

# Technical briefing

## Alcohol and Health

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### INTRODUCTION

This briefing paper offers an introduction to the new alcohol strategy *Safe, Sensible, Social*. It highlights the case for action to combat alcohol-related harm and highlights the resources that can support joint commissioners to reduce problems for the NHS and wider community.

#### Context for Change

The government's renewed alcohol strategy entitled *Safe, Sensible, Social – The next steps in the National Alcohol Strategy*, aims to focus future action on reducing the types of harm that are of most concern to the government and the public, by reducing the crime and ill-health caused by alcohol. It aims to increase the public's awareness of the risks associated with excessive consumption and tackle how to reduce these risks. Overall, the strategy seeks to promote a sensible drinking culture which reduces violence and improves health. If these twin objectives were achieved then there would be a considerable saving for the NHS.

### THE PROBLEM

Alcohol-related illness or injury accounts for over 180,000 hospital admissions per year for just the top three conditions. When all the other conditions are added, this figure will be considerably more. In 2005, 4,160 people in England and Wales died from alcoholic liver disease. The risk of health damage rises with consumption. For men who are regularly drinking more than eight units a day and women regularly drinking

more than six units a day (or 50/35 units per week respectively) the risks of various diseases, such as liver disease, stroke etc, are significantly higher.

A recent review conducted by Paul Cassidy and Eileen Kaner investigated the patient records of 34 practices across Gateshead Primary Care Trust, covering approximately 250,000 patients. Their findings show that, for many people identified in their study as drinking above sensible daily guidelines, alcohol consumption could be a major contributory factor to a range of chronic conditions.

#### Alcohol-related violence and other anti-social behaviours

The British Crime Survey (Sept 2003) identified 1.2m incidents of alcohol-related violence recorded in 2002/03. A 1998 survey of casualty departments found that 25% of facial injuries are linked to alcohol consumption, the commonest being falls (40%) and assaults (25%). The survey identifies 25,000 assaults each year in which glass or bottles are used as weapons.

#### Alcohol-related costs

The enormous costs that are attributed to the impact of alcohol on the NHS can be detailed down to different levels of the NHS economy and identify where PCT and practice-based commissioners can look to realise savings.

### FOCUSING ON ACTION

#### Everyone's responsibility

Although this briefing is aimed at health commissioners, joint commissioners, government departments, local

**Table 1: Increased risks of ill health to harmful drinkers**

Condition	Men (increased risk)	Women (increased risk)
Hypertension (high blood pressure)	Four times	Double
Stroke	Double	Four times
Coronary heart disease (CHD)	1.7 times	1.3 times
Pancreatitis (inflammation of the pancreas)	Triple	Double
Liver disease	13 times	13 times

Source: Anderson P. (2007), *The scale of alcohol-related harm*. (Unpublished, Department of Health.)

**Table 2: Those with chronic conditions who are drinking above sensible daily guidelines on a regular basis**

Condition	Men (%)	Women (%)
Hypertension	42	10
CHD	34	6
Stroke	33	7
Diabetes	35	8
Kidney disease	26	6
Depression	42	16

Source: Anderson P. (2007), *The scale of alcohol-related harm.* (Unpublished, Department of Health.)

communities, the police, local authorities, the NHS, schools, voluntary organisations, the alcohol industry, the wider business community and, of course, the media all have a vital role to play in reducing alcohol-related harm and delivering the national alcohol strategy.

### National Planning Guidance and "Vital Signs" for 2008/09

National Indicator NI39 – reducing the trend in the rate of alcohol-related hospital admissions – is a new national priority within the vital-signs indicator set for the NHS. The indicator is also a priority within the national indicator set for Local Area Agreements (LAAs).

The alcohol indicator in the new NHS indicator set, "vital signs" represents a real milestone for the appropriate prioritisation of alcohol interventions. This is the first ever alcohol indicator for the NHS and provides a measure of both the impact of alcohol on health and NHS costs *and* the success of PCTs in tackling these issues. The fact that the indicator, "reducing the trend in alcohol-related hospital admissions" also appears within the national indicator set for local authorities and the inclusion in Public Service Agreement (PSA) 25 is a real opportunity for local areas to tackle alcohol across the local planning spectrum through LAAs.

This indicator will measure the percentage change in the number of alcohol-related admissions using Hospital Episode Statistics (HES). These data are considered to be sensitive to the impact of prevention, early interventions

and specialist treatment. When these interventions are improved, hospital admission for specific chronic and acute conditions should slow in the short, medium and long term. This indicator will therefore measure the impact of prevention interventions, without creating an additional burden for local healthcare organisations.

