

Alcohol Change UK



Representation to the Comprehensive Spending Review 2020

1. Introduction

Alcohol Change UK is a leading UK alcohol charity, formed from the merger of Alcohol Concern and Alcohol Research UK. With a vision of a society that is free from serious alcohol harm, we work towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We are a research funder, we deliver the annual Dry January campaign and we provide training to client-facing professionals through our award-winning Blue Light project.

We welcome the opportunity to make representation to the 2020 Comprehensive Spending Review. Our representation focusses on alcohol; we also support the joint representation on public health spending led by [Cancer Research UK](#), the [Association of Directors of Public Health](#), the [Royal College of Nursing](#) and [Terrence Higgins Trust](#).

Furthermore, a guiding member of the [Alcohol Health Alliance](#), we support their representation on alcohol health harm. As a strategic partner of [Collective Voice](#), we support their representation on substance misuse treatment services. Finally, we welcome and commend the recent work of the [Alcohol Harms Commission](#) and endorse their recommendations.

2. The cost of alcohol harm

As the country navigates one of the most challenging economic shocks of a lifetime, it is vital that we take every opportunity to balance health risk, benefit and resilience with economic stability and protection. Now is not the time to retrench and impose cuts; now is the time to bolster, to strengthen and to invest in our nation's health. As our nation weathers the COVID-19 storm it is imperative that government departments, local authorities and services for vulnerable people are protected and guaranteed adequate financial security for the future.

Alcohol use damages health and ruins lives. The harms caused by alcohol have been thoroughly described in the recent report of the Alcohol Harms Commission, *'It's everywhere – alcohol's public face and private harm'*.¹

Beyond causing inestimable personal harm and grief, alcohol costs public services a great deal of money. The total cost to the UK is estimated to be between £27bn and £52bn annually.² More than £3.5bn of that is direct cost to NHS England; money it can ill afford during more normal times, let alone now.³ No less significantly, alcohol-related crime costs England £11bn every year.⁴

Local authorities feel the impact, too. Our work on the Blue Light project identifies a small group of people who place a large burden on public services because of their alcohol use: people who have a long-term pattern of problem drinking or are alcohol-dependent, have a pattern of not engaging with or benefitting from alcohol treatment and frequently use public services as a result, including health, social care, criminal justice, domestic violence, children's services, police, housing and homelessness services.⁵ All these people combined are estimated to cost £2.4bn each year to health, criminal justice, social care, housing and emergency services.⁶

3. Public Health Funding

Between 2015-16 and 2019-20, the Public Health Grant awarded by DHSC to local authorities has been reduced by more than £700m in real terms.⁷ The King's Fund and Health Foundation calculate that, in order to restore funding to 2016-16 levels, government need to invest £1bn.⁸ **We request that government urgently addresses this shortfall.**

Alcohol treatment services are funded by local authorities using the ring-fenced Public Health Grant. There is no ring-fence, within the grant, for alcohol treatment; these services face being squeezed out by other local priorities as overall spend decreases.

4. Funding for alcohol treatment and support services

4.1. We request that government urgently makes provision for guaranteed, secure and sustained funding for alcohol treatment and support services nationwide.

Alcohol treatment services are desperately needed

Just one in five people who need treatment for alcohol dependency receive it.⁹ A 2016 evidence review by Public Health England (PHE) concluded that the success of alcohol treatment interventions depends on "*large-scale implementation and dedicated treatment staffing and funding streams*"¹⁰, but we are moving in the opposite direction. Since 2013-14, there has been a 20% decline in the number of people entering alcohol treatment,¹¹ while the number of people in need has remained stable. The PHE inquiry found that reduced budgets were a key driver of this drop in treatment numbers.¹²

Alcohol treatment services are underfunded

As public health spending has been cut, alcohol treatment services have been disproportionately affected. Between 2016-17 and 2017-18, alongside a 3.5% cut to public health spend, expenditure on alcohol treatment services was cut by 8%.¹³ Between 2016 and 2018 more than two-thirds of local authorities in England cut their alcohol treatment budgets, with 17 of them imposing cuts of more than 50%.¹⁴

Cuts have not been evenly distributed across the nation. More deprived areas have experienced the deepest cuts; the ten most deprived local authorities cut spend by 32% between 2014-15 and 2019-20, compared to just 8% in the least deprived.¹⁵

Cuts to alcohol treatment are a false economy. Cost savings made by spending less on alcohol treatment are simply displaced onto the NHS. While the rate of people starting specialist alcohol treatment decreased by 5% each year, as an average across all local authorities in England, the rate of alcohol-related hospital admissions increased by 3% each year.¹⁶ For an average local authority, every 5% reduction in yearly spending on alcohol treatment would see an extra 60 alcohol-related hospital admissions per 100,000 people in the population.¹⁷

Alcohol treatment services are cost effective

Alcohol treatment services, and support services for affected family members, are good value for money. Alcohol treatment reflects a return on investment of £3 for every £1 invested, rising to £26 over 10 years.¹⁸ National charity Adfam has found that family support services create a social return of nearly £5 per £1 invested.¹⁹

4.2. We request that government ensure that all acute or District General hospitals have sufficient funding to establish, develop and sustain Alcohol Care Teams.

