

Public Health Programme Guidance Alcohol-use disorders (prevention)

Evidence Consultation – Stakeholder Response Table

19 May – 17 June 2009

Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)		5.1 Review 1	General		<p>As reducing alcohol harm is the objective of this guidance, evidence that a particular intervention reduces consumption should not be seen alone as a persuasive argument for a particular intervention. More evidence is needed on the link between interventions and alcohol related harms. An intervention that reduces aggregate level consumption will not necessarily impact on harms caused by harmful patterns of drinking and may even exacerbate these. For example, while alcohol consumption at population level in the UK has fallen by 6% since 2004 (HMRC data) increasing levels of health harm have been reported.</p> <p>NHS, Statistics on Alcohol: England, 2009 http://www.ic.nhs.uk/webfiles/publications/alcoholeng2009/Final%20Format%20draft%202009%20v7.pdf</p> <p>While we believe that the RAND study on affordability of alcohol and harm across the European Union has a number of flaws it raises an interesting point on on the debate about whether aggregate population consumption levels are a useful measure when trying to tackle alcohol related harm. http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf</p>	<p>Thank you for your comment. Interventions that reduce alcohol consumption and/or alcohol-related harm were the focus of these reviews. The review by Booth <i>et al.</i> (2008) considered the links between alcohol price/tax and consumption and also alcohol price/tax and harm. Therefore, a body of evidence that links changes in alcohol price/tax directly to harm has already been included within the evidence base. The evidence base also refers the reader to the recent and extensive systematic review of the associations between alcohol consumption and harm conducted by Booth <i>et al</i> (2008). We note the comment relating to the debate surrounding the use of aggregate population consumption data (as discussed in the RAND report). This debate will be referred to in the discussion section of the review so that the PDG are able to take account of this in their deliberations.</p>

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British Beer and Pub Association (BBPA)			General		This study delves into a number of policy areas outside the remit of NICE, such as advertising policy, yet other interventions are not considered at all. Consideration of alcohol education for young people, the impact of social marketing campaigns and the enforcement of existing legislation would be useful areas to consider.	<p>Thank you for your comment. The newly revised methods and processes manuals (http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp) highlight the broad and diverse activities that may be included in improving the health of the population. The process manual (page 8) highlights that recommendations may include actions that need to be taken at population community, organisational, group family and / or individual level. These actions may range from health professionals working locally to provide information about health risks, through to those national policies (e.g. fiscal measures such as taxation) that change everyone's exposure to risk (see further details in Appendix A methods manual).</p> <p>The areas for consideration were determined and commented on by stakeholders during the development of the scope. As such it is now not possible to alter the areas which the committee is considering.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>

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British Beer and Pub Association (BBPA)			General		<p>The main systematic review (Booth et al) used as evidence for review 1 raises concerns as it uses an own price elasticity for alcoholic drinks to show that harmful drinkers are more affected by general price rises than moderate drinkers. This is true of individual products as harmful drinkers are more likely to product switch to maintain levels of consumption. However, in the event of a general rise in the price of alcohol, the demand elasticity of harmful drinkers is shown to be substantially more inelastic than that of moderate drinkers. This distinction is significant to an assessment of the effectiveness of a policy measure that would raise the price of alcoholic drinks in general.</p> <p>This issue is explored in more detail in the CEBR paper 'Minimum Pricing; a targeted measure' (June 2009)</p> <p>A study by Wagenaar <i>et al.</i> (2008) on the response of heavy drinkers to changes in price found that though price rises do affect heavy drinkers, the effect of price on consumption does appear to be smaller for heavy drinkers than for more moderate drinkers.</p>	<p>These comments do not appear to relate to the systematic review by Booth <i>et al.</i> The Booth review was based on the 2 meta-analyses conducted by Wagenaar (as described left) and Gallet and further primary studies.</p> <p>The modelling work undertaken as part of this programme is separate to the reviews of effectiveness and will be put out to consultation seperately.</p>

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British Beer and Pub Association (BBPA)			Evidence statement 1.3	Pg. 43	The systematic review (Booth et al) uses studies that are not from a UK context and have limited application to the United Kingdom. For example, the Australian study (Gray et al 2000) on minimum pricing cited in support of evidence statement 1.3 was locally instituted minimum pricing in an area with a high aboriginal population. The issues around alcohol and indigenous populations are extremely complex and it would be misleading to generalise the results of this study to the UK, as there is such limited situational relevance. The finding that most respondents to a questionnaire about the initiatives were in favour also has to be treated with caution due to the underlying cultural issue involved.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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British Beer and Pub Association (BBPA)			Evidence Statement 1.4	43	There is no evidence to suggest a direct causal link between population level alcohol consumption 'harms'. Patterns of drinking have a correlation with harms rather than just population level consumption. These drinking patterns explain some of the differences in outcomes in different countries that population level consumption does not.	<p>Thank you for your comment. The committee is composed of a panel of experts from the alcohol field who are aware of the relationships between consumption and harm. As a result the committee will draw on this expertise when considering the evidence</p> <p>Information on the impact of the affordability of alcohol from the RAND paper is now included in the review.</p> <p>The most effective way of demonstrating the presence or absence of a causal relationship between tax and binge drinking would be in the form of a time-series analysis. However, the ESPAD data will be referred to in the discussion for consideration by the PDG for contextual information.</p>
					This is supported by RAND, The affordability of alcoholic beverages in the European Union, 2009	
					For example, despite high taxation rates, “binge” drinking rates among young people in countries of northern Europe are among the highest: Hibell, B., Andersson, B., Bjarnason, T., Ahlström, S., Balakireva, O., Kokkevi, A. et al. (2004). <i>The ESPAD report 2003: Alcohol and other drug use among students in 35 European countries</i> . Stockholm: Swedish Council for Information on Alcohol and Other Drugs.	

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British Beer and Pub Association (BBPA)			Evidence statement 1.4	P. 43	<p>The impact of a large reduction in the price of alcohol on area differences in interpersonal violence: a natural experiment based on aggregate data, Herrtua et al 2008. http://jech.bmj.com/cgi/content/abstract/62/11/995</p> <p>This study was conducted by the same authors as one of the four studies on which review one is based. Using data from the period in which Finland under went a significant reduction in alcohol prices, it concludes that interpersonal violence rates did not increase after a large reduction in alcohol prices and an increase in consumption. For domestic violence, the rate even decreased.</p>	Thank you for your comment. This study met the inclusion criteria for Review 1 and has been added to the evidence base.

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British Beer and Pub Association (BBPA)			General		<p>More evidence could be included on the full consequences of measures to raise alcohol prices. High prices on legitimate products sold through official channels in bars and shops may force consumers to seek cheaper alcohol through “informal” channels or abroad. For example, in Sweden as a whole, nearly a fifth of the alcohol consumed has been purchased abroad. In border regions, this percentage is even higher. The openness of the UK border with lower tax countries such as France would mean that the UK would be likely to see similar effects. Lower taxation in neighbouring countries, typically reflected in lower prices, attracts cross-border shoppers and effectively reduces the average price of alcohol in a country. (RAND Europe)</p> <p>This can have the effect of increasing criminality and thus the resources needed to enforce the law, as smuggling increases.</p>	<p>Thank you for your comment. None of the included studies reported the impact of changes in alcohol price/tax on use of ‘informal’ channels of alcohol. However, the potential use of such routes and the relevant section in the RAND report will be referred to in the discussion section.</p>

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British Beer and Pub Association (BBPA)		5.2 Review 2	5.2.2.1	P. 47	None of the studies cited are UK specific. The US has a unique context in liquor law that cannot be extrapolated to the UK. In particular, possession of alcohol and purchase are enforced against young people, a situation not widely reflected in the UK. The USA and New Zealand, where the studies relating to road accidents were carried out also have lower minimum ages for driving than the United Kingdom, and it is also more usual for young people to drive. Cultural attitudes to drinking and the levels of enforcement are also significant factors that would vary between countries.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)			Everitt et al (2002)	P. 48	This New Zealand study records increased number of presentations among 17-19 year old after the lowering of the minimum drinking age. It also needs to be taken into account that this age group may have been prepared to seek help once legal drinkers and that they would be more likely to drink in public since being able to drink legally, leading to more presentations.	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
British Beer and Pub Association (BBPA)			Wagenaar & Toomey (2002)	P. 54	This systematic review shows that the relationship between minimum drinking age and consumption is equivocal.	Thank you for your comment. It has been stated that the evidence included in the review by Wagenaar and Toomey was inconclusive, with an unclear relationship between MLDA and alcohol consumption.'

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British Beer and Pub Association (BBPA)			Wagenaar & Toomey (2002)	P. 57	Health and social problems are very different and have different contributory causes and timescales for showing themselves. Considering them together in this way gives a lack of clarity.	Thank you for your comment, the review presents the data as it was reported in the systematic review. However, please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them..
British Beer and Pub Association (BBPA)			Evidence statement 2.2		The study did not find a significant relationship between lowering the drinking age and increased social and health harms. Evidence statement 2.2 is misleading in its suggestions that evidence of a negative relationship was found.	This comment has been noted. Within the narrative review it is stated that the Wagenaar & Toomey review presented 'inconclusive evidence suggestive of an inverse relationship between MLDA and health and social problems.' However, it should be noted that the 4 additional included primary studies support the existence of a negative relationship. The current evidence statement reflects this accurately.
British Beer and Pub Association (BBPA)				P. 58	The word 'consumption' in this context needs to be clarified. The research papers interchange consumption with 'purchase', stating that if the price goes up then 'consumption' falls. But correctly speaking when the price goes up 'sales'/'purchases' fall. In high tax economies, recorded alcohol purchases may fall but it does not mean to say that consumption falls i.e. that people actually drink less. Levels of drinking (consumption) can be maintained using unofficial sources of supply	Thank you for your comment, Please note that relevant outcomes (ie. consumption or sales) are as presented in the study reports. The potential use of informal sources of alcohol will be referred to in the discussion.

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British Beer and Pub Association (BBPA)				P. 58	The phenomenon of substitution of one substance for another can also been seen with illicit alcohol.	Thank you for your comment.
British Beer and Pub Association (BBPA)				P. 58	The suggestion that higher tax on alcohol is an effective tool to reduce alcohol purchases among young people is misplaced as young people often have high levels of disposal income and place a great deal of value on their social lives. Drinking age limits should be enforced rather than policy interventions being attempted through price.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that has been made available to them.
British Beer and Pub Association (BBPA)			Gehen et al	P. 61	This study was carried out in the US where server training and culture around alcohol is different to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)			Evidence statement 2.2		In 2006, retailers commissioned a study to research the reasons why extensive staff training was not always put into action by sales staff. This study can be provided to NICE: A STUDY OF CASHIERS' PERCEPTIONS AND BEHAVIOURS IN YOUNG ALCOHOL SALES SITUATIONS. Dr Gillian Hopkinson, Lancaster University Management School and Dr. Michael Humphreys, Nottingham University Business School. 2006	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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British Beer and Pub Association (BBPA)			Jeff & Saunders 1983	P.63	This study was carried out under the old UK licensing regime which has now changed a great deal. Police and trading standards staff have stronger and more flexible powers to tackle licensees who are behaving irresponsibly without going to a magistrate's court. The significant changes in the licensing regime mean that such studies carried out before its implementation have only limited application today.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
British Beer and Pub Association (BBPA)			Krevor et al (2003)	P. 63	Electronic age verification devices are not in wide use in the UK	Thank you for your comment. It is noted within the narrative synthesis.
British Beer and Pub Association (BBPA)			Pratten 2005	P. 65	This study should be treated with care as the sample (a Pubwatch scheme) would seem to be self selecting as these schemes are almost always on-trade focussed.	Thank you for your comment.
British Beer and Pub Association (BBPA)			Rehnama et al	P. 66	This study suggests that younger servers may have an effect on test purchase failures. However, anecdotal evidence suggests that younger servers are better able to assess the age of their customers when it is close to the legal age.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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British Beer and Pub Association (BBPA)			Scottish Centre for Social Research	P. 67	This study includes a survey of licensees in a very localised setting which implies the licensed trade would like to see a national ID card rolled out in England. Care should be taken about reading too much into this finding and it should be noted that the feeling of licensees can be gauged on a national basis through talks with trade associations.	The localised context of the study is to be noted within the narrative synthesis.
British Beer and Pub Association (BBPA)			Scottish Centre for Social Research, Literature review		The measures discussed in this review, such as surveying customers about where they had their last drink, do not in themselves prove wrong doing by a licensee.	Thank you for your comment.

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British Beer and Pub Association (BBPA)				P. 67	<p>Test purchasing is a strategy that was used in England and Wales in conjunction with a number of other measures to address underage sales. It is important to note that the introduction of this tool coincided with a greater awareness of the extent to which young people had previously been able to purchase alcohol. Action was taken by retailers to introduce specialised training and strategies like Challenge 21 (it was at this time that the Retail of Alcohol Standards Group was set up) and police began to enforcement these laws in earnest. The results of these action are reflected in data provided by test purchase results. In 2004, the overall test purchase failure rate was 50 per cent. In 2006, it had dropped to 20 per cent. In 2007, a campaign targeted specifically on problem premises delivered a result of 15 per cent overall .</p> <p>Underage alcohol sales down, Home Office press release, 12 October 2007</p> <p>It is important to note that Government policy has shifted to recognise that a relatively small amount of alcohol is purchased by youths directly, and that the co-operation of retailers can help significantly in reducing harder to tackle problem such as proxy purchasing.</p> <p>One example of a voluntary project between retailers and local authorities that looks to tackle underage drinking through holistic strategies is Community Alcohol Partnerships. More information can be provided to NICE on this project.</p>	<p>Thank you for your comment. Any relevant information from the highlighted Home Office Press release will be discussed; alongside the need for prevention of proxy purchasing.</p> <p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, a report of the effects of a Community Alcohol Partnership on underage drinking (which also refers to proxy purchasing) in St Neots, Cambridgeshire has been identified and included in the review.</p>

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British Beer and Pub Association (BBPA)					Training initiatives like Challenge 21, Challenge 25 and 'No ID No Sale' should be considered as a strategy to help retailers identify underage people attempting to purchase alcohol.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that is available to them. Unfortunately no reports of the effectiveness of the recommended strategies could be identified. However, their operation will be highlighted within the discussion section to ensure awareness among the PDG.
British Beer and Pub Association (BBPA)			Toomey et al (2001)	P. 69	Though this study has limited application to the UK its finding that owners and managers valued participation in the scheme reflects the willingness by the majority of licensees to be part of the solution when it come to alcohol in their communities.	This comment has been noted and reflected within the narrative.

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British Beer and Pub Association (BBPA)			Wagenaar et al (2005)	P.70	<p>The statement that three studies looked at in this research showed that server training does not affect underage drinking need to be qualified. Purchasing alcohol is not the only way that young people get possession of it. In the UK, of 11-15-year-olds who drank 14 or more units in the previous week, 48 per cent claim to have been given alcohol directly by their parents. Under these circumstances, server training can be very beneficial without necessarily leading to a dramatic reduction in underage alcohol consumption. Education and awareness that involves parents and the family are also vital to have an impact in this area.</p> <p>Youth Alcohol Action Plan, Department for Children, Schools and Families, UK 2008</p>	<p>Thank you for your comment. Further detail will be added on the outcomes of the studies included in the literature review by Wagenaar <i>et al.</i> (2005).</p> <p>The potential influence of alternative sources of alcohol as parents and peers will be noted within the discussion section, alongside any relevant further information from the Youth Alcohol Action Plan.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>
British Beer and Pub Association (BBPA)				P. 76	<p>The finding that the effect of training decays quickly can be attributed to the high turnover in staff in the on-trade and off-trade. Re-enforcement is an important part of the process of age-related training.</p>	<p>Thank you for your comment. This will be noted within the narrative synthesis.</p>

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British Beer and Pub Association (BBPA)			Evidence statement 2.6	P. 78	All the UK studies in this section, including the one that found licensees perceived limited risk in selling to underage people, were conducted before the implementation of the 2003 Licensing Act which gave police significant new powers. It is likely that more up to date studies would reflect this.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
British Beer and Pub Association (BBPA)			Evidence statement 2.5		The retail drinks industry is very diverse and made up of a range of businesses from franchises to family owned firms to large corporations. It would not be surprising to find different attitudes to underage sales but it should be recognised that many companies put a lot of resources into ensuring compliance with the law. The KPMG study of the industry's Social Responsibility Standards actually reported widespread best practice, although a number of isolated examples of poor practice were highlighted.	Thank you for your comment. The standards will be referred to in the discussion sections of the reviews on enforcement of the minimum legal age of alcohol purchase and management of the sale of alcohol to intoxicated individuals.
British Beer and Pub Association (BBPA)			Evidence statement 2.10	P. 105	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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British Beer and Pub Association (BBPA)			Evidence statement 2.11	P. 106	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					The majority of UK pub-owning companies provide guidance to their staff on dealing with intoxicated customers. A number also keep records of each refusal to serve intoxicated customers.	Thank you for your comment.
British Beer and Pub Association (BBPA)					There are professional training bodies (e.g. BII) within the licensed retail trade and thousands of retailers go through these courses each year.	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their knowledge of alcohol field in conjunction with the evidence base when developing their recommendations.
British Beer and Pub Association (BBPA)			Evidence statement 2.12	P. 106	Based on a study in New Zealand. It is unlikely this would relate to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					There is fairly widespread recognition that it is a criminal offence to serve an intoxicated individual.	Thank you for your comment.
British Beer and Pub Association (BBPA)					There is currently legislation that deals with this issue. The existing law around sales to intoxicated people needs to be enforced.	Thank you for your comment.

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British Beer and Pub Association (BBPA)			Evidence statement 2.13	P. 106	Non-UK studies, not particularly relevant to this country.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					Training of staff in licensed premises in the UK is already extremely high.	Thank you for your comment.
British Beer and Pub Association (BBPA)			Evidence statement 2.14	P. 107	The source of the research is not provided.	Thank you for your comment, the review has been amended.
British Beer and Pub Association (BBPA)					Partnership working at community level does appear to be effective in combating issues surrounding alcohol. All stakeholders need to be involved, including the alcohol industry. More information on partnership based program that has seen good results is www.communityalcoholpartnerships.co.uk	Thank you for your comment. Data from the pilot study based in St Neots, Cambridgeshire has now been included in the review relating to enforcement of underage drinking laws.

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British Beer and Pub Association (BBPA)			Evidence statement 2.15	P. 142	<p>According to the British Crime Survey, alcohol related violent crime has fallen by 43% fall in alcohol related violent crime since 1995 – this was in a period where alcohol consumption increased by around 20%. This would suggest there is no causal relationship between consumption and alcohol related violent crime.</p> <p>http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf</p>	<p>Thank you for your comment. This data shows a lack of correlation between trends in alcohol-related violent crime and alcohol consumption, which could be influenced by a wide range of confounding factors. The most effective way of demonstrating the presence or absence of a causal relationship between alcohol consumption and alcohol-related violence crime would be in the form of a time-series analysis. For example, Norstrom used time-series analysis to demonstrate a statistically significant positive link between alcohol outlet density and violence in Norway. (Further evidence relating to outlet density and violence is discussed in the review by Livingston <i>et al</i> (2007) which is now included in the review).</p> <p>Unofrtunately no UK-specific time series analyses of the impact of licensing on violent crime were identified. However, the trends highlighted in the comment will be referred to in the discussion for consideration by the PDG for clarity.</p>

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British Beer and Pub Association (BBPA)					Since 2004, alcohol consumption has fallen by 6.0%. On-trade consumption has decreased even more significantly.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)			Evidence 2.16	P.142	There is no conclusive evidence to suggest that the increased flexibility provided by the Licensing Act has caused an increase in alcohol related A&E attendances. On the contrary there is some evidence to suggest that there has been a fall.	The mixed findings of these evaluations are reflected accordingly within the evidence statement.
British Beer and Pub Association (BBPA)			Evidence 2.17	P.142	We dispute that there is a 'clear' displacement of incidents into the early hours. The DCMS report said there was 'some evidence' of this.	Thank you for your comment. The reports by Hough <i>et al</i> ; Pike <i>et al.</i> ; and Durnford <i>et al.</i> are all supportive of a displacement of incidents into the early hours. Further detail on the level of displacement observed in each evaluation is to be added the narrative. The current evidence statement reflects the apparent temporal displacement.

