UK clinical guidelines for alcohol treatment consultation: WithYou response

Would you like to comment on specific chapters of the clinical guidelines for alcohol treatment?

- **Yes**
- **No**

Which chapter would you like to comment on?

1. Alcohol treatment and recovery: priorities

2. Principles of care

3. Identification and brief interventions

4. Assessment and treatment and recovery planning

5. Psychosocial interventions

6. Recovery support services

7. Employment support

8. Harm reduction

9. Alcohol assertive outreach and a multi-agency team around the person

10. Pharmacological interventions

11. Community-based medically assisted withdrawal

15. Primary care and community health services

16. Alcohol care in acute hospitals

18. People with co-occurring mental health conditions

19. People with co-occurring physical health conditions

23. Alcohol treatment and support for young people

25. Developing inclusive services

27. Armed forces

—————————————————————————

General points

- The whole document is very long and there is repetition in a number of sections and between sections. Large sections of the text could be condensed to shorten the document without losing content. There is also a vast amount of repetition throughout the guidelines, and the document is incredibly hard to navigate as a result due to the sheer volume. A condensed version would be very useful and would be needed make it more user friendly
- Hyperlinking the chapters throughout the document, including in the section being read, allowing the reader to click on the link and access the area being referenced, rather than having to go in and out of the document, would make the document much easier to use. Sections would also be easier to reference if broken down into further numbered paragraphs.
- The text switches style from third-person advice to directly addressing the reader - i.e. 'you should'. Consistency across the document is advised. We'd also recommend consistency in the use of terminology throughout the document. For example, 'patient', 'person' varies throughout the document.

2. Principles of care

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

2.2.2 Reducing stigma - It would be helpful to mention that staff attitudes towards

their own alcohol use can impact on their attitudes towards others.

2.2.4 Confidentiality and information sharing - This section could highlight the negative impact of clients having to repeat their story multiple times, and services often asking for information from clients not relevant to their current situation.

2.2.6 Shared decision making and person-centred treatment - This section could highlight how long a client's choice of treatment is likely to last, when this will be reviewed, and by who.

2.2.7 A strengths based approach - Peer/lived experience recovery should or could be part of the alcohol treatment service.

2.4.2 Measuring outcomes - It is important to ensure that outcomes achieved are accurate (based on client and service discussions), whether they are positive or negative.

To what extent do you agree or disagree that the guidance in this chapter is clear? Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

2.2.2 - Reducing stigma - This section could be clearer in terms of what is discrimination, and what is stigma. Excluding or denying treatment is discrimination.

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter? Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

2.5.3 The role of professional bodies - This section should include reference to Scottish Services in Social Care (SSSC) as this is a vital non-medical professional body. (GC)

2.7. Local strategic partnerships - There should be specific mention of the strategic arrangements in each of 4 countries in the UK, as they differ considerably. There should also be mention that effective partnerships are equal across clinical, statutory and voluntary sectors.

3. Identification and brief interventions

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

3.3.1 Settings for AUD identification - This section could include a specific mention of specialist third sector alcohol and drug services who routinely use AUDIT screening (and should use this tool).

3.4.3 Referral for harmful and dependent drinkers - This section could include additional information about how to actively support referring someone into specialist services, such as physically supporting them to access another service.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

4. Assessment and treatment and recovery planning

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

4.1 Main points - This section could include details of how long treatment, interventions and recovery planning should take. This helps instil the idea of aspiration and behaviour change.

4.4.3 Engagement - Considerations should be made around the environment for assessment (such as it being welcoming and non-threatening), and clients being made as comfortable as possible (such as through refreshments etc).

4.11.5 Tools to measure outcomes - Links and references to other validated tools in all 4 countries would be helpful. For example Outcome Star (Scotland).

4.14 Moderate drinking - Terms like controlled drinking or non-abstinent recovery can be stigmatising to some people. Recovery is defined by the individual regardless of whether this is abstinence or not.

4.18.14 Social factors - When thinking about housing or environmental issues, consideration should be given to the visibility of alcohol retailers (over provision) may be helpful to be considered.

