

# **Guidelines Development Group, 5 May 2016 – Meeting Note and Action Points**

Attendees: See Annex A

## **Welcome and Introductions**

1. Sally Macintyre (SM) opened the meeting and confirmed that all action points have now been addressed.

## **Feedback from the consultation and next steps**

2. Helen Tomkys (HT) outlined feedback and next steps including confirmation that, in addition to the final version of the guidelines, the following documents would be published:

- an Addendum to the GDG report to address the frequently asked questions during the consultation
- a Government response to the consultation
- the minutes from the GDG meeting held on the 5 May 2016, and
- the PHE qualitative research on the language and expression of the guidelines.

## **Addressing the challenges to the evidence**

3. Mark Peticrew (MP) presented *Paper 2: Post consultation GDG report – Draft Addendum*. The addendum covers three themes to be addressed including:

- the process of developing the guidelines
- questions about the Sheffield modelling, and
- challenges on the conclusions drawn in the report and the basis for the recommendations.

4. The GDG expressed disappointment with the wording and tone of the DH press release at the launch of the guidelines. They noted that the letter from the Royal Statistical Society was critical of the press release rather than the conclusions and reasoning of the GDG. They agreed that the addendum presented an opportunity to address common criticisms and misunderstandings from the consultation, and the discussion resulted in several suggestions to strengthen the circulated paper, including:

- a need to refer to high quality qualitative research including, the PHE qualitative research

- clarifying the process of how the expert groups and GDG assessed the evidence
- describing how the strength of the international epidemiological evidence was taken into account and the balance between the evidence and the Sheffield modelling in arriving at the recommendations
- presenting lifestyle comparisons to the levels of drinking where alcohol would be expected to cause an overall 1% lifetime risk of death, and
- addressing the association between alcohol and mental health, dependence and different population sub groups.

Overall there was agreement amongst the group that nothing raised through the consultation had not already seen and considered. They were happy to have been challenged, but confirmed that their conclusions were a good balance of all the available evidence and continued to be a sound basis for the recommendations.

### **Single occasion drinking**

5. Mark Prunty (MPr) outlined the consultation response analysis for Question 7: *“For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn’t drink more than on any occasion or day, for example, 7 units. However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?”*

- The responses were fairly evenly spread, with a small majority saying they did not want advice on single occasion drinking to be expressed in units - 81 (45%) ‘yes’ responses vs 98 (55%) ‘no’ responses.
- Overall, around half the responses were from local government, health, 3<sup>rd</sup> sector; about a quarter were from those identifiable as industry related; and another quarter from other groups.
- 5% of the ‘yes’ responses were from industry related organisations; and 71% from government, health, 3<sup>rd</sup> sector or academic.
- Almost all those who wanted the advice on single occasion drinking episodes to be expressed in units (‘yes’ responses) cited the reason for this being that the guidelines were too vague or general without a single occasion amount.
- Of the ‘no’ responses, 33% were from industry and 44% government, health, 3<sup>rd</sup> sector or academic.

- Among this second group there were clearly a number of stock responses that had been circulated among interest groups on different sides of the debate which led to a fair proportion of the responses being identical or very similar to each other.

6. GDG unanimously agreed to advise the UK CMOs not to include a number for the single occasion guideline.

### **AOB**

7. GDG recommended that the Government run supportive social marketing campaigns to help people make informed choices about their drinking.

8. GDG unanimously agreed that representatives from the group should attend the UK CMOs meeting on the 29 June 2016.

9. Next meeting: It was agreed that there would be no further meeting of the GDG.

SM thanked the GDG and the DH Secretariat for all their long standing commitment and hard work in delivering information and recommendations that are meaningful both to the public and to health professionals over the past two years.

### **Summary of Action Points:**

- John Holmes (JH) to revise section “Challenges on the Sheffield modelling” and point 4 in the section “Challenges on the conclusions drawn in the report and the basis for the recommendations” in *Paper 2: Post consultation GDG report – Draft Addendum*.
- MP to circulate further versions of *Paper 2: Post consultation GDG report – Draft Addendum* to members for comments.
- DH Secretariat to finalise *Paper 2: Post consultation GDG report – Draft Addendum*.
- MPr to redraft single occasion advice and circulate draft to the GDG for comment.
- Viv Parry (VP) to review *Paper 1: Analysis consultation responses Q1 – Q9* and *Paper 3: PHE Market Research – Alcohol guidelines - Qualitative research* and revise the phrasing of the guidelines. VP to circulate suggestions to members for comment.

Department of Health  
Alcohol Policy Team  
17 May 2016

<b>Attendees:</b>	<b>Organisation</b>
<i>Guidelines Development Group</i>	
Sally Macintyre (Chair)	University of Glasgow
Mark Petticrew (Chair)	London School of Hygiene and Tropical Medicine
Una Canning	NICE
Theresa Marteau	Cambridge University
Sir Ian Gilmore	Alcohol Health Alliance
Mark Bellis	Public Health Wales
Eileen Kaner	Newcastle University
Chris Day	Newcastle University
Vivienne Parry	Freelance science journalist and broadcaster
David Leon	London School of Hygiene and Tropical Medicine
Gerard Hastings	Stirling University

*In attendance*

John Holmes	Sheffield University
Helen Tomkys	DH
Mark Prunty	DH
Tania Pargeter	DH
Bipasha Mondal	DH
Clare Perkins	Public Health England