NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Alcohol-use disorders: diagnosis and management

NICE quality standard

Draft for consultation

24 August 2011

31 January 2023

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| **This quality standard covers** identifying and supporting adults and young people (aged 10 and over) who may have an alcohol problem and caring for people with alcohol-related health problems, as well as support for their families and carers. It describes high-quality care in priority areas for improvement. Approaches to prevent harmful alcohol use are covered by NICE’s quality standard on [alcohol: preventing harmful use in the community](https://www.nice.org.uk/guidance/qs83).This quality standard will update and replace the existing quality standard on [alcohol-use disorders: diagnosis and management](https://www.nice.org.uk/guidance/qs11) (published August 2011). The topic was identified for update following a review of quality standards. The review identified: * changes in the priority areas for improvement
* changes in commissioning.

For more information see [update information](http://www.nice.org.uk/guidance/qsXXX/chapter/Update-information).This is the draft quality standard for consultation (from 31 January to 28 February 2023). The final quality standard is expected to publish in July 2023. |

# Quality statements

[Statement 1](#_Quality_statement_2:) People who are being asked about their alcohol use have a validated alcohol questionnaire completed to identify any need for intervention. **[new 2023]**

[Statement 2](#_Quality_statement_X) People seeking help for an alcohol-use disorder are given information and support to access community support networks and self-help groups. **[new 2023]**

[Statement 3](#_Quality_statement_3:) Adults seen by specialist alcohol services have a brief triage assessment that includes comorbidities and associated risks. **[new 2023]**

[Statement 4](#_Quality_statement_4:) People in acute alcohol withdrawal in hospital are assessed and monitored following locally specified protocols. **[new 2023]**

[Statement 5](#_Quality_statement_5:) People with moderate or severe alcohol dependence are offered psychological and, if appropriate, pharmacological interventions, to prevent relapse following a successful unplanned withdrawal. **[2011, updated 2023]**

In 2023 this quality standard was updated and statements prioritised in 2011 were updated (2011, updated 2023) or replaced (new 2023). For more information, see [update information](#_Update_information_2).

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| Questions for consultation Questions about the quality standard**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.**Questions about the individual quality statements** **Question 4** For draft quality statement 4: How does assessment and monitoring based on locally specified protocols work in current practice? What do these protocols generally include?Implementing NICE guidelines**Question 5** What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). |

# Quality statement 1: Use of validated alcohol questionnaires

People who are being asked about their alcohol use have a validated alcohol questionnaire completed to identify any need for intervention. **[new 2023]**

## Rationale

Using an appropriate validated alcohol questionnaire when asking people about their alcohol use will identify if they should receive a suitable brief intervention (structured brief advice or extended brief intervention) or a referral to specialist alcohol services, according to their needs and their identified level of risk.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Process

Proportion of people who are asked about their alcohol use that have a validated alcohol questionnaire completed.

Numerator – The number in the denominator that have a validated alcohol questionnaire completed.

Denominator – The number of people who are asked about their alcohol use.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient and service user records including new patient registrations and hospital admissions, and records from other services such as criminal justice services.

### Outcome

a) Rates of brief intervention for alcohol use.

**Data source:**Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient and service user records.

b) Rates of referral to specialist alcohol services.

**Data source:**[Office for Health Improvement and Disparities annual substance misuse statistics reports for adults and for young people](https://www.gov.uk/health-and-social-care/drug-misuse-and-dependency) includes data on the number of adults and young people referred to and starting substance misuse treatment for alcohol only.

## What the quality statement means for different audiences

**Service providers** (such as primary care services, secondary care services, social care services, criminal justice services, community and voluntary services) ensure that systems are in place for the use of validated alcohol questionnaires when asking people about their alcohol use. They ensure that there are a range of tools available and agree on use of those that are appropriate to the setting, including abbreviated versions for when time is limited.

**Health and social care practitioners** (such as doctors, nurses, social workers, staff working in the criminal justice system, and community and voluntary sector workers) use a validated alcohol questionnaire when asking people about their alcohol use. They use the questionnaire to decide whether the person is at risk of harm and whether a brief intervention (and if so what kind) or referral to specialist alcohol services is needed.

**Commissioners** (integrated care systems) ensure that they commission services in which validated alcohol questionnaires are used when asking people about their alcohol use to make decisions about offering brief interventions or referral to specialist alcohol services.