4.18.9 Mental health, The importance of mental health assessment for people with alcohol use disorders - Stigma and misunderstandings around alcohol use and suicide, with suicide attempts involving alcohol, can be minimised or dismissed by healthcare professionals (Suicide Prevention Consortium, 2021). The guidance should stress the importance of taking people seriously regarding their own experiences regarding suicidal thoughts, intentions and attempts, regardless of whether they have consumed

alcohol or not. It should be clear that 'no wrong door' applies to people presenting with suicidal thoughts and intentions as well as mental health conditions. Many people also struggle to meet eligibility criteria for services and there is a lack of care and personalisation in their assessment and treatment when seeking support around alcohol and suicide (Suicide Prevention Consortium, 2022).

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

4.19.2 The role of the keyworker in treatment and recovery planning- This section could stress in stronger language that the lead worker should be the one to coordinate the plan.

4.19.4 Multidisciplinary and multi-agency treatment and recovery plans - We agree with the sentiment of this section. There could be challenges for third sector providers trying to coordinate care and recovery plans, especially around information sharing etc.

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

4.18.13 Criminal justice system involvement, Criminal justice considerations in the

assessment- This section should include references to the arrangements in Scotland, Wales and Northern Ireland.

4.18.16 Assessing the impact of parental alcohol use, (Assessing the needs of children of alcohol using parents) - Though within the glossary, links to each country's legislation is there, any example given in the main body of the text is always in reference to England. This is supposed to be UK-wide guidance and a wider use of examples should be considered.

5. Psychosocial interventions

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

5.3.8 Severity of dependence and complexity - The suggestion here is that intervention selection is based on severity of dependence and complexity of need. It may be helpful to include a reminder that we also take into account making use of clients' existing strengths and resources. This is sometimes implied but could be more explicit. For the content of paragraph 2, 3 and 4, consider using a visual to reinforce the principles e.g a visual quadrant of low/high complexity and low/high dependence that shows likely indicated interventions for each quadrant.

5.3.9 Treatment phases - Consider highlighting the importance of also paying attention to engagement.

5.7.2 Motivational interviewing and motivational enhancement therapy' - Reference MI as a 'default style'. Suggested rewording: 'MI can be valuable in developing a strong therapeutic alliance and as a default style throughout treatment'. Also avoid the term 'techniques' after MI in the text.

5.8.1 Psychosocial interventions delivered in groups - The section refers to 'clinician' and 'clinical lead'. It would be helpful to have additional clarity of how this role differs from 'practitioner'. It would also be helpful to clarify the distinction between PSI and psychological treatments. This could include a description of features, and not just examples of types. E.g. the difference between psychological interventions as part of PSI and comprehensive formal psychological therapies. References to 'interventions'

'therapies', and 'treatment' could be made more distinct both in this paragraph and elsewhere is section 5.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

5.1 Main points - There is unnecessary detail in this section which makes the guidance lengthy and difficult to digest. In the formulation section, only enough detail is needed to understand and recognise the main principles and implications for practice. Additional detail will come from the required further training and supervision in formulation skills.

5.5 Structured support: common factors in effective treatment - A list of common factors are included here as well as in section 5.1. Reproducing the same list twice in this section is repetitious.

5.6 Integrating and supporting recovery - Consider whether this level of detail is required and how much is a duplicate of principles within Chapter 6.

5.7.3 Behavioural approaches' - Suggest moving the examples given in the first two paragraphs of this section to be next to the explanations of the approaches (in the last 3 paragraphs of this section), rather than including them early on as the reader may not know what the approaches are.

5.7.4 Cognitive behavioural therapy - Suggest removing the word 'approaches' after CBT. The term 'approaches' has already been used when referencing the psychological aspect of PSIs (CBA), and also used here could be confusing. We also suggest including 'recognised training and specific supervision is needed to deliver formal CBT'.

Suggested re-wording of this section: Cognitive behavioural therapy (CBT) is an umbrella term for a range of talking therapies based on the premise that cognitions, emotions, behaviour and the body are connected, so that changes in one of these aspects has an effect on the others. CBT is a collaborative therapy that aims to change problematic alcohol use by changing unhelpful cognitions (alcohol related thoughts and images) and behaviours that maintain or contribute to drinking. CBT enables people to recognise and re-evaluate the way they think and behave to support their recovery.

