

Appendix B2: Stakeholder consultation comments table

2019 surveillance of [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) (2011)

Consultation dates: 25 April 2019 to 8 May 2019

1. Do you agree with the proposal not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	Yes	No comments provided.	Thank you for your response.
Royal College of Nursing	Yes	There will hopefully be more information by the time of the next review	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.

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NHS England	Yes	<p>Overall agreement that the new evidence cited in the proposal is applicable to PH24 and that it is strong enough to warrant review, including demonstratable impact. NHS England is not sighted on the full range of evidence and thus a review of the guidance would be useful in informing the national programme.</p> <p>NICE state that the new evidence available for CG115 is more limited with impact not fully established. We feel that the process of reviewing the PH24 will impact on elements of CG115. If the update to PH24 is considered in relation to CG115 and all links appropriately updated then this may not require a full update of CG115.</p> <p>However, we are interested in the role of digital solutions including their applicability for use to reduce alcohol related harm. Given the pace of change in the digital field we feel that waiting for a future review would miss the opportunity highlight developments in this field as they occur. A shorter period before the review of this element may be beneficial.</p>	<p>Thank you for your comments and support for the proposal to not update CG115. Digital interventions for harmful drinking were within scope of the current surveillance review of CG115 and evidence was considered on this topic. We agree that digital technologies are a rapidly evolving area. As well as a standard surveillance check, NICE maintains an event tracker containing information on ongoing studies that are judged to be relevant to the guideline content. We encourage stakeholders to submit information about important ongoing trials.</p> <p>When updating NICE guideline PH24, NICE will check and update cross-references to CG115 as needed. Steps will be taken to ensure there is no impact on other guidelines, including CG115. The proposed update of PH24 is not anticipated to impact CG115 as the activities covered under each guideline are different, as outlined by the scope.</p> <p>Please note, NICE is currently developing a guideline on Behaviour change: digital and mobile health interventions, which covers digital interventions for hazardous drinking and is expected to publish August 2020. The draft guidance consultation for that topic is scheduled for 17 January 2020 - 28 February 2020.</p>
Public Health England	Yes, but propose an amendment.	<p>Public Health England (PHE) proposes an amendment to the wording of recommendation 1.2.2.8.</p> <p>It is clear the recommendation was not intended to stand in the way of immediate treatment where this is indicated, and it would be</p>	<p>Thank you for your suggestion. At the time of guideline development, the committee noted that comorbid mental health problems are a common presentation in people who misuse alcohol. It is important that this is assessed at</p>

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		<p>helpful to reword this section to reflect this. The current wording may lead to unnecessary delays and may be cited by improving access to psychological therapies as the basis for excluding people with alcohol dependence from mental health treatment for anxiety and depression.</p> <p>PHE suggest incorporating the following:</p> <p>'for some people their anxiety or depression may improve following detox, this needs to be closely monitored (watchful waiting) and for those that still report symptoms a timely response from mental health services to provide the National Institute for Health and Clinical Excellence (NICE) recommended interventions would be important. For some people this will require a mental health assessment and treatment plan to be undertaken and agreed as part of the detoxification plan.'</p>	<p>initial presentation. They also noted that for many people, symptoms of, for example, depression and anxiety may reduce following 3 to 4 weeks of abstinence from alcohol.</p> <p>The committee felt it is therefore often not appropriate or necessary to instigate treatment for the disorder at the point of the initial assessment. They also noted that careful monitoring and reassessment of mental health symptoms following abstinence are an important part of the assessment procedure. They recommended that treatment of mental health disorders that persist beyond 3 to 4 weeks after abstinence should be considered.</p> <p>During this surveillance review there was no new evidence found to contradict or trigger an update of the current recommendation. Furthermore, professionals are anticipated to safeguard individuals and take appropriate action if they are concerned about co-morbid mental health conditions. In this context, NICE's guideline on multimorbidity: clinical assessment and management (NG56) suggests that care providers should provide an individualised management plan covering clinical aspects of a person's care, such as the medicines they are taking and the services they are attending.</p>
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2. Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	Yes	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.
NHS England	No	No comments provided	Thank you for your response.
Public Health England	No	No comments provided	Thank you for your response.

3. Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	Yes	There needs to be sustained efforts to increase the evidence surrounding effectiveness of diagnosis, assessment and management of harmful drinking and alcohol dependence in specific groups. LGBT (lesbian, gay, bisexual and trans) people drink at higher levels (<i>LGBT Foundation. Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England 2009-2011; Stonewall, LGBT in Britain: Health Report. 2018</i>). They are also more likely to face barriers to accessing	Thank you for your response and for highlighting the inequalities faced by LGBT people in accessing alcohol services. The committee who developed the guideline considered inequalities throughout the guideline development process and the guideline is meant to promote equality for people from a diverse range of

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		care and may be more reluctant to access care (<i>Government Equalities Office. National LGBT Survey 2018</i>). In order to make the first steps in reducing this health inequality it should be ensured that sexual orientation monitoring and trans status monitoring is being carried out. (Trans status monitoring should be carried out by asking the question 'is your gender identity the same as the gender you were assigned at birth?' an answer of no indicated the person is trans). Monitoring will go some way in measuring the effectiveness of advice and interventions provided to people within LGBT communities and will go some way in producing evidence based steps to reduce alcohol misuse in these communities.	backgrounds. We agree more research on addressing inequalities in accessing alcohol services would be a welcome addition to the evidence base. Regarding your comments on sexual orientation monitoring, service evaluation and commissioning, this is an important consideration, but beyond the scope of the current guideline.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation	Thank you for your response.
NHS England	No	We are pleased to see that an equality impact assessment has been conducted in relation to new guidance 'Behaviour change: technology-based interventions' that will link to PH24 and CG115. The Prevention Programme is very interested in the potential for digital solutions to support interventions aimed at reducing risky behaviour such as harmful and dependent drinking but are keen to ensure that any promoted models do not increase health inequalities.	Thank you for your comment and support for the in development NICE guideline Behaviour change: digital and mobile health interventions , which is expected to publish August 2020. The draft guideline consultation for that topic is scheduled for 17 January 2020 - 28 February 2020.
Public Health England	No	No comments provided	Thank you for your response.

