

UK National Screening Committee (UK NSC)

Screening for alcohol misuse in adults

Date: 4 November 2021

Contents

UK National Screening Committee (UK NSC).....	1
Aim.....	1
Current Recommendation	1
Evidence Map	2
Consultation	2
Recommendation	3
Appendix A: List of Organisations Contacted	4
Appendix B: Consultation Responses	5

Aim

To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for alcohol misuse in adults meets the UK NSC criteria for a systematic population screening programme.

Current Recommendation

The 2017 review of screening for alcohol misuse in adults concluded that systematic population screening is not recommended.

This was because the performance of questionnaire-based screening tools in the whole population appears limited, there was no independent reference standard to confirm screen positive results and suitable cut offs for subgroups of the adult population had not been found. In addition, the long-term effectiveness of screening average risk/whole populations in reducing morbidity and mortality was still lacking.

However, the UK NSC noted that alcohol misuse causes serious health problems in the UK, and a range of interventions were in place in primary care to identify alcohol misuse and address its consequences. From the evidence found by the 2017 review it was not clear what benefits would be added to this approach if a whole population screening programme was implemented.

Evidence Map

This evidence map has been developed to assess whether a more sustained review on screening for alcohol misuse should be commissioned in 2021 and to evaluate the volume and type of evidence on key issues related to screening for alcohol misuse.

The 2021 evidence map only relate to the issue of systematic population screening of adults for alcohol misuse. It does not include studies reporting the identification of alcohol misuse through the opportunistic testing initiated by local health systems covered by NICE guidance or recommendations on testing for alcohol misuse issued by the Department of Health and Social Care.

The aim was to address the following question:

- Is there evidence that demonstrates the long-term effectiveness of a population screening programme to improve morbidity and mortality, reduce social harm and influence behaviour change?
 - Sub question — Is there evidence that a population screening programme (followed by an intervention or not) increases people’s knowledge about the risks of alcohol consumption and enables them to make decisions about their own drinking behaviour?

No studies were identified that met the criteria for inclusion for this question. Therefore, there is insufficient new evidence in this key area to justify commissioning an evidence summary.

Instead studies typically focussed on how to identify, assess, and treat alcohol misuse in different patient groups who access a range of different health and care services as part of an opportunistic approach to testing.

The findings of this evidence map are unlikely to impact on current recommendations on population screening for alcohol misuse as no new evidence was identified that would change those conclusions.

Consultation

A three-month consultation (period of consultation) was hosted on the UK NSC website. Direct emails were sent to 23 stakeholders. (Appendix A)

Comments were received from the following 5 stakeholders (see Appendix B for comments):

- Royal College of General Practitioners
- British Association for the Study of the Liver

- Scottish Health Action on Alcohol Problems (SHAAP)
- **xxxx xxxx**; Consultant in Emergency Medicine, St George's University Hospitals NHSFT
- Royal College of Nursing

Two stakeholders supported the conclusion of this evidence map that it is unlikely that further work would identify sufficient evidence to change the current UK NSC recommendations on population screening for alcohol misuse.

Following from a stakeholder 's suggestion we have invited the Royal College of Emergency Medicine (RCEM) to submit comments on the draft document. However, no comments were received from the RCEM.

One stakeholder, although acknowledging that there is a lack of evidence on the long-term effectiveness of a population screening programme, stated that they believe that there are several other relevant issues that should be taken into consideration in making recommendations including the provision of Alcohol Brief Interventions in the UK.

Another stakeholder, although agreeing with the report's conclusions, feels that to reach a recommendation the UK NSC should look at the effect 'screening and brief alcohol intervention (SBI)' have had on health outcomes when they have been implemented.

Response: This evidence map looked at evidence examining the long-term effectiveness of a population screening programme. The search used by the evidence map was very broad, and therefore, evidence looking at the effect that implementing 'screening' and SBI in the UK would have had on long term health outcomes in the screening population would have been included. The UK NSC does not use pre-set thresholds in the evidence used to formulate its recommendations, but it looks at the balance between the benefits and harms of implementing a population screening programme to ensure that such programme does more good than harm at reasonable cost to the population at which screening has been offered.

Recommendation

The Committee is asked to approve the following recommendation:

On the basis of this evidence map, the volume and type of evidence related to systematic population screening for alcohol misuse is currently insufficient to justify further review at this stage and so should be reconsidered in 3 years time.

