



# Resource impact statement

Resource impact

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## Indicator

The percentage of patients with a new diagnosis of depression or anxiety and a FAST score of 3 or more, or AUDIT-C score of 5 or more who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

## Introduction

Alcohol is a cause of significant public health burden, but use is widespread amongst most groups of society. Alcohol is the leading cause of ill-health, early mortality and disability in those aged 15 to 49 years of age (see [NHS Digital's 2017 Statistics on alcohol](#)). Alcohol misuse contributes to 200 health conditions including depression. It is sometimes used by people to self-manage symptoms of anxiety and depression but is likely to make those symptoms worse. In 2017/18 there were 37,285 admission episodes for mental and behavioural disorders due to the use of alcohol. Tools such as AUDIT-C and FAST can help to identify at risk drinkers who may not be alcohol dependent but drink too much.

Brief intervention can either comprise of a short session of structured brief advice or an extended brief intervention using motivation techniques. Reviews have shown that interventions in primary care are effective in reducing alcohol consumption ([Kaner et al. 2018](#)). This indicator is intended to identify those people with depression or anxiety who have been given advice to reduce alcohol consumption to better manage their condition.

## Resource impact

There are around 55.6 million people in England of which around 43.8 million are aged 18 years and older ([Office for National Statistics, 2017](#)). The prevalence of people with depression or anxiety is around 11.4% (see [NICE's full guideline on depression in adults 2018](#)), around 6,300,000 people in England. It is assumed that most people drinking harmful or hazardous amounts of alcohol with depression or anxiety will be aged 18 years and over. It is estimated that around 24% of people in England drink a harmful or hazardous amount, around 1.5 million people (see [NICE's guideline on alcohol use disorders: prevention](#)). This is used as a proxy for people who have a FAST score of 3 or more, or AUDIT-C score of 5 or more. This is equivalent to around 274 people per 10,000 population.

Current practice is variable. It is anticipated that some brief interventions in line with the proposed indicator already take place. An illustrative example shows that a 10% increase in brief interventions is estimated to cost around £800 per 10,000 population, as shown in table 1.

**Table 1 Estimated annual cost of providing brief interventions for 10% of the eligible population**

–	Proportion	Population	Unit cost (£)	Total (£)
England population	–	55,619,430	–	–
People aged 18 years or over	–	43,752,473	–	–

–	Proportion	Population	Unit cost (£)	Total (£)
Prevalence of depression or anxiety	11.40%	6,340,615	–	–
FAST score of 3 or more or AUDIT-C score of 5 or more	24%	1,521,748	–	–
Eligible population per 10,000 people	–	274	–	–
Proportion receiving a brief intervention	10%	27	–	–
Cost of brief intervention	–	27	28.00	767
Total cost per 10,000 population	–	–	–	767

This assumes people receive a 9 minute annual review from a GP (see [Unit Costs of Health and Social Care 2018](#)).

Service delivery in GP practices is subject to local variation. Costs will differ when healthcare professionals other than GPs carry out the brief intervention such as a practice nurse or another healthcare professional.

Long term savings may be achieved by better managing the symptoms of anxiety and depression.

Not all people with diagnosed depression and anxiety will be newly diagnosed, and there are no robust estimates for this proportion. The above illustration is therefore likely to overstate potential costs of the proposed indication.