasons).
    - If the client wishes to withdraw from the process, they may do so at any time, but must discuss it with the reduction support team first (and not stop suddenly).
    - The amount of fluid is kept the same throughout the reduction process (generally two litres), but the amount of alcohol in it is gradually reduced.
    - If the client drinks extra alcohol or consumes other drugs or medication that has not been previously agreed, and which may impact the reduction process, then the supported alcohol reduction will most likely have to stop.
    - The client must report any alcohol withdrawal symptoms to the reduction support team, such as nausea, headache, sweating, tremor, anxiety, confusion, unsteadiness, double vision and rapid heartbeat or palpitations, to assist them with monitoring the safety of the reduction process.
    - The reduction process may need to be terminated at any time if anything appears not to be going smoothly. If this happens, it may be appropriate to plan supported alcohol reduction at a later date.

Stage 2 – Vitamins to protect against adverse effects:

If not already taking vitamins from the outset, the client is to be strongly encouraged to be taking the following:

- Thiamine - 100mg tablets three times daily (this can easily be obtained from various sources including pharmacies and health food shops or prescribed by the GP).
- Vit. B Co Strong – two tablets daily. This again can be purchased easily and may be available on prescription (although now less likely to be prescribed by GPs[4]).
- Sanatogen – Multivitamin and mineral tablets – one tablet daily. This will not usually be available on prescription. One particular value of Sanatogen is that it has a relatively high dose of magnesium which is understood to improve thiamine absorption.

[3] Again, it needs to be noted that a SADQ score should not be rigidly interpreted. Furthermore, it should be noted that the SADQ score will most probably significantly reduce once stabilisation is commenced.
[4] It is recognised that Vit B Co. strong tablets are not recommended within NICE guidelines for alcohol use disorders.

Stage 3 – Nutritional needs questions (APPENDIX 4)

The client needs to complete a nutritional status questionnaire to determine whether they might need injectable vitamins in addition to the vitamins by mouth.

Five questions are asked in relation to: diet, weight loss, vomiting, memory, and the presence of paraesthesia (numbness / pins & needles) or balance problems. If the answer to any of these questions is 'yes', medical advice should be sought as to whether the client also needs additional vitamins by injection.

Stage 4 - Period of stabilisation and completion of a drink diary:

- The client needs to have a period of stability of alcohol use, where they (ideally) use the same drink and number of units of alcohol at roughly the same time each day, ideally with drinks evenly spaced over the 24 hours.
- The amount drunk each day can be recorded in an honest and accurate alcohol drink diary, especially with the help of a friend or relative. Photographing cans / bottles consumed (before throwing them away) may be advisable to ensure an accurate record.
- The length of the period of stabilisation should generally at least one week during which the units consumed are the same, evenly spaced over a 24-hour period.
- If stability is not achieved, then the client is no longer considered suitable for a Supported and Controlled Alcohol Reduction.

Stage 5 - Determine the number of units of alcohol per 24 hours:

The number of units of alcohol the client is consuming daily, without experiencing alcohol withdrawal symptoms, is determined. Once stability has been established and maintained (i.e. drinking at this level for at least one week), the alcohol reduction process may be commenced with the client.

- The alcohol calculator in Table A (APPENDIX 5) may be used to minimise errors in determining the number of units of alcohol from the volume of the drink in litres and the percentage ABV. Certain online calculators, such as that of drinkaware.co.uk may also be helpful.
- The yellow boxes in Table A are provided if you wish to calculate the number of units by hand.
- As previously stated, the client should be encouraged to be consuming a single type of drink (with a single %ABV) if possible (although we can still work with more than one type if that's a big issue for him/her).

What to do if the SADQ score is higher than 30:
Most often, once someone is drinking 40 units or less in a systematic way and with the drinks evenly spaced, we would expect withdrawal symptoms to rapidly diminish. If symptoms are not controlled, it suggests that the client has not managed to stabilise and that they are not suitable for this programme.

Using other medications or drugs:
If the client is using a stable dose of medication (prescribed to him/herself) such as benzodiazepines, sleeping tablets (hypnotics) or opiates, then it will generally be safe to proceed with the supported alcohol reduction. However, it will not be safe to do so if the client is using different amounts of prescribed sedating medication on different days.

Similarly, if the client has changed the dose of the prescribed medication, then the supported alcohol reduction will need to be delayed until they have been on a stable dose for two full weeks.

If the client is using illicit drugs, it generally[5] will not be appropriate to proceed with the Supported Home Alcohol Reduction. If not already engaged with a substance misuse service, they should be encouraged to do so to address illicit drug use.

