Public Health Programme Guidance

Alcohol Use Disorders in Adults and Young People - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Friday 4th April –Friday 2nd May 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Adfam		4.2.1.c: General	Self-help interventions play a key role in alcohol treatment and recovery and so it is unfortunate that this aspect has not been included in the scope. If the PDG is to consider the principal complementary and alternative interventions or approaches relevance to the guidance topic, then it will be important to consider the role that social networks, including family members and carers play in both preventing and dealing with alcohol disorders	Thank you for your comment. During the examination of the evidence the PDG will consider, where possible, multiple factors that may influence the effectiveness of the interventions under investigation
Age Concern England		General	Age Concern England (the National Council on Ageing) brings together Age Concern organisations working at a local level and 100 national bodies, including charities, professional bodies and representational groups with an interest in older people and ageing issues. We welcome the opportunity to respond to this consultation.	Thank you.
Age Concern England		4.2.	As alcohol use increases and the population is ageing, the number of older drinkers is increasing. It would be timely to re-visit the evidence for harmful alcohol consumption *in relation to age* to ascertain whether age-specific guidance is warranted.	Thank you for your comment. The guidance will include all individuals over the age of 10. If during the development of the guidance the evidence suggests that the PDG should consider recommendations for particular groups this will be addressed appropriately. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Age Concern England		4.3. question 4	We suggest that the literature search explores whether transition points in later life such as bereavement and retirement are factors that lead to harmful alcohol consumption.	Thank you for your suggestion. The evidence review will examine all of the key factors and times within an individual's life that increases their risk of misusing alcohol. If you are aware of any relevant evidence we would encourage you to submit it. Please submit full references or documents for consideration. Thank you.
Age Concern England		4.3. question 5	We suggest the literature search explores whether general screening methods are suitable for all ages.	Agreed. The evidence review will, where possible, examine the applicability of the highlighted screening tools for certain populations.
Alcohol Education & Research Council		General	Since research evidence is being assessed it will be useful to add a section on gaps in research and future research priorities. This will be useful information for research bodies such as the Alcohol Education and Research Council.	Thank you for your comment. Your suggestion is duly noted. While reviewing the evidence base the committee will note any gaps and from these produce a set of research recommendations where appropriate.
Alcohol Education & Research Council		General	One important question that should be addressed, when considering interventions, is to what extent there is added benefit from putting interventions together to influence an inter-related system. For example, developing community awareness, as well as brief interventions, server training and high profile policing. Is there a synergistic effect.	During the development of the guidance a series of economic reviews will be conducted. From these reviews economic models are likely to be developed that will, where possible, model the synergistic effects of the proposed interventions.

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Alcohol Education & Research Council		General	Guidelines on effective interventions are a good first step – but then what. Since the review will give advice on which professions or groups should administer which interventions with what effects perhaps the review could go one step further. What training programmes can be set in motion?	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research.
Alcohol Education & Research Council		3a	When outlining sensible drinking guidelines it would be wise to always add the phrase that occurs on the Department of Health/ Public Health website That is: "After an episode of heavy drinking it is advisable to refrain from drinking for 48 hours to allow your body to recover".	Thank you for your comment. We will adjust the scope accordingly.
Alcohol Education & Research Council		4.2 a	Instead of "These may focus on price, advertising, alcohol availability and enforcement of the law." - we believe that this sentence should read "They WILL focus on price, advertising, availability and enforcement of the law."	Thank you for your comment. We will adjust the scope accordingly.
Alcohol Education & Research Council		4.2 b	Questionnaires such as the ten item AUDIT appear to be the focus of this section. We would add the possibility that just 3 or 4 questions can be added naturally to a brief interview rather than being handed out as a questionnaire. For example there is a debate about the sensitivity and specificity of the CAGE and the FAST: both are just four items that could be added to an interview: the FAST being more relevant to screening for an Alcohol Use Disorder. (see AERC publications on aerc.org.uk)	Thank you for your comment. The evidence review will be examining the effectiveness and suitability of all screening questionnaires and the barriers and facilitators to their effective implementation. After considering the evidence presented in the effectiveness review, the committee will produce recommendations on the appropriate use of these tools. If you are aware of any relevant evidence we would encourage you to submit it. Please submit full references or documents for consideration. Thank you.

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Alcohol Education & Research Council		4.2.1c	There is a growing body of research on self help approaches directed at early problems. These include self help manuals and internet interventions. Since these are growing in number and there is some evidence of effectiveness they should be included.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875
Alcohol Education & Research Council		4.3 Q5	See 4.2b response	See previous comment.

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Alcohol Education & Research Council		4.3 Q4	Most of the research addressing factors that influence excessive drinking are from outside the UK and are therefore frequently ignored. In fact this work results in models or theories that are very useful in planning interventions within the UK.	Noted, thank you. The review will include evidence from a range of comparable countries. Upon examining the evidence the committee will determine the applicability of the evidence and its potential to inform UK guidance.
Archimedes Pharma UK Ltd		**Section 3 a)**	The description of harm for individuals "experiencing harm" would benefit from being more explicit and including a full list of potential outcomes of harmful drinking. Currently the list is too narrow and may lead to exclusion of conditions such as alcohol related dementia. Need to ensure that risk of brain damage is added into this Public Health document to make the population aware of the outcomes if harmful drinking continues chronically.	Thank you for your comment. The purpose of the background is to highlight some the key issues surrounding alcohol and its associated harms. As such we are not able to provide an exhaustive list of the potential outcomes from the misuse of alcohol.
Association of Professional Ambulance Personnel (APAP)		Public Health	Could the working party look into making the purchase of Alcohol more awkward. Selling Cans separately not in packs of 6 and in 330mls not larger as is often the case. Only allowing 'soft' drinks to be sold in 2 ltr bottles rather than current practice with Cider. Possibly asking landlords to limit the number of drinks that can be bought at one time by one person. The consequence of more trips to the 'offy' or the bar may slow the rate of consumption and make the whole experience 'tiresome'. Those drinking moderately would see no change as that is how they behave anyway.	Thank you for your comment and suggestions. The committee will consider a range of potential interventions based on the best available evidence in the public domain. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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Association of Professional Ambulance Personnel (APAP)		Public Health	Maybe the drinks industry could be asked, as a matter of best practice, to reduce the alcohol content of Cider and Lager or find ways of selling more responsibly. Maybe the content % should be reflected in the price.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Association of Professional Ambulance Personnel (APAP)		General	Would the working party look at introducing a level of 'units per week' that young people can use as a guide to acceptable behaviour? It would prove a useful tool for parents and peer groups when trying to moderate the drinking of others.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Association of Professional Ambulance Personnel (APAP)		Clinical	Could the working party look into the possibility of an IM administered drug that would negate the short term effects of too much alcohol consumption? Something that could 'Clear your head' and prevent sickness would allow quicker treatment in the pre-hospital environment and reduce the need for hospital admission. Leaving the patient with a hangover and the taste of Ippecacuhana (excuse the spelling) in the mouth may well act as a deterrent to further imbibing. Some may see this as laughable but please note we use Glucagons for Hypoglycaemia and Narcan for Heroin O/Ds and Alcoholism is an illness that we are trying to reduce.	Thank you for your comment. Unfortunately it is outside the remit of this current programme to consider the effectiveness and cost effectiveness of any pharmaceutical products. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Bradford District Council		All relevant	I have seen the response from Tony Goodall of Leeds PCT, and endorse all his very sensible comments. (this refers to his extended reply which he is sending to you this afternoon). There is no point in me repeating the comments on this form.	Noted, thank you.

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British Association for Adoption and Fostering		4.1.1	This should include a specific focus on looked after children and young people, and their families. Recent DCSF statistics noted that 5% of looked after children (LAC) had a substance misuse problem during the year ending 31 October 2007 (DCSF SFR 08/2008); this is much higher than the general population. Substance misuse within the family is a background factor for becoming looked after for approximately one third of children entering care.	The guidance will include all individuals over the age of 10. If during the development of the guidance the evidence suggests that the PDG should consider recommendations for particular groups this will be addressed appropriately. However, you may be interested to know that NICE is currently developing guidance for Looked After Children. We would welcome your comments on this topic, please see further information at the weblink given below: http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11879
British Association for Adoption and Fostering		4.2	It is essential that activities and interventions specifically aimed at looked after children and young people are examined. This population is typically difficult to engage in health promotion, assessment, and intervention, and this may be exacerbated by stigma, moves within the care system, interrupted education, etc.	Please see previous response.

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British Association for Adoption and Fostering		4.2	Similarly, it is important to examine both ongoing and acute interventions with parents of vulnerable children, which may provide sufficient support to prevent children becoming looked after, for example, Option 2 in Wales.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
British Psychological Society		General	It is important to quantify what is meant by Brief Interventions, at present this term can be applied to a wide range of procedures that can be of up to one hour's duration and over several sessions.	Thank you for your comment. We will adjust the scope accordingly
British Psychological Society		General	Prevention also needs to include strategies to help parents/carers of young people.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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British Psychological Society		3a	It would be helpful to define what a unit of alcohol is.	Thank you for your comment. We will amend the scope accordingly.
British Psychological Society		3a	Although it is illegal for young people under the age of 18 years to drink alcohol, the guidance is recognising that young people under this age do drink alcohol. Are these definitions regarding units/quantities of alcohol also for young people? It would be helpful to clarify.	Thank you for your comment. The units set out in the scope are for adult men and women only (aged 18 years and over).
British Psychological Society		3a	Over what period of time do these definitions apply, i.e. definitions are in relation to 'per week', but would an individual be classified as a hazardous drinker if they drank more than 14 or 21 units just on one week?	Thank you for your comment. The scope does indicate that these definitions are per week.
British Psychological Society		3c	Are there any figures in relation to children and young people in relation to harmful/hazardous drinking?	Thank you for your comment.
British Psychological Society		4.2	We suggest the inclusion of Accident & Emergency departments as part of Primary Healthcare.	Thank you for your comment.
British Psychological Society		4.2	The definition of Criminal Justice settings could go beyond Probation to include Police / Custody suite. There is some emerging evidence that these locations are appropriate for both screening and brief interventions.	Thank you for your comment.
British Psychological Society		4.2	As part of a screening approach, we suggest that National Alcohol Screening day(s) be considered. There is compelling evidence from the USA that this is effective.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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British Psychological Society		4.2	We suggest that some examination of the UK drinking culture is included in the scope.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
British Psychological Society		4.2b	Screening questionnaires can be helpful in the early detection of alcohol related disorders. In particular for young people, there would be issues around who should administer the screening with the young person, where it would be done, issues of boundaries, confidentiality (if it were carried out in schools).	The evidence review will try, where possible, to examine the barriers and facilitators to implementing the proposed interventions. Where appropriate the committee will make recommendations that address these issues.
British Psychological Society		4.2.1	Further clarification of the "clinical indicators" for identification not covered by the guidance is required, especially as these may be part of routine practice in health care settings.	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.