Appendix A: List of Organisations Contacted

1. Addaction
2. Addiction Recovery Foundation
3. Al-Anon
4. Alcohol Change UK
5. Alcohol Focus Scotland
6. Alcoholics Anonymous
7. British Association for Study of the Liver
8. British Liver Nurses' Forum
9. British Society of Gastroenterology
10. British Society of Lifestyle Medicine
11. Faculty of Public Health
12. Institute of Alcohol Studies
13. Mental Health Foundation
14. PHE adult screening programmes
15. Royal College of General Practitioners
16. Royal College of Nursing
17. Royal College of Physicians
18. Royal College of Physicians and Surgeons of Glasgow
19. Royal College of Physicians of Edinburgh
20. Royal College of Psychiatrists
21. Royal Society for Public Health
22. The British Liver Trust
23. The British Psychological Society

Appendix B: Consultation Responses

Note: Personally identifiable information has been redacted from certain comments, where individuals have chosen not to have personal details made public

1-Organisation: Royal College of General Practitioners

We have reviewed the consultation and the RCGP supports the NSC decision not to screen for alcohol misuse in the population

2-UK National Screening Committee

Screening for alcohol misuse in adults (Evidence Map)

Consultation comments pro-forma

Name:	Ashwin Dhanda	Email address:	xxxx xxxx
Organisation (if appropriate):	British Association for the Study of the Liver		
Role:	Chair of Alcohol-Related Liver Disease Special Interest Group		
Do you consent to your name being published on the UK NSC website alongside your response?			
Yes			
Section and / or page number	Text or issue to which comments relate	Comment	
		<i>Please use a new row for each comment and add extra rows as required.</i>	
General	Lack of evidence to base recommendation for population screening	As an organisation representing healthcare professionals, we see the damage that alcohol causes to health on a daily basis and would support any evidence-based screening programme that reduces morbidity and mortality from alcohol. Currently, as the previous 2015 review describes, there is a lack of evidence to determine the most appropriate screening test and whether population screening reduces mortality or morbidity. The updated searches have identified no new evidence and our organisation is not aware of any ongoing studies that will address this issue.	

<p>Recommendations p11</p>	<p>Recommendations</p>	<p>Although we agree with the report’s conclusions, we feel that the recommendation itself misses the main point or the issue. Currently, NICE guidance is being used in an opportunistic basis in different ways. So, systematic review should focus on what effect ‘screening and brief alcohol intervention (SBI)’ have had on health outcomes when they have been implemented. If the effectiveness of SBI in an opportunistic basis is justified and recommended (according to NICE Guidance), then it is a matter of determining what is the yield of screening that is deemed worthy of whole population screening.</p> <p>The 3% yield threshold that NICE has recommended for developing and recommending cancer screening population is NOT based on any evidence base (as stated in the guidance). Therefore, it is unreasonable to increase the evidentiary threshold for screening for alcohol misuse, which increases the risk of more than 60 medical conditions.</p> <p>We suggest a rapid evidence review of the yield, outcome and impacts of the current NICE recommendations for opportunistic SBI rather than review in 3 years’ time. Otherwise, this exercise will pre-determined to demonstrate that the status quo is justified.</p>
--------------------------------	------------------------	---

3- Name: Elizabeth Hurst-High

Organisation: Scottish Health Action on Alcohol Problems (SHAAP)

Role: Policy Officer

About SHAAP:

Scottish Health Action on Alcohol Problems (SHAAP) is a partnership of the Medical Royal Colleges in Scotland and the Faculty of Public Health and is based at the Royal College of Physicians of Edinburgh (RCPE). SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

Comments on evidence review:

Scottish Health Action on Alcohol Problems (SHAAP) notes that the NSC's recently commissioned evidence map outlining the evidence related to population screening programmes for alcohol misuse found insufficient evidence to justify a review of their current position – that screening is not recommended for this condition at whole population level. Specifically, the evidence map found no studies to include in its analysis, because most focus on the identification, assessment and treatment of alcohol misuse in different patient groups and in different health and care settings, or on the effectiveness of Alcohol Brief Interventions (ABIs) and motivational interviewing, rather than of population screening [1]. Despite this finding, we believe that there are a number of points relevant to the current understanding of the effectiveness of screening and interventions for alcohol misuse and provision of ABIs in the UK that should be made.

4- Organisation: St George's University Hospitals NHSFT

NICE guidance states that 'NHS professionals should routinely carry out alcohol screening as an integral part of practice' and we have been advised to use the FAST, PAT or AUDIT-C tools.

I feel the Royal College of Emergency Medicine should be included in this consultation as within emergency departments we see a large number of alcohol related presentations and also patients with undisclosed hazardous or harmful drinking. We should utilise screening methods which aid identification and allow brief interventions in a timely manner. Any help in assisting emergency departments to do this would be much appreciated.

5-

Helen Donovan

Organisation: Royal College of Nursing (RCN)

Role: Professional Lead public health nursing

RCN members with a special interest in this area have reviewed the evidence presented and would agree to the rationale for why the screening process is not being altered