

ON THE WAGON

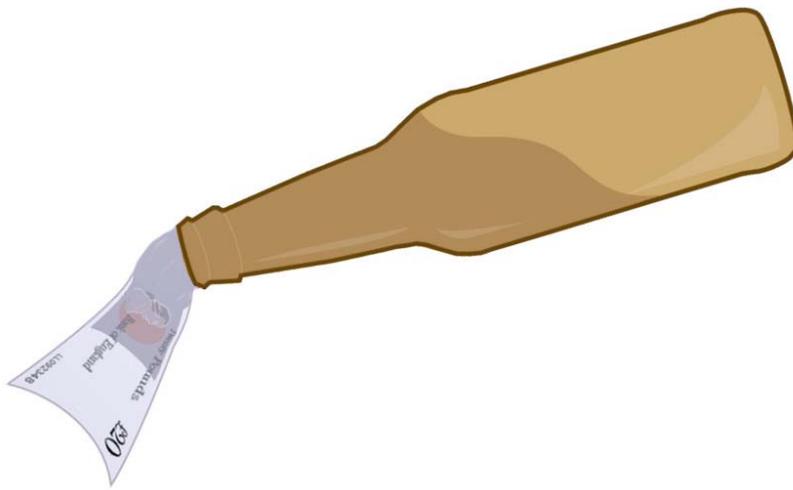
REDUCING THE COST OF BINGE
DRINKING BY EXPANDING
SOBERING SERVICES



TONY ARBOUR
GLA CONSERVATIVES
GREATER LONDON AUTHORITY

CONTENTS

Introduction	1
The current problem	1
Sobering Centres	5
Booze Buses	6
Targets for sobering services	6
Current issues with service	7
Advantages of sobering services	9
Preventing repeat use	10
Conclusion	12
Recommendations	12
Index	13
Feedback	14



INTRODUCTION

Drinking behaviour in Britain has always been an area where the poor decisions of the few affect the many. Currently alcohol-related harm is estimated to cost the NHS £3.5b a year¹ of which London represents approximately 12.8%, which is £448m a year.²

Better drinking behaviour, at least in the short term, appears to be on a slow rise³ and that has been attributed to many economic and social factors⁴ such as higher costs of alcohol⁵, but the cost to society remains quite high. At this point, the role of government is to carry on encouraging better drinking behaviour but also to reduce the costs drinking will continue to have on the system.

A method that has proved successful during periods of increased strain to the NHS is the use of sobering services. For the purposes of this report the term sobering services will refer to:

- a) *Sobering centres*: Much like 'drunk tanks' but with more of a focus on medical care. These centres are purpose-built facilities that allow individuals to sleep off acute alcohol intoxication (AAI), treat common issues associated with AAI, and assess individuals who need hospital treatment.
- b) *Booze bus*: A modified vehicle designed to shuttle multiple AAI patients to treatment, or provide limited on-site treatment.

This report argues for an expansion of sobering services to help reduce the cost of intoxication to public services. Also, we would like to increase preventative measures to help continue to promote better drinking behaviour.

THE CURRENT PROBLEM

The NHS and the NHS in London

Alcohol-related harm already costs the NHS £3.5b a year⁶ of which London represents approximately 12.8%, which is £448m a year or 5% of the total London NHS budget.⁷ In the 2008/09 financial year a

1. <http://www.nta.nhs.uk/uploads/alcohol2012-13.pdf>

2. London alcohol-related incidents 156047 / Total alcohol-related incidents 1220293 × 100 = 12.8% http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

