




# Alcohol's impact on emergency services: The UK experience

**Katherine Brown, Director, Institute of Alcohol Studies, UK**  
**Peter Rice, Chair, Scottish Health Action on Alcohol Problems**

Prepared for Ambulance Leadership Forum, 8th February 2017



# Burden of alcohol: what we know already...

- 80% of weekend arrests are alcohol-related
- half of violent crime is committed under the influence
- 1.4 million alcohol-related ambulance journeys (2009/10) - 35% total journeys
- Alcohol related ED attendances up to 40%, 70% at peak times
- Alcohol is typically found to be involved in 10-30% of all fires (and alcohol-caused fires are usually worse)



# At what cost?

- Police and justice system: £1.7bn
- A&E: £696m
- Ambulance service: £449m
- Fire service: £131m

# Stories from the frontline

## **Survey respondents:**

- Police (4,022)
- Ambulance staff (398)
- ED Consultants (325)
- Fire & Rescue Officers (169)

## **We asked questions on:**

- Proportion of time spent dealing with alcohol
- Adverse experiences, assaults, injuries
- Impact on home life
- Opinions on what needs to be done





## Time spent dealing with alcohol related incidents

Police

53%

37%

Ambulance

A&E Consultants

25%

21%

Fire Service

Alcohol places a significant strain on public services

# Received an injury when dealing with drunken members of the public

ias.org.uk  
#harm2others

