

Appendix B1: Stakeholder consultation comments table

2019 surveillance of [Alcohol-use disorders: prevention](#) (2010)

Consultation dates: 25 April 2019 to 8 May 2019

Do you agree with the proposal to update defined sections of the guideline?			
Stakeholder	Overall response	Comments	NICE response
South London and Maudsley NHS Foundation Trust	Yes	<p>The inclusion of brief intervention (BI) and extended brief intervention (SBI) to reduce drinking in older people is welcomed</p> <p>The evidence base for the effectiveness of BI and SBI is covered adequately but is missing the following article:</p> <p>Han, B. H., Masukawa, K., Rosenbloom, D., Kuerbis, A., Helmuth, E., Liao, D. H., & Moore, A. A. (2018). Use of web-based screening and brief intervention for unhealthy alcohol use by older adults. Journal of Substance Abuse Treatment, 86, 70-77 https://www.sciencedirect.com/science/article/pii/S0740547217303495</p> <p>The study found that in the adjusted model, the adjusted odds ratio (AOR) for older adults was 1.55 (p<0.002). With older adults</p>	<p>Thank you for your comments and support for the update. The update of brief interventions and extended brief interventions will consider evidence for different populations and settings, where available, including older people.</p> <p>Thank you for highlighting the article by Han et al. NICE is currently developing a guideline on Behaviour change: technology-based interventions which will cover digital interventions for hazardous drinking and, as such, digital interventions are not part of the current PH24 surveillance review. This study has been passed to the NICE team who are developing the guideline on Behaviour change: technology-based interventions.</p>

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		more likely to receive a plan to change drinking behaviour compared with younger adults	
British Association for the Study of the Liver (BASL)	Yes	<p>There was very little that was 'liver-specific' about the proposal, and therefore little to comment from BASL's perspective. However, we are glad to take the opportunity of emphasising to NICE that there is a large evidence gap when it comes to managing alcohol withdrawal and dependency in those with advanced alcohol related liver disease (ArLD). Most of the pharmacotherapies have not been tested in the ArLD population or are specifically contra-indicated in liver disease. As ArLD is the commonest cause of direct alcohol-related deaths, the lack of evidence to treat those who are at greatest risk is very concerning.</p> <p>We hope that the comments attached can serve to emphasise this and perhaps pave the way for useful clinical research in this area.</p>	<p>Thank you for your response. PH24 is focussed on the prevention of alcohol misuse and thus the role of pharmacotherapies for alcohol misuse is not covered here, as noted. Thank you for highlighting the lack of research in the area of pharmacotherapies for patients with advanced alcohol-related liver disease. Related treatments are covered by Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE guideline CG115) and Alcohol-use disorders: diagnosis and management of physical complications (NICE guideline CG100).</p>
LGBT Foundation	Yes	<p>Recommendations 6-12: We agree that it is essential that community and voluntary sector professionals are included under the 'who should take action?' section of these recommendations. This sector plays a key role in preventing alcohol-use disorders and therefore must be consistently included in guidelines/ impact monitoring.</p> <p>Recommendation 5: We agree with the point 'managers of NHS-commissioned services must ensure community and voluntary sector providers have an appropriately trained professional who can provide strategic direction, governance structures and supervision to those providing screening and brief interventions'.</p> <p>An addition to this point should be that the NHS must be proactive in ensuring that there are appropriately trained</p>	<p>Thank you for your response and support for the recommendations. We agree that appropriately trained professionals are important in a range of settings, and that ensuring all people can access alcohol services, including LGBT people, is crucial.</p> <p>Thank you for your comments on ensuring that people should receive appropriate support, especially people who are underserved. No new evidence was found in relation to recommendation 5 and as such it is not proposed to update the recommendation at this time. However, recommendations on screening and brief advice are planned to be updated and new evidence on the impact on all groups, including LGBT people, will be considered as part of that process.</p>

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		professionals at a wide range of community and voluntary sector providers in all geographical areas. This is to ensure that a wide range of people and groups can receive appropriate support for alcohol misuse, especially groups of people who may be less likely to access mainstream services, for example LGBT (lesbian, gay, bisexual and trans) people.	
Royal College of Nursing	Yes	No comments provided	Thank you for your response.
Public Health England	No	No comments provided	Thank you for your response.
Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	Overall response	Comments	NICE response
South London and Maudsley NHS Foundation Trust	No	No comments provided	Thank you for your response.
British Association for the Study of the Liver (BASL)	No	No comments provided	Thank you for your response.
LGBT Foundation	No	No comments provided	Thank you for your response.

