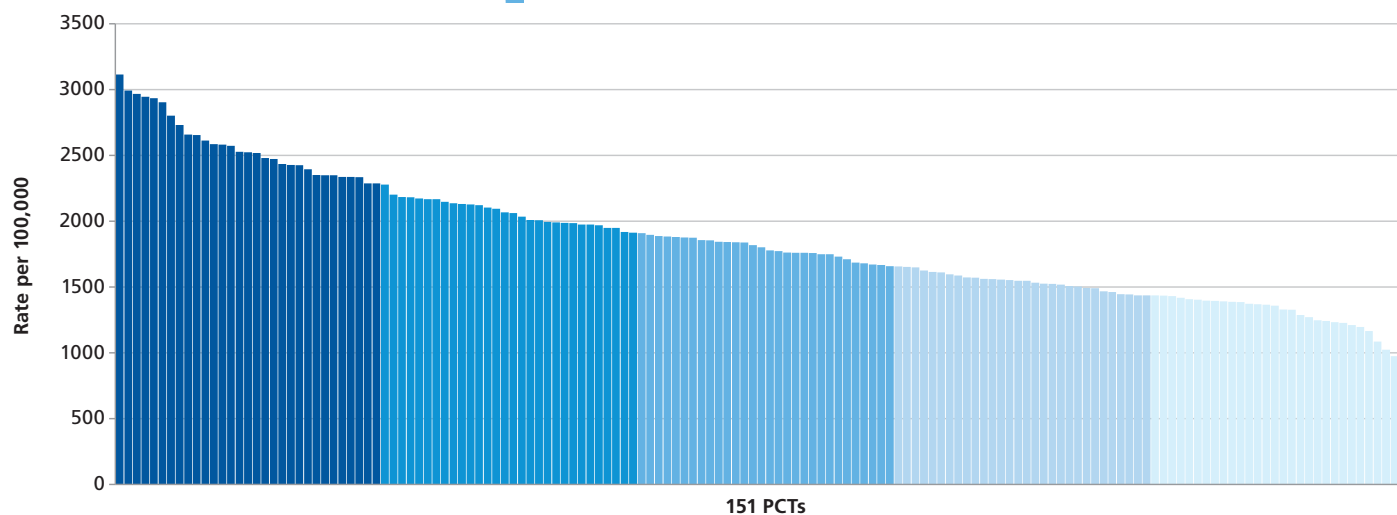
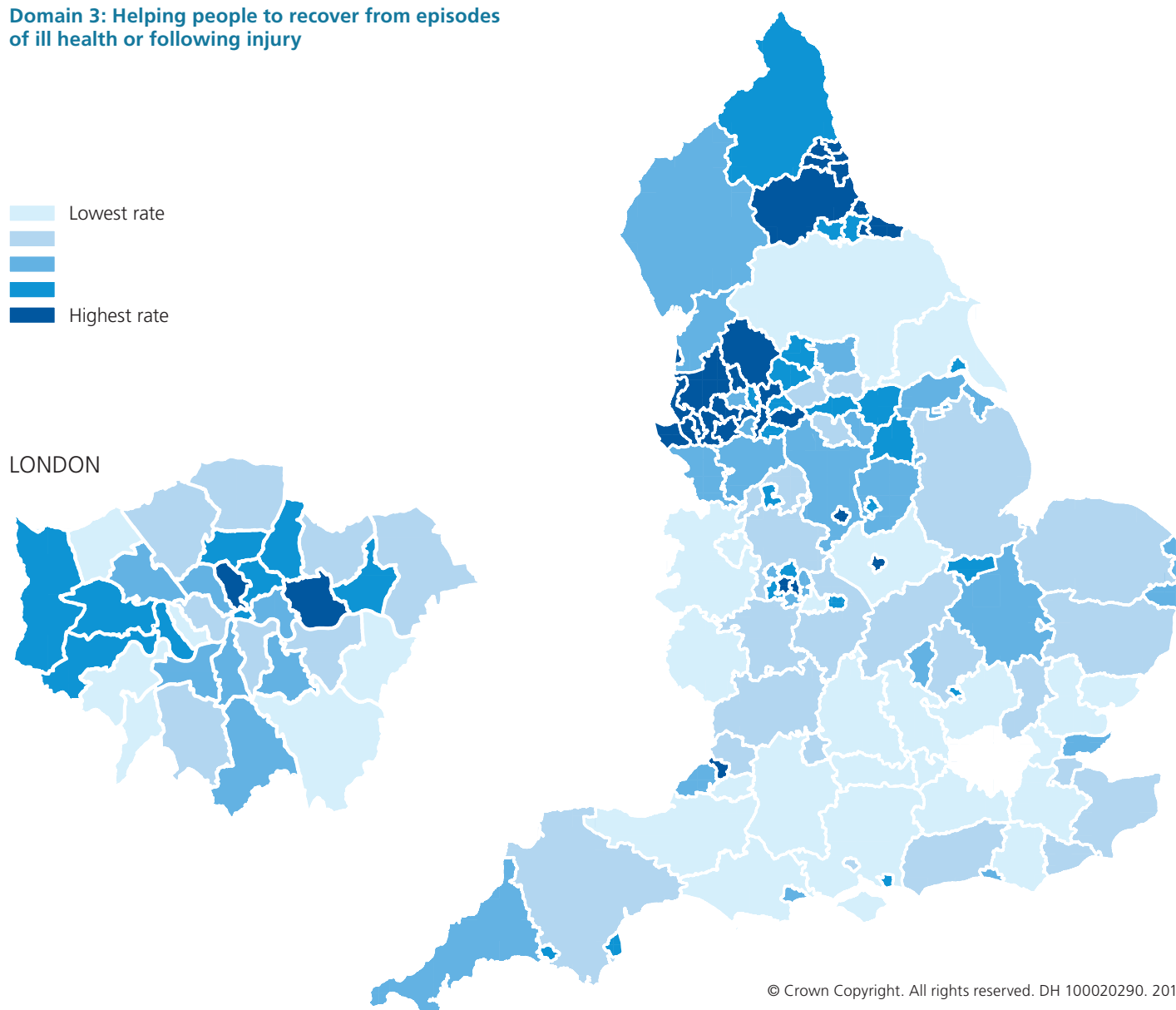