To what extent do you agree or disagree that it will be possible to implement the

guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

5.3.2 Guiding principles for developing a clinical formulation and 5.4.2 Formulation framework and the '5 Ps' model' - Formulation skills are a welcome inclusion, however effective clinical formulation is a skilled activity that requires additional practitioner training and targeted supervised practice (especially where this is not already part of a person's professional training). This should be made clear as it is for some other activities in this section. The sections on formulation are very detailed compared to other sections. This level of detail could be reduced and just key points retained for a basic understanding/awareness, especially given that formulation training and supervision are important and a detailed explanation of formulation on its own does not enable a practitioner to perform this skillfully.

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

6. Recovery support services

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

6.1 Main points- It would be good to stress that recovery support services should and can be accessed right at the beginning of structure treatment. This section seems to suggest that recovery support services start once structured treatment finishes.

6.2.2 Supporting treatment and recovery- Every area organises their alcohol treatment

and recovery support services differently. In Scotland, many of the third sector organisations also provide recovery support services and psychosocial support, with many being the front door into structured treatment. It would be helpful to see this section highlight that both structured treatment and recovery support work very closely, and both are required for successful outcomes.

6.4 Mutual aid - This section could stress in stronger language how helpful and effective Mutual Aid is in supplementing and supporting structured treatment. This should be considered as a vital component in supporting recovery.

6.6 Recovery housing- It would be helpful to mention the Housing First model for reference in this section.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

7. Employment support

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

7.3.4 Individual placement and support - It is important to reference that the devolved Governments will have their own employment support programmes, so it would be helpful to reference or provide links in this section.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

8. Harm reduction

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

8.1 Main points - Specify 'Intervention and Brief Advice (IBA)' as a method of providing support from wider services. This section should also define what non-reduction goals may look like? Such as addressing binge drinking, reaching steady intake in preparation for detox etc.

8.5.1 Assessing suitability and safety considerations - Where a patient is resistant, the clinician should continue to encourage them to explore medically assisted detox as well as monitoring.

8.6.1 People who are moderately alcohol dependent - Though links are included in section 8.13, as this document is aimed at professionals, a formula for how to calculate units would be useful, as well selected examples (also useful in step-by-step approach to reduction - section 8.8): strength (ABV) x volume (ml) ÷ 1,000 = units.

8.6.2 People who are severely alcohol dependent - Reference this section above where discussing advice on self-withdrawal on outside clinical advice.

8.7.1 Developing a plan - Include 'aftercare' as a key consideration too.

Appendix A - A2 - provide written advice on warning signs and safetynetting.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

8.2.1 Overview - There is repetition in this section about viewing harm reduction as a continuum.

8.4.2/3 Risks and benefits of reducing alcohol use when a person is alcohol dependent - There needs to be absolute clarity that any form of reduction should be assessed by a clinician prior to commencement (or that MDT should include a clinician). This is included in section 8.5, but also needs to be included here.

8.4.4 The role of the non-clinical keyworker - There needs to be greater clarity required on the level of assessment of client health risk needed to be undertaken by non-clinical keyworker. Is additional training required? What specific points should be

looked out for?

8.8 The step-by-step approach to reducing alcohol consumption - Great framework, however it needs to be clear that where the goal is a medicated detox (i.e. reduction prior to detox), that the patient should reduce to a point, and then remains stable at this level until the detox.

8.13 Harm reduction resources - This section has broken links, eg. Turning point alcohol usage guide

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

9. Alcohol assertive outreach and a multi-agency team around the person

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

9.4 Who assertive outreach and a team around the person can support - It is vital for each local area to consider those individuals who may not be known to alcohol treatment services, as these individuals may not appear during any data mapping etc.

9.5 Developing targeted referral pathways - When developing pathways, commissioners should be aware that those people who would benefit from assertive outreach can fall between the gaps of different services (i.e. hospital and community, emergency services & community services). This means ensuring that third sector and peer-led organisations are considered part of this approach, as they can bridge any gaps.

9.6.2 How assertive outreach works - It would be helpful to stress the importance of face-to-face meetings. Other forms of communication will strengthen the engagement but should not be a replacement for face-to-face meetings.