**People asked about their alcohol use** complete an appropriate questionnaire about their alcohol use. This may be completed by a member of staff, or by themselves if they are able. It is used to check if they are at risk because of their alcohol use and decide if they need any advice and support or a referral according to their needs.

## Source guidance

[Alcohol-use disorders: prevention. NICE guideline PH24](https://www.nice.org.uk/guidance/ph24) (2010), recommendations 7 and 9

## Definitions of terms used in this quality statement

### Validated alcohol questionnaire

For example:

* [Alcohol use disorders test (AUDIT)](https://auditscreen.org/) **or**
* when time is limited, an abbreviated version (such as:
	+ [AUDIT for consumption (AUDIT-C)](https://www.gov.uk/government/publications/alcohol-use-screening-tests)
	+ [AUDIT for primary care (AUDIT-PC)](https://www.gov.uk/government/publications/alcohol-use-screening-tests)
	+ [Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)](https://crafft.org/)
	+ [Single question alcohol use test (SASQ)](https://www.gov.uk/government/publications/alcohol-use-screening-tests)
	+ [Fast alcohol use screening test (FAST)](https://www.gov.uk/government/publications/alcohol-use-screening-tests)
	+ [Paddington alcohol test (PAT)](https://www.m-c-a.org.uk/education/pat).

Tools used should be appropriate to the setting. For instance, in an emergency department FAST or PAT would be most appropriate. Professional judgement should be used as to whether to adjust thresholds for brief intervention and referral when screening people under 18.

[[NICE’s guideline on alcohol-use disorders: prevention](https://www.nice.org.uk/guidance/ph24), recommendations 7 and 9]

## Equality and diversity considerations

Professional judgement should be used as to whether to adjust thresholds for brief intervention and referral when screening:

* women, including those who are, or are planning to become, pregnant
* people aged 65 and over
* people from some black and minority ethnic groups.

Relevant specialists should be consulted when it is not appropriate to use an English language-based screening questionnaire (for example, for people whose first language is not English or who have a learning disability). The validated alcohol questionnaire should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, communication should be conducted as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) or the equivalent standards for the devolved nations.

# Quality statement 2: Community support networks and self-help groups

## Quality statement

People seeking help for an alcohol-use disorder are given information and support to access community support networks and self-help groups. **[new 2023]**

## Rationale

Community support networks and self-help groups can be of benefit to people with an alcohol-use disorder and can provide support at any point in their care. The person may not be aware of local networks and groups that they can access locally or how they can help people with an alcohol-use disorder. They may need help, encouragement and support to access and participate in these groups.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Process

Proportion of people seeking help for an alcohol-use disorder given information on the value and availability of, or support to access, community support networks and self-help groups.

Numerator – The number in the denominator that are given information on the value and availability of, or support to access, community support networks and self-help groups.

Denominator – The number of people seeking help for an alcohol-use disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

### Outcome

Rates of people accessing community support networks and self-help groups for alcohol-use disorders.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care provider organisations, for example from patient and service user records and surveys.

## What the quality statement means for different audiences

**Service providers** (such as primary care services, secondary care services, social care services, criminal justice services, community and voluntary services) ensure that systems are in place for staff to provide accurate and up-to-date information about community support networks and self-help groups for alcohol-use disorders and support for people to access them.

**Health and social care practitioners** (such as doctors, nurses, social workers, staff working in the criminal justice system, and community and voluntary sector workers) provide information to people seeking help for an alcohol-use disorder on the community support networks and self-help groups available and their value. They provide support to access them when needed.

**Commissioners** (integrated care systems) ensure that they commission services in which accurate and up-to-date information about community support networks and self-help groups is provided to people seeking help for an alcohol-use disorder, and support is provided to access them when needed.

**People** **seeking help for an alcohol-use disorder** are given information on local community support networks and self-help groups, and the benefits of attending these. They can also get help to access these networks and groups, if needed.

## Source guidance

[Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. NICE guideline CG115](https://www.nice.org.uk/guidance/cg115) (2011), recommendation 1.3.1.7

## Definitions of terms used in this quality statement

### Community support networks and self-help groups

Both commissioned and peer-led networks and groups, including but not limited to Alcoholics Anonymous or SMART Recovery, that may have in-person or online meetings.

[Adapted from [NICE’s guideline on alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence](https://www.nice.org.uk/guidance/cg115), recommendation 1.3.1.7]

## Equality and diversity considerations

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) or the equivalent standards for the devolved nations.

