Alcohol-Related Harms: A Health Service Response

MCA Medical Council on Alcohol
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There is an urgent need for a health system response to addressing alcohol-related health harms

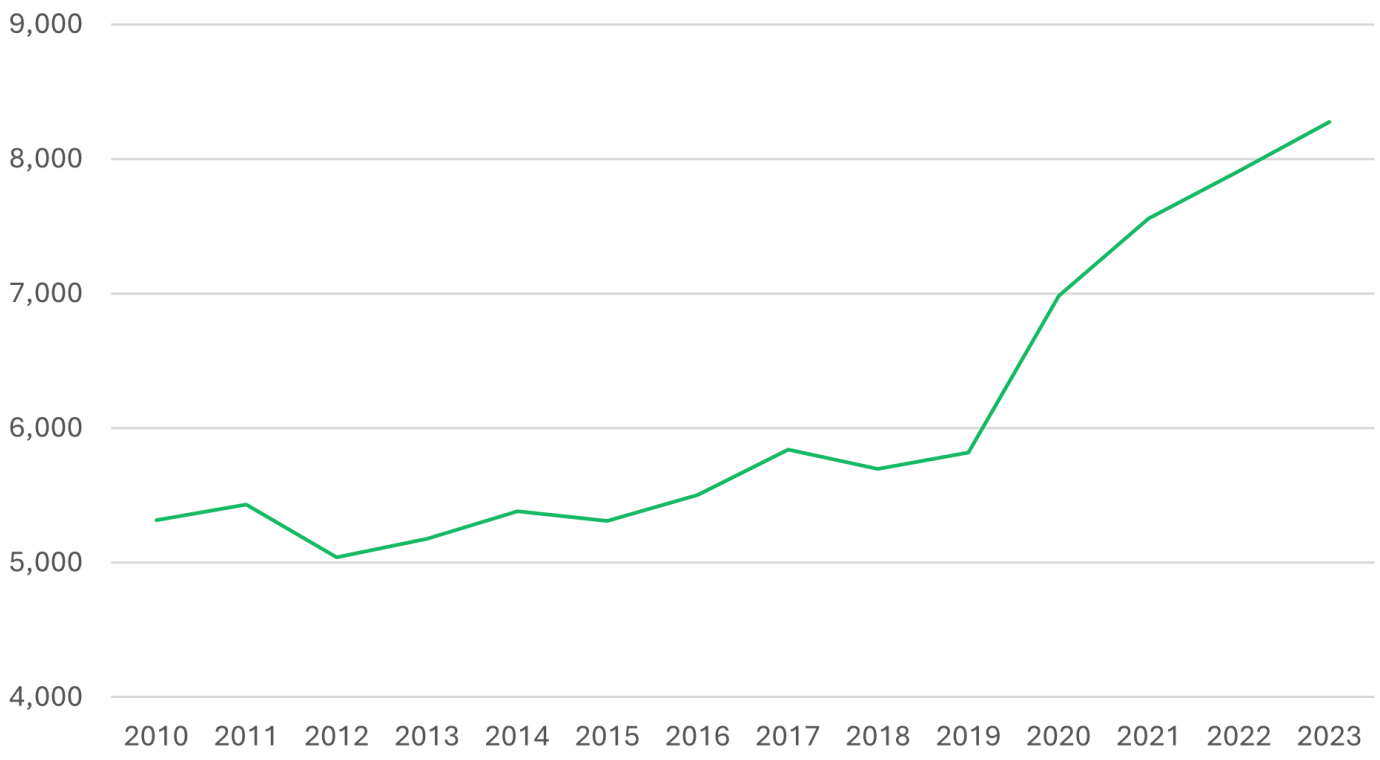
The Medical Council on Alcohol, together with health professionals and other experts working in the alcohol and health fields, are **calling for a National Strategy focusing on the treatment and secondary prevention of alcohol dependence, and alcohol-related harm**, in clinical populations across the health system.

This includes urgent actions across and at **all levels of the NHS and Local Authorities** which will result in long needed improvements in the care of this much neglected group of people.

Background

Since 2020, alcohol consumption at levels likely to harm health has increased significantly

Alcohol-Specific Deaths in England (2010-2023)

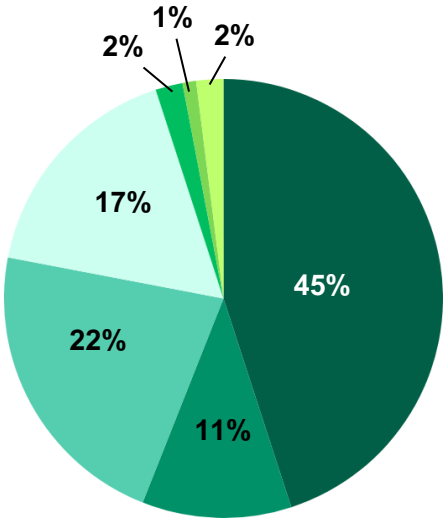


Source: *Local Alcohol Profiles for England, OHID*

In 2019, alcohol-specific mortality was at the highest rate since records began, and **then increased a further 32.8% between 2019-2022**

