Quality Standards

Unhealthy Alcohol Use and Alcohol Use Disorder

Care for People 15 Years of Age and Older

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Health Quality Ontario

Let's make our health system healthier

Ontario
Health Quality Ontario

Summary

This quality standard addresses care for people with unhealthy alcohol use or alcohol use disorder. It applies to all health care settings, including primary care and the emergency department. This quality standard provides guidance on helping people with unhealthy alcohol use or alcohol use disorder reduce their consumption or abstain from alcohol, and covers screening, assessment, and treatment options that address people's needs and preferences.

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About Quality Standards

Health Quality Ontario, in collaboration with health care professionals, patients, residents, and caregivers across the province, is developing quality standards for Ontario.

Quality standards are concise sets of statements that will:

- Help patients, residents, families, and caregivers know what to ask for in their care
- Help health care professionals know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

The statements in this quality standard do not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances.

How to Use Quality Standards

Quality standards inform clinicians and organizations about what high-quality health care looks like for aspects of care that have been deemed a priority for quality improvement in the province. They are based on the best available evidence.

Tools and resources to support clinicians and organizations in their quality improvement efforts accompany each quality standard. One of these resources is an inventory of indicator definitions to help clinicians and organizations assess the quality of care they are delivering, and to identify gaps in care and areas for improvement. These indicator definitions can be used to assess processes, structures, and outcomes. While it is not mandatory to use or collect data when using a quality standard to improve care, measurement is key to quality improvement.

For more information on how to use quality standards, contact qualitystandards@hqontario.ca.

About This Quality Standard

Scope of This Quality Standard

This quality standard addresses care for people 15 years of age and older with unhealthy alcohol use or alcohol use disorder (alcohol dependency, harmful alcohol use), across all health care settings. The scope of the standard covers the screening, assessment, diagnosis, management, and treatment of alcohol use disorder. It addresses how to identify new or worsening symptoms of alcohol use disorder (withdrawal, tolerance, and cravings), and the support, treatment, and management of individuals with concurrent mental health disorders, substance use disorders, or other medical conditions.

Although this quality standard applies to the care of adolescents and young adults, it should be noted that the statements are mostly based on guideline evidence that primarily focuses on adults (aged 18 years and older) and nonpregnant people. Health Quality Ontario's Alcohol Use Disorder Quality Standard Advisory Committee members agree that the guidance in this quality standard is also relevant and applicable to people with alcohol use disorder who are 15 years of age and older and people who are pregnant. Health care professionals should consider that specialized skills and expertise may be required when providing treatment for specific populations, including children, youth, and pregnant people with alcohol use disorder. If treatment of these or other specific populations is beyond a health care professional's expertise, they should consult or work with another health care professional with appropriate expertise.

Terminology Used in This Quality Standard

Alcohol use disorder
According to *The Diagnostic and Statistical Manual of Mental Disorders,* 5th edition, the term "alcohol use disorder" is characterized by a cluster of behavioural and physical symptoms that may include withdrawal, tolerance, and cravings.[1] Alcohol use disorder is defined as a problematic pattern of alcohol use (occurring over a 12-month period) leading to clinically significant impairment or distress, as manifested by at least two of the following[1]:

1. Alcohol is taken in larger amounts or over a longer period than intended
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. There is a strong desire or urge to use alcohol (cravings)
5. Recurrent alcohol use results in a failure to fulfill major role obligations at work, school, or home
6. Alcohol use continues, despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. Alcohol use recurs in situations in which it is physically hazardous
9. Alcohol use continues despite knowledge of a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect
    b. A markedly diminished effect with continued use of the same amount of alcohol

11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for alcohol
    b. Taking alcohol (or a closely related substance, such as a benzodiazepine) to relieve or avoid withdrawal symptoms

Unhealthy alcohol use
Unhealthy alcohol use refers to an amount of alcohol a person consumes that puts them, their family members, or the general public at risk for harm and that increases the person's risk of developing diagnosable alcohol-related health disorders.[2] The amount of alcohol consumed may affect certain populations (e.g., older adults, youth, or women) differently depending on age, other health conditions, risk of other diseases, and personal circumstances.

Although there is no safe level of alcohol consumption,[3] Canada's low-risk drinking guidelines recommend[2]:

- For women*: No more than 10 standard drinks per week, with no more than 2 standard drinks a day most days
- For men*: No more than 15 standard drinks per week, with no more than 3 standard drinks a day most days

A single standard alcoholic drink is measured as follows:
- Beer: 341 mL or 12 oz, 5% alcohol content
- Cider or cooler: 341 mL or 12 oz, 5% alcohol content
- Wine: 142 mL or 5 oz, 12% alcohol content
- Distilled alcohol (rye, rum, gin, etc.): 43 mL or 1.5 oz, 40% alcohol content

*In the low-risk drinking guidelines, "men" and "women" refer to sex assigned at birth (usually determined by primary sex characteristics), not necessarily gender identity.

Health care professional
In this quality standard, "health care professional" refers to regulated professionals, such as nurses, nurse practitioners, pharmacists, physicians, physiotherapists, psychologists, occupational therapists, social workers, non–alcohol specialists, and counsellors. We use the term "providers" when we are also including people in unregulated professions, such as administrative staff, behavioural support workers, personal support workers, recreational staff, addictions workers, and spiritual care staff.

Why This Quality Standard Is Needed

Unhealthy alcohol use is very common and results in a substantial amount of preventable illness and premature death in Ontario. Better identification and treatment could improve and save many lives. Almost 80% of Canadians aged 19 years of age and older consume alcohol and most do so in moderate amounts[4]; however, in 2015, approximately 3% of Canadian adults met the criteria for alcohol use disorder.[5] The negative consequences of alcohol consumption are a major health concern and a common cause of death and injury, with about 77,000 hospitalizations in Canada as a result of alcohol use in 2015/16.[4,6] The economic costs of alcohol-related harms in Canada were estimated to be $14.6 billion in 2014, and of that $11.1 billion was direct health care costs.[7]

In 2014 in Ontario, approximately 16% of people 12 years of age and older reported heavy alcohol consumption on one occasion at least once a month in the previous year.[8] Alcohol

use—both alcohol consumption that exceeds the low-risk drinking guidelines and alcohol use disorder—is estimated to account for 9.3% of disability-adjusted life-years lost and 7.1% of all premature deaths in Canada.[5] Alcohol is the top risk factor for disease burden for Canadians between the ages of 15 and 49 years and one of the top 10 risk factors for disease burden for all Canadians.[3]

