

National Institute for Health and Clinical Excellence

Centre for Public Health Excellence

Final review decision: May 2014

Consideration for update 'Alcohol-use disorders: preventing harmful drinking' (PH24)

Background information

Guidance issue date: June 2010

3 year review: February 2014

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

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

1. Process for updating guidance

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

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

- NICE convenes an expert group known as an Evidence Update Advisory Group (EUAG) to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The EUAG consists of selected members (including co-optees) of the original committee that developed the guidance, key experts in the area, and representatives of relevant government departments. The EUAG may receive a review of the evidence produced by the Evidence updates team.
- NICE consults with stakeholders on its proposal for updating the guidance.
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

In this case, the assessment of the evidence and consultation with the EUAG was undertaken as part of the production and assessment of evidence for '[Alcohol-use disorders: preventing harmful drinking Evidence Update 54](#)'. The NICE Guidance Executive discussed the findings from the Evidence Update process prior to the public consultation.

More information on the process and methods used to produce evidence updates can be found [here](#)¹.

2. Consideration of the evidence and practice

The EUAG discussed published and ongoing research of relevance to the current recommendations, informed by literature searches. They also discussed changes to policy, legislation and organisations that might affect the recommendations (see the [review proposal for consultation](#) document for further details).

¹ <http://www.evidence.nhs.uk/nhs-evidence-content/evidence-updates>

The EUAG noted that there were several recommendations that could be expanded upon but nothing that changes the overall direction of the recommendations. The EUAG highlighted the change in the public health landscape as being a key contextual consideration but no new evidence was identified that elucidated how recommendations could be changed to reflect this.

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

3. Implementation and post-publication feedback

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

The implementation field team received no specific feedback on PH24.

4. Equality and diversity considerations pre stakeholder consultation

No evidence came to light which indicated that the guidance did not comply with anti-discrimination and equalities legislation. EUAG discussed the potential impact of MUP on those of lower socioeconomic status and concluded that:

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

5. NICE Recommendation pre stakeholder consultation

NICE considered the findings from the Evidence Update and the views of the EUAG. Overall NICE found that the evidence reviewed in the Evidence Update supported the existing guidance, strengthened the evidence base for many of the current recommendations but did not suggest that any of them needed to be changed. In

view of the rate of growth in the evidence base and the guidance from the expert panel, NICE will update the guidance beginning in 2016.

6. Stakeholder consultation

Responses were received from 14 stakeholder groups. Full details of groups responding are given in appendix A and the collated comments are in the linked [comments table](#).

The majority of stakeholders agreed with the review proposal. That is whilst the evidence base supported and strengthened current recommendations, given the rate of growth in the evidence base, it would be sensible to carry out another review for update in 2016.

Despite the overall general agreement with the recommendation not to update at this time, a number of other views were raised:

- Price and availability - some stakeholders suggested that updating the guidance with additional stronger evidence would be an opportunity to re-engage with the debate about the implementation of minimum unit price (MUP), especially given 'inadequate policy action' on MUP post publication of PH24. Other stakeholders refuted the claims of the evidence and suggest MUP is a 'blunt' tool. Stakeholders suggested that to not consider the changes in the public health policy landscape would weaken the implementation of the existing guidance (PH24) and an update would provide an opportunity to reengage new key 'policy actors' responsible for commissioning and licensing. An update to consider changes in public health policy was seen to be even more pertinent given the lack of inclusion of 'public health' as a 5th licensing objective. This would mean the impact of licensing decisions on public health, and thus organisations with a public health remit, would not be able to influence licensing decisions.
- Marketing - one stakeholder suggested that marketing and alcohol is already subject to 'stringent regulation' that is 'evidence-based' and thus no action is required in this area. However, other stakeholders suggested that the impact of marketing on young people is a gap in PH24 and leaves young people

exposed to risk; any update needs to consider this issue specifically. Other new areas identified were the impact of adult advertising on young people and the role of sports and sponsorship on young people and alcohol.

- Other issues raised by stakeholders to provide their perspective on the rationale for an update include:
 - an opportunity to reset the evidence and recommendations in the context of the Health and Social Care Act and the Government consultation on its alcohol strategy;
 - consideration of new evidence on the impact of alcohol misuse on road traffic related injuries, STI's and suicides;
 - new interventions (e.g. late night levies);
 - new terminology (hazardous and harmful has now changed to increasing risk and high risk)

7. Equality and diversity issues: Stakeholders

- Young people – in the context of marketing and advertising young people have been identified by some stakeholders as a group that PH24 does not adequately consider. Particular issues included new media, sports and adult advertising's impact on young people. One stakeholder suggests that this issue is currently being monitored and action will be taken if anything arises.
- Socioeconomic – One stakeholder suggested that MUP would impact on the poorest households to a greater extent than their better off counterparts, despite consumption being greater in higher income households. A number of other stakeholders suggested that the evidence base outlines that this is not the case and MUP would actually impact higher risk drinkers across all socioeconomic categories and would not disadvantage those who drank responsibly, and that people with the lowest income would not be particularly disadvantaged.

8. Recommendation post stakeholder consultation

On balance, considering both the stakeholder comments the discussions relating to the findings of the EUAG, NICE feels that the feedback received does not change the pre-consultation proposal.

The recommendation therefore is not to update the guidance at this time but to review again in 2016

Mike Kelly, Director

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Centre for Public Health,

May 2014

Appendix A: Stakeholders organisations

Responses were received from:

- Advertising Standards Authority
- Hartlepool Borough Council, Public Health Department
- Institute of Alcohol Studies
- Lundbeck Ltd
- British Beer & Pub Association
- Public Health England
- Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.
- Nottinghamshire Healthcare
- Department of Health
- Royal College of Nursing
- The Royal College of Psychiatrists
- Alcohol Concern
- Alcohol Health Alliance
- Royal Pharmaceutical Society