

# Alcohol's impact on emergency services

## A report written and produced by the Institute of Alcohol Studies

### About the Institute of Alcohol Studies

The core aim of the Institute is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm. The IAS is a company limited by guarantee, No 05661538 and registered charity, No 1112671. For more information visit [www.ias.org.uk](http://www.ias.org.uk).

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#### Supporting Organisations

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College of Paramedics  
Chief Fire Officers Association  
Police and Crime Commissioners Alcohol Working Group

# Executive Summary

## Key points

- Alcohol places a significant and unnecessary strain on emergency services
- Public drunkenness makes emergency service people's lives and jobs harder
- All services want more day-to-day support in dealing with alcohol
- Frontline staff are calling for policy action to curb alcohol harm
- There are evidence-based interventions that can ease this burden

## Alcohol places a significant and unnecessary strain on emergency services

A growing body of evidence is gradually revealing the extent of the burden that alcohol places upon our public services. Up to 80% of weekend arrests are alcohol-related<sup>1</sup>, and just over half of violent crime is committed under the influence.<sup>2</sup> In 2009/10 there were 1.4 million alcohol-related ambulance journeys, which represents 35% of the overall total.<sup>3</sup> Estimates for the proportion of Emergency Department attendances attributable to alcohol vary, but figures of up to 40% have been reported, and it could be as much as 70% at peak times.<sup>4</sup> Alcohol is typically found to be involved in 10-30% of all fires.<sup>5</sup> Moreover, alcohol-caused fires are usually worse: 50% result in casualties, compared to 14% for other fires; and they cost five times more on average.<sup>6</sup>

Our survey of front line staff confirms the magnitude of the problem: alcohol takes up as much as half of their time. The issue is particularly acute for the police, for whom 53% of their workload, on average, is alcohol-related. However, even fire and rescue teams, who reported being the least affected of the emergency services by alcohol, typically spent one in five working hours dealing with the consequences of drinking.

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<sup>1</sup> Stoddart, J. (2011) *Alcohol's impact on policing*. Balance – The North East Alcohol Office. [Available: [http://www.balancenortheast.co.uk/library/documents/The\\_Impact\\_of\\_Alcohol\\_on\\_Policing\\_Slideshow.pdf](http://www.balancenortheast.co.uk/library/documents/The_Impact_of_Alcohol_on_Policing_Slideshow.pdf)]. [Accessed: 15 October 2015].

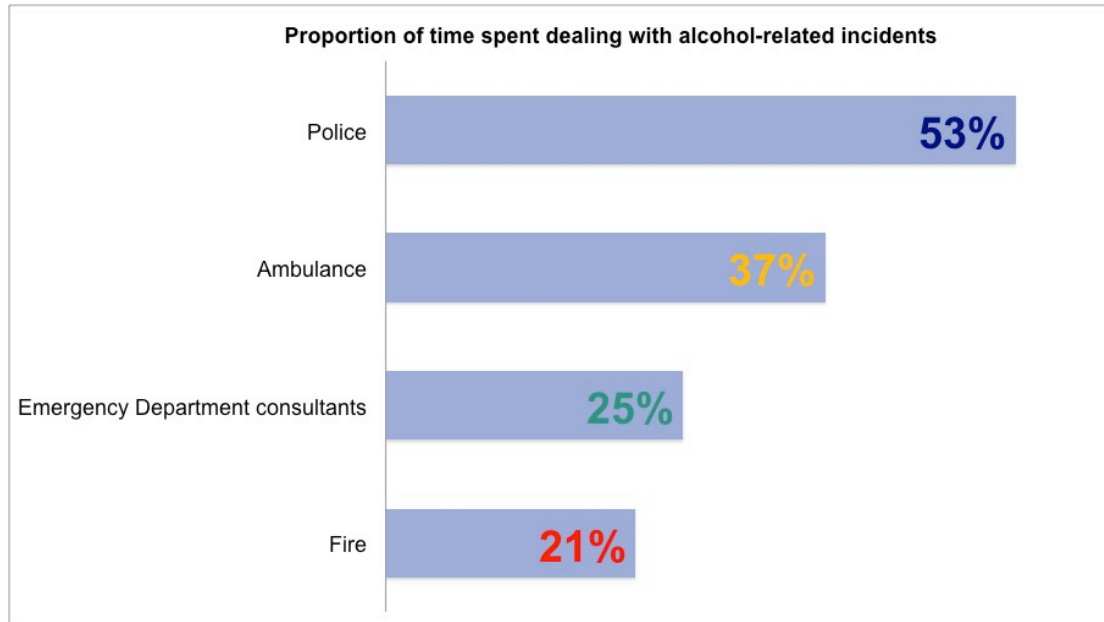
<sup>2</sup> Office for National Statistics (2015), ONS Nature of Crime Tables, 2013-14 – Violence, Table 3.11.

<sup>3</sup> NHS (2012) The cost of alcohol harm to the NHS in England (2009/2010).

<sup>4</sup> York Health Economics Consortium (2010), The Societal Cost of Alcohol in Scotland for 2007, p28; Drummond, D., Phillips, T., Coulton, S., et al. (2005) National prevalence survey of alcohol-related attendances at accident and emergency departments in England, *Alcoholism: Clinical and Experimental Research* 29:5, pp36A:36A.

<sup>5</sup> Department for Communities and Local Government Arson Control Forum (2006) Learning lessons from real fires: findings from fire investigation reports. Research Bulletin No.9 [Available: <http://www.stoparsonuk.org/documents/resources/fatal.pdf>]. [Accessed: 15 October 2015].

<sup>6</sup> House of Commons Health Committee, *Government's Alcohol Strategy* (HC 132, 2012-13), Written evidence from the Department of Health (GAS 01).



This flood of alcohol-related incidents inevitably comes at a cost to the taxpayer: previous research has shown that the police and justice system spend £1.7bn every year responding to alcohol-related crime<sup>7</sup>; alcohol costs the health service £696m in Accident & Emergency costs, and a further £449m in ambulance services<sup>8</sup>; and the fire service spends £131m tackling fires caused by drinking each year.<sup>9</sup>

## Public drunkenness makes emergency servicepeople's lives and jobs harder

Perhaps the most shocking finding of our survey was how widespread drunken physical, sexual and verbal abuse of emergency services staff is. Again, police and ambulance crews suffer the worst. Three quarters of police respondents, and half of ambulance respondents, had been injured in alcohol-related incidents. Between a third and a half of all servicepeople had suffered sexual harassment or abuse at the hands of intoxicated members of the public. Ambulance staff were particularly at risk, with 51% reporting sexually-related incidents, but the numbers were concerningly high across all services.

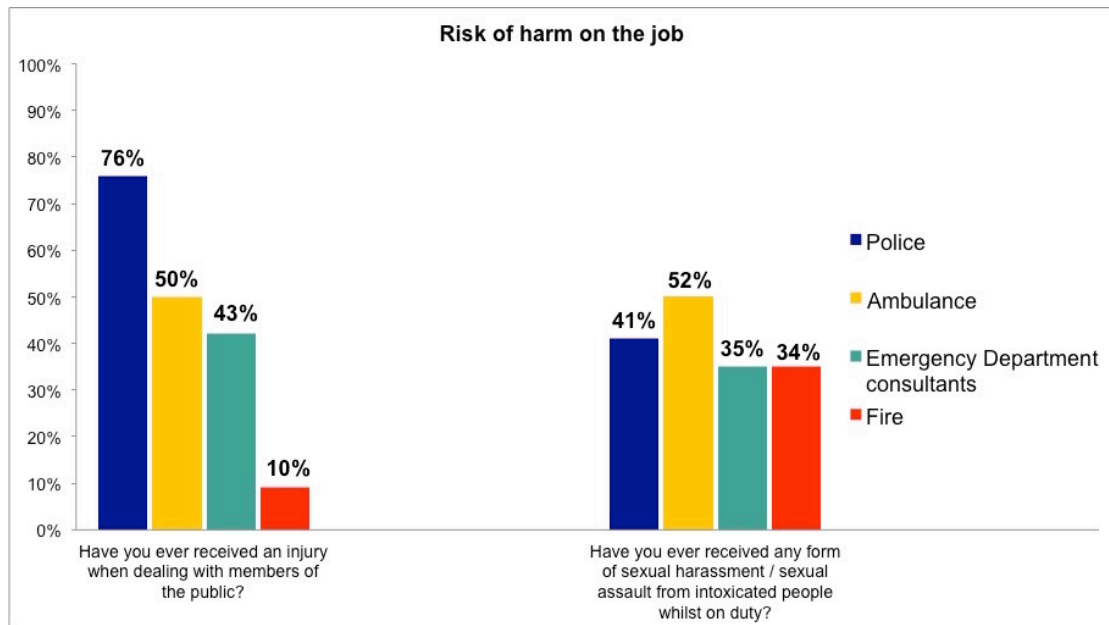
This has created a culture of fear in the emergency services, particularly for those out on the streets. 78% of police feel at risk of drunken assaults, compared to 65% of ambulance staff. But even Emergency Department Consultants within hospitals believe themselves to be in danger, with 35% concerned about the possibility of physical attack.