Alcohol consumption is associated with significant harms: it can lead to impaired motor skills and judgement; cause illness and death; and have negative effects on social, economic, and living environments.[9] Unhealthy alcohol use or patterns of alcohol consumption that cause health problems can have broader social implications, such as unemployment and absenteeism, and may contribute to an increase in crime.[4,10] The short-term risks associated with unhealthy alcohol use include an increased risk of suicide, death from overdose (usually in conjunction with a sedating drug, but occasionally due to alcohol alone), transmission of sexually transmitted diseases,[11] and injuries and accidents. Other long-term health risks associated with alcohol consumption include increased risk of cancer, liver cirrhosis, diabetes, and cardiovascular disease.[3,4]

There is a significant amount of stigma associated with people who have alcohol use disorder when they access health care services.[12] People who identify as women tend to experience stigma more than those who identify as men in relation to their unhealthy alcohol use, which may affect their willingness to seek treatment; women also have the added fear of the risk of their children being apprehended if they disclose unhealthy alcohol use.[12]

The literature shows that adverse childhood experiences or dysfunctional households, including those in which someone exhibits unhealthy alcohol use, are associated with poorer health outcomes in adulthood.[13] People who have experienced childhood trauma are more likely to develop unhealthy alcohol use or alcohol use disorder at an earlier age than those without this history.[12] Post-traumatic stress disorder usually predates the onset of unhealthy alcohol use and is associated with alcohol use disorder.[12]

There are challenges associated with screening for alcohol use disorder in primary care, and questions about alcohol use are asked less frequently by health care professionals than questions about other potential health concerns. The time required to follow up when a patient has a positive screen for unhealthy alcohol use[14,15] is a barrier to health care professionals screening appropriately.[16] If the patient has a positive screen for unhealthy alcohol use, it can be challenging to engage the patient and establish rapport because of the stigma and fear of implications associated with disclosing unhealthy alcohol use.[12]

Principles Underpinning This Quality Standard

This quality standard is underpinned by the principles of respect, equity, and recovery.

People with alcohol use disorder should receive services that are respectful of their rights and dignity and that promote shared decision-making and self-management. The principles of recovery include hope, dignity, self-determination, and responsibility as appropriate for the life-stage of the person with alcohol use disorder.[17]

People with alcohol use disorder and their caregivers (e.g., family and friends) should be provided with culturally competent care: a treatment program that considers a person's ethnic/cultural background, experiences, norms, values, behavioural patterns, and beliefs; and aligns with the person's treatment goals and care plan.[18] Health care professionals should take

into consideration differences in how cultures and communities may present symptoms of unhealthy alcohol use and alcohol use disorder. Contextual information from a person's culture, race, ethnicity, religion, or geographical origin (where they are from) will assist in providing appropriate, patient-centred care.[1,19]

Care for people with alcohol use disorder should also take a trauma-informed approach. It is not necessary for the person to disclose their trauma; rather, this approach acknowledges how common trauma is among people who use substances and seeks to connect those interested in treatment with appropriate trauma services. Health care professionals do not necessarily need to treat the person's trauma, but they should know of specialized community programs and resources where the person could find help.

People with alcohol use disorder should be provided with services that are respectful of their gender, sexual orientation, socioeconomic status, housing, age, background (including self-identified cultural, linguistic, ethnic, and religious backgrounds), legal issues, and disability. Equitable access to the health system also includes access to culturally appropriate care. Language, a basic tool for communication, is an essential part of safe care and needs to be considered throughout a person's health care journey. For example, services should be actively offered in French and other languages.

Health care professionals should acknowledge and work toward addressing the historical and present-day impacts of colonization in the context of the lives of Indigenous Peoples throughout Canada. This work involves being sensitive to the impacts of intergenerational and present-day traumas and the physical, mental, emotional, and social harms experienced by Indigenous people, families, and communities. This quality standard uses existing clinical practice guideline sources developed by groups that may not include culturally relevant care or acknowledge traditional Indigenous beliefs, practices, and models of care.

A high-quality health system is one that provides good access, experience, and outcomes for everyone in Ontario, no matter where they live, what they have, or who they are.

Patient Guide

The patient guide on alcohol use disorder can help patients and families have conversations with their health care professional. Inside, patients will find questions they may want to ask as they work with their health care professional to make a plan for their care.

Clinicians and health services planners can make patient guides available in settings where people receive care.

How Success Can Be Measured

The Alcohol Use Disorder Quality Standard Advisory Committee identified a small number of overarching goals for this quality standard. These have been mapped to indicators that may be used to assess quality of care provincially and locally.

How Success Can Be Measured Provincially

In this section, we list indicators that can be used to monitor the overall success of the standard provincially, given currently available data. If additional data sources are developed, other indicators could be added.

Process indicators:

- Percentage of people with alcohol use disorder who have a primary care professional
- Percentage of people with alcohol use disorder who receive care in primary care settings

Outcome indicators:

- Percentage of people with alcohol use disorder who had an unplanned emergency department visit within the last 12 months
- Percentage of people with alcohol use disorder who were hospitalized entirely because of alcohol within the last 12 months

How Success Can Be Measured Locally

Providers may want to monitor their own quality improvement efforts and assess the quality of care they provide to people with unhealthy alcohol use and alcohol use disorder. It may be possible to do this using their own clinical records, or they might need to collect additional data. We recommend the following indicators to measure the quality of care patients are receiving; these indicators cannot be measured provincially using currently available data sources:

- Percentage of people in primary care settings or emergency departments who are screened for unhealthy alcohol use using a validated tool
- Percentage of people with alcohol use disorder who report a positive experience of care
- Percentage of people with alcohol use disorder who have a follow-up appointment with any health care professional after discharge from hospital
- Percentage of health care professionals, people with alcohol use disorder, and caregivers who receive education about alcohol use disorder

To assess the equitable delivery of care, the statement-specific indicators and the overall indicators can be stratified by patient socioeconomic and demographic characteristics, such as income, education, language, age, sex, and gender.

Quality Statements in Brief

Quality Statement 1: Screening
People who present to the emergency department, mental health care, primary care, or other settings are screened for unhealthy alcohol use and alcohol use disorder using a validated tool.

Quality Statement 2: Brief Intervention
People who screen positive for unhealthy alcohol use are offered a brief intervention.

Quality Statement 3: Comprehensive Assessment
People who may have alcohol use disorder are offered a comprehensive assessment that informs their care plan.

Quality Statement 4: Care Plan
People with alcohol use disorder have an individualized care plan developed in collaboration with their health care professional that includes appropriate services and treatment goals. Care should be seamlessly integrated, interprofessional, and, where possible, provided in primary care.

Quality Statement 5: Treatment of Alcohol Withdrawal Symptoms
People with alcohol use disorder who have withdrawal symptoms are offered rapid access to treatment and support tailored to the severity of their symptoms.

Quality Statement 6: Information and Education
People with alcohol use disorder and their caregivers are offered information, education, and support appropriate for their needs and preferences.

