

Worcestershire Health & Well-being Board

JSNA Briefing on Alcohol

Information Lead: Janette Fulton

Version: 1.0

Written By: Nia Reeves

Date: October 2018

Summary

- In Worcestershire, around one in three adults drink at a level that is harmful to their health with 30.2% drinking over 14 units of alcohol a week¹.
- Nationally, the estimated annual cost to society is around £21 billion which is broken down into £11 billion for alcohol-related crime, £7 billion through lost productivity by unemployment and sickness and around £3.5 billion cost to the NHS.
- Nationally, consumption rates of alcohol are falling in the 16-24 year old age group and of all the age groups they are the least likely to drink alcohol, however, when they do, they are more likely to drink to excess compared to other age groups².
- Of the Worcestershire Districts, Worcester has the highest rate of premises licensed to sell alcohol at 13 per km². This is the highest across the region and significantly higher than all other areas across the West Midlands.
- In Worcestershire, between 2016-17, there were a total of 906 people accessing specialist alcohol use disorder services.
- A total of 363 (38.9%) individuals successfully completed treatment for alcohol use disorder in 2016. This is similar to the national average of 38.7%. We know that this is improving and is now significantly higher than England from the latest data release (not yet available publicly).
- It is important to note that not everyone requires specialist treatment services. Around 50% of those who do are accessing services.
- For every £1 spend on alcohol treatment services in Worcestershire there is estimated to be a social return on investment of £4.80 for individuals in treatment and £41.80 for individuals in treatment and recovery.
- The gross benefit per person in treatment is £2,915 and the long-term benefit per person is £25,125.

¹ Public Health England (2018) Public Health Outcomes Framework, www.fingertips.phe.org.uk

² Office for National Statistics (2017) Adult Drinking Habits in Great Britain; 2005 to 2016, [Online], Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2005to2016> , Accessed: 25/01/2018.

Background

Alcohol related harm is a significant public health issue and is one of seven key areas that Public Health England (PHE) has outlined as a priority for the next five years³. It is also a key priority of the Health and Well-being Board in Worcestershire.

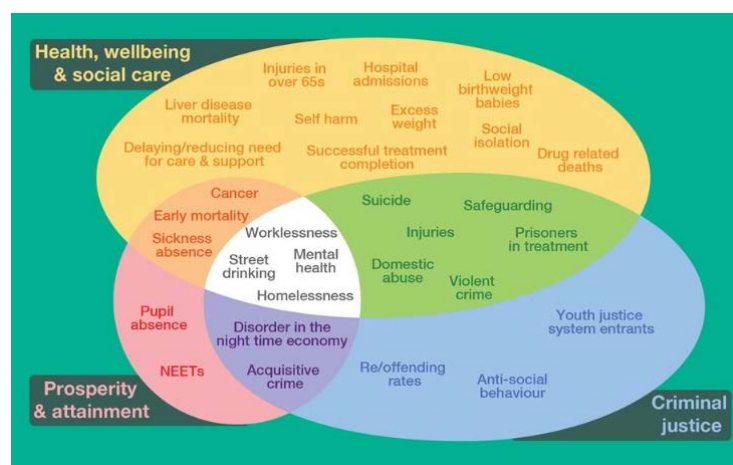
It is estimated that around 10.4 million adults in the UK are drinking at levels that pose some risk to their health, which means that around 1 in 4 people would benefit from reducing the amount of alcohol that they drink⁴. The Global Burden of Disease Study 2013 revealed that, in England, alcohol use disorder is the biggest risk factor for early death, ill health and disability for those aged 15 to 49 years⁴.

Alcohol related harm has a significant impact upon an individual both physically and psychologically. Drinking above the recommended levels increases the risk of certain types of cancer including liver, breast and oral. It is a determinant for liver disease, heart disease, depression, suicide, unsafe sex and injuries. Harmful drinking also has wider reaching effects including impacts upon children and families, domestic and partner violence, employment, housing, crime, violence and road traffic accidents.

Some populations experience multiple severe disadvantages in relation to alcohol use disorder including, people who misuse drugs and alcohol together, individuals who are homeless, those with poor mental health and individuals with offending behaviours⁵.

The estimated cost to society annually is around £21 billion which is broken down into £11 billion for alcohol-related crime, £7 billion through lost productivity by unemployment and sickness and around £3.5 billion cost to the NHS.

