

PUBLIC HEALTH GUIDANCE

SCOPE

This is the scope for the first of three pieces of NICE guidance addressing alcohol-use disorders.

Part 1 – Prevention (developed by the Centre for Public Health Excellence at NICE, publication expected March 2010)

The prevention of alcohol-use disorders in people 10 years and older, covering: interventions affecting the price, advertising and availability of alcohol; how best to detect alcohol misuse both in and outside primary care; and brief interventions to manage alcohol misuse in these settings.

Part 2 – Clinical management (developed by the National Collaborating Centre for Chronic Conditions, publication expected March 2010)

The assessment and clinical management in adults and young people 10 years and older of: acute alcohol withdrawal including delirium tremens; liver damage including hepatitis and cirrhosis; acute and chronic pancreatitis; and the management of Wernicke's encephalopathy in adults and young people older than 10 years .

Part 3 – Dependence (developed by the National Collaborating Centre for Mental Health, publication expected December 2010)

A scope will be produced for this guidance in early 2009; it is expected to cover alcohol dependence and psychological interventions.

1 Guidance title

Alcohol-use disorders in adults and young people: prevention

1.1 Short title

Alcohol-use disorders (prevention)

2 Background

- a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to

develop guidance on a public health programme aimed at the prevention and early identification of alcohol-use disorders in adults and adolescents. This guidance will be developed alongside the NICE clinical guideline on the management of alcohol-use disorders in adults and adolescents.

- b) NICE public health programme guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on the following: cancer (DH 2000a), children (DH 2004a; DH 2004b; DH 2004c), coronary heart disease (DH 2000b), diabetes (DH 2001a), mental health (DH 1999), older people (DH 2001b) and renal services (DH 2005).
- c) This guidance will support a number of related policy documents including:
- 'Alcohol harm reduction strategy for England' (Prime Minister's Strategy Unit 2004)
 - 'Choosing health: making healthy choices easier' (DH 2004d)
 - 'PSA delivery agreement 14: increase the number of children and young people on the path to success' (HM Treasury 2007a)
 - 'PSA delivery agreement 23: make communities safer' (HM Treasury 2007b)
 - 'PSA delivery agreement 25: reduce the harm caused by alcohol and drugs' (HM Treasury 2007c)
 - 'Safe. Sensible. Social. The next steps in the national alcohol strategy' (DH 2007).
- d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including

cost effectiveness. It is aimed at professionals and managers with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is also aimed at those specifically concerned with alcohol (including those with a remit to reduce alcohol-related harm). This includes licensing boards, retailers, the alcohol industry, the criminal justice system and policy makers. In addition, it will be of interest to community groups and other members of the public.

This guidance will be developed using the NICE public health programme process.

3 The need for guidance

- a) The government advises adult women and men not to drink more than 2–3 units (1 unit is 10 ml of pure alcohol) and 3–4 units of alcohol a day (respectively) on a regular basis, to reduce their risk of alcohol-related harm. At least 1 day a week should be alcohol-free and two days should be alcohol-free following a heavy drinking session. Sensible drinking is defined as regularly consuming less than the recommended daily limits. Hazardous drinking is defined as consuming more than 14 or 21 units per week (women and men respectively), but not yet experiencing harm. Binge drinking involves consuming more than double the recognised sensible daily limits. For example, drinking more than 6 units (women) or 8 units (men) in any 1 day. Harmful drinking is defined as consuming more than 35 or 50 units per week (women and men respectively) and/or experiencing the harmful effects of alcohol consumption, but not alcohol dependence. (Examples of harmful effects include an alcohol-related accident, acute alcohol poisoning, hypertension or cirrhosis.) Alcohol dependence means someone's drinking is causing them harm and they are exhibiting symptoms of dependence.

- b) Over 90% of adults drink alcohol (Prime Minister's Strategy Unit 2004), with 73% of men and 57% of women reporting that they had a drink on at least 1 day during the previous week (Goddard 2006). An estimated 1.55 million people in England drink a harmful amount and a further 6.3 million drink a hazardous amount (North West Public Health Observatory 2007). Regional analysis of drinking patterns indicates that levels of hazardous and harmful drinking are consistently highest in the north of England (26–28% of men; 16–18% of women). The central and eastern regions have the lowest levels of consumption (21–24% of men; 10–14% of women) (North West Public Health Observatory 2007).
- c) While the proportion of schoolchildren who have never had an alcoholic drink has risen, those who do drink alcohol are consuming more. In 2006, those aged 11–15 who had drunk alcohol in the last 7 days had consumed an average 11.4 units – up from 10.4 units in 2000 (The Information Centre 2007). Within the 16–24 age group, 42% of males and 39% of females consumed more than 4 units on any 1 day during the previous week (Goddard 2008).
- d) Alcohol misuse – using alcohol in such a way that it causes physical, psychological or social harm to the drinker or to those close to them – is associated with many problems. In 2006/07, it was linked with over 500,000 recorded crimes (North West Public Health Observatory 2007). It is estimated that there may be over 1.2 million incidences of alcohol-related violence per year. Up to 17 million working days are lost annually due to absences related to alcohol – and up to 20 million are lost due to loss of employment or reduced employment opportunities due to alcohol (Prime Minister's Strategy Unit 2003). Alcohol misuse is also associated with relationship breakdown, domestic violence and aggression, poor parenting, unsafe and regretted sex, truancy, delinquency,