Quality Statement 7: Psychosocial Interventions
People with alcohol use disorder are offered information on psychosocial interventions that address their needs and preferences.

Quality Statement 8: Medications to Reduce Alcohol Cravings or Consumption
People with alcohol use disorder are offered information on medications that reduce alcohol cravings or consumption and address their needs and preferences.

Quality Statement 9: Alcohol and Concurrent Health Disorders
People with alcohol use disorder who also have a mental health disorder, medical disorder, or substance use disorder are offered treatment for any concurrent disorders.

Quality Statement 10: Monitoring, Support, and Follow-up
People with alcohol use disorder are offered ongoing follow-up with their health care professional on a regular basis to monitor treatment and response.

Quality Statement 1: Screening

People who present to the emergency department, mental health care, primary care, or other settings are screened for unhealthy alcohol use and alcohol use disorder using a validated tool.

Background

Screening and brief intervention by a health care professional reduces the risks and complications of unhealthy alcohol use[20] and can help assess to what degree alcohol is impacting a person's health.[21] Screening tools help clinicians identify those with unhealthy alcohol use and alcohol use disorder.[22]

It is important that health care professionals explain that screening for unhealthy alcohol use is offered to everyone. Assumptions and stereotypes surrounding intoxication and alcohol use are pervasive issues. Care professionals need to be aware of, and work toward, eliminating these assumptions and stereotypes. Trust is a fundamental part of the patient–professional relationship and necessary to engage in meaningful and honest discussion about alcohol use.[23]

Through early identification and screening, people can get help before their alcohol use progresses to a more serious problem. Those who have experienced a history of child maltreatment or mental illness, such as attention deficit disorder, anxiety, depression, or post-traumatic stress disorder, are at an increased risk for alcohol use disorder; these individuals should also be screened in settings beyond primary care, including mental health settings.[15,24]

Sources: National Institute of Health and Care Excellence, 2014[25] | The Management of Substance Use Disorders Work Group, 2015[10] | National Institute of Health and Care Excellence, 2011[26]

Definitions Used Within This Quality Statement

Unhealthy alcohol use
An amount of alcohol a person consumes that puts them, their family members, or the general public at risk for harm and that increases the person's risk of developing diagnosable alcohol-related health disorders.[2] The amount of alcohol consumed may affect certain populations (e.g., older adults, youth, or women) differently depending on age, other health conditions, risk of other diseases, and personal circumstances.

Although there is no safe level of alcohol consumption,[3] Canada's low-risk drinking guidelines recommend[2]:

- For women*: No more than 10 standard drinks per week, with no more than 2 standard drinks a day most days
- For men*: No more than 15 standard drinks per week, with no more than 3 standard drinks a day most days

A single standard alcoholic drink is measured as follows:

- Beer: 341 mL or 12 oz, 5% alcohol content
- Cider or cooler: 341 mL or 12 oz, 5% alcohol content
- Wine: 142 mL or 5 oz, 12% alcohol content
- Distilled alcohol (rye, rum, gin, etc.): 43 mL or 1.5 oz, 40% alcohol content

*In the low-risk drinking guidelines, “men” and “women” refer to sex assigned at birth (usually determined by primary sex characteristics), not necessarily gender identity.

Primary care
In this quality standard, “primary care” refers to the regulated health care professional who is responsible for the person’s care (e.g., screening, diagnosis, and management) and who the person can access directly without a referral. This is usually the primary care physician, family physician, nurse practitioner, or other health care professional with the ability to make referrals, request biological testing, and/or prescribe medications.[10,12]

Other settings
Other settings where people may be screened for unhealthy alcohol use by a health care professional or someone who is certified to administer a screening test include liver clinics; addiction medicine clinics; oncology centres; diabetes clinics; maternity, labour, and delivery settings; cardiology clinics; or criminal justice settings.

Screened
People who present to the emergency department, mental health care, primary care, or other settings are assessed for their alcohol use, with some guidelines recommending this be done on an annual basis.[27,28] Health care professionals may use any contact with patients to screen for unhealthy alcohol use, with the patient’s consent. A validated screening tool should be used (such as the Alcohol Use Disorders Identification Test—Consumption [AUDIT-C]).[26]

Validated tool
A validated tool is a screening instrument that uses questions to identify if a person is at risk for or has unhealthy alcohol use. The screening instrument must be tested for validity, reliability, and sensitivity to be considered validated. There are different validated tools that can be used to screen people with unhealthy alcohol use or alcohol use disorder. These include the AUDIT-C, Fast Alcohol Screening Test (FAST), Single Item Alcohol Screening (SASQ),[10] and Global Appraisal of Individual Needs—Short Screener (GAIN-SS).[29] These tools will determine the level of support the person with unhealthy alcohol use or alcohol use disorder may require.

What This Quality Statement Means

For Patients
When you visit your doctor or nurse practitioner for routine checkups, they should ask you a few questions about your use of alcohol.

For Clinicians
Screen people for unhealthy alcohol use or alcohol use disorder on at least an annual basis. If a person is engaging in harmful or unhealthy alcohol use, provide advice on reducing alcohol consumption.

For Health Services
Ensure health care professionals have access to validated assessment tools to screen their patients for unhealthy alcohol use or alcohol use disorder.

Quality Indicators

Process Indicator

Percentage of people who present to the emergency department, mental health care, primary care, or other settings who are screened for unhealthy alcohol use and alcohol use disorder using a validated tool

- Denominator: total number of people who present to the emergency department, mental health care, primary care, or other settings
- Numerator: number of people in the denominator who are screened for unhealthy alcohol use and alcohol use disorder using a validated tool
- Data sources: local data collection

Structural Indicator

Local availability of a validated tool for screening for unhealthy alcohol use and alcohol use disorder

- Data source: a regional or provincial data collection method would need to be developed

Quality Statement 2: Brief Intervention

People who screen positive for unhealthy alcohol use are offered a brief intervention.

Background

People who screen positive for unhealthy alcohol use are offered a brief intervention by their health care professional, which is documented in their medical chart.[10,12] A brief intervention is a short session of structured advice that aims to help someone reduce their alcohol consumption or sometimes even abstain from using alcohol if they have unhealthy alcohol use or mild alcohol use disorder. A brief intervention takes place in a single initial session, and includes an assessment of alcohol-related risks and advice on how to abstain from alcohol or consume alcohol responsibly using the low-risk alcohol drinking guidelines.[2] It usually lasts 5 to 15 minutes.[10 26] A brief intervention is not appropriate for people who may have moderate to severe alcohol use disorder.