# Quality statement 3: Triage assessment in specialist alcohol services

## Quality statement

Adults seen by specialist alcohol services have a brief triage assessment that includes comorbidities and associated risks. **[new 2023]**

## Rationale

A brief triage assessment carried out as soon as possible in specialist alcohol services, and ahead of any comprehensive assessment, allows care to start that is appropriate to the person’s immediate needs. Their care is based on an agreed initial treatment plan, which may include emergency or acute interventions, such as referral to an emergency department for an acute medical problem or to a crisis team for a mental health emergency.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Process

a) Proportion of referrals to specialist alcohol services where a brief triage assessment is carried out that includes comorbidities and associated risks .

Numerator – The number in the denominator in which a brief triage assessment is carried out that includes comorbidities and associated risks .

Denominator – The number of referrals to specialist alcohol services.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

b) Proportion of referrals to specialist alcohol services with an initial care plan following triage assessment.

Numerator – The number in the denominator with an initial care plan.

Denominator – The number of referrals to specialist alcohol services that have a triage assessment.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

### Outcome

a) Rates of adults seen by specialist alcohol services receiving a referral for treatment of comorbidities.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from patient and service user records.

b) Rates of successfully completed treatment in specialist alcohol services.

**Data source:**[Office for Health Improvement and Disparities annual substance misuse statistics reports for adults](https://www.gov.uk/health-and-social-care/drug-misuse-and-dependency) includes data on the number of adults who successfully complete substance misuse treatment for alcohol only.

## What the quality statement means for different audiences

**Service providers** (specialist alcohol services) ensure that systems are in place for brief triage assessments to be carried out for adults seen in specialist alcohol services, and for an initial treatment plan to be agreed that takes into account the person’s preferences and outcomes of any previous treatment. They ensure that systems are in place for care to be provided that is appropriate to the person’s immediate needs.

**Health and social care practitioners** (such as doctors, nurses, specialist alcohol service staff and support workers) carry out a brief triage assessment with adults seen by specialist alcohol services. They agree an initial treatment plan that takes into account the person's preferences and outcomes of any previous treatment, and facilitate any treatment that is appropriate to their immediate needs. This may include emergency or acute interventions such as referral to an emergency department for an acute medical problem or to a crisis team for a mental health emergency. Where appropriate and with consent they encourage families and carers to be involved in the treatment and care of the person receiving it.

**Commissioners** (integrated care systems) ensure that they commission services in which adults seen by specialist alcohol services receive a brief triage assessment and have an initial treatment plan agreed. They ensure that services provide care that is appropriate to the person’s immediate needs.

**Adults referred to specialist alcohol services** have a short assessment of their needs when they first attend the service. This includes assessing their risk of harm related to their alcohol use and checking for any other health problems. They may then be treated or assessed in more detail if needed. They agree an initial treatment plan that takes into account their views and the results of any treatment they have had before. When it is appropriate and they consent, their families and carers are encouraged to be involved in their treatment.

## Source guidance

[Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. NICE guideline CG115](https://www.nice.org.uk/guidance/cg115) (2011), recommendation 1.2.2.5

## Definitions of terms used in this quality statement

### Brief triage assessment

An assessment carried out when adults first access a specialist alcohol service that assesses:

* the pattern and severity of the alcohol misuse (using the alcohol-use disorders test [AUDIT]) and severity of dependence (using the severity of alcohol dependence questionnaire [SADQ])
* the need for urgent treatment, including assisted withdrawal
* any associated risks to the person or others (for example, self-harm, harm to others, physical or mental health emergencies, and safeguarding children)
* the presence of any comorbidities or other factors that may need further specialist assessment or intervention (for example, additional substance misuse, medical, mental health and social problems).

An initial treatment plan is developed with the person, based on this assessment, taking into account their preferences and the outcomes of any previous treatment.

[[NICE’s guideline on alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence](https://www.nice.org.uk/guidance/cg115), recommendation 1.2.2.5 and full guideline section 5.25.1]

## Equality and diversity considerations

Some adults accessing specialist alcohol services, such as those who may lack capacity, those with learning disabilities and those experiencing homelessness may benefit from the involvement of an advocate when having their needs assessed and agreeing an initial treatment plan (see the [NICE guideline on advocacy services for adults with health and social care needs](https://www.nice.org.uk/guidance/ng227)).

