NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
RECOMMENDATIONS

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
Sex/gender • Women • Men
Ethnicity • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
Disability • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age[1] • Older people • Children and young people • Young adults [1.] Definitions of age groups may vary according to policy or other context.
Sexual orientation & gender identity • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Other categories[2] • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people [2.] This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.

Please note this also applies to consensus work in or outside the GDG

- the development group has considered these areas in their discussions

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

The GDG discussed equality issues and subsequent recommendations regarding groups identified as needing additional consideration in the case identification, diagnosis, and management of harmful drinking and alcohol dependence. The groups included:-

- older people
- the homeless
- women
- black and minority ethnic groups with limited English proficiency
- those who are illiterate
- those with poor social support
- those with learning disabilities

The following recommendations have addressed equality issues which need specific attention:

1.1.1.2 When working with people who misuse alcohol:

- provide information appropriate to their level of understanding about the nature and treatment of alcohol misuse to support choice from a range of evidence-based treatments
- avoid clinical language without explanation
- make sure that comprehensive written information is available in an appropriate language or, for those who cannot use written text, in an accessible format

- provide independent interpreters (that is, someone who is not known to the service user) if needed.

1.3.1.3 Consider offering interventions to promote abstinence and prevent relapse as part of an intensive structured community-based intervention for people with moderate and severe alcohol dependence who have:

- very limited social support (for example, they are living alone or have very little contact with family or friends)
- complex physical or psychiatric comorbidities
- not responded to initial community-based interventions. **[KPI]**

1.3.1.4 For people with alcohol dependence who are homeless, consider offering residential rehabilitation for a maximum of 3 months. Help the service user find stable accommodation before discharge.

1.3.1.7 For all people seeking help for alcohol misuse:

- give information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous or SMART Recovery) **and**
- help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend.

1.3.4.5 Consider inpatient or residential assisted withdrawal if a service user meets one or more of the following criteria. They:

- drink over 30 units of alcohol per day
- have a score of more than 30 on the SADQ
- have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
- need concurrent withdrawal from alcohol and benzodiazepines

- regularly drink between 15 and 30 units of alcohol per day and have:
    - significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina, chronic liver disease) **or**
    - a significant learning disability or cognitive impairment.

1.3.4.6 Consider a lower threshold for inpatient or residential assisted withdrawal in:

- homeless people
- older people
- pregnant women.

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

The recommendations outlined in section 1 demonstrate how equality issues are addressed in case identification, assessment, delivery of interventions and aftercare. For example, the recommendations concerning inpatient assisted withdrawal and rehabilitation for certain groups addresses a number of equality issues. Also, the provision of support services for those with poor social support also addresses a number of equality issues.

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

The recommendations outlined in section 1 demonstrate that the guideline seeks to promote equality for people from diverse cultural, ethnic and religious

backgrounds, people with language and communication difficulties, homeless people or those with poor social support and people with learning disabilities and acquired cognitive impairment.

Signed:

Steve Pilling	***Colin Drummond***
Centre Director	***GDG Chair***
Date: 11/11/10	***Date:*** 22/11/10

Approved and signed off:

Sarah Willett	***Peter Robb***
CCP Lead	***GRP chair***
Date: 25/01/11	***Date:*** 28/11/10