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British Society of Gastroenterology			I have the following comments to make relating to sections 4.1.2 g and 4.3a in "The management of alcohol use disorders in adults and young people"	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such the national collaborating centre for chronic conditions will provide a more detailed response below.
			The more common scenario for 4.1.2 g is for patients admitted to hospital for legitimate medical reasons (not alcohol related) but happen to develop acute withdrawal as a consequence of enforced abstinence as a result of their admission. There therefore needs to be some guidance for this group of patients.	Thank you for your comments. Please be advised that the development group intends to evaluate the evidence relating to the group of patients referred to.
			There are already a number of guidelines from specialist societies relating to the assessment and management of patients with hepatitis, cirrhosis and pancreatitis. These are the end stages of organ damage for which alcohol is one of a number of aetiological factors. The management is the same regardless of aetiology. Therefore I can see no value in adding another guideline to the plethora already available for the management of these conditions.	The guideline development group is aware of the many related guidelines in existence and will refer to them where necessary. The developers highlight that the recommendations within the NICE guidelines are derived from a sound and systematic review of the evidence base. Not all of the guidelines already in existence have been developed using such a rigorous evidence-based process

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Dept of Health		General	There appears to be no specific mention of schools, youth service, youth offending team and extended school services, given the target age of 10 and above.	. Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. NICE has issued guidance on school based alcohol interventions (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893) and is in the process of develop[ping guidance on school, college and community based PSHE (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673) and looked after children (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11879) Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Dept of Health		General	In our opinion, the scope could be informed by the final report from blueprint, and any initial findings from the current review of drugs education (which will include alcohol).	Thank you for your comment, duly noted. We would encourage stakeholders to submit any evidence of effectiveness they feel is relevant to the development of this guidance. Please submit full references or documents for consideration. Thank you.
Dept of Health		General	You are probably aware that local authorities and/or Primary Care Trusts will be in the process of developing an alcohol plan. We would welcome clarification of how your work would support and/or fit into this.	During the guidance development process the committee will use their expert knowledge and experience to ensure the recommendations are appropriate for the settings within which they will be used. The recommendations will also be field tested with a range of practitioners, commissioners of services, etc ?prior to publication to ensure they are fit for purpose.
Dept of Health		General	It is implied, although not actually stated, that school nurses could be significant health care professionals, supported in the use of the alcohol screening questionnaire.	Thank you for your comment. During guidance development the committee will consider the best available evidence. If during the development of the guidance the evidence suggests that the PDG should make recommendations to certain groups this will be addressed appropriately.
Dept of Health		General	Given the concerns raised regarding the quantity of alcohol being consumed by women, could you please consider: • whether gender specific strategies are required to reduce the rates of female consumption of alcohol, and; • whether there is any evidence based practice/research of effective gender based strategies.	Thank you for your comment. Please see previous comment.

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Dept of Health		General	Given the lower age group that this guidance will target, we feel that it is important to engage educational institutions. In our view, this scope could examine the impact on learning, achievement and school attendance on those young people who abuse alcohol.	. Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. NICE has issued guidance on school based alcohol interventions (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893) and is in the process of develop[ping guidance on school, college and community based PSHE (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673) and looked after children (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11879) Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Dept of Health		General	We believe that any guidance, produced for schools and educational settings, should take into account the overall non-statutory nature of PSHE education.	Thank you for your comment. Please see previous response. NICE has issued guidance on school based alcohol interventions (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893) and is in the process of develop[ping guidance on school, college and community based PSHE (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673)
Dept of Health		General	In our view, there appears to be some inconsistency and lack of clarity over the terms used to cover non-adults (to be covered in the guidance), in that the guidance will cover individuals from 11 years upwards (4.1.1). The draft scope refers to adults and young people (1.1), and adults and adolescents (2a), and children is a further option.	Thank you for your comment. The term 'young people' in (1.1) has been used in the scope as an umbrella term to cover all of those over the age of 10. As you are no doubt aware there is little agreement in the literature on the most appropriate term used to describe this group, it was felt that the term 'young people' was appropriately inclusive. The term 'adolescents' used in (2a) was the wording initially received from the Department of Heath, which has subsequently been replaced. All individuals over the age of 10 will be covered by the guidance.

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Dept of Health		3	Whilst looking at more overt forms of alcohol advertising, we feel that it may be useful to ascertain the role that 'normalising' alcohol, through its occurrence in soap operas (e.g. Eastenders, Coronation street etc.) has to play. In our view, the impact of celebrity reporting on alcohol abuse in the media would be useful to include in the scope.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Dept of Health		3(a)	We feel that there should be an emphasis on the safe levels of consumption being for adults only.	Thank you for your comment.

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Dept of Health		4.3	In our opinion, Q2 needs to include two issues which are particularly important for under 18s, ie: (a) the availability of alcohol to those under the legal age for purchasing it, and; (b) education on the effects of alcohol consumption and alcohol misuse.	Thank you for your comment. Question 2 will be focussed on those intervention concerned with the physical availability of alcohol. As such we would not be able to cover any interventions concerned with alcohol education. NICE has issued guidance on school based alcohol interventions (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893) and is in the process of develop[ping guidance on school, college and community based PSHE (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673) Stakeholders can also suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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fpa (Family Planning Association)		General	**fpa** understands the importance of ensuring that the scope for NICE guidance is manageable and realistic given the amount of time available for the development of guidance. However, we are concerned that the scope as currently drafted excludes issues that are connected to alcohol misuse and locations for possible detection of alcohol use disorders. For example, **fpa** is concerned that the increase in diagnoses of sexually transmitted infections could be associated with use and misuse of alcohol. Similarly alcohol may affect people's use of contraception, for example they may forget to take contraceptive pills or not be able to use condoms and we would like to see this relationship addressed in NICE guidance. It is also important to recognise that there are links between alcohol misuse and sexual assaults, which need to be considered. At the same time we believe settings such as sexual health clinics and youth services could be venues for interventions such as questionnaires to identify people with alcohol use disorders and signpost them to more specialist services.	Thank you for your comment We note your concerns and would assure you that the PDG will consider all potential settings for intervention where evidence is available. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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fpa (Family Planning Association)		General	We are concerned that the scope as it is currently drafted takes a simplistic approach to the reasons why people might have an alcohol use disorder. By focusing on interventions such as price increases and alcohol availability, the draft scope ignores issues such as peer pressure, self-esteem and levels of education which can have an impact on people's alcohol use. For example, research with young people in Rochdale showed that their experiences of alcohol were linked to ethnicity, gender, levels of deprivation and aspirations[1]. These issues will need to be considered to ensure that effective interventions are identified as this guidance is developed. This may also involve taking a longer-term approach to assessing effectiveness.	Thank you for your comment. We note your concerns. The evidence review will aim to examine key risk factors and timepoints within an individual's life that may increase their risk of misusing alcohol. It is also the case that the PDG will consider any issues of health inequalities that may impede the effectiveness of any recommendations. If you have any evidence of on these particular issues, please forward it to us for consideration. Please submit full references or documents for consideration. Thank you. Thank you.
Gateshead PCT		4.2 (c)	Brief Interventions encompass a range of activity from information giving to a series of structured solution focussed sessions. The guidance should reflect this variety.	Thank you for your comment.

[1] Limmer M and Redgrave K, *"It makes you more up for it" School aged young people's perspectives on alcohol and sexual health* (Rochdale: Rochdale Teenage Pregnancy Strategy, 2005)

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Gateshead PCT		4.2.1 (c)	Self-help/mutual aid organisations are often linked to a particular treatment model (i.e. recovery dynamics) and are an established part of the range of treatment options. As such their exclusion will not reflect the full range of options actively in use.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875
Gateshead PCT		4.2.1 (a)	The use of clinical indicators as a means of identifying problematic alcohol use, as opposed to screening questionnaires, can be particularly helpful in Primary Care settings where the observed symptomatology is at odds with the screening result. Consideration should be given to this method of identification.	Thank you for your comment. We are amending the scope to include clinical indicators of alcohol misuse within the identification methods for consideration.
Greater Manchester West NHS Mental Health Trust		3a	Your definition of harmful drinking excludes those drinking less than 35/ 50 units per week but who are still experiencing harm This would include specific high risk groups such as younger people and pregnant women together with those with physical and mental health problems whose drinking is harmful at lower levels	Thank you for your comment. We shall adjust the scope accordingly

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Greater Manchester West NHS Mental Health Trust		4.2	It is important that the considerations around screening and brief interventions are together this includes the concept of the treatable moment i.e. if a positive screen then immediate opportunistic brief intervention ideally by the same worker There also needs to be a practical decision about the screening tool used as the one with the best evidence i.e. AUDIT is often felt to take too long in a variety of settings I also feel the idea of using screening scores to dictate pathways of care has its merits and should be investigated	Thank you for your comment, we note your concerns.. The effectiveness review will try, where possible, to identify evidence of potential barriers and facilitators to the implementation of interventions proposed in the recommendations by the committee. If appropriate the committee will make further specific recommendations that address these issues. In terms of screening questionnaires the evidence review will be examining the effectiveness and suitability of all screening questionnaires and the barriers and facilitators to their effective implementation. After considering the evidence presented in the effectiveness review, the committee will produce recommendations on the appropriate use of these tools. If you are aware of any relevant evidence we would encourage you to submit it. Please submit full references or documents for consideration. Thank you.
Greater Manchester West NHS Mental Health Trust		4.2.1	Biochemical markers are often used as a screen and opportunity for opportunistic interventions why are they excluded from the remit?	Thank you for your comment. We are amending the scope to include biochemical markers of alcohol misuse within the identification methods for consideration.
Greater Manchester West NHS Mental Health Trust		4.3	Decisions about whether to develop population based or targeted screening must be made	Thank you for your comment

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Greater Manchester West NHS Mental Health Trust		4.3	Need to review local interventions to reduce sales and enforcement of licensing legislation in reducing harm	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope.
Greater Manchester West NHS Mental Health Trust		4.3	? benefits of information on units on alcoholic drinks and whether this affects individuals drinking and awareness of intake One outcome would be a survey of awareness about safe drinking levels	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Greater Manchester West NHS Mental Health Trust		4.3	? benefits of advertising to include advertising the harmful effects of drinking	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Greater Manchester West NHS Mental Health Trust		4.3	Review of the impact of extended opening and pricing on health and social indicators	Thank you for your comment. The points you raise will be covered to a degree within question 2 or 3. The wider impacts on health and social indicators are part of NICE's remit and although not explicitly outlined are implicitly included

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Greater Manchester West NHS Mental Health Trust		4.3	Guidance on what to do with individuals identified as high risk e.g children of alcoholic patients specific interventions	Thank you for your comment. The guidance will aim to provide professionals with a guide as to who is at high risk and who should therefore undergo formal assessment for alcohol misuse. Unfortunately, due to limitations of time and resources interventions to address high risk individuals who are not currently misusing alcohol are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Institute of Alcohol Studies		2 – Background A & B	In addition to the two draft scopes on alcohol currently open to consultation, it is clear that there will also be another relating to alcohol dependence, and that the mental health group are also likely to be addressing other aspects of alcohol in other guidelines/programmes. This is an inherently unsatisfactory arrangement, as it has fragmented this important area of work between various guidelines/programmes which will be under consideration at different times. Ideally scoping for all alcohol-related matters would have been undertaken at the same time, to ensure that all aspects were allocated to the appropriate programme/guidelines and that nothing is overlooked. There is a need to provide a process whereby different programmes/guidelines are co-ordinated, to ensure consistency, integration and comprehensiveness.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.

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Institute of Alcohol Studies		2 -	The term "alcohol misuse" creeps into the documentation (eg PHG 3d, 4.2) and was used by presenters at the consultation on 9 April, but is not defined. If used, this term must be defined. It is, however, prejudicial to what the groups will conclude from their review of the evidence base to use this term from the outset. It implies that harm arises predictably and consistently from patterns of use which consumers could/should have known would be harmful and therefore attributes blame to that group in society which is associated with harmful use. This detracts attention from other known causal factors – notably socio-economic factors and genetic vulnerability – which suggest that alcohol-related problems are not the fault of a culpable minority but rather the outcome of a complex problem which involves society as a whole.	Thank you for your comment. The scope has been amended to define the term 'alcohol misuse'. Some of the areas that will be considered by the committee, such as price, availability and promotion, will take into account the wider societal perspective. As such the guidance will not focus solely on the individual.

