

## National Institute for Health and Clinical Excellence

### Alcohol dependence and harmful alcohol use

#### Stakeholder Comments

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1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please insert the **section number** in the 2<sup>nd</sup> column. If your comment relates to the document as a whole, please put **'general'** in this column. **Please refer to section numbers and not page numbers.**

	<b>Name:</b>	<b>Rachel Clarke, Communications and Development Officer</b>
	<b>Stakeholder Organisation:</b>	<b>European Association for the Treatment of Addiction (UK), 25 Corsham Street, London, N1 6DR</b>
<b>Comment No.</b>	<b>Section number</b> Indicate <b>section number</b> or <b>'general'</b> if your comment relates to the whole document	<b>Comments</b>  Please insert each new comment in a new row.
1	General	<p>EATA welcomes the opportunity to comment on the scope for the third of three pieces of NICE guidance addressing alcohol-use disorders: in particular, Dependence. The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sector, working to ensure that people affected by substance dependencies get the treatment they need.</p> <p>The Association contributes to the debate on policy that relate to drug and alcohol treatment. In this role, we respond to consultations and reports from government departments and agencies and other bodies. In this official submission, EATA is representing both the views of our members and the organisation as a whole.</p>
2	General	<p>EATA particularly welcomes this focus on establishing guidelines for alcohol dependence. But as well as improving the quality of services available for those with alcohol dependency problems, there must be concerted efforts to increase the quantity of services. The overwhelming message that EATA has received from its members on the alcohol treatment system, particularly with regards to recent policy developments, is frustration that there still exists a huge gap between the demand for alcohol treatment and the actual provision of services. The alcohol treatment field needs more resources to help those who require support now and for whom early interventions or education is too late. The chronic shortfall in alcohol services has been reported by many EATA members over the years and recent policy developments do not seem to have addressed this poor situation.</p>

3	3(c)	<p>The statistics given within the scope indicate that 38% of men and 16% of women aged between 16 and 64 have an alcohol use disorder, and that 6% of men and 2% of women have alcohol dependence. In comparison, according to the National Drug Strategy published by the Home Office in February 2008, there are an estimated 332,000 problem drug users in England. In comparison, according to the National Drug Strategy published by the Home Office in February 2008, there are an estimated 332,000 problem drug users in England.</p> <p>However, our members commented that the needs of people with alcohol misuse problems are still not being addressed. Currently, there is an overwhelming focus on tackling drugs and ensuring access to treatment, and not enough on alcohol issues. Access and provision of alcohol treatment needs to be equal to drug treatment. Consequently, EATA welcomes the proposed guidelines for helping to re-address this issue but recommends that they should help to put alcohol treatment as high on the agenda as those for drug treatment.</p>
4	4.2 (a) and 4.2 (b)	<p>EATA members in the voluntary and independent sector provide services to those with alcohol dependence problems across the complete spectrum of care, including rehabilitative treatment, social care and other support services. A large proportion of the alcohol treatment services provided nationwide is through these types of organisations, after having been commissioned by local Drug and Alcohol Action Teams to provide these services within the local community.</p> <p>Point 4.2 (b) highlights that this <i>“is an NHS guideline. However it will comment on the interface with other services – such as social services and the voluntary sector – where relevant.”</i></p> <p>EATA believes that to describe the document as an “NHS guideline” is an underestimation. The document could also be a useful point of reference for service providers outside the NHS. As a result the scope (and the guidelines) need more than just comments on the interface with other services because the role the voluntary and independent sector plays regarding the treatment of people with alcohol dependency problems is extremely important.</p> <p>We recommend that more emphasis is given to the important role that the voluntary and independent sector plays within the treatment of people with alcohol dependency problems. Those employed within these services will be looking to the guidelines to direct them in how they identify, assess, treat and manage clients who present to them with alcohol dependency problems. Ensuring the maximum integration of the voluntary and independent sector in these guidelines is essential for improving the standards and availability of alcohol dependency treatment.</p>

5	4.2 (b)	<p>At the NICE Alcohol Dependence Guidelines Stakeholder Meeting on 7 January 2009, it was noted that NICE was keen to encourage more voluntary and independent sector organisations to come forward with their comments and to join the Guideline Development Group, particularly those with experience of alcohol dependency treatment provision.</p> <p>There were concerns that there had not been enough representation from this sector. EATA agrees that it is important that the treatment and aftercare sector is given the fullest opportunity to highlight their key issues and concerns within the group, and bring their practical experiences and evidence to the guidelines. EATA recommends that real effort is made to encourage the involvement of the sector in the development of these guidelines and that their views are fully listened to and incorporated into the document.</p> <p>EATA is happy to facilitate this because we are uniquely placed within the voluntary and independent sector; we represent the majority of voluntary and independent service providers across the treatment sector.</p>
6	4.3	<p>EATA is disappointed that this section on the scope for clinical management which outlines areas that will be covered by the guidelines appears to omit or give less importance to people with dual diagnosis issues.</p> <p>It is important to recognise that many people with alcohol problems also present with multiple needs such as mental health and/ or other drug problems. The document should include guidelines on this area or at least make reference to other guidelines that exist and recommend their use in tandem to ensure that all needs are being responded to Should it include guidelines or should it make reference to other guidelines that exist and should be used in tandem of these guidelines to ensure responding to all needs.</p>
7	4.3.2	<p>EATA is concerned that the scope for developing the guidelines does not appear to refer to the issues of aftercare. Aftercare is crucial in ensuring that the individual reintegrates into society and also for tackling relapse. The guidelines should stress the importance of care plans based on treatment that suits individual needs, while at the same time building in integrated aftercare support, to address issues such as employment, housing, social exclusion, education and health (including dual diagnosis).</p> <p>Tackling these needs for different client groups requires a multi-disciplinary process, which begins at admission and should continue after release. Treatment for alcohol dependency cannot happen within a vacuum; instead a holistic approach is vital, which the guidelines should recognise and recommend.</p>

Please add extra rows as needed

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**Closing date: 5pm on Tuesday 20 January 2009**

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.