NICE National Institute for Health and Care Excellence

NICE quality standard

Alcohol: preventing harmful use in the community

Quality standard

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nice.org.uk/guidance/qs83

Contents

This standard is based on PH7 and PH24.

This standard should be read in conjunction with QS11, QS22, QS65, QS88, QS107, QS102, QS95, QS146 and QS152.

Introduction

This quality standard covers a range of approaches at a population level to prevent harmful (high-risk) drinking in the community by children, young people and adults. These statements are particularly relevant to trading standards, other local authority teams, the police, and schools and colleges. This quality standard does not cover screening and brief interventions, which are covered by NICE's quality standard on alcohol-use disorders: diagnosis and management. For more information see the topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned at a local level. Areas of national policy, such as minimum unit price, legislative changes and marketing of alcohol, are therefore not covered by this quality standard.

Why this quality standard is needed

In the UK the annual amount of alcohol sold per person (aged 16 years and over) rose from 9.53 litres of pure alcohol in 1986/87 to a peak of 11.73 litres in 2004/05, before dropping to 9.65 litres in 2012/13 (Tax and Duty Bulletins: alcohol factsheet HM Revenue and Customs 2013). For 2012/13, this is approximately 18 units per week for each person. In England, the NHS guidelines on alcohol recommend that men should not regularly drink more than 3 to 4 units of alcohol per day and women should not regularly drink more than 2 to 3 units per day ('regularly' means most days or every day). Although most people who drink alcohol stay within these limits, 'binge drinking' accounts for half of all alcohol consumed in the UK (The government's alcohol strategy Home Office 2012). Statistics on alcohol: England (Health and Social Care Information Centre 2014) estimate that in 2012 24% of men and 18% of women aged 16 and over drank more than the recommended levels of alcohol each week.

Drinking more than the limit suggested by the NHS guidelines may damage a person's health. Alcohol is one of the biggest behavioural risk factors for increased disease and death (along with smoking, obesity and lack of physical activity). Alcohol consumption is associated with many chronic health problems, including psychiatric, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer. Drinking during pregnancy can also have an

adverse effect on the developing fetus (NICE's guideline on alcohol-use disorders: prevention).

In 2012/13, there were estimated to be over 1 million hospital admissions in England for which an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis[1]. Over 15,000 children and young people (under 18) were admitted to hospital in 2010/11 to 2012/13 as a result of conditions caused by drinking alcohol (Local alcohol profiles for England Public Health England 2014). In 2010–12 there were 15,785 deaths specifically resulting from alcohol (Public Health England 2014).

Not only is alcohol a burden on individuals and families, it also has negative economic and social consequences, and is linked to accidents, injuries, crime and violence. Every year alcohol-related harm costs the UK in excess of £21 billion (£3.5 billion in NHS costs in England, £11 billion for alcohol-related crime in England and Wales and £7.3 billion of lost productivity because of alcohol in the UK) (Next steps following the consultation on delivering the government's alcohol strategy Home Office 2013). In 2012/13 there were 305,048 recorded crimes in England related to alcohol (Public Health England 2014) and 881,000 violent incidents in England and Wales in which the victim believed that the offender was under the influence of alcohol (table 3.11, Crime Survey for England and Wales Office for National Statistics 2013).

The quality standard is expected to contribute to improvements in the following outcomes:

- quality of life
- admissions to hospital – alcohol-related, and admissions for violence or accidents resulting from alcohol
- alcohol-related deaths
- antisocial behaviour and violent crime related to alcohol
- prevalence of harmful (high-risk) and hazardous (increasing risk) drinking
- rates of under-age drinking.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined

in the following 3 outcomes frameworks published by the Department of Health:

- Adult Social Care Outcomes Framework 2015–16
- NHS Outcomes Framework 2014–15
- Public Health Outcomes Framework 2013–16.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	*Overarching measure* 1A Social care-related quality of life* *Outcome measures* **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation** 1F Proportion of adults in contact with secondary mental health services in paid employment** (Public Health Outcomes Framework 1.8, NHS Outcomes Framework 2.5)
Aligning across the health and care system * Indicator complementary ** Indicator shared	