antisocial behaviour, homelessness and street drinking (Prime Minister's Strategy Unit 2003).

- e) The costs of alcohol misuse, in terms of healthcare, crime and disorder and loss of work productivity, is estimated at around £20 billion per year in England and Wales (Prime Minister's Strategy Unit 2004). It costs the NHS up to £1.7 billion per year to treat the chronic and acute effects of alcohol, and it is estimated that up to 35% of all accident and emergency (A&E) attendances and ambulance costs are alcohol-related (Prime Minister's Strategy Unit 2003). In 2005/06, over 400,000 hospital admissions were attributable to alcohol and over 120,000 were specifically caused by alcohol. It is estimated that there were over 22,000 deaths attributable to alcohol and over 4,500 alcohol-specific deaths (North West Public Health Observatory 2007).

- f) The interactions between social class and alcohol are complex. Compared with those living in more affluent areas, people in the most deprived fifth of the country are: two to three times more likely to die of alcohol-attributable causes; three to five times more likely to die of alcohol-specific causes; and two to five times more likely to be admitted to hospital because of alcohol misuse (North West Public Health Observatory 2007). However, professionals and managers appear to drink the most (an average 19.9 units a week compared with an average 16.7 units/week for people within routine and manual groups). The difference is even more marked for women: managers and professionals drink on average 10.7 units/week – compared to the 7.1 units/week consumed by those in routine and manual groups (Goddard 2008).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

Adults and young people aged 10 and over.

4.1.2 Groups that will not be covered

Children under the age of 10.

4.2 Activities/interventions that will be covered

NICE has addressed some of the key primary prevention issues, for example, on how to modify people's behaviour and how to improve children and young people's attitudes and skills towards alcohol (both published and in development – see section 6). This guidance will complement NICE clinical guidance being developed on managing alcohol-use disorders and will be aimed at a wide range of professionals within various settings. It will address: the structures that can influence a population's drinking behaviour and prevent alcohol misuse; and how to identify and work with individuals who already misuse alcohol (as the first steps in a care pathway). The activities and interventions outlined below could help prevent alcohol misuse among populations and could be targeted at individuals in a range of settings, by a range of professionals and non-professionals.

- a) Interventions to improve management of England's alcohol market. These will focus on price, advertising, alcohol availability and enforcement of the law. They may involve local authorities, licensing boards, retailers, voluntary and community organisations, the alcohol industry, the criminal justice system and policy makers.
- b) Measures to detect alcohol misuse among adults and young people both within and outside primary care. These may be used

by a wide range of professionals and non-professionals within the health service, social services and the criminal justice system.

- c) Brief interventions to manage alcohol misuse among adults and young people both within and outside primary care. These may be delivered by a wide range of professionals and non-professionals within the health service, social services and the criminal justice system. For the purposes of this guidance, they are defined as any brief intervention aimed at people who are not seeking help from specialist alcohol services (Rastrick 2006).

The Programme Development Group (PDG) may consider the principal complementary and alternative interventions or approaches relevant to the guidance topic. It will also take reasonable steps to identify ineffective interventions and approaches.

4.2.1 Activities/interventions that will not be covered

- a) Drink-driving schemes.
- b) Self-help interventions (for example, Alcoholics Anonymous).
- c) Treatment administered by alcohol specialists.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

Question 1: What type of price controls are effective and cost effective in reducing alcohol consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people?

Question 2: Which interventions are effective and cost effective at managing alcohol availability to reduce levels of consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people?

Expected outcomes (questions 1 and 2): a change in the levels of alcohol consumption, alcohol sales, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people.

Question 3: Is the control of alcohol promotion (for example, advertising) effective and cost effective in reducing levels of consumption, alcohol misuse, alcohol-related harm or alcohol-related social problems among adults and young people?

Expected outcomes: a change in the level of consumption, alcohol misuse, alcohol-related harm and alcohol-related social problems among adults and young people, and a change in their attitudes and beliefs in relation to alcohol.