Stage 6 - Determine the starting volume in millilitres (ml) of undiluted vodka required for the first 48 hours (APPENDIX 6 – TABLE B)

Note that for the first two days that diluted vodka is used, the goal is for the client to have the same number of units that they had been stabilised on during the preceding two weeks.

For the sake of standardising the procedure, however, and to minimise the risk of mistakes, please note the following (for The KEYS Project at least):

1. Vodka at 37.5% ABV will always be used. This % ABV is more easily available (and generally cheaper).
2. The volume of vodka will be rounded to the nearest 50ml.

A full list of starting volumes for a client stabilised between 10 to 40 units is given in table B, but the following table gives some examples of starting volumes (noting that the vodka is to be diluted to two litres with water (and possibly squash):

TABLE GIVING STARTING VOLUMES OF UNDILUTED VODKA (TO BE DILUTED TO TWO LITRES)

Total Units of Alcohol (per day) on Which Client has been Stable	Exact volume (ml) of Vodka (37.5% ABV) equivalent to these units	Starting volume (ml) of Vodka (37.5%ABV) / 24 hours rounded to the nearest 50ml (to be diluted to 2 litres)	Exact Alcohol Units / 24 hours
40	1066.7	**1100**	41.25
37.5	1000	**1000**	37.5
35	933.3	**950**	35.63
30	800	**800**	30
25	666.7	**700**	26.25
20	533.3	**550**	20.63
15	400	**400**	15
10	266.7	**250**	9.38

Stage 7 - Plan the reduction schedule according to the starting number of units.

Depending upon the starting volume of undiluted vodka as determined in stage 4, the reduction regime with 37.5% ABV is as follows:

1. 2 days on starting volume
2. Reduce by 50mls (1.88 units) per day to 800mls (30 units) if the starting volume is more than 800mls (30 units) per day.
3. Reduce daily by 75ml (2.81 units) per day from 800ml (30 units) to 350ml (13.13 units) per day.
4. Reduce by 50mls (1.88 units) per day from 350 ml (13.13 units) to zero.

[5] Whilst concomitant use of most illicit drugs will generally be a contraindication to a supported alcohol reduction, an exception may be made for certain drugs such as cannabis.

An example:

Someone has stabilised on 8 x 500mls cans of (strong) beer per day, which is 9% ABV (= 36 units/day) and has a SADQ score of no more than 30.

Regime (in terms of undiluted 37.5% ABV vodka per 24 hours) is as follows:

	Initial two days static		50ml/day reduction to 800ml			75ml/day reduction to 350ml						50m/day reduction to zero					
Day no.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Vodka vol. in ml.	950	950	900	850	800	725	650	575	500	425	350	300	250	200	150	100	50
Units of alcohol	35.6	35.6	33.8	31.9	30.0	27.2	24.4	21.6	18.8	15.9	13.1	11.3	9.4	7.5	5.6	3.8	1.9

The rationale for the reduction steps is as follows:
The starting dose is chosen to be 35.6 units, which is slightly less (0.4 units less) than the dose being consumed. An alternative would have been to round it up to the nearest 50ml, which would have been 1000ml or 37.5 units, which is 0.5 units more.

1. A further degree of stabilisation is maintained firstly by having the first two days with the same starting volume of alcohol and secondly by more cautious reductions (50ml per day) down to 800ml (30 units).
2. The final phase of the reductions (from 350ml=13.1 units) is again more cautious (50ml per day) as this is the period during which withdrawal symptoms can be more likely.

APPENDIX 7 gives tables giving reduction regimes following stabilisation on 10 to 40 units (bearing in mind that for lower starting levels, dilution to one litre, rather than two litres may be more appropriate).

Stage 8 - Calculate the total volume of vodka that needs to be purchased for the whole of the supported alcohol reduction:

- The total volume in millilitres (ml) of vodka required for the whole of the supported alcohol reduction may be calculated once the reduction regime has been specified (and is given for each starting volume in APPENDIX 7).
- This quantity is important, because it is important to ensure firstly that no more alcohol than required is purchased (to minimise waste), and secondly to ensure that the client has sufficient funds to purchase enough vodka to complete the whole of the supported alcohol reduction.