Table 2 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas

1 Preventing people from dying prematurely	*Overarching indicator* 1a Potential years of life lost from causes considered amenable to healthcare i Adults ii Children and young people *Improvement areas* **Reducing premature mortality from the major causes of death** 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*) 1.4 Under 75 mortality rate from cancer (PHOF 4.5*) **Reducing premature mortality in people with mental illness** 1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)
2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* **Improving functional ability in people with long-term conditions** 2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*) **Enhancing quality of life for people with mental illness** 2.5 Employment of people with mental illness (ASCOF 1F**, PHOF 1.8**)
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF) ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Table 3 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
1 Improving the wider determinants of health	*Objective* Improving the wider determinants of health *Indicators* 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16–18 year olds not in education, employment or training 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 Domestic abuse 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.19 Older people's perception of community safety
2 Health improvement	*Objective* People are helped to live healthy lifestyles, make health choices and reduce health inequalities *Indicators* 2.1 Low birth weight of term babies 2.4 Under 18 conceptions 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0–14 and 15–24 years 2.8 Emotional well-being of looked after children 2.10 Self-harm 2.12 Excess weight in adults 2.18 Alcohol-related admissions to hospital 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over

4 Healthcare, public health and preventing premature mortality	*Objective* Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities. *Indicators* 4.1 Infant mortality 4.3 Mortality rate from causes considered preventable 4.4 Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) 4.6 Under 75 mortality rate from liver disease

Coordinated services

The quality standard for preventing harmful (high-risk) alcohol use in the community specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach that promotes multiagency working is fundamental to preventing harmful alcohol use in the community.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality interventions for preventing harmful alcohol use in the community are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All people who are involved in preventing harmful alcohol use in the community should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in helping to prevent harmful alcohol use in the community. If appropriate, organisations should ensure that family members and carers are involved in the decision-making process about initiatives to reduce alcohol use and availability, and in schools' and colleges' approaches to alcohol.

[1] Full details of the methodology used for calculating hospital admissions related to alcohol can be found in Statistics on alcohol: England (Health and Social Care Information Centre 2014).

List of quality statements

Statement 1 Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.

Statement 2 Trading standards and the police identify and take action against premises that sell alcohol to people under 18.

Statement 3 Schools and colleges ensure that alcohol education is included in the curriculum.

Statement 4 Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

Quality statement 1: Using local crime and related trauma data

Quality statement

Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.

Rationale

Using local data to identify problems caused by the sale of alcohol in an area enables the development of an evidence-based, high-quality policy on responsible licensing that will help to meet the licensing objectives.

Quality measures

Structure

Evidence that local crime and related trauma data are used to map the extent of alcohol-related problems to inform the development or review of a statement of licensing policy.

Data source: Local data collection.

What the quality statement means for local authorities

Local authorities (through the licensing lead, public health team and trading standards) work in partnership with local health and crime agencies and other responsible authorities to ensure that there are arrangements for sharing local crime and related trauma data. These data should be used to map the extent of alcohol-related problems in an area, to inform the development or review of a statement of licensing policy.

What the quality statement means for people in the community

People in the community can be confident that information about crime and other alcohol-related problems is taken into account by local authorities when they make decisions about licensing for alcohol. This should help to make areas safer and reduce problems related to alcohol, such as crime, health problems and accidents.

Source guidance

Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 4

Definitions of terms used in this quality statement

Local crime and related trauma data

Data such as non-personal details from hospital emergency departments about violent incidents (time, day, date, location, type of assault and whether weapons were used), ambulance data and crime data that can be mapped alongside locations of licensed premises.

[Adapted from The government's alcohol strategy, section 3.22 and expert opinion]

Alcohol-related problems

Problems resulting from alcohol that may be indicated (perhaps by proxy) by local crime and related trauma data, such as crime and disorder, social issues and health harms. These include drunkenness and rowdy behaviour, assault, accidents and injuries, absence from work, financial costs, children growing up in families in which there is parental alcohol misuse, chronic health problems (mental and physical) and, in extreme circumstances, death.

