National Institute for Health and Clinical Excellence

Centre for Public Health Excellence

Review proposal for consultation

Consideration of an update of the 'Alcohol-use disorders: preventing harmful drinking' (PH24)

1. Background information

Guidance issue date: June 2010

3 year review: February 2014

NICE guidance is published with the expectation that it will be reviewed and updated as necessary. NICE public health guidance is updated if new evidence emerges or if sections of the guidance are no longer relevant. NICE usually checks for evidence 3 years after publication, and then at 3-yearly intervals, to decide whether all or part of the guidance should be updated. If important new evidence is published at other times, NICE may decide to update the recommendations at that time.

Any decision to update public health guidance must be balanced against the need for stability, because frequent changes to published recommendations would make implementation difficult and might delay the production of new guidance on other public health issues.

2. Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group known as an Evidence Update Advisory Group (EUAG) to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The EUAG consists of selected members (including co-optees) of the original committee that developed the guidance, key experts in the area, and representatives of relevant government departments. The EUAG may receive a review of the evidence produced by the Evidence updates team.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).

- NICE may amend its proposal, in light of feedback from stakeholder consultation.

- NICE determines where any guidance update fits within its work programme, alongside other priorities.

In this case, the assessment of the evidence and consultation with the EUAG was undertaken as part of the production and assessment of evidence for ‘Alcohol-use disorders: preventing harmful drinking Evidence Update 54’ Evidence Update 54

Evidence Updates are produced by NICE and published on NICE’s Evidence Search website, a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web based portal, and managed by NICE. Evidence Updates highlight new evidence relating to published NICE guidance, where that evidence supports current guidance, or where new evidence is identified that may be of interest to practitioners. They are based on the scope of the particular guidance they relate to, and provide a commentary on a selection of new articles published since the guidance was issued. They do not replace full guidance.

More information on the process and methods used to produce evidence updates can be found here[1]. The Evidence Update on 'Alcohol-use disorders: preventing harmful drinking' will be published alongside the final review decision for this guidance.

3. Consideration of the evidence and practice

The EUAG discussed published and ongoing research of relevance to the current recommendations, informed by literature searches (see below). They also discussed changes to policy, legislation and organisations that might affect the recommendations.

Literature searches, selection and appraisal

The literature was searched to identify studies and reviews relevant to the scope. Searches were conducted of the following databases, covering the dates 1 January 2008 (the end of the search period of NICE public health guidance 24) to 9 July 2013:

- ASSIA (Applied Social Science Index and Abstracts)
- CENTRAL (Cochrane Central Register of Controlled Trials)
- CDSR (Cochrane Database of Systematic Reviews)
- DARE (Database of Abstracts of Reviews of Effects)
- EconLit
- HTA (Health Technology Assessment) database
- MEDLINE (Medical Literature Analysis and Retrieval System Online)
- MEDLINE in-process
- Pubmed
- Social Science Citation Index:

Full details are available in the Evidence Update [link}

The chair of the EUAG (see appendix A) prioritised papers from this shortlist which resulted in a final set of 40 papers for consideration and discussion by the EUAG.

[1] http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates

The original inclusion criteria, methods and considerations used to develop PH24 can be accessed through the full guidance document.

The final set of papers was discussed by the EUAG at their meeting on the 17th October 2013, and their feedback has informed the proposed review decision. Further details on all of the included papers will be provided in the forthcoming Evidence Update, due for publication in February 2014.

The EUAG was asked to discuss the included papers in relation to the current recommendations and guidance, and advise NICE on the need to update the guidance in light of the following questions:

- Is there significant new evidence that would change the existing recommendations?
- Is there significant new evidence that could inform new recommendations?
- Are the recommendations still relevant and useful?
- Could the recommendation be amended to improve implementation?
- Will changes in policy or practice affect the recommendations?

The chair of the EUAG summarised discussion at the end of the meeting and concluded the advice from the panel.