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Royal College of Nursing	No	No comments provided	Thank you for your response.
Public Health England	Yes	<p>PH24 encourages all healthcare professionals to carry out screening and delivery of brief advice at every opportunity and every setting. However, recent research indicates that this may not be effective in all settings. For instance, research in pharmacies (1) and sexual health clinics (2) showed this was not clinically or cost effective.</p> <p>Public Health England (PHE) recommend that the wording in the guidelines reflect that this may not be appropriate in every setting.</p> <ol style="list-style-type: none"> 1. Dhital R, Norman I, Whittlesea C, Murrells T, McCambridge J. The effectiveness of brief alcohol interventions delivered by community pharmacists: randomized controlled trial. Addict Abingdon Engl. 2015 Oct;110(10):1586–94. 2. Crawford MJ, Sanatinia R, Barrett B, Byford S, Dean M, Green J, et al. The clinical and cost-effectiveness of brief advice for excessive alcohol consumption among people attending sexual health clinics: a randomised controlled trial. Sex Transm Infect. 2015 Feb;91(1):37–43. 	Thank you for your response and the suggested articles. Both of the articles you mention (Dhital et al 2015 and Crawford et al 2015) have been included in the current surveillance review and their impact on the guideline has been considered. The surveillance review identified that there was new evidence that indicates that brief advice may not be effective in all settings. We are planning to update the recommendations that cover brief advice and extended brief interventions and the new evidence will help inform that process.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
South London and Maudsley NHS Foundation Trust	No	No comments provided	Thank you for your response.

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British Association for the Study of the Liver (BASL)	No	No comments provided	Thank you for your response.
LGBT Foundation	Yes	<p>There needs to be greater attention paid towards the needs of LGBT people when planning and delivering alcohol prevention interventions. LGBT (lesbian, gay, bisexual and trans) people drink at higher levels compared to the general population (<i>LGBT Foundation. Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England 2009-2011; Stonewall, LGBT in Britain: Health Report. 2018</i>). They are also more likely to face barriers to accessing care and may be more reluctant to access care (<i>Government Equalities Office, National LGBT Survey 2018</i>). It needs to be ensured that services are able to provide person centred care to LGBT people. This fits specifically within the scope of recommendations 9, 10, 11 and 12 as it needs to be ensured that professionals carrying out screening, brief advice, brief interventions and referrals are aware that someone's LGBT identity may be relevant and know how to provide person centred care to LGBT people.</p> <p>Some ways in which services can pay greater attention to the needs of LGBT people when planning and delivering alcohol prevention interventions include:</p> <ul style="list-style-type: none"> • Service providers must understand that LGBT people are more likely to misuse alcohol and that the reason for this may be tied up with experiences of discrimination and poor mental health related to their LGBT identity. However, it must also be recognised that someone's LGBT identity may be irrelevant to why they are misusing alcohol. This highlights the need to engage in open communication in order for professional to best understand people's often complex needs. 	<p>Thank you for your comments and highlighting the importance of considering the specific needs of LGBT people in accessing and delivering alcohol services. We agree that ensuring all people can access alcohol services, including LGBT, is crucial.</p> <p>The committee responsible for developing the guideline recognised that professional judgement is needed to decide on any additional support that should be offered to vulnerable groups who are identified as being hazardous or harmful drinkers. They did not make recommendations for specific populations, but they did highlight that practitioners should be supported to deliver interventions.</p> <p>During the current review new evidence was identified that brief advice and extended brief advice (recommendations 10 and 11) may not be effective in all settings and for all populations. As such these recommendations are proposed to be updated, which will enable the committee to consider the needs of specific populations, such as LGBT, where evidence exists.</p> <p>The current surveillance review identified a systematic review which covered interventions to reduce heavy drinking and alcohol-related problems among men who have sex with men (Wray et al. 2016). The systematic review provided preliminary evidence that motivational interventions may be effective in reducing heavy drinking compared with no treatment in men who have sex with men, but did identify a</p>

