

## The cost of alcohol harm to the NHS in England (2009/2010)

A note on methodology and changes in cost components

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### Introduction

A Cabinet Office (2003) paper<sup>1</sup> quantified the cost of alcohol misuse to the NHS in England at £1.4bn - £1.7bn per annum in 2001 prices. This estimate was updated by HIAT (2008)<sup>2</sup> to £2.7bn per annum in 2006/2007 prices.

Using similar methods to the original paper, it is estimated that the annual cost of alcohol harm to the NHS in England is £3.5bn in 2009/10 prices. The cost is divided into the following categories:

**Table 1**

Category of cost	Cost (£m 2009/10)
Hospital inpatient & day visits:	
<i>Directly attributable to alcohol misuse</i>	£385m
<i>Partly attributable to alcohol misuse</i>	£1,386m
Hospital outpatient visits	£246m
Accident and emergency visits	£696m
Ambulance services	£449m
NHS GP consultations	£112m
Practice nurse consultations	£16m
Dependency prescribed drugs	£8m
Specialist treatment services	£122m
Other health care costs	£60m
<b>Total</b>	<b>£3,480m</b>

This represents a 29% increase on the HIAT (2008) estimate. This note will explain what the causes of this increase were.

### Preliminary calculations: the number of higher-risk drinkers in England

Some of the estimates above (Hospital outpatient visits, NHS GP consultations, Practice nurse consultations, Other health care costs) are based on the estimated number of higher-risk drinkers in England. This is calculated as follows.

The Office for National Statistics mid-year population estimates for England (2009) record 20,548,100 men and 21,557,200 women aged 16+. It is estimated that, in 2009, 7% of these men and 4% of these women were higher-risk drinkers, i.e. drinking more than 50 or 35 units of alcohol per week, respectively<sup>3</sup>.

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<sup>1</sup> Cabinet Office (2003). Alcohol misuse: how much does it cost? London: Cabinet Office. Available at <http://sia.dfc.unifi.it/costi%20uk.pdf>

<sup>2</sup> HIAT (2008). The cost of alcohol harm to the NHS in England. London: Department of Health. Available at <http://www.lho.org.uk/viewResource.aspx?id=13594>

<sup>3</sup> ONS (2011) Smoking and drinking among adults, 2009. Newport: Office of National Statistics. Available at <http://www.ons.gov.uk/ons/search/index.html?newquery=smoking+and+drinking>

In Table 2 below, the estimated numbers of higher-risk drinkers in England in 2009 are compared with figures for 2006 used in the HIAT (2008) calculation.

**Table 2**

<b>Number of higher-risk drinkers in England - 2006 and 2009</b>		
	2006	2009
Males	1,597,560	1,438,367
Females	1,055,985	862,288
<b>Total</b>	<b>2,653,545</b>	<b>2,300,655</b>

Note that the resulting figures for 2009 are lower than those for 2006 used in the HIAT (2008) calculation (8% of men and 5% of women classed as heavy drinkers):

However, the number of higher-risk drinkers affects only a part of the total cost of alcohol harm to the NHS, and it is possible that some of the previously 'higher-risk' drinkers have transferred into the 'increasing-risk' or 'lower-risk' categories which also influence the total cost of alcohol harm. In addition, the proportion of drinkers in the higher risk category has been relatively steady over the past decade or so<sup>4</sup>, and it is possible that past numbers of higher-risk drinkers have an effect on current costs.

### **Methodology note**

Where appropriate, methods identical to those used in the HIAT (2008) calculations are used throughout the note. Any departures from these are noted and explained.

### **Hospital inpatient and day visits**

The cost of alcohol-related inpatient stays made up the largest portion of the original Cabinet Office (2003) calculation. The HIAT (2008) update re-estimated this cost using the same data sources, assumptions and methodologies as the interim Public Service Agreement target on alcohol-related admissions. These were based in part on the provisional findings of a review of the relevant evidence on alcohol-related conditions, and the corresponding alcohol-attributable fractions (AAFs), by the North West Public Health Observatory (NWPHO).