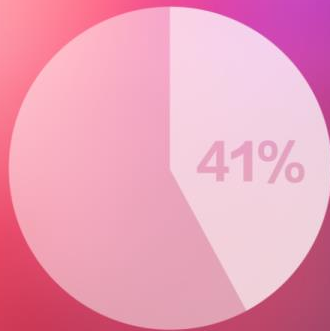


Alcohol makes servicepeople's lives & jobs harder

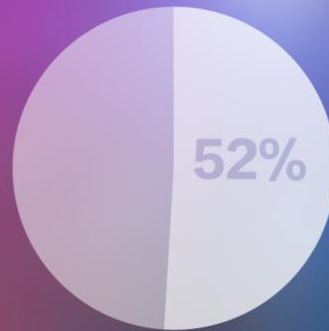
# Suffered sexual harassment / assault

from intoxicated people whilst on duty

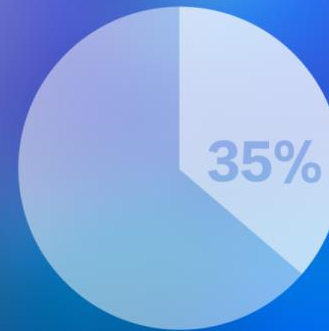
ias.org.uk  
#harm2others



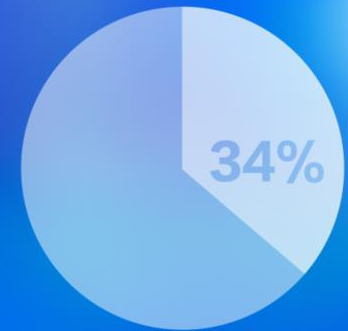
Police



Ambulance



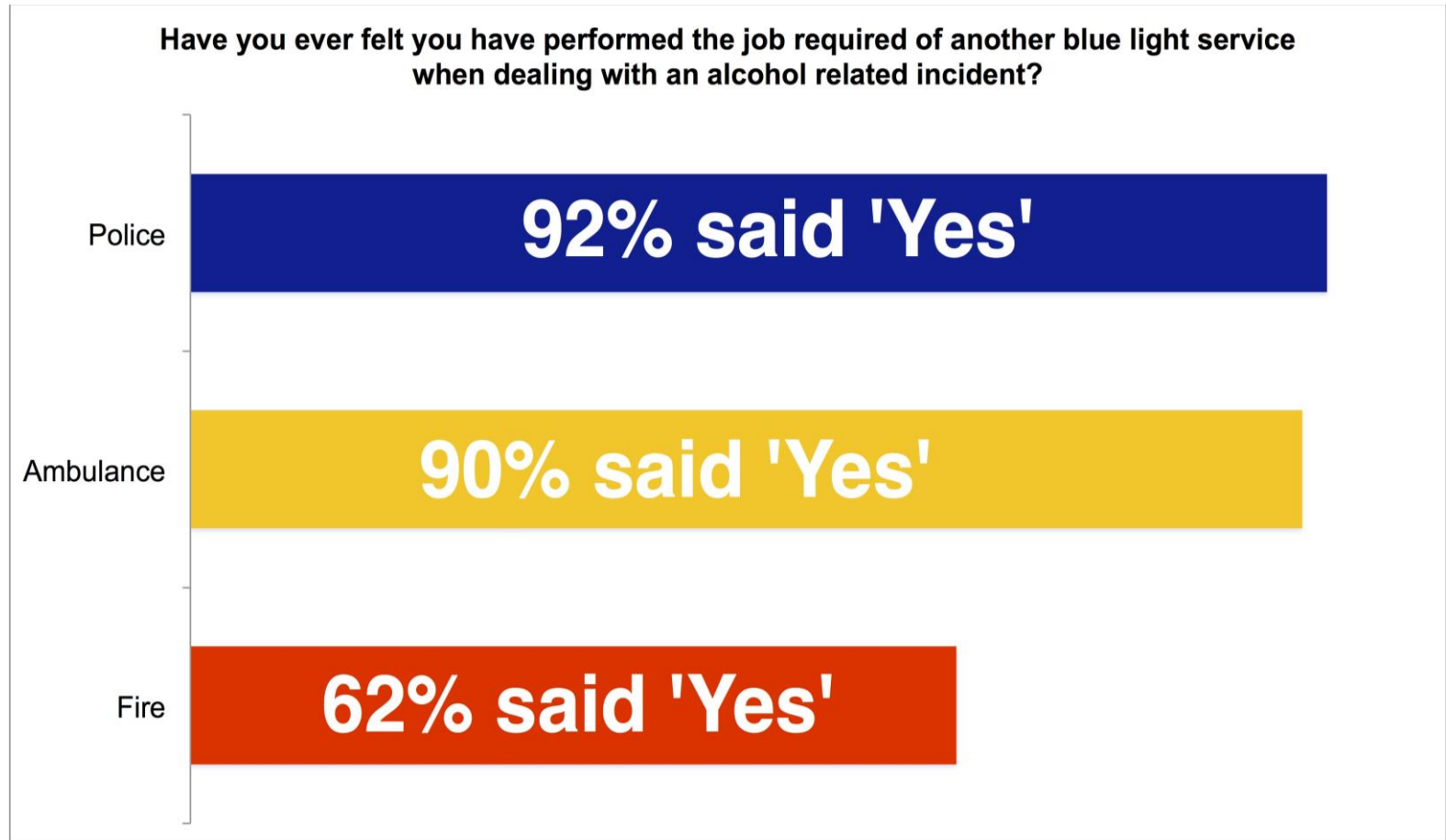
A&E Consultants



Fire Service

## Sexual assault and harassment on duty

# Frontline staff are feeling stretched





# Tales from the front line

*“Often when people are simply intoxicated the police will not arrest for drunk and incapable. Instead it falls to ambulance to take them somewhere (ED) to sleep it off.” (Ambulance staff)*

*“It is infuriating when drunken collapses in the city centre at night time take Priority and old folk are left lying on the floor at home with a broken hip for hours on end as they are a lower priority. Solo responders should NOT be sent to drunken collapses. It is completely unsafe.” (Ambulance staff)*

# Frontline staff are calling for action to curb alcohol harm

1. Calls for stronger control and regulation on price and licensing
2. Clear sense 24hr licensing has failed, calls to bring back terminal hour
3. 89% police in favour of levies on licensed premises to fund additional policing
4. Opinion divided on NHS “user charges”
5. Supermarkets need to take more responsibility



