

# Cost Effectiveness of Alcohol Services in Wirral: Executive Summary

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## Background

- Drinking alcohol can help people to unwind, become less inhibited, act as a social lubricant and reduce CVD risk in some older people. But drinking alcohol can also cause social problems, financial problems, family problems, health problems and can be associated with crime and violence.
- Societal harm from alcohol includes one million incidents of violent crime, over 100,000 cases of domestic abuse, and over 250 deaths from drink driving per annum in the UK. Nearly 15,000 deaths in England are caused by alcohol per annum – 3% of all deaths.
- In Europe, it is estimated that the social costs of alcohol are between 1% and 3% of GDP.
- The economic cost to Wirral of alcohol problems in terms of health, social cost, criminal justice, and lost productivity is estimated at £127million per year, of which £25million are healthcare costs.
- Alcohol causes 121 deaths per year in Wirral, of which 63 are alcohol-specific.
- Alcohol related hospital admissions have been agreed as a priority area for the Wirral Health & Wellbeing Board and in the Council's Corporate Plan.
- Wirral has had some success in reducing alcohol related hospital admissions; in 2007/08 Wirral was sixth highest out of 151 PCT areas in England, whereas in 2011/12 they ranked 32nd out of 151 areas. So Wirral have gone from being in the top 5%, to outside of the top 20%.

## Economic evaluation of alcohol services

- In our analysis of the cost effectiveness of local alcohol services, we concentrated on alcohol identification and brief advice, specialist alcohol treatment services, residential detox, shared care, aftercare, the hospital substance misuse nurse, plus some other interventions such as helping people back into work.
- The main outcome used was cost per quality adjusted life year (QALY) gained. A QALY is the equivalent of one year of perfect health, so if an intervention increases somebody's life expectancy, or increases their health-related quality of life, then they are said to gain QALYs as a result of an intervention.
- NICE are an independent body who advise the NHS, public health and social care providers on effectiveness. NICE generally rate interventions as cost effective if the incremental cost per QALY gained – or the cost of one year of perfect health – is less than £20,000.
- Previous estimates used by the National Treatment Agency for Substance Misuse (NTA) and the Department of Health have stated that alcohol treatment has a return on investment of between £3 and £5 in cost savings for every £1 spent.
- Overall, all of the alcohol services examined here were found to be cost effective, either in producing long term cost savings, increasing quality of life and life expectancy, or both. With more long term outcomes data, and more data that could be matched up between different services for analysis, we would be able to produce a more accurate cost effectiveness assessment of the whole treatment pathway.
- There is no benchmarking data on the costs of alcohol treatment, so it is difficult to know whether the costs per client represent good value or not. It may be that despite services being cost effective compared to a 'do nothing' alternative, they could still be delivered more efficiently. This would further increase their cost effectiveness.
- For identification and brief advice, the estimated lifetime cost per QALY (quality adjusted life year) gained was £3,644 which would be considered cost effective using the NICE threshold.
- The number of men screened needs to increase. The conversion rate from screening to brief intervention and referral into services where necessary, also needs to increase.

- More needs to be done to understand the psychology of men and ascertain in what settings they would engage with screening. Asking people about their partner's drinking could also be incorporated into IBA.
- For specialist alcohol services, based on a one year model the cost per QALY gained was £7,761, and it is likely that these services produce a net saving to the public purse in the long term. Where treatment outcome profiles (TOPs) were collected, clients showed a statistically significant improvement in all outcomes, such as fewer drinking days, and better physical and psychological health.
- Success rates were better in people aged over 50, whilst the number of younger people in services were low compared to the estimated number of problem drinkers in the population.
- For Birchwood residential detox, a lifetime model estimated that services produced a net increase in QALYs at a reduced cost, meaning the service was more effective and cheaper than a 'do nothing' alternative in the long term.
- Birchwood did not seem to produce a large decrease in subsequent hospital admissions in clients who had been discharged however.
- The hospital substance misuse nurse was estimated to generate a net cost saving to the NHS of £47,149 per annum based on a sample of activity.
- Aftercare data showed that clients improved on many outcomes.
- Expert patient programmes and interventions to help people back into work were successful based on the data they provided.
- Frequent attendees interventions and home detox will also be looked at in more detail in future.