Question 4: What are the key factors that increase the risk of an individual misusing alcohol? When are individuals most vulnerable to alcohol misuse?

Expected outcomes: a list of the key factors – and times – associated with an increase in alcohol consumption, alcohol misuse or alcohol-related harm that may provide professionals with a guide on who may be at risk.

Question 5: Are alcohol screening questionnaires, biochemical markers or clinical indicators (for example, hypertension, dilated facial capillaries) an effective and cost effective way of identifying adults and young people who currently misuse – or are at risk of misusing – alcohol?

Expected outcomes: an effective way of identifying adults and young people who currently misuse – or are at risk of misusing – alcohol.

Question 6: Are brief interventions effective and cost effective in managing hazardous and harmful drinking among adults and young people?

Expected outcomes: a reduction in alcohol consumption or in the numbers of adults and young people who misuse alcohol.

Question 7: What are the key barriers to helping adults and young people manage their drinking behaviour, (for example, is access to services a problem?) What are the key facilitators?

Expected outcomes: qualitative information on how adults and young people can be helped to manage their drinking behaviour.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 9 April 2008.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

6 Related NICE guidance

Published

Antenatal care: routine care for the healthy pregnant woman. NICE clinical guideline 62 (2008). Available from: www.nice.org.uk/guidance/CG062

Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (2007). Available from: www.nice.org.uk/guidance/PH007

Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/guidance/PH006

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health guidance 4 (2007). Available from: www.nice.org.uk/guidance/PHI004

Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. NICE clinical guideline 1 (2002). Available from: www.nice.org.uk/guidance/CG001

Under development

School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due September 2009).

Alcohol-use disorders in adults and young people: clinical management. NICE clinical guideline (due March 2010).

Care of pregnant women with complex social factors. NICE clinical guideline (due June 2010).

Alcohol-use disorders: the management of alcohol dependence and related brain damage. NICE clinical guideline (date to be confirmed).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute:

‘To produce combined public health and clinical guidance on prevention and early identification of alcohol-use disorders in adults and adolescents.

To produce combined public health and clinical guidance on management of alcohol-use disorders in adults and adolescents.’

Appendix B Potential considerations

It is anticipated that the PDG will consider the following issues in developing the guidance:

- The audience asked to take action and the constraints they operate within.
- Current policy and the law.
- The most effective approach for delivering the activity/intervention.
- Whether current practice is effective and cost effective.
- Whether effectiveness and cost effectiveness varies according to the:
 - age, ethnicity, life stage, socioeconomic status and gender of the target population
 - setting where it is delivered
 - status of the person delivering the intervention
 - frequency, duration and intensity of the intervention.
- Any adverse or unintended effects.
- Any factors that support or prevent implementation.
- Availability and accessibility for different population groups.

Appendix C References

Department of Health (1999) National service framework for mental health modern standards and service models. London: Department of Health.

Department of Health (2000a) The NHS cancer plan. London: Department of Health.

Department of Health (2000b) National service framework for coronary heart disease. London: Department of Health.

Department of Health (2001a) National service framework for diabetes: standards. London: Department of Health.

Department of Health (2001b) National service framework for older people. London: Department of Health.

Department of Health (2004a) CAMHS standard, national service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004b) Core document, national service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004c) Maternity standard, national service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004d) Choosing health: making healthy choices easier. London: Department of Health.

Department of Health (2005) The National service framework for renal services part two: chronic kidney disease, acute renal failure and end of life care. London: Department of Health.

Department of Health (2007) Safe. Sensible. Social. The next steps in the national alcohol strategy. London: Department of Health.

Goddard, E. (2006) General household survey 2005, smoking and drinking among adults. London: Office for National Statistics.

Goddard, E. (2008) General household survey 2006, smoking and drinking among adults. London: Office for National Statistics.

Her Majesty's Treasury (2007a) PSA delivery agreement 14: increase the number of children and young people on the path to success. London: The Stationery Office.

Her Majesty's Treasury (2007b) PSA delivery agreement 23: make communities safer. London: The Stationery Office.

Her Majesty's Treasury (2007c) PSA delivery agreement 25: reduce the harm caused by alcohol and drugs. London: The Stationery Office.

North West Public Health Observatory (2007) Indications of public health in the English regions 8: alcohol. Liverpool: North West Public Health Observatory.

Prime Minister's Strategy Unit (2003) Strategy unit alcohol harm reduction project: interim analytical report. London: Cabinet Office.

Prime Minister's Strategy Unit (2004) Alcohol harm reduction strategy for England. London: Cabinet Office.

Rastrick D, Heather N, Godfrey C (2006) Review of the effectiveness of treatment for alcohol problems. London: Department of Health

The Information Centre (2007) Smoking, drinking and drug use among young people in England 2006. London: The Information Centre.