# Policy interventions exist that can ease this burden

1. Earlier closing times
2. Tackling cheap drink
3. Lower drink drive limit
4. Anonymous information sharing
5. Alcohol Treatment Centers/Drunk Tanks
6. Screening and brief advice delivery



# Earlier closing times

- 24hr licensing pushed crime & disorder later into the night
  - 25% increase in offences between 3am-6am
  - 36% increase in violence 3am-6am
  - ED alcohol related admissions peak 2am-5am
- Failed attempt by government to introduce Early Morning Restriction Orders (EMROs)
- Australian experience:
  - Newcastle, NSW saw 37% relative reduction in assaults
  - Kings Cross, Sydney saw 32% reduction in assaults



# Tackling cheap drink



- In 2014 alcohol 54% more affordable than in 1980
- Roughly 66% alcohol bought in off-trade
- Minimum alcohol pricing:
  - British Columbia – 10% increase in minimum pricing led to 9% reduction in crime, 9% reduction in hospitalisations
  - UK – minimum unit price £0.45 estimated to prevent 860 deaths, 29,900 hospitalisations and 34,200 crimes each year

# Lowering the drink drive limit

- England & Wales have highest BAC limit in EU
- Scotland changed to 0.5 BAC December 2014 – 17% reduction in drink drive offences in first 3 months
- At 0.8 BAC a driver is six times more likely to die in a car crash



# Anonymous data sharing

- The Cardiff model -ED Receptionists collect:
  - 1.Date and time of assault
  - 2.Means of assault (weapon or body part used)
  - 3.Assault location
- Information shared on monthly basis with police and local authorities
- Results:
  - 35% fall in assault patients seeking ED treatment
  - 33% fall in assaults in licensed premises

# Alcohol Treatment Centres

- Mobile sobering centres, 'drunk tanks' in town and city centres
- Evaluations indicate cost-effective way of relieving pressure on police and emergency departments.
- But, only deal with the consequences of excessive drinking, don't address the issue at source.
- Problems:
  - Effective triage?
  - Patient safety?
  - Charging?





# Screening & Brief Advice

- Use of brief screening tool to *identify* 'risky drinking'
- Delivery of short, structured *brief advice* to encourage risky drinkers to reduce consumption
- ED settings challenging:
  - Time pressures
  - Intoxication/cognition
- Finding right time for 'teachable moment'
- Evidence suggests dedicated alcohol nurse specialists in ED settings



