Alcohol: preventing harmful alcohol use in the community

NICE quality standard

Draft for consultation

July 2014

Introduction

This quality standard covers preventing harmful alcohol use in the community amongst children, young people and adults. It does not cover screening and brief interventions, which are covered by Alcohol dependence and harmful alcohol use (NICE quality standard 11).

NICE quality standards describe high-priority areas for quality improvement, which are aspirational but achievable, in a defined care or service area. They focus on aspects of health and social care that are commissioned at a local level. Because they do not set out national policy, some areas of public health guidance 24, such as the introduction of a minimum unit price, legislative changes and the marketing of alcohol, will not be included in the scope of this quality standard. For more information see the topic overview.

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 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 older drank more than the recommended levels of alcohol each week. Additionally, an estimated 24% of people aged 16 and older are classified as hazardous drinkers[1].

Drinking more than the amount 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 foetus (Alcohol-use disorders – preventing the development of hazardous and harmful drinking. NICE public health guidance 24 2010).

In 2012/13, there were 1,008,850 hospital admissions for which an alcohol-related disease, injury or condition was the reason for admission[2] ('Statistics on alcohol: England'). Over 15,000 children and young people (younger than 18) were admitted to hospital in 2010/11 to 2012/13 as a result of drinking alcohol (Local alcohol profiles for England Public Health England 2014). In 2010-12 there were 15,785 deaths specifically resulting from alcohol ('Local alcohol profiles for England').

Alcohol is not only 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 society an estimated £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 United Kingdom) (Next steps following the consultation on delivering the government's alcohol strategy Home Office 2013). In 2012/13 there were 305,048 recorded crimes related to alcohol ('Local alcohol profiles for England') and 881,000 violent incidents

[1] Hazardous drinking is a pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by the World Health Organization to describe this pattern of alcohol consumption. It is not a diagnostic term (NICE public health guidance 24).

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

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 and hazardous drinking
- rates of underage 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:

- The Adult Social Care Outcomes Framework 2014–15 (Department of Health, November 2012)
- NHS Outcomes Framework 2014–15
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.

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 2014–15

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 2014–15

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 death in people with serious mental illness** 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*) 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, 2013–2016

Domain	Objectives and indicators
1 Excess under 75 mortality rate in adults with serious mental illness	***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 2.12 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, while 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) 4.5 Under 75 mortality rate from cancer 4.6 Under 75 mortality rate from liver disease 4.8 Mortality rate from communicable diseases 4.9 Excess under 75 mortality rate in adults with serious mental illness 4.10 Suicide rate 4.14 Hip fractures in people aged 65 and over

Coordinated services

The quality standard for preventing harmful alcohol use in the community specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach that promotes multi-agency 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. In the context of this quality standard this includes public health and local

authority staff, trading standards officers, licensing inspectors, the police, head teachers, teachers, school governors and others who work in (or with) schools.

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, licensing authorities, the police, local authorities and schools should ensure that family members and carers are involved in the decision-making process about initiatives to reduce alcohol use and availability, and on schools' approaches to alcohol.

List of quality statements

Statement 1. Local crime and related trauma data are used to map the extent of alcohol-related problems before developing or reviewing a licensing policy.

Statement 2. The appropriate authorities work in partnership to identify and take action against premises that regularly sell alcohol to people who are under age.

Statement 3. Schools have a 'whole school' approach to alcohol that involves staff, parents, carers and pupils.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Quality statement 1: Local licensing policy

Quality statement

Local crime and related trauma data are used to map the extent of alcohol-related problems before developing or reviewing a licensing policy.

Rationale

Identifying problems caused by the presence of a high number of licensed premises selling alcohol in a specific area is an important part of developing policies on responsible licensing, such as ‘cumulative impact’ policies, that ensure that licensing objectives are being met locally. Local partnerships between crime agencies, health agencies and licensing authorities for data sharing will enable better communication and integration locally.

Quality measures

Structure

Evidence that local crime and trauma data are used to map the extent of alcohol-related problems before developing or reviewing a licensing policy.

Data source: Local data collection.

What the quality statement means for local licensing agencies and partners, and staff responsible for gathering information

Local licensing agencies and partners (such as directors of public health and public health teams, health and wellbeing boards, the police and the licensing authority) work in partnership to ensure that local crime and related trauma data are shared and used to map the extent of alcohol-related problems before developing or reviewing a licensing policy or cumulative impact policy.

Staff responsible for gathering information (such as staff working for responsible health authorities or the police) ensure that they use local crime and related trauma data to produce intelligence on the extent of alcohol-related problems that can inform the development or review of licensing policies and cumulative impact policies.

What the quality statement means for the community

People live in areas where information about crime and other alcohol-related problems is taken into account when decisions are made about licensing for alcohol sales.