If the health care professional determines that the person may have a more severe problem with alcohol (e.g., alcohol is causing significant impairment or distress or the person scores higher than 15 on AUDIT-10),[12] they should conduct a comprehensive assessment and create a care plan (see quality statements 3 and 4). Brief interventions are not effective for those with moderate to severe alcohol use disorder.[30]

Sources: National Institute of Health and Care Excellence, 2011[26] | National Institute of Health and Care Excellence, 2011 (updated 2014)[12] | National Institute of Health and Care Excellence, 2014[25] | The Management of Substance Use Disorders Work Group, 2015[10]

Definitions Used Within This Quality Statement

Unhealthy alcohol use
An amount of alcohol a person consumes that puts them, their family members, or the general public at risk for harm and that increases the person's risk of developing diagnosable alcohol-related health disorders.[2] The amount of alcohol consumed may affect certain populations (e.g., older adults, youth, or women) differently depending on age, other health conditions, risk of other diseases, and personal circumstances.

Although there is no safe level of alcohol consumption,[4] Canada's low-risk drinking guidelines recommend[2]:

- For women*: No more than 10 standard drinks per week, with no more than 2 standard drinks a day most days
- For men*: No more than 15 standard drinks per week, with no more than 3 standard drinks a day most days

A single standard alcoholic drink is measured as follows:
- Beer: 341 mL or 12 oz, 5% alcohol content
- Cider or cooler: 341mL or 12 oz, 5% alcohol content
- Wine: 142 mL or 5 oz, 12% alcohol content
- Distilled alcohol (rye, rum, gin, etc.): 43 mL or 1.5 oz, 40% alcohol content

*In the low-risk drinking guidelines, “men” and “women” refer to sex assigned at birth (usually determined by primary sex characteristics), not necessarily gender identity.

Brief intervention
A brief intervention comprises either a short session of structured brief advice or a longer, more motivational session (i.e., an extended brief intervention). Both aim to help a person reduce their alcohol consumption or abstain completely, and can be carried out by any health care professional.[26]

Screen positive
A person screens positive for unhealthy alcohol use if they have a certain number of positive responses to questions in a validated tool used to determine unhealthy alcohol use or alcohol use disorder.

What This Quality Statement Means

For People With Unhealthy Alcohol Use
If you have unhealthy alcohol use, your doctor or nurse practitioner should work with you to help you lessen the amount of alcohol you drink or to stop drinking completely.

For Clinicians
Offer a brief intervention to patients who screen positive for unhealthy alcohol use to help them lower their alcohol consumption or abstain from alcohol. A brief intervention is not appropriate for people who may have moderate to severe alcohol use disorder.

For Health Services
Ensure clinicians have the resources to screen patients with unhealthy alcohol and provide the tools and training for them to deliver a brief intervention.

Quality Indicators

Process Indicator

Percentage of people who screen positive for unhealthy alcohol use (excluding people who may have moderate to severe alcohol use disorder) who immediately receive a brief intervention

- Denominator: total number of people who screen positive for unhealthy alcohol use (excluding people who may have moderate to severe alcohol use disorder)
- Numerator: number of people in the denominator who receive a brief intervention immediately
- Data source: local data collection

Quality Statement 3: Comprehensive Assessment

People who may have alcohol use disorder are offered a comprehensive assessment that informs their care plan.

Background

People who present with problems related to alcohol use, or who are unable to reduce their alcohol consumption after screening and a brief intervention, should be assessed for alcohol use disorder. Clinicians can make a diagnosis or identify alcohol use disorder by conducting a comprehensive assessment and using the most current *Diagnostic and Statistical Manual of Mental Health Disorders* criteria (definition included below).[1]

People who may have moderate to severe alcohol use disorder require a comprehensive assessment that considers multiple health needs and includes detailed information about alcohol consumption, dependence, and alcohol-related problems.[12] Health care professionals should take into consideration differences in how cultures and communities may present symptoms of unhealthy alcohol use and alcohol use disorder. Contextual information from a person's culture, race, ethnicity, religion, or geographical origin (where the person is from) will assist in providing appropriate, patient-centred care.[1,19]

It is important to assess people for comorbid mental health issues that may improve with treatment of alcohol use disorder, as this should inform the overall care plan (see quality statement 4).[12] The assessment should also include determining whether the person is experiencing, or is likely to experience, withdrawal symptoms, including any combination of generalized hyperactivity, anxiety, tremor, sweating, nausea, tachycardia, hypertension, or mild pyrexia[31]; this will help health care professionals determine the most appropriate setting for withdrawal (see quality statement 5) if the patient chooses to proceed with treatment. People with mild alcohol use disorder should be offered additional interventions and services, as appropriate, including follow-up support (see quality statement 10).

Sources: American Psychiatric Association, 2017[11] | National Institute for Health and Care Excellence, 2011 (updated 2014)[12] | National Institute for Health and Care Excellence, 2014[12,25] | National Institute for Health and Care Excellence, 2010 (updated 2017)[31]

Definitions Used Within This Quality Statement

Comprehensive assessment
The results of a comprehensive assessment confirm a diagnosis of alcohol use disorder. It should include the following as applicable:

- History of the present episode, including precipitating factors, current symptoms, and current risks for the patient
- Family history of drug and alcohol use
- Developmental history
- A comprehensive substance use history
- Identification and treatment of comorbid nicotine dependence
- Personal and social history
- Experience with legal and/or justice systems

- Psychiatric history
- Medical history
- Biological tests (laboratory tests)
- Mental status examination
- Survey of supports
- Patient's perspective on current problems related to alcohol
- Treatment goals and preferences[10]

At least two of the following are needed to diagnose alcohol use disorder[1]:

1. Alcohol is taken in larger amounts or over a longer period than intended
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. There is a strong desire or urge to use alcohol (cravings)
5. Recurrent alcohol use results in a failure to fulfill major role obligations at work, school, or home
6. Alcohol use continues, despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. Alcohol use recurs in situations in which it is physically hazardous
9. Alcohol use continues despite knowledge of a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect
    b. A markedly diminished effect with continued use of the same amount of alcohol
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for alcohol
    b. Taking alcohol (or a closely related substance, such as a benzodiazepine) to relieve or avoid withdrawal symptoms

This information may be collected over multiple interactions with the person's primary care professional.

Care plan
A comprehensive care plan is developed in a health care setting in collaboration with the patient and outlines the goals of treatment and care. It may include psychosocial interventions and pharmacological therapies, or both. The plan is individualized to the patient and based on the comprehensive assessment. The depth of the treatment plan will depend on the extent of information that is available, as well as the needs and goals of the patient. Additions and modifications are made to the treatment plan as additional information is gathered and the patient's responses to clinical interventions are observed.[11]

What This Quality Statement Means

For People Who May Have Alcohol Use Disorder
Your family doctor or nurse practitioner should ask you about your physical and mental health, your medical history, and any other substances you are using now or have used in the past. If

you have alcohol use disorder, they will use this information and work with you to create a care plan to help you.

