

Behaviour change: digital and mobile health interventions

Consultation on draft guideline – deadline for comments 5pm on 06/03/2020

email: Behaviourchange@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. Would implementation of any of the draft recommendations have significant cost implications?3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Institute of Alcohol Studies</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>[Insert disclosure here]</p>

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Name of commentator person completing form:		Dr Sadie Boniface		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments
Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.				
1	Consultation in general	General	General	<p>This consultation relates to multiple unhealthy commodities (tobacco, alcohol, junk food) and it is very concerning that the only conflict of interest that has to be disclosed is with the tobacco industry.</p> <p>There is a growing focus on the corporate determinants of health and unhealthy commodities. There is also the possibility that developers and providers of digital interventions might be responding to this specific consultation. Responses to this consultation which have conflicts of interest relating to unhealthy commodities or these interventions will be indistinguishable from those without conflicts of interest. This is at odds with other guidance from NICE, as well as the World Health Organization and Public Health England.</p>
2	Draft guideline	5	14	<p>Digital interventions already exist and therefore evidence-based guidance on their use is welcomed.</p> <p>The guidance to commissioners is that digital interventions should be a supplement to existing services, not a replacement. This is important and would potentially have a big impact on existing practice, but there is limited context regarding existing practice. This may make implementation challenging, as it is not clear how this would work in practice and who would be commissioning these interventions. For example, are digital interventions to be recommended in addition to alcohol screening and brief intervention? Would this be the case in all settings and population groups?</p> <p>The guidance should make a distinction around who digital interventions for alcohol may be suitable for. For example, there is scientific evidence that digital interventions may reduce alcohol consumption among hazardous drinkers. However existing digital interventions are unlikely to be suitable for dependent drinkers wishing to cut down, who may require medically-supervised detoxification as well as pharmacological and/or psychological</p>

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				support for relapse prevention. There is limited evidence around the role of digital interventions in either reductions in alcohol consumption among dependent drinkers or in recovery from alcohol dependence.
3	Draft guideline	7	3	<p>The guideline recommends using digital interventions or apps from expert sources, such as the NHS apps library. However, there is limited choice in these sources at present. There are currently no apps for alcohol available in the NHS apps library (as of 6th Feb 2020) and only one in the PHE library (Drink Free Days). It is unclear whether the Drink Free Days app would be recommended based on the effective components identified in the evidence review (e.g. normative feedback) or in other systematic reviews (e.g. Garnett et al meta-regression).</p> <p>Linked to this, if NICE is going to recommend digital interventions to the public, it would be beneficial as part of this piece of work to improve the transparency around the criteria for inclusion in the NHS apps library. Specifically, what sort of evidence is eligible as part of 'Available evidence on outcomes', and whether this is to the same level as would be expected of other recommendations that NICE would make.</p>
4	Draft guideline	8	16	<p>It may be helpful to include in the headline guideline for alcohol (1.6.1) that this is in addition to and not replacing any existing services.</p> <p>The phrasing of the first alcohol guideline (1.6.1) is confusing since it recommends digital interventions and then somewhat under-states their evidence base. The guideline recommends considering digital interventions to reduce alcohol consumption, but then states it is not clear whether or not digital interventions are effective for alcohol. It is true we do not have evidence that digital interventions work for everybody, but multiple systematic reviews have already identified that digital interventions can be effective. We would welcome more clarity on and specific research recommendations on types of intervention (in particular guided vs unguided, linked to face-to-face interventions or not), behaviour change techniques and population sub-groups.</p>
5	Evidence review (alcohol)	General	General	The evidence review states one UK unit of alcohol is 10g ethanol (it is 8g or 10ml ethanol). It is unclear whether this is a typographical error, or whether this would also have influenced the calculations around the results of the RCTs.
6	Evidence review (alcohol)	General	General	<p>The review question was around what components are effective, but the majority of the review discusses effectiveness in general. There are several existing systematic reviews of the effectiveness of digital interventions for alcohol which have not been discussed by way of background.</p> <p>Some of these have not been cited in the evidence review at all (e.g. Donoghue, Riper) which could indicate relevant trials may not have been identified in the search strategy. Others which have been identified have been excluded for unclear reasons (e.g. Kaner Cochrane review – excluded due to 'ineligible outcomes' when this would be very useful background and includes information on intervention components), or information relevant to the research question of the evidence review has not been utilised (e.g. Garnett meta-regression – has detailed information on behaviour change techniques that could be relevant under components of interventions).</p> <p>For example:</p>

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				<ul style="list-style-type: none"> Kaner, E. F., Beyer, F. R., Garnett, C., Crane, D., Brown, J., Muirhead, C., ... & Hickman, M. (2017). Personalised digital interventions for reducing hazardous and harmful alcohol consumption in community-dwelling populations. <i>Cochrane Database of Systematic Reviews</i>, (9). Garnett, C., Crane, D., Brown, J., Kaner, E., Beyer, F., Muirhead, C., ... & Michie, S. (2018). Reported theory use by digital interventions for hazardous and harmful alcohol consumption, and association with effectiveness: meta-regression. <i>Journal of medical Internet research</i>, 20(2), e69. Riper, H., Hoogendoorn, A., Cuijpers, P., Karyotaki, E., Boumparis, N., Mira, A., ... & Blankers, M. (2018). Effectiveness and treatment moderators of internet interventions for adult problem drinking: An individual patient data meta-analysis of 19 randomised controlled trials. <i>PLoS medicine</i>, 15(12). Riper, H., Spek, V., Boon, B., Conijn, B., Kramer, J., Martin-Abello, K., & Smit, F. (2011). Effectiveness of E-self-help interventions for curbing adult problem drinking: a meta-analysis. <i>Journal of medical Internet research</i>, 13(2), e42. Donoghue K, Patton R, Phillips T, Deluca P, Drummond C. The Effectiveness of Electronic Screening and Brief Intervention for Reducing Levels of Alcohol Consumption: A Systematic Review and Meta-Analysis. <i>Journal of Medical Internet Research</i>. 2014 Jun 2;16(6):e142.
7	Evidence review (alcohol)	General	General	The decision to exclude trials with a follow-up of less than six months has not been justified. A large number of trials have been excluded on this basis, so a justification should be provided.
8	Evidence review (alcohol)	26	14	The review mentions there is no core outcome set for alcohol consumption – one has been developed and will be published shortly. Some details here http://inebria.net/meetings-and-activities/special-interest-groups/update-for-outcome-reporting-in-brief-intervention-trials/
9	Evidence review (alcohol)	26	30	<p>The review mentions there is limited evidence on engagement with digital interventions and suggests poor retention in RCTs could indicate engagement with interventions may be difficult. Retention in RCTs may be linked to the intervention, but could also be due to various other reasons (such as inadequate resource for follow-up, intrusive trial procedures), and likewise poor engagement with an intervention does not necessitate drop-out from a trial.</p> <p>Engagement with digital alcohol interventions is certainly an issue, and there is an emerging body of work on this topic (e.g. work of Jo Milward and Olga Perski, examples below).</p> <ul style="list-style-type: none"> Milward, J., Drummond, C., Fincham-Campbell, S., & Deluca, P. (2018). What makes online substance-use interventions engaging? A systematic review and narrative synthesis. <i>Digital health</i>, 4, 2055207617743354. Perski, O., Baretta, D., Blandford, A., West, R., & Michie, S. (2018). Engagement features judged by excessive drinkers as most important to include in smartphone applications for alcohol reduction: A mixed-methods study. <i>Digital health</i>, 4, 2055207618785841.

Insert extra rows as needed

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Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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