Dear Donna
Thank you for the opportunity to comment on the ACM for nalmefene on behalf of the Royal College of Psychiatrists
Having read the ACM in my opinion all the relevant information has been taken into account and the summaries of that evidence in relation to clinical and cost effectiveness are reasonable
I agree with the recommendations and believe they are reasonable to go forward as guidance for the NHS
I do not see any issues which should lead to an extension of the date and therefore the standard time period should apply

Comments on the ACD
3.38 review of Analysis 2 I would question the assumption that there is a need for 50% of patients to receive outpatient medically assisted withdrawal. The inclusion criteria for these studies was those patients without physical withdrawals therefore unless the assumption is increasing severity of withdrawals to a level where they would require a medically assisted withdrawal.
4.10 with regard to length of treatment in the model being 12/12 it is important to note that the usual length of extended brief intervention is 6-12 weeks and is usually completed within 3 months not 12. There may be opportunities for subsequent booster sessions but in clinical practice the duration of this PSI would be less than 12 months
I do not feel either of these comments alters the recommendations and conslusions of the ACM

Dr. Chris Daly FRCPsych
Lead Consultant in Substance Misuse
[redacted]