For Clinicians
Perform a comprehensive assessment and create a care plan in collaboration with the patient that is based on the patient's treatment goals and that addresses alcohol use disorder and other health conditions, if applicable.

For Health Services
Ensure systems, processes, and resources are in place to help health care professionals perform a comprehensive assessment of patients who may have alcohol use disorder and create a care plan that addresses the patient's needs, preferences, and goals.

Quality Indicators

Process Indicators

Percentage of people who may have alcohol use disorder who receive a comprehensive assessment

- Denominator: total number of people who may have an alcohol use disorder (i.e., people who present with problems related to alcohol use or who are unable to reduce their alcohol consumption after screening and a brief intervention)
- Numerator: number of people in the denominator who received a comprehensive assessment
- Data source: local data collection

Percentage of people who may have alcohol use disorder whose care plan is informed by their comprehensive assessment

- Denominator: total number of people who may have an alcohol use disorder (i.e., people who present with problems related to alcohol use or who are unable to reduce their alcohol consumption after screening and a brief intervention) and who have a comprehensive assessment
- Numerator: number of people in the denominator whose care plan is informed by their comprehensive assessment
- Data source: local data collection

Quality Statement 4: Care Plan

People with alcohol use disorder have an individualized care plan developed in collaboration with their health care professional that includes appropriate services and treatment goals. Care should be seamlessly integrated, interprofessional, and, where possible, provided in primary care.

Background

The health care professional and person with alcohol use disorder should collaborate and agree on a care plan that is documented in the person's medical record.[11]

If the health care professional conducting the assessment and creating the care plan is not providing ongoing care (e.g., if the care plan is created by a health care professional in an emergency department setting), they should ensure rapid, seamless access to ongoing care (see quality statements 4, 5, and 10). Rates of no-shows for follow-up appointments can dramatically increase if the person's wait time is longer than 1 to 2 days after the initial visit.[32]

Ongoing treatment can occur in several different settings, including primary care, specialized addiction outpatient programs, and residential treatment centres; it can also include managed alcohol programs. Treatment from a primary care professional appears to be at least as effective as treatment in specialized addiction programs, and offers the benefit of integrated care, convenience, and rapid access.[16,32-39] Some people may benefit from care in a residential treatment centre, including those who are homeless or underhoused, those with concurrent disorders, or those with severe alcohol use disorder who are not responding to outpatient treatment.[12] Managed alcohol programs, in which participants are prescribed an alcoholic beverage at regular intervals to help stabilize their alcohol consumption patterns,[40] may be helpful for some people with alcohol use disorder and can be included as part of the care plan. Patients in all settings should be offered the option to receive psychosocial interventions and/or pharmacological therapies under the supervision of appropriately trained staff.[12]

If treatment is not located in primary care, health care professionals should ensure coordination of services, including assessment, interventions, and follow-up and coordination with other agencies (including social, vocational, and legal services) if necessary.[10,24,41,42] If there are gaps in the system or if a person's complexity of care warrants it, a case manager should be offered[12] or the patient should be referred to an appropriate professional.

Sources: American Psychiatric Association, 2018[11] | National Institute of Health and Care Excellence, 2011 (updated 2014)[12] | The Management of Substance Use Disorders Work Group, 2015[10]

Definitions Used Within This Quality Statement

Appropriate services
Some people may benefit from residential treatment centres, while others may benefit from community settings when receiving care for their alcohol use. When helping people decide between different treatment options, health care professionals should consider culturally appropriate settings, social determinants of health, and concurrent mental health diagnoses (and other concurrent conditions) that address the patient's perspective.[12] Culturally appropriate care will be incorporated into the treatment goals, which may include reduction or moderation of alcohol use or abstinence. Culturally appropriate care is described as treatment programs that

consider ethnic/cultural characteristics, experiences, norms, values, behavioural patterns, and beliefs of a specific population and will align with the person's treatment goals and care plan.[18]

Treatment goals
The patient and health care professional should collaborate to determine treatment goals. These may include abstinence from alcohol, reduction in alcohol use, or elimination of alcohol in high-risk situations (e.g., at work, before driving, when caring for children).[11]

Care plan
A comprehensive care plan is developed in a health care setting in collaboration with the patient and outlines the goals of treatment and care. It may include psychosocial interventions and pharmacological therapies, or both. The plan is individualized to the patient and based on the comprehensive assessment. The depth of the treatment plan will depend on the extent of information that is available, as well as the needs and goals of the patient. Additions and modifications are made to the treatment plan as additional information is gathered and the patient's responses to clinical interventions are observed.[11] The care plan should take a trauma-informed approach, in which the care professional acknowledges how common trauma is among people who use substances and connects interested patients to appropriate resources. Care professionals should take into consideration differences in how cultures and communities may present symptoms of unhealthy alcohol use and alcohol use disorder.[1,20,21]

What This Quality Statement Means

For People With Alcohol Use Disorder
Your family doctor, nurse practitioner, or counsellor should work with you to create a care plan that includes your treatment goals and appropriate services. This care plan should be based on your needs and respectful of your culture and personal preferences.

For Clinicians
Collaborate with people with alcohol use disorder on a care plan that provides the most appropriate services and the best care for the patient. The care plan should be interprofessional and provided in a primary care setting, if possible.

For Health Services
Ensure there are systems, processes, and resources in place so that health care professionals can develop and regularly update individualized care plans and treatment goals for people with alcohol use disorder. These systems, processes, and resources should support coordination of care, and treatment goals should be easily communicated to others who provide care to the individual.

Quality Indicators

Process Indicators

Percentage of people with alcohol use disorder who have an individualized care plan that includes appropriate services and treatment goals

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who have an individualized care plan that includes appropriate services and treatment goals
- Data source: local data collection

Percentage of people with alcohol use disorder who have an individualized care plan that was developed in collaboration with their health care professional

- Denominator: total number of people with alcohol use disorder who have an individualized care plan
- Numerator: number of people in the denominator whose care plan was developed in collaboration with their health care professional
- Data source: local data collection

Quality Statement 5: Treatment of Alcohol Withdrawal Symptoms

People with alcohol use disorder who have withdrawal symptoms are offered rapid access to treatment and support tailored to the severity of their symptoms.