Source guidance

- Alcohol-use disorders: preventing harmful drinking (NICE public health guidance 24), 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 and type of assault and whether weapons were used), hospital admissions related to alcohol, ambulance data and crime data that can be mapped alongside locations of licensed premises when making licensing decisions. [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]

Developing or reviewing a licensing policy

This might include adopting a 'cumulative impact' policy in the licensing policy statement. Cumulative impact policies are a mechanism under the Licensing Act (2003) for licensing authorities to take into account whether a significant number of licensed premises are concentrated in 1 area and the evidence suggests that more premises may affect the statutory licensing objectives and contribute to an increase in alcohol-related disorder. The number of new licensed premises in a given area may be limited, 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. [NICE public health guidance 24 and Amended guidance issued under section 182 of the Licensing Act 2003]

Equality and diversity considerations

Alcohol outlets are more numerous in socially deprived areas. Failure to implement an effective local licensing policy will potentially have the greatest adverse effect on people who live in these areas, including people from poorer socioeconomic backgrounds. This may include higher than average proportions of people with protected characteristics, including people from minority ethnic groups.

Quality statement 2: Under-age sales

Quality statement

The appropriate authorities work in partnership to identify and take action against premises that regularly sell alcohol to people who are under age.

Rationale

Reviewing licenses is a key part of the Licensing Act (2003), and amendments to the Act that came into force in 2012 doubled fines 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. Partnership work is needed to coordinate the approach, improve efficiency and enable sharing of resources.

Quality measures

Structure

a) Evidence that authorities are working in partnership to identify premises that regularly sell alcohol to people who are under age.

Data source: Local data collection.

b) Evidence that authorities are working in partnership to take action against premises that regularly sell alcohol to people who are under age.

Data source: Local data collection.

Outcome

a) Incidence of licensed premises being found to sell alcohol to people who are under age.

Data source: Local data collection.

What the quality statement means for local licensing agencies

Local licensing agencies (such as directors of public health and public health teams, trading standards departments and the police) work in partnership to ensure that licensed premises are not selling alcohol to people who are under 18, and identify and take action against those that break the law.

What the quality statement means for licensed premises and people in the community

Licensed premises are reviewed to ensure that they are not selling alcohol to people who are under 18, and action is taken against them if they are.

People in the community can be sure that local health bodies, the police and other responsible organisations work together to identify and take action against businesses like pubs, nightclubs and supermarkets that regularly sell alcohol to children and young people who are under 18. This might include fining or closing the premises.

Source guidance

- Alcohol-use disorders: preventing harmful drinking (NICE public health guidance 24), recommendation 4.

Definitions of terms used in this quality statement

Appropriate authorities work in partnership

This might involve partnership between directors of public health and public health teams, trading standards departments and the police, with one authority taking the lead depending on the operation. Partnership approaches might include allocating a certain number of premises that need targeting to each agency, and sharing funds to finance operations. [Expert opinion]

Identifying premises regularly selling alcohol to people who are under age

- Methods to target under-age sales might include the use of test purchases by 'mystery' shoppers and giving advice to businesses. [Alcohol-use disorders:

preventing harmful drinking (NICE public health guidance 24), recommendation 4 adapted from expert opinion]

Taking action against premises regularly selling alcohol to people who are under age

Formal action against premises selling alcohol to people who are under age 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, Better Regulation Delivery Office codes or Regulation of Investigatory Powers Act authorisations. Actions taken against premises might include fines, closure notices, issuing cautions and prosecution. [Expert opinion]

Equality and diversity considerations

Alcohol outlets are more numerous in socially deprived areas. Failure to identify and take action against premises selling alcohol to people who are under age will potentially have the greatest adverse effect on people who live in these areas, including people from poorer socioeconomic backgrounds. This may include higher than average proportions of people with protected characteristics, including people from minority ethnic groups.

Quality statement 3: School approach to alcohol

Quality statement

Schools have a 'whole school' approach to alcohol that involves staff, parents, carers and pupils.

Rationale

The culture of a school has an important role in helping children and young people to understand the harmful consequences of alcohol and in combating harmful drinking. Learning and teaching about alcohol use and its effects should be contextualised as part of the promotion of positive messages and values about keeping healthy and keeping safe. A school's approach to alcohol is more effective if the whole school community is involved and policies effectively inform practice and teaching. This means that pupils' views are considered as well as staff views, and that parents and carers are involved in an effort to ensure consistent messages about alcohol outside school. Teachers and pupils 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 pupils in the topic and affecting attitudes, values and behaviour.

Quality measures

Structure

a) Evidence that schools have policies for staff and pupils relating to alcohol.

Data source: Ofsted reports.

b) Evidence that schools consult with and encourage participation from staff, parents, carers, pupils, governors and the wider community in their approach to alcohol.

Data source: Ofsted reports.

c) Evidence that schools include alcohol in the personal, social and health education curriculum.

Data source: Ofsted reports.

d) Evidence that schools have opportunities for the professional development of staff relating to alcohol education and alcohol issues in the school environment.

Data source: Ofsted reports.

Outcome

a) Rates of absence from school related to alcohol.

Data source: Local data collection.

What the quality statement means for schools and local authorities

Schools, led by head teachers and school governors, ensure that they introduce and maintain a 'whole school' approach to alcohol, and involve staff, parents, carers and pupils in developing policies, programmes, values, education and training on alcohol. Teachers participate in, and are involved in developing, policies, programmes, values, education and training on alcohol.