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		<ul style="list-style-type: none"> Following on from this it needs to be ensured that services have a good knowledge of other organisations in the area (including community and voluntary sector organisations) so they can carry out effective social prescribing when it may be needed. For example, services in Greater Manchester should be aware of LGBT Foundation so that they can signpost people here who may wish to receive support for alcohol misuse and/ or poor mental health in an LGBT affirmative environment. <p>For more information on this the National LGB&T Partnership and Public Health England have jointly published an LGBT briefing on alcohol assessment and brief interventions. This highlights how brief interventions can be made more accessible to LGBT people. This can be found online and is titled 'Alcohol Identification and Brief Advice LGB&T Briefing'.</p> <p>Furthermore, it should be ensured that sexual orientation monitoring and trans status monitoring is being carried out by all services (trans status monitoring is where monitoring forms ask 'Is your gender identity the same as the gender you were assigned at birth? An answer of no indicates the person is trans'). This will go some way in measuring the effectiveness of advice and interventions provided to people within LGBT communities and will go some way in providing a background for evidence based steps to reduce alcohol misuse in these communities.</p>	<p>need for further research.</p> <p>Wray TB, Grin B, Dorfman L, Glynn TR, Kahler CW, Marshall BD, et al. (2016) Systematic review of interventions to reduce problematic alcohol use in men who have sex with men. Drug & Alcohol Review 35(2):148-57</p> <p>Thank you for highlighting Alcohol identification and brief advice LGBT briefing. This briefing may be of particular value during the update of recommendation 10 on brief advice in adults, as it provides information on the needs of LGBT people. This equalities issue will be considered during the development of the update.</p>
Royal College of Nursing	No	No comments provided	Thank you for your response.
Public Health England	No	No comments provided	Thank you for your response.
NHS England	No	We are pleased to see that an equality impact assessment has been conducted in relation to new guidance 'Behaviour change: technology-based interventions' that will link to PH24 and CG115.	Thank you for your response.

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Topic expert feedback highlighted that there are some references to outdated commissioning information within [recommendation 5](#).

An editorial amendment is suggested for recommendation 5 to refresh out of date links to '[World class commissioning](#)' and '[Signs for improvement](#)'. The recommendation wording is suggested to read: 'Commissioners should ensure a local joint alcohol needs assessment is carried out in accordance with [Alcohol, Drugs and Tobacco Commissioning Support Pack](#) and the [Local alcohol services systems Improvement Tool](#).'

Do you agree that this proposed change adequately addresses the issue of out dated commissioning information within recommendation 5?

Stakeholder	Overall response	Comments	NICE response
South London and Maudsley NHS Foundation Trust	Yes	No comments provided	Thank you for your response.
British Association for the Study of the Liver (BASL)	Yes	<p>Little in this proposed update which directly impinges upon the management of liver disease.</p> <p>We would like to emphasise the lack of specific evidence for the use of pharmacotherapy for patients with advanced alcohol-related liver disease. Patients with such disease are largely excluded from trials and therefore the evidence base for managing such patients, who are at greatest risk of harm from continued alcohol use, is lacking. This is perceived within the Hepatology community to be an area worthy of research priority. Support to stop drinking for patients with advanced alcohol-related liver disease would have the potential to reduce alcohol-related deaths.</p>	<p>Thank you for your response. PH24 is focussed on the prevention of alcohol misuse and thus the role of pharmacotherapy for alcohol misuse is not covered here, as noted. Thank you for highlighting the lack of research in the area of pharmacotherapies for patients with advanced alcohol-related liver disease.</p> <p>Related treatments are covered by Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE guideline CG115) and Alcohol-use disorders: diagnosis and management of physical complications (NICE guideline CG100).</p>
LGBT Foundation	Yes	No comments provided	Thank you for your response.

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Royal College of Nursing	Yes	Given NHS Future Plan and CQUIN for alcohol and tobacco, referral pathways to addiction/recovery services could be impacted, so updating these links is vital.	Thank you for your response and support.
Public Health England	Yes	PHE agrees with these changes.	Thank you for your response and support.

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