Managed Alcohol Programs: National Operational Guidance Document

1.0 Introduction

1.1 Background
- Epidemiology of AUD, presenting Canadian data
- Overview of alcohol-related harms including the risks of alcohol withdrawal
  (Include segue statement on the need for standardized and accessible harm reduction interventions to avoid these risks)

1.2 Current Continuum of AUD Care
- Overview of available and recommended interventions for screening and assessment, withdrawal management, and continuing care in reference to current AUD guidelines
- Gaps and Limitations in the Continuum of AUD Care
  - Lack of harm reduction and treatment strategies for individuals who are not interested in reducing or discontinuing alcohol use or are currently unable to do so
  - Need for strategies and interventions to address barriers to engagement in care, such as unstable housing, poverty, and homelessness
    - Untreated alcohol use disorder can lead to patient-initiated hospital discharges which leads to increased re-hospitalizations and increased morbidity/mortality

1.3 The Role of MAPs Within the Continuum of AUD Care
- Prevent withdrawal and related harms for people with AUD for whom AUD treatments are insufficient, inaccessible, or inappropriate
- Improve health and wellbeing by serving as a point of access to healthcare and support services
- Maintain or reduce alcohol intake and promote safer use through harm reduction education and self-management
- Reduce non-beverage alcohol consumption
- [Mitigate risk in the context of COVID-19 risk: perhaps brief mention of BCCSU MAPs guidance]

1.4 Purpose and Scope of the Guideline
  2.1.i Intended Audience

2.0 Current State of Knowledge on Managed Alcohol Programs

2.1 Evidence Supporting the Efficacy of Managed Alcohol Programs
- Evidence summary section based on the efficacy and safety findings of systematic literature search and review.

2.2 Models of Operation
- Community-led models
- Clinician-initiated models

2.3 Jurisdictional Scan
- An overview of the characteristics of currently operating services in Canadian jurisdictions
3.0 Principles of Care
3.1 Patient-centred Care
3.2 Recovery-oriented Care
3.3 Trauma- and Violence-informed Care
3.4 Awareness of Determinants of Health
3.5 Cultural Safety and Humility
   3.5.i Access to Cultural Practices
3.6 Harm Reduction
   3.6.i Indigenous Harm Reduction
3.7 Integrated Medical Management

4.0 Considerations for Program Implementation
4.1 Pre-implementation Stakeholder Consultation
   4.1.i People with Lived Experience
   4.1.ii Professional Regulatory Bodies
   4.1.iii Relevant provincial Ministries
   4.1.iv Regional Health Authorities
   4.1.v Local Authorities
   4.1.vi Political and Community support
   4.1.vii Health Canada
4.2 Models of Care
   - Description of existing models of care for comparable programs across Canada (e.g., dedicated Programs, integrated or embedded services, hospital-based programs, pharmacy-based programs)
4.2.i Considerations for Selecting Model(s) of Care
   - Size and characteristics of patient population
   - Community context
   - Availability of Resources to Meet Minimum Recommended Criteria for Model of Care
4.3 Location and Space Considerations
   4.3.i Considerations for Selecting Location
   - Proximity to transportation
   - Proximity to other health and support resources
   4.3.ii Storage
   4.3.iii Other Space Requirements
   4.3.iv Security
4.4 Staffing Considerations
   4.4.i Staff Competencies and Training
   - Peers
   - Prescribers
   - Nurses
- Pharmacists
- Social workers
- Non-Healthcare staff

4.4.ii Distribution of Roles and Responsibilities
   4.4.ii.1 Patient orientation and education
   4.4.ii.2 Initial assessment and care planning
   4.4.ii.3 Dose adjustments
   4.4.ii.4 Additional care and services
   4.4.ii.5 Outreach and follow-up

5.0 Care Planning Considerations
5.1 Eligibility Criteria
5.2 Screening and Assessment
5.3 Intake Procedures
- Intake and orientation (including initial education on harm reduction and safer drinking)
- Needs assessment and referral to relevant care and support services
5.4 Tailored Alcohol Management Plan
- Collaborative goal setting
- Alcohol type selection and dosing considerations
- Frequency of administration
- Follow-ups schedule to consider dose adjustment or treatment transition
5.5 Intervention Duration and Transitions Across Continuum of AUD Care
   5.5.i Referral Pathways to Withdrawal Management and AUD Treatment
   5.5.ii Continuity of Care
- Incarceration
- Hospitalization
5.6 Monitoring
   5.6.i Responding to Ongoing Substance Use

6.0 Evaluation
Appendices

A1 Guideline Development Process
- Funding
- Committee membership
- Conflict of interest policy
- Content development
  • Literature search
  • Critical appraisal and selection of studies
  • Development and approval of recommendations
- External review and stakeholder consultation
- Update schedule

A2 Alcohol Inventory Control
A3 Provision Record and Wellness Check Form
A4 Screening Tools
A5 Sample Clinical Assessment Form
A6 Sample Clinical Care Record
A7 Sample Client Alcohol Management Plan and Agreement

References