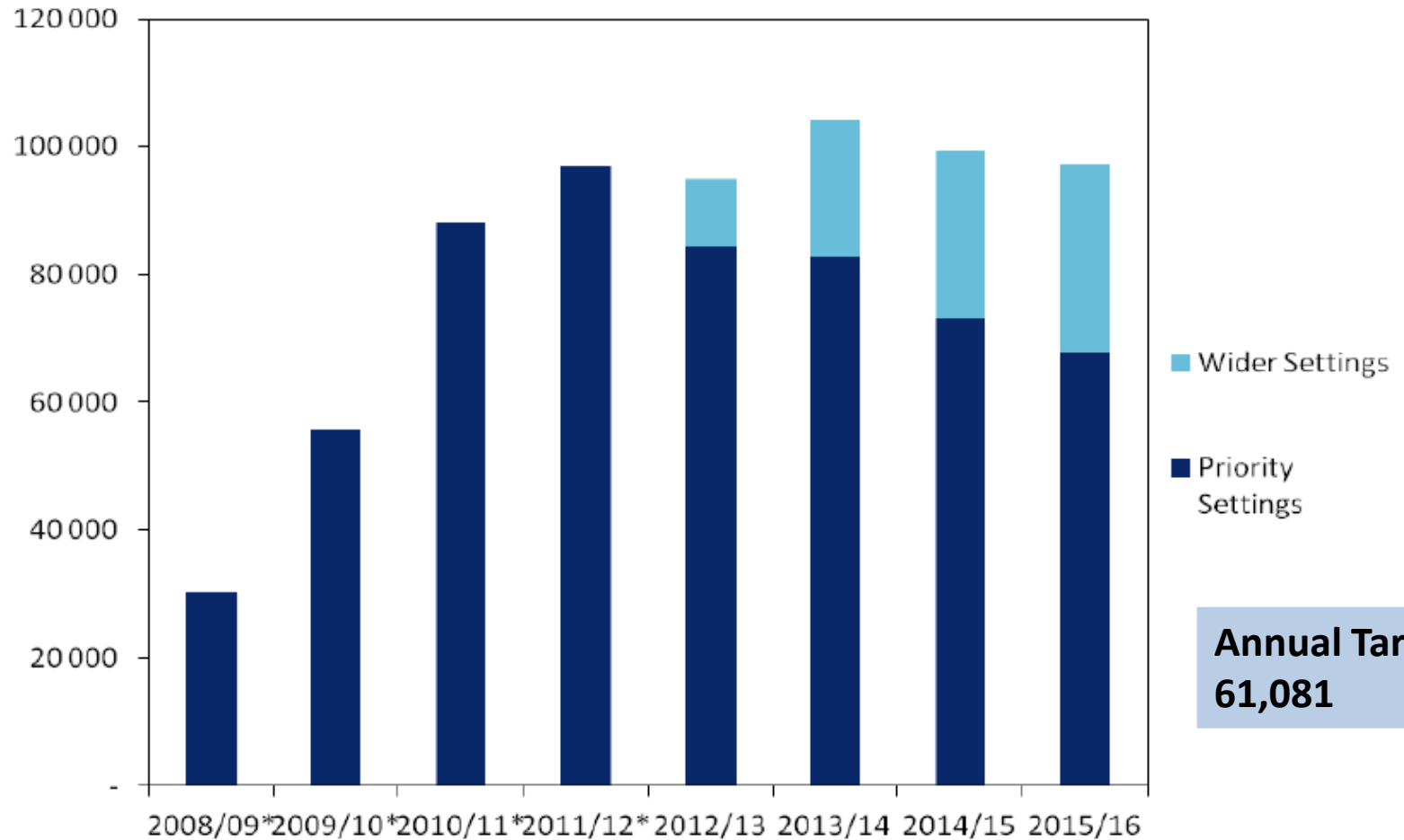
## HEALTH IMPROVEMENT TARGETS 2008

- Coronary Heart Disease
- Children's Dental Care
- Childhood Obesity
- Suicide Prevention
- Smoking Cessation
- Breastfeeding and.....

Achieve target number of screenings (c 60,000 per year) using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.

# HOW HAS THE PROGRAMME WORKED OUT IN PRACTICE ?

Figure 2. Number of ABIs delivered by priority versus wider settings; 2008/09 to 2015/16.



\* Information on wider settings was out with the scope of the HEAT target in 2008/09 to 2011/12

**Annual Target:  
61,081**

## BRIEF INTERVENTIONS: EMERGENCY SETTINGS

- High expectations from outsiders
- Issues of
  - Time
  - Other pressing priorities with patient
  - Intoxication
  - Expanding of A&E function into prevention
- Use of other opportunities in pathway (short stay ward, fracture clinics, Prim Care follow up)