Background

Some people with alcohol use disorder will require pharmacological therapy to treat withdrawal symptoms when they stop or reduce their alcohol consumption.[31] Health care professionals should use a screening tool to determine whether the person planning to stop using alcohol will need additional support, such as medical management, and should develop a treatment plan for withdrawal to ensure the patient stops using alcohol in a controlled manner.[31]

Some people with alcohol use disorder may need to attend assisted or supervised withdrawal programs, depending on the amount of alcohol they consume and/or if they have concurrent mental health disorders, substance use disorders, or other medical conditions.[41,42] As the severity of alcohol withdrawal symptoms are not always predictable (they can range from mild to fatal), health care professionals should advise people experiencing alcohol withdrawal to seek medical attention if their symptoms get worse than expected.[12,31]

Health care professionals should follow evidence-based guidelines[10,31,43] when treating alcohol withdrawal. If they do not have experience managing alcohol withdrawal, they should seek guidance from a health care professional experienced in this area, as severe withdrawal can be fatal. When treating withdrawal, the goal of therapy is to proactively minimize symptoms, promote the comfort and dignity of the person, and prevent any medical complications.[31] People with alcohol use disorder experiencing withdrawal symptoms should receive pharmacological therapy guided by symptom severity.[10] The best current evidence for pharmacotherapy is the short-term use of benzodiazepines as the treatment of choice to alleviate acute symptoms of alcohol withdrawal, which may include tremors, restlessness, irritability, nausea, vomiting, and headaches.[31] In the absence of evidence of significant liver dysfunction, diazepam or a similar long-acting agent is recommended.

Once withdrawal symptoms are controlled, benzodiazepines should be gradually tapered and stopped at a rate that prevents withdrawal symptoms from re-emerging.[12] People who are experiencing alcohol withdrawal should not be prescribed benzodiazepines over the long term and should be encouraged to seek follow-up care with a primary care professional or addiction medicine clinic for further support.[12,31] People might also benefit from medications that help reduce cravings or consumption (see quality statement 8) once their withdrawal symptoms have been controlled.[31]

Sources: The Management of Substance Use Disorders Work Group, 2015[10] | National Institute of Health and Care Excellence, 2014[12] | National Institute of Health and Care Excellence, 2010 (updated 2017)[31]

Definitions Used Within This Quality Statement

Withdrawal
Withdrawal refers to the physical symptoms that a person may experience when they suddenly reduce or stop consuming alcohol following a period where they have been consuming alcohol in excess for prolonged periods of time. These symptoms can include any combination of generalized hyperactivity, anxiety, tremor, sweating, nausea, tachycardia, hypertension, or mild

pyrexia.[31] Screening tools for alcohol withdrawal may include the Prediction of Alcohol Withdrawal Severity Scale [PAWSS], the Global Appraisal of Individual Needs—Short Screener [GAIN-SS], or the Clinical Institute Withdrawal Assessment of Alcohol Scale—Revised [CIWA-Ar]).[31]

Treatment and support
Treatment and support refer to psychosocial interventions and pharmacological therapies to assist the person with alcohol use disorder when they are experiencing withdrawal symptoms after stopping or reducing their consumption of alcohol.

Severity of symptoms
People experiencing withdrawal symptoms should have their symptoms assessed regularly (initially every 1–2 hours). Management includes a standardized protocol that comprises a symptom-driven approach. Assessment and treatment should continue until symptom severity is in the mild range for several hours. Symptom severity can be determined using a validated scoring system, such as the Clinical Institute of Withdrawal Assessment for Alcohol—Revised (CIWA-Ar) scale or another relevant and validated assessment tool. This assessment will determine whether the person is at risk for withdrawal seizures or delirium tremens, the most severe symptoms associated with alcohol withdrawal.[31] Health care professionals managing people who are experiencing alcohol withdrawal should be educated on the validated, standardized, symptom-severity scoring systems.

What This Quality Statement Means

For People With Alcohol Use Disorder
If you have stopped using alcohol and are having symptoms (such as nausea, vomiting, tremors, or irritability), your health care professional should offer you help. Depending on your preferences and how bad your symptoms are, this help might include staying at a treatment centre or taking medication.

For Clinicians
Offer people with alcohol use disorder treatment for withdrawal symptoms, as appropriate and in accordance with symptom severity.

For Health Services
Ensure clinicians have access to psychosocial interventions and pharmacological therapies that help treat withdrawal symptoms from mild to severe.

Quality Indicators

Process Indicators

Percentage of people with alcohol use disorder who experience withdrawal symptoms and who receive rapid access to treatment and support tailored to the severity of their symptoms

- Denominator: total number of people with alcohol use disorder who experience withdrawal symptoms
- Numerator: number of people in the denominator who receive rapid access to treatment and support tailored to the severity of their symptoms
- Potential stratification: severity of withdrawal symptoms
- Data source: local data collection

Percentage of people with alcohol use disorder who experience withdrawal symptoms and who are prescribed benzodiazepines for a short-term period to manage their symptoms

- Denominator: total number of people with alcohol use disorder who experience withdrawal symptoms
- Numerator: number of people in the denominator who are prescribed benzodiazepines for a short-term period to manage their symptoms
- Data source: local data collection

Quality Statement 6: Information and Education

People with alcohol use disorder and their caregivers are offered information, education, and support appropriate for their needs and preferences.

Background

People with alcohol use disorder and their caregivers can benefit from evidence-based information that covers the nature and treatment of alcohol use disorder.[12] When treating people with alcohol use disorder, this information should be provided at diagnosis, if appropriate, and throughout the person's care journey to align with the different stages of recovery, which may include relapse (see quality statement 10).

People with alcohol use disorder should be provided with evidence-based information about psychosocial interventions and pharmacological therapies, as well as the signs and symptoms of alcohol use disorder. These resources should consider the health literacy of the patient and clearly explain the risks associated with alcohol consumption and the treatments available. Resources may be provided in written, verbal, electronic, or other accessible formats, depending on what works best for the person.[12] Culturally appropriate information and education that considers ethnic/cultural characteristics, experiences, norms, values, behavioural patterns, and beliefs of a target population should be offered and should take a trauma-informed approach.[12]

Sources: National Institute of Health and Care Excellence, 2014[12]

Definitions Used Within This Quality Statement

Information and education[12]
Health care professionals should share information and education that is culturally appropriate and informed by trauma to support people with alcohol use disorder and their caregivers. Topics should include:

- Signs, symptoms, and risks of alcohol use disorder
- Treatment options and their side effects
- Self-management strategies, such as monitoring symptoms, participating in meaningful activity, eating well, practising sleep hygiene, engaging in physical activity, and reducing tobacco and other substance use
- Self-care and resilience strategies for the patient's support network
- Local resources for support
- Risk of relapse, and early signs and symptoms of relapse

Information and education should be available in a variety of formats. Information for caregivers should be specific to their needs, including the level of their involvement with the person's care.[12]

Caregivers
In this quality standard, "caregivers" refers to family members, friends, or supportive people not necessarily related to the person with alcohol use disorder. The person with alcohol use disorder must give appropriate consent to share personal information, including medical information, with their caregivers.