[Expert opinion]

Development or review of a statement of licensing policy

Every licensing authority is required to develop and publish a statement of its licensing policy and review it at least every 5 years. The statement of licensing policy explains the approach to licensing within the area and gives guidance to licence holders, applicants and any person who may have an interest in licence applications or review of licences. The statement of licensing policy might include a 'cumulative impact' policy. Cumulative impact policies allow licensing authorities to take into account whether a significant number of licensed premises are concentrated in 1 area and whether the evidence suggests that the licensing of more premises may affect the statutory licensing objectives and contribute to an increase in alcohol-related disorder. Individual licence applications can be refused unless the applicant can demonstrate in their operating schedule that there will be no negative cumulative impact on 1 or more of the licensing objectives. Currently (March 2015) the 4 statutory licensing objectives are: the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm.

[Adapted from NICE's guideline on alcohol-use disorders: prevention and Revised guidance issued under section 182 of the Licensing Act 2003]

Quality statement 2: Under-age sales

Quality statement

Trading standards and the police identify and take action against premises that sell alcohol to people under 18.

Rationale

It is illegal to sell alcohol to anyone under 18. Reviewing licences is a key part of the Licensing Act (2003), and amendments to the Act that came into force in 2012 doubled fines for, and made it easier to shut down, businesses found to be persistently selling alcohol to people under 18. All local licensing authorities should make full use of this legislation to protect children and young people from the risks of alcohol.

Quality measures

Structure

a) Evidence that trading standards and the police are identifying premises that sell alcohol to people under 18.

Data source: Local data collection.

b) Evidence that trading standards and the police are taking action against premises that sell alcohol to people under 18.

Data source: Local data collection.

Outcome

Incidence of licensed premises found to sell alcohol to people under 18.

Data source: Local data collection.

What the quality statement means for trading standards, the police and public health teams

Trading standards and the police work in partnership with public health teams and other responsible authorities to ensure that licensed premises are not selling alcohol to people under 18, and identify and take action against those that break the law. Partnership work can coordinate the approach, improve efficiency and enable sharing of resources.

Public health teams commission trading standards to carry out operations on licensed premises. They can also provide intelligence that identifies licensed premises that need to be reviewed and that supports a licence review.

What the quality statement means for people in the community

People in the community can be sure that trading standards, the police and other agencies (such as public health teams) work together to identify and take action against businesses licensed to sell alcohol (such as pubs, nightclubs, supermarkets and local shops) that sell alcohol to children and young people under 18. This might include reviewing or withdrawing an alcohol licence, issuing fines or, in extreme cases, closing the premises. This should help to stop children and young people buying alcohol and so protect them from the risks of harmful (high-risk) alcohol use.

Source guidance

Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 4

Definitions of terms used in this quality statement

Identifying premises that sell alcohol to people under 18

Trading standards and the police work together and lead on this, but might also work in partnership with directors of public health and public health teams. In most local authority areas the police tend to concentrate on targeting premises with 'on' licences (that is, allowing consumption of alcohol on the premises), whereas trading standards concentrate on retail outlets selling alcohol. Methods to identify premises that are selling alcohol to people under 18 might include using test purchases by 'mystery shoppers', surveillance or using shared intelligence and the history of the premises. The use of covert investigation techniques by public authorities requires Regulation of Investigatory Powers Act (RIPA) authorisations. Whether RIPA authorisations are needed for conducting test purchases will depend on the operation.

[NICE's guideline on alcohol-use disorders: prevention, recommendation 4, adapted by expert opinion]

Taking action against premises that sell alcohol to people under 18

Formal action against premises selling alcohol to people under 18 should follow an enforcement policy and be in line with national codes of practice governing the way that age-restricted sales are enforced; for example, Age restricted products and services: a code of practice for regulatory delivery (Office for Product Safety and Standards). Responsible authorities, such as public health teams, can take action by requesting reviews of licensed premises and making representations at review hearings. Public health teams can also use available data and work with other responsible authorities to support their case. Licence reviews can result in steps to address the problem (for example, modifying the conditions of the licence or removing the premises' supervisor), or suspending or revoking a licence if sales to people under 18 continue. Other actions that can be taken against premises include fines, advice and warnings, closure notices, issuing cautions and prosecution.

[Expert opinion]

Quality statement 3: Alcohol education

Quality statement

Schools and colleges include alcohol education in the curriculum.

Rationale

Schools and colleges have an important role to play in helping children and young people to understand the harmful consequences of alcohol and in combating harmful (high-risk) drinking. Alcohol education should be used to increase knowledge about alcohol use and its effects. Learning and teaching about alcohol should be contextualised as part of promoting positive messages and values about keeping healthy and safe. Teachers and children and young people should be able to have open discussions about alcohol in the context of wider social norms, since one-way information-giving is not as effective in engaging children and young people in the topic and in affecting attitudes, values and behaviour.

Quality measures

Structure

Evidence that schools and colleges include alcohol education in the curriculum.

Data source: Local data collection. Ofsted inspection reports contain information on the achievement of pupils, quality of teaching, behaviour and safety of pupils, and leadership and management for all schools and colleges. Also contained within the Health and Social Care Information Centre's Smoking, Drinking and Drug Use Among Young People in England.

Outcome

Rates of absence from school or college related to alcohol.

Data source: Local data collection.

What the quality statement means for head teachers, school governors, staff and local authorities

Head teachers and school governors include alcohol education in the curriculum. Although alcohol

education is not a statutory part of the curriculum, quality statements describe best practice that goes beyond minimum statutory requirements and can be used to help organisations improve quality.

Staff who have the trust and respect of the children and young people in the school or college deliver alcohol education as part of the curriculum. Staff should have received appropriate training and be able to provide accurate information using appropriate techniques.

Local authorities advocate that schools and colleges in their area include alcohol education in the curriculum. Public health teams can offer help with education and training of staff and provide schools and colleges with information and materials for teaching.

What the quality statement means for children and young people

Children and young people in schools and colleges learn about keeping healthy and safe, and about alcohol use and its effects. This is done by giving them the chance to talk about the issues involved. This should help them to develop the knowledge, attitudes and skills needed to support their health and wellbeing.

Source guidance

Alcohol: school-based interventions (2007) NICE guideline PH7, recommendation 1

Definitions of terms used in this quality statement

Schools and colleges

Schools and colleges comprise state-sector, special and independent primary and secondary schools and colleges, including:

- free schools
- academies and city technology colleges
- pupil referral units, secure training and local authority secure units
- further education colleges and sixth form colleges.

[Adapted from NICE's guideline on alcohol: school-based interventions]

Alcohol education

Specific time should be allocated within the school curriculum to help children and young people to develop the knowledge, attitudes and skills needed to support their own health and wellbeing. Alcohol education should be tailored for different age groups and take different learning needs into account (based, for example, on individual, social and environmental factors). It should aim to encourage children not to drink, delay the age at which young people start drinking and reduce the harm it can cause among those who do drink. Alcohol education programmes should:

- increase knowledge of the potential damage alcohol use can cause – physically, mentally and socially (including the legal consequences)
- provide the opportunity to explore attitudes to – and perceptions of – alcohol use
- help develop decision-making, assertiveness, coping and verbal and non-verbal skills
- help develop self-esteem
- increase awareness of how the media, advertisements, role models and the views of parents, peers and society can influence alcohol consumption.

[NICE's guideline on alcohol: school-based interventions]

Equality and diversity considerations

It is important to take individual, social, cultural, economic and religious factors into account when delivering alcohol education, and to tailor it to the needs of the children and young people. Groups that may be at increased risk of under-age drinking and alcohol abuse, such as lesbian, gay, bisexual and transgender (LGBT) young people, should be considered.