# Scotland's situation 10 years ago

## Liver Disease mortality rates 1950-2002

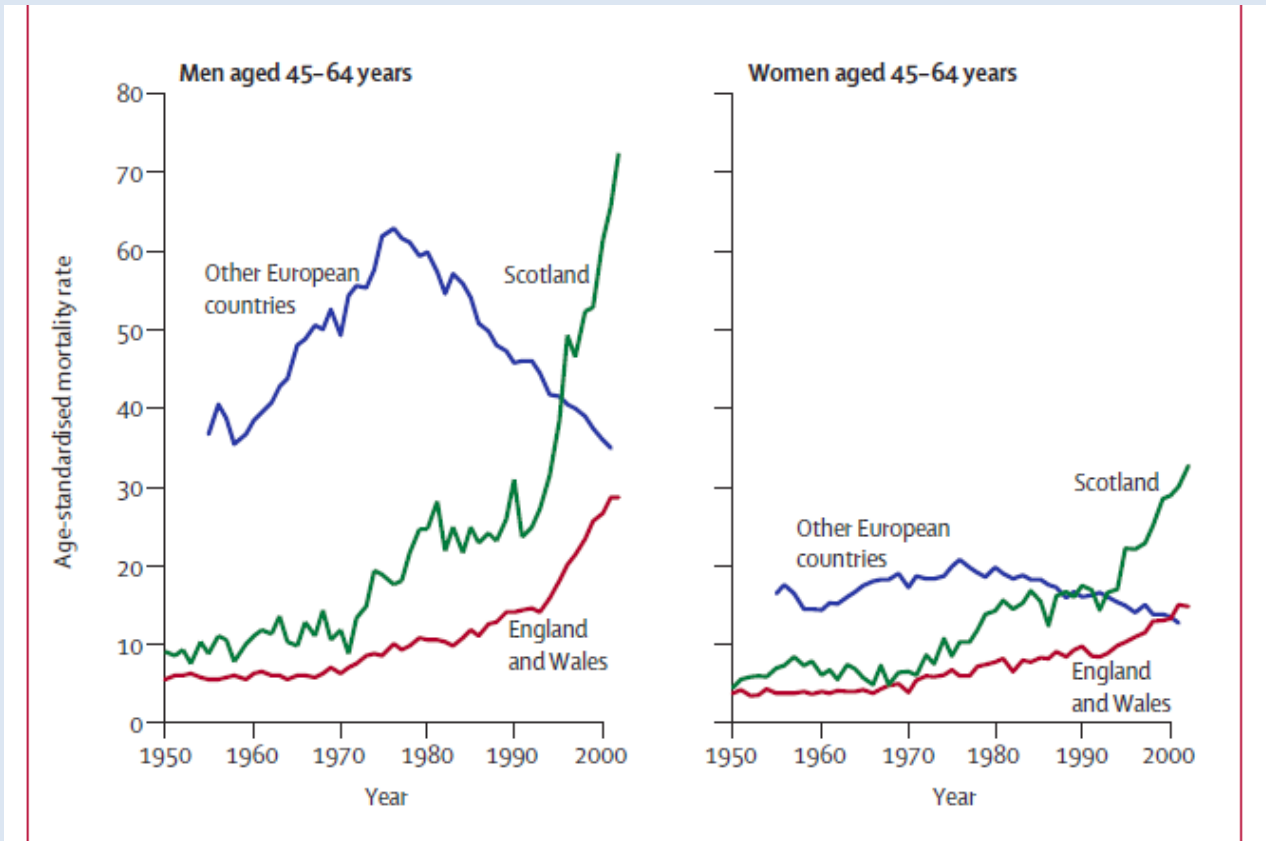


Figure: Time trends in age-standardised mortality rates for liver cirrhosis per 100 000 by age-group, sex, and country between 1950 and 2002

Public and political concern was about young people, women and public disorder.

But most worrying levels and trends were in health harms from long term drinking among males.



## The 2009 Strategy

# Changing Scotland's Relationship with Alcohol: A Framework for Action

The paper generated a great deal of discussion - as we hoped it would. The responses it received were broadly supportive of our overall approach, although not surprisingly there was a range of views on the specific measures proposed. The alcohol industry recognise there is a problem, although they consider it to be one requiring responses only targeted at specific groups in society. We remain firmly of the view that a broader and bolder approach is required and that the people of Scotland agree and rightly expect us to show leadership.

