**UK clinical guidelines for alcohol treatment**

**RPS response**

***Select the statement you agree with, if any.***

* The guidelines as a whole cover all the main topics in alcohol treatment
* There is one or more significant topics missing in the guidelines as a whole

***If you think there is a significant topic missing, please say what you think it is and provide evidence.***

***If you think the guidelines as a whole could be improved, please provide more information***.

We welcome the publication of the UK clinical guidelines for alcohol treatment. The guidelines have brought together a plethora of information from a variety of sources and added some useful additions such as information on the prescribing of baclofen for Alcohol Use Disorders (AUDs) and Pabrinex® injections as a harm reduction intervention.

We are also pleased to see pharmacy and the role of pharmacists mentioned in the context of assessment, support in prescribing in the in-patient setting, alcohol brief interventions as part of the primary care team, medicines reconciliation and to support complex discussions around polypharmacy in secure environments. We also understand that the generic language used within the policy, for example, clinicians and/or relevant healthcare staff also encompasses the role of pharmacists within the multi-disciplinary team.

However, we are disappointed that pharmacists and their pharmacy team are not mentioned specifically as “caring and competent staff” in section 13.5 in the context of community alcohol treatment and recovery services. As part of the wider primary care team, community pharmacies provide dispensing of medicines for alcohol use disorder for both medically assisted recovery and for preventing relapse and promoting abstinence. The engagement with people prescribed these medications and the development of the “therapeutic relationship” should be recognised here through the community pharmacy team.

We also note that in section 15.6.1 (Expectations of GP and their team) that no mention is made of medicines review and polypharmacy. While this is outlined in chapter 17 for the criminal justice system, there is a need for this to be implemented and reviewed in primary care also. GPs often have pharmacy professionals in their team and this process, and the recognition of the support of the pharmacy team, should be highlighted in this section.

For information, the areas covered by the guidance are:

Part 1

Treatment

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

12. Specialist inpatient medically assisted withdrawal

Part 2: specific settings and populations

Settings

13. Community alcohol treatment and recovery services

14. Residential treatment and intensive structured day treatment

15. Primary care and community health services

16. Alcohol care in acute hospitals

17. Alcohol treatment in the criminal justice system

Populations

18. People with co-occurring mental health conditions

19. People with co-occurring physical health conditions

20. Alcohol-related brain damage

21. People experiencing homelessness

22. People experiencing or perpetrating domestic abuse

23. Alcohol treatment and support for young people

24. Pregnancy and perinatal care

25. Developing inclusive services

26. Parents in alcohol treatment services

27. Armed forces