The NWPHO publishes a series for alcohol-related admissions using the methods set out by Jones et al. (2008)<sup>5</sup>. The NWPHO series is derived by applying AAFs to the diagnostic codes found within Hospital Episode Statistics (HES) records, considering any position within the diagnostic sequence to be relevant. Conditions entirely attributable to alcohol, such as alcoholic liver disease or alcoholic cardiomyopathy, have an AAF of 1 while conditions for which alcohol is one among a number of causes have AAFs of less than 1. For example, around one quarter of deaths from malignant neoplasm of the oesophagus in men are estimated to be attributable to alcohol.

<sup>4</sup> ONS General Lifestyle Survey, 2008, data on drinking for 1998-2008

<sup>5</sup> Jones L, Bellis M A, Dedman D, Sumnall H, Tocque K (2008). Alcohol-attributable fractions for England: alcohol-attributable mortality and hospital admissions. Liverpool: Liverpool John Moores University.

The cost estimates produced here use this approach, but using DH's own HES-based series for alcohol-related admissions which differs slightly from the series reported by NWPHO. As an illustration of the effect of basing alcohol-related admissions on the entire diagnostic sequence, we also report an estimate of costs restricted to primary diagnosis only. This approach gives an estimate of around 195,000 hospital admissions compared with around 1.1m for all diagnoses. Using the same average cost, the total cost estimate is correspondingly smaller at £326 million, £1.4bn less than the all diagnoses-based estimate. The higher figure is used here to maintain consistency with previous costings. However, the approach to alcohol-related hospital admissions adopted in future will need to take account of the NWPHO consultation exercise on methods used to estimate alcohol-related hospital admissions in England<sup>6</sup>.

In 2009/2010 prices, it is estimated that directly alcohol-related cases (those with an AAF of 1) generate a cost of £385 million, whilst partially alcohol-related cases (AAF < 1) cost £1,386 million.

### **Hospital outpatient visits**

The Birmingham Untreated Heavy Drinkers Project (BUHD)<sup>7</sup> recruited 500 untreated heavy drinkers in 1997, and followed them for a period of 10 years at two-yearly intervals. In the final stage in 2007, 259 participants out of the original sample were interviewed. Both quantitative and qualitative methods were used in interviews to examine levels and patterns of drinking, and participants' opinions on drinking as well as their own lives. The final report, published in 2009, discusses heavy drinkers' use of hospital-based services, including outpatient attendance, and concludes that the cohort are twice as likely to use outpatient services<sup>8</sup> as the general population.

The General Lifestyle Survey (2009)<sup>9</sup> finds an annual average of 1.04 outpatient attendances for men, and 1.17 attendances for women. Given the finding that higher-risk drinkers are twice as likely as the general population to use outpatient services, these figures can be taken as estimates of higher-risk drinkers' excess usage. Multiplying average usage by the number of higher-risk drinkers yields a total of 2.5 million alcohol-related outpatient attendances per annum. Use of BUHD implies that only higher risk drinkers' excess attendance is included and therefore results in an underestimate of the costs of outpatient visits to the extent that those drinking at more moderate levels of risk also have excess attendances.

### **The cost of alcohol-related outpatient visits**

NHS Reference Costs (2009/2010) data states a national average cost of £98.39 for outpatient attendances. Applying this to the annual number of 2.5 million attendances yields an annual cost of £246 million.

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<sup>6</sup><http://www.lape.org.uk/downloads/Alcohol%20Related%20Hospital%20Admissions%20Consultation.pdf>

<sup>7</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123885](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123885)

<sup>8</sup> As well as A&E services

<sup>9</sup> [http://data.gov.uk/dataset/general\\_lifestyle\\_survey](http://data.gov.uk/dataset/general_lifestyle_survey)

The cost to the NHS of alcohol-related outpatient visits is estimated to be £246 million per annum in 2009/10 prices.

### **Accident and Emergency visits**

A 2001 Cabinet Office-commissioned MORI poll of Accident and Emergency (A&E) staff estimated the percentage of A&E visits related to alcohol consumption. Although this poll is now over 10 years old and may therefore be considered out-of-date, no new estimates are available. Furthermore, the use of the polling data maintains consistency with the 2003 Cabinet Office report as well as the HIAT (2008) report. The MORI poll's estimate was that 35% of A&E visits are alcohol-related.