## WHO ACTION AREAS- The Best Buys

Leadership, awareness, commitment

Health services response

Community and workplace action

Drink driving policies and countermeasures

Availability of alcohol

Marketing of alcoholic beverages

Pricing policies

Reducing negative consequences of drinking and intoxication

Reduce public health impact of illicit alcohol

Monitoring and surveillance

## WHO GLOBAL ALCOHOL STRATEGY 2010

## ACTIONS IN SCOTLAND

Leadership and Monitoring

National Action Plan with political commitment

Early Identification and brief advice

National programme established in 2009

Effective specialist treatment

Additional investment and national guidance

Community action with media advocacy

Range of local “Focus on Alcohol” projects

Drink driving action

Limit lowered to 50mg % in Dec 2014.

**Availability**

Age checks with test purchasing.  
Public Health Principle in licensing.

**Regulation of marketing**

Ban on multi-buy discounts and regulation of shop displays.

**Price controls (cheapest alcohol)**

Minimum unit price law passed.  
Under legal challenge from industry.

Server training and monitoring

Now compulsory.



Tweet



Mark Baird @carmyle44

Once again, The Transport Minister rejects calls to lower the drink drive limit in England & Wales



Fiona Bruce Chair, International Development Sub-Committee on the Work of the Independent Commission for Aid Impact

To ask the Secretary of State for Transport, what assessment he has made of the implications for his policies of the recent report by Public Health England on the significant increased risk of a crash occurring when a driver has above 40mg alcohol per 100ml blood.



Andrew Jones Parliamentary Under-Secretary (Department for Transport)

My officials have met with these groups and heard their rationale for supporting a lower drink driving limit. However, the Government believes that rigorous enforcement and serious penalties for drink drivers are a more effective deterrent than changing the drink driving limit.

A fundamental review on drink and drug driving was commissioned in 2009. My Hon Friend can read the coalition government's response here, https://www.gov.uk/government/publications/the-governments-response-to-the-reports-by-sir-peter-north-cbe-qc-and-the-transport-select-committee-on-drink-and-drug-driving, with which this Government agrees.

12:53 PM · 20 Jan 17

Reply to Mark Baird

Twitter https://mobile.twitter.com

Log in Sign up

By using Twitter's services you agree to our Cookie Use and Data Transfer outside the EU. We and our partners operate globally and use cookies, including for analytics, personalisation, and ads.



Mark Baird @carmyle44



No change to drink drive limit in England. Yesterday - the \*same\* answer to the \*same\* question yet again from Transport Minister, pic.twitter.com/oH6TLtmg2H 3:51 AM - 13 Jan 2017

10/20/17
Cut 45% Kevin Higgins (Labour North) (Lab): T4. Ministers will be aware of the comments in Public Health England's recent alcohol evidence review that drinking alcohol up to England's drink-drive limit increases the risk of fatal accidents by 13 times. We have the highest drink-drive limit of any country in Europe except for Malta, so will the Government look again at reducing the limit as a matter of urgency, in line with the views of the Police Federation, the RAC, the House of Lords, the Fire Brigades Union and 77% of the public? (20/10/17)
The Parliamentary Under-Secretary of State for Transport (Andrew Jones): We have no plans to review the drink-drive limit. The limit of 40 mg per 100 ml of blood is one of the higher ones, but no country has a better record than us on road safety and improving performance in tackling drink-driving. Taken together, it is the combination of the tight limit and enforcement and the cultural issue that drink-driving is wrong that makes progress.

Twitter

By: Mark Baird @carmyle44



Enter a topic, @name, or fullname

Search input field with magnifying glass icon

Settings Help

Back to top · Turn images off

## NEWS SCOTLAND

Home World UK England N. Ireland Scotland Wales Business Politics Health Education Sci/T

Scotland Politics Scotland Business Edinburgh, Fife &amp; East Glasgow &amp; West Highlands &amp; Islands

6 February 2014 Last updated at 18:21



## Minimum alcohol price law challenged by Scotch Whisky Association



Shift+R improves the quality of this image in all images on this page.

Whisky producers have now appealed to the Court of Session to have the minimum alcohol legislation stopped

The Scottish government's plan for a minimum price on alcohol has faced a renewed legal challenge.