Stage 9 - Client purchases the vodka for the next 24-48 hours:

- On the day prior to (or the morning of) the planned alcohol reduction, the client purchases the amount of vodka required for the next 24-48 hours, facilitated by a support person (e.g. a relative, friend or member of the reduction support team).
- Please note that the client must buy the vodka with their own money to ensure that the lines of clinical governance and responsibility are clear.
- The reduction support team may facilitate the client during the purchase or purchase it with the client's money on their behalf but must not pay for it themselves.
- Vodka is used as it is clear fluid, which means that the appearance doesn't change as the amount of alcohol in it is reduced each day.

- When flavoured with squash and diluted to two litres with water (total volume), its appearance and taste is no longer similar to the drink that they had previously been drinking.

Stage 10 – Reduction Support Team to prepare the 10 bottles for the next 24 hours:

On the morning of the planned alcohol reduction, the reduction support team prepare 10 bottles of diluted vodka according to the following process.

- From Tables A and B, the reduction support team check that they have the correct number of alcohol units (table A), and from that the correct volume of undiluted vodka (table B).
- It is highly recommended that a second person confirms the unit and volume numbers to check that the person doing the calculating and measuring has done it correctly. Photographs and WhatsApp messaging to a second person can be very helpful (if they are not present in person).
- Using a one-litre graduated measuring cylinder, they accurately measure this volume and pour it into a two-litre jug.
- If desired, orange squash or another flavouring is added for taste, and stirred.
- The jug is then filled to two litre mark with tap or bottled water and stirred. If having two litres is an issue for the client, the vodka can instead be diluted to one litre with water.
- Using the funnel, the diluted vodka is distributed evenly between the 10 by 200ml (or 100ml) bottles, so there is an equal amount (whether 200ml or 100ml) in each bottle. This means that each bottle contains 10% of the total daily units of alcohol calculated.
- A useful tip is to hold the funnel up slightly from the bottle to allow air to escape as the diluted vodka is poured into the bottle.
- Carefully screw on the lids of the bottles.
- It can be helpful to label the bottles (perhaps with masking tape which is easy both to write onto and then peel off).

Stage 11 - Start the Supported Alcohol Reduction on Day 1:

- On day one of the programme, the client is advised to drink their usual beverage normally (with the drinks spread evenly throughout the morning) until 1pm. The goal is to be comfortable (neither intoxicated or in withdrawal) from the outset.
- The first bottle is then consumed over a 2½ hour period (1pm to 3.30pm).
- Subsequent bottles are consumed according to the daily timetable (see later) ensuring that their entire contents are drunk completely.
- The client is to be reminded that the bottles are to be taken as 'medicine', and their purpose is to prevent the onset of alcohol withdrawal symptoms. The client must not pour them away or save them if they do not think they need them at that time.
- The timings of the bottles are given below (with an explanation for the timings during the night).
- This regime remains essentially the same during the whole of the alcohol reduction process. Guidance for managing the night doses and sleep is given below, but generally the client is encouraged to have a bottle at 3am. Setting alarms is highly recommended.
- If the 3am bottle is not consumed because the client is asleep, the bottle can be kept by the bedside. If they wake before the 6am bottle is due, it can be consumed at that time. The client must be woken when the next (6am) bottle is due, and if the 3am bottle was missed, both bottles are to be consumed at that time. Clients should not be allowed to sleep through two bottles. Bottles should never be omitted.
- Because of the shortened night and to minimise potential sleep deprivation, clients are strongly encouraged to take an early afternoon nap ('siesta') between bottles 1 and 2 (1-3.30pm).

Times for the bottles to be given (with settings of alarms) as follows:

- 1pm (starting at this time on day one gives the client opportunity to be neither intoxicated nor in withdrawal)
- 3.30pm
- 6pm
- 8pm
- 10pm
- Midnight
- 3am – an alarm should generally be set for this time.
- 6am – An alarm should be set and any of the 3am bottle that has not be used should also be consumed at this time.
- 8am
- 10.30am

Note that this regime allows for some undisturbed night-time sleep with a small degree of evening 'pre-loading' for the night and 'catch-up' in the morning with the shorter intervals immediately before and after the night.

Bottles should not be drunk too quickly and ideally can be sipped between the various start times, again ensuring that the full designated amounts are consumed.

Stage 12 - Continue the Supported Alcohol Reduction:

- The client continues to purchase the amount of vodka required for the next 24-48 hours, facilitated by a support person (e.g. a relative, friend or member of the reduction support team), making sure that vodka with the same 37.5% ABV is purchased as on day 1.
- The reduction support team continue to make up the 10 bottles each day, with the specified amounts of undiluted vodka reducing by 50ml or 75ml per day as planned.
- Ideally the calculations and amounts should be checked by a second team member if at all possible.
- This process continues until the amount of alcohol reaches zero.