Figure 1 Alcohol and drug misuse impacts upon a wide range of local priorities⁶



Source: Public Health England (2016)

³ Public Health England (2014), From evidence into action: opportunities to protect and improve the nation's health, [Online], Available from: <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>, Accessed: 26/01/2018

⁴ Public Health England (2017) Alcohol: Applying all our health, [Online] Available from: <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>, Accessed: 26/01/2018

⁵ Public Health England (2016), Health matters: harmful drinking and alcohol dependence, [Online], Available from: <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>, Accessed: 08/02/18

⁶ Public Health England (2018) Alcohol and drug prevention, treatment and recovery: why invest? [Online] Available from: <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>, Accessed: 09/03/2018

Key Statistics – National Data

National data looking at adult drinking habits shows some interesting trends⁷:

- In England, there has been an increase in the number of hospital admissions directly related to alcohol consumption. This has increased by 3% from 2014-15 and is up by 22% from 2005-6⁷.
- The prevalence of drinking has reduced from 64% in 2006 to 57% in 2015⁷. However, a large number of people are still drinking in a way that is harmful to their health. 7.8 million people reported that they binged on alcohol on their heaviest drinking day⁷.
- Alcohol consumption generally increases with income. A national survey found that in 2016, almost 4 out of 5 people (77.4%) in the highest income band (annual income of £40,000 or more) said they drank alcohol in the last week. In addition to this, binge drinking is twice as common among the highest earners (21.8%) when compared with the lowest earners (10.7%)¹⁰.
- While the price of alcohol has increased by 36% since 2005, it remains 60% more affordable than it was in 1980⁸.
- In England, there are an estimated 595,131 dependent drinkers, of whom only 108,696 are currently accessing treatment (2016-17)⁸.
- Alcohol related crime is estimated to cost society around £11 billion each year⁴.
- Alcohol is often a significant contributory factor for different types of crimes and is responsible for around 40% of all violent crimes, with variation by type of offence. Alcohol was a factor in 57.8% of Domestic Violence with Injury offences, 55.0% of Non-domestic Violence with Injury offences and around 33.6% of Violent Offences without Injury⁹.
- There is a strong evidence base to show that there is a high prevalence of individuals who attend both mental health services and drug and alcohol treatment services⁵.

⁷ NHS Digital (2017) Statistics on Alcohol in Eng/land, [Online], Available from: <http://digital.nhs.uk/catalogue/PUB23940>
 Accessed: 25/01/2018

⁸ Alcohol Concern (2017) Alcohol Statistics, [Online] Available from: <https://www.alcoholconcern.org.uk/alcohol-statistics>

⁹ Institute of Alcohol Studies (2017) Alcohol Related Crime in the UK, [Online], Available from: <http://www.ias.org.uk/Alcohol-knowledge-centre/Crime-and-social-impacts/Factsheets/Alcohol-related-crime-in-the-UK-what-do-we-know.aspx>, Accessed: 01/02/2018.

Protected Characteristics – National Data

- Between 2005-2016, consumption rates of alcohol have fallen in the 16-24 year old age group significantly and of all the age groups they are the least likely to drink alcohol, however, when they do, they are more likely to drink to excess compared to other age groups¹⁰.
- Males are more likely to drink alcohol in comparison to females. Interestingly, there is a difference between males and females in relation to alcohol consumption by income. The more males earn, the more likely they are to drink. For women, the opposite is true¹⁰.
- Public Health England have identified that there is a phenomenon called the Alcohol Paradox, whereby, people of lower socioeconomic status show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease relating to their alcohol use. Lower socioeconomic groups often report lower levels of average consumption, yet experience greater or similar levels of alcohol-related harm¹¹.
- The Gay and Bi-sexual men's health survey (Stonewall, 2011), found that 42% of men who have sex with men (MSM) drank on three or more days in the last week; this compared to 35% in the heterosexual male population and a study in 2008 found that MSM were twice as likely to be dependent upon alcohol compared to the rest of the male population¹².