Related Stories

## 2012-16 timeline

May 2013

1<sup>st</sup> Court of Session ruling.

Appealed by SWA

April 2014

Referral to European Court of Justice for advice

Dec 2015

ECJ Ruling. Back to Scottish Court

Oct 2016

Court of Session ruling.  
SWA appeal to UK Sup Ct

21<sup>st</sup> Dec 2016

Ruling on leave to appeal

## PRICE CHANGES IN THE CHEAPEST PRODUCTS

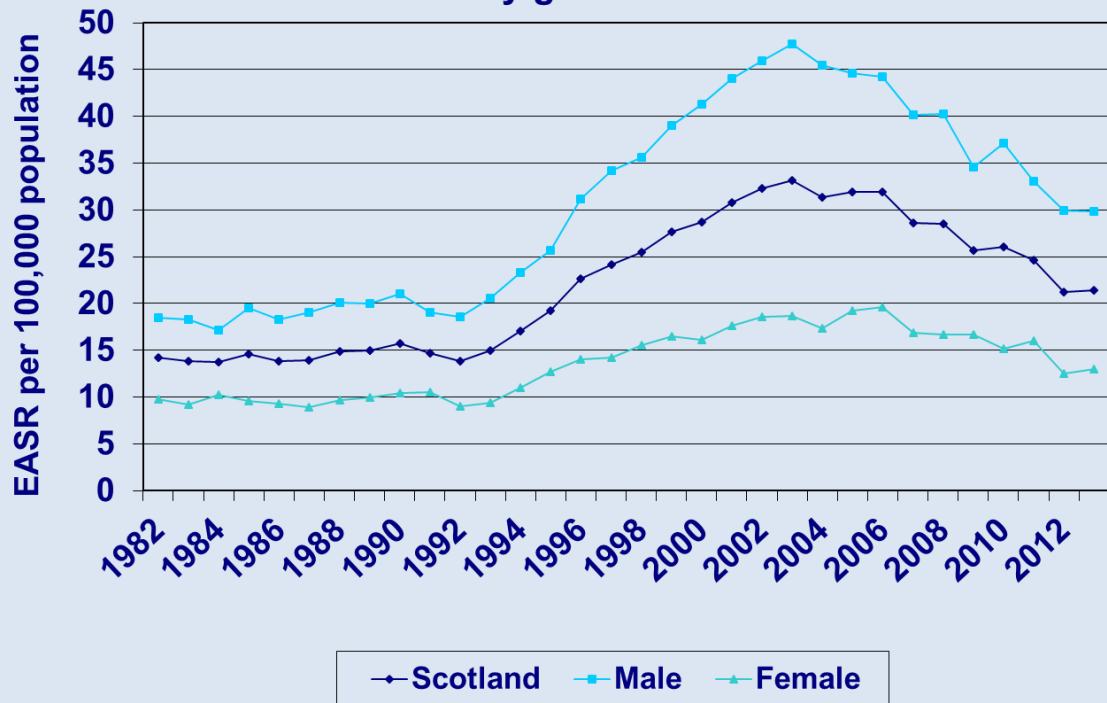
	Mar 09	Aug 14		Oct 16
Asda Vodka	£6.41	£11.50	+79%	£10.25
Tesco Value Gin	£7.39	£11.50	+55%	£11.00
Tesco Value Vodka	£7.78	£10.00	+28%	£10.50