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British Beer and Pub Association (BBPA)					The increased level of alcohol-related violence recorded could be as a result of a shift of policing resources to the early hours of the morning, detecting crimes that previously had gone undetected. Only a very few number of crimes occur during this time.	The potential interpretations that the temporal displacement may be due to an increased level of alcohol-related disorder or increased detection are included in the discussion for consideration by the PDG. The scale of the reported incidents will also be clearly noted in the narrative.
British Beer and Pub Association (BBPA)					Research by CGA strategy shows that as a result of the Licensing Act 2003 the additional opening time is just 21 minutes on average for a pub in England & Wales. This would not tally with an increase of alcohol related violence in the early hours. DCMS, Evaluation of the Impact of the Licensing Act 2003 (March 2008), Appendix C	This data from the DCMS report is currently included in the review. However, these data do not provide detail on the range of extensions adopted and the impact of larger extensions. The available evidence for temporal displacement and for the timing of trading hours is included in the narrative for consideration by the PDG.
British Beer and Pub Association (BBPA)			Evidence statement 2.18	P. 143	It is certainly our view that partnership working between the 'relevant authorities' and the licensed trade has increased in a number of localities and this has benefitted the night-time economy and relieved pressure on the police and health professionals.	Thank you for your comment.
British Beer and Pub Association (BBPA)					The police had previously commented that a concentrated closing time (of 11 o'clock) created a 'spike' in activity that stretched their resources. Home Office, Time for Reform: Proposals for the modernisation of our licensing laws (2000)	Unfortunately this document does not meet the inclusion criteria for the effectiveness review. However, any relevant data on police resources prior to the Licensing Act will be added to the discussion for consideration.

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British Beer and Pub Association (BBPA)					In a LACORS report, “Licensing Act 2003 and the effects of alcohol” the following views were found of relevant authorities: Of police authorities, 70% reported a decrease or no change in levels of alcohol-related incidents/disorder; of local authorities 85% reported a decrease or no change and of primary care trusts, this figure was 63%. It is therefore hard to justify an increase in workload for any of the bodies associated with the Licensing Act.	Thank you for your comment. The survey directly asked PCT and police authority respondents whether they perceived the Licensing Act to have increased resources. Data included in the review are as reported. The data described in the comment are also reflected in the narrative review. Further detail will be added to the appropriate paragraph on impact on alcohol-related incidents.
British Beer and Pub Association (BBPA)			Evidence statement 2.19	P. 143	This indicates there are few areas that would warrant a Cumulative Impact Area.	The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
British Beer and Pub Association (BBPA)			Evidence statement 2.20	P. 143	A number of these studies are not relevant to the current UK alcohol retailing market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					They were very limited in scope.	Thank you for your comment. The scope of each of the studies is reflected in the narrative review.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)					They contradict more relevant data and studies produced prior to the 2003 Licensing Act's introduction.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)					A number do still come to the conclusion that there is no apparent effects on alcohol related outcomes.	Thank you for your comment. This is reflected in the evidence statement.
British Beer and Pub Association (BBPA)			Evidence statement 2.21	P. 144	All these studies refer to non-UK environments.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					There is limited evidence of restrictions causing alcohol consumption reductions, although not harm necessarily.	Thank you for your comment. The range of outcomes, including consumption and harms, are reflected within the evidence statement.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)					There are more examples of many unintended consequences occurring from the restriction of licensing hours. Famous examples are prohibition in the USA and the '6 o'clock swill' in Australia.	Thank you for your comment. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. However, a request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)					Limited evidence suggests that restrictions on when and what outlets sell can lead to illicit products being produced.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)			Evidence statement 2.22	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)					Further research needs to be carried out in the UK.	Thank you for your comment. When developing their recommendations the committee will identify gaps in the evidence base and make recommendations for research.
British Beer and Pub Association (BBPA)			Evidence statement 2.23	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					There are a range of factors that are much more important in determining alcohol consumption levels among young people.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)			Review 2.5	P. 165-171	Whilst this section does include UK specific studies there are a number of international studies cited. It is important to bear in mind that the UK has a very different culture in terms of on- and off-trade licensed premise use. In particular more alcohol in the UK is consumed in the on-trade than in most other nations. This will obviously impact 'pre-drinking trends'.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)			Evidence statement 2.27	P.170	It is agreed that people tend to drink in different environments on different occasions. This is true of the UK and other countries. However, different countries have different drinking patterns. Consumers in the UK tend to drink more out of the home than other European countries.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base. When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					A survey for the British Beer & Pub Association asked consumers if they 'usually have a few drinks at home before I go out'. The results showed that just 14% of respondents did so. This is hardly evidence of prevalence but does show that it occurs.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)			Evidence statement 2.28	P.170	The consumer research shows that younger people are more likely to consume before 'going out'. This could be due to the fact they are more likely to 'go out'.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)		Review 3 Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Review 3: General	P. 172-180	It is recognised that alcohol advertising and promotions plays a negligible part in people's decisions on whether to consume alcohol or not.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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British Beer and Pub Association (BBPA)					<p>Other more important factors are the influence of family and friends. The following study found that among 18-25 year olds surveyed, of those who described themselves as binge drinkers, 85% said most or all of their friends binge drink. In contrast, 45% of non-binge drinkers said most or all of their friends binge drink:</p> <p>Advertising and the misuse of alcohol; Prepared by FDS International and Volterra Consulting; Commissioned by The Advertising Association; June 2008</p>	Additional evidence relating to the impact of advertising from the report by FDS International and Volterra Consulting is presented in the review. Other relevant contextual information relating to binge drinking will be added as appropriate to the discussion.
British Beer and Pub Association (BBPA)					The main purpose of alcohol advertisement is to cause switching between categories and brands, or to maintain customer loyalty, as demonstrated by the focus of the advertisements themselves.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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British Beer and Pub Association (BBPA)					Alcohol advertising further brings huge economic benefits to the country. Sponsorship of major sporting events has been hugely influential in supporting UK sport at the highest level. Alcohol producers and retailers also invest a huge amount in grass-roots sport as well as other community events. It is estimated that over £200 million is spent by alcohol producers on advertising.	Thank you for your comment. However, factors such as the economic impact of alcohol advertising were beyond the scope of these reviews.
British Beer and Pub Association (BBPA)					Weinberg study: The Brewers of Europe commissioned an independent review of issues related to alcohol consumption in Europe. This briefly describes a number of studies on the link between advertising and consumption. A copy of this report can be provided to NICE.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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British Beer and Pub Association (BBPA)		Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Evidence statement 3.1	P. 178	Based on a series of analyses carried out outside of the UK.	The country of origin of this study is stated in the narrative synthesis and supports the evidence statement.
British Beer and Pub Association (BBPA)					The majority of econometric studies suggest that alcohol advertising has minimal or no effect on total alcohol consumption (Hastings, G., Anderson, S., Cooke, E., and Gordon, R. 2005. Alcohol marketing and young people's drinking: a review of the research. J. Pub. Health Policy 26:296-311.)	This literature review has been included in the review. Evidence from both econometric and consumer studies from this literature review are covered.
British Beer and Pub Association (BBPA)					Evidence from the UK does not support this supposition: alcohol advertising expenditure in the UK fell from £0.54 per capita to £0.36 per capita between 1996 and 2005 in real terms. According to HMRC Alcohol factsheet published in July 2008, consumption per capita increased by 20% during this period. This would support the widespread belief that advertising does not encourage people to drink more, it encourages the selection of particular brands	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Beer and Pub Association (BBPA)			Evidence statement 3.2	P. 178	Again, none of the evidence is based on the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					There is no consensus on the statements given and in fact there are a number of conflicting views.	Thank you for your comment. The evidence statements are an accurate reflection of the included evidence base.
British Beer and Pub Association (BBPA)					A psychometric analysis examined the varying factors that affect the prevalence of adolescent drinking including the influence of home and peers and other factors. This concluded that alcohol advertising did not influence drinking behaviour. (Bergler, R., Haase, D., Poppelreuter, S., Schneider, B. and Wemhoff, M. 2000. Causes of alcohol consumption in adolescents. <i>Schriftenr. Angewandten Sozialpsych.</i> 4:253-80.	Thank you for your comment. An attempt was made to source this document however this was unsuccessful and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)			Evidence statement 3.3	P. 178	No evidence from the UK	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					Very limited on-trade promotion within the UK. Proposed legislation to further deal with promotions in the on-trade is currently being proposed.	Thank you for your comment.

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British Beer and Pub Association (BBPA)					<p>Evidence from off-trade retailers suggest that promotions only cause 'stocking-up' where people buy alcohol and consume it over a length of time, rather than an increase in consumption per se.</p> <p>Sales data from the WSTA can be made available to NICE.</p>	<p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p>
British Beer and Pub Association (BBPA)			Evidence statement 3.4	P.179	Non-UK based studies	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
British Beer and Pub Association (BBPA)					Concludes that outdoor advertising media did not have any effect on alcohol behaviour.	This finding is reflected in the existing evidence statement.
British Beer and Pub Association (BBPA)			Evidence statement 3.5	P. 179	Non-UK based studies.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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British Beer and Pub Association (BBPA)					Not a common phenomenon in the UK. Only real occurrence is on replica football shirts and major producers have decided to cease production of child sizes with alcohol branding.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
British Beer and Pub Association (BBPA)					Evidence was stated as inconclusive.	The inconclusive nature of the evidence was reflected in the evidence statement.
British Beer and Pub Association (BBPA)			Evidence statement 3.6	P. 179	Still inconclusive evidence on this theme.	Thank you for your comment. This is reflected within the narrative synthesis.
British Beer and Pub Association (BBPA)			Evidence statement 3.7	P. 180	In the UK there are substantial restrictions on advertising of alcohol. Restrictions in place reduce appeal to under-age drinkers, remove glamorous advertising, prevent any encouragement to excessive consumption and prevent any encouragement to anti-social behaviour. These are accompanied by scheduling restrictions which actually ban the advertising of alcohol in, or around television programmes that are made for, or have a particular appeal to under 18s. These apply to all programmes at all times that have a high proportion of teenagers watching.	Thank you for your comment. Further evidence from the OFCOM and Anderson reviews have been added to this section.

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British Beer and Pub Association (BBPA)			General		<p>Evidence suggests that these restrictions have been extremely effective in ensuring that alcohol advertisement target the correct market (i.e. consumers of a legal age). Between 2002 - 2006 there has been a decline of 31.1 percent and 39.0 percent in 16-24 and 10-15 year olds advertising impacts respectively.</p> <p>Ofcom and the ASA, "Young People and Alcohol Advertising" 16/11/07</p>	<p>Evidence from the OFCOM report on the impact of changes in the rules relating to alcohol advertising on appeal of alcohol advertisements among young people has been added to the review.</p> <p>.</p>

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British Beer and Pub Association (BBPA)			General		<p>Alcohol advertising is not the only context in which alcohol is portrayed in the media. A recent study by the Department of Health found that 33% of the total mentions of alcohol on radio shows included in the study were found to be radio advertising warning of excessive drinking¹. The same report found that 73% of alcohol related comments made by radio presenters encouraged drinking. It should be recognised that there are a lot of positive messages about sensible drinking being disseminated but that irresponsible drinking can inadvertently be encouraged by the content of media, where there is far more freedom to depict alcohol in an attractive way than advertisements.</p> <p>University of the West of England, Alcohol and the Media, July 2008</p>	<p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, the published report by Daykin <i>et al.</i> has been identified. Whilst this study does not contain evidence on the effectiveness of advertising interventions and therefore does not meet inclusion criteria, supporting information will be added to the discussion.</p>

¹ University of the West of England, Alcohol and the Media, July 2008

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British Beer and Pub Association (BBPA)		Prevention and early identification of alcohol use disorders in adults and young people. Macro level interventions for alcohol use disorder cost effectiveness review.	General		The definition of cost effectiveness needs to be explicitly stated. Intervening in the market through price control (for example) has wider costs to society than those that accrue to the policy maker in the course of implementing them.	Thank you for your comment. The document commented upon here (Macro-level interventions for alcohol use disorders: Cost effectiveness review) is a review of the literature. The review states the perspective taken in the analyses undertaken in the reviewed studies. For example, the discussion of the paper by Stringham and Pulan (2006) includes wider societal benefits and losses. This is reflected by the limited nature of the evidence for server interventions, as discussed by evidence statement e2.2.

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British Beer and Pub Association (BBPA)			General		An assessment of cost effectiveness must also include the economic costs of interventions that weaken the alcohol drinks industry in the UK, which is already suffering the effects of the economic downturn. The industry directly employs more than 650,000 people in the production and retailing of alcohol and supports a further 1.1 million jobs in the wider economy. The industry contributes 2% of the UK's total output (£28.6billion). It paid nearly £15 billion in excise duty and VAT in 2007/08. Industry's capital investment and export must also be considered.	This comment relates to the cost effectiveness evidence review, which is a review of the existing published peer-reviewed literature. Hence it is not within the scope of this particular document to conduct a new economic analysis.
British Beer and Pub Association (BBPA)				Pg. 14	It should be noted that consumer and producer surplus impacts of a tax are not considered in Booth et al (2008), the main study used to inform the pricing and promotion section of this paper. These points and wider costs and benefits such as consumer utility are important consideration in a review of cost effectiveness of such interventions.	Thank you for your comment. A note to this effect has been included in the specified cost effectiveness literature review. No papers identified by the review included the impacts of interventions on consumer and producer surplus.

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British Beer and Pub Association (BBPA)					<p>The potential loss of personal utility from reduced alcohol consumption as a result of minimum pricing is one of the key potential costs of minimum pricing that is not covered within the University of Sheffield study,</p> <p>The CEBR paper ‘Minimum Alcohol Pricing: A Targeted Measure?’ includes an in depth study of the costs and benefits to the individual of measures on pricing.</p>	<p>Thank you for your comment. This review outlines the existing published, peer-reviewed cost effectiveness literature. The expected value of drinking is considered in the review, as this is discussed by Stringham and Pulan (2006) and Kenkel (1993).</p> <p>Only peer-reviewed reports were considered appropriate for inclusion in the cost-effectiveness reviews. As such, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p>
British Beer and Pub Association (BBPA)			Evidence Statement e2.3		Benefits of licensing act: DCMS found in their review of the Licensing Act 2003 that liberalising licensing hours had resulted in benefits to the night time economy in UK town centres.	<p>Thank you for your comment. However, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p> <p>However, any further relevant evidence from the DCMS report will be referred to in the discussion section of the licensing systematic review.</p>
British Beer and Pub Association (BBPA)			Evidence Statement e2.4	P. 25	No evidence of the cost effectiveness of interventions to limit alcohol outlet density.	Thank you for your comment.

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British Beer and Pub Association (BBPA)				P. 27	References to tax as an intervention with relatively low social costs (because it does not result in lost consumer surplus that is not transferred to another economic agent) and interventions that raise prices in general need to take into account the likely impact of illicit alcohol and cross border shopping that could result from increasing tax. A contemporary example of this would be the experience in the Republic of Ireland where higher taxes and exchange rate fluctuations have caused a surge in cross border shopping. Sainsbury's and Asda recorded 2.5 per cent of grocery market share in the Republic of Ireland in December 2008 despite the fact that neither retailer has a store south of the border.	Thank you for your comment. This has been acknowledged within the relevant review.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.1.2	38	Alcohol prices or taxation and the consumption of alcoholic beverages There is strong and consistent evidence that alcohol consumption is responsive to price.1, 2, 3, 4, 5 It has been estimated that a 10 per cent increase in alcohol prices in the UK would lead to a 10 per cent fall in consumption.6 In the UK price elasticities have been estimated as -0.48 for beer consumed on premises, -1.03 for packaged beer, -0.75 for wine, and -1.31 for spirits.7 Based on these estimates, a 10 per cent increase in the prices of alcoholic beverages across the board would lead to a reduction in consumption of beer consumed on premises of 4.8 per cent, and spirits by 13.1 per cent.8 Cont'd	Thank you for your comment. Many of the points raised are reflected within the reviews. Those references which were not already within the evidence base and met the inclusion criteria have been included within the evidence base (please see reference list below for individual notes on inclusion for each study).
British Medical Association					Increases in the price of alcohol not only affect consumption at a population level, but there is evidence that particular types of consumers (eg heavy drinkers and young drinkers) are especially responsive to price.1, 8, 9, 10, 11, 12	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.1.2	39	<p>Taxation and pricing studies linked to harm A number of studies have reported that price increases have the effect of reducing rates of alcohol problems including: • alcohol related violence and crime^{1, 6} • deaths from liver cirrhosis and¹³ • drink driving deaths.¹⁴ A 2007 review found that reductions in alcohol taxation in Finland in 2004 were associated with an increase in the number of sudden deaths involving alcohol.¹⁵</p> <p>A 2006 study examining the influence of price of beer on violence-related injuries in England and Wales found that increased alcohol prices would result in substantially fewer violent injuries and reduced demand on trauma services, and that a one per cent increase in the real price of alcohol would equate to an economy-wide reduction in cases of assault in emergency departments of 5,000 a year. ¹⁶</p>	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.1	47	Minimum legal age of alcohol purchase There is strong and consistent evidence from the USA that raising the legal age of consumption and purchase reduces consumption levels in young people (including binge drinking), and reduces levels of alcohol-related traffic crashes, injuries and fatalities. ^{1,2, 17, 18, 19, 20, 21, 22} The effect of reducing the legal age for purchasing alcohol has been reported to increase consumption and the number of alcohol related road crashes. ²³	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.2	61	Enforcement of minimum legal age of alcohol purchase A nationwide police operation in 2004 found that 51 per cent of on-licensed premises and 32 per cent of off-license have sold illegally to individuals aged under 18.6	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.3	80	Management of the sale of alcohol to intoxicated individuals Responsible beverage service training has been shown to increase the likelihood of servers intervening with customers who are visibly intoxicated. ²⁴ While server training is less likely to increase active refusal of service to intoxicated patrons, it has been found to reduce levels of intoxication when accompanied by policing enforcement, and strong active management support. ^{1, 21, 25, 26}	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.4	106	<p>Licensed hours and days of alcohol sale A literature review conducted by the Scottish Executive in 2003 on the impact of licensing and other controls on public disorder found that, although there is inconsistent evidence relating to the impact of licensing controls in the UK, there is international evidence to support the idea that longer hours of alcohol sales may lead to increased problems with alcohol-related crime and disorder.²⁷</p> <p>Several controlled and uncontrolled studies in Nordic countries with State alcohol monopolies have shown that major relaxations in controls on beer strength or sales outlets were followed by increases in alcohol consumption, drunkenness and alcohol-related hospital admissions.²⁸ The extension in licensing hours in Reykjavik, Iceland, was found to result in net increases in police work, emergency room admissions, and drink driving cases.²⁹ The extension of opening hours for pubs and clubs in the Republic of Ireland following the introduction of the 2000 Intoxicating Liquor Act was found to result in a number of negative consequences including a significant rise in binge-drinking, especially among underage drinkers.⁶</p>	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.4	106	(Continued from above) A 2007 Home Office report examining violent crime, disorder and criminal damage indicated that there had been an increase in offences of all types (criminal damage, harassment, assault with no injury, less serious wounding, serious violent crime) between 3am and 6am after the introduction of the 2003 Licensing Act in November 2005. ³⁰ The report concluded that the increase between 3am and 6am was likely to partly reflect the change in opening hours of licensed premises and the increased numbers of people in public places at these times. ³⁰	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.5	146	Alcohol outlet density A high density of alcohol outlets is associated with increased alcohol sales, drunkenness, violence and other alcohol-related problems. ^{1, 31, 32, 33, 34, 35}	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.2.2.6	165	<p>Interaction between off-licence and on-licence availability of alcohol Recent years have seen an increasing trend among UK adults toward home-based alcohol consumption.⁶ Data on UK household expenditure suggest that more alcohol is purchased in on-licensed premises than off-licensed premises. A 2007 report from the Department for Environment, Food and Rural Affairs (DEFRA) found that 58 per cent of total household expenditure on alcoholic drinks in the UK was spent on alcohol consumed outside the home in 2005/06.³⁶ This was a decrease from 60 per cent in 2002/03.³⁶ Expenditure on alcoholic drinks consumed outside the home has fallen slightly each year from 2002/03 to 2005/06.³⁶ The 2006 Office for National Statistics survey <i>Family spending</i> found that alcohol bought and consumed on licensed premises accounted for slightly more than half (57%) of all expenditure on alcoholic drink (£14.80 per household week), while the remaining £6.30 was spent on alcohol bought at large supermarket chains or off-licence outlets.³⁷</p> <p>Cont;d</p>	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association					Among younger adults, there is an increased tendency to consume alcohol at home before going out. 6 Alcohol consumption among teenagers and adolescents below the legal purchase age for alcohol is commonly home based, but with increasing age comes non-home based (often outdoors or illegally in licensed premises) and away from parental supervision. ^{6, 38}	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.3	172	<p>The effectiveness of the control of alcohol promotion (e.g. advertising) in reducing levels of consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people Econometric studies have generally found alcohol advertising to have little or no effect on total alcohol consumption.¹ There is, however, significant concern regarding the impact of sophisticated marketing techniques and their effect on some individuals and in particular on younger people. Research evidence suggests that repeated exposure to high-level alcohol promotion influences young people's perceptions, encourages alcohol consumption and increases the likelihood of heavy drinking.¹ A 2007 review of the impact of alcohol advertising on young people found there to be considerable evidence that alcohol advertisements are related to positive attitudes and beliefs about alcohol among young people, and that young people are particularly drawn to elements of music, characters, story and humour.³⁹ The review also found there to be seven well-designed longitudinal studies showing that the volume of advertisements and media exposure increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion.³⁹ These studies examined various</p> <p>Cont'd</p>	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association					(continued from above) forms of exposure including television, radio and printed advertisements, in-store displays; billboards, movies, and branded merchandise. No published longitudinal studies were found where this effect was not apparent. 39 Specific advertising strategies such as sponsorship of sporting and music events, as well as advertisements on television and radio, in films and in other media formats all serve to reinforce the image of alcohol among young people and predispose them to drinking well below the legal age to purchase alcohol. ¹ , 40 Alcohol advertising using celebrity endorsements or popular images that symbolise good times or masculinity have also been found to appeal to younger people. ¹ Studies in the UK have found that 88 per cent of 10 to 13-year-olds and 96 per cent of 14 to 17-year-olds were aware of alcohol advertising, while 76 per cent could identify three or more adverts even when the brand was masked. ⁴¹ , 42 Eighty-six per cent of 10 to 17-year-olds were found to enjoy alcohol advertisements. ⁴¹ , 42 A survey conducted by Alcohol Concern between December 2006 and March 2007 found that thousands of children were exposed to commercials for alcoholic beverage during popular children's programmes. ⁴³	Please see the above comment.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association					(continued from above) The 2007 review of the impact of alcohol advertising on young people found that of 24 European countries, only the UK and the Netherlands have no statutory regulation on alcohol advertising, and the UK was the only country surveyed not to have at least one ban on advertising (eg bans covering specific timings and locations of advertising). ³⁹ Voluntary codes of self-regulation are not always adhered to and are largely ineffective. ¹ There is no available scientific evidence that non-statutory regulation impacts on the content or volume of advertisements. ³⁹ Self-regulation has also not been found to prevent the kind of marketing which can have an impact on younger people. ³⁹	Please see the above comment.