What This Quality Statement Means

For People With Alcohol Use Disorder
You should be offered education about alcohol use disorder. This information should cover treatment options such as counselling, peer support, and medication (as well as its side effects), and it should be offered in a format that works best for you. If you want, your caregivers, such as family and friends, can also be offered this education.

For Clinicians
Offer people with alcohol use disorder and their caregivers information and education on the signs and symptoms of alcohol use disorder, as well as on treatment options that may be appropriate depending on the patient's needs and preferences.

For Health Services
Ensure systems, processes, and resources are in place so that people with alcohol use disorder and their caregivers receive information and education, in multiple formats, that address different needs.

Quality Indicators

Process Indicators

Percentage of people with alcohol use disorder who received information, education, and support that is appropriate for their needs and preferences

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who received information, education, and support that is appropriate for their needs and preferences
- Data source: local data collection

Percentage of caregivers for people with alcohol use disorder who received information, education, and support that is appropriate for their needs and preferences

- Denominator: total number of caregivers for people with alcohol use disorder
- Numerator: number of people in the denominator who received information, education, and support that is appropriate for their needs and preferences
- Data source: local data collection

Quality Statement 7: Psychosocial Interventions

People with alcohol use disorder are offered information on psychosocial interventions that address their needs and preferences.

Background

The goal of psychosocial interventions is to reduce consumption or promote abstinence while supporting the person through their alcohol use disorder.[21] Health care professionals should offer people with alcohol use disorder supportive counselling at regular follow-up appointments (see quality statement 10), using a trauma-informed approach. Some people with alcohol use disorder may benefit from additional, more intensive, evidence-based psychosocial interventions from qualified care professionals. These may be used alone, in combination with other psychosocial interventions, or in combination with pharmacological therapies (see quality statement 8).

There is limited evidence to support the use of one psychosocial intervention over another. Therefore, psychosocial interventions should be culturally appropriate (considering ethnic/cultural characteristics, experiences, norms, values, behavioural patterns, and beliefs of a specific population) and should take a trauma-informed approach, based on the person's needs, goals, and desired method of receiving psychosocial interventions.

Sources: American Psychiatric Association, 2018[11] | National Institute of Health and Care Excellence, 2014[12] | The Management of Substance Use Disorders Work Group, 2015[10]

Definitions Used Within This Quality Statement

Psychosocial interventions
Psychosocial interventions are psychological and socially based nonpharmacological therapies aimed at improving the mental, emotional, and social aspects of a person's health. They help people with alcohol use disorder manage their symptoms, cravings, and other aspects of addiction and recovery. These interventions may include counselling (e.g., cognitive behavioural therapy, motivational enhancement therapy),[10,12] mutual-help programs (e.g.,12-Step Facilitation, SMART Recovery, other support groups),[10,44] or other supports (e.g., mindfulness meditation, culturally-specific approaches,[12,21]).

What This Quality Statement Means

For People With Alcohol Use Disorder
Your health care professional should offer you options for support. These could include counselling—one on one or in a group—or peer support. They will help you choose the option that best suits your needs, preferences, and goals.

For Clinicians
Offer information on evidence-based psychosocial interventions to people with alcohol use disorder and help people choose the best option for their needs.

For Health Services
Ensure systems, processes, and resources are in place so that clinicians can help people with alcohol use disorder choose appropriate psychosocial interventions according to their needs and preferences.

Quality Indicators

Process Indicator

Percentage of people with alcohol use disorder who receive information on psychosocial interventions that address their needs and preferences (see examples of psychosocial interventions in the definitions)

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who receive information on psychosocial interventions that address their needs and preferences
- Data source: local data collection

Quality Statement 8: Medications to Reduce Alcohol Cravings or Consumption

People with alcohol use disorder are offered information on medications that reduce alcohol cravings or consumption and address their needs and preferences.

Background

Pharmacological therapies may benefit all people with alcohol use disorder, from mild to severe. For people with moderate to severe alcohol use disorder, medications may be used to support abstinence and reduce alcohol consumption. Pharmacological therapy is often used in combination with psychosocial interventions (see quality statement 7) in order to improve the physical and mental health of those with mild alcohol use disorder.[11] People with alcohol use disorder who are prescribed medications should be offered counselling on the benefits and risks associated with pharmacological therapy.

The treatment of alcohol use disorder should be individualized in accordance with the person's preferences and their goals of treatment.[10] Naltrexone and acamprosate have the best available evidence for people with alcohol use disorder,[11] and it is within a primary care professional's (family physician's or nurse practitioner's) scope of practice to prescribe these medications. Other medications that are sometimes used for treating alcohol use disorder include disulfiram, topiramate, and gabapentin.[10,11] Medication dosing should be consistent with guidelines, and side effects should be considered before prescribing the medication.[10,11] A detailed assessment (see quality statement 3) of the person will help determine the best pharmacological option.

Sources: American Psychiatric Association, 2018[11] | The Management of Substance Use Disorders Work Group, 2015[10] | National Institute for Health and Care Excellence, 2011 (updated 2014)[12]

Definitions Used Within This Quality Statement

Pharmacological therapies[10]
Medications can be used to help people with alcohol use disorder adhere to an abstinence or alcohol-reduction plan.[12,45] Health care professionals should consider the person's insurance coverage before prescribing one of the following medications:

- **Naltrexone**—Can be used to reduce alcohol consumption and can be taken while the person is still consuming alcohol; may reduce alcohol cravings[12]
- **Acamprosate**—Can be used to achieve abstinence from alcohol and can be taken while the person is still consuming alcohol[11]
- **Disulfiram**—Can be used to achieve abstinence from alcohol but does not help with alcohol cravings. People experience adverse reactions if they consume alcohol while taking this medication.[11] There are additional side effects to this medication that should be considered, depending on the patient's goals of treatment. There is also limited evidence that this medication is effective when not taken under the supervision of a pharmacist[5]
- **Topiramate**—Can be used to reduce alcohol cravings.[11] There are additional side effects to this medication that should be considered based on a patient's goals of treatment[44]

- **Gabapentin**—An option only if other medications are contraindicated or ineffective due to concerns with sedation and misuse[11]; this medication should be used with caution, as some patients may misuse this medication and should be monitored for drug-seeking behaviours

What This Quality Statement Means

For People With Alcohol Use Disorder
Your family doctor or nurse practitioner should tell you about medications that could help you. They should let you know about the benefits and risks of each medication and help you decide which medication might work best for you.

For Clinicians
Offer people with alcohol use disorder information on pharmacological treatment options that will work best for them in a time frame that enhances treatment outcomes.

For Health Services
Ensure systems, processes, and resources are in place so that clinicians can prescribe appropriate pharmacological therapies to people with alcohol use disorder, in a time frame that enhances treatment outcomes.