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Institute of Alcohol Studies		3	The need for Guidance We welcome the review of the current guidance on 'sensible drinking'. This approach has dominated the field for 30 years but there is very little evidence that it has achieved anything of note. Indeed, the promotion of this approach coincides with a steep rise in alcohol consumption and harm. The obvious defect of this approach is that whatever is intended, it is likely to be interpreted as making a dichotomous distinction between sensible and not sensible drinking, implying that there is a threshold of consumption below which there is no risk of harm,. We agree that a more accurate and realistic approach would promote the concept of a continuum of harm with no clear threshold.	Thank you for comment. Unfortunately, this guidance will not determine what is or is not sensible drinking. If you would like NICE to consider developing guidance on this area please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Institute of Alcohol Studies		4.2.1a	It is not clear why biochemical markers and clinical indicators are being excluded – except the comments made by presenters at the consultation on 9 April to the effect that the workload had to be kept to a manageable level to enable a good quality job to be done. Can this be included within another programme/guideline process at some point? It concerns the day to day work of doctors and nurses who, research suggests, regularly fail to pick up alcohol related problems in the course of their clinical work. Addressing this point alone could lead to the identification of thousands of cases of alcohol-related disorder each year at an earlier stage than is presently the case.	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.

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Institute of Alcohol Studies		4.2.1.b	It is not clear why drink driving schemes are excluded when it is well known in the field that there is strong evidence that such measures reduce alcohol-related harm.	Thank you for comment. Unfortunately, due to limitations of time and resources this area is outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Institute of Alcohol Studies		4.2.1.c	We were reassured to hear that self-help interventions will be considered by the dependence guidelines group. It is vital that this is covered by one of the groups. Such interventions are widely available, associated with good evidence of cost-effectiveness, and are poorly understood by medical staff.	Thank you for your comment

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Institute of Alcohol Studies		4.3.1	There is an extensive international research literature to show that the affordability of alcohol is one of the main drivers of consumption and hence also of harm. The main influence on price and hence affordability available to government in a free market is the level of taxation on alcohol products, and there is considerable research evidence showing the links between alcohol taxation, consumption and harm. There is evidence from abroad of the benefits of manipulating the structure of alcohol taxation to encourage consumption of low strength alcoholic beverages in preference to higher strength. The results of the Government-commissioned review of the evidence regarding the impact of heavily discounted alcohol sales from supermarkets are awaited.	Thank you for your comment and suggestions. The committee will consider a range of potential interventions based on the best available evidence in the public domain. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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Institute of Alcohol Studies		4.3.2	There is international evidence to show that various types of restrictions on the legal availability of alcohol can help to control levels of consumption and harm. These include limiting the density of licensed outlets; limiting the hours of sale of alcohol and age limits in regard to the purchase and consumption of alcohol. There is also evidence of the effectiveness of enforcement of licensing controls on levels of harm.	Please see above comment
Institute of Alcohol Studies		4.3.3	There is growing evidence that control of alcohol promotion and advertising is an effective and cost-effective means of limiting alcohol harm in younger age groups.	Please see above comment
Institute of Alcohol Studies		4.3.3 cont.	Attached is a table summarizing the international research evidence in regard to the cost effectiveness of selected alcohol control policies in European regions, EURO A including the UK.	Thank you for this evidence

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Institute of Alcohol Studies		4 Question 4	It is well established that there is a wide range of risk factors, genetic, psychological, familial, occupational, economic, cultural, ethnic and geographical. Obvious examples are that children from problem drinking homes themselves have a raised risk of developing alcohol problems; that people experiencing some kinds of psychological problems also have a raised risk of alcohol problems; that early onset of drinking and, in particular, hazardous drinking apears to predict problematic consumption later in life; that marital and family break-up seems to increase the risk of alcohol harm, particularly in men; that social deprivation appears to be associated with increased risk of alcohol harm; etc.	Thank you for your comment and suggestions. The committee will consider a range of potential interventions based on the best available evidence in the public domain. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Institute of Alcohol Studies		4 Question 5	There is an extensive literature on screening instruments. There is, for example, a literature around the WHO AUDIT and in the UK specifically the Paddington alcohol test has been written up and provides an example of good practice relevant not merely to emergency departments.	Please see above comment
Institute of Alcohol Studies		4 Question 6	There is extensive evidence that brief interventions are effective and cost effective in reducing alcohol harm, at least in non-dependent drinkers. There is a large scientific literature on this.	Please see above comment

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Institute of Alcohol Studies		4 Question 7	We interpret this question as referring to barriers and facilitators in regard to brief interventions. A study for WHO (WHO Collaborative Project on Identification and Management of Alcohol Related Problems Phase IV N. Heather et al) identified barriers and facilitators to the implementation of screening and brief interventions. These were found to include: • Health professions' confusion of the recommended daily and weekly levels of consumption • Difficulties converting drinks, bottles, cans etc to units • The complexity of discussing alcohol with patients • Uncertainty as to the differences between excessive drinkers, problem drinkers and 'alcoholics' • The need for clarification on the size of alcohol related problems (nationally and locally) • Incentives for brief alcohol intervention work were found to include: • Readily available information on support services to refer patients to • Dissemination of evidence of the effectiveness of screening and brief interventions • Availability of suitable screening tools and materials relating to brief interventions • Clarification of the impact of alcohol oh health • Clarification of the official guidelines on 'sensible drinking' • Suitable leaflets etc for patients to read Cont'd	Thank you for this evidence

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Institute of Alcohol Studies			• Identifying related physical and psychological conditions to 'trigger' or prompt screening and brief interventions • Information on the risks of alcohol to health with facts and figures made available	

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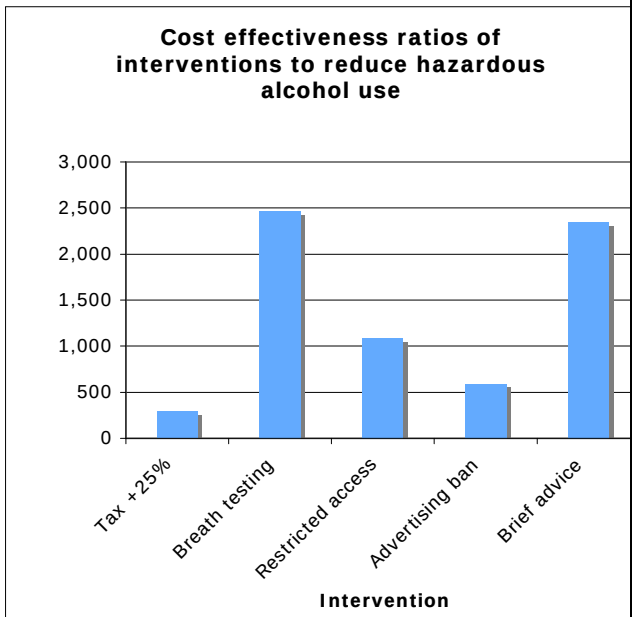
Institute of Alcohol Studies			 Source: data taken from Chisholm et al. (2004) Reducing the global burden of hazardous alcohol use: A comparative cost-effectiveness analysis. Journal of Studies on Alcohol 65: 782-793	Thank you for this evidence

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Leeds PCT		General	I could understand from the Stakeholder event presentations why NICE is producing three separate guidance documents on alcohol, but I feel very strongly that they should be brought together in one document once all have been completed – with a very accessible summary version. I just cannot see busy professionals in the field finding time to find their way around separate documents.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
Leeds PCT		3 The need for guidance (f)	The NWPHO information on the interaction with social class show a very clear trend from heaviest drinking in most deprived communities towards professionals and managers. This suggests a need for clear targeted messages at a highly educated and motivated group, who might be more likely to absorb these messages??	Thank you for your comment.
Leeds PCT		4.2.1 (b)	Drink Driving schemes are to be excluded. I asked about this at the Stakeholder event, and was not completely convinced by the reply. The World Health Organisation rate 'Random Breath Tests' as the fourth most effective way that a government can use to influence alcohol related harm. We also have the equal highest legal driving limit in Europe, and I believe these guidelines could have a potential influence on government policy in this area.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Leeds PCT		4.2.1 (c)	I also asked about this, and whilst I found the answer to be more compelling, I still feel that some recognition of the huge part that AA provides in the support systems should be made. AlAnon and Alateen are also wonderful organisations that have the potential to help a vast number of people that are affected by the drinking of others. This has massive health implications for 'passive drinkers' and I wonder if there is any way that the profile of these self-help groups could be raised could be raised??	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Leeds PCT		4.3 - 1	Irresponsible Marketing Of Alcohol a) The first simple move would be to change competition Law to ban the sale of alcohol through promotions that charge an entrance fee and then free drinks. b) Again Competition Law gives very confusing guidance on minimum pricing – which it discourages. A dangerous drug should surely be treated differently within these laws? This would limit opportunities to market irresponsibly – which often suck other licensees into discounting that they would not choose to make. c) Deep discounting by supermarkets has probably had the most significant impact on dangerous consumption patterns in recent years. Something needs to be done to discourage the use of a dangerous drug to attract customers. Particularly as price is a major factor affecting young people's consumption levels. A possible way to influence pricing would be to tax according to alcohol content. This would help to disincentivise industrial ciders which are particularly pernicious, and I believe they actually get a tax break as the cider industry is protected. This despite the fact they are unrelated to apples, and are the drink of choice of the alcoholic and young people simply wanting to get drunk as cheaply as possible. It would also encourage drivers to drink low alcohol beers which I understand are taxed on the basis that they used to have alcohol in them before it was removed??	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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Leeds PCT		4.3 – 2	a) Alcohol sales through websites and phone lines for home delivery are avenues which are easily accessible to young people as appear to ignore the issue of proof of age. Tighter controls should be considered. b) Test purchases in small off-licences rarely produce convictions. The shopkeeper is very likely to suspect a test if a strange child asks for alcohol, and there is a strange adult present in the shop. Conviction rates could be increased if evidence could be collected without the adult present – perhaps using hidden cameras or tape recorders, and if the child was allowed to lie about their age. c) Adults buying alcohol for children are particularly difficult to track down, but there is a strong case for fining those that get caught very heavily.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Leeds PCT		4.3 – 3	It is good that the government is planning to spend **£10 million** on an advertising campaign – however there is no evidence that this will be effective. This pales into insignificant against the **£800 million** that the drinks industry spend (2002 figures), and there is plenty of evidence that this is very effective. I might be more effective and cost effective to restrict alcohol promotion – particularly to young people. Alcohol Concern research in 2007 identified a spike in alcohol advertising between 4 and 5 p.m. Public Health organisations would argue that alcohol should not be advertised on TV before the 9 p.m. watershed. Voluntary agreements in this sort of field have been shown to be ineffective.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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Leeds PCT		4.3 - 4	a) Children and young people who are away from adult supervision are particularly vulnerable to accident and inappropriate sexual activity when under the influence of alcohol. Off-licenses are one source of alcohol – which is why 4.3 – 2b above is important. Parents are another source – often unwittingly, and if supermarkets continue to promote alcohol in bulk purchasers, this might increase the likelihood of it being taken by young people – and not missed by the parent. b) Mental health problems increase vulnerability to alcohol misuse. Numerous epidemiological studies show increased levels of alcohol use in people with mental disorders (see DH – Dual Diagnosis Policy Implementation Guide 2002). Substance use and mental problems often interact in such a way that they exacerbate each other, making assessment, engagement and treatment more difficult. - Situations that demand psychological / social adaptation can increase vulnerability. Important 'transitions' or significant changes in people's social situation often trigger harmful levels of alcohol use, where a drinking pattern is already present. For instance, sudden changes such as bereavement, divorce, redundancy, etc. Or transitional situations such as moving from prison into the community, from college to university, from primary to secondary school, from young people's services to 'adult' services, etc. Key issue to detect and support with alcohol related needs in: migrant communities, children in care, young adults, and people in criminal justice.	Please see previous comment