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British Medical Association		Final draft of Report 1 Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review to the National Institute for Health & Clinical Excellence	General		In developing the public health programme guidance on alcohol use disorders, consideration should be given to the prevention of fetal alcohol spectrum disorders (FASD). Preventing the adverse impact of alcohol consumption during pregnancy remains a significant challenge, not least because of the poor levels of awareness and understanding of FASD among healthcare professionals and the general public. Effective universal prevention strategies necessitate the implementation of policies that alter drinking behaviour. The primary and community care settings provide the ideal opportunity to deliver selective prevention strategies including screening for maternal alcohol consumption and referral for brief intervention. Targeted prevention strategies for women who are at high-risk of having children affected by FASD include treatment of alcohol addiction problems (ie referral to specialist alcohol services) and family planning advice so as to prevent the risk of having a FASD affected child.	Thank you for your comment. The limits of the proposed guidance were set out in the scope, which was consulted on in April 2008. As such the committee will not be addressing this issue. However, If you feel this issue warrants separate guidance, please consider referring the issue through the NICE 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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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Medical Association		Final draft of Report 2 Screening and Brief Interventions: Effectiveness Review to the National Institute for Health & Clinical Excellence	5.3	124	The effectiveness of brief interventions in preventing hazardous and harmful drinking among adults and young people There is additional evidence that has found that brief interventions produce clinically significant effects on drinking behaviour and related problems in non-alcohol dependent individuals who consume alcohol at harmful and hazardous levels. ⁴⁴ The provision of brief interventions in emergency departments have been found to be effective at reducing alcohol consumption in non-dependent individuals. ⁴⁵ A 2007 survey of all A&E departments in England found that only 2.1 per cent used formal alcohol screening tools, 12.7 per cent asked questions about consumption, 73.9 per cent offered advice on alcohol problems, and 44.4 per cent offered treatment for alcohol problems. ⁴⁶	Thank you for your comment. Many of the points raised are reflected within the reviews. Those references which were not already within the evidence base and met the inclusion criteria have been included within the evidence base (please see reference list below for individual notes on inclusion for each study).
British Medical Association		Screening and Brief Interventions: Cost Effectiveness Review	<i>General</i>		This review should be supplemented with information on the necessary resources, skills and time taken to effectively conduct screenings and brief interventions.	Thank you for your comment. All available details relating to the content of the screening and brief intervention approaches evaluated in each included study have been presented in the evidence review.

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British Medical Association					<p>¹</p> <p>Babor T, Caetano R, Casswell et al (2003) <i>Alcohol: no ordinary commodity</i>. Oxford: Oxford University Press.</p> <p>² Raistrick D, Hodgson R & Ritson B (1999) <i>Tackling alcohol together: The evidence base for UK alcohol policy</i>. London: Free Association Books.</p> <p>³ Plant M, Single E & Stockwell T (1997) <i>Alcohol: minimising the harm. What works?</i> London: Free Association Books.</p> <p>⁴ Academy of Medical Sciences (2004) <i>Calling time: the nation's drinking as a major health issue</i>. London: Academy of Medical Sciences.</p> <p>⁵ Edward G, Anderson P, Babor TF et al (1994) <i>Alcohol policy and the public good</i>. Oxford: Oxford University Press.</p> <p>⁶ Plant MA & Plant ML (2006) <i>Binge Britain: alcohol and the national response</i>. Oxford: Oxford University Press.</p> <p>⁷ Huang CD (2003) <i>Econometric models of alcohol demand in the United Kingdom</i>. London: HM Customs and Excise.</p> <p>⁸ Room R, Babor T & Rehm J (2005) Alcohol and public health. <i>Lancet</i> 365: 519-30.</p> <p>⁹ Sutton M & Godfrey C (1995) A grouped data regression approach to estimating economic and social influences on individual drinking behaviour. <i>Health Economics</i> 4: 237-47.</p>	<p>Thank you for your suggestions, we have responded to each below:</p> <p>¹ Babor <i>et al.</i> (2003): All relevant primary studies from this book were represented in the review by Booth <i>et al.</i> (2008).</p> <p>² Raistrick <i>et al.</i> (1999): Raistrick presented a review of the effects of alcohol price, including elasticity estimates that should be represented in the extensive systematic reviews by Wagenaar & Gallet and in the review by Booth <i>et al.</i></p> <p>³ Plant <i>et al.</i> (1997): In this book, Godfrey presented a review of the effects of alcohol taxation, largely referencing other reviews. The chapter was handsearched for any further primary studies.</p> <p>⁴ Academy of Medical Sciences (2004): No additional relevant evidence included</p> <p>⁵ Edwards <i>et al.</i> (1994): Edward presented a review of the effects of alcohol price, including elasticity estimates that should be represented in the extensive systematic reviews by Wagenaar & Gallet and in the review by Booth <i>et al.</i></p> <p>⁶ Plant & Plant (2006): The book includes a narrative with no further relevant studies.</p> <p>⁷ Huang (2003): The evidence by Huang is relevant to the forthcoming economic modelling report.</p> <p>⁸ Room <i>et al.</i> (2005): The data quoted above refer to estimates from Huang <i>et al.</i> The evidence by Huang is relevant to the forthcoming economic modelling report. The review by Room <i>et al.</i> contains no further data for inclusion on this point and is therefore not included.</p> <p>⁹ Sutton & Godfrey (1995): This paper has now been added to Review 1</p>

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British Medical Association					<p>¹⁰ Grossman M, Coate D & Arluck GM (1987) Price sensitivity of alcoholic beverages in the United States: youth alcohol consumption. In: Holder H (ed) <i>Advances in substance abuse: behavioural and biological research. Control issues in alcohol abuse prevention: strategies for states and communities.</i> Connecticut: JAI Press.</p> <p>¹¹ Kuo M, Heeb JL, Gmel G et al (2003) Does price matter? The effect of decreased price on spirits consumption in Switzerland. <i>Alcoholism: Clinical and Experimental Research</i> 27: 720-5.</p> <p>¹² Chaloupka FJ, Grossman M, Bickel WK et al (1999) The economic analysis of substance use and abuse: an integration of econometric and behavioural economic research. Chicago: University of Chicago Press.</p> <p>¹³ Cooke PJ & Tauchen E (1982) The effect of liquor taxes on heavy drinking. <i>Bell Journal of Economics</i> 13: 379-90.</p> <p>¹⁴ Saffer H & Grossman M (1987) Beer taxes, the legal drinking age, and youth motor vehicle fatalities. <i>Journal of Legal Studies</i> 16: 351-74.</p> <p>¹⁵ Koski A, Sirén R & Vuori E (2007) Alcohol tax cuts and increase in alcohol-positive sudden deaths – a time-series intervention analysis. <i>Addiction</i> 102: 362-8.</p>	<p>10. Grossman <i>et al.</i> (1987): The original research from this report has now been included in Review 1.</p> <p>11. The study by Kuo <i>et al.</i> (2003) is already included in the review by Booth <i>et al.</i> (2008) and is therefore represented in the review.</p> <p>12. Chaloupka <i>et al.</i> (1999): No further additional relevant studies identified.</p> <p>13. Cook & Tauchen (1982): The paper by Cook & Tauchen (1982) is already represented in the review by Booth <i>et al.</i> (2008) and therefore covered within the review.</p> <p>14. The study by Saffer & Grossman (1987) is already included in the review by Wagenaar & Toomey (2002) and is therefore represented in the review.</p> <p>15. The paper by Koski <i>et al.</i> (2007) is already included in the review by Booth <i>et al.</i> (2008) and therefore represented within the review.</p>

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British Medical Association					<p>¹⁶ Matthews K, Jonathan Shepherd J & Sivarajasingham V (2006) Violence-related injury and the price of beer in England and Wales. <i>Applied Economics</i> 38: 661-70.</p> <p>¹⁷ Saffer H & Grossman M (1987) Beer taxes, the legal drinking age, and youth motor vehicle fatalities. <i>Journal of Legal Studies</i> 16: 351-74.</p> <p>¹⁸ Kelp KI, Schmid LA & Murray DM (1996) Effects of increased minimum drinking age law on drinking and driving behaviour among adolescents. <i>Addiction Research</i> 4: 237-44.</p> <p>¹⁹ O'Malley PM & Wagenaar AC (1981) Effects of minimum drinking age laws on alcohol user, related behaviours and traffic crash involvement among American youth: 1976-1987. <i>Journal of Studies of Alcohol</i> 52: 478-91.</p>	<p>16. Matthews <i>et al.</i> (2006): The study by Matthews <i>et al.</i> (2006) is already included in the review by Booth <i>et al.</i> (2008) and is therefore represented in the review.</p> <p>17. The study by Saffer & Grossman (1987) is already included in the review by Wagenaar & Toomey (2002) and is therefore represented in the review.</p> <p>18. The study by Klepp <i>et al.</i> (1996) is already included in the review by Wagenaar & Toomey (2002) and is therefore represented in the review.</p> <p>19. The study by O'Malley & Wagenaar (1991) is already included in the review by Wagenaar & Toomey (2002) and is therefore represented in the review.</p>

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British Medical Association					<p>²⁰ Wagenaar AC & Maybee RG (1986) Legal minimum drinking age in Texas: effects of an increase from 18 to 19. <i>Journal of Safety Research</i> 17: 165-78.</p> <p>²¹ Shults R, Elder R, Sleet D et al (2001) Reviews of evidence regarding interventions to reduce injuries to motor vehicle occupants. <i>American Journal of Preventive Medicine</i> 21: 23-30.</p> <p>²² US General Accounting Office (1987) <i>Drinking-age laws: an evaluation synthesis of their impact on highway safety</i>. Washington: US General Accounting Office.</p> <p>²³ Smart R & Goodstadt M (1977) Effects of reducing the legal alcohol-purchasing age on drinking and drinking problems: a review of empirical studies. <i>Journal of Studies on Alcohol</i> 38: 1313-23.</p> <p>²⁴ Wells S, Graham K & West P (1998) 'The good, the bad, and the ugly': Response by security staff to aggressive incidents in public drinking settings. <i>Journal of Drug Issues</i> 28: 817-36.</p> <p>²⁵ Gliksman L, Single E, McKenzie D et al (1993) The role of alcohol providers in prevention: an evaluation of a server intervention programme. <i>Addiction</i> 88: 1189-97.</p>	<p>20. The study by Wagenaar & Maybee (1986) is already included in the review by Wagenaar & Toomey (2002) and is therefore represented in the review.</p> <p>21. Shults <i>et al.</i> (2001): No such title could be identified. The reference details relate to an article describing methods of systematic reviews to reduce injuries to motor vehicle occupants. This reference is referred to above, alongside a considerable evidence base relating to the effectiveness of changes in MLDA on road traffic crashes already represented within Review 2.</p> <p>²² US General Accounting Office (1987): This document could not be sourced.</p> <p>23. Smart & Goodstadt (1997): This literature review is excluded on the basis of the NICE public health methods guide (2006), whereby stakeholders are requested not to submit evidence of weak design when better studies are available. This review is relatively old (published in 1977) and the more recent and comprehensive systematic review by Wagenaar & Toomey (2002) is already included in the review.</p> <p>24. Wells <i>et al.</i> (1998): This article was excluded as it relates to the management of aggressive incidents by bar security staff and no further relevant information was identified.</p> <p>25. The study by Gliksman <i>et al</i> (1993) is already included in the review by Ker & Chinnock (2008) and is therefore represented in the review.</p>

of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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British Medical Association					<p>²⁶ McKnight AJ (1991) Factors influencing the effectiveness of server-intervention education. <i>Journal of Alcohol Studies</i> 52: 389-97. ²⁷ Scottish Executive Social Research (2003) Liquor licensing and public disorder: Review of literature on the impact of licensing and other controls/audit of local initiatives. Edinburgh: The Stationery Office. ²⁸ Ogilvie D, Gruer L & Haw S (2005) Young people's access to tobacco, alcohol and other drugs. <i>BMJ</i> 331: 393-96. ²⁹ Chaloupka FJ, Grossman M, Bickel WK et al (1999) The economic analysis of substance use and abuse: an integration of econometric and behavioural economic research. ³⁰ Chicago: University of Chicago Press. Home Office (2007) Violent crime, disorder and criminal damage since the introduction of the Licensing Act 2003. Home Office online report (accessed January 2008). ³¹ US Department of Health and Human Services (2000) <i>10th Special Report to the US Congress on alcohol and health</i>. Washington: US Department of Health and Human Services</p>	<p>26. The study by McKnight (1991) is already included in the review by Ker & Chinnock (2008) and is therefore represented in the review.</p> <p>27. Scottish Executive Social Research (2003): The international evidence on licensing hours and alcohol-related problems referred to in this review focuses on the Scandinavian and Australian evidence base that is already represented in Review 2. No further related evidence was identified in handsearching of this report.</p> <p>28. Ogilvie <i>et al.</i> (2005): This review refers to the review by Makela <i>et al.</i> that is already included. No further relevant evidence on this point was identified in this paper.</p> <p>29. Chaloupka <i>et al.</i> (1999): No further evidence could be identified.</p> <p>30. Home Office (2007): This report is already included as part of the evaluation by Hough <i>et al.</i> and is therefore already represented in Review 2. It has been ensured that all relevant data have been included in the narrative summary.</p> <p>31. US Department of Health and Human Services (2000): No further relevant evidence identified in sourced highlights.</p>

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British Medical Association					<p>³² Lipton R & Gruenewald P (2002) Spatial dynamics of violence and alcohol outlets. <i>Journal of Studies on Alcohol</i> 63: 187-95.</p> <p>³³ Green J & Plant MA (2007) Bad bars: a review of risk factors. <i>Journal of Substance Use</i> 12:157-89.</p> <p>³⁴ Plant MA, Plant ML & Green J (2007) Safer bars, safer streets? <i>Journal of Substance Use</i> 12: 151-5.</p> <p>³⁵ Livingston M, Chikritzhs T & Room R (2007) Changing the density of alcohol outlets to reduce alcohol-related problems. <i>Drug and Alcohol Review</i> 26: 557-66.</p> <p>³⁶ Department for Environment, Food and Rural Affairs (2007) <i>Family food in 2005-06</i>. London: The Stationery Office.</p> <p>³⁷ Office for National Statistics (2007) <i>Family spending: 2006 edition</i>. London: The Stationery Office.</p> <p>³⁸ HM Government (2007) <i>Safe. Sensible. Social: the next steps in the national alcohol strategy</i>. London: The Stationery Office.</p>	<p>32. Lipton & Gruenewald (2002) is already included in the review by Livingston <i>et al.</i> (2007) and is therefore represented.</p> <p>33. Green & Plant (2007): This article is a review of the risk factors associated with 'bad bars' and does not contain further information for inclusion.</p> <p>34. Plant <i>et al.</i> (2007): This editorial does not contain further information for inclusion.</p> <p>35. The additional evidence relating to the effects of outlet density on violence and other alcohol-related problems from the review by Livingston <i>et al.</i> (2007) has been added.</p> <p>36. This report provides contextual information on alcohol expenditure that will be included in the discussion section of the review.</p> <p>37. This report provides contextual information that will be included in the discussion section of the review.</p> <p>38. This report provides contextual information that will be included in the discussion section of the review.</p>

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British Medical Association					<p>³⁹ Anderson P (2007) <i>The impact of alcohol advertising: ELSA project report on the evidence to strengthen regulation to protect young people</i>. Utrecht: National Foundation for Alcohol Prevention.</p> <p>⁴⁰ Ellickson PL, Collins RL, Hambarsoomians K et al (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. <i>Addiction</i> 100: 235-46.</p>	<p>39. Anderson (2007): The evidence base for the effect of alcohol advertising on young people has been extensively reviewed by the author of this report and already represented in Review 3. We have added relevant additional information on non-statutory regulation of alcohol advertising to Review 3.</p> <p>40. The study by Ellickson <i>et al.</i> (2005) is already included in the review by Booth et al. (2008) and is therefore represented in the review.</p>

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British Medical Association					<p>⁴¹ Aitken PP, Eadie DR, Leather DS et al (1988) Television advertisements for alcoholic drinks do reinforce under-age drinking. <i>British Journal of Addiction</i> 83: 1399-419. ⁴² Hastings G & Aitken PP (1992) Is alcohol advertising reaching the people it shouldn't reach? <i>Health Education Journal</i> 51: 38-42. ⁴³ Alcohol Concern (2007) <i>Not in front of the children</i>. London: Alcohol Concern. ⁴⁴ Royal College of Physicians (2001) <i>Alcohol - can the NHS afford it?</i> London: Royal College of Physicians. ⁴⁵ Irvin C, Wyer P & Gerson L (2000) Preventative care in the emergency department, part II: clinical preventive services – an emergency medicine-based review. <i>Academic Emergency Medicine</i> 7: 1042-54. ⁴⁶ Patton R, Strang J, Birtles C et al (2007) Alcohol: a missed opportunity. A survey of all accident and emergency departments in England. <i>Emergency Medicine Journal</i> 24: 529-31.</p>	<p>41. Aitken <i>et al.</i> (1988): The study by Aitken <i>et al.</i> (1988) is already represented in the review by Booth <i>et al.</i> (2008) and is therefore covered in the review.</p> <p>42. Hastings <i>et al.</i> (1992): This paper has now been added to Review 3.</p> <p>43. Alcohol Concern (2007): Whilst no further relevant evidence on the effectiveness of advertising interventions or the link between alcohol advertising and related outcomes was identified in this report, the research undertaken by Alcohol Concern into the timing of alcohol advertisements in broadcast media will be referred to in the discussion section of Review 3 to provide further contextual information to the PDG.</p> <p>44. RCP (2001): Review 6 was a review of systematic reviews. No further relevant systematic reviews of the effectiveness of brief interventions were identified in this report.</p> <p>45: Irvin <i>et al.</i> (2000): This paper refers to the systematic review by D'Onofrio & Degutis that has already been included in Review 6. No further relevant systematic reviews of the effectiveness of brief interventions were identified in this report.</p> <p>46. Patton <i>et al.</i> (2007): This study was excluded as it contains information relating to the extent of the use of measures to detect alcohol misuse but no further relevant information on effectiveness or barriers/facilitators to effectiveness.</p>

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British Association for Adoption and Fostering		All evidence documents	General		<p>This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence.</p> <p>Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.</p>	Thank you for your comment.