Key Statistics: Local Data

Figure 2 Key Indicators: Local Alcohol Health Profile - Worcestershire

Indicator	Period	England	Worcestershire	Bromsgrove	Malvern Hills	Redditch	Worcester	Wyche	Wyre Forest
10.01 - Admission episodes for alcohol-related conditions (Narrow)	2016/17	636	634	614	563	728	666	584	674
9.01 - Admission episodes for alcohol-related conditions (Broad)	2016/17	2185	1982	1924	1732	2455	2052	1769	2109
6.02 - Admission episodes for alcohol-specific conditions	2016/17	563	397	391	343	569	437	307	386
5.02 - Admission episodes for alcohol-specific conditions - Under 18s	2014/15 - 16/17	34.2	29.7	13.9	33.3	33.9	38.0	38.7	19.1
4.01 - Alcohol-related mortality	2016	46.0	45.4	41.2	39.5	52.4	49.2	40.9	52.5
2.01 - Alcohol-specific mortality	2014 - 16	10.4	10.8	8.4	11.8	9.4	10.0	10.8	14.5

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

¹⁰ Office for National Statistics (2017) Adult Drinking Habits in Great Britain; 2005 to 2016, [Online], Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/druguseandalcoholandsmoking/bulletins/opinionsandifstyleysurveyadultdrinkinghabitsingreatbritain/2005to2016> , Accessed: 25/01/2018.

¹¹ Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review, [Online], Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

¹² Public Health England (2014) Promoting the health and wellbeing of gay, bisexual and other men who have sex with men – Initial Findings, [Online], Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339041/MSM_Initial_Findings_GW2014194.pdf , Accessed 30/01/2018

Alcohol Related Hospital Admissions: Data notes

Statistics relating to Alcohol can be difficult to navigate and understand because of the complexity of language used. Alcohol use disorder contributes significantly to 48 health conditions, wholly or partially, due either to acute alcohol intoxication or to the toxic effect of alcohol use disorder over time. Conditions include cardiovascular conditions, cancers, depression and accidental injuries. Risk of ill health increases exponentially as regular consumption levels increase. Most of these harms are preventable¹³.

Hospital admissions relating to alcohol are based upon attributable fractions being either wholly or partially attributable to alcohol.

Wholly attributable condition: A condition which by definition is 100% caused by alcohol consumption e.g. alcoholic cardiomyopathy¹⁴.

Alcohol attributable fraction: Indicates the proportion of a disease or injury that could be prevented if exposure to alcohol was eliminated¹⁵.

Figure 3 Definitions for Alcohol Statistics

Alcohol Indicator	Definition
Alcohol Specific Hospital Admissions	Admissions where alcohol is wholly attributable to the hospital admission and where code is in Primary or Secondary diagnosis. E.g. Mental and behavioural disorders due to alcohol, Alcoholic gastritis, Ethanol poisoning, Toxic effect of alcohol.
Alcohol Related Hospital Admissions – Narrow	Admissions where alcohol is wholly or partially attributable to the hospital admission and where here is an alcohol attributable code in the primary diagnosis code and an alcohol attributable external cause code (e.g. Accidents, Falls)
Alcohol Related Hospital Admissions – Broad	Admissions where alcohol is wholly or partially attributable to the hospital admission and where there is an alcohol attributable code in the primary or secondary diagnosis code.

¹³ Public Health England (2016), Local Health and Care Planning: Menu of Preventative interventions, , Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/683016/Local_health_and_care_planning_menu_of_preventative_interventions_DM_NICE_amends_14.02.18_2_.pdf [Accessed: 7th March 2018]

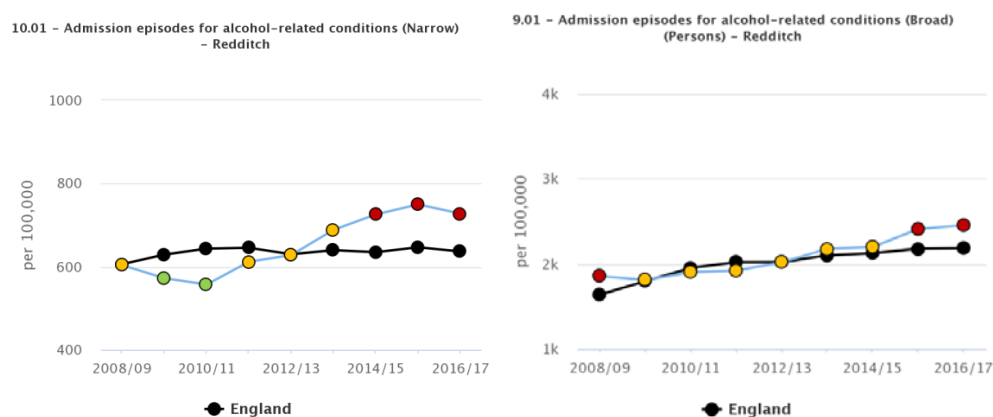
¹⁴ Jones, L and Bellis, M (2013). Updating England-Specific Alcohol-Attributable Fractions. [online] Liverpool: Centre for Public Health, Liverpool John Moores University, p.4. Available at: <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf> [Accessed 7 Mar. 2018].

