

Growing numbers of alcohol related hospital admissions linked to local spending cuts

1 July 2020



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According to the researchers, the study shows that spending cuts to alcohol services represent a false economy since decreases in expenditure are linked to increased hospital admissions which inevitably are costly to society and the economy.

In March 2012 the Health and Social Care Act (HSCA) transferred the responsibilities of commissioning specialist drug and [alcohol](#) services from the NHS to [local authorities](#). In 2018 there were nearly 25,000 deaths related to alcohol in England, and data collected during the COVID-19 pandemic has shown that nearly one in five daily drinkers have further increased the amount they drink since lockdown (Alcohol Change UK, 2020).

Published in *The British Journal of Psychiatry*, the study showed an association between the level of spending on treatments for alcohol misuse at the local authority level and the number of alcohol related [hospital admissions](#) since the HSCA has come into force.

According to the analysis, if the average local authority reduced its net annual spending by 5

percent on treatment for those with alcohol misuse problems there would be an expected associated average increase of 60 alcohol related hospital admissions for that local authority per 100,000 people per year. To put this reduction in spending into context 5 percent of annual expenditure per local authority is on average 18p per person.

This is the first study known to assess the relationships between alcohol-related hospitalisations, the provision of specialist alcohol treatment and money spent on alcohol services at the local authority level in England. This in turn has been affected by reductions in the government's public health grant to local authorities.

Lead author Dr. Emmert Roberts from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) King's College London said: 'Our results show that the rate of alcohol related hospital admissions is associated with a reduction in net spending for treatment of alcohol misuse, suggesting that local authority funding cuts to specialist alcohol treatment services may be displacing costs onto the NHS hospital system. The drug and alcohol budget may be seen as easier to cut than other local authority budgets especially as they are now not protected by ringfencing. An average reduction in spend of 18p per person appears to have large consequences on the number of people needing hospital treatment for problems relating to alcohol.'

The study analysed data from 2012 to 2019 on the expenditure on alcohol services, the provision of specialist alcohol treatment and the level of alcohol related hospitalisation from 152 local authorities in England. The study showed that, since the HSCA was passed, on average local authorities have decreased annual net spending on treatment for alcohol misuse treatment by £147 per 1000 people and the net spending for prevention and reducing alcohol misuse by £88 per 1000 people.

On average the number of hospitalisations where

either the main reason for admission or one of the secondary diagnoses is an alcohol-related condition has increased by about 60 per 100,000 population per year, according to the study.

Researchers found a large variation in the figures between local authorities, and several authorities with the largest average number of alcohol related hospital admissions also showed the largest net spending cuts for alcohol misuse treatment. For example, one local authority had one of the highest average increases in alcohol related hospital admissions at 107 per 100,000 people per year, but also one of the largest decreases in expenditure for [alcohol misuse](#) treatment at £1,820 per 1000 people per year.

Dr. Roberts commented: 'Our study indicates that local authority areas in England most in need of adequately funded specialist alcohol treatment due to high levels of alcohol dependence and deprivation are not receiving targeted increases in funding, and that the national rise that we are seeing in alcohol-related hospitalisations may be fuelled by cuts to specialist alcohol treatment services.'

Senior author, Professor Colin Drummond from the IoPPN said: 'Our study shows a relationship between the spending cuts for alcohol services and alcohol-related hospital admissions and, as 1 in 10 people in [hospital](#) have alcohol dependence, we believe these cuts represent a false economy.'

'Alongside this the COVID-19 pandemic has implications for alcohol services since research shows a general increase in alcohol consumption and that those already drinking heavily have increased their alcohol intake. This combined with significant reduction in support from specialist alcohol treatment services due to social distancing, is likely to produce an increase in demand for services as the pandemic progresses. With alcohol treatment services already depleted due to cuts to the local authority's public health grants, they will be ill equipped to respond to a surge in demand.'

This research was supported by the Medical Research Council (MRC) and part funded by the National Institute of Health Research (NIHR)

Biomedical Research Centre at South London and Maudsley NHS Foundation Trust, and the NIHR Applied Research Collaboration South London at King's College Hospital NHS Foundation Trust.

More information: Emmert Roberts et al, The relationship between alcohol-related hospital admission and specialist alcohol treatment provision across local authorities in England since passage of the Health and Social Care Act 2012, *The British Journal of Psychiatry* (2020). [DOI: 10.1192/bjp.2020.120](#)

Provided by King's College London

APA citation: Growing numbers of alcohol related hospital admissions linked to local spending cuts (2020, July 1) retrieved 10 September 2022 from <https://medicalxpress.com/news/2020-07-alcohol-hospital-admissions-linked-local.html>

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