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British Association for Adoption and Fostering		All evidence documents	General		This is a very thorough literature review. It appears however, that there is a lack of evidence concerning vulnerable groups such as looked after children and young people, and black minority ethnic groups.	Thank you for your comment. It is correct to note that evidence relating to looked after children and young people, and black minority ethnic groups was scarce. Evidence was included where this was available. Efforts were made to identify further evidence, with additional searches made for evidence of the effectiveness of brief interventions in young people and ethnic minority groups in the UK. Further evidence on the impact of alcohol outlet density on child maltreatment has since been included.

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British Association for Adoption and Fostering		All evidence documents	General		<p>It is essential that activities and interventions specifically aimed at looked after children and young people, and their families, are considered. 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. Targeted interventions for this group may need to be developed.</p> <p>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.</p> <p>The research by Bankole Johnson concerning preventative work specifically addressed at children of adults known to have alcohol difficulties does not appear to be included in this review, and has considerable relevance for looked after children and young people.</p>	<p>Unfortunately evidence specifically relating to looked after children and young people was scarce. However, the importance of considering the impact of alcohol on such vulnerable groups has been raised in the review of the effectiveness of brief interventions in young people. It is an area that will be considered by the committee when they are drafting their recommendations.</p> <p>Unfortunately the research conducted by Bankole Johnson does not fit the scope of these reviews and is therefore not appropriate for inclusion.</p>

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College of Emergency Medicine		Prevention and early identification of alcohol use disorders; final draft 2. Evidence Review	Review 5	8	<p>Laboratory markers (2nd to last sentence): Blood Alcohol Concentration (BAC) is of use in the Emergency Department Resuscitation Room to flag up those who should be later (when recovered and in a calm environment) be given feed-back, brief advice and the possible offer of referral to an Alcohol Nurse Specialist.</p> <p>References:</p> <p>1. Csipke E et al. Use of blood alcohol concentration in resuscitation room patients. <i>Emergency Medicine Journal</i> 2007;24:535-8</p> <p>2. Touquet R et al. Resuscitation room blood alcohol concentrations: one-year cohort study. <i>Emergency Medicine Journal</i> 2008;25:752-6.</p> <p>http://emj.bmj.com/cgi/content/short/25/11/752?keytype=ref&ikey=ObfG2ppgeG5Gwwr</p> <p>The use of clinical signs for detecting alcohol misuse is delineated in Touquet R & Brown A. PAT(2009) – Revisions to the PAT for Early Identification of Alcohol Misuse and Brief Advice. <i>Alcohol & Alcoholism</i> 2009; 44: 284-6.</p> <p>http://alcalc.oxfordjournals.org/cgi/reprint/aggp016?ikey=HlmeNEO7f6izT0F&keytype=ref</p>	<p>Thank you for your comment.</p> <p>1. Csipke <i>et al.</i> (2007): This study has now been included in Review 5 (as it includes a comparison with PAT of the capacity to detect alcohol misuse)</p> <p>2. Touquet <i>et al.</i> (2008): This study has not been included, since it does not contain data of the effectiveness of BAC in identifying alcohol misuse. However, details of this study will be added to the discussion to present further detail on the clinical presentations associated with a positive BAC.</p> <p>3. Touquet <i>et al.</i> (2009): Any further detail on effectiveness will be added.</p>

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College of Emergency Medicine		Evidence Review	Review 6	8	<p>1. Royal College of Physicians Working Party on Alcohol Misuse: Alcohol – can the NHS afford it? Recommendations for a coherent alcohol strategy for Hospitals. February 2001 www.rcplondon.ac.uk recommended that every acute hospital should have their own alcohol Nurse Specialist with a Consultant Alcohol Lead, remembering that psychiatric services (including substance misuse) are in separate Trusts from acute Trusts that run Emergency Departments.</p> <p>2. Crawford MJ et al. Screening and referral for brief intervention of alcohol misusing patients in an emergency department: a pragmatic randomised controlled trial. <i>Lancet</i> 2004; 364:1334-9. demonstrate in the largest <i>pragmatic</i> (initial data of early detection carried out by routine medical/nursing staff – NOT researchers) RCT of 599 patients that for every 2 patients who accepted the offer of an appointment with the Alcohol Nurse Specialist there was one less re-attendance over one year.</p> <p>3. Williams S et al. The half-life of the 'teachable moment' for alcohol misusing patients in the emergency department. <i>Drug and Alcohol Dependence</i> 2005; 77: 205-8. demonstrate for 1792 patients over a four year period that the half life of the 'teachable moment' for 'opportunistic intervention' was 48hours, showing the need for full-time Alcohol Nurse Specialist availability.</p>	<p>Thank you for this evidence.</p> <p>1. RCP report: No further relevant evidence on effectiveness could be identified and therefore this report does not meet the inclusion criteria for this review. However, this point will be referred to in the discussion section .</p> <p>2. The Crawford trial is already reflected within the included systematic reviews.</p> <p>3. The Williams paper has now been included within the evidence base.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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College of Emergency Medicine		Evidence Review	Review 7	9	<p>The need to overcome 'clinical inertia' is summarised by</p> <ol style="list-style-type: none"> 1.) Huntley JS et al. Attitudes towards alcohol of emergency department doctors trained in the detection of alcohol misuse. <i>Annals of Royal College Surgeons England</i> 2004; 86: 329-33. 2.) Touquet R & Brown A. PAT(2009) – Revisions to the PAT for Early Identification of Alcohol Misuse and Brief Advice. <i>Alcohol & Alcoholism</i> 2009; 44: 284-6. <p>http://alcalc.oxfordjournals.org/cgi/reprint/agp016?ijkey=HlmeNEO7f6izT0F&keytype=ref</p> <p>Further this need for leadership, education, audit and feed-back has been emphasized in a number of reports including:-</p> <ol style="list-style-type: none"> 1. National Audit Office, DOH, 'Reducing Alcohol Harm: health services in England for alcohol misuse', October 2008. http://www.nao.org.uk/publications/nao_reports/07-08/07081049.pdf 2. BMA. Alcohol misuse: tackling the UK epidemic, February 2008. http://www.bma.org.uk/ap.nsf/Content/tacklingalcoholmisuse 3. Review of the effectiveness of treatment for alcohol problems, November 2006. http://www.nta.nhs.uk/publications/publications.aspx?CategoryID=6 	<p>Thank you for this evidence.</p> <ol style="list-style-type: none"> 1. The Huntley paper has now been included in the evidence base. 2. The paper by Touquet has not been included as no further relevant evidence was identified. <p>The final three reports are not primary studies and do not meet the inclusion criteria for the review of barriers and facilitators.</p>

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Department of Health		Prevention and early identification of alcohol use disorders in adults and young people	5.1.3	56	<p>The evidence states that <i>“around 28% adults surveyed abstained from drinking”</i>.</p> <p>You may wish to be aware that previous surveys have indicated that 90% of adults drink (so only 10% abstain).</p> <p>The 2006 GHS shows that 10.6% of men and 17.3% of women abstain, giving an average of 14.2% adults abstaining.</p>	Thank you for your comment. The review has been revised accordingly.
Department of Health			Review 4, paragraph 2	5	<p>The evidence states that <i>“self-reported drinking is known to be under-estimated; total consumption from surveys accounts for around 50% of known alcohol sales in the UK. “</i></p> <p>In contrast, ScHARR page 12 “Discussions, Limitations, and Possible Further Research” states; “our analysis suggests under-estimates of GHS of 21% [of self-reported alcohol consumption]. “</p> <p>Discussions with HMRC have indicated that the UK is not unique, and that this picture holds true throughout most of the Western world.</p>	Thank you for your comment, it has been taken into account and has been addressed.

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Greater London Domestic Violence Project (The Stella Project)		All	General		<p>While there is some account taken of gender in the evidence gathered and subsequent analysis, it is not a thorough enough examination of the specific needs and experiences of women and alcohol misuse. Studies have shown that a large proportion of women with problematic alcohol use have experienced violence and abuse. Women who have experienced domestic violence are more likely to have problematic substance use and mental health issues than women who have not experienced domestic violence.</p> <p>Cont'd</p>	<p>Thank you for your comment.</p> <p>We would also encourage your organisation to register as stakeholders for the guidance on Alcohol Dependency, which is currently under development: http://guidance.nice.org.uk/CG/Wave17/1</p>

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Greater London Domestic Violence Project (The Stella Project)					<p>In order to provide comprehensive, meaningful guidance on alcohol use, it is therefore recommended that the following research is taken into account when considering the effectiveness and importance of interventions: Dolev and Associates (2008) 'No Boundaries. The Tayside Domestic Abuse and Substance Misuse Project. Final Research Report' This report includes discussions of women's use of alcohol within a broader discussion of substance use. It finds that services are not adequately responding to the dual issues of domestic violence and substance use when they focus only on the one issue. Where routine enquiry is not being carried out, women are not able to access effective services for their alcohol use or domestic violence Cont'd</p>	<p>Unfortunately Dolev <i>et al</i>: does not meet the inclusion criteria for any of the reviews. However, the need for consideration of coping strategies in the prevention of problem drinking and domestic violence will be referred to in the discussion of the evidence base.</p>

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Greater London Domestic Violence Project (The Stella Project)					<p>Stark and Flitcraft (1996) 'Women at Risk: Domestic Violence and Women's Health'. Sage: Thousand Oaks Contains figures relating to substance use and domestic violence, including 'women experiencing domestic violence are up to fifteen times more likely to misuse alcohol ... than women generally'</p> <p>Snow, Sullivan, Swan, Tate and Klein (2006) 'The Role of Coping and Problem Drinking in Men's Abuse of Female Partners: Test of a Path Model' <i>Violence and Victims, Vol 21, Number 3, June 2006</i> This report highlights the importance of supporting and developing effective coping strategies for men with problematic alcohol use who are violent towards their partners</p> <p>Galvani and Humphreys (2005) 'The Impact of Violence and Abuse on Engagement and Retention Rates for Women in Substance Use Treatment: a Feasibility Study'. University of Birmingham and University of Warwick This paper examines the effects of domestic violence on women's ability to engage with substance use treatment programmes, highlighting issues for effective interventions</p> <p>Plant (2008) 'The Role of Alcohol in Women's Lives: A Review of Issues and Responses' <i>Journal of Substance Use</i> An overview of women's alcohol consumption in the UK</p>	<p>Stark & Flitcraft (1996): This book does not meet the inclusion criteria for Review 4, since it is not a report of a UK-specific survey. However, relevant information contained within the review relating to the role of alcohol in women's lives will be added to the discussion of the evidence base.</p> <p>Snow <i>et al.</i> (2006): This study does not meet this inclusion criteria for any of the reviews. However, the need for consideration of coping strategies in the prevention of problem drinking and domestic violence will be referred to in the discussion of the evidence base.</p> <p>Plant (2008): This review does not meet the inclusion criteria for Review 4, since it is not a report of a UK-specific survey. However, relevant information contained within the review relating to the role of alcohol in women's lives will be added to the discussion.</p> <p>Galvani and Humphreys: This work does not meet this inclusion criteria for any of the reviews. However, the need for consideration of violence and abuse in treatment for substance misuse among women will be referred to in the discussion of the evidence base.</p>

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Greater London Domestic Violence Project (The Stella Project)		Cost Effectiveness Review	General		The evidence which illustrates the large savings that can be made across services and sectors when problematic alcohol use is effectively responded to highlights the need for integrated, well-resourced services to address this issue	Thank you for your comment.
Greater London Domestic Violence Project (The Stella Project)		Review 3	General		Much of the cited research illustrates the need for multi-agency responses to problematic alcohol use. For examples of good practice in relation to creating an integrated response to domestic violence and substance use, visit the Stella Project website, www.gldvp.org.uk	Thank you for your comment. The need for multi-agency responses to alcohol misuse and domestic violence will be included in the discussion of the evidence base.
Institute of Alcohol Studies		General	General		The IAS welcomes this opportunity to respond and it commends the review for the extensive and inclusive approach. In particular, we welcome the association between the review of macro-level interventions alongside the early identification of alcohol use disorders in adults and young people. The inclusion of macro-level prevention approaches such as price, availability and promotion, alongside interventions that target individuals and vulnerable groups, is in keeping with effective public health approaches recommended by the World Health Organisation and others.	Thank you for your comment.

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Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	General		There is a clear lack of robust evidence regarding the effectiveness of screening and brief interventions with adolescents. The IAS would welcome the initiation of further research in this area.	Thank you for your comment. When developing the recommendations the committee will note gaps in the evidence base and if appropriate make recommendations for research.
Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	General		There is a clear lack of robust evidence regarding the effectiveness of screening and brief interventions in the workplace and in the criminal justice service. The IAS would welcome the initiation of further research in this area.	Thank you for your comment. When developing the recommendations the committee will note gaps in the evidence base and if appropriate make recommendations for research.

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Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	Review 7 Organisational factors	20-29	<p>We note the accurate reflection of the reality of implementing screening and brief interventions in healthcare settings, as evidenced in the document. We note that this is also the conclusion of the Inebria project</p> <p>(http://www.inebria.net/Du14/html/en/Du14/index.html)</p> <p>which has initiated further research in this area via the Amphora project</p> <p>http://www.amphoraproject.net/</p> <p>The IAS considers that the issues of training of clinical staff, practitioner workload and the under-utilization of screening and brief interventions needs to be addressed firmly in the guideline produced.</p>	Thank you for your comment.

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Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	3.2.4	31	Whilst we recognise that treatment administered by alcohol specialists has been included as an exclusion criterion, we consider that the guidelines need to recognise the interface between generalists providing screening and brief interventions and specialist alcohol provision. The Models of Care for Alcohol Misusers recognise the benefit of integrated care pathways and both screening and brief interventions may be, in some cases, the gateway to referral to specialist services.	Thank you for your comment. Please note that this guideline is one of three pieces of alcohol guidance currently being developed by NICE. The other two pieces will address the clinical management
Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	5.1.1 Consideration of methods	47	Whilst the gist of this section accurately reports changes in unit calculations, one detail does not go far enough: A 'standard' wine glass is no longer 125 ml, but 175 ml, and a 'large' glass is more commonly 250 ml.	This comment has been addressed.
Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	5.2.2 narrative synthesis of review findings: AUDIT	70	The IAS agrees with the conclusion that the AUDIT questionnaire is likely to be the most cost-effective screening technique but that a cost-effectiveness comparison of the full AUDIT and reduced versions needs to be undertaken.	Thank you for your comment. This is more applicable to the economic analysis which will be consulted on separately.

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Institute of Alcohol Studies		Report 2 Screening and brief interventions effectiveness review	Evidence statement 7.4	201	Detailed consideration needs to be given before issuing the guidelines regarding the method of delivery of screening and brief interventions. This evidence statement highlights the inconclusive nature of the evidence regarding who is best to provide the intervention – alcohol specialists, GPs, practice nurses or others.	Thank you for your comment it has been noted.

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Lundbeck Ltd		Report 2 – Screening and Brief Interventions : Effectiveness Review	General		We note that the evidence base includes numerous outcome measures for measuring reduction in alcohol consumption. We believe it would be helpful if the GDG recommends as part of the public health guidance, a small number of specific validated alcohol consumption measures for use in future evaluation work. These clinically validated measures should be able to be used as part of a treatment monitoring strategy in individuals as well as being an assessment tool. A suitable validated outcome measure is for example the 'Timeline Follow Back' method which is one of the most applicable measures for meeting these criteria (see Report 2, page 75; Sobell, L. C., and M. B. Sobell, 1992, Timeline follow-back: a technique for assessing self-reported alcohol consumption., in R Litten and J Allen eds., Measuring alcohol consumption: Humana Press).	Thank you for your comment. When developing their recommendations the committee will identify gaps in the evidence base and make recommendations for research.

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Lundbeck Ltd		Report 2 – Screening and Brief Interventions : Effectiveness Review	General		We welcome the acknowledgement by the GDG of the need for the alcohol dependency guidelines to ensure consistency across all 3 parts of the NICE guidance to ensure an integrated care pathway. Any recommendations for suitable validated outcome measures for reduction in alcohol consumption would benefit from being considered in all 3 parts of the guidance. This may help facilitate overall assessment and evaluation by allowing individual patient level data to be audited to support other national measures for reduction in alcohol consumption (e.g. WHO risk thresholds; World Health Organisation. 2000. International Guide for Monitoring Alcohol Consumption and Related Harm. 2000).	This comment has been noted.