Alcohol Related Hospital Admissions

Worcestershire as a county has significantly lower rates across a range of key indicators for alcohol related hospital admissions when compared to England. There is, however, district level variation.

Admission episodes for alcohol-related conditions (narrow): Redditch has a significantly higher rate at 728 per 100,000 population in comparison to the England average of 636 per 100,000 population. It is the only area in Worcestershire County where rates are increasing year on year and have been since 2010-11 (Figure 4). Rates are also significantly higher for admission episodes for alcohol-related conditions (broad) in Redditch at 2,455 per 100,000 population when compared to 2,185 per 100,000 population in England.

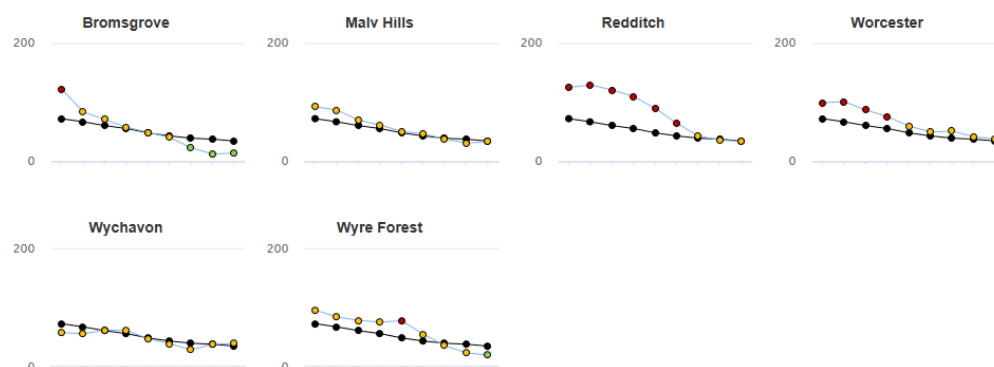
Figure 4 Admission episodes for alcohol-related conditions (Narrow and Broad) – Redditch (2008-9 to 2016-17)



Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

The rate of admission episodes for alcohol-specific conditions in under 18's in Worcestershire is 29.7 per 100,000 population. This is similar to the England average of 34.2 per 100,000 population. For all Worcestershire districts there has been a year-on-year downward trend in admissions in this age group.

Figure 5 Admission episodes for alcohol-specific conditions Under 18s (2006/7-2008/9 to 2014/15-2016/17)



Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

Conversely, Worcestershire has a significantly higher rate of people aged 65 and over who have an admission episode for alcohol-related conditions (narrow). Wyre Forest, Worcester and Wychavon all having significantly higher rates of hospital admissions for alcohol related conditions when compared to other district areas. It has been identified that there has been a significant fall in admission episodes in both Bromsgrove and Redditch and that this is likely due to a number of factors including the possibility of differences in treatment pathways, hospital episode coding, or new initiatives.

Figure 6 Admission episodes for alcohol-related conditions (Narrow) – Over 65's (Persons) 2016-17

Directly standardised rate - per 100,000					
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	100,151	1,014	1,007	1,020
Worcestershire	–	1,427	1,116	1,059	1,176
Wyre Forest	–	294	1,219	1,083	1,367
Worcester	–	205	1,210	1,049	1,388
Wychavon	–	348	1,159	1,040	1,288
Redditch	–	163	1,141	971	1,333
Bromsgrove	–	219	1,018	887	1,162
Malvern Hills	–	198	943	816	1,084

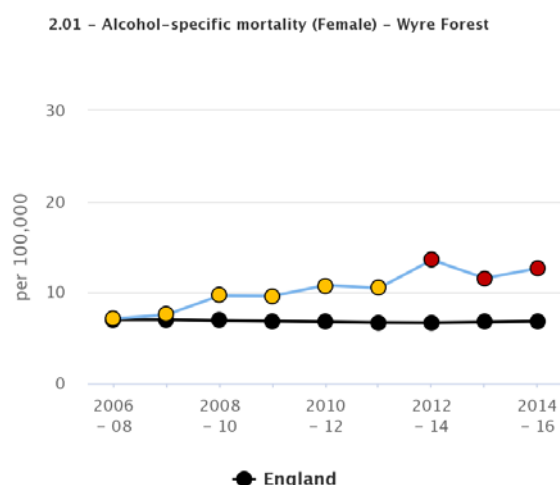
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Alcohol Related Mortality

In Worcestershire the rate of alcohol related and alcohol specific mortality is similar to the national average. However, there are differences between Worcestershire districts.

