Alcohol’s impact on emergency services: The UK experience

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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
Alcohol places a significant strain on public services

<table>
<thead>
<tr>
<th>Service</th>
<th>Time Spent (%)</th>
</tr>
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<tbody>
<tr>
<td>Police</td>
<td>53%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>37%</td>
</tr>
<tr>
<td>A&amp;E Consultants</td>
<td>25%</td>
</tr>
<tr>
<td>Fire Service</td>
<td>21%</td>
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</tbody>
</table>

*Time spent dealing with alcohol-related incidents*
Alcohol makes servicepeople’s lives & jobs harder
Suffered sexual harassment / assault from intoxicated people whilst on duty

Police: 41%
Ambulance: 52%
A&E Consultants: 35%
Fire Service: 34%

Sexual assault and harassment on duty
Frontline staff are feeling stretched

Have you ever felt you have performed the job required of another blue light service when dealing with an alcohol related incident?

- Police: 92% said 'Yes'
- Ambulance: 90% said 'Yes'
- Fire: 62% said 'Yes'
“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 Colombia – 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

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 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.
<table>
<thead>
<tr>
<th>WHO ACTION AREAS- The Best Buys</th>
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<tbody>
<tr>
<td>Leadership, awareness, commitment</td>
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<tr>
<td>Health services response</td>
</tr>
<tr>
<td>Community and workplace action</td>
</tr>
<tr>
<td>Drink driving policies and countermeasures</td>
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<tr>
<td>Availability of alcohol</td>
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<tr>
<td>Marketing of alcoholic beverages</td>
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<tr>
<td>Pricing policies</td>
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<tr>
<td>Reducing negative consequences of drinking and intoxication</td>
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<tr>
<td>Reduce public health impact of illicit alcohol</td>
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<tr>
<td>Monitoring and surveillance</td>
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<tr>
<td>WHO GLOBAL ALCOHOL STRATEGY 2010</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Leadership and Monitoring</td>
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<tr>
<td>Early Identification and brief advice</td>
</tr>
<tr>
<td>Effective specialist treatment</td>
</tr>
<tr>
<td>Community action with media advocacy</td>
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<tr>
<td>Drink driving action</td>
</tr>
<tr>
<td>Availability</td>
</tr>
<tr>
<td>Regulation of marketing</td>
</tr>
<tr>
<td>Price controls (cheapest alcohol)</td>
</tr>
<tr>
<td>Server training and monitoring</td>
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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.

Minimum alcohol price law challenged by Scotch Whisky Association

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.

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2012-16 timeline

May 2013
1st Court of Session ruling.
Appealed by SWA

April 2014
Referral to European Court Justice for advice

Dec 2015
ECJ Ruling. Back to Scottish Court

Oct 2016
Court of Session ruling.
SWA appeal to UK Sup Ct

21st Dec 2016
Ruling on leave to appeal
## PRICE CHANGES IN THE CHEAPEST PRODUCTS

<table>
<thead>
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<th></th>
<th>Mar 09</th>
<th>Aug 14</th>
<th>Oct 16</th>
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<tbody>
<tr>
<td>Asda Vodka</td>
<td>£6.41</td>
<td>£11.50</td>
<td>+79%</td>
</tr>
<tr>
<td>Tesco Value Gin</td>
<td>£7.39</td>
<td>£11.50</td>
<td>+55%</td>
</tr>
<tr>
<td>Tesco Value Vodka</td>
<td>£7.78</td>
<td>£10.00</td>
<td>+28%</td>
</tr>
</tbody>
</table>

(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

Source: ISD Scotland SMR 99
MESAS Report 2014.

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.
How Do Things Look in 2015? Admissions

Jan 06  Lancet paper
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Happy hour ban, Challenge 25,
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Source: ISD Scotland SMR 01
MESAS Report2014.
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?

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