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National Association of Cider Makers (NACM)		5.1 Review 1	General		<p>As reducing alcohol harm is the objective of this guidance, evidence that a particular intervention reduces consumption should not be seen alone as a persuasive argument for a particular intervention. More evidence is needed on the link between interventions and alcohol related harms. An intervention that reduces aggregate level consumption will not necessarily impact on harms caused by harmful patterns of drinking and may even exacerbate these. For example, while alcohol consumption at population level in the UK has fallen by 6% since 2004 (HMRC data) increasing levels of health harm have been reported.</p> <p>NHS, Statistics on Alcohol: England, 2009 http://www.ic.nhs.uk/webfiles/publications/alcoholeng2009/Final%20Format%20draft%202009%20v7.pdf</p> <p>While we have concerns about some of the RAND study on affordability of alcohol and harm across the European Union, it raises an interesting point in the debate about whether aggregate population consumption levels are a useful measure when trying to tackle alcohol related harm. http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf</p>	<p>Thank you for your comment. Interventions that reduce alcohol consumption and/or alcohol-related harm were the focus of these reviews. The review by Booth <i>et al.</i> (2008) considered the links between alcohol price/tax and consumption and also alcohol price/tax and harm. Therefore, a body of evidence that links changes in alcohol price/tax directly to harm has already been included within the evidence base. The evidence base also refers the reader to the recent and extensive systematic review of the associations between alcohol consumption and harm conducted by Booth <i>et al</i> (2008). We note the comment relating to the debate surrounding the use of aggregate population consumption data (as discussed in the RAND report). This debate will be referred to in the discussion section of the review so that the PDG are able to take account of this in their deliberations.</p>

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National Association of Cider Makers (NACM)			General		<p>This study delves into a number of policy areas outside the remit of NICE, such as advertising policy, yet other interventions are not considered at all. Consideration of alcohol education for young people, the impact of social marketing campaigns and the enforcement of existing legislation would be useful areas to consider.</p>	<p>Thank you for your comment. The newly revised methods and processes manuals (http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp) highlight the broad and diverse activities that may be included in improving the health of the population. The process manual (page 8) highlights that recommendations may include actions that need to be taken at population community, organisational, group family and / or individual level. These actions may range from health professionals working locally to provide information about health risks, through to those national policies (e.g. fiscal measures such as taxation) that change everyone's exposure to risk (see further details in Appendix A methods manual).</p> <p>The areas for consideration were determined and commented on by stakeholders during the development of the scope. As such it is now not possible to alter the areas which the committee is considering.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>

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National Association of Cider Makers (NACM)			General		<p>The main systematic review (Booth et al) used as evidence for review 1 raises concerns as it uses an own price elasticity for alcoholic drinks to show that harmful drinkers are more affected by general price rises than moderate drinkers. This is true of individual products as harmful drinkers are more likely to product switch to maintain levels of consumption. However, in the event of a general rise in the price of alcohol, the demand elasticity of harmful drinkers is shown to be substantially more inelastic than that of moderate drinkers. This distinction is significant to an assessment of the effectiveness of a policy measure that would raise the price of alcoholic drinks in general.</p> <p>This issue is explored in more detail in the CEBR paper 'Minimum Pricing; a targeted measure' (June 2009)</p> <p>A study by Wagenaar <i>et al.</i> (2008) on the response of heavy drinkers to changes in price found that though price rises do affect heavy drinkers, the effect of price on consumption does appear to be smaller for heavy drinkers than for more moderate drinkers.</p>	<p>These comments do not appear to relate to the systematic review by Booth <i>et al.</i> The Booth review was based on the 2 meta-analyses conducted by Wagenaar (as described left) and Gallet and further primary studies.</p> <p>The modelling work undertaken as part of this programme is separate to the reviews of effectiveness and will be put out to consultation seperately.</p>

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National Association of Cider Makers (NACM)			Evidence statement 1.3	Pg. 43	The systematic review (Booth et al) uses studies that are not from a UK context and have limited application to the United Kingdom. For example, the Australian study (Gray et al 2000) on minimum pricing cited in support of evidence statement 1.3 was locally instituted minimum pricing in an area with a high aboriginal population. The issues around alcohol and indigenous populations are extremely complex and it would be misleading to generalise the results of this study to the UK, as there is such limited situational relevance. The finding that most respondents to a questionnaire about the initiatives were in favour also has to be treated with caution due to the underlying cultural issue involved.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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National Association of Cider Makers (NACM)			Evidence Statement 1.4	43	<p>There is no evidence to suggest a direct causal link between population level alcohol consumption 'harms'. Patterns of drinking have a correlation with harms rather than just population level consumption. These drinking patterns explain some of the differences in outcomes in different countries that population level consumption does not.</p> <p>This is supported by RAND, The affordability of alcoholic beverages in the European Union, 2009</p> <p>For example, despite high taxation rates, "binge" drinking rates among young people in countries of northern Europe are among the highest: Hibell, B., Andersson, B., Bjarnason, T., Ahlström, S., Balakireva, O., Kokkevi, A. et al. (2004). <i>The ESPAD report 2003: Alcohol and other drug use among students in 35 European countries</i>. Stockholm: Swedish Council for Information on Alcohol and Other Drugs.</p>	<p>Thank you for your comment. The committee is composed of a panel of experts from the alcohol field who are aware of the relationships between consumption and harm. As a result the committee will draw on this expertise when considering the evidence</p> <p>Information on the impact of the affordability of alcohol from the RAND paper is now included in the review.</p> <p>The most effective way of demonstrating the presence or absence of a causal relationship between tax and binge drinking would be in the form of a time-series analysis. However, the ESPAD data will be referred to in the discussion for consideration by the PDG for contextual information.</p>

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National Association of Cider Makers (NACM)			Evidence statement 1.4	P. 43	<p>The impact of a large reduction in the price of alcohol on area differences in interpersonal violence: a natural experiment based on aggregate data, Herrtua et al 2008. http://jech.bmj.com/cgi/content/abstract/62/11/995</p> <p>This study was conducted by the same authors as one of the four studies on which review one is based. Using data from the period in which Finland underwent a significant reduction in alcohol prices, it concludes that interpersonal violence rates did not increase after a large reduction in alcohol prices and an increase in consumption. For domestic violence, the rate even decreased.</p>	Thank you for your comment. This study met the inclusion criteria for Review 1 and has been added to the evidence base.

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National Association of Cider Makers (NACM)			General		<p>More evidence should be included on the full consequences of measures to raise alcohol prices. High prices on legitimate products sold through official channels in bars and shops may force consumers to seek cheaper alcohol through “informal” channels or abroad. For example, in Sweden as a whole, nearly a fifth of the alcohol consumed has been purchased abroad. In border regions, this percentage is even higher. The openness of the UK border with lower tax countries such as France would mean that the UK would be likely to see similar effects. Lower taxation in neighbouring countries, typically reflected in lower prices, attracts cross-border shoppers and effectively reduces the average price of alcohol in a country. (RAND Europe)</p> <p>This can have the effect of increasing criminality and thus the resources needed to enforce the law, as smuggling increases.</p>	<p>Thank you for your comment. None of the included studies reported the impact of changes in alcohol price/tax on use of ‘informal’ channels of alcohol. However, the potential use of such routes and the relevant section in the RAND report will be referred to in the discussion section.</p>

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National Association of Cider Makers (NACM)		5.2 Review 2	5.2.2.1	P. 47	None of the studies cited are UK specific. The US has a unique context in liquor law that cannot be extrapolated to the UK. In particular, possession of alcohol and purchase are enforced against young people, a situation not widely reflected in the UK. The USA and New Zealand, where the studies relating to road accidents were carried out also have lower minimum ages for driving than the United Kingdom, and it is also more usual for young people to drive. Cultural attitudes to drinking and the levels of enforcement are also significant factors that would vary between countries.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)			Everitt et al (2002)	P. 48	This New Zealand study records increased number of presentations among 17-19 year old after the lowering of the minimum drinking age. It also needs to be taken into account that this age group may have been prepared to seek help once legal drinkers and that they would be more likely to drink in public since being able to drink legally, leading to more presentations..	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
National Association of Cider Makers (NACM)			Wagenaar & Toomey (2002)	P. 54	This systematic review shows that the relationship between minimum drinking age and consumption is equivocal.	Thank you for your comment. It has been stated that the evidence included in the review by Wagenaar and Toomey was inconclusive, with an unclear relationship between MLDA and alcohol consumption.'

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National Association of Cider Makers (NACM)			Wagenaar & Toomey (2002)	P. 57	Health and social problems are very different and have different contributory causes and timescales for showing themselves. Considering them together in this way gives a lack of clarity.	Thank you for your comment, the review presents the data as it was reported in the systematic review. However, please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them..
National Association of Cider Makers (NACM)			Evidence statement 2.2		The study did not find a significant relationship between lowering the drinking age and increased social and health harms. Evidence statement 2.2 is misleading in its suggestions that evidence of a negative relationship was found.	This comment has been noted. Within the narrative review it is stated that the Wagenaar & Toomey review presented 'inconclusive evidence suggestive of an inverse relationship between MLDA and health and social problems.' However, it should be noted that the 4 additional included primary studies support the existence of a negative relationship. The current evidence statement reflects this accurately.
National Association of Cider Makers (NACM)				P. 58	The word 'consumption' in this context needs to be clarified. The research papers interchange consumption with 'purchase', stating that if the price goes up then 'consumption' falls. But correctly speaking when the price goes up 'sales'/'purchases' fall. In high tax economies, recorded alcohol purchases may fall but it does not mean to say that consumption falls i.e. that people actually drink less. Levels of drinking (consumption) can be maintained using unofficial sources of supply	Thank you for your comment, Please note that relevant outcomes (ie. consumption or sales) are as presented in the study reports. The potential use of informal sources of alcohol will be referred to in the discussion.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
National Association of Cider Makers (NACM)				P. 58	The phenomenon of substitution of one substance for another can also been seen with illicit alcohol .	Thank you for your comment.
National Association of Cider Makers (NACM)				P. 58	The suggestion that higher tax on alcohol is an effective tool to reduce alcohol purchases among young people is misplaced as young people often have high levels of disposal income and place a great deal of value on their social lives. Drinking age limits should be enforced rather than policy interventions being attempted through price.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that has been made available to them.
National Association of Cider Makers (NACM)			Gehen et al	P. 61	This study was carried out in the US where server training and culture around alcohol is different to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)			Evidence statement 2.2		In 2006, retailers commissioned a study to research the reasons why extensive staff training was not always put into action by sales staff. This study can be provided to NICE: A STUDY OF CASHIERS' PERCEPTIONS AND BEHAVIOURS IN YOUNG ALCOHOL SALES SITUATIONS. Dr Gillian Hopkinson, Lancaster University Management School and Dr. Michael Humphreys, Nottingham University Business School. 2006	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)			Jeff & Saunders 1983	P.63	This study was carried out under the old UK licensing regime which has now changed a great deal. Police and trading standards staff have stronger and more flexible powers to tackle licensees who are behaving irresponsibly without going to a magistrate's court. The significant changes in the licensing regime mean that such studies carried out before its implementation have only limited application today.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
National Association of Cider Makers (NACM)			Krevor et al (2003)	P. 63	Electronic age verification devices are not in wide use in the UK	Thank you for your comment. It is noted within the narrative synthesis.
National Association of Cider Makers (NACM)			Pratten 2005	P. 65	This study should be treated with care as the sample (a Pubwatch scheme) would seem to be self selecting as these schemes are almost always on-trade focussed.	Thank you for your comment.
National Association of Cider Makers (NACM)			Rehnama et al	P. 66	This study suggests that younger servers may have an effect on test purchase failures. However, anecdotal evidence suggests that younger servers are better able to assess the age of their customers when it is close to the legal age.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)			Scottish Centre for Social Research	P. 67	This study includes a survey of licensees in a very localised setting which implies the licensed trade would like to see a national ID card rolled out in England. Care should be taken about reading too much into this finding and it should be noted that the views of licensees can be gauged on a national basis through talks with trade associations.	The localised context of the study is to be noted within the narrative synthesis.
National Association of Cider Makers (NACM)			Scottish Centre for Social Research, Literature review		The measures discussed in this review, such as surveying customers about where they had their last drink, do not in themselves prove wrong doing by a licensee.	Thank you for your comment.

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National Association of Cider Makers (NACM)				P. 67	<p>Test purchasing is a strategy that was used in England and Wales in conjunction with a number of other measures to address underage sales. It is important to note that the widespread introduction of this tool coincided with a greater awareness of the extent to which young people had previously been able to purchase alcohol. Action was taken by retailers to introduce specialised training and strategies like Challenge 21 (it was at this time that the Retail of Alcohol Standards Group was set up) and police began to enforce these laws.</p> <p>The results of these action are reflected in data provided by test purchase results. In 2004, the overall test purchase failure rate was 50 per cent. In 2006, it had dropped to 20 per cent. In 2007, a campaign targeted specifically on problem premises delivered a result of 15 per cent overall .</p> <p>Underage alcohol sales down, Home Office press release, 12 October 2007</p> <p>It is important to note that Government policy has shifted to recognise that a relatively small amount of alcohol is purchased by youths directly, and that the co-operation of retailers can help significantly in reducing harder to tackle problem such as proxy purchasing.</p> <p>One example of a voluntary project between retailers and local authorities that looks to tackle underage drinking through holistic strategies is Community Alcohol Partnerships. More information can be provided to NICE on this project.</p>	<p>Thank you for your comment. Any relevant information from the highlighted Home Office Press release will be discussed; alongside the need for prevention of proxy purchasing.</p> <p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, a report of the effects of a Community Alcohol Partnership on underage drinking (which also refers to proxy purchasing) in St Neots, Cambridgeshire has been identified and included in the review.</p>

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National Association of Cider Makers (NACM)					Training initiatives like Challenge 21, Challenge 25 and 'No ID No Sale' should be considered as a strategy to help retailers identify underage people attempting to purchase alcohol.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that is available to them. Unfortunately no reports of the effectiveness of the recommended strategies could be identified. However, their operation will be highlighted within the discussion section to ensure awareness among the PDG.
National Association of Cider Makers (NACM)			Toomey et al (2001)	P. 69	Though this study has limited application to the UK its finding that owners and managers valued participation in the scheme reflects the willingness by the majority of licensees to be part of the solution when it come to alcohol in their communities.	This comment has been noted and reflected within the narrative.

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National Association of Cider Makers (NACM)			Wagenaar et al (2005)	P.70	<p>The statement that three studies looked at in this research showed that server training does not affect underage drinking need to be qualified. Purchasing alcohol is not the only way that young people get possession of it. In the UK, of 11-15-year-olds who drank 14 or more units in the previous week, 48 per cent claim to have been given alcohol directly by their parents. Under these circumstances, server training can be very beneficial without necessarily leading to a dramatic reduction in underage alcohol consumption. Education and awareness that involves parents and the family are also vital to have an impact in this area.</p> <p>Youth Alcohol Action Plan, Department for Children, Schools and Families, UK 2008</p>	<p>Thank you for your comment. Further detail will be added on the outcomes of the studies included in the literature review by Wagenaar <i>et al.</i> (2005).</p> <p>The potential influence of alternative sources of alcohol as parents and peers will be noted within the discussion section, alongside any relevant further information from the Youth Alcohol Action Plan.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>
National Association of Cider Makers (NACM)				P. 76	<p>The finding that the effect of training decays quickly can be attributed to the high turnover in staff in the on-trade and off-trade. Re-enforcement is an important part of the process of age-related training.</p>	<p>Thank you for your comment. This will be noted within the narrative synthesis.</p>

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National Association of Cider Makers (NACM)			Evidence statement 2.6	P. 78	All the UK studies in this section, including the one that found licensees perceived limited risk in selling to underage people, were conducted before the implementation of the 2003 Licensing Act which gave police significant new powers. It is likely that more up to date studies would reflect this.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
National Association of Cider Makers (NACM)			Evidence statement 2.5		The retail drinks industry is very diverse and made up of a range of businesses from franchises to family owned firms to large corporations. It would not be surprising to find different attitudes to underage sales but it should be recognised that many companies put a lot of resources into ensuring compliance with the law. The KPMG study of the industry's Social Responsibility Standards actually reported widespread best practice by the majority of businesses, although a number of isolated examples of poor practice were highlighted.	Thank you for your comment. The standards will be referred to in the discussion sections of the reviews on enforcement of the minimum legal age of alcohol purchase and management of the sale of alcohol to intoxicated individuals.
National Association of Cider Makers (NACM)			Evidence statement 2.10	P. 105	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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National Association of Cider Makers (NACM)			Evidence statement 2.11	P. 106	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					The majority of UK pub-owning companies provide guidance to their staff on dealing with intoxicated customers. A number also keep records of each refusal to serve intoxicated customers.	Thank you for your comment.
National Association of Cider Makers (NACM)					There are professional training bodies (e.g. BII) within the licensed retail trade and thousands of retailers go through these courses each year.	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their knowledge of alcohol field in conjunction with the evidence base when developing their recommendations.
National Association of Cider Makers (NACM)			Evidence statement 2.12	P. 106	Based on a study in New Zealand. It is unlikely this would relate to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					There is fairly widespread recognition that it is a criminal offence to serve an intoxicated individual.	Thank you for your comment.
National Association of Cider Makers (NACM)					There is currently legislation that deals with this issue. The existing law around sales to intoxicated people needs to be enforced.	Thank you for your comment.

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National Association of Cider Makers (NACM)			Evidence statement 2.13	P. 106	Non-UK studies, not particularly relevant to this country.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					Training of staff in licensed premises in the UK is already extremely high.	Thank you for your comment.
National Association of Cider Makers (NACM)			Evidence statement 2.14	P. 107	The source of the research is not provided.	Thank you for your comment, the review has been amended.
National Association of Cider Makers (NACM)					Partnership working at community level does appear to be effective in combating issues surrounding alcohol. All stakeholders need to be involved, including the alcohol industry. More information on partnership based program that has seen good results is www.communityalcoholpartnerships.co.uk	Thank you for your comment. Data from the pilot study based in St Neots, Cambridgeshire has now been included in the review relating to enforcement of underage drinking laws.

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National Association of Cider Makers (NACM)			Evidence statement 2.15	P. 142	<p>According to the British Crime Survey, alcohol related violent crime has fallen by 43% fall in alcohol related violent crime since 1995 – this was in a period where alcohol consumption increased by around 20%. This would suggest there is no causal relationship between population level consumption and alcohol related violent crime.</p> <p>http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf</p>	<p>Thank you for your comment. This data shows a lack of correlation between trends in alcohol-related violent crime and alcohol consumption, which could be influenced by a wide range of confounding factors. The most effective way of demonstrating the presence or absence of a causal relationship between alcohol consumption and alcohol-related violence crime would be in the form of a time-series analysis. For example, Norstrom used time-series analysis to demonstrate a statistically significant positive link between alcohol outlet density and violence in Norway. (Further evidence relating to outlet density and violence is discussed in the review by Livingston <i>et al</i> (2007) which is now included in the review).</p> <p>Unofrtunately no UK-specific time series analyses of the impact of licensing on violent crime were identified. However, the trends highlighted in the comment will be referred to in the discussion for consideration by the PDG for clarity.</p>

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National Association of Cider Makers (NACM)					Since 2004, alcohol consumption has fallen by 6.0%. On-trade consumption has decreased even more significantly.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)			Evidence 2.16	P.142	There is no conclusive evidence to suggest that the increased flexibility provided by the Licensing Act has caused an increase in alcohol related A&E attendances. On the contrary there is some evidence to suggest that there has been a fall.	The mixed findings of these evaluations are reflected accordingly within the evidence statement.
National Association of Cider Makers (NACM)			Evidence 2.17	P.142	We dispute that there is a 'clear' displacement of incidents into the early hours. The DCMS report said there was 'some evidence' of this.	Thank you for your comment. The reports by Hough <i>et al</i> ; Pike <i>et al.</i> ; and Durnford <i>et al.</i> are all supportive of a displacement of incidents into the early hours. Further detail on the level of displacement observed in each evaluation is to be added the narrative. The current evidence statement reflects the apparent temporal displacement.

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National Association of Cider Makers (NACM)					The increased level of alcohol-related violence recorded could be as a result of a shift of policing resources to the early hours of the morning, detecting crimes that previously had gone undetected. Only a very few number of crimes occur during this time.	The potential interpretations that the temporal displacement may be due to an increased level of alcohol-related disorder or increased detection are included in the discussion for consideration by the PDG. The scale of the reported incidents will also be clearly noted in the narrative.
National Association of Cider Makers (NACM)					Research by CGA strategy shows that as a result of the Licensing Act 2003 the additional opening time is just 21 minutes on average for a pub in England & Wales. This would not tally with an increase of alcohol related violence in the early hours. DCMS, Evaluation of the Impact of the Licensing Act 2003 (March 2008), Appendix C	This data from the DCMS report is currently included in the review. However, these data do not provide detail on the range of extensions adopted and the impact of larger extensions. The available evidence for temporal displacement and for the timing of trading hours is included in the narrative for consideration by the PDG.
National Association of Cider Makers (NACM)			Evidence statement 2.18	P. 143	It is certainly our view that partnership working between the 'relevant authorities' and the licensed trade has increased in a number of localities and this has benefitted the night-time economy and relieved pressure on the police and health professionals.	Thank you for your comment.
National Association of Cider Makers (NACM)					The police had previously commented that a concentrated closing time (of 11 o'clock) created a 'spike' in activity that stretched their resources. Home Office, Time for Reform: Proposals for the modernisation of our licensing laws (2000)	Unfortunately this document does not meet the inclusion criteria for the effectiveness review. However, any relevant data on police resources prior to the Licensing Act will be added to the discussion for consideration.

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National Association of Cider Makers (NACM)					In a LACORS report, “Licensing Act 2003 and the effects of alcohol” the following views were found of relevant authorities: Of police authorities, 70% reported a decrease or no change in levels of alcohol-related incidents/disorder; of local authorities 85% reported a decrease or no change and of primary care trusts, this figure was 63%. It is therefore hard to justify an increase in workload for any of the bodies associated with the Licensing Act.	Thank you for your comment. The survey directly asked PCT and police authority respondents whether they perceived the Licensing Act to have increased resources. Data included in the review are as reported. The data described in the comment are also reflected in the narrative review. Further detail will be added to the appropriate paragraph on impact on alcohol-related incidents.
National Association of Cider Makers (NACM)			Evidence statement 2.19	P. 143	This indicates there are few areas that would warrant a Cumulative Impact Area.	The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
National Association of Cider Makers (NACM)			Evidence statement 2.20	P. 143	A number of these studies are not relevant to the current UK alcohol retailing market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					They were very limited in scope.	Thank you for your comment. The scope of each of the studies is reflected in the narrative review.

