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► [Reducing alcohol harm: health services in England for alcohol misuse.](#)

National Audit Office.

The Stationery Office, 2008.

Official audit of work by the Department of Health and NHS to address the health effects of alcohol misuse. Describes a system whose infrastructure is clearly inadequate compared to the size of the task, but one recently taking steps in the right direction.

Abstract Alcohol-related ill-health is an increasing burden for the National Health Service. Alcohol misuse costs the health service in the order of £2.7 billion a year, but efforts to address it locally are not in general well-planned. The Department of Health is however raising the profile of alcohol misuse by providing information and guidance to underpin local action, centred on encouraging primary care trusts (PCTs) to gauge their performance against the rate of alcohol-related hospital admissions. Hospital admissions for the three main alcohol-specific conditions (alcohol-related liver disease, mental health disorders linked to alcohol, and acute intoxication) have doubled in the last 11 years. There were also twice as many deaths from alcohol-related causes in the UK in 2006 as there were 15 years before, increasing from 4,100 to 8,800. Primary care trusts are responsible for setting local health priorities. But around a quarter surveyed by the NAO have not fully assessed alcohol problems in their areas. Many PCTs do not have a clear picture of their spending on services to address alcohol misuse and its effects on health. PCTs have often looked to their local drug and alcohol action teams to take the lead, but these bodies focus primarily on specialist services for dependent users of illegal drugs and alcohol. There is scope for the Department of Health to provide greater leadership to PCTs on alcohol misuse and the report recommends a number of specific measures to that end, such as guidance to help PCTs assess causes and to forecast trends in the level of alcohol harm in their localities. There is evidence that preventive services, such as brief advice by GPs and health workers, can reduce alcohol consumption and help to prevent longer term damage to health and there are some good local examples. From September 2008 the Department has provided an additional £8 million in support for such services. For people who have developed severe alcohol problems, there are considerable variations between different localities in access to specialist treatment services, and scope for better integration of hospital treatment with follow-on services such as psychiatry. The Department of Health has recently undertaken a series of new

publicity campaigns to encourage sensible drinking. Research has shown that consumers tend to underestimate the amount of alcohol their drinks contain and are not clear about what is meant by a 'unit' of alcohol. Department of Health funding for such work was tripled to £6 million in 2008-09.

FINDINGS This report evaluates work by England's Department of Health and National Health Service to address the health effects of alcohol misuse from prevention to specialist treatment. It describes a system whose organisational and funding infrastructure is clearly inadequate compared to the size of the task, but one recently taking steps in the right direction. How far it has to go is indicated by the discrepancy between the treatment spend per dependent drinker as opposed to dependent drug user - £197 v. £1744. One of the major steps forward is to include alcohol-related hospital admissions among the national indicators by which health trusts and local partnerships are held to account, but signing up to this is optional (two-thirds of trusts and about half of partnerships have adopted it) and there are no direct consequences on the authorities if they fail to do so or perform poorly.

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