Hospital Episode Statistics (2009/10)<sup>10</sup> show that there were 20,511,908 A&E visits in 2009/10. Applying the MORI figure above gives 7,179,168 alcohol-related A&E visits. It should be noted that the figure of 35% has been taken elsewhere to lie at the upper end of the range of possible estimates of the proportion of A&E attendances attributable to alcohol. A report by the NWPHO on alcohol-related harm in Leeds<sup>11</sup> used 35% to produce a 'high' estimate of A&E attendances ('low' and 'mid' estimates being based on proportions of 2.9% and 7%). A report on alcohol misuse in Scotland<sup>12</sup> cites a number of sources for the proportion of A&E attendances related to alcohol, a range of 2% to 40% being reported. Applying these limits to England would give a range of A&E attendances between 410,000 and 8.2 million.

### **The cost of alcohol-related Accident and Emergency visits**

PSSRU (2010)<sup>13</sup> gives a national average cost of £97 for A&E treatment not leading to an admission, and £131 for treatment leading to an admission. This classification of A&E treatment is different from that used in the HIAT (2008) report which used an average of PSSRU (2007) data for high cost investigations (referred/discharged) and low-cost investigations (referred/discharged). As the term 'referred/discharged' can be regarded as applying to 'non-admitted' patients<sup>14</sup>, the lower PSSRU (2010) figure of £97 was used to estimate the costs of alcohol-related A&E visits.

Combining this with the number of visits yields a total cost of £696 million per annum. While we note that this estimate is comparable with previous costings, the range of between 2% and 40% for the proportion of A&E attendances which are alcohol-related gives costs ranging from around £40 million to approximately £796 million. Further research is being considered by DH on the extent to which A&E attendances are related to alcohol consumption in order to refine this estimate.

The cost to the NHS of alcohol-related Accident and Emergency visits is estimated to be £696 million per annum in 2009/10 prices.

<sup>10</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1272>

<sup>11</sup> Jones I, Bates G, McCoy E, Tiffany C, Perkins C, Bellis M (2011). The economic and social costs of alcohol-related harm in Leeds 2008/09. Liverpool: Liverpool John Moores University.

<sup>12</sup> Scottish Government Social Research (2010). The societal costs of alcohol misuse in Scotland for 2007. Edinburgh: Scottish Government Social Research.

<sup>13</sup> <http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>, page 119

<sup>14</sup> A&E HRG Definitions Manual:

<http://www.ic.nhs.uk/webfiles/Services/casemix/products/AEDefinitionsManual.pdf> makes a distinction between A&E cases that are 'referred/discharged' and 'died/admitted'

## **Emergency ambulance/paramedic journeys**

The MORI poll data mentioned above is also used for this category of NHS costs, that is, 35% of emergency ambulance/paramedic journeys are considered alcohol-related. The Ambulance Services in England statistics (2009/10)<sup>15</sup> indicate that there were 4,700,000 ambulance journeys in 2009/10 in total. This number encompasses journeys classed as 'emergency' as well as 'urgent'. Previous estimates of costs of alcohol costs to NHS used 'emergency' journeys only. Since this breakdown was not available for 2009/10, it is estimated that 85% of total journeys were 'emergency'<sup>16</sup>. This brings the total number of emergency journeys to approximately 3,996,000. We estimate that 35% of these, or 1,398,700, were alcohol-related.

## **The cost of alcohol-related emergency ambulance/paramedic journeys**

PSSRU (2008)<sup>17</sup> estimate a national average cost of £6.80 per minute for an emergency ambulance journey, and £6.90 per minute for a paramedic unit's journey. To obtain costs in 2009/10 prices, HCHS Pay and Price inflators were used<sup>18</sup>. This yielded estimates of £7.20 per minute for an emergency ambulance journey and £7.30 per minute for a paramedic unit's journey. Taking an average of these costs and applying the average journey time of 44.4 minutes yields an average cost of £321.30 per journey. Applying this figure to the number of journeys above yields a cost of £449 million per annum.

The cost to the NHS of alcohol-related emergency ambulance/paramedic journeys is estimated to be £449 million per annum in 2009/10 prices.