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National Association of Cider Makers (NACM)					They contradict more relevant data and studies produced prior to the 2003 Licensing Act's introduction.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)					A number do still come to the conclusion that there is no apparent effects on alcohol related outcomes.	Thank you for your comment. This is reflected in the evidence statement.
National Association of Cider Makers (NACM)			Evidence statement 2.21	P. 144	All these studies refer to non-UK environments.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					There is limited evidence of restrictions causing alcohol consumption reductions, although not harm necessarily.	Thank you for your comment. The range of outcomes, including consumption and harms, are reflected within the evidence statement.

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National Association of Cider Makers (NACM)					There are more examples of many unintended consequences occurring from the restriction of licensing hours. Famous examples are prohibition in the USA and the '6 o'clock swill' in Australia.	Thank you for your comment. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. However, a request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)					Limited evidence suggests that restrictions on when and what outlets sell can lead to illicit products being produced.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)			Evidence statement 2.22	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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National Association of Cider Makers (NACM)					Further research needs to be carried out in the UK.	Thank you for your comment. When developing their recommendations the committee will identify gaps in the evidence base and make recommendations for research.
National Association of Cider Makers (NACM)			Evidence statement 2.23	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					There are a range of factors that are much more important in determining alcohol consumption levels among young people.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)			Review 2.5	P. 165-171	Whilst this section does include UK specific studies there are a number of international studies cited. It is important to bear in mind that the UK has a very different culture in terms of on- and off-trade licensed premise use. In particular more alcohol in the UK is consumed in the on-trade than in most other nations. This will obviously impact 'pre-drinking trends'.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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National Association of Cider Makers (NACM)			Evidence statement 2.27	P.170	It is agreed that people tend to drink in different environments on different occasions. This is true of the UK and other countries. However, different countries have different drinking patterns. Consumers in the UK tend to drink more out of the home than other European countries.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base. When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					The Nielsen Homescan Survey October 2007 found that 64% of respondents never drink at home before going on a night out.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)			Evidence statement 2.28	P.170	The consumer research shows that younger people are more likely to consume before 'going out'. This could be due to the fact they are more likely to 'go out'.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)		Review 3 Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Review 3: General	P. 172-180	It is recognised that alcohol advertising and promotions plays a negligible part in people's decisions on whether to consume alcohol or not.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)					<p>Other more important factors are the influence of family and friends. The following study found that among 18-25 year olds surveyed, of those who described themselves as binge drinkers, 85% said most or all of their friends binge drink. In contrast, 45% of non-binge drinkers said most or all of their friends binge drink:</p> <p>Advertising and the misuse of alcohol; Prepared by FDS International and Volterra Consulting; Commissioned by The Advertising Association; June 2008</p>	Additional evidence relating to the impact of advertising from the report by FDS International and Volterra Consulting is presented in the review. Other relevant contextual information relating to binge drinking will be added as appropriate to the discussion.
National Association of Cider Makers (NACM)					<p>The main purpose of alcohol advertising is to develop brands and persuade consumers to shop in different locations and there is no evidence that advertising increases overall alcohol consumption, it merely causes switching between categories, products and retailers.</p>	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)					Alcohol advertising further brings huge economic benefits to the country. Sponsorship of major sporting events has been hugely influential in supporting UK sport at the highest level. Alcohol producers and retailers also invest a huge amount in grass-roots sport as well as other community events. It is estimated that over £200 million is spent by alcohol producers on advertising.	Thank you for your comment. However, factors such as the economic impact of alcohol advertising were beyond the scope of these reviews.
National Association of Cider Makers (NACM)					Weinberg study: The Brewers of Europe commissioned an independent review of issues related to alcohol consumption in Europe. This briefly describes a number of studies on the link between advertising and consumption. A copy of this report can be provided to NICE.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)		Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Evidence statement 3.1	P. 178	Based on a series of analyses carried out outside of the UK.	The country of origin of this study is stated in the narrative synthesis and supports the evidence statement.
National Association of Cider Makers (NACM)					The majority of econometric studies suggest that alcohol advertising has minimal or no effect on total alcohol consumption (Hastings, G., Anderson, S., Cooke, E., and Gordon, R. 2005. Alcohol marketing and young people's drinking: a review of the research. J. Pub. Health Policy 26:296-311.)	This literature review has been included in the review. Evidence from both econometric and consumer studies from this literature review are covered.
National Association of Cider Makers (NACM)					Evidence from the UK does not support this supposition: alcohol advertising expenditure in the UK fell from £0.54 per capita to £0.36 per capita between 1996 and 2005 in real terms. According to HMRC Alcohol factsheet published in July 2008, consumption per capita increased by 20% during this period. This would support the widespread belief that advertising does not encourage people to drink more, it encourages the selection of particular brands	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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National Association of Cider Makers (NACM)			Evidence statement 3.2	P. 178	Again, none of the evidence is based on the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					There is no consensus on the statements given and in fact there are a number of conflicting views.	Thank you for your comment. The evidence statements are an accurate reflection of the included evidence base.
National Association of Cider Makers (NACM)					A psychometric analysis examined the varying factors that affect the prevalence of adolescent drinking including the influence of home and peers and other factors. This concluded that alcohol advertising did not influence drinking behaviour. (Bergler, R., Haase, D., Poppelreuter, S., Schneider, B. and Wemhoff, M. 2000. Causes of alcohol consumption in adolescents. <i>Schriftenr. Angewandten Sozialpsych.</i> 4:253-80.	Thank you for your comment. An attempt was made to source this document however this was unsuccessful and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)			Evidence statement 3.3	P. 178	No evidence from the UK	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)					Very limited on-trade promotion within the UK. Proposed legislation to further deal with promotions in the on-trade is currently being proposed.	Thank you for your comment.

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National Association of Cider Makers (NACM)					Evidence from the UK does not support this supposition: alcohol advertising expenditure in the UK fell from £0.54 per capita to £0.36 per capita between 1996 and 2005 in real terms. According to HMRC Alcohol factsheet published in July 2008, consumption per capita increased by 20% during this period. This would support the widespread belief that advertising does not encourage people to drink more, it encourages the selection of particular brands	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)					Evidence from off-trade retailers suggest that promotions only cause 'stocking-up' where people buy alcohol and consume it over a length of time, rather than an increase in consumption per se. Sales data from the WSTA can be made available to NICE.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
National Association of Cider Makers (NACM)			Evidence statement 3.4	P.179	Non-UK based studies	This finding is reflected in the existing evidence statement.
National Association of Cider Makers (NACM)					Concludes that outdoor advertising media did not have any effect on alcohol behaviour.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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National Association of Cider Makers (NACM)			Evidence statement 3.5	P. 179	Non-UK based studies.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
National Association of Cider Makers (NACM)					Not a common phenomenon in the UK. Only real occurrence is on replica football shirts and major producers have decided to cease production of child sizes with alcohol branding.	The inconclusive nature of the evidence was reflected in the evidence statement.
National Association of Cider Makers (NACM)					Evidence was stated as inconclusive.	Thank you for your comment. This is reflected within the narrative synthesis.
National Association of Cider Makers (NACM)			Evidence statement 3.6	P. 179	Still inconclusive evidence on this theme.	Thank you for your comment. Further evidence from the OFCOM and Anderson reviews have been added to this section.

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National Association of Cider Makers (NACM)			Evidence statement 3.7	P. 180	In the UK there are substantial restrictions on advertising of alcohol. Restrictions in place reduce appeal to under-age drinkers, remove glamorous advertising, prevent any encouragement to excessive consumption and prevent any encouragement to anti-social behaviour. These are accompanied by scheduling restrictions which actually ban the advertising of alcohol in, or around television programmes that are made for, or have a particular appeal to under 18s. These apply to all programmes at all times that have a high proportion of teenagers watching.	Evidence from the OFCOM report on the impact of changes in the rules relating to alcohol advertising on appeal of alcohol advertisements among young people has been added to the review.

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National Association of Cider Makers (NACM)			General		<p>Evidence suggests that these restrictions have been extremely effective in ensuring that alcohol advertisement target the correct market (i.e. consumers of a legal age). Between 2002 - 2006 there has been a decline of 31.1 percent and 39.0 percent in 16-24 and 10-15 year olds advertising impacts respectively.</p> <p>Ofcom and the ASA, “Young People and Alcohol Advertising” 16/11/07</p>	<p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, the published report by Daykin <i>et al.</i> has been identified. Whilst this study does not contain evidence on the effectiveness of advertising interventions and therefore does not meet inclusion criteria, supporting information will be added to the discussion.</p>

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National Association of Cider Makers (NACM)			General		<p>Alcohol advertising is not the only context in which alcohol is portrayed in the media. A recent study by the Department of Health found that 33% of the total mentions of alcohol on radio shows included in the study were found to be radio advertising warning of excessive drinking². The same report found that 73% of alcohol related comments made by radio presenters encouraged drinking. It should be recognised that there are a lot of positive messages about sensible drinking being disseminated but that irresponsible drinking can inadvertently be encouraged by the content of media, where there is far more freedom to depict alcohol in an attractive way than advertisements.</p> <p>University of the West of England, Alcohol and the Media, July 2008</p>	<p>Thank you for your comment. The document commented upon here (Macro-level interventions for alcohol use disorders: Cost effectiveness review) is a review of the literature. The review states the perspective taken in the analyses undertaken in the reviewed studies. For example, the discussion of the paper by Stringham and Pulan (2006) includes wider societal benefits and losses. This is reflected by the limited nature of the evidence for server interventions, as discussed by evidence statement e2.2.</p>

² University of the West of England, Alcohol and the Media, July 2008

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National Association of Cider Makers (NACM)		<p>Prevention and early identification of alcohol use disorders in adults and young people.</p> <p>Macro level interventions for alcohol use disorder cost effectiveness review.</p>	General		<p>The definition of cost effectiveness needs to be explicitly stated. Intervening in the market through price control (for example) has wider costs to society than those that accrue to the policy maker in the course of implementing them.</p>	<p>This comment relates to the cost effectiveness evidence review, which is a review of the existing published peer-reviewed literature. Hence it is not within the scope of this particular document to conduct a new economic analysis.</p>

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National Association of Cider Makers (NACM)			General		An assessment of cost effectiveness must also include the economic costs of interventions that affect the alcohol drinks industry in the UK, which is already suffering the effects of the economic downturn. The industry directly employs more than 650,000 people in the production and retailing of alcohol and supports a further 1.1 million jobs in the wider economy. The industry contributes 2% of the UK's total output (£28.6billion). It paid nearly £15 billion in excise duty and VAT in 2007/08. Industry's capital investment and export must also be considered.	Thank you for your comment. A note to this effect has been included in the specified cost effectiveness literature review. No papers identified by the review included the impacts of interventions on consumer and producer surplus.
National Association of Cider Makers (NACM)				Pg. 14	It should be noted that consumer and producer surplus impacts of a tax are not considered in Booth et al (2008), the main study used to inform the pricing and promotion section of this paper. These points and wider costs and benefits such as consumer utility are important consideration in a review of cost effectiveness of such interventions.	<p>Thank you for your comment. This review outlines the existing published, peer-reviewed cost effectiveness literature. The expected value of drinking is considered in the review, as this is discussed by Stringham and Pulan (2006) and Kenkel (1993).</p> <p>Only peer-reviewed reports were considered appropriate for inclusion in the cost-effectiveness reviews. As such, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p>

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National Association of Cider Makers (NACM)					<p>The potential loss of personal utility from reduced alcohol consumption as a result of minimum pricing is one of the key potential costs of minimum pricing that is not covered within the University of Sheffield study,</p> <p>The CEBR paper ‘Minimum Alcohol Pricing: A Targeted Measure?’ includes an in depth study of the costs and benefits to the individual of measures on pricing.</p>	<p>Thank you for your comment. However, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p> <p>However, any further relevant evidence from the DCMS report will be referred to in the discussion section of the licensing systematic review.</p>
National Association of Cider Makers (NACM)			Evidence Statement e2.3		Benefits of licensing act: DCMS found in their review of the Licensing Act 2003 that liberalising licensing hours had resulted in benefits to the night time economy in UK town centres.	Thank you for your comment.
National Association of Cider Makers (NACM)			Evidence Statement e2.4	P. 25	No evidence of the cost effectiveness of interventions to limit alcohol outlet density.	Thank you for your comment. This has been acknowledged within the relevant review.

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National Association of Cider Makers (NACM)				P. 27	References to tax as an intervention with relatively low social costs (because it does not result in lost consumer surplus that is not transferred to another economic agent) and interventions that raise prices in general need to take into account the likely impact of illicit alcohol and cross border shopping that could result from increasing tax. A contemporary example of this would be the experience in the Republic of Ireland where higher taxes and exchange rate fluctuations have caused a surge in cross border shopping. Sainsbury's and Asda recorded 2.5 per cent of grocery market share in the Republic of Ireland in December 2008 despite the fact that neither retailer has a store south of the border.	Thank you for your comment. This has been acknowledged within the relevant review.

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National Association of Cider Makers (NACM)					<p>When considering tax policy it is important to note that the UK already has the third highest alcohol tax in Europe (behind Sweden and Ireland) and that an alcohol duty escalator was announced in the March 2008 budget that would increase alcohol duties by over 40% between 2008 and 2012.</p> <p>An increase in tax of this order will result in revenue from excise duty on alcoholic drinks falling short of what the Treasury projected in the March Budget by £1.675 billion in real terms. In addition, income tax and National Insurance contributions would fall due to lost sales and employment such an increase in duty would cause.</p> <p>This strongly refutes the cost benefits attributed to an increase in a tax as policy intervention which is more cost effective.</p>	Thank you for your comment. Additions have been made to the discussion of cost effectiveness of taxation policies
National Association of Cider Makers (NACM)					<p>The following link provides details of the Oxford Economics study into alcohol duty increases: http://www.beerandpub.com/industryArticle.aspx?articleId=175</p>	Thank you for this link. However, Only peer-reviewed reports were considered appropriate for inclusion in the cost-effectiveness reviews. As such, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review

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Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The need for guidance - section 3a	3	At the end of this paragraph it may be helpful to add in brackets the symptoms of Dependence as the symptoms of harmful use are already outlined on brackets. For example: (withdrawal symptoms when not using, tolerance developed, unable to cut down or stop, continued use despite negative effects).	Thank you for your comment. Unfortunately these comments relate to the scope document which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. This stakeholder consultation is the point in the guidance development process where the Institute invites registered stakeholders to comment on the evidence that has been gathered. Please see NICE methods: http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/publichealth_guidance_process_and_method_guides.jsp
Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The need for guidance - section 3d	4	Suicide risk should be added to this section. As a direct target in the National Services Framework is to reduce suicides it should not be excluded. The risk is particularly raised and well evidence-based specifically in those with a mental illness that has an Alcohol Use Disorder, but is also an increased risk for all people with an Alcohol Use Disorders.	Thank you for your comment. Unfortunately these comments relate to the scope which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. See previous comments

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Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The guidance 4.2	6	How about the members of the team working with the patient when the patient is also seeing a specialist service member. All members of the team would need to provide common treatment approaches in order to address a persons Alcohol Use Disorder in order for treatment not to be focused as one persons responsibility	Thank you for your comment. Unfortunately these comments relate to the scope which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. See previous comments

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Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The guidance 4.2	6	There are many more evidence-based treatment approaches for Alcohol Use Disorders than ‘brief interventions’ that are easy and brief in their application. ‘Brief interventions’ in my understanding is used to describe one particular therapeutic intervention that falls under the umbrella of ‘motivational enhancement therapy’, and it would not be wise to omit other evidence-based interventions such as: Motivational Interviewing, Cognitive Behavioural Therapies, the SMART recovery programme (a combination of Motivational Interviewing and Rational Emotive Behaviour Therapy). If the meaning simply means any therapeutic treatment intervention that has a) sufficient evidence-based for Alcohol Use Disorders and b) can be delivered over a brief amount of time, then it should be more clear and maybe less prescriptive i.e. “utilising evidence-based medical and psychological therapies in the treatment of Alcohol Use Disorders that can be restricted within a brief period of time (state time if needed)”	Thank you for your comment. Unfortunately these comments relate to the scope which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. See previous comments

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Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The guidance 4.3 – Question 5	8	The Alcohol Use Disorders Identification Test (AUDIT) may prove to be a helpful and evidence-based screening tool for this section. It screens for Abuse and Dependence.	Thank you for your comment. Unfortunately these comments relate to the scope which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. See previous comments
Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust		Alcohol-use disorders in adults and young people: prevention – Public Health Guidance - Scope	The guidance 4.3 – Question 6	8	It may be helpful not to use the term 'brief interventions' when referring to all cost-effective, brief and evidence-based treatments for Alcohol Use Disorders as there are many more than one. See point 4.2 above for details.	Thank you for your comment. Unfortunately these comments relate to the scope which was consulted upon in April 2008 and finalised in July 2008. As such it is no longer possible for any amendments to be made. See previous comments

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Royal College of Paediatrics and Child Health		Prevention and Early Identification of alcohol use disorders in adults and young people. Final Draft of Report 1 Macro level interventions for Alcohol Use Disorders: Effectiveness Review	General		<p>There is very little consideration of Adult alcohol consumption on their children. Searching through the document there was only one instance of child abuse, in the context of taxation.</p> <p>The omission of the issue of “collateral damage” may underestimate the value of screening and may also ignore a possible mechanism by which reluctance about screening may be overcome i.e. screening is not just for the sake of those who are drinking but for those who are being forced to suffer the consequence of drinking by others.</p>	<p>Thank you for your comment. Unfortunately, evidence in this area was very limited. Additional evidence has now been included relating to the impact of outlet density on child protection issues.</p> <p>The issue of harms experienced by eg. family members as a result of drinking will be referred to in the discussion section.</p>

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Royal College of Paediatrics and Child Health		Prevention and Early Identification of alcohol use disorders in adults and young people. Macrolevel interventions for Alcohol Use Disorders: cost Effectiveness Review			The evidence on the cost effectiveness is sparse. It would have been beneficial to factor in the likely costs related to child protection issues in the cost effectiveness analysis even if only to say it is likely to be important, even if it was impossible to quantify it.	Thank you for your comment. This is not mentioned in the review of the existing literature as none of the existing studies have dealt with this important factor.

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Royal College of Paediatrics and Child Health		Prevention and Early Identification of alcohol use disorders in adults and young people. Final Draft of Report 2: Screening and Brief Interventions: Effectiveness Review			No comments	Thank you.
Royal College of Nursing		General	General		The feedback from nurses working in this area is that the evidence which has been considered in developing this guidance seems comprehensive. There are no further comments to add at this stage.	Thank you

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Royal College of Physicians		All documents	<u>general</u>		<p>The RCP welcomes this important collection of evidence related to the prevention of alcohol use disorders. There appear to be some omissions to the evidence base. These include treatments in the voluntary sector, drink drive schemes and treatment administered by alcohol specialists. Currently much of the help for those with alcohol related problems comes from the voluntary sector e.g. Alcoholics Anonymous and Equinox</p> <p>Drink drive schemes are not included yet there is a lot of evidence on RTAs and driving fatalities in the text. We believe that evidence on random breath testing could have been included. It is our understanding that random testing has a significant effect on drink driving.</p>	<p>Thank you for your comment. The limits of the proposed guidance were set out in the scope, which was consulted on in April 2008. As such the committee will not be addressing this issue.</p> <p>Drink drive schemes were outside the remit of these reviews. However, RTAs and driving fatalities were frequently reported as outcomes of interventions under study and therefore such data was included in these reviews</p> <p>However, If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system.</p> <p>Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestopic/suggest_a_topic.jsp</p>

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Royal College of Physicians		Macro-Level Interventions for Alcohol Use Disorders: Cost Effectiveness Review	<u>general</u>		Reviews 1,2 and 3 cover topics such as pricing and taxation, availability of alcohol, density of outlets, minimum age for purchasing alcohol, promotion and advertising and the responsible behaviour of staff selling alcohol in licensed and unlicensed premises. All of these measures can only be brought about through coordinated action from politicians, the police and the judiciary and local government. Many of the problems identified could be addressed by the review and reinforcement of existing laws and by a alcohol industry that is responsible and properly regulated. We believe that out of the measures outlined in the review changing pricing and taxation structures would almost certainly be the most effective policy intervention.	This comment has been noted.
Royal College of Physicians		Screening and brief interventions : effectiveness review	<u>general</u>		Reviews 4,5,6 and 7. These reviews contain much evidence that is of variable quality, from a variety of countries and covers different racial groups. It's applicability to the UK will need to be carefully thought through.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
The British Psychological Society			General		The review team have produced comprehensive documents on the available evidence related to alcohol use disorders in adults and young people.	Thank you

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The British Psychological Society			General		The evidence statements effectively reflect the material reviewed and produced some interesting findings. We were very taken by the few non-healthcare based intervention studies, and the lack of effectiveness in those that were conducted.	Thank you, noted
The British Psychological Society			General		Although brief interventions are effective, we do not know why they work, mainly due to poorly described studies and heterogeneity of approaches adopted. The benefit of producing guidance documents such as these, help to inform future research to improve our knowledge base.	This comment has been noted.
The British Psychological Society			General		These documents should be used by researchers working in the field of alcohol use disorders to inform decisions about what research is needed next.	Thank you, the committee will be making specific research recommendations in the guidance document which may be of interest.