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Leeds PCT		4.3 - 5	The Review of the Effectiveness of Treatment for Alcohol Problems 2006 (page 60) concludes that screening tools are both effective and cost effective – particularly AUDIT as a first choice for community settings.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Leeds PCT		4.3 - 6	The same Effectiveness Review (page 81) – see 4.3 – 5 – concludes that Brief Interventions are effective in reducing alcohol consumption among hazardous and harmful drinkers at low levels, but there is no evidence that they are effective with more severe problems. They are also extremely cost effective. Freemantle and Godfrey calculated relative costs in 1995 of a Brief Intervention in primary care at £20 compared with specialist treatment at £335 and inpatient care at £1912.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Leeds PCT		4.3 - 7	*The key factor might be the British culture around alcohol that not only accepts drunken behaviour as the norm – but sees it as a joke. This can be easily exemplified by the proportion of adult humorous birthday cards that are about getting drunk.*	Thank you for your comment

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Mentor UK		3 b	What about statistics for alcohol dependence?	Thank you for comment. Unfortunately, due to limitations of time and resources this area is outside the remit of this current programme. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875
Mentor UK		3c	Caveat that there is no safe levels of drinking for children. Other stats worth considering: In 2007 evidence shows that up to one in ten 10-11 year olds had drunk alcohol in the previous week and that this rises to one in five 12-13 year olds and more than one in three 14-15 year olds (Young People into 2007, SHEU, 2007) – this captures the key transition period from primary to secondary school Over one in five 14-15 year old females got drunk in the last seven days. This is slightly more than males of the same age (Young People into 2007, SHEU, 2007). Acknowledgement in the rise of binge drinking amongst young woman.	Thank you for your comment.
Mentor UK		4.2	The activities and interventions outlined below which "could help prevent alcohol misuse among populations and could be targeted at individuals in a range of settings, by a range of professionals" relate mainly to targeted interventions and **not** prevention.	Thank you for comment. The interventions highlighted within the scope are aimed at both a population and targeted level. These interventions address both primary and secondary prevention.

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National Pharmacy Association (NPA)		General	The NPA welcomes NICE's intention to produce public health guidance for the prevention and early identification of alcohol use disorders in adults and young people. Community pharmacists see people when they are ill as well as when they are suffering from ill health. They see those who are seeking over the counter medication for conditions sustained as a result of drinking e.g. hangovers or physical injury. Pharmacists are also aware of people who visit the pharmacy smelling of drink or intoxicated. They are therefore in an ideal situation to offer these interventions.	Thank you for your comment.
National Pharmacy Association (NPA)		4.2 b	In Greater Glasgow community pharmacists undertook 2 days training. On return to their pharmacies they recruited participants to undertake alcohol screening. The screening tool was used to identify those with harmful or hazardous drinking habits. Researchers followed up the participants 6 months later and found that a number, particularly those who drank wine, reported modification in their drinking as a result of the pharmacists intervention. The study was funded by the Alcohol Education and Research Council.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence they are aware of that it is available within the public domain and applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP			The Family Alcohol Service, on whose behalf I am submitting this response, offers help, practical advice and support to families who are affected by adult problem drinking. It is a partnership between the NSPCC and the Alcohol Recovery Project, jointly funded by NSPCC and Camden Council. The project was launched because of a lack of appropriate existing services - and differs from other services in its focus on the impact of problem drinkers on the wider family, as well as working to help problem drinker(s) themselves. We believe it is imperative that any guidance on the treatment and response to inappropriate alcohol use should, at the very least, direct clinicians and other health professionals towards a consideration of the potentially adverse impact of alchol misuse on the wider family, and that this should be included in the scope for the development of this guideline. <<AlcoholUseDisordersDraftScopeConsultationStakeholderCommentsForm.doc>> If it would be helpful during the course of the development of the guideline for members of the GDG to visit the project please do not hesitate to ask.	Thank you for your comment. We would like to point out to stakeholders that the public health guidance will be developed by the Programme Development Group (PDG). The Guideline Development Group (GDG) will be developing the clinical guidance.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		General	Parental substance misuse, especially drinking, is linked to child protection issues; approx 60% of local children subject to Child Protection Plans have carers whose level of intoxication is concerning.	Thank you for your comment.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		General	Neonatal impact of maternal drinking can result in Foetal Alcohol Syndrome – recent reports from BMA and Public Health Authority.	Thank you for your comment NICE has previously submitted guidance on the consumption of alcohol during pregnancy. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11947
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		General	We notice that some children whose families come to this service have contact with parents in pubs and bars, which emphasises parental/carer attitudes towards drinking being central to family and adult lives – Government insist local authorities find ways to promote alternative activity linked places for parents to meet with children.	Thank you for your comment.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		General	The Alcohol and Education Research Council has a long list of research findings that cover all aspects of alcohol disorders and behaviours – I would like to list most of these as relevant to the answers and comments required for this report.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question1 and 2	Limiting access by raising the price and agreement with businesses to reduce special offers – but with an awareness that beyond a certain cost level, people may turn to home made alcohol or bootlegging which will give rise to further problems.	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee the will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question1 and 2	Promotion of Off Licences with age admittance of age 18 yrs, similar to betting shops.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question1 and 2	Supermarkets could provide alcohol over the counter as they do with tobacco products.	Please see above comment.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question1 and 2	Clear information and education about risks and health consequences at the point of sale.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question3	Alcohol Business would not invest money on advertising if they did not achieve a result – so limits to this should lead to a reduction in sales – follow the same process as cigarette advertising.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question3	The media – should take responsibility to avoid publishing and broadcasting images of celebrity figures who are intoxicated and out of control; these images alienate and develop censorious attitudes in older people whilst the images can be viewed as disaffected role models and alternative cult figures to a younger audience. Their behaviour as reported does influence other people.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question3	The media can address social issues positively – in soaps for example with story lines that are educational, positive and constructive responses to social and emotional issues	Please see previous comment.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 3	Provision of accessible and factual information in documentaries/printed publications/internet etc, rather than that which minimises or overstates problems will help inform people to make better choices	Please see previous comment.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 4	Key factors – increasing risk: Psychological state of mind such as self medication; social or psychological to mix alcohol with other substances, legal or not; learnt ways to manage stress – at times of personal change, crisis (e.g. divorce, bereavement, loneliness); uncontrolled celebrations – such as sporting occasions, private social events and so on; involvement in a violent relationship – a way of coping; certain occupations such as within the alcohol and catering trade, doctors, bankers, managing stressful authority, people with uncertain careers depending on ability to present strong image such as the theatre; ignorance of real impact of alcohol – such as teenagers or older people; young men and women at risk of sexual exploitation.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 4	Key factors – vulnerability: those who drink alone through loneliness or depression, people in abusive relationships, people who are vulnerable to being hurt by drunken carers – unborn and babies, small and older children as well as older people requiring care through age, illness or disability, people who cannot manage their stress related feelings, teenagers and young adults , older people with no awareness of need to reduce intake, people who are marginalised in some way from the majority;	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 5	How can you be sure that these forms will be completed accurately? Especially if these forms will be seen by police/courts, schools or medical services – I think the best setting for questionnaires is either one that guarantees anonymity or where there is no judgment of the behaviour to be made.	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee the will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 5	People seeking help are in a different position and are more likely to be open. Services like ours can provide basic information	Thank you for your comment
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 6	My understanding of the different research is that brief interventions are more likely to help those who are drinking excessively rather than harmfully or hazardously. People with more entrenched disorders or who have significant linked problems require longer term support. For these groups, services like the Family Alcohol Service or day programmes, detox and rehabilitation services – depending on level of intake – are more effective in sustaining motivation, monitoring and commitment to longer term abstinence.	Thank you for comment. However, to ensure that the proposed areas can be effectively covered there is a need to focus the areas that the guidance will address and at this stage we will not be able to address the areas you have highlighted. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 7	Access to a dynamic education programme for young people rather than a list of Don'ts – it helps young people to increase knowledge, to link consequences of intoxication with social risk and to develop strategies for minimising harm – i.e. agree to share a cab home, one person stay sober etc.	Thank you for your comment. However, this question is likely to focus on the barriers and facilitators to early identification and the administering brief interventions. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 7	For families to have places where they can have the opportunity to identify and change harmful behaviours linked to drinking, and family and young carer services to help children and young people to develop understanding of alcohol and dependency and to strengthen self esteem and resilience which will hopefully be preventative.	Please see previous comment.
National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 7	Improved access to services providing support for drinkers with a dual diagnosis so that underlying issues can be identified and treated.	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee the will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research.

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National Society for the Prevention of Cruelty to Children – NSPCC in partnership with the Alcohol Recovery Project - ARP		Section 4.3 Question 7	Improved Youth facilities so that services are linked to communities and not with problematic behaviour or youth offending.	Thank you for your comment. However, question 7 is likely to focus on the barriers and facilitators to early identification and the administering brief interventions. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Public health guidance 4.2a	The scope talks about involving local authorities, licensing boards, retailers, voluntary and community organisations, the alcohol industry, the criminal justice system and policy makers in the management of England's alcohol market. This will be effective only when we are actively involving these agencies in prevention strategies to increase awareness about the harmful outcomes of alcohol misuse, especially targeting young individuals. The input from these agencies is an excellent opportunity for social marketing, to increase awareness of how alcohol influences behaviour. This could include, for example, advice for the media on the portrayal and reporting of alcohol use/misuse or more health advice to be provided at point of sale.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Public health guidance 4.2 b	The difficulty of using questionnaires with individuals presenting in crises, especially when they are under the influence of alcohol. It is suggested that the guidance also include biochemical and clinical indicators of alcohol misuse.	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.

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Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Public health guidance 4.2.1c	By excluding activities of self- help interventions, the guidance will be missing out on group work which has been proved to be successful.	Thank you for comment. However, to ensure that the proposed areas can be effectively covered there is a need to focus the areas that the guidance will address and at this stage we will not be able to address the areas you have highlighted. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875

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Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Alcohol Use disorders 4.1.2	Research shows links between teenage pregnancy and alcohol misuse, so by excluding women who are pregnant in the scope of this guidance, there might be a gap in support provided to teenage pregnant women.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: The issue regarding exclusion of pregnant women in the scope was debated at the consultation meeting. The developers acknowledge your concerns and agree that this is potentially a large & specialised area for address that will need focused expertise and GDG membership. In light of this we propose that you feed the suggestion to the NICE Topic Selection Panel as a topic worthy for a future guideline We have checked the NICE website and found the draft scope for 'Pregnant women with complex social factors' and reading the scope under 'exclusions' it cites 'women who abuse alcohol only'. We have no jurisdiction over the NCC-WCH scope

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Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Alcohol Use disorders 4.1.2	It is suggested that advice for dealing with the acutely withdrawing patient in primary care be included in the guidance.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below.. National Collaborating Centre for Chronic Conditions: Thank you for your comment. Please be advised that this topic area will be covered by our centre's guidance titled: Alcohol Use Disorders (Clinical Management) due for publication in late 2009
Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Alcohol Use disorders 4.1.1	It is suggested that special consideration for adolescents between 16 and 18 who may 'fall between services' is covered in the guideline. [the guidelines are intended to cover adults and children down to the age of 10]	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. Please be advised that the guideline development team is conscious that this group requires special consideration and have recruited a Paediatrician and Child & Adolescent Psychiatric specialising in alcohol use disorders to assist in the guidance development.