Wyre Forest has a significantly higher rate of Alcohol-specific mortality at 14.5 per 100,000 population when compared to the England average of 10.4 per 100,000 population, although, the overall trend has remained relatively unchanged between 2008-9 and 2014-16 and has always been above the England average. Rates of Alcohol-specific mortality in females has been significantly higher for the last three time periods (2012-14 to 2014-16) and may warrant closer monitoring. Mortality from chronic liver disease in females in Wyre Forest is also significantly higher at 14.7 per 100,000 population in comparison to the England average of 8.5 per 100,000 population.

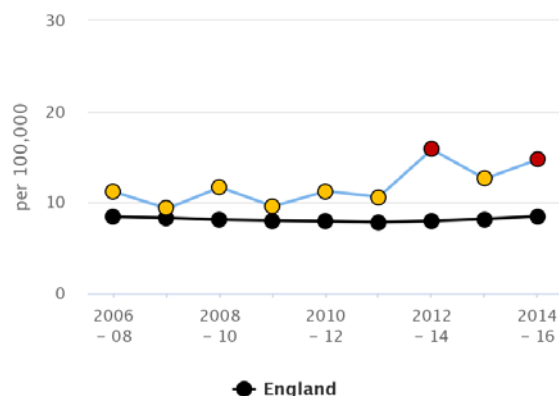
Figure 7 Alcohol Specific Mortality, Female, Wyre Forest



Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

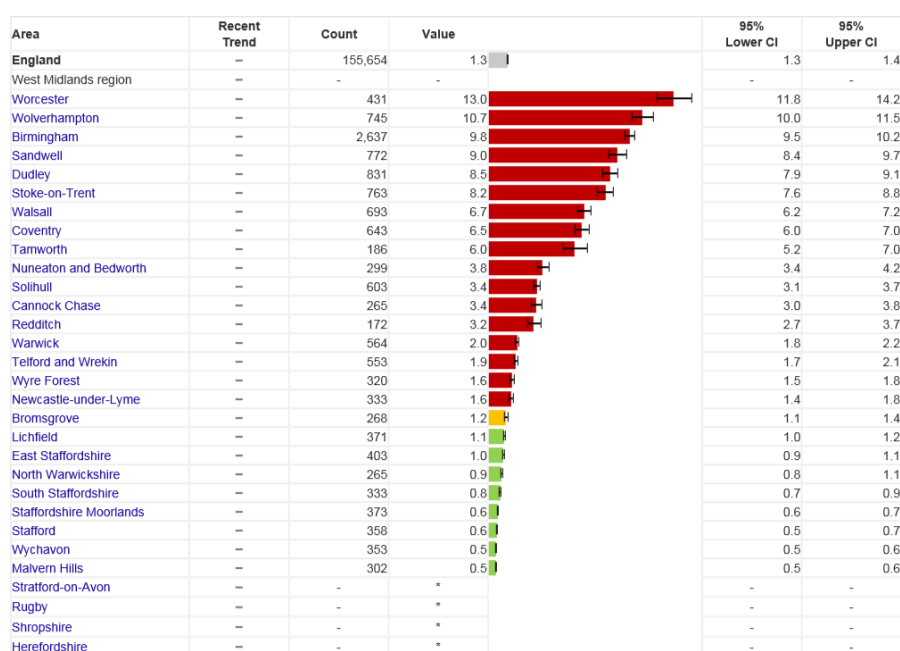
Figure 8 Mortality from Chronic Liver Disease, Female, Wyre Forest