Nearly **6% of all hospital admissions in 2021/22 were alcohol-related**

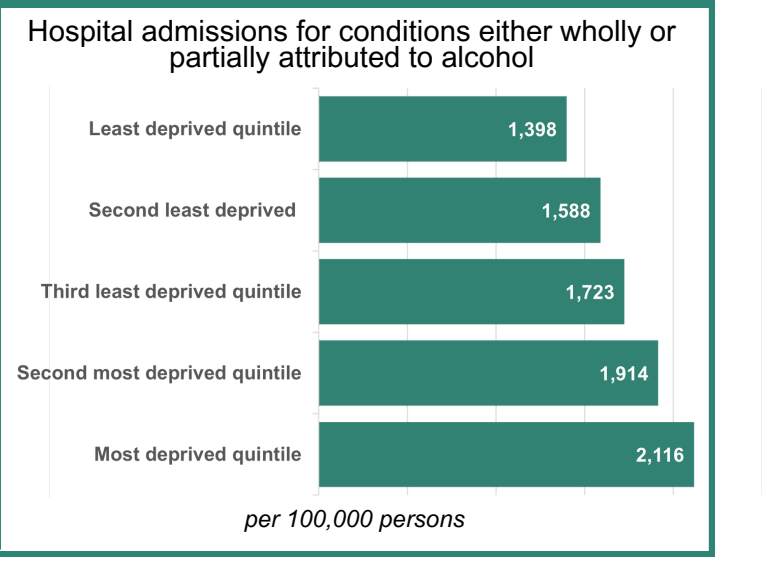
Cost of Alcohol Harm to the NHS & Healthcare Services in England: £4.91bn/year



- Alcohol-related hospital admissions cost: **£2,225m**
- Outpatient visits cost: **£533m**
- Alcohol-related A&E visits cost: **£1,070m**
- Alcohol-related ambulance call-outs cost: **£857m**
- Alcohol-related healthcare appointments cost: **£90m**
- Specialist treatment for alcohol costs: **£73m**
- Other alcohol-related healthcare costs: **£62.7m**

Source: *Institute of Alcohol Studies*

Alcohol harms disproportionally affect those who already hold the greatest burden of social and health inequalities, despite lower rates of consumption



Source: *Local Alcohol Profiles for England, OHID*

Only 15-18% of people who are alcohol dependent are currently accessing community alcohol services

This is shockingly low compared with other illnesses – for instance, **70% of people living with diabetes access health services**

There is a **lack of integrated care pathways for those with complex needs**

- **71% of adults** and **48% of young people** entering alcohol treatment services **require mental health treatment.**
- Adverse childhood experiences increase the risk of harmful alcohol use.

Between 2010 and 2020, **48% of people who died by suicide while under the care of mental health services had a history of problematic alcohol use.**

Recommendations

Macro

- A funded, National Alcohol Strategy focusing on the **treatment** and **secondary prevention** of alcohol dependence and alcohol-related harm in clinical populations across the health system. This is an essential part of addressing health inequalities, **in addition to the primary prevention measures that tackle the affordability, availability and promotion of alcohol.**

Local Health Systems

- Implement an **accelerated alcohol treatment pathway** for alcohol-dependent patients with severe and life-threatening physical illnesses (e.g decompensated liver cirrhosis) who are currently dying before they are able to access the treatment they need.

Mental Health Services

- **Implement a crisis care pathway** in each locality to respond to the needs of suicidal people who are also alcohol dependent.
- Have clear policies for the **management of co-morbid alcohol dependence** and withdrawal for all patients requiring inpatient admission, and rebuild the staff competencies to deliver parity of care.
- Follow the National Confidential Inquiry into Suicide and Homicide (NCISH) recommendations that **staff working in MH services are competent in the assessment and management of alcohol use** as part of their suicide prevention implementation.

Young Person's Services

- Both addiction services and CAMHS to have access to **inpatient medically assisted withdrawal** from alcohol for young people with accelerating alcohol dependence and alcohol-related harm to access.

Acute Hospitals

- Have a **system for universal screening of alcohol consumption** on admission which can provide 'real time' data to enable clinical staff to identify patients and manage alcohol dependence and alcohol-related harm at an early stage of their hospital admission.
- A **consultant led multi-disciplinary Alcohol Care Team** to improve quality of care, staff training and implementation of evidence-based management of alcohol use disorders, including alcohol withdrawal.

Specialist Addiction Services

- A requirement for each Regional Health System to provide **access to specialist services at the requisite level and quality** for the needs of their local population.
- Improve the **links with and into community alcohol services** and rebuild the quality of care delivered by them, based on the (upcoming) UK clinical guidelines for alcohol treatment.
- Given the stigma enacted towards and felt by people with alcohol-related harm, there is a great need to **actively involve the recovery community in the design and delivery of training and service provision**, and undergraduate medical education as part of 'humanising healthcare' in this area.

The following organisations have endorsed this report and we invite others to do so. If you would like more information or are interested in endorsing this report, please email contact@m-c-a.org.uk

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IAS Institute of Alcohol Studies

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Follow this QR code to access the extended version of this policy report. This includes:

- Up-to-date statistics about alcohol-related health harms and the harms of alcohol on society, the NHS, and the economy.
- Background information and evidence supporting the recommendations made in this policy report.
- A full list of recommendations across all levels of the NHS and Local Authorities.