Safety considerations:

- It is important to ensure that the supported alcohol reduction is done safely, and its safety will depend on the physical or mental health of the client, whether there are withdrawal symptoms, and the environment in which it takes place.
- Be aware that the reductions per day are always less than 3 units which is clinically safe. The reduction regime should be discussed with the client on a regular basis. If the client is experiencing discomfort or withdrawal symptoms medical advice or help should be sought.
- If the procedure has been followed correctly, the client should not be experiencing significant alcohol withdrawal symptoms (such as nausea, headache, sweating, tremor, and anxiety, and rapid heartbeat or palpitations).
- If mild symptoms occur, paracetamol may be used for headaches, and over the counter (OTC) medication for nausea.
- If there are concerns that the reduction regime is not going to plan, then immediate medical help should be sought. Reasons to call for help include:
    - Significant alcohol withdrawal symptoms.
    - Anything unusual or if the reduction is not going to plan.
    - Suspicion that the client is taking additional alcohol or medication (e.g. benzodiazepines) that was not part of the plan.
    - Vomiting and/or diarrhoea.
    - Simply feeling that something is "not right".

- There are also "red flags", which require access to medical help immediately, whatever time of day or night (and calling an ambulance most probably will be appropriate):
    - Confusion (which could indicate a thiamine or vitamin B1 deficiency, which requires vitamin injections to correct as soon as possible, as it can cause irreversible brain damage if not corrected quickly).
    - Hallucinations, whether auditory, visual or tactile.
    - Nystagmus – which is when the eyes jerk from side to side.
    - Unsteadiness of gait (when walking) or lack of coordination of muscles.
    - An epileptic type seizure.

Clients NOT suitable for the SCAR Programme

Whilst very many people can safely achieve abstinence from alcohol using this protocol, there are some who are not suitable. This includes clients who:

- Are poorly engaged with the programme, in particular the preparation and stabilisation phases.
- Are simply unable to stabilise their drinking and / or keep an accurate drink diary.
- Continue to have significant withdrawal symptoms (e.g. SADQ >30) despite attempts to stabilise.
- Have concomitant illicit drug use.
- Have severe mental or physical health issues, or significant learning difficulties.
- Are solely responsible for dependant relatives.
- Are high risk (e.g. presenting with an imminent threat of violence etc).
- Are street homeless or do not have a suitable environment in which to reduce their drinking.
- Have had previous withdrawal seizures not due to abrupt cessation of drinking.

The programme should not be undertaken if there is any doubt as the client's suitability.

Where a team are involved in the reduction programme, the team leader should decide on the client's suitability for the programme, ideally with input from other members of the team.

Conclusion

The Supported and Controlled Alcohol Reduction (SCAR) programme represents a viable alternative for individuals who are unable to access traditional residential or community detoxification programmes. This programme, designed for those with a physical dependence on alcohol, provides a structured and gradual reduction in alcohol consumption, minimising the risks associated with abrupt withdrawal.

Since 2020, (at the time of updating this document in May 2025), the SCAR programme has been implemented successfully in 36 clients of The KEYS Project, demonstrating its safety and efficacy (six of these clients had started with daily drinking levels above 30 units). The gradual reduction in alcohol intake, combined with support from competent volunteers and access to medical advice, ensures that patients can reduce their consumption in a controlled environment. This method also highlights the importance of stability and consistency, with a focus on maintaining a steady intake of vitamins and nutrients to support overall health during the reduction process.

The SCAR programme emphasises the necessity of client engagement and the crucial role of a supportive environment. By adhering to a strict schedule and maintaining accurate records, clients can effectively manage their reduction without the need for direct clinical intervention. However, the availability of medical support is critical for addressing any complications that may arise.

Once again, it should be emphasised that the client should be encouraged to see the alcohol reduction programme as being one part of a long-term recovery strategy. The success of the SCAR programme in these 33 clients underscores its potential as a practical and safe alternative for those seeking to achieve alcohol abstinence when conventional detox settings may not be accessible. Future studies and broader implementation could further validate its efficacy and expand its applicability, offering hope and support to a larger population in need of alcohol reduction strategies.

Disclaimer

The KEYS Project is committed to transparency and is pleased to make the SCAR Programme publicly accessible. Nonetheless, we cannot accept responsibility for how this material is used by others, nor for any consequences arising from its application.

Dr. Stephen Smith
Dr. Keron Fletcher
Dr. Fergus Law
Dr. Joss Bray

23rd May 2025