



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

National Social Inclusion Office  
Primary Care Division  
Health Service Executive  
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Dublin 20  
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13<sup>th</sup> October 2015

Deputy Éamon Ó Cuív  
Dáil Eireann  
Kildare Street  
Dublin 2

**PQ 31376/15**

\* To ask the Minister for Health if he will provide an estimate of financial resources spent each year on the care of persons suffering the effects of alcoholism; the trend of expenditure in the past few years; the approximate number of persons per year; if the cost is purely on hospital/community costs; if the amount provided to their agencies each year can be estimated; his views on the cost to industry of alcoholism; if any statistics are available; and if he will make a statement on the matter.

Dear Deputy Ó Cuív,

The Health Service Executive has been requested to reply directly to your above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position:

The financial system within the HSE is designed to support the delivery of integrated services at local level and does not currently support reporting by care group other than at a national level. Therefore it is not possible to identify all of the elements of the funding specifically providing alcohol interventions.

Further, in some parts of the country alcohol services are provided within social inclusion as part of drug and alcohol (addiction) services and in others they are distinct and provided under Mental Health with elements of Alcohol Harm Prevention within Health Promotion and Improvement. It should be noted that in addition to these services, other Areas of the HSE provide services to clients with addiction problems including Acute Hospital Services and Emergency Departments, Primary Care Services and General Practitioners providing front line services for these clients.

Notwithstanding the above a recent exercise has been carried out within the HSE Addiction Services in Social Inclusion/Primary Care. More specific detail in respect of the subset of that providing alcohol services is not available. The following table sets out the expenditure attributed to Addiction Services within Social Inclusion and is inclusive of funding provided to a number of voluntary service providers who treat drug and alcohol addictions:

	<b><u>2012 Expenditure</u></b>	<b><u>2013 Expenditure</u></b>	<b><u>2014 Expenditure<sup>1</sup></u></b>	<b><u>2015 Allocation<sup>2</sup></u></b>
HSE Addiction Services <sup>3,4</sup>	€90,751,786	€90,391,525	€107,691,991	€108,871,877

According to the latest figures for treated problem alcohol use in Ireland from the Health Research Board for 2013, see:

[http://www.hrb.ie/uploads/tx\\_hrbpublications/2013\\_NDTRS\\_alcohol\\_treatment\\_figures.pdf](http://www.hrb.ie/uploads/tx_hrbpublications/2013_NDTRS_alcohol_treatment_figures.pdf):

- The total number of cases has reduced two years running, from a peak of 8,604 in 2011, down to 8,336 in 2012 to then 7,549 in 2013.
- The number of new cases presenting to treatment for the first time decreased by 11.2% from 4,028 in 2012 to 3,578 in 2013.
- The number of people returning to treatment also decreased, by 9.8% from 4,212 in 2012, to 3,801 in 2013.
- Numbers presenting for treatment were highest in Waterford, Donegal, Sligo, Leitrim and Carlow for the period 2009 – 2013. All of these counties reporting more than 240 cases per 100,000 of the population aged 15-64 years.
- Numbers for the same time period were lowest in Roscommon, Clare, Mayo, Meath and Limerick with less than 75 cases per 100,000 of the population aged 15-64 years presenting to treatment.
- A total of 22 out of 32 Local Health Offices recorded a decrease in the numbers of cases reported between 2012 and 2013, but no specific geographical trends were observed.
- Almost one-in-five of cases treated for problem alcohol use in 2013 used at least one other drug (polydrug use).
- In 2013 the most common drugs used with alcohol were cannabis, followed by cocaine, benzodiazepines and ecstasy.

According to HRB Statistics Series 22 Irish Psychiatric Units and Hospitals Census 2013:

72 (3%) of all in-patients on census night had a diagnosis of an alcohol disorder, see

[http://www.drugsandalcohol.ie/21834/1/HRB\\_Statistics\\_Series\\_22\\_-\\_Irish\\_Psychiatric\\_Units\\_and\\_Hospitals\\_Census\\_2013.pdf](http://www.drugsandalcohol.ie/21834/1/HRB_Statistics_Series_22_-_Irish_Psychiatric_Units_and_Hospitals_Census_2013.pdf))

The cost of lost economic output due to alcohol was estimated to be €527m in 2007. The estimated loss of productivity due to alcohol-related work absences was €330m and due to alcohol-related injuries was €197m in 2007, see Byrne, S. (2010) "Costs to Society of Problem Alcohol Use in Ireland". Dublin: Health Service Executive, see <http://www.hse.ie/eng/services/Publications/topics/alcohol/Costs%20to%20Society%20of%20Problem%20Alcohol%20Use%20in%20Ireland.pdf>

In a paper on alcohol attributable deaths and hospitalisations Martin (2009) calculates the proportion of death and hospitalisations for illness such as cancer and cardiovascular disease attributable to problem alcohol use. She concludes that 10.3% of all hospitalisations over the period 2000 to 2004 could be attributed to problem alcohol use. It is reasonable therefore to attribute 10% of the cost of hospital care to alcohol related illnesses. For 2007 this amounted to €500 million.

Problem alcohol use imposes a considerable burden on GP, outpatient and community care services but as this is not fully documented it is not possible to cost it directly. In Northern Ireland where the pattern of drinking and of alcohol related harm is similar to that in Ireland it is estimated that 7% of GP

<sup>1</sup> Funding in the sum of €21.57ml, was transferred to the HSE Vote in respect of Task Force Projects that were funded by the Department of Health's Drugs Programme Unit for 2014.

<sup>2</sup> Funding in the sum of €2.1ml, was transferred to the HSE Vote in respect of Task Force Projects that were funded by the Department of Health's Drugs Programme Unit for 2015.

<sup>3</sup> Budget allocation from Mental Health for Donegal, Sligo, Leitrim is included in the figures from 2012;

<sup>4</sup> Budget Allocation from Mental Health for Cavan Monaghan is included from 2013

patients have or are likely to develop health problems because of their heavy drinking (Northern Ireland Department of Health, 1999).

Patients suffering from alcohol related problems tend to consult their GP twice as often as the average patient. This would suggest that alcohol related illnesses may account for more than 7% of the total cost of the GP service. However, it is reasonable to assume that at least 7% of the cost of the GP and related services in Ireland are accounted for by alcohol related illnesses. Seven per cent of total public spending on the GP services and community care in 2007 was €574 million.

I trust this further information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Joseph Doyle', written in a cursive style.

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Joseph Doyle  
National Planning Specialist