Advice from the expert panel: policy context

The EUAG discussed the prioritised papers and noted that these represent a small subgroup of the potentially relevant material. They noted that consideration of the smaller set of papers was appropriate for the Evidence Update and to guide the decision about whether an update is needed. However, the guidance update process would need to consider the full range of evidence in line with NICE's methods for updating guidance.

The findings and conclusion from the Evidence Update are summarised below for each of the recommendations in PH24. A summary of the EUAG is also given at the end of this section.

Recommendation 1: Price

Evidence Update (EU) conclusions on affordability of alcohol

Harm from alcohol-use disorders costs a substantial amount of money and increases in prices of alcoholic drinks may be associated with reductions in drinking and in harms, including deaths, associated with drinking.

EU conclusions on minimum unit pricing

Generally, the evidence indicates that minimum unit pricing seems to affect the population of drinkers at highest risk across all socioeconomic categories. People with the lowest income do not seem to be particularly disadvantaged by minimum unit pricing because this group drinks less than people with higher income. These findings strengthen the recommendation in NICE PH24 to consider introducing minimum unit pricing and the evidence statements noting that people who drink alcohol at the highest risk levels prefer cheap drinks.

EU conclusions on taxation price and affordability

Increases in tax on alcohol are associated with reductions in drinking. The level of increased drinking after tax reductions may differ across age groups, gender and socioeconomic status. However, tax levels may not directly affect binge drinking in young people. There is potential for tax models to be tailored so that benefits of increased tax spending offset the disadvantages to consumers of higher alcohol prices. These findings strengthen the recommendation in NICE PH24 to regularly review alcohol duties to make sure that alcohol does not become more affordable over time.

Recommendation 2: Availability

EU conclusions on availability

A higher density of off-premises alcohol outlets may be associated with increases in mortality, rates of admission to hospital because of assault or alcohol-related disease, and domestic violence. Higher density of other types of licensed premises

may also be associated with increases in admission to hospital because of assault or alcohol-related disease. These findings strengthen the recommendations in NICE PH24.

Recommendation 4: Licensing

EU conclusions on licensing

Environmental factors of licensed premises, such as loud music, may be associated with increases in risky drinking, intoxication, and violence. These factors may be useful to consider when reviewing license applications; however, the limitations of the evidence mean that impact on NICE PH24 is unlikely.

Recommendation 3: Marketing

EU conclusions on marketing

Young people in the UK may have high levels of exposure to alcohol advertising on television and online media, and may own substantial amounts of alcohol-branded items. Young people who drink or binge drink may have higher exposure to alcohol advertising than those who do not drink or binge drink. These findings strengthen the recommendations in NICE PH24

Recommendation 6 Supporting children and young people aged 10–15
Recommendation 7 Screening young people aged 16 and 17 and
Recommendation 8 extended brief intervention with young people aged 16 and 17

EU conclusions on supporting children and young people aged 10—15 and screening young people aged 16 and 17

The EUAG concluded that there was no new evidence identified relating to recommendations 6, 7 and 8.

EU conclusions on extended brief interventions with young people aged 16 and 17

Extended brief interventions may be effective in reducing drinking and harm from drinking in young people aged under 21 years. However, evidence of effectiveness in young people younger than 17 years remains limited. These conclusions are consistent with the recommendations and considerations in NICE PH24.

Recommendation 5: Resources for screening[2] and brief interventions

EU conclusions on health professionals' attitudes

Healthcare professionals seem to have a generally negative attitude towards people with alcohol-use disorders but this perception may be improved with education and training, which is consistent with the recommendation in NICE PH24 to provide training on screening and brief interventions.

Recommendation 9: screening adults

EU conclusions on universal versus consultation-based targeted screening

Universal alcohol screening may result in more people being asked about alcohol use than consultation-based targeted screening, but neither screening system seems to consistently identify people with risky alcohol-use who should then receive brief intervention. This highlighted that simply asking questions about drinking behaviour does not seem to affect drinking behaviour. However, universal screening may detect risky drinking at an earlier stage than consultation-based screening. This conclusion lends some support to targeting screening to at-risk groups if universal screening is not possible, as recommended in NICE PH24.