3.01 – Mortality from chronic liver disease (Female) – Wyre Forest

Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

Wider Impacts

- Wyre Forest has a significantly higher proportion of claimants of benefits due to alcoholism at 176.1 per 100,000 population compared to the England average at 132.8 per 100,000 population.
- Worcestershire has a significantly higher rate of Alcohol Related Road Traffic Accidents at 39.4 per 1,000 population when compared to the England average of 26.0 per 1,000 population. Across the district areas, Malvern Hills and Wychavon have significantly higher rates when compared to the England average.
- Parental alcohol use disorder is strongly correlated with family conflict and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences⁵. Public Health England have estimated that nationally around 18% of children 'in need' are affected by alcohol use disorder^{Error! Bookmark not defined.} and also report that alcohol use disorder is involved in 37% of serious case reviews^{Error! Bookmark not defined.}.
- Amongst the Worcestershire Districts, Worcester has the highest rate of premises licensed to sell alcohol with a rate of 13 per km². This is the highest across the region and significantly higher than all other areas of the West Midlands.

Figure 9 Number of Premises Licensed to Sell Alcohol per Km² (2015-16; Crude Rate)

Source: Public Health England: Risk Factors Intelligence (RFI) team (from published data from the Home Office).

Local Priorities and Plans

A national strategy for Alcohol is due to be released later in 2018. A local strategy for tackling problems from alcohol related harm has been launched by Worcestershire County Council and covers the period 2016-2021¹⁵. The strategy looks at reducing the levels of alcohol that people are drinking as well as risky behaviors associated with drinking too much and will focus specifically on middle-aged drinkers, older people and those populations with poorer health outcomes.

Raising awareness	Preventing alcohol related harm
Train peer-to-peer supporters to deliver health messages	Set up Worcestershire data officers group
Provide alcohol awareness sessions for front line staff	Toolkit for DPH responses to licensing applications
Behavioural insights/change	Raise awareness of alcohol harm in the workplace
Use of social media for health messages	Sign up licensed premises to Worcestershire Works Well
Celebrate best practice from across the country	Create links to promote healthy work places
Challenge stereotypes of alcohol use disorder	Develop diversionary schemes
Promote health messages at key times: festivals, fresher's week	Link to other plans to develop a joined up approach to working
	Explore impact of drinking on liver disease, with a focus on middle-aged and older people

¹⁵ Worcestershire County Council (2015) The Reducing Harm from Alcohol Plan 2016-2021, [Online] Available from: <http://worcestershire.moderngov.co.uk/documents/s12746/7c%20Alcohol%20Plan%20v2%2004%2004%202.pdf> , Accessed: 03/10/2018

Multi-agency partnership working is crucial in developing an effective response to alcohol related harm in Worcestershire. Important links include with police, fire, ambulance, the voluntary sector, licensed trade, local universities, schools, children's services, domestic abuse services, clinical commissioning groups, acute trust and community safety partnerships.

Treatment and Interventions

Nationally, public health ambitions to reduce levels of excessive and damaging alcohol consumption, which in turn would in turn reduce the burden on NHS and local authorities and benefit wider society, are as follows¹⁶:

- Reduce alcohol-related hospital admissions, re-admissions, length of stay and ambulance call-outs by 2020/21.
- Reduce the burden on NHS, police and social care services from high volume service users.
- Reduce the impact of parental alcohol use disorder on children.

There are many opportunities for health promotion across the healthcare sector and at every stage of the patient pathway. Interventions to identify individuals who may be in need of help can be offered through Brief Interventions in GP practices and NHS Health Checks. A large number of pharmacies across Worcestershire are now accredited as Healthy Living Pharmacies, which provides an excellent opportunity to provide advice about drinking alcohol safely. Hospitals also have a role to play in identifying people who may require help with their drinking and provide onward referral to specialist treatment services if this is what is required. Nationally, the following interventions have been recommended for the management of alcohol related problems:

Types of Interventions¹⁶

1. Alcohol care teams in hospitals with improvement in staff awareness about alcohol related ill health and better management of patients including appropriate onward referral and discharge planning.
2. Provide alcohol identification and brief advice in Primary and Secondary Care settings.
3. Establish Alcohol Assertive Outreach Teams to reduce repeat users of services such as hospital, police and social services offering tailored plans for alcohol dependence, mental and physical health and welfare needs.
4. Development of clear care pathways to ensure that Local Authorities and Clinical Commissioning Groups are providing services to high impact users of services.

