2021/22 Local Authority Alcohol Cost Profile Methodology

This methodological summary has been produced to support the 2021/22 local authority cost profiles produced for England. Links to all data sources are included throughout the electronic version of the document.

All population figures used throughout the profiles have been taken from the Office for National Statistics Mid-2021 Population Estimates for England and Wales and have been used in conjunction with Health Survey for England regional estimated weekly alcohol consumption to calculate numbers of higher risk drinkers. Therefore, given differences in local alcohol consumption, the final cost figures may not always accurately reflect local circumstance.

These profiles are designed to support strategic planning and develop local understanding about the potential impact of alcohol on the local economy. They are not intended to be used primarily as a comparator tool. The cost estimates should also not be used as the sole basis for commissioning local services but should supplement locally derived cost-related information.

NHS & HEALTHCARE COSTS

The overarching methodology behind the NHS costs is taken from the 2008 Department of Health document entitled 'The cost of alcohol harm to the NHS in England' – this document should be consulted for further detail on the methodology. Where possible, all data sources in the document were updated, and where not otherwise stated, unit costs were taken from the most up to date figure published in the PSSRU Unit Costs of Health and Social Care and inflated when necessary. The NHS costs are broken down into the following sections:

Alcohol related hospital admissions:
The costs of hospital admissions were obtained from the Office for Health Improvement and Disparities' Alcohol Profiles and inflated to 2021-22.

Outpatient visits:
Average outpatient attendances were calculated with data supplied by NHS England on outpatient attendances in 2021-22 and population figures. This resulted in an average of 1.69 outpatient visits per person. Outpatient attendance was assumed to be twice as high for higher risk drinkers. Excess outpatient attendance per LA was calculated using higher risk estimates, based on higher risk drinkers using outpatient services 1.69 times more per year than the average patient. Excess outpatient attendance per LA was multiplied by unit costs.

A&E attendances:
A&E attendances by region were calculated based on the assumption that 35% of visits are alcohol-related. A&E attendances data was supplied by NHS England. Alcohol related attendances were then estimated for each region and split across constituent local authority (LA) areas based on overall head of population. Alcohol-related A&E visits per LA were multiplied by unit costs.

Ambulance journeys:
Ambulance callouts by region were supplied by NHS England. Alcohol related callouts were then estimated for each region and split across constituent LA areas based on overall head of population, based on the assumption that 35% of visits are alcohol-related. This assumption was further supported by further research showing that

37% of ambulance service time is taken up dealing with alcohol-related incidents. Alcohol-related ambulance callouts per LA were multiplied by unit costs.

Healthcare professional appointments

Average number of healthcare professional appointments per person were calculated using data supplied by NHS England and population estimates. This includes both GP and other practice staff consultations. Number of alcohol-related GP consultations were calculated based on an estimated of 28.5% of GP visits being alcohol related for higher risk drinkers. Alcohol-related healthcare professional appointments were multiplied by unit costs.

Alcohol dependency drugs:

Numbers and costs of alcohol dependency prescription items were supplied by NHS Digital. Total costs were worked out by region and then split across constituent LA areas based on numbers of higher risk drinkers.

Specialist treatment for alcohol:

No new estimates for the cost of specialist treatment were available. Therefore national 2008/09 costs were inflated to 2021/22 prices using CCEMG – EPPI-Centre Cost Converter and then split across LA areas based on numbers higher risk drinkers.

Other alcohol-related healthcare:

This indicator includes the cost of alcohol-related counselling, community psychiatric nurse visits, health visitors and usage of 'other services'. Annual usage rates for these services were multiplied by the number of higher risk drinkers per LA to derive annual LA usage. The LA usage for each of the services was then multiplied by their respective unit costs.

CRIME COSTS

The overarching methodology behind the crime costs is taken from the 2008 Department of Health (DH) document entitled 'Safe, Sensible, Social – Consultation on further action Impact Assessments' – this document should be consulted for further detail on the methodology.

General offences that are estimated to be attributable to alcohol:

Crime totals by CSP were taken from Home Office crime figures. Crime totals per LA were multiplied by their respective offence code multiplier, taken from a report published by the Home Office, to account for the fact that crime figures are underestimates since not all crimes are reported to the police. Total alcohol-related crimes per LA were obtained by multiplying total crimes per LA by alcohol-related proportions per offence code, taken from the Department of Health's report. Alcohol-related crimes per LA were multiplied by unit costs for all costs associated with a crime (anticipation, consequence and response), as reported by the Home Office.

WORKPLACE AND THE ECONOMY

The overarching methodology behind the workplace costs is taken from the 2008/09 Liverpool John Moore's University (LJMU) document entitled 'The economic and social costs of alcohol-related harm in Leeds' – this document should be consulted for further detail on the methodology. The workplace and economy costs are broken down into the following sections:

Presenteeism:
Annual Population Survey figures for full and part-time workers, and salary estimates from the Annual Survey of Hours and Earnings were used to calculate presenteeism based on full-time workers losing full-time workers losing 0.68 days and part-time workers losing 0.34 days per year.

Absenteeism:
Annual Population Survey figures for full and part-time workers, and salary estimates from the Annual Survey of Hours and Earnings were used to calculate absenteeism based on updated sick day estimates from the OSF Sickness absence in the UK labour market of 5.15 days (average for 2021/22) per year for a full-time worker.

Unemployment:
High risk drinker figures and Annual Population Survey figures for economically active males and females were used to calculate reduced employment based on male and female heavy drinkers losing 11.4 and 8.1 days of employment respectively per year.

SOCIAL SERVICES

The overarching methodology behind the workplace costs is taken from the 2008/09 LJMU document entitled 'The economic and social costs of alcohol-related harm in Leeds' – this document should be consulted for further detail on the methodology. The social services costs are broken down into the following sections:

Children social services:
Total expenditure on children's social care per LA was taken from data published by the Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. It was then assumed from the LJMU report that between 14% and 34% of the cost was attributable to alcohol.

Children and young people substance misuse services
Total expenditure on children and young people substance misuse services per LA was taken from data published by the Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. It was then assumed from the LJMU report that between 15% and 45% of the costs was attributable to alcohol.

Adult Services:
Total expenditure on adult social services for substance misuse (alcohol) per LA were taken from data published by the Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government.