



The Royal College of Emergency Medicine

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Alcohol-Related Harm Position Statement

The Royal College of Emergency Medicine is extremely concerned by the harm attributable to alcohol in our society, particularly those relating to short- and long-term health, crime and disorder. The brunt of the short-term health consequences of excess and irresponsible alcohol consumption falls on the ambulance service and the UK's already hard-pressed Emergency Departments.

Alcohol-related attendances at the Emergency Department are largely preventable and hamper the ability of our emergency care systems to look after other patients. Prospective studies have repeatedly shown that significant numbers of adults and children attend Emergency Departments in the United Kingdom as a direct result of alcohol consumption. Routinely collected coding data is not useful or reliable in describing this problem. Estimates vary, but a significant proportion of Emergency Department attendances are alcohol related, presenting 24 hours a day, and rising to a majority after midnight. Short-term harms include serious accidents (some resulting in death and permanent disability, particularly road traffic collisions), assaults, domestic abuse, collapse and self harm. Furthermore, all Emergency Departments also admit, on a daily basis, patients suffering from the longer-term health effects of sustained alcohol misuse, for example acute withdrawal fits secondary to alcohol dependence, liver failure and Wernicke's Encephalopathy- a neuropsychiatric disorder. There is now a strong link between alcohol and blood pressure as well as cancer. Fellows and Members of the Royal College of Emergency Medicine are confronted daily with the health impacts of alcohol use, and also experience the effects of alcohol intoxication on behaviour, including social disorder and lawlessness which sometimes spills over into the hospital environment in general, and Emergency Departments in particular. Clearly the resource implications for all services involved are considerable, and have shown no signs of decreasing, in fact increasing exponentially over recent years, despite the various initiatives that have been introduced. Indeed, it is now common practice to attend to acutely intoxicated patients throughout every night of the week, and what was previously a weekend problem, confined mostly between the hours of 2200 and 0200, is now a 24 hour issue.

The Royal College of Emergency Medicine believes that co-ordinated action from all stakeholders is necessary to address the harms from alcohol. The College also believes that there are a number of successful, evidence-based interventions that should be more widely applied.

Alcohol related harm prevention outside the hospital

The Royal College of Emergency Medicine believes that self-regulation of the alcohol industry as a whole, and local licensed premises in particular, has proven ineffective in discouraging excessive and irresponsible alcohol consumption. Despite high levels of public concern and repeated attempts to achieve voluntary control, irresponsible

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behaviours by those who sell alcohol (for example promotional activities that encourage hazardous drinking) persist, and are a common and recurrent factor in excess alcohol consumption leading to significant harm. The College strongly supports measures to limit the irresponsible marketing of alcohol. This should include:

- a) Mandatory labelling of all containers in which alcohol is sold, indicating the number of units and an approved health warning, especially in pregnancy
- b) Clear standards for all alcohol advertising. These standards should relate to both the target audience and the intended message. Obligatory information regarding responsible drinking should be included with each advert. In particular, alcohol marketing **should not** target young people
- c) The implementation of further measures to promote responsible drinking, for example by banning the use of discount or time-based schemes to encourage the purchase of alcohol in both on-sales and off-sales licensed premises
- d) Mandatory door staff and server training to ensure that under-age or drunken persons are not able to purchase alcohol at licensed premises
- e) The Royal College of Emergency Medicine is strongly supportive of moves to increase the cost of alcohol by introducing a minimum pricing strategy.

In addition, the Royal College of Emergency Medicine sees a need for strong action on the harms of driving while intoxicated:

- a) Petrol services stations should not sell alcohol
- b) The drink driving limit should be reduced from 80mg per 100mls of blood to 50mg per 100mls, in order to bring the UK in line with most of the rest of Europe and reduce road traffic fatalities and injuries
- c) The drink driving limit should be reduced to 20mg per 100mls of blood for those within five years of obtaining a driving licence.

Within hospitals

Emergency Departments have an essential role in addressing the problems and harms associated with alcohol use in the UK. Whilst the effective treatment of those with established alcohol dependence and advanced liver disease is important there are many more individuals, generally young adults, who are at significant risk for the future. Members of this vulnerable group attend Emergency Departments following alcohol excess, and have been shown to be an effective target for preventative measures. There is strong evidence that attending an Emergency Department as a result of hazardous drinking creates a “teachable moment” that can be used to modify subsequent behaviour. Every Emergency Department clinician should be able to deliver health advice regarding alcohol consumption at this point.

Brief interventions, delivered by extra specialist staff, to those patients identified as being most at risk by Emergency Department staff, are effective in reducing alcohol consumption, alcohol related costs and future healthcare use. The Royal College of Emergency Medicine is keen to further develop this preventative role, and believes that it should be prioritised for additional investment. Such an approach would reduce the long-term health burdens of alcohol use by targeting those most at risk before they have established dependency or long-term health disability. We would therefore urge the UK Government to take steps to support screening, brief advice and brief intervention in all Emergency Departments in the UK, including the establishment of alcohol specialist workers who are able to provide the required expertise. These alcohol specialist workers should have ready access to clear and responsive pathways, and to planned community detoxification programs.

Emergency Departments have a key role in collecting and collating information relating to harmful and hazardous drinking behaviour. Pioneering work in Cardiff, subsequently confirmed elsewhere, has demonstrated that Emergency Departments are capable of collecting valuable data on patients attending as a result of alcohol use and working in partnership with local organisations such as police, social services, public health, industry representatives and local authorities to develop effective strategies for local intervention. The sharing of data across services has been shown to promote and inform the development of community-based interventions that target specific premises and areas.

In summary, the College urges policy-makers to take co-ordinated action on alcohol-related harm:

- Improved alcohol control: mandatory labelling, minimum pricing, advertising standards, training of door and serving staff and more stringent drink driving legislation
- Development of a proactive role to identify hazardous and harmful drinkers
- Development of the alcohol health worker role within hospitals
- Improved co-ordination of local services between hospitals and their communities
- Improved data collection from emergency departments, and sharing at a local level to inform and drive community action.

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