## CARE OF ALCOHOL-RELATED CONDITIONS

## Map 61: Rate of alcohol-related admissions per population by PCT

Directly standardised rate 2009/10

Domain 3: Helping people to recover from episodes of ill health or following injury



## Context

Alcohol misuse is thought to cost the country £20 billion a year.<sup>1</sup> In 2008, the Department of Health estimated that the cost to the NHS of alcohol-related harm was £2.7 billion at 2006/07 prices (a breakdown of these costs is shown in Table 61.1).<sup>2</sup>

**Table 61.1: Cost to the NHS of alcohol-related harm**

Hospital inpatient and day visits:	Estimated cost (£ million)
Directly attributable to alcohol	167.6
Partly attributable to alcohol	1,022.7
Hospital outpatient visits	272.4
Accident and emergency visits	645.7
Ambulance services	372.4
GP consultations	102.1
Practice nurse consultations	9.5
Dependency prescribed drugs	2.1
Specialist treatment services	55.3
Other healthcare costs	54.4
Total	2,704.1

Hospital admissions with a primary diagnosis of a condition related to alcohol consumption have increased by 37% in the last 7 years,<sup>3</sup> and death rates doubled between 1992 and 2008.<sup>4</sup> The conditions associated with alcohol use include injuries and trauma (some associated with alcohol-related violence or road traffic accidents), gastro-intestinal disease including liver disease, cancers, stroke, heart diseases, respiratory diseases, and co-existing mental health problems.

## Magnitude of variation

For PCTs in England, the rate of alcohol-related admissions per 100,000 population ranged from 849.5 to 3114.3 (3.7-fold variation). When the five PCTs with the highest rates and the five PCTs with the lowest rates are excluded, the range is 1196.1–2903.7 per 100,000 population, and the variation is 2.4-fold.

Some or much of the variation in alcohol-related admission rates is likely to be due to differences in the rates of alcohol use across England, although other factors such as differences in coding for association with alcohol could also explain some of the variation.

## Options for action

Commissioners and primary and secondary care providers need:

- To consider working on and implementing the seven “High Impact Changes”, with particular attention to numbers 4, 5, and 6, identified by the Department of Health to be the most effective actions for local areas that have

prioritised a reduction in alcohol-related harm (Box 61.1; see “Resources”);

- To review the current patterns of acute service provision and ascertain whether alternatives to hospital admission are available when appropriate;
- To learn from the initiatives undertaken in other local services, such as the Alcohol Liaison Service at the Royal Free Hospital, London, as part of NHS Evidence (see “Resources”);
- To explore the opportunities for early detection within the health service;
- To develop a local alcohol treatment pathway (see “Resources”).

### Box 61.1: High Impact Changes

1. Work in partnership
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an Alcohol Health Worker
6. Identification and brief advice (IBA) – provide more help to encourage people to drink less
7. Amplify national social marketing priorities

## RESOURCES

- NICE Guidance PH24. Alcohol-use disorders – preventing harmful drinking. <http://guidance.nice.org.uk/PH24>
- NICE Guidance CG115. Alcohol dependence and harmful alcohol use. Alcohol-use disorder: diagnosis, assessment and management of harmful drinking and alcohol dependence. <http://www.nice.org.uk/guidance/CG115>
- NICE Guidance CG100. Alcohol-use disorders – physical complications. <http://guidance.nice.org.uk/CG100>
- Alcohol Learning Centre. <http://www.alcohollearningcentre.org.uk/>
- High Impact Changes. <http://www.alcohollearningcentre.org.uk/Topics/Browse/HIC/>
- Royal Free Hospital, London, Alcohol Liaison Service. [http://www.royalfree.nhs.uk/pip\\_admin/docs/ALS\\_1234.pdf](http://www.royalfree.nhs.uk/pip_admin/docs/ALS_1234.pdf)
- NICE Pathway on alcohol-use disorders. <http://pathways.nice.org.uk/pathways/alcohol-use-disorders>
- Department of Health. Local Routes: Guidance for developing alcohol treatment pathways. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110423](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110423)
- North West Public Health Observatory (NWPHO) Local Alcohol Profiles for England, available in two geographies: Local Authorities; PCTs (24 indicators). <http://www.lape.org.uk/>

1 Crome I, Chambers C with Frisher M, Bloor R, Roberts D (2008) SCIE Research briefing 30: The relationship between dual diagnosis: substance misuse and dealing with mental health issues. <http://www.scie.org.uk/publications/briefings/briefing30/references.asp#44>

2 Department of Health, Health Improvement Analytical Team (2008) The cost of alcohol harm to the NHS in England – An update to the Cabinet Office (2003) study, July 2008.

3 DH analysis of Hospital Episode Statistics (HES), NHS Information Centre.

4 Office for National Statistics (ONS). Alcohol-related deaths in England and Wales, 1991 to 2009.