# Quality statement 4: Acute alcohol withdrawal

## Quality statement

People in acute alcohol withdrawal in hospital are assessed and monitored following locally specified protocols. **[new 2023]**

## Rationale

People in acute alcohol withdrawal in hospital may need care from one or more services and further assessment to determine what care is needed. This will help ensure that people do not receive inappropriate treatment or develop complications. They also need ongoing monitoring to ensure that their treatment is meeting their needs. Local protocols will provide guidance for next steps and the appropriate setting for care.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements and written protocols for the assessment and monitoring of people in acute alcohol withdrawal in hospital.

**Data source:** Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from care pathways.

### Process

a) Proportion of people in acute alcohol withdrawal in hospital assessed following locally specified protocols.

Numerator – The number in the denominator that are assessed following locally specified protocols.

Denominator – The number of people in acute alcohol withdrawal in hospital.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

b) Proportion of people in acute alcohol withdrawal monitored following locally specified protocols.

Numerator – The number in the denominator that are monitored following locally specified protocols.

Denominator – The number of people in acute alcohol withdrawal.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

### Outcome

Rates of successful withdrawal from alcohol.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient and service user records.

## What the quality statement means for different audiences

**Service providers** (secondary care services) ensure that systems are in place for people in hospital in acute alcohol withdrawal to be assessed and monitored in line with local protocols.

**Healthcare professionals** (such as doctors, nurses) who are skilled in assessing and monitoring withdrawal symptoms and signs, assess and monitor people in hospital who are in acute alcohol withdrawal in line with local protocols. Where appropriate and with consent they encourage families and carers to be involved in the treatment and care of the person receiving it.

**Commissioners** (integrated care systems) ensure that they commission services that have local protocols for assessment and monitoring of people in acute alcohol withdrawal in hospital.

**People in hospital who are in acute alcohol withdrawal** have their needs assessed and their condition monitored by skilled health professionals, who follow local processes to ensure people receive treatment that is right for them. When it is appropriate and they consent, their families and carers are encouraged to be involved in their treatment.

## Source guidance

[Alcohol-use disorders: diagnosis and management of physical complications. NICE guideline CG100](https://www.nice.org.uk/guidance/cg100) (2010), recommendation 1.1.2.2

## Definitions of terms used in this quality statement

### Acute alcohol withdrawal

The physical and psychological symptoms that people can experience when they suddenly reduce the amount of alcohol they drink if they have previously been drinking excessively for prolonged periods of time.

[[NICE’s guideline on alcohol-use disorders: diagnosis and management of physical complications, terms used in this guideline](https://www.nice.org.uk/guidance/cg100)]

### Local protocols

Evidence-based protocols for assessment as soon as possible after presentation of dependence, through clinical judgement and possibly a tool that gives a validated score such as the [Clinical Institute Withdrawal Assessment – Alcohol, revised [CIWA–Ar] scale](https://www.nice.org.uk/guidance/cg100/chapter/recommendations#ciwaar-scale), and monitoring of people with acute alcohol withdrawal by skilled health and social care practitioners that are agreed and implemented in local health and social care systems, such as what the assessment should include, who should conduct it, and any tools that may be used. [Expert opinion]

## Equality and diversity considerations

Some people in acute alcohol withdrawal, such as those who may lack capacity, those with learning disabilities and those experiencing homelessness may benefit from the involvement of an advocate when having their needs assessed (see the [NICE guideline on advocacy services for adults with health and social care needs](https://www.nice.org.uk/guidance/ng227)).

**Question for consultation**

How does assessment and monitoring based on locally specified protocols work in current practice? What do these protocols generally include?

# Quality statement 5: Interventions following unplanned withdrawal from alcohol

## Quality statement

People with moderate or severe alcohol dependence are offered psychological and, if appropriate, pharmacological interventions, to prevent relapse following a successful unplanned withdrawal. **[2011, updated 2023]**

## Rationale

After a successful unplanned withdrawal, people with moderate or severe alcohol dependence can benefit from a range of psychological and pharmacological interventions to help to prevent relapse. Decisions about which interventions to use are made with the person, according to their needs and preferences.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly. It is not the intention that all of the process measures will be 100% achieved, because the treatments will vary for each person depending on their personal health needs and preferences.

### Process

a) Proportion of people with moderate or severe alcohol dependence offered psychological interventions to prevent relapse following a successful unplanned withdrawal.