9.6.5 Different models of assertive outreach - In Scotland there have been numerous examples of employing people with lived experience to deliver assertive outreach support. It could be helpful to stress that lived experience and third sector may be better placed to lead assertive outreach services.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

10. Pharmacological interventions

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

10.1 Main points - Statements in this section risk over-simplification. The following sentence 'Benzodiazepine reducing regimens are the pharmacological treatment to manage withdrawal from alcohol' should be rewritten to read 'Benzodiazepine reducing regimens are the pharmacological treatment to manage planned withdrawal from alcohol use where the level of use indicates seizure risk - see section 10.7'.

10.2.1 General principles - This section reads as if pharmacological interventions should always be used and needs more careful wording. It should also mention that goals should ideally be set out prior to commencement of treatment.

10.2.3 The importance of setting and staff skills - It should be clarified that where interventions are not available in one setting, seeking this intervention in another should be a collaborative process (rather than blind referral). Furthermore, on parenteral thiamine, greater clarity is needed about when it is appropriate and inappropriate to administer in a community setting. This can be unclear if not warranting inpatient care, and it's not clear who should then provide.

10.4.1 Preventing and managing withdrawal seizures, Withdrawal seizures - This section should add that any seizure history is relevant, not just epilepsy or withdrawal seizure.

10.6.1 Pharmacological treatments for people using alcohol and other drugs - Naltrexone is advised (BNF) to be initiated under specialist supervision, however this is not clear from text. Holding a card outlining that the patient is taking naltrexone is also a good advisory to avoid complications should the patient require emergency analgesia (many brands supply this in the box).

Disulfiram - The risks around overdose should be made clearer, and be seriously weighed-in with clients where suicidality is evident. It would also be useful to mention cocaethylene specifically in the section on cocaine and alcohol.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

10.4.3 Preventing and managing Wernicke-Korsakoff syndrome - This section does not always align with the RMOC guidance from 2019 linked below with reference to Vit B co strong.
https://www.swyapc.org/wp-content/uploads/2020/02/RMOC-Position-Statement-Oral-Vitamin-B-supplementation-in-alcoholism-November-2019.pdf

10.5 Pharmacological interventions for preventing relapse and promoting abstinence - Highlight that where a client has engaged with specialist service, GPs should link in to understand previous prescribing history as overlong courses of relapse prevention medications may have adverse effects. It is unclear which of the adjunctive therapies are used on and off-licence in treatment of alcohol dependence. This should be noted in the text.

10.6.4 Prescribing in pregnancy and during breastfeeding, Alcohol use during pregnancy - Mention of off licence use of relapse prevention meds, if chosen, to be used in breastfeeding/pregnancy (already covers to assess benefit vs risk with specialist prescriber).

10.6.5 Prescribing for people with co-occurring mental health conditions - We do not think this it's true that there are no safety issues to consider when choosing a benzodiazepine in people with a co-occurring mental health condition. There is a risk of overdose if prescribed significant amounts and there is suicidality. There is also a risk around clients always being able to adhere to medication regimen safely e.g. in case of alcohol-related brain injury/memory loss. This also applies for safety of relapse prevention meds.

10.7 Adapting regimens - Unclear if patients requiring doses higher than those outlined need inpatient care or not. This should be reworded to be clearer on where this is recommended (ie, where comorbidities, risk of WE, seizure history, above-BNF max doses etc)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

Overall this section needs significantly condensing - there is much repetition. Many points are confusing - in many cases first advising not to prescribe due to contraindications, then stating the same medications should be initiated under specialist care where contraindicated.

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

It would also be useful for the section to be broken down into further numbered paragraphs (e.g. 10.5.1, 10.5.2 etc to allow easier reference).

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

11. Community-based medically assisted withdrawal

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

11.1 Main points - The statement on providing short term (2 day) dispensing to mitigate risk should include the prescriber discussing a plan on how the patient will access this medication. This may need to be pragmatic where the patient is not mobile, geographically far from a pharmacy etc. The choice of carer should also be a factor in any barriers (i.e. needs to be able to support).