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The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review	General		UKPHA Alcohol & Violence Special Interest Group welcomes the reports and feel that they are thorough and well put together. The group is concerned however, that not all the possible links between alcohol and violence have been picked up on. A link should be made here to the DH's prevention of violence strategy. Where mental health is considered, dual diagnosis should also be examined.	Thank you for your comment. Additional relevant evidence on the impact of outlet density on violence has now been added to Review 2. The prevention of violence strategy and dual diagnosis issues will also be referred to in the relevant discussion.
The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review 1	General		The UKPHA Alcohol & Violence Special Interest Group was not clear whether this review takes into account increasing strength of alcoholic drinks. It was also unclear as to whether the economic analysis took domestic violence into account (which is under-reported and strongly associated with alcohol - 62%) and also whether the cost of other outcomes such as unwanted pregnancy/STIs was taken into account.	Evidence on the increasing strength of alcoholic drinks was outside the scope of these reviews, although this issue is referred to in Review 4. These issues are not dealt with in the review of existing cost effectiveness studies, because none of the reviewed studies took these factors into account.
The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Cost Effectiveness Review 1			Opportunity costs for NHS treating alcohol-related cases (displacement of non-alcohol related ones) need to be factored in	Thank you for your comment. Unfortunately this is an economic modelling issue, and does not relate to the review of cost effectiveness studies.

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The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review Review 2	General		The group felt that the impact of supermarkets was not properly examined, with high volume and low cost sales and easier access by parents and others buying for young people.	Thank you for your comment. Data on the impact of alcohol outlets according to type had been previously added where available, but such detail was sparse in the literature. The potential impact of outlet type will be further noted in the discussion section of Review 2.
The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review Review 3	General		Advertising and point of sale advice can reduce hazardous drinking. However, the evidence should consider that the non-broadcast media is actually controlled by the alcohol industry.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
The UKPHA Alcohol & Violence Special Interest Group		Macro Level Interventions for Alcohol Use Disorders: Effectiveness Review Evidence statements	General		Evidence statements seem to support the CMO's advice on unit pricing to reduce consumption of high alcohol volume drinks as means of reducing health related harms.	This comment has been noted.

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Wine and Spirits Trade Association (WSTA)		5.1 Review 1	General		<p>As reducing alcohol harm is the objective of this guidance, evidence that a particular intervention reduces consumption should not be seen alone as a persuasive argument for a particular intervention. More evidence is needed on the link between interventions and alcohol related harms. An intervention that reduces aggregate level consumption will not necessarily impact on harms caused by harmful patterns of drinking and may even exacerbate these. For example, while alcohol consumption at population level in the UK has fallen by 6% since 2004 (HMRC data) increasing levels of health harm have been reported.</p> <p>NHS, Statistics on Alcohol: England, 2009 http://www.ic.nhs.uk/webfiles/publications/alcoholeng2009/Final%20Format%20draft%202009%20v7.pdf</p> <p>While we have concerns about some of the RAND study on affordability of alcohol and harm across the European Union, it raises an interesting point in the debate about whether aggregate population consumption levels are a useful measure when trying to tackle alcohol related harm. http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf</p>	<p>Thank you for your comment. Interventions that reduce alcohol consumption and/or alcohol-related harm were the focus of these reviews. The review by Booth <i>et al.</i> (2008) considered the links between alcohol price/tax and consumption and also alcohol price/tax and harm. Therefore, a body of evidence that links changes in alcohol price/tax directly to harm has already been included within the evidence base. The evidence base also refers the reader to the recent and extensive systematic review of the associations between alcohol consumption and harm conducted by Booth <i>et al</i> (2008). We note the comment relating to the debate surrounding the use of aggregate population consumption data (as discussed in the RAND report). This debate will be referred to in the discussion section of the review so that the PDG are able to take account of this in their deliberations.</p>

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)			General		This study delves into a number of policy areas outside the remit of NICE, such as advertising policy, yet other interventions are not considered at all. Consideration of alcohol education for young people, the impact of social marketing campaigns and the enforcement of existing legislation would be useful areas to consider.	<p>Thank you for your comment. The newly revised methods and processes manuals (http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp) highlight the broad and diverse activities that may be included in improving the health of the population. The process manual (page 8) highlights that recommendations may include actions that need to be taken at population community, organisational, group family and / or individual level. These actions may range from health professionals working locally to provide information about health risks, through to those national policies (e.g. fiscal measures such as taxation) that change everyone's exposure to risk (see further details in Appendix A methods manual).</p> <p>The areas for consideration were determined and commented on by stakeholders during the development of the scope. As such it is now not possible to alter the areas which the committee is considering.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>

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Wine and Spirits Trade Association (WSTA)			General		<p>The main systematic review (Booth et al) used as evidence for review 1 raises concerns as it uses an own price elasticity for alcoholic drinks to show that harmful drinkers are more affected by general price rises than moderate drinkers. This is true of individual products as harmful drinkers are more likely to product switch to maintain levels of consumption. However, in the event of a general rise in the price of alcohol, the demand elasticity of harmful drinkers is shown to be substantially more inelastic than that of moderate drinkers. This distinction is significant to an assessment of the effectiveness of a policy measure that would raise the price of alcoholic drinks in general.</p> <p>This issue is explored in more detail in the CEBR paper 'Minimum Pricing; a targeted measure' (June 2009)</p> <p>A study by Wagenaar <i>et al.</i> (2008) on the response of heavy drinkers to changes in price found that though price rises do affect heavy drinkers, the effect of price on consumption does appear to be smaller for heavy drinkers than for more moderate drinkers.</p>	<p>These comments do not appear to relate to the systematic review by Booth <i>et al.</i> The Booth review was based on the 2 meta-analyses conducted by Wagenaar (as described left) and Gallet and further primary studies.</p> <p>The modelling work undertaken as part of this programme is separate to the reviews of effectiveness and will be put out to consultation seperately.</p>

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Wine and Spirits Trade Association (WSTA)			Evidence statement 1.3	Pg. 43	The systematic review (Booth et al) uses studies that are not from a UK context and have limited application to the United Kingdom. For example, the Australian study (Gray et al 2000) on minimum pricing cited in support of evidence statement 1.3 was locally instituted minimum pricing in an area with a high aboriginal population. The issues around alcohol and indigenous populations are extremely complex and it would be misleading to generalise the results of this study to the UK, as there is such limited situational relevance. The finding that most respondents to a questionnaire about the initiatives were in favour also has to be treated with caution due to the underlying cultural issue involved.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Wine and Spirits Trade Association (WSTA)			Evidence Statement 1.4	43	<p>There is no evidence to suggest a direct causal link between population level alcohol consumption 'harms'. Patterns of drinking have a correlation with harms rather than just population level consumption. These drinking patterns explain some of the differences in outcomes in different countries that population level consumption does not.</p> <p>This is supported by RAND, The affordability of alcoholic beverages in the European Union, 2009</p> <p>For example, despite high taxation rates, “binge” drinking rates among young people in countries of northern Europe are among the highest: Hibell, B., Andersson, B., Bjarnason, T., Ahlström, S., Balakireva, O., Kokkevi, A. et al. (2004). <i>The ESPAD report 2003: Alcohol and other drug use among students in 35 European countries</i>. Stockholm: Swedish Council for Information on Alcohol and Other Drugs.</p>	<p>Thank you for your comment. The committee is composed of a panel of experts from the alcohol field who are aware of the relationships between consumption and harm. As a result the committee will draw on this expertise when considering the evidence</p> <p>Information on the impact of the affordability of alcohol from the RAND paper is now included in the review.</p> <p>The most effective way of demonstrating the presence or absence of a causal relationship between tax and binge drinking would be in the form of a time-series analysis. However, the ESPAD data will be referred to in the discussion for consideration by the PDG for contextual information.</p>

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Wine and Spirits Trade Association (WSTA)			Evidence statement 1.4	P. 43	<p>The impact of a large reduction in the price of alcohol on area differences in interpersonal violence: a natural experiment based on aggregate data, Herrtua et al 2008. http://jech.bmj.com/cgi/content/abstract/62/11/995</p> <p>This study was conducted by the same authors as one of the four studies on which review one is based. Using data from the period in which Finland underwent a significant reduction in alcohol prices, it concludes that interpersonal violence rates did not increase after a large reduction in alcohol prices and an increase in consumption. For domestic violence, the rate even decreased.</p>	Thank you for your comment. This study met the inclusion criteria for Review 1 and has been added to the evidence base.

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Wine and Spirits Trade Association (WSTA)			General		<p>More evidence should be included on the full consequences of measures to raise alcohol prices. High prices on legitimate products sold through official channels in bars and shops may force consumers to seek cheaper alcohol through “informal” channels or abroad. For example, in Sweden as a whole, nearly a fifth of the alcohol consumed has been purchased abroad. In border regions, this percentage is even higher. The openness of the UK border with lower tax countries such as France would mean that the UK would be likely to see similar effects. Lower taxation in neighbouring countries, typically reflected in lower prices, attracts cross-border shoppers and effectively reduces the average price of alcohol in a country. (RAND Europe)</p> <p>This can have the effect of increasing criminality and thus the resources needed to enforce the law, as smuggling increases.</p>	Thank you for your comment. None of the included studies reported the impact of changes in alcohol price/tax on use of ‘informal’ channels of alcohol. However, the potential use of such routes and the relevant section in the RAND report will be referred to in the discussion section.

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Wine and Spirits Trade Association (WSTA)		5.2 Review 2	5.2.2.1	P. 47	None of the studies cited are UK specific. The US has a unique context in liquor law that cannot be extrapolated to the UK. In particular, possession of alcohol and purchase are enforced against young people, a situation not widely reflected in the UK. The USA and New Zealand, where the studies relating to road accidents were carried out also have lower minimum ages for driving than the United Kingdom, and it is also more usual for young people to drive. Cultural attitudes to drinking and the levels of enforcement are also significant factors that would vary between countries.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)			Everitt et al (2002)	P. 48	This New Zealand study records increased number of presentations among 17-19 year old after the lowering of the minimum drinking age. It also needs to be taken into account that this age group may have been prepared to seek help once legal drinkers and that they would be more likely to drink in public since being able to drink legally, leading to more presentations..	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
Wine and Spirits Trade Association (WSTA)			Wagenaar & Toomey (2002)	P. 54	This systematic review shows that the relationship between minimum drinking age and consumption is equivocal.	Thank you for your comment. It has been stated that the evidence included in the review by Wagenaar and Toomey was inconclusive, with an unclear relationship between MLDA and alcohol consumption.'

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Wine and Spirits Trade Association (WSTA)			Wagenaar & Toomey (2002)	P. 57	Health and social problems are very different and have different contributory causes and timescales for showing themselves. Considering them together in this way gives a lack of clarity.	Thank you for your comment, the review presents the data as it was reported in the systematic review. However, please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them..
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.2		The study did not find a significant relationship between lowering the drinking age and increased social and health harms. Evidence statement 2.2 is misleading in its suggestions that evidence of a negative relationship was found.	This comment has been noted. Within the narrative review it is stated that the Wagenaar & Toomey review presented 'inconclusive evidence suggestive of an inverse relationship between MLDA and health and social problems.' However, it should be noted that the 4 additional included primary studies support the existence of a negative relationship. The current evidence statement reflects this accurately.
Wine and Spirits Trade Association (WSTA)				P. 58	The word 'consumption' in this context needs to be clarified. The research papers interchange consumption with 'purchase', stating that if the price goes up then 'consumption' falls. But correctly speaking when the price goes up 'sales'/'purchases' fall. In high tax economies, recorded alcohol purchases may fall but it does not mean to say that consumption falls i.e. that people actually drink less. Levels of drinking (consumption) can be maintained using unofficial sources of supply	Thank you for your comment, Please note that relevant outcomes (ie. consumption or sales) are as presented in the study reports. The potential use of informal sources of alcohol will be referred to in the discussion.

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Wine and Spirits Trade Association (WSTA)				P. 58	The phenomenon of substitution of one substance for another can also been seen with illicit alcohol .	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)				P. 58	The suggestion that higher tax on alcohol is an effective tool to reduce alcohol purchases among young people is misplaced as young people often have high levels of disposal income and place a great deal of value on their social lives. Drinking age limits should be enforced rather than policy interventions being attempted through price.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that has been made available to them.
Wine and Spirits Trade Association (WSTA)			Gehen et al	P. 61	This study was carried out in the US where server training and culture around alcohol is different to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.2		In 2006, retailers commissioned a study to research the reasons why extensive staff training was not always put into action by sales staff. This study can be provided to NICE: A STUDY OF CASHIERS' PERCEPTIONS AND BEHAVIOURS IN YOUNG ALCOHOL SALES SITUATIONS. Dr Gillian Hopkinson, Lancaster University Management School and Dr. Michael Humphreys, Nottingham University Business School. 2006	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Wine and Spirits Trade Association (WSTA)			Jeff & Saunders 1983	P.63	This study was carried out under the old UK licensing regime which has now changed a great deal. Police and trading standards staff have stronger and more flexible powers to tackle licensees who are behaving irresponsibly without going to a magistrate's court. The significant changes in the licensing regime mean that such studies carried out before its implementation have only limited application today.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
Wine and Spirits Trade Association (WSTA)			Krevor et al (2003)	P. 63	Electronic age verification devices are not in wide use in the UK	Thank you for your comment. It is noted within the narrative synthesis.
Wine and Spirits Trade Association (WSTA)			Pratten 2005	P. 65	This study should be treated with care as the sample (a Pubwatch scheme) would seem to be self selecting as these schemes are almost always on-trade focussed.	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)			Rehnama et al	P. 66	This study suggests that younger servers may have an effect on test purchase failures. However, anecdotal evidence suggests that younger servers are better able to assess the age of their customers when it is close to the legal age.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Wine and Spirits Trade Association (WSTA)			Scottish Centre for Social Research	P. 67	This study includes a survey of licensees in a very localised setting which implies the licensed trade would like to see a national ID card rolled out in England. Care should be taken about reading too much into this finding and it should be noted that the views of licensees can be gauged on a national basis through talks with trade associations.	The localised context of the study is to be noted within the narrative synthesis.
Wine and Spirits Trade Association (WSTA)			Scottish Centre for Social Research, Literature review		The measures discussed in this review, such as surveying customers about where they had their last drink, do not in themselves prove wrong doing by a licensee.	Thank you for your comment.

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Wine and Spirits Trade Association (WSTA)				P. 67	<p>Test purchasing is a strategy that was used in England and Wales in conjunction with a number of other measures to address underage sales. It is important to note that the widespread introduction of this tool coincided with a greater awareness of the extent to which young people had previously been able to purchase alcohol. Action was taken by retailers to introduce specialised training and strategies like Challenge 21 (it was at this time that the Retail of Alcohol Standards Group was set up) and police began to enforce these laws.</p> <p>The results of these action are reflected in data provided by test purchase results. In 2004, the overall test purchase failure rate was 50 per cent. In 2006, it had dropped to 20 per cent. In 2007, a campaign targeted specifically on problem premises delivered a result of 15 per cent overall .</p> <p>Underage alcohol sales down, Home Office press release, 12 October 2007</p> <p>It is important to note that Government policy has shifted to recognise that a relatively small amount of alcohol is purchased by youths directly, and that the co-operation of retailers can help significantly in reducing harder to tackle problem such as proxy purchasing.</p> <p>One example of a voluntary project between retailers and local authorities that looks to tackle underage drinking through holistic strategies is Community Alcohol Partnerships. More information can be provided to NICE on this project.</p>	<p>Thank you for your comment. Any relevant information from the highlighted Home Office Press release will be discussed; alongside the need for prevention of proxy purchasing.</p> <p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, a report of the effects of a Community Alcohol Partnership on underage drinking (which also refers to proxy purchasing) in St Neots, Cambridgeshire has been identified and included in the review.</p>

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Wine and Spirits Trade Association (WSTA)					Training initiatives like Challenge 21, Challenge 25 and 'No ID No Sale' should be considered as a strategy to help retailers identify underage people attempting to purchase alcohol.	Thank you for your comment. When developing their recommendations the committee will consider all of the evidence that is available to them. Unfortunately no reports of the effectiveness of the recommended strategies could be identified. However, their operation will be highlighted within the discussion section to ensure awareness among the PDG.
Wine and Spirits Trade Association (WSTA)			Toomey et al (2001)	P. 69	Though this study has limited application to the UK its finding that owners and managers valued participation in the scheme reflects the willingness by the majority of licensees to be part of the solution when it come to alcohol in their communities.	This comment has been noted and reflected within the narrative.

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Wine and Spirits Trade Association (WSTA)			Wagenaar et al (2005)	P.70	<p>The statement that three studies looked at in this research showed that server training does not affect underage drinking need to be qualified. Purchasing alcohol is not the only way that young people get possession of it. In the UK, of 11-15-year-olds who drank 14 or more units in the previous week, 48 per cent claim to have been given alcohol directly by their parents. Under these circumstances, server training can be very beneficial without necessarily leading to a dramatic reduction in underage alcohol consumption. Education and awareness that involves parents and the family are also vital to have an impact in this area.</p> <p>Youth Alcohol Action Plan, Department for Children, Schools and Families, UK 2008</p>	<p>Thank you for your comment. Further detail will be added on the outcomes of the studies included in the literature review by Wagenaar <i>et al.</i> (2005).</p> <p>The potential influence of alternative sources of alcohol as parents and peers will be noted within the discussion section, alongside any relevant further information from the Youth Alcohol Action Plan.</p> <p>NICE has already issued guidance on education in schools http://guidance.nice.org.uk/PH7 and is developing guidance on school, college and community based personal, social and health education http://guidance.nice.org.uk/PHG/Wave12/77</p>
Wine and Spirits Trade Association (WSTA)				P. 76	<p>The finding that the effect of training decays quickly can be attributed to the high turnover in staff in the on-trade and off-trade. Re-enforcement is an important part of the process of age-related training.</p>	<p>Thank you for your comment. This will be noted within the narrative synthesis.</p>

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.6	P. 78	All the UK studies in this section, including the one that found licensees perceived limited risk in selling to underage people, were conducted before the implementation of the 2003 Licensing Act which gave police significant new powers. It is likely that more up to date studies would reflect this.	Thank you for your comment. These comments have been noted and any limitations in the applicability of older pieces of evidence will be noted in the narrative synthesis and relevant discussion section. In addition please note that the committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.5		The retail drinks industry is very diverse and made up of a range of businesses from franchises to family owned firms to large corporations. It would not be surprising to find different attitudes to underage sales but it should be recognised that many companies put a lot of resources into ensuring compliance with the law. The KPMG study of the industry's Social Responsibility Standards actually reported widespread best practice by the majority of businesses, although a number of isolated examples of poor practice were highlighted.	Thank you for your comment. The standards will be referred to in the discussion sections of the reviews on enforcement of the minimum legal age of alcohol purchase and management of the sale of alcohol to intoxicated individuals.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.10	P. 105	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.11	P. 106	No UK evidence presented.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					The majority of UK pub-owning companies provide guidance to their staff on dealing with intoxicated customers. A number also keep records of each refusal to serve intoxicated customers.	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)					There are professional training bodies (e.g. BII) within the licensed retail trade and thousands of retailers go through these courses each year.	Thank you for your comment. The committee is composed of a panel of experts from the alcohol field and will use their knowledge of alcohol field in conjunction with the evidence base when developing their recommendations.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.12	P. 106	Based on a study in New Zealand. It is unlikely this would relate to the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					There is fairly widespread recognition that it is a criminal offence to serve an intoxicated individual.	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)					There is currently legislation that deals with this issue. The existing law around sales to intoxicated people needs to be enforced.	Thank you for your comment.