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Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Alcohol Use disorders 4.1.2 g	We think it would be very helpful for the Guidelines to give recommendations on the management of the acutely intoxicated patient as they present in primary care (A&E and GP) settings, and also in the psychiatric setting. These patients often pose difficult management problems and clear guidelines on their management would be highly valuable in helping to set out roles and responsibilities of treatment services.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below.. National Collaborating Centre for Chronic Conditions: Thank you for your comment. We agree that this is a difficult clinical scenario to manage but as there is no specific therapy for alcohol intoxification it will not be covered in our guideline. Please note that questions relating to service provision are beyond the scope of the guideline.

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Oxfordshire and Buckinghamshire Mental Health Foundation NHS Trust		Alcohol Use disorders 4.1.2 b Public Health general	It is suggested that pregnant women **should** be included in the guidance with respect to research links between teenage pregnancy and alcohol abuse and also with regard to advice to pregnant women - shouldn't there be a reiteration of no alcohol recommended and support groups etc to help?	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: The issue regarding exclusion of pregnant women in the scope was debated at the consultation meeting. The developers acknowledge your concerns and agree that this is potentially a large & specialised area for address that will need focused expertise and GDG membership. In light of this we propose that you feed the suggestion to the NICE Topic Selection Panel as a topic worthy for a future guideline We have checked the NICE website and found the draft scope for 'Pregnant women with complex social factors' and reading the scope under 'exclusions' it cites 'women who abuse alcohol only'. We have no jurisdiction over the NCC-WCH scope

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PharMAG (Pharmacy misuse advisory group)		general	Please can this public health guidance be clear as to which organisations and tier of service each recommendation applies to. For example, drug and alcohol services are organised according to the NTA's "Models of Care" and "Models of care for alcohol misuse". It would be very helpful against each recommendation to state whether the recommendation applied to all four tiers, or just some of the tiers or none of the tiers. Similarly CAMHS services, CMHTs, A & E and acute trusts, and young people's substance misuse services. (Previous public health guidance on substance misuse has been quite confusing to implement as people are unsure which sectors it applies to. As a result, eg CAMHs and CMHTs have sometimes assumed it doesn't apply to their service because the word "drug" or "alcohol" or "substance misuse " appears in the title .	Thank you for your comment. At this stage we are only able to broadly outline who the recommendations may be applicable to. During the development of recommendations the PDG will clearly state the target groups, who should take action and what action they should take.
PharMAG (Pharmacy misuse advisory group		1.1	The short title does not reflect the same meaning as the guidance title – the short title needs to reflect the "early identification" aspect – risk of great confusion	Thank you for your comment. We shall amend the scope accordingly
PharMAG (Pharmacy misuse advisory group		4.2 (b) (c)	Suggest specifically including pharmacists i.e. GPs and pharmacists. Also suggest including A & E staff, and Community mental health teams	Thank you for your comment. We shall amend the scope accordingly

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Royal College of Nursing		General	Overall the document is useful general information for non specialist agencies working with people with potentially hazardous and harmful drinking patterns.	Thank you for your comment
Royal College of Nursing		General	The RCN can significantly contribute to the development of the guidance, especially in the area of nurse led interventions. We are currently involved in a four country initiative on this topic and we consider that this work fits in well.	Thank you for your comment
Royal College of Nursing		3a	We would recommend the inclusion of a minimum of 2 alcohol free days spread throughout each week.	Thank you for you comment.

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Royal College of Nursing		4.2 c	Need to highlight the risks associated with use of alcohol and other substances such as benzodiazepines.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. Thank you for your comment. Unfortunately the guideline development group is unable to cover all topics relating to substance misuse and will be addressing those relating to Alcohol Misuse only. It is suggested that the area of poly substance misuse be put forward as a specific topic for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp .

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Royal College of Nursing		Q1	Price control in itself is not effective in reducing alcohol consumption. The example of the cost of drugs demonstrates that individuals will finance their need for a substance through whatever means they can, including crime.	Price control has been suggested as a potential population level intervention that may help prevent alcohol use disorders. By appraising the best available evidence the PDG will be able to offer guidance on its potential to prevent alcohol use disorders within the target population. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Royal College of Nursing		Q2	It is more effective to ensure that sales of alcohol are responsible and that programmes such as 'Knock Back and Challenge 21' are used. Supermarkets should be encouraged to stop the promotion of high volume alcohol sales e.g. Two 24 packs of Stella Artois for the price of one. Work also needs to be done with adults who supply alcohol to people under 18 including prosecution.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
Royal College of Nursing			Schemes such as 'Best Bar None' also have a positive effect in promoting responsible sale of alcohol.	See above comment
Royal College of Nursing		Q3	Not in itself, but preventing the advertising of 'cut price' alcohol on TV and in the mail shots in local free newspapers would help to reduce the idea of buying large quantities of alcohol.	See above comment

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Royal College of Nursing			The challenge is to promote the idea that you can have a good time without getting 'bladdered'	Thank you for your comment
Royal College of Nursing		Q4	These are complex and varied but well documented so why is this question being asked?	The aim of the question is to provide professionals with a guide as to who may be at risk of developing alcohol use disorders. The committee will consider the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you
Royal College of Nursing		Q5	Screening tools are useful for non specialist workers to assess drinking patterns.	Thank you for your comment. The committee will consider the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable tothe areas highlighted in the scope.
Royal College of Nursing		Q6	Yes, if used appropriately by staff who are trained to use the tool.	Please see previous comment

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Royal College of Nursing		Q7	This should include lack of investment in alcohol services compared to drug treatment services	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee the will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research.
Royal College of Nursing			Also lack of accessible services that have capacity to cope with people needed a programme of support.	See above comment.
Royal College of Nursing			Should include lack of training for workers to use effective interventions properly.	See above comment.
Royal College of Nursing			The lack of effective referral mechanisms to enable individuals to be seen quickly.	See above comment.
Royal College of Nursing			Should also include the lack of alcohol referral schemes from police custody suites.	See above comment.

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Royal College of Paediatrics and Child Health		General	Whilst the draft scope includes young people over the age of 10 years, we feel that there needs to be a greater emphasis on the specific needs of young people as there is a risk that they will be "overlooked" by the needs of adults. In a number of places the term "alcohol misuse" is used, but no definition of the term is given, or an explanation of what the term specifically encompasses.	Thank you for your comment. The guidance will include all individuals over the age of 10. If during the development of the guidance the evidence suggests that the PDG should consider recommendations for particular groups this will be addressed appropriately. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp In relation to the term alcohol misuse we will amend the scope accordingly.

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Royal College of Paediatrics and Child Health		Section 3 a)	It would be helpful to be consistent in quoting units for either men or women first. In the first sentence, relating to government advice, men are quoted first, but in following sentences, relating to hazardous, binge and harmful drinking, units for women are quoted first. Here "sensible drinking is defined as regularly consuming **less than**" the recommended daily limits. There needs to greater clarity about what the government advice is, as many people are likely to assume that drinking **up to** the recommended limits is sensible drinking. Binge drinking is defined in the Draft Scope as "consuming more than double the recognised sensible daily limits". However, for many people who drink in a hazardous or harmful way, binging may involve consuming large amounts over a number of consecutive days, sometimes resulting in withdrawal symptoms at the cessation of the binge episode. Reiterating the current advice about alcohol consumption in pregnancy (abstinence) should also be included here.	Thank you for your comment. We will amend the scope accordingly. In relation to the quoted number of units and the definition of binge drinking. These figures and definitions have been taken from current government documents.
Royal College of Paediatrics and Child Health		Section 3 d)	The term "alcohol misuse" is quoted here, but no definition is given of what the term encompasses.	Thank you for your comment. We will amend the scope accordingly.
Royal College of Paediatrics and Child Health		Section 3 e)	The term "alcohol misuse" is also quoted here, but, again, no definition is given of what the term encompasses.	Thank you for your comment. We will amend the scope accordingly.

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Royal College of Paediatrics and Child Health		Section 4.2 a)	Alcohol availability needs to include looking at licensed premises opening hours. The inclusion of unit information on all alcoholic drink containers should be considered. The inclusion of advice about alcohol and pregnancy on all alcoholic drink containers should be considered.	Thank you for your comment. Question 2 will be focussed on those intervention concerned with the physical availability of alcohol. As such we would not be able to cover any interventions concerned with alcohol education. Unfortunately, due to limitations of time and resources other types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp Stakeholders can also suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Paediatrics and Child Health		Section 4.2 1 a)	The exclusion of identification methods that use biochemical and clinical indicators seems illogical. They may not be used on all adults and young people over the age of 10 (the target group for the guidance), but they would be wholly appropriate in selected patient groups, including young people in these groups e.g. those attending A&E with intoxication, loss of consciousness, accidents, etc.	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.

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Royal College of Paediatrics and Child Health		Section 4.2.1 c)	Self-help interventions are specifically excluded from the Draft Scope, but the previous paragraph (following 4.2 c) states that the Programme Development Group may consider the principal complementary and alternative interventions or approaches relevant to the topic. That should include any self-help interventions where there is evidence of effectiveness.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875
Royal College of Paediatrics and Child Health		Section 4.3	Again, the term alcohol misuse is used, with no definition. Question 6 should include looking at whether brief interventions are effective in managing binge drinking in young people. Question 7 in this section should include looking at the role of community and hospital paediatricians and school nurses in helping young people to manage their drinking behaviour.	Thank you for your comment. If during the development of the guidance the evidence suggests that the PDG should consider recommendations for particular groups this will be addressed appropriately. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp .

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Royal College of Paediatrics and Child Health		Appendix A	The Department of Health asked the Institute to produce combined public health and clinical guidance, but NICE has issued Draft Scopes for 2 separate pieces of guidance, one public health and the other clinical. What is the reason for this decision?	Thank you for your comment. Although the referrals ask NICE to produce joint guidance, the referrals were referred in two pieces, one to the Centre for Public Health Excellence the other to the Centre for Clinical Practice. These two pieces will be developed in parallel and published at the same time. The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
Royal College of Physicians		General	This guidance focuses on the wide range of strategies to reduce alcohol-related harm and the context of the available evidence base. The draft outline is excellent and we would be very supportive of this process.	Duly noted, thank you.

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Royal College of Physicians		General	So that we are working hand in hand on this and the management guidelines and a third one on alcohol dependence, planned, it is vital that all three are joined-up so that there are no critical omissions in the patient pathway.	The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
Royal College of Physicians		General; 4.2 and 4.2.1 a)	The guidance proposes to exclude identification methods using biochemical and clinical indicators of alcohol misuse. As an example using liver disease which is responsible for around 25% of alcohol-related mortality, the use of screening questionnaires together with blood tests for liver dysfunction and fibrosis has enormous potential for detection and intervention at a much earlier stage than present in combination with screening questionnaires and to exclude this entire methodology from consideration would be unfortunate. Screening by questionnaire and by using biochemical and clinical indicators clearly go hand in hand. NICE should not include one without the other.	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.