If the person drinks alcohol, cease regimen - note on recovery and disposal of remaining medication.

11.5.5 Summary of criteria for offering medically assisted withdrawal in a specialist inpatient or residential setting and not in the community - Any seizure history is

relevant (not just withdrawal & epilepsy related).

11.7.1 Mild or moderate dependence - An alternative clinician (e.g. specially trained nurse/pharmacist) could complete the face-to-face interactions in week 1 and feed back to prescribing the clinician. In remote settings, ongoing monitoring by the prescribing clinician may not be practical, but could be covered by a supporting, appropriately trained clinical role.

Again, if treatment discontinued - plan for remaining medication (recovery and disposal) required.

11.8 Drug regimens for assisted withdrawal - Again, pragmatic approach is needed where low risk and geography/social circumstances present challenges to obtaining medication?

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

11.5.1 Assessing severity of dependence - Says criteria for women might need to be adapted but doesn't clarify how. This part is not clear.

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

15. Primary care and community health services

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

16. Alcohol care in acute hospitals

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

17. Alcohol treatment in the criminal justice system

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

17.4.4 Assessment in police custody - There is no reference to managing and identifying neurodivergence in people presenting with alcohol needs. This will impact the way in which people need to receive communication and support.

17.8 Probation services and criminal justice social work - Additional information and detail could be provided in this section which does not provide a sufficient understanding of what these services can offer and do.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

17.4.4 Using flexible, targeted approaches to reach underserved groups - Improved capacity for community services is required to support in-reach into prisons so that care planning is live and collaborative.

- Improved information sharing from prisons so community services have vision of prison care plans

17.5.5 Considerations for delivering alcohol treatment and care in prisons - The information on continuity of care plans only cover limited information and do not give a comprehensive sense of the care plan or interventions provided to clients while in prison

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

18. People with co-occurring mental health conditions

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

18.1 Main points - This section covering "everyone's job" should be stronger. Rather than presenting a vision of integrated services, this section instead maintains the status quo. If someone presents to services, there should be clear boundaries around who is best placed to support them, based on the severity of need. Many of these clients will also present to physical health areas so there could be reference to that in this section.

The section on 'Access to evidenced based interventions' could be clearer. Although it says psychosocial interventions, it needs to be explicit that it is psychological, social and meds, as people will just do the social bit of psychosocial (with a little MI).

18.3.4 Broader principles of care - This section should also include 'trauma resolution'.

Please explain your answer and include evidence to support it. (Maximum 250 words)

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

19. People with co-occurring physical health conditions

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

There is a lot of very good and pertinent information, statistics on each disease process, but it refers to Appendix K for more information about what you need to do. The purpose of this document should be to inform a practitioner of the proactive work they can do. The statistics and health information should be shorter and guidance of what needs to be done (Appendix K) for each condition should be under the heading instead of separated off. This will help reduce the length of the document and aid the reader to be informed in practice.

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

23. Alcohol treatment and support for young people

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

23.6 Prescribing for young people - The guidelines state that there is little evidence that inpatient detoxification is effective with young people, but then later concludes that NICE guidelines recommend inpatient admission for medically assisted withdrawal. Our young persons services have found there is little evidence that inpatient detoxification works. This is partly due to detox units being out of the young person's county, and them having to travel far away from family. The guidance does not address community detox options.

To what extent do you agree or disagree that it will be possible to implement the

guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to

implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

25. Developing inclusive services

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

25. Little mention is made regarding digital/virtual interventions. This can support initial engagement from marginalised groups by acting as a soft landing into local services once people have built trust with an organisation through virtual services.

There isn't explicit mention of ensuring that the buildings are accessible for people with a range of impairments. Accessibility audits could be carried out for all premises.

25.1 - Working with or commissioning specialist projects or services is mentioned, but the historical lack of funding means there are few projects/services in existence. More description needs to be given of commissioners' roles in funding and capacity building for such organisations to enable meaningful partnerships between such services and mainstream services as the competitive nature of bids currently quite often leads to power imbalances.

25.4.5 - Reference to manageable caseload sizes in relation to therapeutic alliance could be enhanced by mentioning the need for flexibility in timings of sessions to

facilitate any additional needs, e.g. neurodiverse client sessions may need to be shorter but more frequent.

25.5.3 - Reference to ethnic minority groups experiences of mental health and accessing mental health services could also be included.

25.6.3 Considerations for services - Reference is not made to the increased risk of homelessness for LGBTQ+ people, especially LGBTQ+ young people and trans young people. Consideration of this within homelessness outreach and interventions is really important.

This section should reference conversion therapy practices and their impact on mental health outcomes and substance use.

25.7.2 Considerations for services - Diversity among women section lists 'ethnicity, culture and religion' twice but doesn't reference sexual orientation.

Please explain your answer and include evidence to support it. (Maximum 250 words)

25.7.4 Tailoring treatment for women - Reference isn't made to the needs of or actions that can be taken to better support women who are in the perimenopause or menopause in the women section (only in the older adults section briefly which misrepresents the wide age of women affected by menopause). Recently several WithYou services have highlighted menopause being a recurring theme within their women specific spaces and some have created dedicated menopause groups to meet these needs due to the intersection of menopause impacting mental health and physical health and alcohol then being used as a means of managing symptoms when they have been unable to access HRT or other menopause related support from healthcare services.

25.9 People with learning disabilities - This section could be strengthened by either extending it to include other neurodiverse conditions or to include a separate section regarding meeting the needs of neurodiverse clients, e.g. autistic people, people with ADHD, dyslexia. Many of the suggestions in the learning disabilities section would apply regarding reasonable adjustments, flexibility and consideration of communication but it would be good to more explicitly mention meeting people's sensory needs, e.g. 'quiet hours' in a service, providing fidget toys, more relaxed approaches to appointments being missed or consideration of how neuro-inclusive services are.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

In several places in this chapter the concept of an 'equality audit' is referenced, it would be beneficial for further guidance to be given regarding what should be included in such an audit as there are a range of equality and diversity related benchmarks available but very few are service delivery specific and will not be specific to alcohol treatment services.

To what extent do you agree or disagree that it will be possible to implement the

guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

25.5.4 Reducing barriers to treatment - Throughout this section the need to provide interpreters and materials in community languages are referenced but from a practical perspective often budgets allocated for these resources are very limited to commissioners need to start providing more dedicated funds to enable this work to be done strategically and meaningfully rather than ad hoc once a person whose first language is not English first engages with a service.

25.6.4 Reducing barriers to treatment - Suggestion of services appointing an LGBTQ+ champion , if this is effective for this marginalised group should this be considered for other marginalised groups as an approach in general (this is included as a suggestion in the learning disability section). However, consideration must also be given to how such roles are meaningfully implemented, e.g. how are they given time outside of a caseload to meet meaningful objectives.

If you think that the guidance would not be possible to implement, what would help to

implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don't know

27. Armed forces

Do you think that the chapter has any essential information missing on the topic?

There is some essential information missing/There is nothing essential missing/Don't know

Please explain your answer and include evidence to support it. (Maximum 250 words)

27. - Loneliness and isolation, or the feeling of being 'unwanted' when service life ends, is not mentioned as a cause for alcohol misuse, which we know is the case for many of our clients with a background in the armed forces. There is also little mention of early intervention in this section, and training and educating could be completed as part of the raining process as well and being rolled out periodically throughout service tenure. Those leaving the armed forces also lack education about where they can find support if needed.

Clinicians and armed forces champions should have lived experience of the armed forces community which will help to understand the environment and anthropology of service life. Veteran to veteran support has proven invaluable in establishing trust, helping to reduce anxiety and stress, and creating a therapeutic relationship.

To what extent do you agree or disagree that the guidance in this chapter is clear?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

How do you think the guidance can be made clearer? (Maximum 250 words.)

To what extent do you agree or disagree that it will be possible to implement the guidance in this chapter?

Strongly agree/Agree/Disagree/Strongly disagree/Don't know

If you think that the guidance in this chapter would not be possible to implement, please explain what would make it difficult to implement. (Maximum 250 words.)

If you think that the guidance would not be possible to implement, what would help to

implement it? (Maximum 250 words.)

Is there anything in this chapter which does not apply in your national context?

Yes/No/Don’t know