3. See Index

4. <https://www.gov.uk/government/policies/reducing-harmful-drinking>

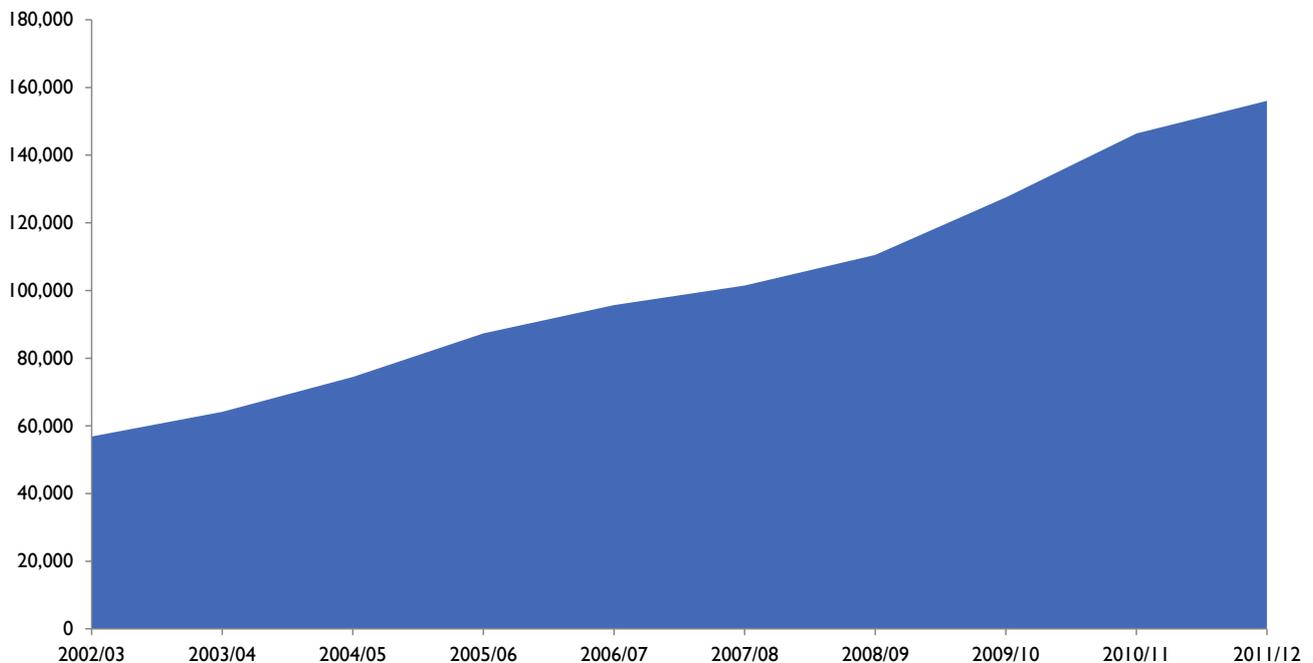
5. <http://www.sheffield.ac.uk/news/nr/moderate-effects-on-high-risk-drinkers-1.347743>

6. <http://www.nta.nhs.uk/uploads/alcohol2012-13.pdf>

7. London's £9.8b NHS budget <http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-allocations-13-141.pdf> and London alcohol-related incidents 156047 / Total alcohol-related incidents 1220293 = 12.8% http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

special investigation specifically identified £264m as directly connected to alcohol-related and alcohol-specific admissions.⁸ Ignoring long-term conditions, complications, and injuries related to alcohol, London is spending at least £45m on the Accident and Emergency (A&E) response to alcohol-specific hospital admissions.⁹ This cost has been compounded by a near tripling of alcohol-related hospital admissions in London in the past decade. This trend is mirrored nationally with a massive increase in hospital use by the intoxicated.¹⁰ Even when adjusting for a rise in population, this still represents more than double the numbers of admissions a decade ago.¹¹

Alcohol-related hospital admissions in London¹²



The London Ambulance Service (LAS)

As with higher hospital admissions due to alcohol, the LAS has also had an increase in responses to alcohol-related call-outs. Through FOI data it has been found that in 2013 the London Ambulance Service was spending over £16m a year just on responding to and treating alcohol related incidents, which represent 7% of all responses by the LAS [FOI info]. Over the past four years there has been an increase of 2.3% in the number of call-outs, which shows they have been making better progress than hospitals.¹³

8. John Hamm, Robel Feleke, "Closing Time: Counting the Cost of Alcohol attributable hospital admissions in London" March 2012 <http://www.lho.org.uk/viewResource.aspx?id=17713>