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Royal College of Physicians		General	There is no mention of the European context for this study and it will be important to bring on board what is happening at a European level with the new EU Commission Alcohol Strategy and also the possible compounding effects of EU legislation in terms of its restrictions on potential controls on pricing and the necessity for European consensus on cross-border alcohol trafficking.	Thank you for your comment, we note your concerns. During the development of the guidance the committee will endeavour to take into account the wider context within which the guidance will sit.
Royal College of Physicians		4.2.1 c)	Currently, the majority of treatment occurs in the voluntary sector within self-help groups. These are a vital part of the network that is needed to help these patients and it is difficult to see how self help interventions can be excluded when there is good evidence that these interventions can be highly successful.	Thank you for comment. However, to ensure that the proposed areas can be effectively covered there is a need to focus the areas that the guidance will address and at this stage we will not be able to address the areas you have highlighted. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875

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Royal College of Physicians of Edinburgh		**General**	Alcohol related disorders are now a major national problem and the development of a NICE guideline on the subject is to be warmly welcomed.	Thank you for your comment. We feel that some of your comments are related to the clinical arm of the alcohol guidance. As such we have passed your comments on to the national collaborating centre for chronic conditions who will provide a more detailed response below.
			There appears, however, to be some lack of clarity in the scope of this particular guideline (understanding that there are other guidelines extant or in progress). The DoH request mentions production of "… combined public health and clinical guidance on management of alcohol use disorders …" but the title is shortened to not include 'public health'.	The guidance is being developed by several centres. The centres responsible for these guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.
			If the intention is to include the wider community issues under 4.2a then this needs to be spelled out and clearly defined, otherwise the guidance may become too diffuse and unwieldy.	Thank you for your comment. During the guidance development process the areas highlighted in 4.2a may draw attention to wider community issues that need to be considered. The committee will use the available evidence base, their expert knowledge and experience to ensure the recommendations take these into account.
			The decision to limit consideration to 3 clinical areas is a wise one, as each in itself is a complex issue that might merit an individual guideline. The involvement of primary care in these 3 conditions would be limited to recognition and secondary (or tertiary) care referral.	National Collaborating Centre: Thank you for your comment

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Royal College of Physicians of Edinburgh		**3**	The clinical need for the guideline is not disputed, but there should be cross reference to guidance issued by other learned groups (such as BSG and BASL).	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such the national collaborating centre for chronic conditions will provide a more detailed response below. Thank you for your comment. Unfortunately the guideline development group is unable to cover all topic areas relating to alcohol abuse. Related guidance will be referred to and cross referenced in the Guideline when needed.
Royal College of Physicians of Edinburgh		**4.1.2**	There are some puzzling overlaps and exclusions in this section as in succeeding comments.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. Thank you for your comment. The scope has been amended to clarify the inclusions and exclusions of the guideline.

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Royal College of Physicians of Edinburgh		**4.1.2.b**	Exclusion of pregnancy is understandable.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment.
Royal College of Physicians of Edinburgh		**4.1.2.c**	In view of the not uncommon commonality of use (illicit drugs and alcohol), how can this be separated out in patients presenting with alcoholic liver disease? Similarly, while specific treatment of Hepatitis C is clearly outwith the scope of the guideline, will patients with co-infection be excluded from consideration?	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities.
Royal College of Physicians of Edinburgh		**4.1.2.d**	It is clearly right to exclude young children.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for you comment.

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Royal College of Physicians of Edinburgh		**4.1.2.e**	This exclusion presumably means people with physically uncomplicated psychological, emotional and social problems only, since otherwise it would exclude virtually everybody covered by section 4.3.a.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The scope has been amended to clarify the inclusions and exclusions of the guideline.
Royal College of Physicians of Edinburgh		**4.1.2.f**	It is difficult to see how patients with acute withdrawal requiring urgent care can be discussed without covering recognition/prevention of Wernicke-Korsakoff problems.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. Please note that the clinical management guideline has been amended to include the prevention of Wernickes-Korsakoff syndrome. The management of the syndrome will be covered by the scope of the Mental Health Guideline (the management of alcohol dependence and related brain damage)

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Royal College of Physicians of Edinburgh		**4.1.2.g**	It is puzzling how, in practice, one can consider people with withdrawal requiring or not requiring "urgent management" separately. Guidance must at least be offered towards distinguishing the two.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. 'Planned' detoxification will be covered by the guideline referred to the NCC for mental health (The management of alcohol dependence and related brain damage). The guidance under consideration here will cover the acute management of alcohol withdrawal, including delirium tremens.

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Royal College of Physicians of Edinburgh		**4.2.a**	The lack of clarity of what is encompassed in this section is referred to already (*vide supra)*. The importance of early recognition and brief intervention (or more specialised support) cannot be over-emphasised, but presumably are dealt with by reference to the other NICE guidelines, to SIGN 74 and similar publications. The identification of alcohol as the primary factor in the conditions to be dealt with (section 4.3.a) at the earliest possible stage is clearly crucial. The broader issues of dealing with the alcohol use *per se* (as distinct from the physical complication) including the rehabilitation in the community and its follow-up – which may seem outwith the scope of this guideline – are equally vital. Acute urgent alcohol withdrawal indicates physical dependence and requires specialist psychiatric intervention.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: The clinical management of alcohol withdrawal clearly falls within the scope of the NCC-CC guideline. Rehabilitation and follow-up in the community – mental health? Would this fall under remit of clinical management? Psychiatric Intervention falls within the remit of the guideline to be developed by the Mental Health Team (the management of alcohol dependence and related brain damage)
Royal College of Physicians of Edinburgh		**4.3.a**	To make the guidance as broadly applicable as possible, it will need to deal with not only the evidence-based management advice in appropriate settings, but also the recognition and referral criteria for less specialised centres – primary care and secondary to tertiary care, as, for example, with liver transplantation.	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. We plan to cover these areas in our guidance.

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Sheffield Care Trust		General	COMMENTS ON CLINICAL GUIDELINES AND PUBLIC HEALTH PROGRAMME – ALCOHOL USE DISORDER IN ADULTS AND ADOLESCENTS These comments refer to both NICE guidelines, because on review a significant proportion of the draft guidelines attempts to compartmentalise alcohol use disorder as if there were a pure form of alcohol misuse ,excluding lots of presentation that make up the core of clinical practice e.g. people with co-morbidities others then with alcohol use disorders, adults with psychosocial, emotional and social problems associated with alcohol ,women who are pregnant etc (4.1.2. scope guidelines). It seems that these guidelines are being developed by exclusion rather than by inclusion. This approach is risky given that we know that over 90% of the adult population drink alcohol (Prime Minister's Strategy Unit 2004) with 73% of men and 57% of women reporting that they had a drink on at least 1 day during the previous week (Goddard 2006). From this figures one can easily deduct that in women for example, the majority of those who drink are likely to be within the child bearing age group and are likely to become pregnant at some time. Cont'd	Thank you for your comment. We believe that you are referring to the scope for the clinical guideline relating to alcohol use disorders. As such the national collaborating centre for chronic conditions will provide a more detailed response below. National Collaborating Centre for Chronic Conditions: Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities. The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.

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Sheffield Care Trust			We also know that 1 in 4 of the adult population is at risk of having a Mental disorder with increased risk of co-morbid alcohol use, excluding these groups from the guidelines at an early stages of developing this guidelines is an obvious omission. Likewise there is a need to recognise that there are hidden populations for example we know that there is a growing ageing population in Sheffield and in clinical practice we are beginning to see an increase in referrals of over 65's with alcohol related problems . It will be useful to develop specific guidance on managing alcohol misuse in Primary Care e.g. guideline for detoxification in non-acute cases, at present there is a wide discrepancy in what is prescribed for detoxification for acute withdrawal for patients who present to their GP. Considerations should be given to interventions aimed at primary presentations to services not just Primary Care i.e. presentation at A&E, criminal justice /health inter-phase etc Public Health Interventions should also take into consideration issues such as workforce competencies for e.g. in the delivery of Primary Care oriented interventions such as brief interventions. There is a need for overarching structure in developing this guidelines to ensure that they are not being developed independent of one another .	Thank you for your comment. The guideline deals with problems directly related to alcohol use disorders and will not recommend on any associated co-morbidities. The guideline development team will develop recommendations specifically related to the over 65 population where evidence is found to require medical management which is different to that required for an adult population. Management of non-acute alcohol withdrawal falls within the remit of the mental health guideline titled "the management of alcohol dependence and related brain damage". Please refer to the NICE website for more details. The centres responsible for the three guidelines on alcohol misuse are aware of the importance of liaising with one another and this has already occurred at the scoping phase. The centres will be in regular communication with each other to ensure coherence between the groups when developing the guidance and subsequent recommendations. Every effort will be made to ensure that the final guidance is fully integrated and user friendly.

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SignHealth		General	There is evidence to suggest that Deaf people experience more alcohol-related problems than would be expected. While separate guidance on tackling this may be required, some recognition of the needs of Deaf people would be welcome. Deaf people are certainly a group where the effectiveness (and cost effectiveness) of interventions would be different to the norm. For example, normal education methods would not work without modification. We have done some health promotion work in the area and realise that understanding of the issues can be minimal, and conveying the information normally has to be done face-to-face in British Sign Language (BSL). Unfortunately, as so often happens, deafness is often not systematically recorded by professionals. Consequently, nobody can say how big the problem is, look at trends, find common solutions, etc. Addressing that issue alone would be a welcome step towards providing Deaf people with support around alcohol use.	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. The issue of barriers and facilitators to implementing interventions will also be considered. Where the evidence allows, the committee the will make recommendations that address these issues. Gaps in the evidence will also be noted and may form the basis recommendations for future research. Please submit full references or documents for consideration. However, if you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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South Asian Health Foundation		General	There is a need to consider high risk groups for alcohol interventions. As well as standard demographics such as age, gender and socioeconomic class, ethnicity and other racial factors can play an important role in alcohol behaviours. For example, people born in Scotland and Ireland are more likely to have alcohol related deaths and other sequelae. The same applies to people born in India in the West Midlands. Although some groups (such as the Muslim community) are more likely to be abstinent, there may be more surreptious patterns of alcohol consumption. In some non English-speaking communities, as well as different patterns of health-seeking behaviours, there are also different levels of stigma associated with alcohol, and so there is a need for culturally sensitive interventions.	The guidance will include all individuals over the age of 10. If during the development of the guidance the evidence suggests that the PDG should consider recommendations for particular groups this will be addressed appropriately. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
South Asian Health Foundation		4.2	Agree that marketing, price, availability interventions is a priority	Thank you for your comment.
South Asian Health Foundation		4.2.1	As well as screening questionnaires, surely other methods of detection (eg. Biochemical measures) need evaulation	Thank you for your comment. We are amending the scope to include both clinical indicators and biochemical markers of alcohol misuse within the identification methods for consideration.
South Asian Health Foundation		4.2.1	I can see that the drink-driving area is fraught with contentions, but a note should be made of the hazards of driving and alcohol.	Thank you for your comment.

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South Asian Health Foundation		4.2.1	The role of self-help groups and interventions obviously plays an important role in alcohol interventions, so should be included if possible.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. However, this area may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875
South Asian Health Foundation		4.2.1	I think the key distinction to make is that between specialist alcohol services and primary care, although, clearly, these boundaries need to be carefully described.	Thank you for your comment
South Asian Health Foundation		4.3	Agree that questions 1 and 2 are important (although could be merged)	Thank you for your comment.
South Asian Health Foundation		4.3	Question 4 is important as outlined above. Similarly, independent risk factors for development of alcohol complications with alcohol consumption is important (clinical guideline)	Thank you for your comment
South Asian Health Foundation		4.3	Questions 5,6.7 important at primary care level (should also have a section related to secondary care and A&E?)	Thank you for your comment.
South Asian Health Foundation		4.1.2	Some guidance about alcohol use with concomitant disorders such as hep C/obesity etc. could be briefly mentioned?	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..