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4. A topic expert highlighted that behavioural couples therapy should not be offered where domestic violence is a concern, and this is not currently mentioned within [recommendation 1.3.3.2](#).

To address this issue we are proposing to make an editorial amendment to recommendation 1.3.3.2 to say: 'Offer behavioural couples therapy for harmful drinkers and people with mild alcohol dependence who have a regular partner who is willing to participate in treatment, unless there are indicators that a person has experienced, or is a perpetrator of, domestic abuse.'

Do you agree this change is necessary?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	Yes	No comments provided	Thank you for your response.
Royal College of Nursing	Yes	However, the wording needs to consider how this might impact people who are now in different relationships than the one where domestic violence was a concern. We would suggest there could be some clarification about *current* relationships.	Thank you for highlighting this important consideration and suggestion to change the proposed wording for recommendation 1.3.3.2. We will amend the recommendation to state: 'Offer behavioural couples therapy for harmful drinkers and people with mild alcohol dependence who have a regular partner who is willing to participate in treatment, unless there are indicators that the person is currently experiencing, or is a current perpetrator of, domestic abuse.'
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.

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NHS England	Yes	No comments provided	Thank you for your response.
Public Health England	No, but a caveat is necessary (see comments).	<p>PHE agrees it is important to reference the potential risk of offering behavioural couples therapy (BCT) (or other couple therapy approaches) in situations where domestic abuse is or has been present in the relationship.</p> <p>The proposed wording seems to indicate that BCT should not be offered to anyone who has ever experienced or perpetrated domestic violence and this seems too extensive and might exclude people who could benefit.</p> <p>PHE notes that there is evidence that BCT can reduce domestic violence although we have not reviewed the evidence or its strength. For example, Barbara McGrady and others' paper on alcohol focussed behavioural couple therapy. The article is available at the following link: https://onlinelibrary.wiley.com/doi/abs/10.1111/famp.12231.</p> <p>However, the article notes that 'couples who do not show significant levels of intimate partner violence are good candidates'.</p> <p>BCT and domestic violence or abuse might be a useful area for a more in-depth surveillance of the evidence.</p> <p>PHE assumes (although do not know for sure) that if BCT has been used with couples where domestic violence or abuse is present, risk assessment and safety planning would form part of that intervention.</p> <p>While BCT is a manualised approach and should be offered by trained and supervised practitioners, PHE is mindful that untrained practitioners may attempt to offer the intervention, which might increase the risk that it is offered inappropriately to couples where domestic abuse is present.</p>	<p>Thank you for highlighting this important consideration about 'ever experiencing domestic violence'. We will amend the recommendation to state:</p> <p>'Offer behavioural couples therapy for harmful drinkers and people with mild alcohol dependence who have a regular partner who is willing to participate in treatment, unless there are indicators that the person is currently experiencing, or is a current perpetrator of, domestic abuse.'</p> <p>Thank you for bringing our attention to the review of alcohol behaviour couple therapy by McGrady et al (2016). Although this study would not have met our inclusion criteria, it does seem to support current recommendations and the change that we outline for recommendation 1.3.3.2.</p> <p>As the currently available evidence does not merit a detailed review of this area we will, however, check for any potential impact of new evidence at the next surveillance time point.</p>

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5. We are not proposing to update pharmacological interventions for harmful drinking and for mild alcohol dependence (paragraph below [recommendation 1.3.3.2](#)), as the new published evidence identified by the current surveillance review was not deemed to be sufficient to change guideline recommendations.

Are you aware of new evidence, which was not identified by the current surveillance review, on drug regimens for harmful drinking or mild dependence that would change the recommendation?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.
NHS England	Not answered	No comments provided	Thank you for your response.
Public Health England	Yes.	PHE agrees with the proposal in the surveillance review document to cross reference to Technical Appraisal 325.	Thank you for your agreement.

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6. We are not proposing to update drug regimens for assisted withdrawal ([recommendation 1.3.5](#)), as the new published evidence identified by the current surveillance review was not deemed to be sufficient to change guideline recommendations.

Are you aware of new evidence, which was not identified by the current surveillance review, on drug regimens for assisted withdrawal that would change the recommendation?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.
NHS England	Not answered	No comments provided	Thank you for your response.
Public Health England	No	No comments provided	Thank you for your response.

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7. We are not proposing to update pharmacological interventions after successful withdrawal ([recommendations 1.3.6.4 to 1.3.6.15](#)) as the new published evidence identified by the current surveillance review was not deemed to be sufficient to change guideline recommendations.

Are you aware of new evidence, which was not identified by the current surveillance review, on drug regimens after successful withdrawal that would change the recommendations?

Stakeholder	Overall response	Comments	NICE response
LGBT Foundation	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the CG115 Alcohol-use disorders surveillance review. We have not received any responses for this consultation.	Thank you for your response.
NHS England	Not answered	No comments provided.	Thank you for your response.
Public Health England	No	No comments provided.	Thank you for your response.

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