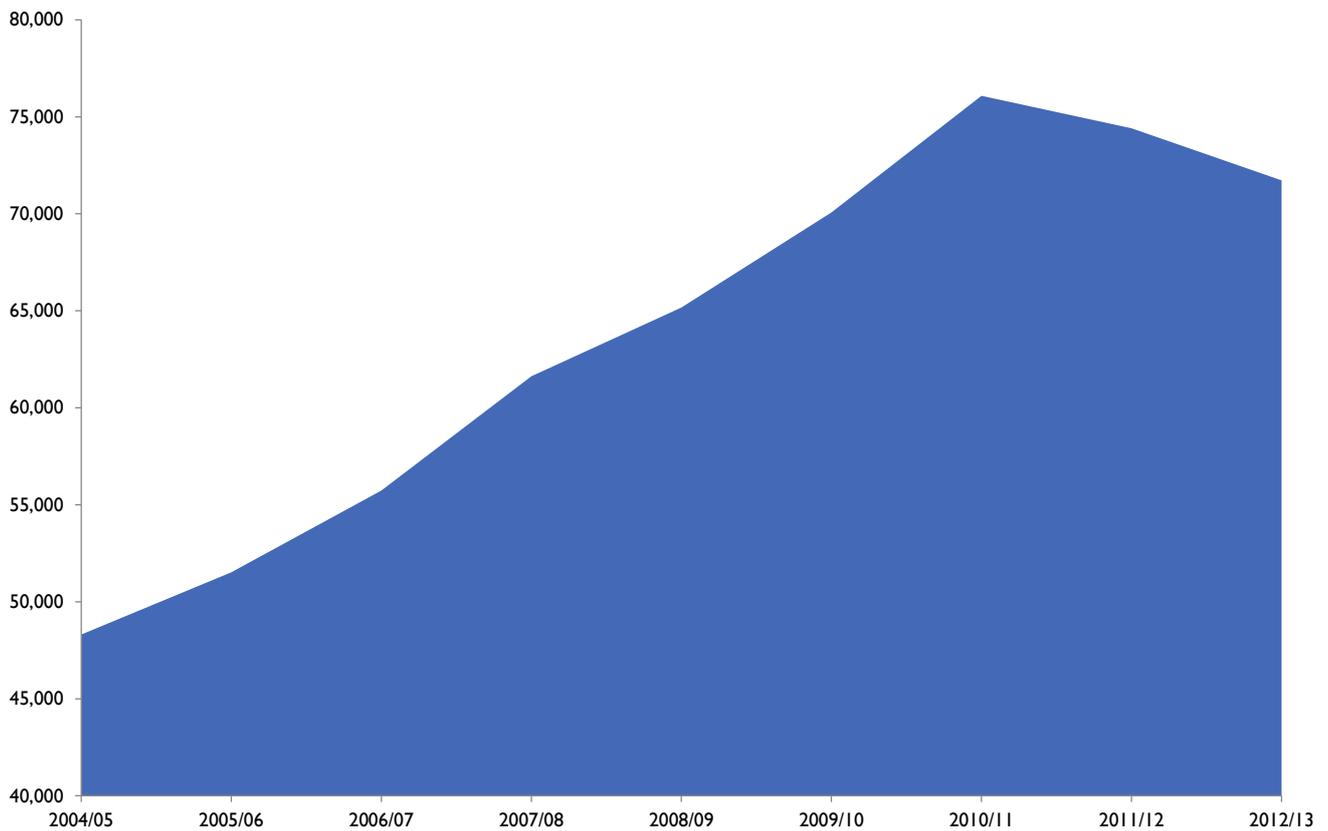
9. 89% of alcohol-specific admissions were emergency response and the total cost of alcohol-specific admissions was £51m, (0.89 x 51 = 45.39) John Hamm, Robel Feleke, "Closing Time: Counting the Cost of Alcohol attributable hospital admissions in London" March 2012 <http://www.lho.org.uk/viewResource.aspx?id=17713>

10. http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

11. http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

12. http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

13. LAS Freedom of information request, 2014

LAS alcohol-related ambulance callouts¹⁴

“since the service started in 2005, the number of drunks has increased every year. This year [2011] the booze bus will scoop up around 70,000 people, 10,000 more than last year.”
- Paramedic Brian Hayes¹⁵