Local authorities ensure that schools under their authority introduce and maintain a 'whole school' approach to alcohol that involves staff, parents, carers and pupils in developing policies, programmes, values, education and training on alcohol.

What the quality statement means for parents, carers and pupils

Parents and carers have the chance to be involved in discussions and decisions about the school's policies on alcohol, including how pupils are taught about the effects of alcohol, and are given information to help them support the school's approach to alcohol at home if they choose to.

Pupils are involved in discussions and decisions about their school's values and policies on alcohol, and help to decide how they are taught about the effects of alcohol.

Source guidance

- School-based interventions on alcohol (NICE public health guidance 7), recommendation 1.

Definitions of terms used in this quality statement

'Whole school' approach to alcohol

The 'whole school' approach to alcohol:

- aims to develop an ethos and environment that supports learning in a safe and secure environment and promotes the health and wellbeing of all
- does not just relate to curricular activities, but includes clear polices for staff and pupils, including assessing children and young people in need of support because of their own or their parents' risky behaviour around alcohol
- involves consulting and encouraging the participation of everyone in the school community (staff, parents, carers, pupils, governors and the wider community)
- includes opportunities for the professional development of (and support for) staff relating to alcohol
- is a school improvement mechanism that brings about and embeds cultural change in schools.

[Adapted from the Department of Health's National healthy school status – a guide for schools and NICE public health guidance 7 recommendation 1, and expert opinion]

Status of this quality standard

This is the draft quality standard released for consultation from 1 to 29 July 2014. It is not NICE's final quality standard on preventing harmful alcohol use in the community. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 29 July 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from December 2014.

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.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? 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 services, 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 health professionals, public health and local authority staff, trading standards officers, the police, licensing authorities, head teachers, teachers, school governors and others who work in (or with) schools 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 in the community 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

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

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: preventing harmful drinking NICE public health guidance 24 (2010).
- School-based interventions on alcohol NICE public health guidance 7 (2007).

Policy context

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

- 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.

Definitions and data sources for the quality measures

- 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.
- The Secretary of State for Culture, Media and Sport (2009) Amended guidance issued under section 182 of the Licensing Act 2003.
- Department for Health (2005) National healthy school status – a guide for schools.
- Department for Education and Skills (2004) Drugs guidance for schools.

Related NICE quality standards

Published

- Alcohol dependence and harmful alcohol use NICE quality standard 11 (2011).

Future quality standards

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

- Cirrhosis.

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

Dr Harry Allen

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

Mrs Claire Beynon

Head of Threshold Management and Individual Funding Requests, NHS South West Commissioning Support Unit

Dr Jo Bibby

Director of Strategy, The Health Foundation

Mrs Jane Bradshaw

Lead Nurse Specialist in Neurology, Norfolk Community Health and Care

Dr Allison Duggal

Consultant in Public Health, Public Health England

Mr Tim Fielding

Consultant in Public Health, North Lincolnshire Council

Mrs Frances Garraghan

Lead Pharmacist for Women's Health, Central Manchester Foundation Trust

Mrs Zoe Goodacre

Network Manager, South Wales Critical Care Network

Mr Malcolm Griffiths

Consultant Obstetrician and Gynaecologist, Luton & Dunstable University Hospital NHS Foundation Trust

Dr Jane Hanson

Head of Cancer National Specialist Advisory Group Core Team, Cancer National Specialist Advisory Group, NHS Wales

Ms Nicola Hobbs

Head of Contracts and Assurance Adult Social Care and Public Health Divisions, Leicester City Council

Mr Roger Hughes

Lay member

Mr John Jolly

Chief Executive Officer, Blenheim Community Drug Project, London

Dr Damien Longson (Chair)

Consultant Liaison Psychiatrist, Manchester Mental Health and Social Care Trust

Dr Rubin Minhas

GP Principal, Oakfield Health Centre, Kent

Mrs Julie Rigby

Quality Improvement Programme Lead, Strategic Clinical Networks, NHS England

Mr Alaster Rutherford

Primary Care Pharmacist, NHS Bath and North East Somerset

Mr Michael Varrow

Information and Intelligence Business Partner, Essex County Council

Mr John Walker

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

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

Inspector Colin Dobson

Head of Alcohol Harm Reduction Unit, Durham Constabulary

Dr Kay Eilbert

Director of Public Health, London Borough of Merton

Ms Vivienne Evans

Lay member

Ms Sarah Smart

Consultant in Personal, Social and Health Education, Surrey

Mr Alan Tolley

Senior Licensing Officer, Sandwell Metropolitan Borough Council

NICE project team

Dr Dylan Jones

Associate Director

Dr Shirley Crawshaw

Consultant Clinical Adviser

Mrs Rachel Neary-Jones

Programme Manager

Mr Tony Smith

Technical Adviser

Mrs Stacy Wilkinson

Lead Technical Analyst

Mr Anthony Gildea

Project Manager

Mrs Jenny Mills

Coordinator

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 for alcohol-use disorders.

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