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South Asian Health Foundation		4.1.2	Rather than putting the cutoff as adults and young people with psychological, emotional and social problems, perhaps it might be better to say that psychological, emotional and social problems associated with alcohol will not be covered [wording]	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..
South Asian Health Foundation		4.2	Needs to cover A&E as well	Thank you for your comment. We will amend the scope accordingly.
South Asian Health Foundation		4.3	As well as delirium tremens, liver damage and pancreatitis, will the report cover the association of alcohol with other aetiologies eg. Stroke, MI, infections etc.?	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..
South Asian Health Foundation			Clinical guidelines need some questions and further description as per the public health guidelines.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..

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Sussex Partnership NHS Trust		General	The guideline will exclude all groups of alcohol users which are difficult to treat, e.g. pregnant women, comorbididty like drug use, hepatitis C, people with psychological, emotional and social problems etc. The guideline will only include treatment of straight forward, easy to deal with clients for which there is evidence for good practice and local guidance is in place based on this. I can understand that a guideline which would include all these groups would be a massive piece of work and cannot be dealt with as quickly as needed but I would suggest NICE should possibly plan further guidelines for these groups in addition to dual diagnosis and in pregnancy as already planned.	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..
Sussex Partnership NHS Trust		General	Having attended the stakeholder meeting it was interesting that most of the panel members where physicians, the only psychiatrist involved had not seen the scope until the day before the meeting. Hopefully greater representation will appear on the GDG	Thank you for your comment. We feel that this comment is related to the clinical arm of the alcohol guidance. As such we have passed your comment on to the national collaborating centre for chronic conditions who will provide a more detailed response below..
Sussex Partnership NHS Trust		General	Chrisholm et al. (2004) published results of 'comparative cost-effectiveness of alcohol interventions in Europe'. The most cost effective strategy was raising taxes followed by ban on advertising, limiting availability, random traffic breath testing, screening and brief medical advice. There was lacking evidence for any effectiveness of mass media persuasion or school-based education. reference:Chriusholm, D., Rehm, J., van Ommeren, M., Monteirao, M., Frick, U. (2004). The comparative cost-effectiveness of interventions for reducing the burden of heavy alcohol use. Journal of Studies on Alcohol 65: 782-793	Thank you for this evidence.

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Sussex Partnership NHS Trust		4.2.1	Self help interventions like AA are important and helpful and provide good service without costs which appears even more important considering the low funding budget for alcohol services in the UK. Drink driving schemes like random breathalising of drivers are cost-effective and should be included in our opinion.	Thank you for comment. However, to ensure that the proposed areas can be effectively covered there is a need to focus the areas that the guidance will address and at this stage we will not be able to address the areas you have highlighted. However, self help interventions may be covered by the upcoming guidance on alcohol dependency. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11875 Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The Children's Society			**Our policy position** The Children's Society believes that where a child is involved in the use of illegal drugs, alcohol or any other psychoactive substance, or is living with the impact of another person's substance use, our paramount concern must be their welfare. Ou objective in working with children affected by substance misuse will be first and foremost to promote and ensure their safety, and to minimise any harm they may suffer, or be at risk of suffering. As in all our work, our decisions and actions will be informed by dialogue with the child, and their views about how they may best be enabled to keep themselves safe and supported. Our work aims to ensure that: • Every child and young person negatively affected by an adult's substance use **receives the support and protection they need**, including access to child-centred therapeutic services of drugs and alcohol. • All children and young people benefit from **confident and competent responses from all professionals** who work with them, wherever they have needs that are related to the impact • No child or young person is penalised or excluded for their or others involvement with drugs and alcohol, but instead they are **offered child-centred information, advice, treatment or support services** • Young People's views, and particularly those of children and young people who are directly affected by substance misuse, **inform local and national policy, practice and debate on drugs and alcohol**	Thank you for your comment

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The Children's Society			**Our work with children and young people affected by substance misuse:** The Children's Society runs projects working with both children affected by parental misuse, and children who misuse themselves, including: Essex Young People's Drug and Alcohol Service (EYPDAS) who work directly with children and young people using substances, the project runs an integrated substance misuse team, and has attracted national attention from Government policy personnel. STARS Nottingham project who provide interventions to the children of drug and alcohol using parents and has achieved national recognition for its work within the Hidden Harm report (ACMD, 2003) and participation with the Advisory Council on the Misuse of Drugs. For more information please visit www.parentsusingdrugs.org.uk For more information please see www.childrenssociety.org.uk	Thank you for your comment

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The Children's Society		General	The Children's Society welcomes the focus of this guidance and the potential harm alcohol use can cause to young people. In reviewing the Scope of the Guidance we would like NICE to consider the inclusion of the following areas: • **Impact of parental substance misuse** on the health and well-being of children and young people. It is currently estimated that 1.3 million children and young people are affected in the UK (Prime Minister Strategy Unit, 2004), this is an increasingly important public health and well-being issue. Parental substance misuse can and does cause serious harm to children at every age from conception to adolescence (ACMD, 2003). This fits with the Scope of this public health guidance in impacting those aged 10 and over. NICE may wish to consider the impact of adult alcohol use on under 10s, as a public health issue, or this may be considered for future topics to be considered by the Department of Health for public health guidance. In both supporting parents who are misusing alcohol, and to have a greater understanding about the impact their alcohol use has on their children and how they can get help for their children, and themselves. *'No, my mum tried (to stop using drugs and alcohol) but she just couldn't do it, she couldn't cope with the stress of us kids. She would need us to go away for a week or so and someone help her, talk to her about how to drink less. I think my mum would need help with us kids first and then her drinking' (Young person, 10, STARS Nottingham).* *Cont'd*	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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The Children's Society		General	• An important issue not considered within the scope is the impact of alcohol and the links to **child sexual exploitation**. Evidence from our practice base tells us that adults are using alcohol to attract young people, and coercing them into vulnerable situations. This has resulted in many young people that we work with becoming dependent upon alcohol, with the exploitative situation continuing as the young person is dependent on the abusive adult to access alcohol. Further consideration of how to support young people coerced into alcohol use should be included within the guidance.	See above comment
The Children's Society			This response includes views from The Children's Society's practice base working with young people who misuse alcohol. There are a number of factors contributing to the current levels of alcohol use among young people, some of these factors are included in the questions, i.e. price, availability, promotion etc. Other contributing factors have been included in the answers where appropriate.	Thank you for your comment.

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The Children's Society		1. What type of **price controls** are effective and cost effective in reducing alcohol consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people?	In considering the price of alcohol and young people, we must also consider where young people access alcohol, i.e. home, shops and pubs (this is covered in more detail in the response to question 2). In relation to accessing alcohol in pubs, practitioners working in this field expressed concern about the current pressure from breweries on pubs to increase sales on alcohol has resulted in increased levels of alcohol consumption amongst customers, through larger measures, happy hours and other incentives. Young people will learn about alcohol initially at home, then with peers, and by observing others. This approach to selling alcohol in pubs may impact on young people's behaviour, in normalising the levels of units drunk and the strength of alcohol (with an increase in strength of beers and lagers). Young people may also be influenced by societies accepting attitudes to alcohol, and the normalisation of its use.	Thank you for comment.

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		2. Which interventions are effective and cost effective at **managing alcohol availability** to reduce levels of consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people.	For interventions to be successful in managing alcohol availability there has to be a joined up approach between trading standards, police, licensed premises, government campaigns, support services and the advice and information available for young people. As raised in question one, the price and availability of alcohol for young people is a particular concern for practitioners working with young people. Alcohol is so readily available, i.e. from supermarkets, corner shops and garages, that access and use has been normalised to many young people. Restricted and reduced availability of alcohol would help reduce harm. The sharing of intelligence with trading standards has also proved beneficial to practitioners, as a targeted approach for carrying out 'mystery shopper' checks, rather than an ad-hoc approach to premises selling alcohol. It should be recognised that young people access alcohol from a variety of sources, either by obtaining it themselves, from friends, parents, asking someone to buy it for them, or taking alcohol from the home. In considering how alcohol availability is managed, a more targeted approach should be made to parents and other adults (as well as young people) with advice and information about the harms associated with alcohol. Practitioners report that parents are more accepting of young people using alcohol, as increased fear of drug use. Cont'd	Thank you for comment.

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The Children's Society			It is important to consider where young people drink as well in reducing the harm associated with alcohol use, for example accidents, statistics from the Information Centre (2007) report shows that most pupils usually drank at their own home or someone else's home (61%). Other usual places to drink included on the street (31%) and at parties with friends (29%). Experience from our practice tells us that many young people we are working with will get other people to buy them drinks from shops, or go to houses, flats and cars where alcohol and drugs are available. This is a particular concerns with young people who are sexually exploited.	Thank you for your comment.

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The Children's Society		3. Is the control of **alcohol promotion** (for example) advertising effective and cost effective in reducing levels of consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems adults and young people?	The current levels of control of alcohol promotion is ineffective in reducing harmful drinking amongst young people. For controls on alcohol promotion to be successful there has to be a joined up approach between the governments drug strategy, breweries, licensed premises, information campaigns, support services and advice and information available. *'Alcoholism is hidden because it's legal – swept under the carpet'* (Female, 13). The packaging and marketing of alcoholics drinks is a particular concern. Many alcoholic drinks advertised on television or on billboards are aimed at younger people, in particular alco-pops. The high sugar content in alco-pops masks the taste of alcohol, leading to young people potentially consuming large quantities of the drink without realising the alcohol strength due to the high sugar levels in the drink. A clear labelling system detailing the number of units and safe drinking levels would be beneficial. The promotion of sensible drinking strategies is needed, with information campaigns to provide young people with clear messages, so that young people know where to get further advice and support. The Government should use its influence on the media to ensure that consistent messages about substance misuse are portrayed. To avoid the glamourising alcohol use by celebrities, which may have influence over young people.	Thank you for comment.

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		4. What are the key factors that **increase the risk of an individual misusing** alcohol? When are individuals most vulnerable to alcohol misuse?	The factors that increase the risk of young people using alcohol at a level that is harmful are; experiencing parental, or sibling substance misuse, poverty, housing, learning disability, exclusion from school, low self-esteem, being in trouble with the law, being at risk of/ or being involved in child sexual exploitation and influence by peers. There are trigger points within these experiences where young people will be most vulnerable. We must also acknowledge that some young people will drink in a harmful way to experiment, to test boundaries, and to have fun. This may help them to feel more confident in social situations, to forget problems, deal with anxiety, and unhappiness. *'alcohol I think, is specifically dangerous, because it is much more socially acceptable and very easy for young people to get hold of. So many young people feel that they have to get drunk to enjoy themselves' (Male, 15)* The risks to young people include: • Sexually transmitted infection and teenage pregnancy • Increased incidence of accidents, arguments and fights after drinking and drug use. • Links to serious health problems such as cirrhosis or depression, causing long-term harm to themselves. Cont'd	The aim of the review is to identify the best available evidence to answer the research questions outlined in the scope document. Gaps in the evidence will also be noted and may form the basis recommendations for future research. We would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.