The Metropolitan Police

The Met is on the frontline of managing some of the worst by-products of public drunkenness such as disorder and violence. In the past decade they have had the opposite experience to the London NHS trusts and ambulance services. The police over the past decade have been able to treat public drunkenness with a more hands-off approach since the advent of the Criminal Justice Act of 2001 which allowed for Fixed Penalty Notices for Disorder (PND) to be given to the intoxicated on the spot instead of arresting individuals for Drunk and Disorderly conduct.¹⁶ Since PNDs were allowed for this offense in 2004-2005 arrests have declined significantly for Drunk and Disorderly conduct in London and in their place PNDs have been given out. A further issue to note is that the use of PNDs have declined 28% since 2007, and even with this decline alcohol-related crime is significantly higher in London than all other English regions.¹⁷

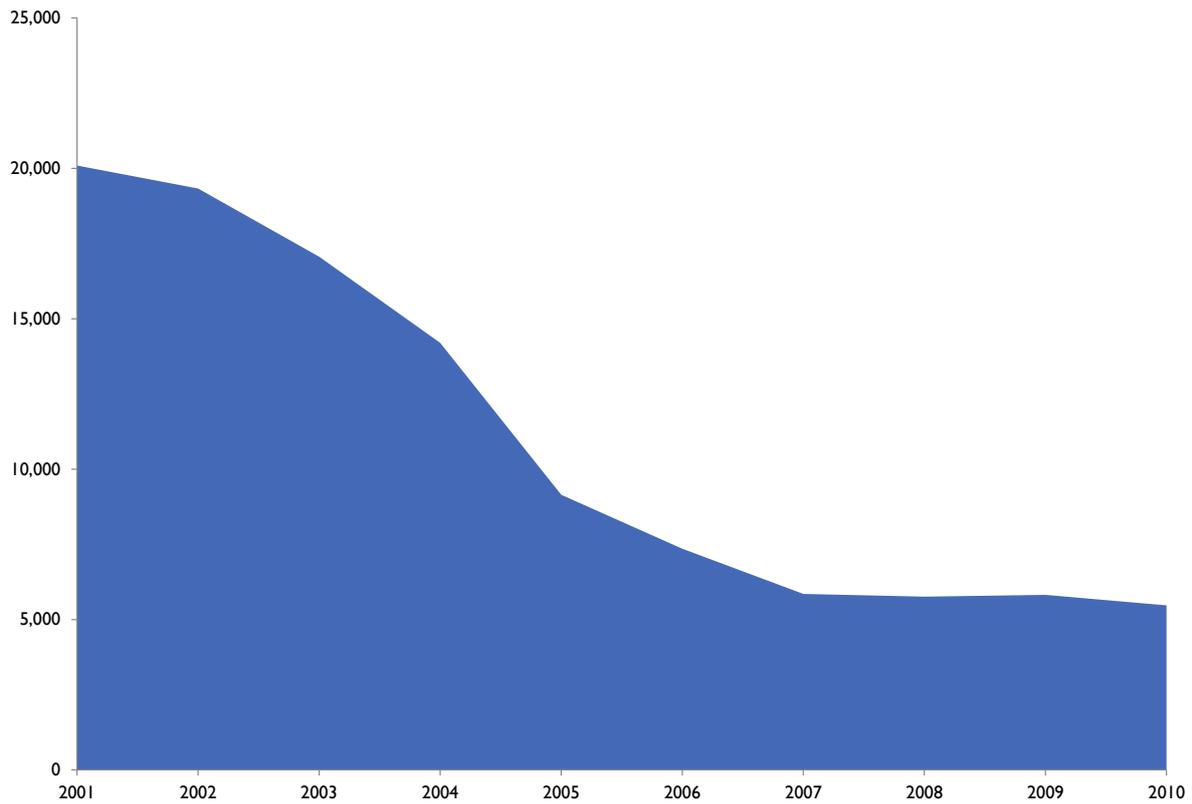
14. LAS Freedom of information request, 2014

15. <http://www.theguardian.com/society/2011/dec/10/violence-booze-bus-christmas>