Quality statement 4: Schools and colleges involve parents, carers, children and young people

Quality statement

Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

Rationale

A school or college's approach to alcohol in the context of the curriculum and its policies, values and environment is more effective if parents, carers, children and young people are involved. This means that children and young people's views are considered and that parents and carers are included in discussions and decisions in an effort to ensure consistent messages about alcohol outside school or college.

Quality measures

Structure

Evidence that schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

Data source: Local data collection. Ofsted inspection reports contain information on the achievement of pupils, quality of teaching, behaviour and safety of pupils and leadership and management for all schools and colleges.

What the quality statement means for head teachers and school governors

Head teachers and school governors ensure that they consult and involve parents, carers, children and young people in discussions and decisions about, as well as in the implementation of, initiatives to reduce alcohol use. Although alcohol education is not a statutory part of the curriculum, quality statements describe best practice that goes beyond minimum statutory requirements and can be used to help organisations improve quality.

What the quality statement means for parents, carers, children and young people

Parents and carers have the chance to be involved in discussions and decisions about ideas and plans that schools and colleges have for reducing alcohol use, and in putting these ideas into practice. This means that parents and carers know about the plans and can support them at home if they choose to.

Children and young people are involved in discussions and decisions about ideas and plans at their school or college for reducing alcohol use. They are also involved in putting these ideas into practice. This means that they will know what is planned and are more likely to back the plans.

Source guidance

Alcohol: school-based interventions (2007) NICE guideline PH7, recommendation 3

Definitions of terms used in this quality statement

Involve parents, carers, children and young people

This might include consulting parents, carers, children and young people about initiatives to reduce alcohol use, gathering their opinions through discussions and involving them in decisions about, and in the implementation of, initiatives.

[Adapted from NICE's guideline on alcohol: school-based interventions]

Initiatives to reduce alcohol use

Initiatives to reduce alcohol use might include alcohol education programmes and using a 'whole-school' approach. A 'whole-school' approach should cover policy development, the school environment and the professional development of (and support for) staff.

[NICE's guideline on alcohol: school-based interventions]

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's how to use quality standards for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between organisations and people in the community is essential. Information and support should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Alcohol-use disorders: prevention (2010) NICE guideline PH24
- Alcohol: school-based interventions (2007) NICE guideline PH7

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Home Office (2013) Next steps following the consultation on delivering the Government's alcohol strategy
- Department of Health (2013) Reducing harmful drinking
- Home Office (2012) The government's alcohol strategy
- House of Commons Science and Technology Committee (2012) Alcohol guidelines
- Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England
- HM Government (2003) Licensing Act

Definitions and data sources for the quality measures

- Home Office (2014) Revised guidance issued under section 182 of the Licensing Act 2003
- The Health and Social Care Information Centre (2014) Statistics on alcohol: England
- Ofsted (2014) Inspection reports
- Public Health England (2014) Local alcohol profiles for England
- The Health and Social Care Information Centre (2013) Hospital episode statistics

- HM Government (2012) The government's alcohol strategy

Related NICE quality standards

Published

- Liver disease (2017) NICE quality standard 152
- Hepatitis B (2014) NICE quality standard 65
- Antenatal care (2012) NICE quality standard 22
- Alcohol-use disorders: diagnosis and management (2011) NICE quality standard 11

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topic scheduled for future development:

- Hepatitis C

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam
Lay member

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Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

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Mrs Claire Beynon (until June 2014)
Head of Threshold Management and Individual Funding Requests, South West Commissioning Support

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Mr John Walker
Head of Operations, Greater Manchester West Mental Health NHS Foundation Trust

Mr David Weaver (from November 2014)
Head of Quality and Safety, North Kent Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

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Update information

Minor changes since publication

November 2018: Changes have been made to align this quality standard with the NICE guideline on alcohol-use disorders: prevention. The terminology has been updated to reflect the UK Chief Medical Officers' Low Risk Drinking Guidelines (2016), and links have been updated throughout.

December 2016: Data source updated for statement 3.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE Pathway on alcohol-use disorders.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Association of Directors of Public Health
- College of Emergency Medicine
- Public Health England

- Royal College of General Practitioners