

4.6 THE DEVELOPMENT OF PUBLIC HEALTH GUIDANCE ON THE PREVENTION OF ALCOHOL MISUSE AND CARDIOVASCULAR DISEASE PREVENTION: THE WORK OF THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Chair: Prof Catherine Law, UK

04-6.1 INTRODUCTION: THE CHALLENGES OF DEVELOPING PUBLIC HEALTH EVIDENCE BASED GUIDANCE: NICE EXPERIENCE

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This session considers the technical issues associated with the development and use of the evidence base for public health. The problems of using the techniques of evidence based medicine for constructing public health guidance will be outlined. The methodological and philosophical challenges associated with the nature of the variables involved, the breadth of the evidence, the causal chains from interventions to outcomes will be analysed. The importance of the judgement process in interpreting evidence will be described. The methodological and practical problems in developing recommendations at population level will be considered and the interface between recommendations, policy and politics described. The difference between scientific judgements and political judgements will be outlined.

04-6.2 PREVENTING ALCOHOL USE DISORDERS IN ADULTS AND YOUNG PEOPLE IN ENGLAND

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Excessive drinking is currently the second greatest risk to health and well-being in developed countries such as the UK. Indeed, the wide-scale nature of the acute and chronic health problems, and the negative social consequences, linked to heavy drinking have led to the concept of the "Preventive Paradox." Thus the greatest impact in tackling alcohol problems can be made by dealing with larger group of non-dependent drinkers who are at risk or harm due to their drinking compared to a focus on the relatively small group of individuals with severe problems (including dependence). This presentation will describe the role of NICE Programme Development Group in evaluating the wide ranging evidence-base relating to the prevention of alcohol problems and the challenge of formulating this evidence into public health guidance incorporating both

upstream (population level) and downstream (practitioner level) interventions.

04-6.3 THE PREVENTION OF CARDIOVASCULAR DISEASE

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Cardiovascular disease remains a significant, and a significantly preventable condition. In England it causes 159 000 deaths per annum of which 40 000 are premature for example, deaths before age 75. The cost to society is £30 billion per annum. This guidance majored on societal level factors which for which there is strong evidence of effectiveness and cost effectiveness. Recommendations were made about salt intake; saturated fats, trans fats, the common agricultural policy, and community approaches. The recommendations and the evidence underlying them will be described. The programme development group which developed the guidance initially considered previous evidence derived from studies and programmes aimed at community approaches to heart disease prevention. The paper will explain how these data were interpreted and why a robust population approach was adopted in this guidance.

04-6.4 THE DEVELOPMENT OF MODELS TO UNDERPIN PUBLIC HEALTH GUIDANCE

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The distinction between the developments of health economics decision models provides a mechanism to synthesise evidence from a range of different sources to inform policy debates and public health guidance decisions. In this session, exemplified by a discussion of the development of the Sheffield Alcohol Policy Model, we will discuss some of the main generic steps in model development. These iterative steps include a clear understanding of the scope of the decision-making and the policy options to be considered, processes for searching and reviewing existing relevant evidence, identifying analysing and synthesising existing available data sets and developing a detailed enough model to enable policy analysis. Key features of the Sheffield alcohol policy model include the use of individual level survey data on risk factors including levels of drinking and purchasing patterns, evidence on the association between risk factors and harms including 47 different clinical conditions defined by ICD10, levels of crime, work absence and unemployment, and evidence on the valuation of harms including quality of life effects due to health and crime and financial effects on the healthcare, justice and workplace or systems. We will finish with a brief consideration of how these generic issues are also reflected in a second project concerning public health guidance around prevention of diabetes.