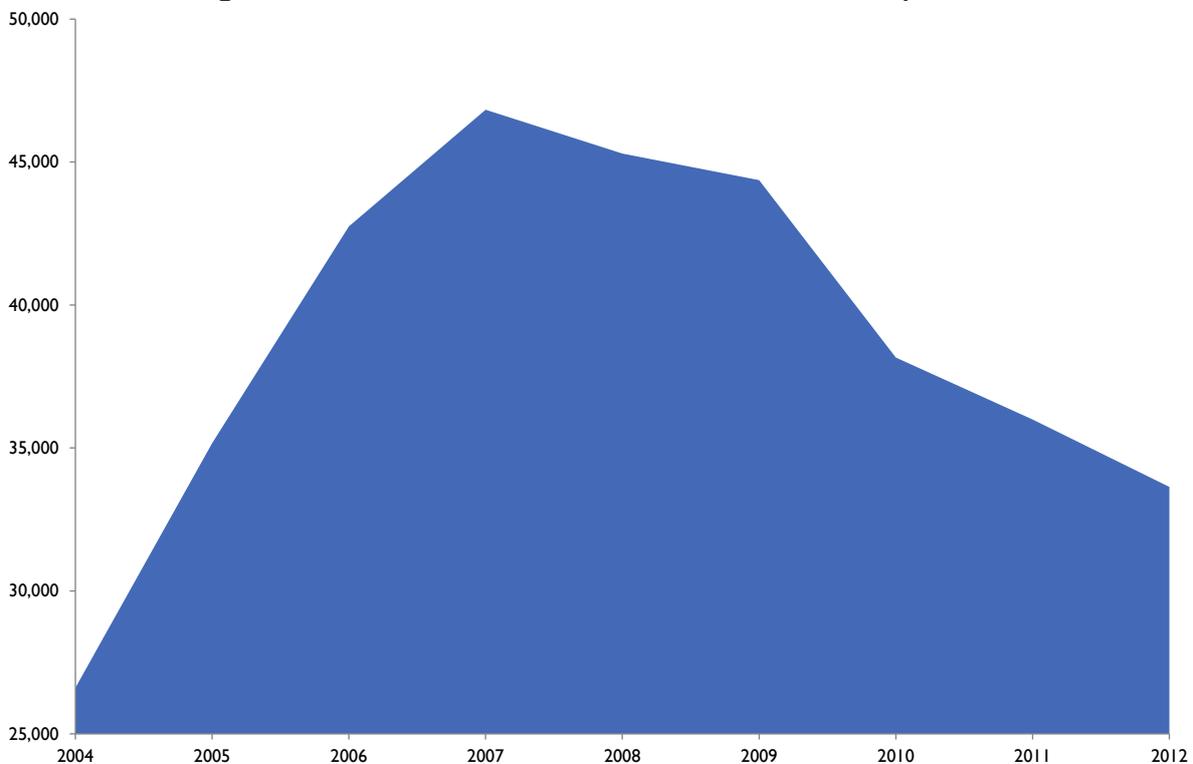
16. <http://www.legislation.gov.uk/ukpga/2001/16/part/1/chapter/1>

17. http://www.lho.org.uk/LHO_Topics/Health_Topics/Lifestyle_and_Behaviour/Alcohol.aspx

Number of Drunk and Disorderly arrested by the Met between 2001 and 2010¹⁸



England and Wales number of Drunk and Disorderly PNDs¹⁹



18. http://www.met.police.uk/foi/pdfs/disclosure_2011/april/2011040000515.pdf

19. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220090/criminal-justice-stats-sept-2012.pdf
page. 21.

The wider context

England and Wales, and specifically London health services are seeing clear rises in the effects of alcohol-related incidents. The rate of growth of admissions for this behaviour is troubling, but it also coincides with a decrease in arrests and PNDs over the same period, even during a time when alcohol misuse has seen a small decline.²⁰ There are many factors that have led to this increase in hospital admissions, but the police's new approach still plays a role in this. It is no strike against the Met or other English police forces that they have moved away from arresting individuals for public drunkenness, and most would agree that they would prefer dangerous criminals to be occupying their limited detention space over the intoxicated. Furthermore, having medical staff look after the intoxicated in a controlled environment is preferable to just locking them up or sending them to find their way home. The real problem is that A&E departments and ambulance crews are being inundated with the intoxicated, and in many circumstances this is a waste of and distraction for these services, which are designed to help those who need more than a place to sober up, as required by a great number of these cases.²¹ The LAS has already found an alternative to using ambulances and A&Es to deal with London's drunks, and it will be the recommendation of this report that the emergency services work together to extend this programme.