¹⁶ Public Health England (2016), Local Health and Care Planning: Menu of Preventative interventions, , Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/683016/Local_health_and_care_planning_menu_of_preventative_interventions_DM_NICE_amends_14.02.18_2_.pdf [Accessed: 7th March 2018]

5. Ensure that every opportunity is made to identify parents who are harmful or dependent drinkers with agreed pathways between services to maximise support for individuals with alcohol problems and reduce risk to children and families.

Worcestershire Alcohol Liaison Nurse Service

The service in Worcestershire consists of two specialist nurses with extensive experience of the treatment of drug and alcohol use disorders based at two sites: Alexandra Hospital in Redditch and Worcestershire Royal Hospital in Worcester.

The work of the alcohol liaison nurses includes helping patients across the spectrum of alcohol use disorders and is preventative in that there is evidence that identification and intervention early in the drinking career can reduce alcohol related morbidity and later alcohol related treatment episodes.

Work includes:

- Provision and co-ordination of Screening, Case Identification, Brief Intervention and Referral to Treatment for people on the alcohol use disorders spectrum.
- Case management support for the multi-disciplinary teams engaged in provision of care to alcohol users, including management of DTs, medically supported withdrawal and prevention of Wernicke's encephalopathy.
- Developing Ambulatory Detox facilities to improve patient experience and patient flow.
- Provision of educational support in clinical and classroom settings to the multi – disciplinary teams in case management of alcohol using patients.
- Raising awareness of alcohol related health and social harm and treatment options available to reduce these harms.
- Advocacy and support for alcohol using patients whilst undergoing treatment in the acute hospital.
- Training and development of non-specialist staff to provide screening, brief intervention and referral to treatment.
- Liaison between services delivering care to patients with alcohol related health and social issues and their carers.
- Developing treatment guidelines for the recognition and treatment of alcohol use disorder in acute hospital settings.
- Data collection, collation and audit, including a number of poster presentations of findings at the national conference of the British Society of Gastroenterology.

In 2017-18, there were 857 referrals to the Alcohol Liaison Service. 655 brief interventions were delivered (71.4%), 247 individuals had a medically assisted withdrawal (26.9%) and 162 (17.7%) individuals had an onward referral to Drug and Alcohol Treatment Services.

Alcohol Treatment in Worcestershire

The drug and alcohol treatment service in Worcestershire is provided by Swanswell Charitable Trust (a wholly owned subsidiary of Cranstoun). In April 2015, Swanswell was awarded the contract to provide specialist drug and alcohol treatment services across Worcestershire. Services they deliver include:

- Advice, information and support for adults and young people (under 21 years old) who are using drugs and alcohol on a 1:1 or group basis in the community
- Specialist treatment for adults and young people experiencing more serious difficulties associated with using drugs and alcohol, including dependency

- Treatment can include psychological interventions, specialist prescribing to achieve abstinence and outreach support, including peer mentoring
- Access to some residential treatment for detoxification
- Advocacy and signposting to access other services to support recovery including employment
- Prevention services including immunisations for blood borne viruses
- Support for individuals affected by someone else's drug or alcohol use

Support is delivered by trained professionals, peer mentors and volunteers with specialist training. The service is also staffed by doctors and nurses and works closely with GPs, pharmacists and other primary care services in Worcestershire.

GPs are employed in the GP shared care scheme with Swanswell. This allows more specialist advice and prescriptions for drug and alcohol detoxification and support to remain abstinent.

Swanswell works closely with other groups in the community to help service users to maintain recovery, including Alcoholics Anonymous and Narcotics Anonymous.

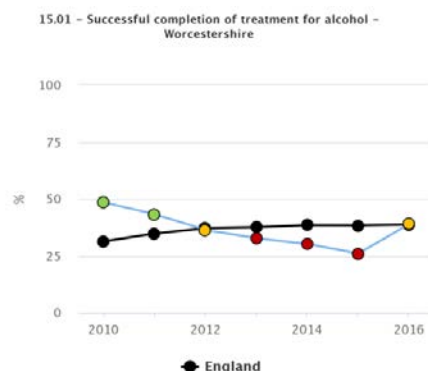
Service Use and Outcomes

In Worcestershire, there were a total of 906 people accessing specialist alcohol use disorder services between 2016-17. A total of 363 individuals successfully completed treatment for alcohol use disorder in 2016 (38.9%). This is similar to the national average of 38.7%. This represents a significant improvement as for the last three years completion rates for service users in alcohol treatment services had been significantly lower than the England average. They reached their lowest levels in 2015 where the proportion of individuals completing treatment was 26.0%.