**(MUP of 50p = £13.00)**

# How Do Things Look in 2015? Mortality

## Scotland

Alcohol related deaths (underlying cause) EASR overall and by gender 1982 -2013



**Jan 06** Lancet paper

**Jun 06** SHAAP set up.

**May 07** Scottish Parliament elections

**Sep 07** SHAAP MUP Report

**Apr 2009** Brief Intervention programme

**Sept 2009** Licensing Act.  
(Server training, Test purchasing,)

**April 2011.** Waiting Times target

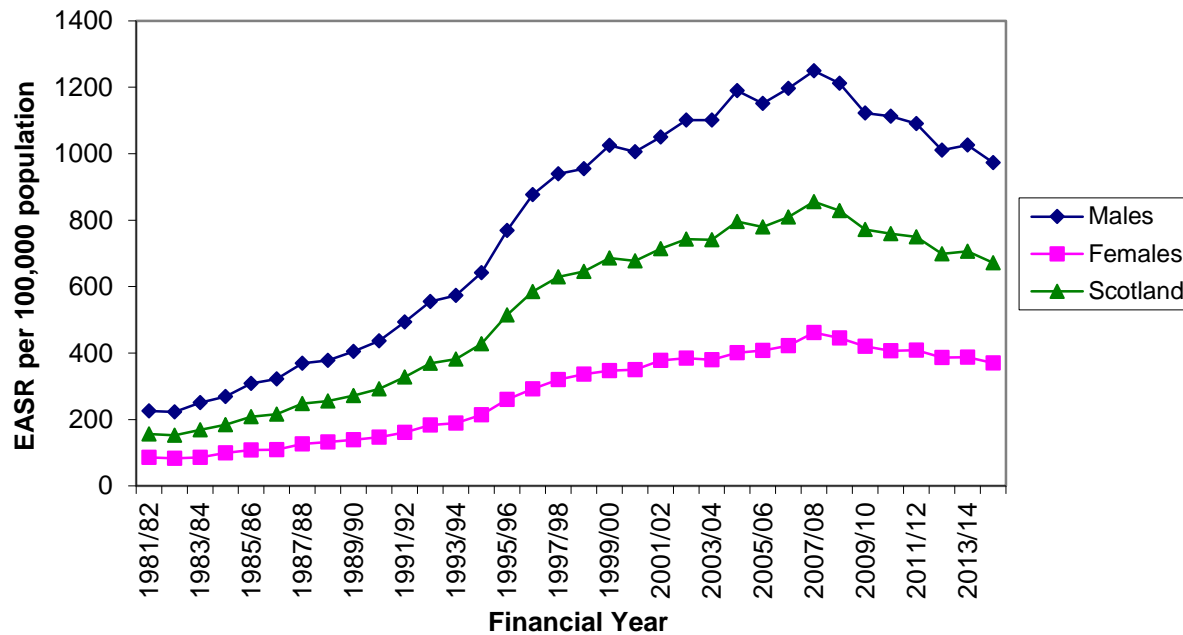
**Oct 2011** Multibuy ban, Happy hour ban, Challenge 25,

**May 2012** MUP Bill Passed.

Source: ISD Scotland SMR 99  
MESAS Report2014.

# How Do Things Look in 2015? Admissions

Alcohol-related hospital discharges - Hospital stays, by gender



**Jan 06** Lancet paper  
**Jun 06** SHAAP set up.  
**May 07** Scottish Parliament elections  
**Sep 07** SHAAP MUP Report  
**Apr 2009** Brief Intervention programme  
**Sept 2009** Licensing Act. (Server training, Test purchasing,)  
**April 2011.** Waiting Times target  
**Oct 2011** Multibuy ban, Happy hour ban, Challenge 25,  
**May 2012** MUP Bill Passed.

Source: ISD Scotland SMR 01  
MESAS Report2014.



# Alcohol's impact on emergency services

October 2015

IAS  
Institute of Alcohol Studies

## Conclusions

- Alcohol places significant and often unnecessary burden on emergency services
- Frontline staff systematically subjected to alcohol-fuelled abuse and harassment
- Status quo is unacceptable
- Evidence shows policy options exist to reduce burden
- Tackling cheap drink and earlier closing times appear to have strongest evidence for short term impacts

# Thank you for your time

Any questions?

[kbrown@ias.org.uk](mailto:kbrown@ias.org.uk)

[www.ias.org.uk](http://www.ias.org.uk)

@InstAlcStud

[peter.rice@nhs.net](mailto:peter.rice@nhs.net)

@SHAAPALCOHOL