The intention is that performance against all of these indicators will be published annually. This will allow a local population to understand how well or poorly their local PCT is performing across a range of commissioner responsibilities, and will be part of a local conversation between PCTs and their populations. PCTs will therefore want to track progress against all the lines of the "vital signs".

### The Public Service Delivery Agreement 25: Reduce the harm caused by alcohol and drugs

The Public Service Agreement 25, reflects the government's aim to produce a long-term and sustainable reduction in the harms associated with alcohol and drugs. The vision is to create a safe, sensible and social drinking culture where violent and antisocial behaviour is not tolerated; where young people are prevented from experiencing poor outcomes resulting from alcohol misuse; where those who drink alcohol are aware of the risks involved; and where those that are drinking too much receive the advice and support they need. The national indicator to measure change in the rate of hospital admissions for alcohol-attributable conditions will operate from April 2008.

**Table 3: Cost of hazardous, harmful and dependent drinking to the NHS:**

National health economy	£1,700,000,000
PCT health economy	£11,200,000
GP cluster health economy (50,000 population)	£1,700,000

### Local Area Agreements (LAAs)

The most important local delivery mechanism for achieving PSA targets is the Local Area Agreement. The LAA describes how local priorities will be met by delivering local solutions and will also be strengthened by ensuring the content on health outcomes is included for alcohol. The LAA is negotiated between the local strategic partnership and the regional Government Office. The new LAA agreements should be in place by June 2008.

[www.idea.gov.uk/idk/core/page.do?pagelId=1174195](http://www.idea.gov.uk/idk/core/page.do?pagelId=1174195)

### Alcohol Strategy Local Implementation Toolkit

This toolkit is a resource to help local commissioning teams develop strategies to address alcohol-related crime, ill-health and other harm in line with alcohol strategy.

It has been written specifically to help alcohol leads and others within local authorities, primary care trusts (PCTs), children's services and delivery partnerships such as Crime and Disorder Reduction Partnerships (CDRPs) and Drug and Alcohol Action Teams (DAATs). It will also be useful to individual agencies tackling alcohol misuse.

It provides a step-by-step process on how to develop a local alcohol strategy, and suggests a range of activities to help with the three key strategic areas of health, community safety and children and young people. The strategy is available on the Home Office website at: [www.homeoffice.gov.uk/documents/alcohol-strategy-2007](http://www.homeoffice.gov.uk/documents/alcohol-strategy-2007)

### National Audit Office (NAO) Study: Reducing Alcohol Harm

The NAO is undertaking a value-for-money study of health services for alcohol harm reduction in England. The study will examine the extent of service provision, access to services and the effectiveness of treatment. It will cover local provision and how national and regional structures of the NHS support the delivery of alcohol services.

The study will consider all types of health service interventions on alcohol, from brief advice, by GP practices etc, through to specialist rehabilitation and detoxification services for dependent drinkers.

The NAO study will consider NHS data, survey commissioners of alcohol services and consult providers of alcohol services in England. The NAO will use existing NHS data sources (HES, etc.) and dedicated surveys of PCTs, DAATs and GPs.

### National Alcohol Treatment Monitoring System (NATMS)

The National Treatment Agency (NTA) will begin data collection and monitoring of specialist alcohol treatment from 1 April 2008. All providers of specialist

alcohol treatment will be asked to submit data on clients receiving specialist treatment for their alcohol misuse to the National Alcohol Treatment Monitoring System (NATMS), an extension of the existing National Drug Treatment Monitoring System (NDTMS). The data collection will support the government's National Alcohol Strategy and will provide information for commissioners on the provision of specialist alcohol treatment services at a local level.

The data collection will not include Tier 2 and unstructured alcohol treatment (e.g. AA), or treatment in other parts of the NHS for secondary complications arising out of the misuse of alcohol (e.g. treatment for liver disease). Data will be collected from general practice where specialist care is provided under enhanced contracts to address alcohol misuse.

[www.nta.nhs.uk/areas/ndtms/monitoring\\_specialist\\_alcohol\\_treatment.aspx](http://www.nta.nhs.uk/areas/ndtms/monitoring_specialist_alcohol_treatment.aspx)

## A FOCUS ON OUTCOMES

The strategy's aim is to achieve significant and measurable reductions over a sustained period of time in the harm caused by alcohol with reductions in the most harmful types of alcohol consumption, and in particular this will lead to:

- an increase in the number of people drinking within the government's sensible drinking guidelines;
- a reduction in the number of men who are drinking more than eight units per day on a regular basis and women drinking more than six units a day on a regular basis (50/35 units a week) or more than twice the sensible daily drinking guidelines on a regular basis; and
- a reduction in the number of under-18s who drink and in the amount of alcohol they consume.