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.13	P. 106	Non-UK studies, not particularly relevant to this country.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					Training of staff in licensed premises in the UK is already extremely high.	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.14	P. 107	The source of the research is not provided.	Thank you for your comment, the review has been amended.
Wine and Spirits Trade Association (WSTA)					Partnership working at community level does appear to be effective in combating issues surrounding alcohol. All stakeholders need to be involved, including the alcohol industry. More information on partnership based program that has seen good results is www.communityalcoholpartnerships.co.uk	Thank you for your comment. Data from the pilot study based in St Neots, Cambridgeshire has now been included in the review relating to enforcement of underage drinking laws.

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.15	P. 142	<p>According to the British Crime Survey, alcohol related violent crime has fallen by 43% fall in alcohol related violent crime since 1995 – this was in a period where alcohol consumption increased by around 20%. This would suggest there is no causal relationship between population level consumption and alcohol related violent crime.</p> <p>http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf</p>	<p>Thank you for your comment. This data shows a lack of correlation between trends in alcohol-related violent crime and alcohol consumption, which could be influenced by a wide range of confounding factors. The most effective way of demonstrating the presence or absence of a causal relationship between alcohol consumption and alcohol-related violence crime would be in the form of a time-series analysis. For example, Norstrom used time-series analysis to demonstrate a statistically significant positive link between alcohol outlet density and violence in Norway. (Further evidence relating to outlet density and violence is discussed in the review by Livingston <i>et al</i> (2007) which is now included in the review).</p> <p>Unofrtunately no UK-specific time series analyses of the impact of licensing on violent crime were identified. However, the trends highlighted in the comment will be referred to in the discussion for consideration by the PDG for clarity.</p>

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)					Since 2004, alcohol consumption has fallen by 6.0%. On-trade consumption has decreased even more significantly.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)			Evidence 2.16	P.142	There is no conclusive evidence to suggest that the increased flexibility provided by the Licensing Act has caused an increase in alcohol related A&E attendances. On the contrary there is some evidence to suggest that there has been a fall.	The mixed findings of these evaluations are reflected accordingly within the evidence statement.
Wine and Spirits Trade Association (WSTA)			Evidence 2.17	P.142	We dispute that there is a 'clear' displacement of incidents into the early hours. The DCMS report said there was 'some evidence' of this.	Thank you for your comment. The reports by Hough <i>et al</i> ; Pike <i>et al.</i> ; and Durnford <i>et al.</i> are all supportive of a displacement of incidents into the early hours. Further detail on the level of displacement observed in each evaluation is to be added the narrative. The current evidence statement reflects the apparent temporal displacement.

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Wine and Spirits Trade Association (WSTA)					The increased level of alcohol-related violence recorded could be as a result of a shift of policing resources to the early hours of the morning, detecting crimes that previously had gone undetected. Only a very few number of crimes occur during this time.	The potential interpretations that the temporal displacement may be due to an increased level of alcohol-related disorder or increased detection are included in the discussion for consideration by the PDG. The scale of the reported incidents will also be clearly noted in the narrative.
Wine and Spirits Trade Association (WSTA)					Research by CGA strategy shows that as a result of the Licensing Act 2003 the additional opening time is just 21 minutes on average for a pub in England & Wales. This would not tally with an increase of alcohol related violence in the early hours. DCMS, Evaluation of the Impact of the Licensing Act 2003 (March 2008), Appendix C	This data from the DCMS report is currently included in the review. However, these data do not provide detail on the range of extensions adopted and the impact of larger extensions. The available evidence for temporal displacement and for the timing of trading hours is included in the narrative for consideration by the PDG.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.18	P. 143	It is certainly our view that partnership working between the 'relevant authorities' and the licensed trade has increased in a number of localities and this has benefitted the night-time economy and relieved pressure on the police and health professionals.	Thank you for your comment.
Wine and Spirits Trade Association (WSTA)					The police had previously commented that a concentrated closing time (of 11 o'clock) created a 'spike' in activity that stretched their resources. Home Office, Time for Reform: Proposals for the modernisation of our licensing laws (2000)	Unfortunately this document does not meet the inclusion criteria for the effectiveness review. However, any relevant data on police resources prior to the Licensing Act will be added to the discussion for consideration.

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Wine and Spirits Trade Association (WSTA)					In a LACORS report, “Licensing Act 2003 and the effects of alcohol” the following views were found of relevant authorities: Of police authorities, 70% reported a decrease or no change in levels of alcohol-related incidents/disorder; of local authorities 85% reported a decrease or no change and of primary care trusts, this figure was 63%. It is therefore hard to justify an increase in workload for any of the bodies associated with the Licensing Act.	Thank you for your comment. The survey directly asked PCT and police authority respondents whether they perceived the Licensing Act to have increased resources. Data included in the review are as reported. The data described in the comment are also reflected in the narrative review. Further detail will be added to the appropriate paragraph on impact on alcohol-related incidents.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.19	P. 143	This indicates there are few areas that would warrant a Cumulative Impact Area.	The committee is composed of a panel of experts from the alcohol field and will use their expertise to interpret the evidence that is available to them.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.20	P. 143	A number of these studies are not relevant to the current UK alcohol retailing market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					They were very limited in scope.	Thank you for your comment. The scope of each of the studies is reflected in the narrative review.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)					They contradict more relevant data and studies produced prior to the 2003 Licensing Act's introduction.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)					A number do still come to the conclusion that there is no apparent effects on alcohol related outcomes.	Thank you for your comment. This is reflected in the evidence statement.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.21	P. 144	All these studies refer to non-UK environments.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					There is limited evidence of restrictions causing alcohol consumption reductions, although not harm necessarily.	Thank you for your comment. The range of outcomes, including consumption and harms, are reflected within the evidence statement.

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Wine and Spirits Trade Association (WSTA)					There are more examples of many unintended consequences occurring from the restriction of licensing hours. Famous examples are prohibition in the USA and the '6 o'clock swill' in Australia.	Thank you for your comment. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. However, a request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)					Limited evidence suggests that restrictions on when and what outlets sell can lead to illicit products being produced.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.22	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Wine and Spirits Trade Association (WSTA)					Further research needs to be carried out in the UK.	Thank you for your comment. When developing their recommendations the committee will identify gaps in the evidence base and make recommendations for research.
Wine and Spirits Trade Association (WSTA)			Evidence statement 2.23	P. 163	None of the studies are based on the UK market.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					There are a range of factors that are much more important in determining alcohol consumption levels among young people.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)			Review 2.5	P. 165-171	Whilst this section does include UK specific studies there are a number of international studies cited. It is important to bear in mind that the UK has a very different culture in terms of on- and off-trade licensed premise use. In particular more alcohol in the UK is consumed in the on-trade than in most other nations. This will obviously impact 'pre-drinking trends'.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.27	P.170	It is agreed that people tend to drink in different environments on different occasions. This is true of the UK and other countries. However, different countries have different drinking patterns. Consumers in the UK tend to drink more out of the home than other European countries.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base. When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					The Nielsen Homescan Survey October 2007 found that 64% of respondents never drink at home before going on a night out.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Wine and Spirits Trade Association (WSTA)			Evidence statement 2.28	P.170	The consumer research shows that younger people are more likely to consume before 'going out'. This could be due to the fact they are more likely to 'go out'.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)		Review 3 Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Review 3: General	P. 172-180	It is recognised that alcohol advertising and promotions plays a negligible part in people's decisions on whether to consume alcohol or not.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)					<p>Other more important factors are the influence of family and friends. The following study found that among 18-25 year olds surveyed, of those who described themselves as binge drinkers, 85% said most or all of their friends binge drink. In contrast, 45% of non-binge drinkers said most or all of their friends binge drink:</p> <p>Advertising and the misuse of alcohol; Prepared by FDS International and Volterra Consulting; Commissioned by The Advertising Association; June 2008</p>	Additional evidence relating to the impact of advertising from the report by FDS International and Volterra Consulting is presented in the review. Other relevant contextual information relating to binge drinking will be added as appropriate to the discussion.
Wine and Spirits Trade Association (WSTA)					<p>The main purpose of alcohol advertising is to develop brands and persuade consumers to shop in different locations and there is no evidence that advertising increases overall alcohol consumption, it merely causes switching between categories, products and retailers.</p>	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Wine and Spirits Trade Association (WSTA)					Alcohol advertising further brings huge economic benefits to the country. Sponsorship of major sporting events has been hugely influential in supporting UK sport at the highest level. Alcohol producers and retailers also invest a huge amount in grass-roots sport as well as other community events. It is estimated that over £200 million is spent by alcohol producers on advertising.	Thank you for your comment. However, factors such as the economic impact of alcohol advertising were beyond the scope of these reviews.
Wine and Spirits Trade Association (WSTA)					Weinberg study: The Brewers of Europe commissioned an independent review of issues related to alcohol consumption in Europe. This briefly describes a number of studies on the link between advertising and consumption. A copy of this report can be provided to NICE.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Wine and Spirits Trade Association (WSTA)		Prevention and early identification of alcohol use disorders in adults and young people: Effectiveness review	Evidence statement 3.1	P. 178	Based on a series of analyses carried out outside of the UK.	The country of origin of this study is stated in the narrative synthesis and supports the evidence statement.
Wine and Spirits Trade Association (WSTA)					The majority of econometric studies suggest that alcohol advertising has minimal or no effect on total alcohol consumption (Hastings, G., Anderson, S., Cooke, E., and Gordon, R. 2005. Alcohol marketing and young people's drinking: a review of the research. J. Pub. Health Policy 26:296-311.)	This literature review has been included in the review. Evidence from both econometric and consumer studies from this literature review are covered.
Wine and Spirits Trade Association (WSTA)					Evidence from the UK does not support this supposition: alcohol advertising expenditure in the UK fell from £0.54 per capita to £0.36 per capita between 1996 and 2005 in real terms. According to HMRC Alcohol factsheet published in July 2008, consumption per capita increased by 20% during this period. This would support the widespread belief that advertising does not encourage people to drink more, it encourages the selection of particular brands	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.

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Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.2	P. 178	Again, none of the evidence is based on the UK.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					There is no consensus on the statements given and in fact there are a number of conflicting views.	Thank you for your comment. The evidence statements are an accurate reflection of the included evidence base.
Wine and Spirits Trade Association (WSTA)					A psychometric analysis examined the varying factors that affect the prevalence of adolescent drinking including the influence of home and peers and other factors. This concluded that alcohol advertising did not influence drinking behaviour. (Bergler, R., Haase, D., Poppelreuter, S., Schneider, B. and Wemhoff, M. 2000. Causes of alcohol consumption in adolescents. <i>Schriftenr. Angewandten Sozialpsych.</i> 4:253-80.	Thank you for your comment. An attempt was made to source this document however this was unsuccessful and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.3	P. 178	No evidence from the UK	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					Very limited on-trade promotion within the UK. Proposed legislation to further deal with promotions in the on-trade is currently being proposed.	Thank you for your comment.

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Wine and Spirits Trade Association (WSTA)					<p>Evidence from off-trade retailers suggest that promotions only cause 'stocking-up' where people buy alcohol and consume it over a length of time, rather than an increase in consumption per se.</p> <p>Sales data from the WSTA can be made available to NICE.</p>	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.4	P.179	Non-UK based studies	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.
Wine and Spirits Trade Association (WSTA)					Concludes that outdoor advertising media did not have any effect on alcohol behaviour.	This finding is reflected in the existing evidence statement.
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.5	P. 179	Non-UK based studies.	When considering the evidence the PDG do take into account the country of origin and its potential applicability to the UK setting.

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Wine and Spirits Trade Association (WSTA)					Not a common phenomenon in the UK. Only real occurrence is on replica football shirts and major producers have decided to cease production of child sizes with alcohol branding.	Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.
Wine and Spirits Trade Association (WSTA)					Evidence was stated as inconclusive.	The inconclusive nature of the evidence was reflected in the evidence statement.
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.6	P. 179	Still inconclusive evidence on this theme.	Thank you for your comment. This is reflected within the narrative synthesis.
Wine and Spirits Trade Association (WSTA)			Evidence statement 3.7	P. 180	In the UK there are substantial restrictions on advertising of alcohol. Restrictions in place reduce appeal to under-age drinkers, remove glamorous advertising, prevent any encouragement to excessive consumption and prevent any encouragement to anti-social behaviour. These are accompanied by scheduling restrictions which actually ban the advertising of alcohol in, or around television programmes that are made for, or have a particular appeal to under 18s. These apply to all programmes at all times that have a high proportion of teenagers watching.	Thank you for your comment. Further evidence from the OFCOM and Anderson reviews have been added to this section.

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Wine and Spirits Trade Association (WSTA)			General		<p>Evidence suggests that these restrictions have been extremely effective in ensuring that alcohol advertisement target the correct market (i.e. consumers of a legal age). Between 2002 - 2006 there has been a decline of 31.1 percent and 39.0 percent in 16-24 and 10-15 year olds advertising impacts respectively.</p> <p>Ofcom and the ASA, "Young People and Alcohol Advertising" 16/11/07</p>	<p>Evidence from the OFCOM report on the impact of changes in the rules relating to alcohol advertising on appeal of alcohol advertisements among young people has been added to the review.</p> <p>.</p>

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Wine and Spirits Trade Association (WSTA)			General		<p>Alcohol advertising is not the only context in which alcohol is portrayed in the media. A recent study by the Department of Health found that 33% of the total mentions of alcohol on radio shows included in the study were found to be radio advertising warning of excessive drinking³. The same report found that 73% of alcohol related comments made by radio presenters encouraged drinking. It should be recognised that there are a lot of positive messages about sensible drinking being disseminated but that irresponsible drinking can inadvertently be encouraged by the content of media, where there is far more freedom to depict alcohol in an attractive way than advertisements.</p> <p>University of the West of England, Alcohol and the Media, July 2008</p>	<p>Thank you. As part of the evidence consultation process any new evidence should be submitted in conjunction with any comments. A request was sent to all stakeholders asking them to submit any evidence they had referred to in their comments. Unfortunately this evidence was not provided and therefore could not be included within the evidence base.</p> <p>However, the published report by Daykin <i>et al.</i> has been identified. Whilst this study does not contain evidence on the effectiveness of advertising interventions and therefore does not meet inclusion criteria, supporting information will be added to the discussion.</p>

³ University of the West of England, Alcohol and the Media, July 2008

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Wine and Spirits Trade Association (WSTA)		Prevention and early identification of alcohol use disorders in adults and young people. Macro level interventions for alcohol use disorder cost effectiveness review.	General		The definition of cost effectiveness needs to be explicitly stated. Intervening in the market through price control (for example) has wider costs to society than those that accrue to the policy maker in the course of implementing them.	Thank you for your comment. The document commented upon here (Macro-level interventions for alcohol use disorders: Cost effectiveness review) is a review of the literature. The review states the perspective taken in the analyses undertaken in the reviewed studies. For example, the discussion of the paper by Stringham and Pulan (2006) includes wider societal benefits and losses. This is reflected by the limited nature of the evidence for server interventions, as discussed by evidence statement e2.2.

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Wine and Spirits Trade Association (WSTA)			General		An assessment of cost effectiveness must also include the economic costs of interventions that affect the alcohol drinks industry in the UK, which is already suffering the effects of the economic downturn. The industry directly employs more than 650,000 people in the production and retailing of alcohol and supports a further 1.1 million jobs in the wider economy. The industry contributes 2% of the UK's total output (£28.6billion). It paid nearly £15 billion in excise duty and VAT in 2007/08. Industry's capital investment and export must also be considered.	This comment relates to the cost effectiveness evidence review, which is a review of the existing published peer-reviewed literature. Hence it is not within the scope of this particular document to conduct a new economic analysis.
Wine and Spirits Trade Association (WSTA)				Pg. 14	It should be noted that consumer and producer surplus impacts of a tax are not considered in Booth et al (2008), the main study used to inform the pricing and promotion section of this paper. These points and wider costs and benefits such as consumer utility are important consideration in a review of cost effectiveness of such interventions.	Thank you for your comment. A note to this effect has been included in the specified cost effectiveness literature review. No papers identified by the review included the impacts of interventions on consumer and producer surplus.

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Wine and Spirits Trade Association (WSTA)					<p>The potential loss of personal utility from reduced alcohol consumption as a result of minimum pricing is one of the key potential costs of minimum pricing that is not covered within the University of Sheffield study,</p> <p>The CEBR paper ‘Minimum Alcohol Pricing: A Targeted Measure?’ includes an in depth study of the costs and benefits to the individual of measures on pricing.</p>	<p>Thank you for your comment. This review outlines the existing published, peer-reviewed cost effectiveness literature. The expected value of drinking is considered in the review, as this is discussed by Stringham and Pulan (2006) and Kenkel (1993).</p> <p>Only peer-reviewed reports were considered appropriate for inclusion in the cost-effectiveness reviews. As such, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p>
Wine and Spirits Trade Association (WSTA)			Evidence Statement e2.3		Benefits of licensing act: DCMS found in their review of the Licensing Act 2003 that liberalising licensing hours had resulted in benefits to the night time economy in UK town centres.	<p>Thank you for your comment. However, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review.</p> <p>However, any further relevant evidence from the DCMS report will be referred to in the discussion section of the licensing systematic review.</p>
Wine and Spirits Trade Association (WSTA)			Evidence Statement e2.4	P. 25	No evidence of the cost effectiveness of interventions to limit alcohol outlet density.	Thank you for your comment.

Public Health Programme Guidance Alcohol-use disorders (prevention)

Evidence Consultation – Stakeholder Response Table

19 May – 17 June 2009

Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wine and Spirits Trade Association (WSTA)				P. 27	References to tax as an intervention with relatively low social costs (because it does not result in lost consumer surplus that is not transferred to another economic agent) and interventions that raise prices in general need to take into account the likely impact of illicit alcohol and cross border shopping that could result from increasing tax. A contemporary example of this would be the experience in the Republic of Ireland where higher taxes and exchange rate fluctuations have caused a surge in cross border shopping. Sainsbury's and Asda recorded 2.5 per cent of grocery market share in the Republic of Ireland in December 2008 despite the fact that neither retailer has a store south of the border.	Thank you for your comment. This has been acknowledged within the relevant review.

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Wine and Spirits Trade Association (WSTA)					<p>When considering tax policy it is important to note that the UK already has the third highest alcohol tax in Europe (behind Sweden and Ireland) and that an alcohol duty escalator was announced in the March 2008 budget that would increase alcohol duties by over 40% between 2008 and 2012.</p> <p>An increase in tax of this order will result in revenue from excise duty on alcoholic drinks falling short of what the Treasury projected in the March Budget by £1.675 billion in real terms. In addition, income tax and National Insurance contributions would fall due to lost sales and employment such an increase in duty would cause.</p> <p>This strongly refutes the cost benefits attributed to an increase in a tax as policy intervention which is more cost effective.</p>	Thank you for your comment. Additions have been made to the discussion of cost effectiveness of taxation policies
Wine and Spirits Trade Association (WSTA)					<p>The following link provides details of the Oxford Economics study into alcohol duty increases: http://www.beerandpub.com/industryArticle.aspx?articleId=175</p>	Thank you for this link. However, Only peer-reviewed reports were considered appropriate for inclusion in the cost-effectiveness reviews. As such, this paper does not meet the cost effectiveness review inclusion criteria and has not been included in the cost effectiveness review