Quality Indicators

Process Indicators

Percentage of people with alcohol use disorder who receive information on medications that reduce alcohol cravings or consumption (see examples of medications in the definitions)

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who receive information on medications that reduce alcohol cravings or consumption
- Data source: local data collection

Percentage of people with alcohol use disorder who receive naltrexone or acamprosate

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who receive naltrexone or acamprosate
- Data source: local data collection

Quality Statement 9: Alcohol and Concurrent Health Disorders

People with alcohol use disorder who also have a mental health disorder, medical disorder, or substance use disorder are offered treatment for any concurrent disorders.

Background

Many people who have alcohol use disorder also have concurrent conditions, including substance use disorders, mental health disorders, impulse control disorders (e.g., gambling), and other medical disorders.[10,11] Health care professionals should assess patients for concurrent disorders, as the presence of another health problem may influence the selection of pharmacological therapy for alcohol use disorder.[11,12] Treatment for concurrent disorders should not be delayed until the alcohol use disorder is addressed; rather, the disorders should be addressed rapidly and simultaneously. Treating alcohol use disorder may lead to marked improvements in the concurrent disorder. Continued follow-up and monitoring are important to adjust treatment regimens (see quality statement 10).[11]

Sleep disorders, particularly insomnia, are very common in people with alcohol use disorder, with symptoms becoming worse in the acute and sub-acute withdrawal period, which may lead to relapse.[12] Providers should take a complete sleep history, discuss the impact of alcohol on sleep, and monitor sleep on an ongoing basis. Effective treatments for insomnia for people with alcohol use disorder, unhealthy alcohol use, and people who have recently quit include sleep restriction and sleep hygiene. Benzodiazepines and benzodiazepine-like drugs should be avoided for sleep disorders because of their addictive potential and increased risk of toxicity if mixed with alcohol; they can also lead to relapse.[46]

Sources: American Psychiatric Association, 2018[11] | The Management of Substance Use Disorders Work Group, 2015[10] | National Institute for Health and Care Excellence, 2011 (updated 2014)[12]

Definitions Used Within This Quality Statement

Mental health disorder, medical disorder, or substance use disorder
Mental health disorders may include major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder. Other substance use disorders include unhealthy use of illegal drugs, prescription medications, or tobacco. Medical disorders include hypertension, liver disease, diabetes, or any disorder that requires regular or ongoing care by a health care professional.

Concurrent treatment
Pharmacological therapies and psychosocial interventions for concurrent disorders may be administered at the same time as those for alcohol use disorder.[10,11]

What This Quality Statement Means

For People With Alcohol Use Disorder
If you have a mental health or other medical condition, or you use other substances, your health care professional should offer your treatment for this too.

For Clinicians
Offer people diagnosed with alcohol use disorder who have concurrent mental health disorders, substance use disorders, or other medical disorders psychosocial interventions and pharmacological therapies that will help treat the concurrent disorder.

For Health Services
Ensure systems, processes, and resources are in place so that people receiving treatment for alcohol use disorder can receive concurrent treatment for mental health disorders, substance use disorders, or other medical disorders.

Quality Indicators

Process Indicator

Percentage of people with alcohol use disorder and a mental health disorder, medical disorder, or substance use disorder who receive treatment for their concurrent disorder(s)

- Denominator: total number of people with alcohol use disorder and a mental health disorder, medical disorder, or substance use disorder
- Numerator: number of people in the denominator who receive treatment for their concurrent disorder(s)
- Data source: local data collection

Quality Statement 10: Monitoring, Support, and Follow-up

People with alcohol use disorder are offered ongoing follow-up with their health care professional on a regular basis to monitor treatment and response.

Background

Alcohol use disorder is a chronic condition and relapse is common, even if the person's alcohol use is being managed or the person is following their treatment plan.[10] Monitoring withdrawal symptoms during follow-up appointments can identify the potential for relapse. Relapse occurs when a person has stopped consuming alcohol for a length of time then begins consuming alcohol again in a harmful manner. A relapse indicates that the treatment plan needs to be adjusted or changed for the person to continue their recovery.[10]

Health care professionals should assess the person's response to treatment (psychosocial interventions and/or pharmacological therapies), consistency of medication use, side effects of medication, new or emerging symptoms, concurrent disorders, and treatment goals.[10,42,47] If the person has multiple care providers, it is important that they communicate with one another.

Sources: National Institute for Health and Care Excellence, 2011 (updated 2014)[12] | The Management of Substance Use Disorders Work Group, 2015[10]

Definitions Used Within This Quality Statement

Regular basis
Follow-up on a regular basis means at least every 2 weeks for 6 weeks or until treatment consistency and desired response have been achieved. After this, follow-up appointments can transition to a schedule that is convenient for the person with alcohol use disorder and their health care professional.

Treatment and response
Treatment refers to consistent use of psychosocial interventions and/or pharmacological therapies, mutually agreed upon by the health care professional and person with alcohol use disorder.[12] Response to psychosocial interventions and/or pharmacological therapies includes treatment adherence, improved quality of life, improved health status, and improved daily functioning.

What This Quality Statement Means

For People With Alcohol Use Disorder
Your health care professional should make appointments to see you regularly to make sure your treatments are working. If they're not working, your health care professional should work with you to change your treatment plan, keeping in mind your needs and preferences. If you want, you can invite your caregivers to these appointments too.

For Clinicians
Schedule follow-up appointments to ensure ongoing monitoring and support for people with alcohol use disorder. Assess the patient's response to psychosocial interventions and/or pharmacological therapies and make changes to the care plan as needed in collaboration with them.

For Health Services
Ensure systems, processes, and resources are in place so that people with alcohol use disorder are monitored on an ongoing basis by their health care professional(s) until treatment consistency and the desired response are achieved.

Quality Indicators

Process Indicator

Percentage of people with alcohol use disorder who receive ongoing follow-up with their health care professional at least every 2 weeks for 6 weeks or until treatment consistency and desired response are achieved

- Denominator: total number of people with alcohol use disorder
- Numerator: number of people in the denominator who receive ongoing follow-up with their health care professional at least every 2 weeks for 6 weeks or until treatment consistency and desired response are achieved
- Data sources: local data collection

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Health Quality Ontario is the provincial leader on the quality of health care. We help nurses, doctors and others working hard on the frontlines be more effective in what they do – by providing objective advice and by supporting them and government in improving health care for the people of Ontario.

Our focus is making health care more effective, efficient and affordable, which we do through a legislative mandate of:

- Reporting to the public, organizations and health care providers on how the health system is performing,
- Finding the best evidence of what works, and
- Translating this evidence into concrete standards, recommendations and tools that health care providers can easily put into practice to make improvements.

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