## **NHS GP consultations**

Cabinet Office (2003), through personal communication with the authors of the Birmingham Untreated Heavy Drinkers project, estimated that 22% - 35% of the cohort's GP visits were alcohol-related. An average of these figures – 28.5% - is used in the calculations below.

The General Lifestyle Survey (2009) finds that, on average, men had four GP appointments per year, whilst women had six. The estimated numbers of male and female heavy drinkers in the same period were 1,438,367 and 862,288, respectively.

We therefore assume that 1,438,367 male heavy drinkers each had four GP visits annually, 28.5% of which were alcohol-related. Similarly, we assume that 862,288 female heavy drinkers each had six GP visits, 28.5% of which were alcohol-related. This yields a total of 3.11 million alcohol-related GP consultations per annum. This again excludes any costs associated with more moderate drinkers.

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<sup>15</sup> <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance/ambulance-services-england-2009-10>

<sup>16</sup> In 2006/07 this fraction was 83%, but had been increasing steadily since the mid-90s (68% in 1995/1996), hence the 85% estimate for 2009/10.

<sup>17</sup> <http://www.pssru.ac.uk/pdf/uc/uc2008/uc2008.pdf>, page 82

<sup>18</sup> <http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>, page 223

### **The costs of alcohol-related GP consultations**

PSSRU (2010)<sup>19</sup> identifies a cost of £36 per 11.7 minute GP surgery consultation session including qualification costs and direct care staff costs as well as salary oncosts and overheads. Combining this with the number of alcohol-related consultations calculated above yields a cost of £112 million per annum. If we assume that medicines prescribed as a result of these consultations can also be regarded as alcohol-related, we allow for an additional £39 of prescription costs per consultation, again drawing on PSSRU (2010). This would give a total cost associated with GP consultations of £234 million. However, we report the lower estimate here as it is comparable with previous costings.

The cost to the NSH of alcohol-related GP consultations is estimated to be £112 million per annum in 2009/10 prices.
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### **Practice nurse consultations**

It is assumed that the same proportion (28.5%) of heavy drinkers' practice nurse appointments as GP appointments are related to alcohol. The General Lifestyle Survey (2009) finds that, on average, both men and women had two practice nurse appointments per year.

On the basis that 1,438,367 male heavy drinkers and 862,288 female heavy drinkers each have two practice nurse visits annually, 28.5% of which are alcohol-related, there are an estimated 1.31 million alcohol-related practice nurse consultations per annum. The same caveat with regard to drinking at lower levels applies as before.

### **The cost of alcohol-related practice nurse consultations**

PSSRU (2010)<sup>20</sup> estimates a cost of £12 per practice nurse consultation in 2009/10 prices, including qualification costs, salary oncosts and overheads. Using the above calculation of consultation numbers yields a total cost of around £16 million per annum.

The cost to the NSH of alcohol-related practice nurse consultations is estimated to be £16 million per annum in 2009/10 prices.
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### **Specialist alcohol treatment services including community prescribing**

A significant proportion of specialist alcohol treatment services are provided by voluntary and other organisations independent of the NHS, although NHS provision is still substantial. Cabinet Office (2003) cites a paper by Alcohol Concern (2002), which used a survey methodology to assess expenditure on specialist alcohol treatment services. HIAT (2008) adjusted the Alcohol Concern (2002) figure to allow for incomplete response and updated it for inflation.

<sup>19</sup> <http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>, page 167

<sup>20</sup> Ibid, page 164

As the Alcohol Concern (2002) study is now several years old, we use 2009/10 data from the National Alcohol Treatment Monitoring System (NATMS). This covers structured treatment, inpatient treatment, residential rehabilitation and community prescribing. We exclude residential rehabilitation as this is provided primarily by local authorities rather than the NHS.

As an item for the costs of alcohol dependency-prescribed drugs has been included in previous analyses, we have separated out community prescribing costs from other specialist treatment costs. These costs include all the costs associated with the prescribing and monitoring of drug treatment and are estimated at £8 million. We have not allowed for any overlap with resources identified elsewhere.

For the purposes of comparison with HIAT (2008) and Cabinet Office (2003), we report the net ingredient cost (NIC) of disulfiram and acamprosate, the two agents considered in those reports and the main compounds used to treat alcohol dependence. According to Prescription Cost Analysis (2009)<sup>21</sup> data, NIC in 2009 for acamprosate was £1.59 million and, for disulfiram, was £792,000, yielding a total annual cost of £2.38 million in 2009 prices.