Recommendation 10: brief advice for adults; recommendation 11: extended brief intervention; recommendation 12: referral

EU conclusions on brief interventions in people admitted to hospital

Brief interventions in people admitted to hospital for reasons other than alcohol use may be effective in reducing alcohol consumption, particularly those interventions that involve multiple sessions. This evidence is generally consistent with NICE PH24.

EU conclusions on brief advice in primary care

Brief advice or lifestyle counselling may not reduce drinking more than personalised feedback after screening plus a patient information leaflet; the effect of lifestyle counselling may have been reduced because many patients did not attend a

[2] For the purposes of this guidance, screening involves identifying people who are not seeking treatment for alcohol problems but who may have an alcohol-use disorder. Practitioners may use any contact with clients to carry out this type of screening. The term is not used here to refer to national screening programmes such as those recommended by the UK National Screening Committee (UK NSC).

subsequent lifestyle counselling session. This evidence is not likely to have an impact on NICE PH24

EU conclusions on cost-effectiveness of screening and brief advice intervention

Costs of implementing schemes to increase screening and brief interventions for alcohol-use disorders may be offset by long-term savings. This evidence strengthens the recommendations in NICE PH24.

EU conclusions on screening and brief intervention in sexual health clinics

Nurse-led brief interventions to reduce alcohol-use delivered in a sexual health clinic may be acceptable to patients in this setting but may not be effective in reducing harmful or hazardous drinking. This evidence is unlikely to affect NICE PH24.

EU conclusions on brief intervention in emergency departments

Brief intervention to reduce alcohol use delivered in the emergency department may not reduce subsequent injuries. This evidence is unlikely to affect recommendations in NICE PH24.

EU conclusions on brief interventions in primary care

Brief or extended multi-contact interventions delivered in primary care may be effective in reducing alcohol consumption. This evidence is consistent with the recommendation in NICE PH24.

EU conclusions on referral

The EUAG concluded that there was no new evidence identified.

EUAG discussions and conclusions:

A number of issues arose during discussions:

Minimum Price - the EUAG discussed the new empirical evidence on minimum pricing and suggested that the original modelled outcomes were valid although new evidence suggested they were somewhat conservative. The EUAG also considered

that the new evidence highlighted additional potential gains if MUP was introduced in terms of increased well-being and decreased mortality.

Availability - The EUAG considered that new evidence would allow the guidance to be more specific about the ways in which 'managing availability' could be achieved. Updating the recommendation provides an opportunity to consider and make the most of the move of public health to Local Authorities (particularly given the wide range of powers they have on licensing regulations and management of the night-time economy).

Marketing and Advertising - The EUAG suggested that the use of sports advertising, new media, the targeting of young people with new media and the impacts of adult advertising on young people is currently an omission in PH24 recommendations on marketing (Recommendation 3). The EUAG thought that the consideration of other health outputs such as sexual violence and other crime harms need to be considered more directly in PH24. When the PH24 was put out for consultation, it received criticism from the Advertising Standards Authority about the strength of the evidence base for banning advertising in media outlets where more than 5% of the audience was under 18. As a result the wording was amended softening the recommendation. An update would allow this issue to be re-visited.

Young people – the EUAG considered that new evidence strengthened existing recommendations (6, 7 and 8) but did not change them. The EUAG suggested that any update of the guidance should consider any additional information that could help to extend the detail of the recommendations by highlighting for example, different types of format (e.g. web based) and settings for extended brief interventions and the range of settings where these could be implemented.

Resources for screening and brief interventions - The EUAG suggested that any update of the guidance should consider barriers and facilitators to treatment and assessment for example stereotypes; and consider the change in the current public health landscape and rearrangements regarding funding, finance and commissioning.