Sustained reductions in some types of harm, such as levels of liver cirrhosis, could take as much as 10 years to achieve, as the benefits of reduced drinking begin to feed through and levels of disease fall. Progress against each of these measures will be published annually.

## COMMISSIONING ACTION

The Commissioning Framework for Health and Well-being sets out a vision in which health and social care commissioners work together and put people at the centre of commissioning. This means that it is even more important for local health and social care organisations to understand the impact that harmful drinking is having on the health of the local population and how adequate the current level of provision is in minimising harm to health.

### 1. Joint Strategic Needs Assessment

Commencing 1st April 2008, the Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities and PCTs to undertake Joint Strategic Needs Assessment (JSNA). JSNA is a process that will identify the current and future health and well-being needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

A range of alcohol data sets are available to assist in planning actions to reduce admissions from the North West Public Health Observatory (NWPHO). This includes local rates of alcohol consumption, and attributable fractions for ill-health and crime. The profiles are available for PCT and LA geographies.

[www.nwph.net/alcohol/](http://www.nwph.net/alcohol/)

### 2. Earlier identification, intervention and treatment of drinking that could cause harm

There is strong international evidence that significant reductions in chronic ill health and hospital admissions can be achieved through GPs or other health professionals providing advice to patients about their drinking. Early identification by alcohol workers in A&E departments have been shown to be effective. It is felt that early identification and the delivery of brief advice could have a similar impact in other settings such as fracture clinics, maxillofacial clinics, sexual health clinics and others. These interventions may also deliver both health and criminal justice gains if delivered in settings such as the Probation Service.

Research also demonstrates that hospital A&E departments have the potential to contribute to the management of crime and disorder through depersonalised A&E intelligence in directing assault reduction initiatives in collaboration with the police and local authority partners.

### 3. Review investment in specialist alcohol treatment

The Alcohol Needs Assessment Research Project (ANARP) indicated that, in 2003/04, £217 million was being invested in specialist alcohol treatment in England, but it also identified large variations in the level of provision for dependent drinkers across the country. Commissioners need to review their care pathways, access into treatment and ensure that their treatment services are effective and evidenced-based. Commissioners should encourage earlier identification and the provision of brief advice for drinking that is causing or could cause harm is also a priority.

### Return on Investment

If consistently implemented across the UK, simple alcohol advice would result in 250,000 men and 67,500 women reducing their drinking levels from hazardous and harmful to low risk each year.

It is estimated that an investment of £28 million in implementing identification and brief advice could return savings to the NHS of £47 million over four years. In addition, initial modelling has suggested savings from investing in services for harmful and dependent drinkers would realise additional savings at the same ratio.

The Department of Health will work with the regulatory bodies to support local health and social care organisations in responding to the findings of any reports produced by the regulatory bodies.

### Support for Commissioners

The Department of Health will develop a framework to support commissioners in planning local investment. This framework will be based on an accurate assessment of the:

- supply of and demand for alcohol-related services;
- likely impact of introducing targeted identification and brief advice for hazardous and harmful drinkers and improved pathways to specialist treatment for dependent drinkers;
- contribution made to improving the nation's health and reducing inequalities; and
- need to overcome barriers to access of services encountered by different sectors of society.

### The framework will include:

- an interactive web-based commissioning tool;
- a web-based local alcohol profile (available on the North West Public Health Observatory web-site and containing data on the contribution of alcohol to different types of health and crime harm); and
- guidance on including alcohol needs within the Joint Strategic Needs Assessment and the Commissioning Framework for Health and Well-being.

### References & Resources

Safe, Sensible, Social, alcohol strategy

Local data on the level of health harms is now available for each PCT and local authority and can be obtained at: [www.nwph.net/alcohol/lape/](http://www.nwph.net/alcohol/lape/)

A toolkit for commissioners is available at [www.homeoffice.gov.uk/documents/alcohol-strategy-2007](http://www.homeoffice.gov.uk/documents/alcohol-strategy-2007)

**This briefing was prepared by Don Lavoie, DH Alcohol Team. The article was compiled from materials taken from the alcohol strategy, web-sites and recent publications.**