We welcome government's commitment in the NHS Long Term Plan to ensure ACTs are established in the most severely affected hospitals. However, this should be further rolled out so that all district hospitals can provide

an adequate level of cover. This means at least four expert nurses, in order to provide a 24/7 service. NICE calculate that a seven-day alcohol specialist nurse service is estimated to save £179,000 per annum per 100,000 population.²⁰

5. Prevention is better than cure

We urgently request that, as we plan for our national recovery from COVID-19, the recovery strategy includes policies to prevent alcohol harm.

We welcome the government's commitment to a cross-government Addictions Strategy and will look forward to responding to the forthcoming consultation. However, in order to make a significant impact on alcohol harm, focussing only on those people who are dependent on alcohol is insufficient. A range of preventative policies are also required.

The World Health Organisation's comprehensive review of global evidence, supported by Public Health England, shows that the most cost-effective strategies for reducing alcohol harm are increasing prices (for example by raising alcohol duties or setting a price floor), limiting marketing and controlling availability.^{21,22}

6. Charity research funding

In order to deliver effective, appropriate, evidence-based policies, the UK needs high quality research into alcohol harms and its solutions. As a charity that funds research, we are acutely aware of the challenges facing both charity and public research funding. As a member of the [Association of Medical Research Charities](#) (AMRC), we support their representation on charity-funded medical research.

In 2018-19, members of the AMRC invested £1.9bn in medical research in the UK: half of publicly funded medical research nationally.²³ As a result of the COVID-19 pandemic, members reported a 38% drop in fundraised income during March to May 2020, and the AMRC estimates there will be an associated £310m shortfall in UK medical research spend.

To protect the future of charity-funded medical research, **we call on government urgently to provide match-funding through a Life Sciences-Charity Partnership Fund.**²⁴ We also ask that the Research England Charity Research Support Fund is increased in line with charity investment, to support universities to tap into charity funding streams.²⁵

Alcohol Change UK
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- ¹ Commission on Alcohol Harm (2020) [It's everywhere: alcohol's public face and private harm.](#)
- ² Burton, R. et al. (2016). [A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an England perspective](#) in The Lancet.
- ³ Home Office (2012) [Impact assessment: a minimum unit price for alcohol](#)
- ⁴ Home Office (2012) [Impact assessment: a minimum unit price for alcohol](#)
- ⁵ Alcohol Change UK (2020) [The Blue Light Project webpage](#)
- ⁶ Alcohol Change UK (2014) [The Blue Light Project Manual: Working with change-resistant drinkers](#)
- ⁷ Local Government Associate Briefing (2019) '[Health and local public health cuts](#)'
- ⁸ Health Foundation joint press release (2020) '[Urgent call for £1bn a year to reverse cuts to public health funding](#)'
- ⁹ Public Health England (PHE) (2020) [Public Health Dashboard. Proportion of dependent drinkers not in treatment](#)
- ¹⁰ PHE (2016) [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#)
- ¹¹ PHE National Drug Treatment Monitoring System (2019) [Substance misuse treatment for adults: statistics 2018 to 2019](#)
- ¹² PHE (2018) [PHE inquiry into the fall in numbers of people in alcohol treatment: findings](#)
- ¹³ Ministry of Housing, Communities and Local Government (2020) [Local authority revenue expenditure and financing](#)
- ¹⁴ Alcohol Change UK (2018) [The Alcohol Treatment Levy](#)
- ¹⁵ IPPR (2019) [Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities](#)
- ¹⁶ Roberts, E., Hotopf, M. and Drummond, C. (2020) [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](#) in The British Journal of Psychiatry
- ¹⁷ Ibid.
- ¹⁸ PHE (2018) [Alcohol and drug prevention, treatment and recovery: why invest?](#)
- ¹⁹ Adfam's 2012 Social Return on Investment study, including the methodology and data is available here: https://adfam.org.uk/files/docs/Adfam_SROI_report.pdf
- ²⁰ NICE (2016) [Quality and Productivity Case Study: Alcohol Care Teams: reducing acute hospital admissions and improving quality of care.](#)
- ²¹ World Health Organisation (2017) [Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases.](#)
- ²² PHE (2016) [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.](#)
- ²³ Association of Medical Research Charities (2020) [COVID-19: The risk to AMRC charities](#)
- ²⁴ Association of Medical Research Charities (2020) [Life Sciences-Charity Partnership Fund: A proposal from the AMRC](#)
- ²⁵ UKRI Research England (2020) [Funding FAQs](#)