

QS 11

Quality standard on alcohol dependence and
harmful alcohol use (QS11)

THE | COMMISSIONING
review

NICE National Institute for
Health and Care Excellence

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Introduction

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. They are derived either from NICE guidance or NICE accredited sources, and apply right across the NHS in England.

The new quality standard on alcohol dependence and harmful alcohol use consists of a set of specific, concise and measurable statements that, when delivered collectively, should contribute to improving the effectiveness, quality, safety and experience of care for people dealing with these issues.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in dealing with alcohol dependence and harmful alcohol use should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Quality statements

In August 2011, NICE published a new quality standard for alcohol dependence and harmful alcohol use in people aged 10 years and over for use in all NHS-funded settings.

Alcohol dependence is characterised by craving, tolerance, and a pre-occupation with alcohol and continued drinking in spite of its harmful consequences, such as liver disease or depression. Alcohol dependence is also associated with increased criminal activity and domestic violence and an increased rate of significant mental and physical disorders.

Harmful alcohol use is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol.

NICE quality standards are a set of concise, prioritised statements and associated measures that focus on topics relevant to health and/or social care. Quality standards describe high-priority areas for quality improvement in a defined care or service area. Each quality standard is:

- derived from evidence-based guidance, such as NICE guidance or NICE accredited sources, and
- produced collaboratively with the NHS, social care or public health

organisations, along with their partner organisations, patients, carers and service users.

NICE quality standards do not provide a comprehensive service specification. They define priority areas for quality improvement based on consideration of the topic area. They are a final distillation of accredited guidance from NICE and other organisations, and are intended to provide a clear description (in around 6-8 statements) of what a high quality service would look like. Quality standards enable organisations to move towards improving quality and delivering excellence.

NICE quality standards currently apply to England only. The UK devolved administrations decide on local policy. Where appropriate, service level agreements will be put in place.

Alcohol dependence affects about 4% of the population (around 1.1 million people)¹ in England aged between 16-65 years old. Over 24% of adults in the UK consume alcohol in a way that is potentially or actually harmful to their health or wellbeing.²

Alcohol misuse is also a growing problem in children and young people in England, with an estimated 13 children a day admitted to hospital as a result of drinking alcohol.³

The quality standard for alcohol dependence and harmful alcohol

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use requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. An integrated, multidisciplinary approach to provision of services is fundamental to the delivery of high-quality care to people who misuse alcohol. A specialist alcohol service is one in which the primary role is the assessment and management of alcohol misuse, including both psychological and physical effects.

The quality standard on alcohol dependence and harmful alcohol use has 13 statements designed to help improve care for people drinking harmfully or who are dependent on alcohol.

List of quality standard statements

Statement 1. Health and social care staff receive alcohol awareness training that promotes respectful, non-judgmental care of people who misuse alcohol.

Statement 2. Health and social care staff opportunistically carry out screening and brief interventions for hazardous and harmful drinking as an integral part of practice.

Statement 3. People who may benefit from specialist assessment or treatment for alcohol misuse are offered referral to specialist alcohol services and are able to access specialist alcohol treatment.

Statement 4. People accessing specialist alcohol services receive assessments and interventions delivered by

appropriately trained and competent specialist staff.

Statement 5. Adults accessing specialist alcohol services for alcohol misuse receive a comprehensive assessment that includes the use of validated measures.

Statement 6. Children and young people accessing specialist services for alcohol use receive a comprehensive assessment that includes the use of validated measures.

Statement 7. Families and carers of people who misuse alcohol have their own needs identified, including those associated with risk of harm, and are offered information and support.

Statement 8. People needing medically assisted alcohol withdrawal are offered treatment within the setting most appropriate to their age, the severity of alcohol dependence, their social support and the presence of any physical or psychiatric comorbidities.

Statement 9. People needing medically assisted alcohol withdrawal receive medication using drug regimens appropriate to the setting in which the withdrawal is managed in accordance with NICE guidance.

Statement 10. People with suspected, or at high risk of developing, Wernicke's encephalopathy are offered thiamine in accordance with NICE guidance.

Statement 11. Adults who misuse alcohol are offered evidence-based psychological interventions, and those with alcohol dependence that is moderate or severe can in addition



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access relapse prevention medication in accordance with NICE guidance.

Statement 12. Children and young people accessing specialist services for alcohol use are offered individual cognitive behavioural therapy, or if they have significant comorbidities or limited social support, a multicomponent programme of care including family or systems therapy.

Statement 13. People receiving specialist treatment for alcohol misuse have regular treatment outcome reviews, which are used to plan subsequent care.

The NICE quality standard on alcohol dependence and harmful alcohol is based on the following NICE guidance:

- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115 (2011; NHS Evidence accredited). <http://www.nice.org.uk/guidance/CG115>
- Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (2010; NHS Evidence accredited). <http://www.nice.org.uk/guidance/CG100>
- Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE public health guidance 24 (2010; NHS Evidence accredited). <http://www.nice.org.uk/guidance/ph24>

The quality standard can be found at: <http://www.nice.org.uk/qs11>

References

1. Drummond, D. C., Oyefeso, N., Phillips, T., et al. (2005) Alcohol Needs Assessment Research Project: The 2004 National Alcohol Needs Assessment for England. Department of Health, London.
2. McManus, S., Meltzer, H., Brugha, T., et al. (2009) Adult psychiatric morbidity in England, 2007: Results of a household survey, NHS Information Centre for Health and Social care, Leeds
3. Rogers, P. (2007) Rogers Review: National enforcement priorities for local authority regulatory services, London, The Stationery Office.