Numerator – The number in the denominator that are offered psychological interventions to prevent relapse.

Denominator – The number of people with moderate or severe alcohol dependence who have had a successful unplanned withdrawal.

**Data source:** Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records. The [Office for Health Improvement and Disparities](https://www.gov.uk/health-and-social-care/drug-misuse-and-dependency) has data on adults accessing services for alcohol only treatment that receive a psychosocial intervention.

b) Proportion of people with moderate or severe alcohol dependence offered pharmacological interventions to prevent relapse following a successful unplanned withdrawal.

Numerator – The number in the denominator that are offered pharmacological interventions to prevent relapse.

Denominator – The number of people with moderate or severe alcohol dependence who have had a successful unplanned withdrawal.

**Data source:** Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records. [NHS Digital Statistics on alcohol](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol) includes data on prescription items for the treatment of alcohol dependence prescribed in primary care and dispensed in the community, including acamprosate and disulfiram.

### Outcome

Rates of relapse following unplanned withdrawal from alcohol dependence.

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as primary care services, secondary care services, forensic mental health services, and community-based specialist alcohol services) ensure that systems are in place to provide psychological and, if appropriate, pharmacological interventions, aimed at preventing relapse, for people with moderate or severe alcohol dependence who have completed a successful unplanned withdrawal from alcohol.

**Health and social care practitioners** (such as doctors, nurses and specialist alcohol service staff) offer the appropriate psychological or pharmacological interventions based on the needs of people with moderate or severe alcohol dependence who have completed a successful unplanned withdrawal from alcohol. Where appropriate and with consent they encourage families and carers to be involved in the treatment and care of the person receiving it.

**Commissioners** (integrated care systems) ensure that they commission services in which psychological and pharmacological interventions aimed at preventing relapse are provided for people with moderate or severe alcohol dependence that have completed a successful unplanned withdrawal from alcohol.

**People** **with moderate or severe alcohol dependence who have completed an unplanned withdrawal from alcohol** are given psychological therapy and sometimes medicines to help prevent them drinking again after they have stopped. They decide with their healthcare professional which treatments will work best for them. When it is appropriate and they consent, their families and carers are encouraged to be involved in their treatment.

## Source guidance

[Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. NICE guideline CG115](https://www.nice.org.uk/guidance/cg115) (2011), recommendations 1.3.1.2, 1.3.6.1, 1.3.6.2, 1.3.6.3

## Definitions of terms used in this quality statement

### Alcohol dependence

A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

[[NICE’s guideline on alcohol-use disorders: diagnosis and management of physical complications,](https://www.nice.org.uk/guidance/cg100) terms used in this guideline]

### Psychological interventions

Therapies focused specifically on alcohol misuse given after successful withdrawal for people with moderate or severe alcohol dependence including:

* cognitive behavioural therapies usually consisting of one 60-minute session per week for 12 weeks
* behavioural therapies usually consisting of one 60-minute session per week for 12 weeks
* behavioural couples therapy to service users who have a regular partner and whose partner is willing to participate in treatment usually consisting of one 60-minute session per week for 12 weeks
* social network and environment-based therapies usually consisting of eight 50-minute sessions over 12 weeks.

[[NICE’s guideline on alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence](https://www.nice.org.uk/guidance/cg115), recommendations 1.3.3.4, 1.3.3.5, 1.3.3.6, 1.3.3.7, 1.3.6.1, 1.3.6.2, 1.3.6.3

### Pharmacological interventions

Medication prescribed after a successful withdrawal for people with moderate or severe alcohol dependence after a comprehensive medical assessment that considers any contraindications or cautions, and discussion with the person. These include:

* acamprosate
* oral naltrexone
* disulfiram.

[[NICE’s guideline on alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence](https://www.nice.org.uk/guidance/cg115), recommendations 1.3.6.1, 1.3.6.2, 1.3.6.3, 1.3.6.4]

# Update information

**January 2023:** This quality standard was updated and statements prioritised in 2011 were replaced. The topic was identified for update following the annual review of quality standards. The review identified:

* changes in the priority areas for improvement
* changes in commissioning.

Statements are marked as:

* **[new 2023]** if the statement covers a new area for quality improvement
* **[2011, updated 2023]** if the statement covers an area for quality improvement included in the 2011 quality standard and has been updated.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See our [webpage on quality standards advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10164/documents).

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10164/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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