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The Children's Society			The protective factors to help young people avoid problematic alcohol misuse are high levels of self-esteem and confidence. Allowing children to develop in this way will equip them with the skills to resist peer pressure to use or even if they do, to do so with the regard for their own personal safety, this is also true of a range of other risky behaviours. A good grounding in basic drug and alcohol information from 11 years old (or from 5/6, or earlier to include information about medicines), delivered in an unbiased way, will allow children to make informed choice. The provision of counselling, advice and mental health support should be provided for groups identified as vulnerable to substance misuse, to minimise the risk of young people self-medicating underlying problems such as anxiety, depression or stress with alcohol. Cont'd	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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The Children's Society			The Children's Society works with many young people who may have emotional and psychological problems for a number of reasons, including; having a parent who misuses substances, having been abused. The young people may display their distress by drinking to excess. These young people will also be vulnerable to being exploited by other people, for example our Lancashire Children's Rights services is increasingly seeing young people addicted to alcohol and other substances because they have been conditioned by people who are exploiting them. Abusers use alcohol as a means of making the young people attracted to them and then they continue to use this as a tool to get them more and more involved in exploitative situations. Some of our young people are forced to stay in the situation as a way of being able to get alcohol that they become reliant on. The Children's Society believes that early intervention and prevention work are crucial in ensuring that children and young people are provided with accurate, information and advice that is not dramatised but given in a factual balanced way. Information on what services are available and how to access them is crucial; these can be signposted from tier one workers, which will assist in referral pathways. Cont'd	Thank you for your comment.

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The Children's Society			**Practice example** The Children's Society's use of outreach workers within projects has been proven to have a key role in delivering information to young people. At EYPDAS these staff have been working alongside the developing Team around the School, Child and Community Teams (TASCC) and other organisations to deliver workshops/education to young people in an informal way. The workers are respected by young people, and can provide support to teachers and tier one workers to deliver information in an appropriate way using various methods of delivery.	Thank you for your comment.
The Children's Society		5. Are **alcohol screening questionnaires** an effective and cost effective way of indentifying adults and young people who currently misuse - or are at risk of misusing - alcohol?	Alcohol screening tool and questionnaires are useful for professionals not working within drug and alcohol services, who are working with young people. They should provide professionals with the confidence to ask questions about the levels of alcohol use and give them a clear referral pathway to a young people's substance misuse service if needed. All professionals working with children should be skilled and equipped with the knowledge to identify, provide advice and refer young people to support services. In order for this to be effective clear referrals pathways needs to be in place, with agreed joint working protocols, multi-agency training, planning and strategies established.	Thank you for your comment. The evidence review will be examining the effectiveness and suitability of all screening questionnaires and the barriers and facilitators to their effective implementation. After considering the evidence presented in the effectiveness review, the committee will produce recommendations on the appropriate use of these tools. If you are aware of any relevant evidence we would encourage you to submit it. Please submit full references or documents for consideration. Thank you.

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The Children's Society		6. Are **brief interventions** effective and cost effective in managing hazardous and harmful drinking among young people?	Brief intervention work is appropriate with some young people, for example solution focused and cognitive therapy, but this needs to be supported with a range of approaches and methodologies, led by each the individual needs of a young person. Many young people may not respond to brief interventions due to the manner in which there are delivered or due to their particular learning style. *'need different styles' (Female, 13).* In addition to brief intervention work an increase in long-term therapeutic support for young people is needed, with signposting and transition to other support services. Specialist drug and alcohol treatment for young people is currently patchy and expensive, this provides difficulties for young people needing to access treatments and the agencies that need to support them. There is a severe lack of Tier 4 provision for young people, particularly with dual diagnosis. There needs to be better joined up treatment programmes to meet the needs of this group. Experience from practice suggests that there are a distinct lack of services on a national level for young people with highly complex and sometimes multiple needs (i.e. substance misuse, mental health, family breakdown, criminal activity, special educational needs, out of education etc) continues to be a significant gap in service provision and requires a creative approach to developing new models that can meet these needs. Tier 4 services should be local to the young person, as it is recognised that sending children and young people away for residential or detoxification is not always in their best interests and that a more flexible programme of care within their own communities is more beneficial. Young people will be able to access the following support: Cont'd	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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The Children's Society			• Access to appropriate, intensive support • Reduction in waiting lists • Respite support to help ensure that family breakdown does not occur, or provide support if breakdown has occurred • Care packages will include life skills work, assisting with re-entering employment, education and training – done as a day client through aftercare service. • Young people will have direct access to mental health services assessment & support; traditionally these services have massive waiting lists. • The correlation between substance misuse and mental health (dual diagnosis) can be worked with and a cohesive package of care can be provided. • Referral for hospitalisation can be made if the young person is assessed to be too ill to be discharged into the community they can then if appropriate receive further assessment and medication. • Sexual Health – access to child friendly services that can assist in reducing risks, carry out screening, offer advice/support. • Social Care – access to all social care resources, risk assessments in relation to child protection, reduce stigma. • More assertive focus on aftercare.	

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The Children's Society		7. What are the **key barriers and facilitators** to helping adults and young people manage their drinking behaviour?	The **key barriers** to supporting young people to manage their drinking behaviour are: • Short term funding for projects, this inhibits service development, and due to uncertainty increases staff turnover. The reduction in pooled treatment budgets for young people's services will not support the development of effective service provision for this area. • Lack of joined up approach from support services to young people. • Professionals not identifying problematic alcohol use • Gaps in service for young people aged 18-25 years. The difference of approach between adult and young people's services, prevents young people engaging, with long waiting lists, young people loose motivation to access treatment. Experience from practice highlights the gaps between adult and young people's treatment services in responding to young people (17) with problematic cannabis and/or alcohol misuse. As adult services do not want to take on a case that is not seen as 'severe' enough. Adult services mainly focusing on opiate treatment. • Lack of young person centred treatment programmes, in particular if young people are addicted to alcohol as a result of being sexually exploited, long term supportive services are needed that will help them move on from these situations. Cont'd	Thank you for your comment. However, this question is likely to focus on the barriers and facilitators to early identification and the administering brief interventions. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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The Children's Society			The **key facilitators** to support young people to manage their drinking behaviour are: • Long term sustainable funding for projects. Giving time and budget to promote the service locally. • Joined up approach from services to supporting young people. • Integrated substance misuse services that can support young people with a variety of needs. • Training for children's workforce staff on alcohol and harmful levels of drinking and • Early identification and support for young people, appropriate referrals to substance misuse services. • Quality child-centred programmes appropriate to young people's needs. Cont'd	

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The Children's Society			• Improved transition for young people between young people's and adult services. A better understanding by adult services is needed of the role that early intervention and prevention can play in the treatment of substance misuse. Effective networking and relationship building between the agencies will ease the young person's transition from children's to adult services, with the option to use the most appropriate service to meet need following comprehensive assessment (i.e. some 15 year olds may be better served by an adult service, conversely some 20 year olds may be better served by a young person's service). In order to improve working children's and adult services could have shared targets/key performance indicators, or share workers (i.e. adult worker in children's services and vice versa). Transition protocols should be developed and joint training should be delivered particularly around the cross-cutting issue of parental substance misuse. Joint working should be encouraged, with the young people's service remaining the lead professional for young people to support them if they need to access adult services for prescribing, which should be considered through the DAAT treatment group.	

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The Children's Society		References	ACMD (2003) *Hidden Harm: Responding to the needs of children of problem drug users*. London: Home Office. The Information Centre (2007) *Smoking, drinking and drug use among young people in England in 2006.* London: Home Office. Prime Minister's Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England*. London: Cabinet Office.	Thank you for this information.
UNITE/CPHVA		4.3	Another key question is to ask 'What are the effects of adhering to a rigid date of birth based system of disallowing the consumption of alcohol in public places. The fact is that a group of class mates comprises of 17 year olds who are committing a crime by ordering alcoholic drinks who are out for the evening with their 18 year old friends who can purchase and drink alcohol legally. This criminalises teenagers and is one reason why they continue to 'tank up' before they go out for the evening, and assume other friends' identities.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
UNITE/CPHVA			The outcome measure of question 5 has already been decided! What if the research shows that questionnaires are a waste of time?	Thank you for your comment. We can reassure stakeholders that the answer to question 5 has not been pre-determined. The review will examine the best available evidenceand aim to provide guidance on whether or not screening questionnaires are effective and cost effective in identifying alcohol use disorders.

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UNITE/CPHVA			The question might be 'to what extent does the current enforcement of the law related to alcohol, encourage binge drinking and criminalise social drinking of under age teenagers?'	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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UNITE/CPHVA			There needs to be a question about education about alcohol during the 11-16 curriculum. PSHE is not compulsory and so many teenagers never learn about the adverse effects of alcohol.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. NICE has issued guidance on school based alcohol interventions (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11893) and is in the process of develop[ping guidance on school, college and community based PSHE (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673) Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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UNITE/CPHVA			Most adults and young people have no knowledge of the health facts around alcohol re liver cancer or cirrhosis, so a question needs to be asked about the level of ignorance and how to overcome it.	Thank you for comment. Unfortunately, due to limitations of time and resources these types of interventions are outside the remit of this current programme. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
University College London		3(a) advice for sensible drinking	Current guidance does not provide any information about frequency of drinking, giving public false conception that frequent drinking is acceptable as long as it is within the limit. It was suggested to have drink free days, but the message has never been strong as oppose to the quantity of alcohol consumption. A study by Gutjahr, Gmel, and Rehm (2001) showed increased risk of negative health consequences (oral cancer, liver cancer, cardiac arrhythmia, cirrhosis, spontaneous abortion) with low level of alcohol consumption.	Thank you for your comment. We will amend the scope accordingly.

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University College London		4.1.2 groups not covered	Children under 10 also are risk for experiencing exposure to alcohol by irresponsible adults. Current law only protects children under 5 from alcohol exposure (Prohibits children under 5 to have alcohol drink). Unless, the law protects children under 18, children under 10 should be included in the guidance.	Thank you for your comment. The lower limit of 10 was chosen as this was below the average age of onset in relation to alcohol use. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
University College London		4.3 Question 1 Types of cost effective to control alcohol consumption	Stop mass sales of alcohol beverages by supermarket shops: i.e. stop discounting alcohol, selling alcohol in bulk.	Thank you for your comment. The committee will consider a range of potential interventions based on the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
University College London		4.3 Q3 Control of alcohol promotion	Discouraging alcohol advert in media is a good way to control alcohol use by youth. At the same time, it is good way to show public about negative outcomes by binge drinking and alcohol dependence.	See above comment

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Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
University College London		4.3 Q4 Factors for increased risk of alcohol misuse	Depression is identified as the main underlining cause for alcohol misuse. Individuals who are depressed and expect alcohol to lift the mood up tend to consume alcohol more than individuals who do not place such expectation on alcoholic drinks. Negative life events such as unemployment, separation, divorce, and losing close person are the events that people get vulnerable to use alcohol to cope with their negative emotion.	Thank you for your comment. The committee will consider the best available evidence. As such we would encourage stakeholders to submit any evidence of effectiveness from within the public domain that they are aware of that is applicable to the areas highlighted in the scope. Please submit full references or documents for consideration. Thank you.
University College London		4.3 Q5 Key factors that barrier and facilitate to manage alcohol use	Peer pressure to comply with the society to promote alcohol use is the main risk factor for alcohol use and misuse. People should be praised for not getting drunk or intoxicated with alcohol as well as drinking within the limit. Involving parents is a good way to manage alcohol use by young people. In previous studies, youth reported that their parents did not know their alcohol use. If parents know about their children's spare time use (where they are going, with whom they are going out with, what they are really doing), their children were less likely to use alcohol. Also, youth alcohol use is shaped by parental alcohol use as well as alcohol use by their peer. Parents have to be a good role model for their children. Household pattern of alcohol use is a new area to be studied. Research councils should support researchers who are to study the household level of alcohol use to suggest cost effective interventions to reduce alcohol misuse.	Thank you for your comment. However, this question is likely to focus on the barriers and facilitators to early identification and the administering brief interventions. If you would like NICE to consider developing guidance on these types of approaches please see the topic referral weblink. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp