

**Emergency**

# The Frontline Battle

**An Inquiry into the Impact of Alcohol on  
Emergency Services by the All-Party  
Parliamentary Group on Alcohol Harm**



**appg**

*This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees.*

*All Party Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this Report are those of the Group.*

*This report was produced by Alcohol Concern in their APPG secretariat role.*

# Contents

Foreword	p3
Recommendations	p5
Introduction	p7
Methodology	p9
Findings	p10
Time and resources	p11
Impact on staff	p18
Impact on service provision	p25
Principle challenges	p30
Policy and practice measures needed	p34
Conclusion	p40
References	p42

# Foreword – Fiona Bruce MP



The UK's relationship with alcohol is not without consequence.

Excessive drinking places an enormous burden on our emergency services, both at an organisational and individual level. Calculating the financial impact of responding to alcohol-related emergencies is important - we need to better understand the full economic cost, especially in these difficult times. However we must not forget the very human impact as well on those public-spirited people who man our emergency services.

This Inquiry was shocked to hear the way in which police, fire, ambulance, and accident and emergency personnel face the daily risk – and frequently daily reality – of being assaulted and abused, including sexually, in the course of carrying out their professional duties.

Many submissions by the police to our Inquiry reflected an expectation that officers will be assaulted when dealing with intoxicated individuals. According to one police force, their staff survey found ***'90 per cent of police officers expect to be assaulted on a Friday and Saturday night when they police during the night time economy'***, and ***'there is one thing that is specific to female officers and that is sexual assault. I can take my team through a licensed premise, and by the time I take them out the other end, they will have been felt up several times'***<sup>ii</sup>.

As this Report shows alcohol-fuelled behaviour resulting in criminality, fires or accidents is adding intolerable – yet often unnecessary – pressure on vital resources, and to the work of our emergency services personnel. It is impacting on their ability to serve the public, on their morale, health and wellbeing, and on recruitment and retention. Another submission to our Inquiry detailed ***'As well as staff, the patients themselves are often at increased risk of harm. The other patients who have not been drinking are at increased risk because of the delays in being seen. They also have to be witnesses to an alarming environment that often appears aggressive and chaotic'***<sup>iii</sup>.

We also heard of emergency department staff suggest that had become ***'almost desensitised to the impact of alcohol on the functioning of our unit because at certain times of the day it is the norm to be dealing with intoxicated people'***<sup>iv</sup>, and a Consultant in emergency medicine told us of how he was ***'kicked in the face by a drunk'***<sup>v</sup>.

This should be considered wholly unacceptable and this Report makes a series of Recommendations to address these issues which merit wide attention – not least from those individuals contributing to such pressures. As well as specific steps which government and other organisations can pledge to take, what is needed is nothing less than serious public cultural change in what is considered acceptable behaviour towards those who serve so selflessly and faithfully in our emergency services in this country today.

We all have our part to play in this, as would a Government-led National Strategy to tackle alcohol-related harm and excessive drinking, as this report recommends.

# Foreword – Fiona Bruce MP



Stories from the police, fire and accident and emergency staff perspectives share many commonalities and during our inquiry we heard the way in which responding day in day out to alcohol-fuelled incidents is physically and emotionally challenging, and can be demoralising. The individual life quality of emergency personnel is damaged by shift work that reflects longer licensing hours and the very real constant threat posed by unpredictable alcohol-fuelled behaviours.

Fire Officers reported to us, ***'The reality is fire and rescue services now rescue more people from road traffic collisions than from house fires, and crews across the country see the effects of drink driving nearly every day. Any fire-fighter will tell you that of all the difficult and shocking things they encounter as part of their job, serious road traffic accidents are very often the worst.'***<sup>vi</sup> Alcohol was repeatedly identified as a factor that negatively affects the well-being and morale of staff who attend such incidents. Several submissions detailed the complexity of making sense of, in one's own time, the fact that it is often ***'someone other than those who have been under the influence who pays the ultimate price for other people's poor decisions'***<sup>vii</sup>. One Assistant Chief Fire Officer told us that ***'the inclusion of alcohol makes fires more frequent, more common and more severe in consequence.'***<sup>viii</sup>

It is clear from the compelling evidence presented to the Inquiry, there is a very real battle going on, day to day, for our frontline emergency service workers. From breaking up drunken street fights, to pumping the stomach of a young person with alcohol poisoning, to tackling house fires caused or exacerbated by alcohol-induced forgetfulness, our frontline emergency services do a first rate job in extremely challenging circumstances. They do this with bravery and without great reward. We should all be immensely proud and grateful for the work of these largely unsung heroes.

We must do much, much more to reduce the scale of alcohol issues they are forced to address, and the pressure this puts on them individually and on their services' resources as a whole. As we were told: ***'Alcohol-related cases represent the greatest avoidable group of patients presenting to secondary care as an emergency'***<sup>ix</sup> and ***'alcohol is the single most avoidable factor in relation to ED attendances.'***<sup>x</sup> Almost all submissions reflected the following one: ***'if we get the prevention side right, then hopefully this will lessen the scale of alcohol-related problems we see now.'***<sup>xi</sup> To this end we hope that Ministers, Government and other bodies will study the Recommendations from this Inquiry closely, respond to this Report, and take action appropriately.

The All-Party Group expresses its thanks to Alcohol Concern, for being the group's secretariat and for its much valued contribution towards this Inquiry and Report.

**Fiona Bruce MP**

**Chair of the All-Party Parliamentary Group on Alcohol Harm**

Contact: [Fiona.Bruce.MP@parliament.uk](mailto:Fiona.Bruce.MP@parliament.uk) / 020 7 219 2969

# Recommendations

This Inquiry into the impact of alcohol on the emergency services and their personnel has received evidence which demonstrates the tangible personal, societal and financial impacts of excessive alcohol consumption and alcohol harm on all our emergency services. Drawing from the submissions, the All Party Parliamentary Group is clear that decisive action needs to be taken to reduce excessive alcohol consumption and alcohol harm, and the impact this has on the emergency services and their ability to best serve the public. Appropriate mechanisms must be put in place to address this and to enable emergency service personnel to cope with, and mitigate, the burden of alcohol harm.

## **Develop a Government-led, cross-departmental National Strategy**

Government should develop, implement and promote a coordinated National Strategy, engaging all appropriate Government departments, to tackle excessive drinking and alcohol-related harm.

## **Lower the drink drive limit**

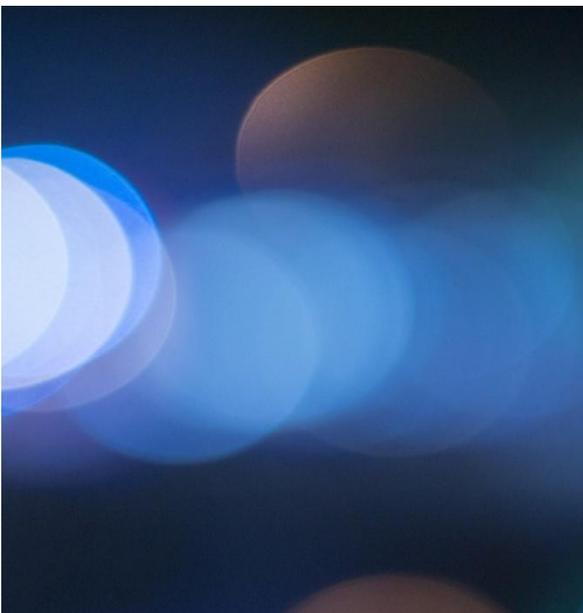
Reduce the drink drive limit in England and Wales from 80mg alcohol/100ml blood to 50mg/100ml.

## **Deliver alcohol awareness training and support for Emergency Service personnel**

Investment in giving frontline staff information on alcohol and dealing with alcohol-related incidents. Adequate wellbeing and mental health support for staff who have been subject to alcohol-related harm or abuse.

## **Implement training and delivery of Identification and Brief Advice (IBA) programmes and invest in alcohol liaison teams**

Implementation of evidence-based early Identification and Brief Advice (IBA) programmes in primary care and health settings, including within GPs' surgeries, and emergency departments and provide training for all relevant staff  
Specialised alcohol liaison teams and nurses to deliver comprehensive assessment and appropriate treatment for patients.



# Recommendations

## **Utilise Alcohol Sobering Centres**

A review of the centres in the UK which are currently under trial and relieving pressure on local emergency services by acting as alcohol welfare centres which 'house' people who are highly intoxicated and offer the opportunity to deliver IBA or a referral to specialised services.

## **Review Licensing legislation to include a 'health objective'**

The introduction of a 'health licensing objective'.

More thorough application of the Licensing Act is required in order to empower licensing authorities to tackle alcohol related harm. Investment in providing the appropriate support to administer local licensing initiatives.

## **Invest in Information sharing between Emergency Services**

A coordinated and properly funded system which facilitates data sharing between the emergency services.

## **Reduce the affordability of cheap and high-strength alcohol**

Introduce a minimum unit price (MUP) for alcohol.

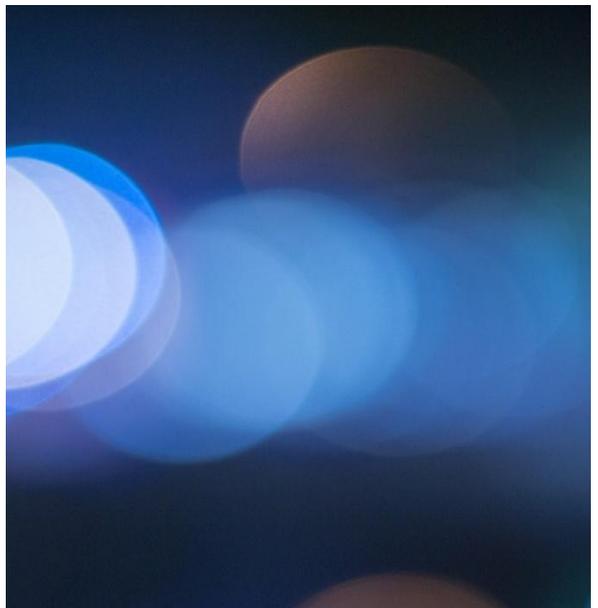
Reinstate the alcohol duty escalator in order to ensure the tax system both addresses alcohol harm, and incentivises the development and sale of lower strength products.

## **Educate the public on the harms of alcohol**

Invest more in public awareness raising campaigns in order to inform people about the impact of alcohol on their health and help them make informed choices about their drinking; including better promotion of the Chief Medical Officer's Low Risk Drinking Guidelines, improving alcohol product labels by including mandatory health information, and increasing alcohol awareness education in schools.

## **Promote increased partnership working in local communities**

Promote increased coordinated partnership working across all agencies – local authority, statutory and voluntary – seeking to address alcohol harm and excessive drinking in local communities.



# Introduction

The All-Party Parliamentary Group on Alcohol Harm exists to inform Parliamentarians on all matters relating to alcohol misuse. Alcohol is no ordinary commodity and excessive alcohol use can affect not just the individual drinker, but children and families, innocent passers-by, and wider communities. Our relationship with alcohol also places immense pressure on the emergency services which are already stretched; it is estimated that alcohol costs the NHS £3.5 billion annually.

The APPG decided to focus on the impact of alcohol on the emergency services to find out about the human experiences behind the headlines. An Inquiry was coordinated over the past year with submissions and testimony sought from the police, A&E and ambulance, and fire services as well as a wide range of other agencies and individuals. The aim was to better understand the true impact which alcohol places on our emergency services and emergency service personnel.

The scale of the impact of alcohol on our emergency services is only gradually being recognised. Poor systemic recording makes accurately identifying its impact challenging. The impact of alcohol on the ability of our front line emergency workers to do their jobs is not easily recorded on a form. However, what is perfectly clear is the extent of the burden of alcohol-related incidents on individual frontline services and service personnel, as evidence to this Inquiry showed.

Our emergency services play a key role in protecting people and places from harm, providing medical and emergency support for those in need. Yet alcohol misuse is making day-to-day delivery of these functions more difficult and imposing an enormous additional burden on time and resources. Frontline staff, who protect and serve as public service workers, are being impacted by alcohol-related issues, both professionally and personally.

This Report seeks to better understand this impact of alcohol on emergency service delivery. Presenting key excerpts from submissions the Inquiry report also seeks to give a voice to the emergency services and personnel involved. Finally it aims to make a review of recommendations to Government, Ministers and officials, and other relevant bodies, who it is hoped, will both be better informed and take appropriate action, as a result of this Inquiry. As one of the respondents so eloquently put in their submission '***Parliament needs to listen to the professionals advising them.***<sup>xii</sup>

# Methodology

The aim of this Inquiry was to better understand the true impact that excessive alcohol consumption and alcohol harm places on our emergency services and emergency service personnel, and to make Recommendations accordingly.

In October 2015, the APPG organised two Parliamentary sessions where individuals from the police, fire and ambulance services and emergency departments, used their own professional expertise and direct personal experience to provide an overview of the impact of alcohol on frontline service delivery and staff welfare.

At the first oral evidence session on 19<sup>th</sup> October the APPG received presentations from:

- **Commander Simon Letchford, Metropolitan Police Service**
- **Sergeant Mick Urwin, Alcohol Harm Reduction Unit, Durham Constabulary**
- **Assistant Chief Fire Officer Paul Hill, Essex Fire & Rescue Service**
- **Chief Fire Officer and Chief Executive Peter Dartford, Staffordshire Fire and Rescue Service**

At the second oral evidence session the APPG received presentations from:

- **Consultant in Emergency Medicine Dr Zul Mirza, West Middlesex Hospital**
- **Chief Executive of the London Ambulance Service Dr Fionna Moore MBE**
- **Staff Officer to the Medical Director Alison Blakely, London Ambulance Service,**
- **Director of the Institute of Alcohol Studies, Katherine Brown**



# Methodology

The APPG would like to thank those expert witnesses who provided evidence to the Inquiry orally and the individuals and organisations who responded in writing.

The Inquiry also sought written testimony and 25 written submissions were received from a range of services and agencies. In this report, where excerpts are highlighted, submission authors have been kept anonymous whilst excerpt from oral submissions are sourced.

## **Written submissions were asked to address the following questions:**

1. In your experience, how much time and resources do the emergency services spend responding to alcohol related issues?
2. In what way do alcohol related issues impact the ability of front line staff to do their job? How does this affect the professional well being of the staff?
3. What are your views of how alcohol in comparison to other factors impacts emergency service provision?
4. What are the principal challenges in dealing with alcohol related harm for the emergency services?
5. What measures should be implemented both in policy and practice contexts to reduce the impact of alcohol on the emergency services?

## **APPG Members and Parliamentarians who participated in and supported this Inquiry:**

- Lord Brooke of Alverthorpe, Vice-Chair
- Fiona Bruce MP, Chair
- David Burrowes MP
- Baroness Finlay of Llandaff, Vice-Chair
- Baroness Hayter of Kentish Town, Vice-Chair
- Kelvin Hopkins MP
- Baroness Masham of Ilton
- Dr Sarah Wollaston MP

**“This is a  
problem that  
affects all  
emergency  
services”**

xiii

# Question 1: Time and Spend

## Police Service

The police are responsible from maintaining the safety and security of our streets and are at the sharp end of responding to alcohol-related crime. Submissions to the Inquiry from police suggest that alcohol places a daily and significant strain on their workload and operations. Alcohol, according to one Commander, is the 'key challenge for police officers in every force'.<sup>xiv</sup>

It has been estimated that, on average, 27% of all calls to police on a particular day had some sort of connection to alcohol, whether it be victim, offender or witness.<sup>xv</sup> The British Crime Survey suggests half of victims of violence believe the offender to have been drinking or drunk at the time of offence.<sup>xvi</sup>

Alcohol is placing a burden on police forces up and down the country:

*'It is estimated that our three police forces have to deal with over 208,000 alcohol related crimes annually - that's an average of around 570 crimes every day.'*<sup>xvii</sup>  
(North East Police Forces)

***'I did a recent survey in our constabulary on a Saturday night, and 100 per cent of the arrests after 9pm were alcohol-related.'***<sup>xviii</sup>

Most submissions suggested that current official reporting of alcohol-related crimes were likely to be a significant under-estimate.

*'Over a 12 month period, the London Metropolitan Police Service, had 45,000 calls that were flagged as alcohol -related, but we believe this is a significant undercount.'*  
(London Metropolitan Police)

Balance, the North East Alcohol Office, submitted the results of their survey of the impact of alcohol on local police officers, which indicated **60 per cent** of officers perceive alcohol to take up at least **half** of their time.<sup>xix</sup> Similarly, a submission by the Institute of Alcohol Studies based on their own survey of police personnel, estimates that on average 53% of a police officer's time is spent dealing with alcohol-related casework.<sup>xx</sup>

## Question 1: Time and Spend

Almost all submissions from the emergency services cited that alcohol-related incidents increase at weekends. The Metropolitan Police Service believes that **80%** of violent crimes at weekends are linked to alcohol consumption.<sup>xxi</sup> The challenges of 24-hour licensing resulting from the 2003 Licensing Act and changing drinking patterns, such as the 'pre-loading culture' in which individuals consume cheap alcohol prior to going out, were described as having severe resource implications for police forces all over the country.

*'Effectively, what this [the Licensing Act] has done is push the demand back and it allows for pre loading, so we know that people are going out later. Now we are finding that police forces at 6, 7 o'clock in the morning are not resourced to do that level of policing.'*<sup>xxii</sup>

In order to respond to alcohol-related incidents and to meet the needs of the community, police are required at peak times to invest additional resources. Evidence submitted reports that policing the night time economy requires **30%** more resourcing at the weekend.<sup>xxiii</sup> Additionally, the concentration of policing resources into a small geographical area means that *'the policing in other areas is not always what we would like to deliver because we have to provide that for the safety of those in the city centre'*.<sup>xxiv</sup> One Superintendent described how appropriately policing the night-time economy is *'eroding our capacity to provide policing in other areas of business'*.<sup>xxv</sup>



# Question 1: Time and Spend

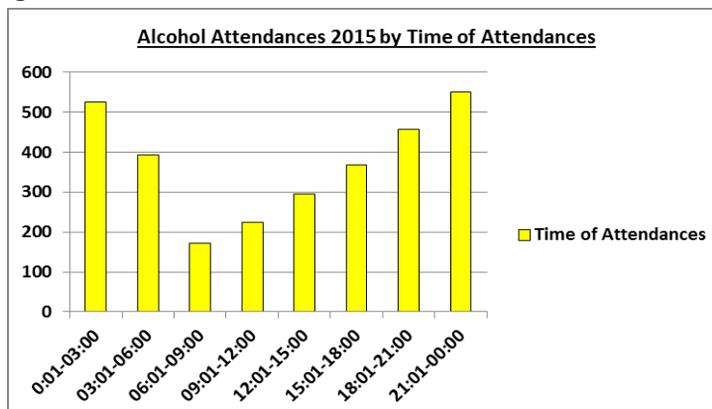
## Emergency Department and Ambulance Services

Emergency departments and ambulance services are in the frontline of dealing with alcohol-related health harms and injuries related to intoxication.<sup>xxvi</sup> Analysis of submissions from emergency department staff and ambulance services indicate that 15-20% of adult attendances were likely to be linked to alcohol consumption. In the evenings and at weekends the number and ratio of alcohol-rated attendances **increases** significantly.

Newcastle University submitted their recent empirical evidence from a partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust on alcohol-related attendances at an emergency department in the North East of England. Their findings highlight how alcohol-related attendances vary across weekdays but increases to over **70%** of total attendances at weekends.<sup>xxvii</sup> Although alcohol consumption in some cases is incidental, it appears in many cases it is the consumption of alcohol that is the primary cause of attendance.

It is clear from the evidence to this Inquiry, alcohol-related emergency attendances **peak** during the night at weekends. Every alcohol-related attendance entails both resource and financial costs. Financially, the mean cost per alcohol related attendance was estimated at **£249**; and the cost to those admitted to hospital was **£851**.<sup>xxviii</sup> The true public sector costs is clearly much higher due to associated ambulance, police work and knock on effect to the health and social care system.

A graph submitted from one Emergency Department broke down their alcohol-related attendances by time and evidences the higher number of alcohol-related attendances throughout the night:



xxix

## Question 1: Time and Spend

Understanding how alcohol-related admissions can impact on the functioning of an emergency department is made clear by a Consultant:

*'I have been a Consultant in Emergency Medicine since 1990. The alcohol problem relates to its direct effects on the body and also the violence that can be triggered by people under its influence. An example of the former would be a recent patient who was again admitted with vomiting blood from oesophageal varices and who almost died. These cases take up a great deal of medical and nursing manpower in ED (emergency departments) and then as an in-patient. The latter problem relating to violence normally occurs out of hours when the hospital has less staffing and late at night the majority of patients have alcohol related problems.'*<sup>xxx</sup>

One Doctor stressed the importance of recognising it is not always the drinker who is the patient:

***'Recent cases include two five month year old patients- one of whom was dropped by their intoxicated parent, the other who was involved in a domestic violence incident.'***<sup>xxxi</sup>

It is apparent assessing patients who have been drinking often takes longer than for patients who have consumed alcohol; not least as alcohol can mask or amplify clinical findings, meaning a more detailed assessment is required. From ambulance pick up, increased observation requirements, stabilisation phases and then safe discharge, all phases of emergency intervention are more time consuming after someone has been drinking heavily. Allowing those who are intoxicated time to sober up to be safely discharged also blocks beds and drains capacity. The reality is also that many patients with alcohol-related issues can often have concurrent mental health issues, which makes assessment and management **more** complex and even **more** time consuming.

Alcohol appears to be placing an increasing pressure on both the emergency service departments and ambulance services who are already experiencing high demand at the same time as a shortage of frontline staff. Figures supplied from the London Ambulance Service show that and how category A related calls are at record levels in comparison to other years.

# Question 1: Time and Spend

*'From April to September 2015 the LAS (local ambulance service) attended 20,777 Category A alcohol related incidents, that's almost 71% of the total Category A alcohol related incidents we were attending back in 2010/2011 in just 5 months'.<sup>xxxii</sup>*

This is a clearly nationwide problem with evidence submitted showing *'the North East Ambulance Service had 31,000 alcohol related call outs in a one year period, for a population of 2.6million.'<sup>xxxiii</sup>*

These levels of calls do not come without severe resource or time implications. Dr Fiona Moore detailed how the Ambulance Services have a national target to get to category A patients within 8 minutes, 75 per cent of the time. Evidence produced by London Ambulance service gave an insight into the financial cost of responding to alcohol-related emergency calls and attendances.

*'Each patient will cost an average of £7.81 for each 999 call made to LAS (local ambulance service), to be further reviewed on the telephone by a clinician costs on average £64.59, to receive an ambulance and be treated at home £155.31 and to receive an ambulance and be conveyed [to A&E] an average cost of £254.57, therefore the costs can be very significant'.<sup>xxxiv</sup>*

## Fire Services

Fire and Rescue Authorities play a key role in building safe and resilient communities and protecting people and places from harm. Submissions to the Inquiry from fire services suggest that alcohol is a major cause of fires, accidents and accidental injury, particularly in domestic properties. *'Every year we attend a large number of alcohol related fires where the cause is usually people drinking alcohol and then falling asleep whilst cooking or smoking.'<sup>xxxv</sup>*

Such incidents are inevitably preventable. One District Fire Manager suggests that *'these [types of incident] represent a considerable burden which is an unnecessary drain on resources, ties (sic) up fire appliances unnecessarily along with the financial cost of each incident.'<sup>xxxvi</sup>*

***'The estimated cost of fires where alcohol is a contributing factor is £131 million pounds compared to just over £286 million for all other fires.'<sup>xxxvii</sup>***

## Question 1: Time and Spend

This represents a significant financial burden but evidence to the Inquiry highlighted exactly how a fire officer's time can be consumed by an alcohol-related incident; *'a considerable amount of time in terms of response, dealing with the incident, investigation and compiling reports and where required court appearances to prevent evidence.'*<sup>xxxviii</sup>

It is clear that time is not just spent responding to alcohol-related incidents as fire services across the country invest significantly in prevention work. A local Director of Public Health stated that *'time is taken up by our fire and rescue services who are required to carry out fire safety inspection on business and licensed premises, supporting prevention work to ensure that at sites where alcohol is being consumed the building is kept up to standard and as safe as possible for clients.'*<sup>xxxix</sup>



**“Assaults can affect workers both physically and mentally: some frontline emergency staff have moved on to work in other fields. Others forced in early retirement as a result of stress or medically discharged.”<sup>xi</sup>**

## Question 2: Staff impact and well-being

### Police service

Staff are impacted by dealing with alcohol-related incidents. Evidence submitted from a survey of frontline police officers suggests **77%** of staff in the North East felt that working in the night-time economy affected their work life balance<sup>xli</sup> as 'officer shift patterns have been designed to police this demand.'<sup>xlii</sup> Police are regularly required to work unsociable hours, which can take a toll on family life.

Many submissions by the police reflected an expectation that officers will be assaulted when dealing with intoxicated individuals. According to one police force, their staff survey shows '90 per cent of police officers expect to be assaulted on a Friday and Saturday night when they police during the night time economy'.<sup>xliii</sup>

Another submission stated:

*'It is a regular, but accepted risk, when dealing with drunk people you offer yourself up to assault.'*<sup>xliv</sup>

Frontline officers are in the 'firing line' **86%** of police officers surveyed in the North East had been assaulted by people who had been drinking and of those **21%** had been assaulted six or more times in their service.<sup>xlv</sup> The evidence submitted also highlights the issue of **sexual assault**. The following statements reflect concern around this issue in particular:

*'There is one thing that is specific to female officers and that is sexual assault. I can take my team through a licensed premise, and by the time I take them out the other end, they will have been felt up several times.'*<sup>xlvi</sup>

***'Police officers are victims of sexual assault too whilst in the line of duty, with 59% of female officers and 33% of male officers claiming to have received some form of sexual assault or harassment since they started their service.'***<sup>xlvii</sup>

## Question 2: Staff impact and well-being

Excessive alcohol is a key factor that contributes to police officers experiencing verbal, sexual or physical abuse whilst carrying out their jobs. A survey of frontline staff in the North East of England found **97%** of staff feel at high risk when policing the night time economy.<sup>xlviii</sup> The officers who are assaulted or sustain injury may require a period off work to recuperate, affecting the individuals' personal and professional wellbeing, and diminishing the depth of fit front line staff able to contribute to policing demands.<sup>xlix</sup>

Excessive alcohol consumption inevitably places people in vulnerable positions that can require protracted police involvement. The police have a duty of care for those unable to care for themselves and as a result police time is often tied up, at the busiest periods, with supervision of those who are most intoxicated. Several responses indicated the frustration that such situations can cause officers, who feel as though their time may have been better used elsewhere. This in turn can affect staff morale. Many officers describe their frustration with '*babysitting*'<sup>1</sup> in such incidents.



## Question 2: Staff impact and well-being

*'Intoxication invariably leaves officers supervising victims as expert medical assistance is sought and family members are traced to take over their care. Risk assessments conducted against drunken offenders often exclude them from being suitable for a period of sobering up in police custody.'*<sup>li</sup>

Several police submissions describe the challenges of dealing with individuals with mental health issues, who often misuse alcohol. The following statement encapsulates the difficulties experienced by officers

***'We have circumstances where people have been kept in cells with mental health issues and it clearly was not the right place for them to be. This is difficult for officers who are not adequately trained in dealing with individuals who have complex needs, and when you sit with an individual who clearly needs help, this can affect the staff in the long term.'***<sup>lii</sup>

### Emergency Department and Ambulance Services

Violence, both physical and verbal, directed toward emergency department staff is a major problem that can affect workers wellbeing both physically and mentally. Frontline staff have a very tough job which is compounded when trying to deal with intoxicated individuals demonstrating complex, chaotic and threatening behaviour.

One Consultant in emergency medicine stated *'I myself have been kicked in the face by a drunk'*.<sup>liii</sup>

Another submission detailed:

***'One person groped one of our staff at the weekend whilst accompanying his son who had broken his tibia and femur'***.<sup>liiv</sup>

## Question 2: Staff impact and well-being

Evidence to the Inquiry highlighted examples of practice being adapted to address the heightened likelihood of aggression and violence when alcohol-related attendances are high, such as televisions being fixed to walls, doors being locked at weekends and during nights and *'because of concerns about violence, mainly alcohol related, we have a security guard on overnight'*.<sup>lv</sup>

Emergency department staff also suggest they have become *'almost desensitised to the impact of alcohol on the functioning of our unit because at certain times of the day it is the norm to be dealing with intoxicated people'*.<sup>lvi</sup>

One Doctor went as far to say *'inevitably if clinical staff are dealing with patients with alcohol-related problems, they do not have the time to deal with other patients'*.<sup>lvii</sup>

It is clear, this is detrimental to the smooth running of a busy emergency department and can be distressing for staff and other patients. Supervision in such instances takes time and there is the risk of abusive behaviour from patients, and also their companions who are often also drunk. This risk is more of a reality; with one Trust reporting **3335** assaults on staff in 2013/2014 alone.<sup>lviii</sup>



## Question 2: Staff impact and well-being

Staff report that they become frustrated by seeing intoxicated patients over and over again who **monopolize** resources. Not only does this impact on service provision, but risks harming staff recruitment and retention.<sup>lix</sup> Further to this, some ‘frequent patients’ prove to be extremely challenging and dangerous, which is evidenced by the following evidence the Inquiry received:

‘In one year, **3** patients were responsible for more than **100 assaults on staff each.**<sup>lix</sup>

The Inquiry found that challenges can go beyond violence by putting staff in vulnerable and dangerous positions, and one paramedic details how *‘alcohol -elated incidents are putting us in this position more and more’<sup>lxi</sup>:*

*‘I went to an intoxicated patient in his home address , he on my arrival ( I was in a fast response car) shut the front door behind me, locked the door, and then informed me he felt suicidal and wanted to die but didn’t want to do that on his own. And therefore he had called me so that I was with him. He said that he had turned the gas on in the kitchen and was planning to blow the house up.’<sup>lxii</sup>*

Evidence submitted indicates that there is a complex group of patients who are caught in a vicious cycle of need involving their alcohol use. As one clinician describes *‘we all have harrowing memories of unnecessary young alcohol related deaths and the impact on those left behind.’<sup>lxiii</sup>*

### Fire Services

Analysis of the responses from fire services suggest that where alcohol is a contributory or causal factor in fires, frontline staff find it difficult and dealing with these incidences can profoundly affect their own well-being. This may be in part down to the knowledge that the incident was avoidable as well as the difficulties of dealing with people in tense, dangerous situations that have been drinking heavily.

**“In one year, 3 patients were responsible for more than 100 assaults on staff each.”<sup>lix</sup>**

## Question 2: Staff impact and well-being

Submissions consistently highlight the frustration amongst fire staff that *'many of these incidents may not have occurred had alcohol not been a contributory factor'*.<sup>lxiv</sup> As such, alcohol was repeatedly identified as a factor that negatively affects the well-being and morale of staff who attend such incidents.

Several submissions detailed the complexity of making sense of, in one's own time, the fact that it is often *'someone other than those who have been under the influence who pays the ultimate price for other people's poor decisions'*.<sup>lxv</sup>

*'It is the regular repetitive nature of the incidents that we attend, and so many of them are alcohol related, and it is hard to see a point of it when it is this type of incident. If it is a genuine accident or you get the feeling it could have happened to me, it is much easier to deal with. But when it is a positive action that someone has chosen to put them in a place that the accident causes, it is much harder for officers to deal with.'*<sup>lxvi</sup>

Road traffic collisions involving alcohol were identified by respondents as one of the situations that can be particularly hard to deal with. Beyond the estimated £1.6 million cost of a fatal road traffic accident on a British road, the following statement details the impact such incidents can have and illustrates the frequency fire services deal with these incidents:

*'The reality is fire and rescue services now rescue more people from road traffic collisions than from house fires, and crews across the country see the effects of drink driving nearly every day. Any fire-fighter will tell you that of all the difficult and shocking things they encounter as part of their job, serious road traffic accidents are very often the worst.'*<sup>lxvii</sup>

*'When you are in the situation and you get a sense that there is a huge smell of alcohol, it becomes very difficult for the occupants of the car, the officers involved, and of course the families later on.'*<sup>lxviii</sup>

As officers have to deal with these incidents regularly, submissions indicate there is a **cumulative effect**. Ironically, a staff survey from a regional fire service found a high number of staff *'using alcohol as a coping mechanism to deal with some of the things they have experienced.'*<sup>lxix</sup>

**“Alcohol, as a legal substance, creates more issues around violence, assaults, public order, acquisitive crime, domestic abuse and mental distress than other illegal substances.”** lxx

## Question 3: Emergency service provision

### Police Service

Many police officers believe that alcohol is a greater cause of crime than other drugs. An officer from the Durham Alcohol Reduction Unit states:

***‘My unit is the alcohol harm reduction unit. We don’t have the drug reduction unit and there is a reason for that; drugs aren’t causing us the same problems that alcohol is’<sup>lxxi</sup>***

The consumption of alcohol increases the potential for individuals to become both victims and perpetrators of crime, placing an increased demand on the police. Examples of alcohol-related cases were detailed in the following submission from a police force:

*‘The general environment of the night time economy and impaired judgment of individuals who have been drinking increases opportunities for offenders who pick pocket victims, steal cards and commit credit card fraud –after observing unsuspecting victims in-putting their PIN numbers in extremely busy pubs and clubs. Offences of this nature can be committed against numerous victims and can result in complex and time-consuming investigations.’<sup>lxxii</sup>*

Individuals are often in police stations for longer as a detained person cannot be read his or her rights until they are sober and able to understand.<sup>lxxiii</sup>

Alcohol also affects town centres beyond the night time economy as *‘the availability of low cost strong lager and cider, which attracts street drinkers and beggars, increases anti-social behaviour and directly impacts on economies in the area.’<sup>lxxiv</sup>*

Alcohol-related domestic violence is also identified by respondents to the Inquiry as a significant hidden source of crime. This is reinforced by the official statistics that show half of domestic violence is alcohol related and 38% of initial child protection cases are related to alcohol.<sup>lxxv</sup>

## Question 3: Emergency service provision

### Emergency Department and Ambulance Services

*'Alcohol-related cases represent the biggest avoidable group of patients presenting to secondary care as an emergency'<sup>lxxvi</sup> and 'alcohol is the single most avoidable factor in relation to ED attendances'<sup>lxxvii</sup> A&E and health care submissions suggest many frontline staff believe other 'lifestyle' related conditions such as diabetes and obesity have less impact on emergency care than alcohol.<sup>lxxviii</sup>*

One Emergency Department consultant stated:

***'Alcohol is without doubt the single most persistent contributing factor in emergency service provision due to its prevalence and the numerous ways in which it can affect patients needing our services.'<sup>lxxix</sup>***

One of the unique challenges in alcohol-related emergency calls is the difficulty in obtaining information due to the patient or caller being intoxicated. A respondent from the Ambulance Service details the common experience of a category A alcohol-related call:

*When 'A call handler is trying to collate information regarding a reported emergency from an individual who is under the influence, effective communication can break down. The location of the incident may be given wrong (sic) and the exact nature of the emergency may be either exaggerated or played down and could lead to more units being unnecessarily dispatched resulting in escalating cost.'<sup>lxxx</sup>*

It is vulnerable individuals with complex needs are often the hardest to engage and treat, especially within the emergency department. The following excerpt is from a hospital in the North East who have invested in resources to try and help these patients.

*'The hospital alcohol project provides assertive outreach to the most frequent attenders with alcohol-related needs. This acknowledges the difficulty that this group have in organising and attending scheduled care.'<sup>lxxxi</sup>*

## Question 3: Emergency service provision

It is clear too alcohol-related patients who use up resources, are not just one specific cohort of the public. A physiatrist submitted his research that shows *'in one London borough, alcohol related hospital admissions in the over 65 group increased 109% between 2002/03 and 2011/2012.'*<sup>lxxxii</sup>

Another submission highlights how *'moderate drinkers are also a burden to the front line.'*<sup>lxxxiii</sup>

### Fire Services

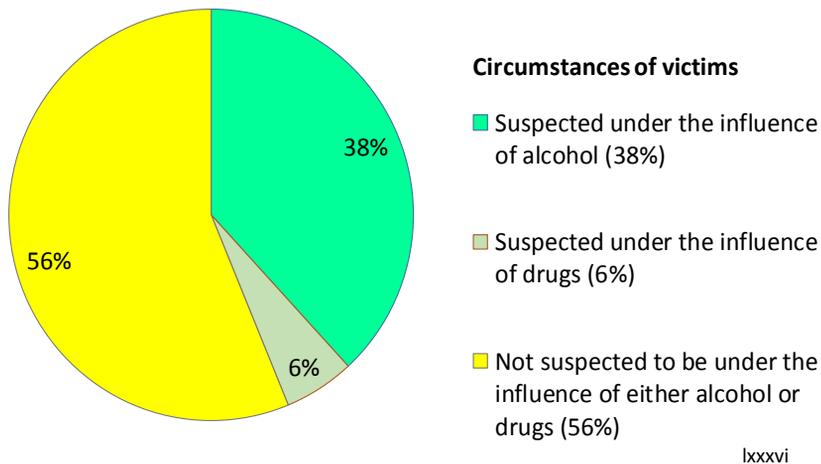
The fire service submissions detail alcohol as being a particular danger. According to one Assistant Chief Fire Officer *'the inclusion of alcohol makes fires more frequent, more common and more severe in consequence.'*<sup>lxxxiv</sup>

There appears to be some consistency in factors that characterise an alcohol-related incident: *'Those who are under the influence of alcohol may not react appropriately or at all or be unresponsive. This can result in a delayed response and ultimately lead to secondary spread effecting neighbouring property.'*<sup>lxxxv</sup>



## Question 3: Emergency service provision

One fire department submitted the official statistics for England from 2011-2012, which shows a breakdown of whether drugs or alcohol was a contributory factor to the fire. As detailed below, alcohol was involved in more than **one third** of casualties:



In England alcohol resulted in 2,656 domestic fires, causing 60 deaths and 267 injuries. The remaining 27,502 fires resulted in 85 deaths and 4,512 injuries.<sup>lxxxvii</sup>

Alcohol-related accidents more often have fatal outcomes, as highlighted by calculations by the London Fire Brigade who *'estimate that almost a third of accidental fire deaths in the capital were alcohol related'*.<sup>lxxxviii</sup>

One fire officer details how from his own front line experience how:

*'My experience tells me people don't hear the fire alarms because of the alcohol. Those with smoke detectors don't hear them sound or are unable to respond because they are intoxicated.'*<sup>lxxxix</sup>

Respondents also made the point that not all casualties of these fires are actually under the influence themselves - often the victims are minors who are under the care of those who are under the influence or impacted by the intoxicated actions of others, such as drink drivers.

**“It is more  
than alcohol,  
it is a culture  
we are  
battling.”**

XC

## Question 4: Principle changes

### Police Service

Police identify the role of alcohol in the night-time economy, in crime, domestic abuse and anti-social behaviour as a key challenge for both forces and officers. Yet, from the submissions, many officers feel that the wider societal problem with alcohol is the gravest challenge. Policing of alcohol-related incidents will not in itself change behaviour. One Superintendent submitted evidence from his force that found:

### **'87% of offenders admitted to engaging in binge drinking'<sup>xci</sup>**

There is an apparent frustration amongst officers as alcohol cases are often '*complex yet frequently preventable*'.<sup>xcii</sup> Two examples of how alcohol puts a pressure on time and resources for police are outlined below:

*'In terms of victims if they have been drinking you cannot take statements from them, you cannot progress cases and this adds an unnecessary delay to the criminal justice system and presents challenges.'*<sup>xciii</sup>

*'A couple of hundred students turned up after drinking in halls and the door staff did their job and refused them entry to the premises. But we had a hundred people in the city centre so we had to put a dispersal order in to get them out of the city centre to stop them causing problems. That meant getting resources out, leaving the rural areas vulnerable.'*<sup>xciv</sup>

Submissions highlight the problem of 'pre-loading' where individuals drink at home before going out to bars and clubs. This is a direct result of the reality that '*more and more alcohol is now consumed at home and the majority of alcohol sales in the UK are now in the off trade*'.<sup>xcv</sup> This also presents problems for the police as one Chief Superintendent from the North East details the '*unpredictable nature of dealing with domestic incidents places officer at a much greater risk*'.<sup>xcvi</sup>

## Question 4: Principle changes

For the police, the inconsistency in recording alcohol-related crimes is also a major problem. A Police Chief Constable described the current situation:

*'Before we begin to try and find solutions to the problems alcohol is causing us, we must admit the reality of the very little evidence collecting over the past years into the impact of alcohol across every single one of our emergency services.'*<sup>xcvii</sup>

### Fire Services

The fire services also identified misreporting or inaccurately recording alcohol as a problem and stated how more accurate identification would go on to inform their prevention work. Submissions indicate that data collected currently does not require the separation of drugs and alcohol as factors in the cause of fires which can be problematic and misleading as evidenced below:

*'I remember having to fill our fire reports and we had to put the most likely cause of the fire and of course we would put 'fell asleep with a cigarette, left the chip pan on. But of course all that did was record how the fire started, but it didn't look at that environment or how the situation arose.'*<sup>xcviii</sup>

To reduce alcohol incidents, the fire service invests heavily in prevention work, including home safety checks and advice, which has proven to be highly effective. However, submissions highlight the resource intensive nature of this work.

One Fire and Rescue Service detailed how they delivered 36,000 home safety checks across the region in 2014/2015, prioritising the most vulnerable groups.<sup>xcix</sup> Utilisation of this approach, over a ten year period, has had an impact in reducing fire related incidents in the region. Another Fire Service saw 117,134 school children in Essex about fire safety.<sup>c</sup> The Fire Service has been pro-active in coordinating fire prevention work but the key challenge noted by many fire services in tackling alcohol related harm on a wider scale is that:

***'There is no single public agency looking after alcohol.'***<sup>ci</sup>

## Question 4: Principle changes

### Emergency Department and Ambulance Services

Excessive alcohol consumption is a hazard that introduces increased risk into the emergency medical services system. A submission detailed that: *'As well as staff, the patients themselves are often at increased risk of harm. The other patients who have not been drinking are at increased risk because of the delays in being seen. They also have to be witnesses to an alarming environment that often appears aggressive and chaotic'*.<sup>cii</sup>

Many emergency department's staff report they are struggling to cope. The lack of specific training for emergency service staff around alcohol, specifically around co-existing alcohol and mental health issues, is a principal challenge.

Patients with complex presentations appear not to easily access alcohol services, mental health services or acute medicine and can as a result end up in emergency departments, and bouncing between services.

It is clear staff can be challenged and subject to abuse when alcohol is involved; *'although this is something the frontline emergency staff are used to, the risk of violence and aggression is increased with alcohol-related issues'*.<sup>ciii</sup>

This impacts on the wellbeing and workload of the personnel who serve on the frontline, with staff surveys conducted by the Institute of Alcohol Studies finding that *'over 90 per cent of police and ambulance staff report they have performed the role of another blue light service in dealing with alcohol-related incidents'*.<sup>civ</sup>

There appears to be some confusion with regards to who is responsible for the commissioning of needs based services to tackle the impact of alcohol on emergency departments. Acute Hospital Trusts, who are the providers of A&E and Inpatient services, are experiencing rises in alcohol-related admissions despite targets for the reduction of admissions.<sup>cv</sup>

**“Excessive  
alcohol  
consumption  
needs to be  
made socially  
unacceptable.”** cvi

## Question 5: Policy and practice

### Police Service

Submissions suggest willingness amongst police officers in taking a 'harder line' on those guilty of committing alcohol-related offences, both at the national and local level, in order to reduce the harm caused to individuals, families and communities. This includes a suggestion of charging people; as many personnel feel there are currently no repercussions for people who use the police as a baby-sitting service, a taxi or direct verbal abuse at officers.

One Police Commander argued:

*'There must be consequences for people who go out and drink as much as they can and then rely on the emergency services to pick up the consequences of that and how we hold them to account is the biggest question.'*<sup>cvi</sup>

Respondents often sought to highlight the lack of preventative policy interventions, *'if we get the prevention side right, then hopefully this will lessen the scale of alcohol-related problems we see now.'*<sup>cvi</sup>

Tackling the price of the cheapest alcohol was also identified as means of reducing the worst harms. In order to reduce demand, minimum unit pricing was repeatedly identified as a tool which *'would increase the price of the very products which cause many of the pressures on our emergency services.'*<sup>cix</sup> As one Chief Superintendent describes, *'minimum unit pricing would go a long way in deterring young people from drinking to get drunk'*<sup>cx</sup> This would, in turn see reductions in alcohol-related incidents and pressure on police time.

### Fire Services

Several Fire Services were keen to see greater roll out of home safety checks and delivering of brief interventions whilst in the homes of individuals. Submissions highlighted the limited effectiveness of using media campaigns but highlighted the importance of recognising and understanding the needs of vulnerable individuals who are using the resources of all emergency services.

## Question 5: Policy and practice

Central to this are targeted interventions that can help identify vulnerable individuals and equip them with appropriate advice, information and education on alcohol; this appears to be a priority for many personnel that man the fire service who are keen to 'make every contact count.' It is clear too fire officers have an easier job in getting into the homes of the public than some of their other emergency service colleagues.

One fire service described how it is been working with the NHS and Public Health England to understand what the determinants of vulnerability were for the previous year, which has shown *'exactly where the use of data and information sharing is so important so we can start to drill down to why these things are happening.'*<sup>cx1</sup>

Partnership working must be at the heart of tackling alcohol-related harm. A fire incident can be far reaching in terms of cost to all services and smarter working between all of the emergency services will enable proactive measures to be put in place to address the unnecessary burden alcohol is placing on these services. The extent of the illustrated with this particular example:

*'In Stoke on Trent, we actually found a [one] million pound family. 25 agencies over a period of three or four years, have each being doing their own individual service delivery, but when you add the cost its over a £1 million pounds and the concern is, having spent all the money, the issues- including alcohol dependency- are still there. We as the fire service have spent £2000 over the past 12 months helping this family and the problems are starting to be addressed.'*<sup>cxii</sup>

Another Fire Manager identifies the need to change the wider drinking culture as well as targeting individual resource intensive families:

***'Any service thinking they can cure this massive problem with just their prevention activity, I think is a little misjudged. We need to all work, in partnership as I don't see people will just choose to stop drinking- there's no consequence of not doing so.'***<sup>cxiii</sup>

## Question 5: Policy and practice

It is clear though, reducing alcohol-related harm will not happen overnight or without clear action:

***'I don't believe a culture will change because we ask it to. The more we invest in understanding how these things are affecting vulnerability to a whole range of outcomes, the more we are going to be able to stop them from happening in the first place.'***<sup>cxiv</sup>

As one of the submissions highlighted, this could start by making policy decisions such *'lowering the drink drive limit from 80mg to 50mg of alcohol per 100 ml of blood. As England and Wales is actually the **only** country left in Europe other than Malta with a drink drive limit this high'* <sup>cxv</sup>



# Question 5: Policy and practice

## Emergency Department and Ambulance Services

A Clinical Commissioning Group Forum highlighted the nature of the problem: *'Using the Police and health system to manage alcohol-related problems is about mopping up the spillage rather than turning off the tap. It is not an efficient or logical use of public resources.'*<sup>cxvi</sup>

Several submissions from ambulance and emergency services called for more resources to be made available to implement evidence-based, early identification and brief advice programmes in primary care and health settings. One hospital highlighted the effectiveness of trained alcohol liaison staff working in emergency departments *'providing counselling and delivering providing the brief interventions which could reduce hazardous drinking and future NHS attendances.'*<sup>cxvii</sup>

It is well evidenced that spending money on **prevention** produces a significant return on **investment**; for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.<sup>cxviii</sup>

Another submission suggested that, *'communities may benefit from a 'Wet House' provision – a place of safety/residential placement for those clients who do not wish to stop drinking but have 'around the clock support' from workers. This may help to reduce street drinking, violence and reduce the use of hospital beds. Alcohol management plans could be developed with clients using a person centred approach.'*<sup>cxix</sup>

It is also clear that there are some diversionary schemes happening across the country to try and take pressure off emergency departments at peak times. Initiatives such as the West End 'Booze Bus'<sup>cxix</sup>, field hospitals and other mobile units, making use of existing community resource and where skilled staff can clinically assess alcohol and triage some care needs prior to hospital.

Evidence submitted shows clearly paramedics are not against charging individuals for ambulance call outs; with **76%** of surveyed paramedics believing that those whose attendance was purely down to their own intoxication should be charged personally for their visit to an ED.<sup>cxix</sup> However, one doctor in his submission described that: *'charging patients attending with alcohol-related problems may be superficially attractive but virtually impossible to operate.'*<sup>cxix</sup>

## Question 5: Policy and practice

There was also a frustration that the current licensing legislation does not allow public health implications to be fully considered in the same way as the other licensing objectives. Some emergency department staff and paramedics feel that *'protecting public health in licensing should become an objective in its own right.'*<sup>cxxiii</sup> This would allow all of the responsible authorities within the Act to better address the undoubted health impacts that alcohol can, and does have, on local communities.

It appears there is a commonly held view from all submissions that *'reduction in the health harms from alcohol needs a coordinated national and local multiagency response that challenges the normalisation of drinking alcohol as part of daily life, reduces the availability and affordability of alcohol, with the aim of reducing drunkenness and the impact of long term exposure to alcohol.'*<sup>cxxiv</sup> This would in turn reduce the pressure on time and resources and improve working conditions and quality of life for thousands of dedicated emergency staff across the country.



# Conclusion

It is clear from this Inquiry, responding to alcohol misuse requires significant resources from all of the emergency services and draws investment from other areas of important work. Alcohol-related crime places a huge burden on police time; is a major cause of fires; and drains the resources of the ambulances services and emergency departments.

The challenges facing each service are unique, but there are also many common experiences. Services have had to adapt and respond to the challenges of alcohol. The Inquiry heard how televisions have had to be secured in A&E departments to prevent them being thrown by drunks and how the fire services increasingly invest in preventing alcohol-related fires through education. Both are small examples of services grappling to respond to the alcohol challenges they face.

There is widespread concern that inconsistent and weak recording means official alcohol data underestimates the actual impact of drinking on all three services, and that however accurate, the effect on staff welfare will never be captured by data collection procedures.

The Inquiry submissions illuminated the human frustration, concern and fear of frontline workers dealing daily with the consequences of excessive drinking. Responding to alcohol-related incidents makes the job of those working in the emergency service harder and more dangerous and the requirement to deal with such high levels of incidents adds to the daily physiological stresses that frontline staff experience. Orientating services to respond to peak periods of consumption – largely late at night - can be demoralizing and places great pressure on working families.

It was striking that a police witness told us *'drugs aren't causing us the same problems that alcohol is'*<sup>cxv</sup> and that another submission stated that:

***'Alcohol, as a legal substance, creates more issues around violence, assaults, public order, acquisitive crime, domestic abuse and mental distress than other illegal substances.'***<sup>cxvi</sup>

## Conclusion

Addressing the current situation requires local innovation and greater national strategy and coordination. Individuals could be forced to take greater responsibility for getting so drunk that they need to rely on the emergency services, but there also needs to be far greater focus on preventing the culture of excessive drinking that is driven partly by cheap alcohol, 'pre-loading' and the priorities of the night-time economy.

It is essential not only to invest in prevention, but to assure and prioritise the well being of emergency service staff who deal with alcohol-related harm and patients on a daily, and sometimes hourly basis; they need access to high quality health and well-being support and advice as well as safety and alcohol awareness training. The emergency services are almost all agreed that it is unsustainable to 'react' rather than 'prevent' and, put simply, we need to move way from 'mopping up the spillage rather than turning off the tap'.

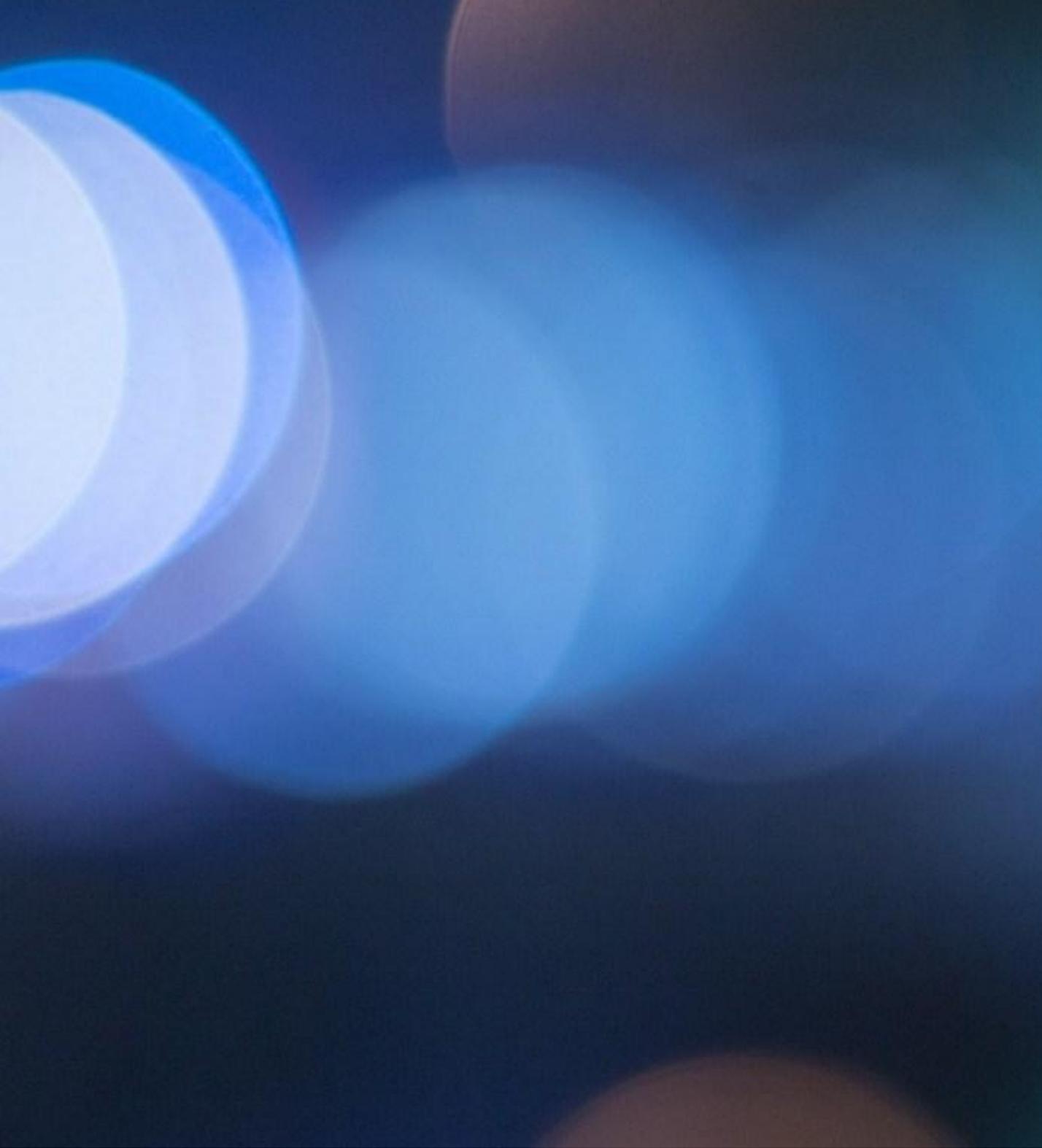
As one submission put it, ***'it is more than alcohol, it is a culture we are battling.'***<sup>cxvii</sup>



# References

- i Mick Urwin
- ii Mick Urwin
- iii Source 12
- iv Source 12
- v Source 3
- vi Peter Dartford
- vii Peter Dartford
- viii Paul Hill,
- ix Source 4
- x Source 1
- xi Mick Urwin
- xii Source 4
- xiii Source 15
- xiv Simon Letchford
- xv Simon Letchford
- xvi Office for National Statistics(2015) ONS  
Nature of Crime tables 2013-2014- Violence ,  
Table 3.11
- xvii Source 18
- xviii Mick Urwin
- xix Source 18
- xx Katherine Brown
- xxi Simon Letchford
- xxii Simon Letchford
- Xxiii Simon Letchford
- xxiv Mick Urwin
- xxv Source 14
- xxvi Source 1
- xxvii Source 12
- xxviii Source 12
- xxix Source 9
- xxx Source 3
- xxxi Source 9
- xxxii London Ambulance Service
- xxxiii Source 12
- xxxiv London Ambulance Service
- xxxv Paul Hill
- xxxvi Source 15
- xxxvii Paul Hill
- xxxviii Source 15
- xxxix Source 11
- xl Source 19
- xli Source 18
- xlii Source 22
- xliii Mick Urwin
- xliv Simon Letchford
- xlv Source 16
- xlvi Mick Urwin
- xlvii Source 16
- xlviii Source 18
- xlix Source 14
- l Mick Urwin, Simon Letchford
- li Source 14
- lii Simon Letchford
- liii Source 3
- liv Source 6
- lv Source 3
- lvi Source 12
- lvii Source 3
- lviii Source 19
- lix Source 7
- lx Source 19
- lxi Alison Blakely
- lxii Alison Blakely
- lxiii Source 12
- lxiv Source 15
- lxv Peter Dartford





 Alcohol  
Concern

Promoting health;  
Improving lives