Brief advice and referral (adults): The EUAG highlighted these recommendations (10 and 11) could be made more specific in the following areas where new evidence was found to be available on 'assessment reactivity[3], intervention fidelity[4] and behaviour change aspects. These elements are currently only considered in brief and new evidence identified in the evidence update is starting to highlight these particular areas as key to effective implementation.

The EUAG discussed potential new areas for consideration not covered in PH24:

- a consideration of the evidence underpinning current industry interventions for example 'pub improvement schemes', 'late night levy' and early morning restrictions. It was felt that a greater understanding of what is being done, what is being suggested and what is effective given the evidence would be a useful addition to PH24.

- an investigation of the evidence regarding screening, the delivery of care and stigma for example practitioner behavior towards screening generally or views regarding certain populations.

- different models of taxation indicated by more fine grained evidence on taxation.

4. Implementation and post-publication feedback

The NICE implementation programme has not been able to identify any routinely collected data to determine the uptake of PH24.

The implementation field team has received no specific feedback on PH24.

[3] Assessment reactivity refers to the finding that the action of having a behaviour queried, monitored, or become a focus of attention during a research study independently can affect the expression of that behaviour regardless of other interventions or manipulations used in the study (Schrimsher et al. 2011)
[4]Verification that interventions are delivered as designed

5. Related NICE guidance

Related published NICE guidance:

- Alcohol-use disorders: diagnosis, assessment and clinical management of harmful drinking and alcohol dependence. NICE clinical guideline 115 (2011)
- Pregnancy and complex social factors. NICE clinical guideline 110 (2010)
- Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (2010)
- Preventing cardiovascular disease. NICE public health guidance 25 (2010)
- Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. NICE clinical guideline 82 (2009)
- Antisocial personality disorder: treatment, management and prevention. NICE clinical guideline 77 (2009)
- Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline 72 (2008)
- Antenatal care: routine care for the healthy pregnant woman. NICE clinical guideline 62 (2008)
- School-based interventions on alcohol. NICE public health guidance 7 (2007)
- Behaviour change: the principles for effective interventions. NICE public health guidance 6 (2007)
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007)

Related NICE pathways:

- Alcohol-use disorders – last updated October 2013

6. Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation. EUAG discussed the potential impact of MUP on those of lower socioeconomic status and concluded that:

- MUP affects the population of drinkers at the highest risk across all socioeconomic categories.
- people with the lowest income do not seem to be particularly disadvantaged by MUP as this group drinks less than people with higher income

7. Conclusion

THE EUAG noted that the area of preventing harmful drinking continues to be high profile. There is a continued desire for the understanding of interventions that would reduce harmful drinking's impact as well as considerable public health benefit from implementing effective programmes.

The EUAG discussed that whilst new evidence did not change the overall direction of the recommendations, it was likely that it could support; several of them being expanded. In addition, the EUAG highlighted that the change in the public health landscape should also be considered when making a decision on whether to update the guidance.

8. Recommendation

NICE considered the findings from the Evidence Update and the views of the EUAG. Overall NICE found that the evidence reviewed in the Evidence Update supported the existing guidance, strengthened the evidence base for many of the current

recommendations but did not suggest that any of them needed to be changed. In view of the rate of growth in the evidence base and the guidance from the expert panel, NICE will review the guidance for potential update in 2016.

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Centre for Public Health,

February 2014

Appendix A: The Evidence Update Advisory Group and Evidence Update project team

Evidence Update Advisory Group

The Evidence Update Advisory Group is a group of topic experts who review the prioritised evidence obtained from the literature search and provide the commentary for the Evidence Update.

Professor Eileen Kaner – Chair

Institute Director and Professor of Public Health Research, Newcastle University

Professor Peter Anderson

Professor, Substance Use, Policy and Practice, Institute of Health and Society, Newcastle University

John Dervan

Retired Chief Executive, Alcohol Treatment Agency

Sadly, John died during the development of this document. John was a great help to the Evidence Update which underpins this document and will be sadly missed by his family and colleagues alike.

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