In April 2015, Swanswell was commissioned to provide Drug and Alcohol treatment services across Worcestershire and have developed a different model of providing care and support.

It is also important to note the role of peer support and recovery workers in supporting people to achieve recovery and maintain abstinence.

Figure 10 Successful Completion of Treatment - alcohol, Worcestershire



Source: Public Health England (2018) Public Health Outcomes Framework, Available from: <https://fingertips.phe.org.uk>

Social Return on Investment: Drug and Alcohol Treatment Services

A national tool to estimate the return on investment for putting money into drug and alcohol services has been released by Public Health England. The tool uses information from different domains to estimate the benefits to wider society when drug and alcohol users are in treatment and also when they are in treatment and remain in recovery. The areas of benefit are as follows:

- NHS and Local Authority Gross Benefits: NHS care, Adult carers, needle and syringe exchange programmes, housing and social care costs.
- Crime Gross Benefits: Reduction in crime rates, reduction in crime related costs both social and economic return.
- Quality Adjusted Life Years (QALY) Benefit: A QALY estimates how many extra years of reasonable quality drug or alcohol users get from being in treatment and/or recovery. A financial value is assigned to a QALY to express the value that society places on a life.

The total value of investment in drug and alcohol treatment services in 2016-17 in Worcestershire was £4,194,000. Most of the total budget (89.7%) was used for structured treatment services; of which £3,230,836 was for drug treatment services and £533,164 for alcohol treatment services. The remaining 10.3% of the budget, which totalled £430,000, was used for prevention, harm reduction and recovery support for both drugs and alcohol.

For every £1 spend on alcohol treatment services in Worcestershire there is estimated to be a social return on investment of:

- £4.80 for individuals in treatment
- £41.80 for individuals in treatment and recovery

The gross benefit per person is estimated to be:

- £2,915 whilst they are in treatment
- £25,125 long-term

Associated Documents and Best Practice

Worcestershire County Council Joint Health and Well-being Strategy 2016 to 2021

http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

Worcestershire County Council Substance Misuse Needs Assessment:

http://www.worcestershire.gov.uk/downloads/file/2916/2014_substance_misuse_needs_assessment

Public Health England: The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

Public Health England: Alcohol and drug misuse prevention and treatment guidance:

<https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance>

Local Alcohol Profiles for England (LAPE): <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

National Drug Treatment Monitoring System (NDTMS): <https://www.ndtms.net/default.aspx>

Public Health Outcomes Framework: <http://www.phoutcomes.info/>

Health Profiles: <http://fingertips.phe.org.uk/profile/health-profiles>

Local Health: <http://www.localhealth.org.uk>

NICE pathways set out a structured approach to identify alcohol-related harm through the use of risk factors, screening tools and effective interventions.

Section 182 guidance – Licensing Act 2003

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/627825/revised_182_guidance_05_04_17.pdf

National Institute of Clinical Excellence (NICE) Guidance

[Alcohol-use disorders: prevention \(PH24\)](#) is one of 3 pieces of NICE guidance addressing alcohol-related problems among people aged 10 years and older.

<https://www.nice.org.uk/guidance/ph24>

[Alcohol-use disorders: diagnosis and management \(QS11\)](#) covers the care of children (aged 10 to 15 years), young people (aged 16 to 17 years) and adults (aged 18 years and over) drinking in a harmful way and those with alcohol dependence in all NHS-funded settings.

<https://www.nice.org.uk/guidance/qs11>

[Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence \(CG115\)](#) is evidence-based advice on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people aged 10 to 17 years.

<https://www.nice.org.uk/guidance/cg115>

[Alcohol-use disorders: diagnosis and management of physical complications \(CG100\)](#)

covers the care of adults and young people (aged 10 years and older) who have any physical health problems that are completely or partly caused by alcohol use.

<https://www.nice.org.uk/guidance/cg100>

Data notes

Organisations that have carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

Further Information and Feedback

This briefing has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these briefings and how they could better suit your requirements, please do contact us with your ideas.

Email: jfulton@worcestershire.gov.uk Tel: 01905 843359

This document can be provided in alternative formats such as Large Print, an audio recording or Braille. Please contact Janette Fulton on telephone number 01905 843359 or by email jfulton@worcestershire.gov.uk.