Excluding residential rehabilitation and community prescribing costs, NATMS gives a cost of £122 million for specialist alcohol treatment services across just over 117,000 episodes of care (as opposed to patients treated), for an average cost of £1,042 per episode. Table 3 below summarises the total costs of specialist alcohol treatment services.

**Table 3**

Episodes of care	Average cost per episode	Total cost
117,144	£1,042	£122,084,556

The method and estimate for calculating the 2009/10 costs of specialist alcohol treatment services differ substantially from both the original Cabinet Office (2003) paper and the HIAT (2008) update, thus limiting comparability. However, using NATMS results in improved accuracy of the final estimate.

The cost of NHS specialist alcohol treatment services is estimated to be £122 million per annum in 2009/10 prices.

### Other health care usage

Cabinet Office (2003) and HIAT (2008) further included the cost of alcohol-related counselling, community psychiatric nurse visits, health visitors and usage of 'other services' in their calculations. These categories were defined using the Birmingham Untreated Heavy Drinkers Project.

<sup>21</sup> <http://www.ic.nhs.uk/pubs/prescostanalysis2009>



The latest publication in the series (Rolfe et al., 2009<sup>22</sup>), presents the usage of these four categories for 1999, 2001, 2003, 2005 and 2007 in terms of the number of visits per higher-risk drinker. The arithmetic average of this usage is taken for both males and females, resulting in the annual usage rates presented in Table 4 below. From Table 2 above, the estimated numbers of male and female higher-risk drinkers in England are 1,438,367 and 862,288, respectively. The figures in the first table are multiplied by these estimates in order to derive annual population usage (Table 5).

**Table 4**

Mean contacts	Males	Females
Counselling	0.200	0.614
Community Psychiatric Nurse	0.250	0.100
Health visitor	0.004	0.640
Other services	0.132	0.398

**Table 5**

Number of contacts	Males	Females
Counselling	287,830	529,330
Community Psychiatric Nurse	359,592	86,229
Health visitor	6,254	551,864
Other services	189,177	343,536
<b>Totals</b>	<b>842,852</b>	<b>1,510,959</b>

### The cost of other alcohol-related health care

The cost of a counselling session is taken from PSSRU (2007)<sup>23</sup> and updated by the HCHS pay and price index, resulting in a cost of £36.95 per visit in 2009/10 prices, including salary oncosts and overheads. The cost of a visit from a community psychiatric nurse is taken from PSSRU (2010)<sup>24</sup>, a figure of £70 an hour of face-to-face contact equating to £23.33 for a 20-minute session. This is, again, reported in 2009/10 prices and includes salary oncosts and overheads. The cost of a session with a health visitor is stated in PSSRU (2010)<sup>25</sup> to be £100 per hour of client contact in 2009/10 prices. This equates to £33.33 for a 20-minute session, including qualification costs, salary oncosts and overheads.

The cost of 'other professionals' was stated in Cabinet Office (2003) to be £1.24 per session, derived from BUHD data. No further information on this cost could be found in 2008 and it was therefore inflated by the HCHS pay and price index. This was repeated in the current calculations, yielding a cost of £1.63 per session in 2009/10 prices. Multiplying usage figures by costs yields the following results:

<sup>22</sup>Rolfe A, Orford J, Martin O (2009). Birmingham untreated heavy drinkers project. Birmingham: Collaborative group for the study of alcohol, drugs, gambling and addiction in clinical and community settings. Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123885](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123885)

<sup>23</sup><http://www.pssru.ac.uk/pdf/uc/uc2007/uc2007.pdf>, page 152

<sup>24</sup><http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>, page 184

<sup>25</sup>Ibid, page 161



**Table 6**

Costs of care	Males	Females	Total
Counselling	£10,636,335	£19,560,624	£30,196,959
Community Psychiatric Nurse	£8,390,474	£2,012,005	£10,402,480
Health visitor	£208,459	£18,395,477	£18,603,936
Other services	£308,424	£560,084	£868,508
<b>Totals</b>	<b>£19,543,692</b>	<b>£40,528,191</b>	<b>£60,071,883</b>

The cost of other alcohol-related healthcare usage (i.e. that not covered elsewhere) is estimated to be £60 million per annum.

