Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

CRD summary
The objective was to evaluate the cost-effectiveness of an alcohol-related problem prevention programme targeted at licensed premises. The authors concluded that the monetary and human benefits to society from the intervention were considerable, but they expressed concern about the low response rate amongst victims of violence to the survey that was used to estimate the cost savings and health gains. There were some limitations in the analysis, but the authors’ conclusions reflected these limitations and therefore appear to be appropriate.

Type of economic evaluation
Cost-utility analysis

Study objective
The objective was to evaluate the cost-effectiveness of an alcohol-related problem prevention programme targeted at licensed premises and called the restaurant intervention.

Interventions
The restaurant intervention was one part of a larger programme called Stockholm prevents Alcohol and Drug problems (STAD). This part had three main components: community mobilisation, which aimed to increase awareness of the problems associated with alcohol consumption; a two-day responsible beverage service training course for servers, doormen, and restaurant owners; and increased enforcement of alcohol laws.

Location/setting
Sweden/community.

Methods
Analytical approach:
The effectiveness data were from a published study, with a time horizon of five years, and the authors reported that a societal perspective was adopted.

Effectiveness data:
An estimate of the impact of the restaurant intervention on the level of violence was derived from a previous study (Wallin, et al. 2003, see ’Other Publications of Related Interest’ below for bibliographic details). The key clinical parameter was the reduction in violence.

Monetary benefit and utility valuations:
The utility values were derived from a survey amongst victims of violence. Respondents were asked about their health state before violence, two weeks after violence, and at present, using the European Quality of life (EQ-5D) questionnaire.

Measure of benefit:
The measure of benefit was the quality-adjusted life-year (QALY) and these were discounted at an annual rate of 3%.

Cost data:
The costs included programme administration, studies of alcohol serving practices, community mobilisation, responsible beverage service training, and stricter law enforcement. The costs associated with the study of alcohol serving practices included the average salaries for actors posing as underage customers. The cost estimates were from a
A wide variety of sources. For example, administrative costs were based on the annual accounts for the STAD programme. The potential cost savings from the intervention were examined separately, and included the costs to the judicial system, health care, productivity lost, and other damages. Potential cost savings were estimated from a survey amongst victims of violence. This survey had a response rate of 35% and those who responded were significantly different to those who did not on a number of characteristics, including gender and the type of violence. The price year was 2005 and costs were discounted at an annual rate of 3%. They were converted from Swedish kronor to Euros (EUR) at the average exchange rate for January to September 2006.

Analysis of uncertainty:
A sensitivity analysis was conducted with the assumption that the only cost among non-responders to the survey was the handling of the crime by the police. A worst-case scenario was also considered and this included the potential savings only from police time.

Results
The total cost of the intervention was EUR 795,828. The potential cost savings from the intervention were EUR 30,517,883. The number of QALYs gained from the intervention was 236. If savings and health gains were restricted to police time for non-responders, then the potential savings were EUR 13,641,191, and the number of QALYs gained was 83.

In the worst case scenario, in which only potential savings due to police time were included for all victims, the total cost remained at EUR 795,828 and the potential savings were EUR 4,553,760, but there were no health benefits.

Authors' conclusions
The authors concluded that the monetary and human benefits to society from the intervention were considerable, but they expressed concern about the low response rate amongst victims of violence to the survey that was used to estimate the cost savings and health gains.

CRD commentary
Interventions:
The intervention was well described and appropriate as it was the current practice in the authors’ setting, but the alternative to this intervention was not considered.

Effectiveness/benefits:
The effectiveness data were derived from a previous study and few details of its methods were reported, which means it is not possible to comment on the validity of the effectiveness estimates. The utility weights were from a survey of victims of violence, which seems to have been appropriate, but the authors acknowledged that the response rate to this survey was low and there were systematic differences between the responders and non-responders, which might have had an impact on the external validity of the utility weights. The benefits were appropriately discounted.

Costs:
The authors reported that a societal perspective was adopted, but only the costs of delivering the intervention were included, which means it would more accurately have been described as the payer perspective. The resource use data were mostly from the records of the actual intervention and the unit costs were from a variety of sources, which seem to have been appropriate. In most cases, the total costs, rather than the unit costs and resource use, were reported. Cost savings were included, but they were based on the responses to the survey, which had a low response rate and differences between responders and non-responders. This was partly addressed in the sensitivity analysis.

Analysis and results:
No synthesis of the effectiveness and cost data was carried out and, in effect, a cost-consequences analysis was performed. The economic evaluation included the costs and consequences associated with the intervention, but not those of the alternative, which was likely to have had zero costs and benefits. The analysis of uncertainty was restricted to the impact of the low response rate to the survey. It did not consider the uncertainty around the effectiveness estimates or the cost data, which may limit the generalisability of these results to other settings. The reporting was basic and lacked the detail necessary to conduct a full critique.
Concluding remarks:
There were some limitations in the analysis, but the authors' conclusions reflected these limitations and therefore appear to be appropriate.

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