- ■ *"I was assaulted by a patient who knows he convulses after alcohol. He tried to murder his mother."* (Paramedic)
- ■ *"Solo responders should NOT be sent to drunken collapses. It is completely unsafe."* (Paramedic)

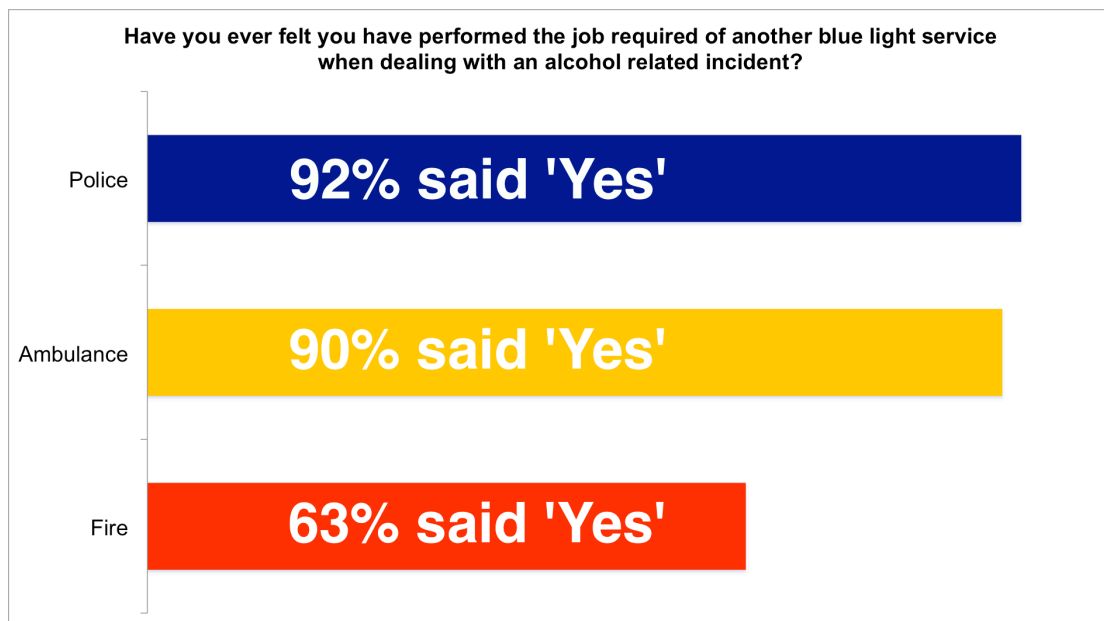
<sup>7</sup> Leontaridi, R. (2003) Alcohol misuse: how much does it cost?. London: United Kingdom Cabinet Office, p. 59

<sup>8</sup> NHS (2012), op. cit.

<sup>9</sup> House of Commons Health Committee, *Government's Alcohol Strategy* (HC 132, 2012-13), Written evidence from the Department of Health (GAS 01).



It was also clear from our study that many of the emergency services feel stretched by a combination of alcohol-related incidents and tightening budgets. As a result, it is increasingly common for different emergency services to have to plug the gaps and fill in for each other. Nearly all police (92%) and ambulance (90%) respondents recalled performing duties they felt belonged to another emergency service, as well as a majority of fire service respondents (63%).



Inevitably, this increased workload has consequences for the personal lives of servicepeople: 67% of police surveyed said that alcohol-related incidents negatively affect their work-life balance.

## All services want more day-to-day support in dealing with alcohol

Another consistent theme in our results was the perception that frontline services need more help in dealing with alcohol, though the specific requirements and severity of the need varied by service. For the police, the major constraint seems to be manpower. A number of

respondents were concerned that there appears to be a vicious cycle emerging, whereby cuts to the number of officers puts those remaining at greater risk of assault, and so greater danger of missing service through injury:

- *“... as officer numbers reduce there seems to be a propensity by drunken and drugged people to assault officer's [sic] who are routinely single crewed now...I fear as officer's [sic] get injured and are off work recuperating the thin blue line will break.”* (Police Sergeant, Response Team)

Training seems to be a greater issue for ambulance and fire staff. 53% of ambulance staff felt they were inadequately prepared for dealing with alcohol-related incidents, with 64% expressing the view that additional training would be helpful. For fire departments, 72% believed they lacked training, and 62% would like more.

ED Consultants were by far the most confident in dealing with drunken members of the public, with two-thirds claiming to have the necessary skills to do so. This may be a consequence of the relatively high investment in alcohol-specific services in hospitals: 55% of ED Consultants work in a department with an alcohol-specialist nurse.

## Frontline staff are calling for policy action to curb alcohol harm

The emergency service staff we spoke to were full-throated in their call for policy action on alcohol harm. Overall, the impression was one of frustration and impatience with the status quo. However, though the desire for change was clear, respondents disagreed over how best to reform current practices.

The police were generally in favour of stronger control and regulation, particularly on licensing and alcohol prices. There was a clear sense that later opening hours have created a huge strain on police officers, with many calling for a return to earlier closing times for pubs, bars and nightclubs.

- *“The change in licensing hours changed policing forever... No longer are we able to patrol residential areas to catch burglars.”* (Police Constable, Response Team)

Another measure that commanded impressive support from the police was levies on licensed premises to fund police activity – 89% were in favour. Moreover, they were insistent that this policy should not be focused solely on pubs and bars, but that supermarkets and off licenses should be targeted as well:

- *“I feel the off-sales should take more responsibility [sic] – it isn't [sic] just an issue for on-licensed premises to pay a late night levy. Off-sales contribute to pre-loading which in my experience (both operationally and academically) has a significant [sic] effect on the night time economy (and therefore policing).”* (Police staff member, Neighbourhood Policing Team)

Fire service respondents expressed similar views about the need to better control the night time economy by reducing availability and affordability.

Health service staff also emphasised the need for action, but were divided as to whether this should be focused on individuals or the population at large, and in particular on the question of user charges. 76% of ambulance staff believed that users should have to pay for callouts resulting from their own drunkenness. However, only half of ED Consultants favoured this move, and those opposed expressed strong objections, believing user charges to be against NHS values, and inadequate to tackle the root causes of harmful drinking.

- *“I perceive the problem to be one of our relationship with alcohol on a wider scale, rather than attributable blame. [User charges] would also*

*represent a betrayal of the fundamental free-at-the-point-of-entry nature of the NHS. I believe we need an enormous national public health campaign, and stronger minimum alcohol pricing.”* (ED Junior Clinical Fellow)

## **There are evidence-based interventions that can ease this burden**

These findings add up to a strong case for policy action. Alcohol takes up a disproportionate share of emergency service time, and costs taxpayers billions of pounds each year. It means that police, fire services, ambulance workers and ED Consultants cannot do their jobs without fearing attack, that many are stretched into roles they are not fully trained nor equipped to tackle, and that their personal lives must bear the brunt of longer working hours. Frontline staff are demanding policy change, though they are divided on what form of action is best.

Evidence suggests that there are a number of interventions that could improve the situation:

- Alcohol Treatment Centres (also known as ‘Welfare Centres’, ‘Sobering Centres’ and even ‘Drunk Tanks’) are special facilities designed to help people who are highly intoxicated by providing a safe place to sober up, whilst offering supervision and elements of clinical care, such as airway management and fluid infusion (a drip) to reverse dehydration. These have been shown to be a cost-effective way of relieving pressure on police and emergency departments.
- Delivering Identification and Brief Advice (IBA) (screening for risky drinking, and providing advice to encourage risky drinkers to reduce consumption) at ‘teachable moments’ could be a way of ‘investing to save’. This measure has been shown in a range of settings to reduce harmful drinking, and so would, in turn, reduce future demand for emergency services.
- A lower drink drive limit of 50mg of alcohol per 100ml of blood would bring England and Wales in line with Scotland, Northern Ireland (which is currently passing legislation) and the rest of Europe, and could prevent hundreds of accidents each year.
- Improving information sharing between emergency departments, police services and local authorities has the potential to develop more targeted and effective strategies for tackling alcohol-related violence.
- A more assertive use of licensing powers by local authorities could reduce the burden on the emergency services by securing earlier closing times where necessary, addressing problematic areas with high concentrations of licensed venues, and ensuring that late night venues contribute to the cost of late night policing.
- Reducing the affordability of alcohol, for example through a minimum unit price, is widely agreed to be one of the most effective and targeted ways to tackle alcohol harm.

*Alcohol's Impact on Emergency Services* reveals the full extent of the toll of alcohol consumption on emergency services, and outlines the steps that can be taken to address this issue. This ought to serve as a wake up call to policymakers, the media and the general public. We cannot keep taking our emergency services for granted.