### Sources of increasing costs – a comparison of 2006/2007 and 2009/2010

The table below presents the costs of alcohol harm to the NHS in England for both 2006/2007 (HIAT 2008) and 2009/10. Increases in individual figures are calculated.

**Table 7**

Category of cost	Cost (£ 2006/07)	Cost (£ 2009/10)	% Increase
Hospital inpatient & day visits:			
<i>Directly attributable to alcohol misuse</i>	£167,581,714	£384,526,067	129.5%
<i>Partly attributable to alcohol misuse</i>	£1,022,709,552	£1,385,745,888	35.5%
Hospital outpatient visits	£272,364,404	£246,434,737	-9.5%
Accident and emergency visits	£645,722,634	£696,379,277	7.8%
Ambulance services	£372,377,250	£449,390,388	20.7%
NHS GP consultations	£102,053,116	£112,113,031	9.9%
Practice nurse consultations	£9,514,944	£15,736,480	65.4%
Dependence prescribed drugs	£2,143,146	£7,996,644*	273.1%*
Specialist treatment services	£55,297,936	£122,084,556*	120.8%*
Other health care costs	£54,372,821	£60,071,883	10.5%
<b>Total</b>	<b>£2,704,137,517</b>	<b>£3,480,478,950</b>	<b>28.7%</b>

\* figures not directly comparable with previous years due to change in methodology

The total cost of alcohol harm to the NHS in England has increased by approximately 29% (or £776.3 million) in the three-year period. At the same time, the Hospital & Community Health Services (HCHS) pay and price index rose from 249.8 to 271.5<sup>26</sup> implying an increase in unit costs of only around 9%.

The components of total cost have changed by varying amounts in nominal terms between the current and previous estimates. Excluding those items for which the methodology has changed<sup>27</sup>, percentage changes in costs range from a decrease of 9.5% in the cost of hospital outpatient visits, to an increase of 129.5% in the cost of hospital inpatient and day visits directly attributable to alcohol.

<sup>26</sup> PSSRU (2010), "Unit Costs of Health and Social Care 2010"

<sup>27</sup> The 273% increase in the cost of dependence-prescribed drugs and the 121% increase in specialist treatment services are not considered here due to changes in the estimation method

It is now also possible to see the extent to which changes in individual variables contributed to the total increase of £776.3 million. As Table 8 shows, approximately 75% of the total increase in the cost of alcohol harm originates in increasing costs of hospital inpatient and day visits directly or partially attributable to alcohol misuse, with partially attributable hospital utilisation accounting for almost half of the overall increase. These costs are thought to have been most susceptible to artificial inflation over time due to changes unrelated to the actual occurrence of disease, such as coding practices. The NWPHO consultation on the methods for estimating alcohol-related admissions should help to identify some of the difficulties with this particular measure and serve to inform future costing exercises. Given the predominant impact of hospital utilisation on the estimated increase in costs, the only other cost items of any note contribute 10% or less of the increase, such as ambulance services (9.9%) and A&E visits (6.5%)<sup>28</sup>.

**Table 8**

Category of cost	£ Increase	% of Increase
Hospital inpatient & day visits:		
<i>Directly attributable to alcohol misuse</i>	£216,944,354	27.9%
<i>Partly attributable to alcohol misuse</i>	£363,036,335	46.8%
Hospital outpatient visits	-£25,929,666	-3.3%
Accident and emergency visits	£50,656,642	6.5%
Ambulance services	£77,013,138	9.9%
NHS GP consultations	£10,059,915	1.3%
Practice nurse consultations	£6,221,536	0.8%
Dependency prescribed drugs	£5,853,498*	0.8%*
Specialist treatment services	£66,786,620*	8.6%*
Other health care costs	£5,699,062	0.7%
<b>Total</b>	<b>£776,341,434</b>	<b>100%</b>

\* figures not directly comparable with previous years due to change in methodology

<sup>28</sup> Again, the contributions of increases in the costs of dependence-prescribed drugs and of specialist treatment services are not considered due to a change in the estimation method