Figure 1. Schematic of alcohol services in Wirral, with referral routes, 2011/12 spend and cost per QALY

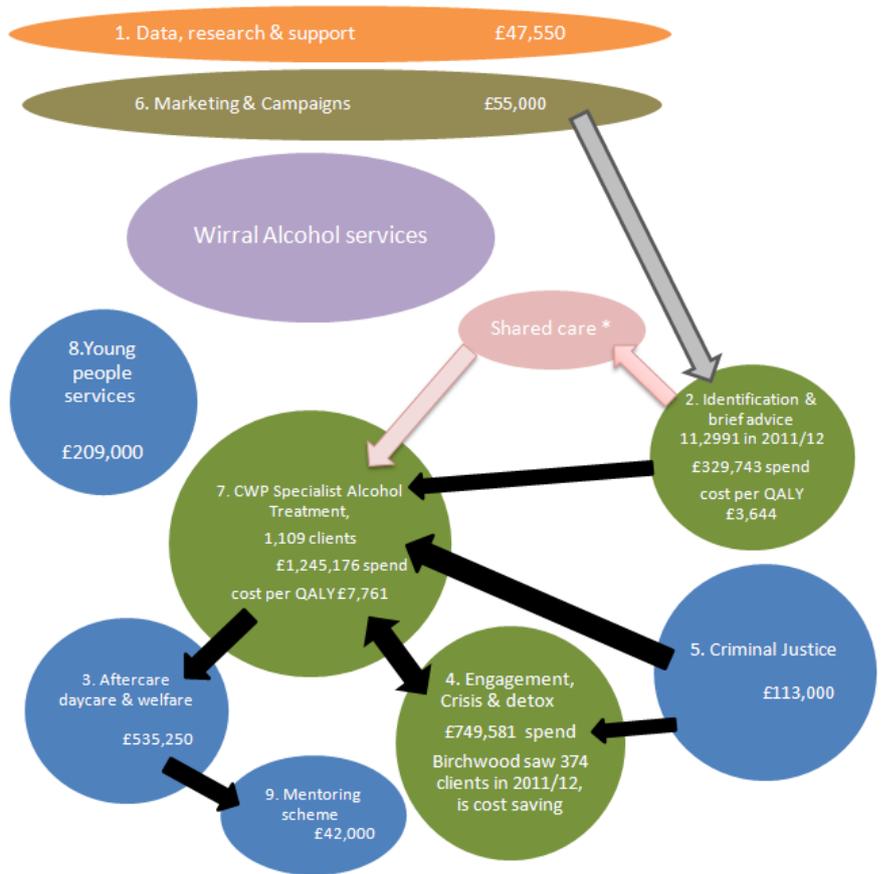
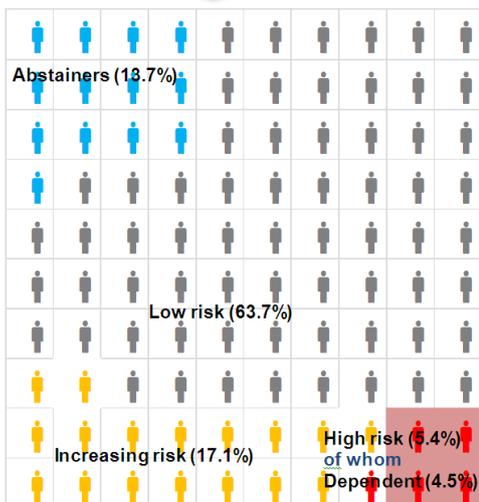


Figure 2. Estimated proportion of Wirral population by drinking category.



For a copy of the full report contact Brendan Collins, [brendan.collins@nhs.net](mailto:brendan.collins@nhs.net)