SOBERING CENTRES

“On a Friday or Saturday night, 70 per cent of the patients in an emergency department might be there because they’ve drunk too much. There must be a way of putting these patients somewhere more appropriate. They don’t need the expertise of a casualty doctor and they don’t need the resources of an A&E cubicle.”

-Max Pemberton author of ‘The Doctor Will See You Now’²²

Sobering Centres are purpose-built facilities that allow individuals to sleep off acute alcohol intoxication (AAI), treat common issues associated with AAI, and assess individuals who need hospital treatment. The main advantage of these services is that they keep the acutely intoxicated out of A&E departments.

Up until recently London had a been operating an alcohol recovery centre in one of the worst areas for binge drinking. The Soho Alcohol Recovery Centre (SARC), which has been supported by St John Ambulance and Westminster Council,²³ along with other substance abuse charities, has treated thousands of London's drunks. More importantly they have removed the need for these patients to use London's A&E departments. With its ten beds and five staff²⁴ of either medics or volunteers, it can treat up to 25 patients a night. Medically the service they provide is quite simple: checking patients' blood pressure and blood sugar levels while allowing them to sober up to a point where they can be discharged to their families or friends.²⁵ When they are discharged they will be given some information about the safe consumption of alcohol.²⁶

20. http://www.lape.org.uk/downloads/NI39%20Quarterly%20Trend%20Q1_2008-09%20to%20Q4_2012-13%20Provisional%20Summary.xlsx

21. John Hamm, Robel Feleke, “Closing Time: Counting the Cost of Alcohol attributable hospital admissions in London” March 2012 <http://www.lho.org.uk/viewResource.aspx?id=17713>

22. <http://www.telegraph.co.uk/health/nhs/10310755/The-truth-behind-the-AandE-crisis.html>

23. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_treatment_centres_are.aspx

24. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

25. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/christmas_msg_to_city_drinkers.aspx?lang=en-gb

26. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

The original purpose of the service was to help London A&Es to cope with their busiest nights, of which the busiest by far is New Year's Eve, when the SARC has treated up to 41 patients.²⁷ During past New Year's Eves the LAS has open 12 other temporary treatment centres, along with portable treatment technology.²⁸ On other high volume nights a second treatment centre based at Liverpool Street station has been jointly run with St John Ambulance.²⁹

BOOZE BUSES

The 'Booze Bus', also referred to as an *alternative response vehicle*, is a specially modified vehicle designed to shuttle multiple AAI patients to treatment, or to provide on-the-spot treatment. Started by the LAS in 2005 it predates the SARC, but like the SARC it was designed out of necessity for the busiest drinking days.³⁰ Booze Buses have the ability to operate autonomously from sobering centres by providing low-level treatment in specific catchment areas. For instance, during the 2009 holiday season two dedicated patient transport vehicles with paramedics on board operated as an alcohol recovery field hospital by responding to 999 calls within the designated area of the City and Shoreditch.³¹

“These are patients who will not benefit from being taken to hospital in a traditional ambulance, which is then not available to respond to patients in life-threatening situations. It also means our turnaround time to each incident is quicker, keeping more ambulances on the road for people who really need them.”

-Creator of the Booze Bus Paramedic Brian Hayes³²

There have been up to 4 Booze Buses in operation in London,³³ and these vehicles can treat around 20 patients per shift.³⁴ Booze Buses do not have to operate with the same sense of urgency as other London Ambulances, due to the non-critical nature of AAI. These vehicles can operate until they fill their multiple seats with patients then travel to the hospital. When sobering centres are in operation, the vast majority of patients that cannot be treated on the spot will be brought to those facilities rather than the A&E.³⁵ These vehicles have been shown to excel beyond just treating those parts of the night time economy, and act as important assets for the LAS during special events such as large football matches and London Pride.³⁶

TARGETS FOR SOBERING SERVICES

It is important to note, before going further into this report, that these services are neither for those with alcohol poisoning nor those with chronic alcoholism: these individuals should still be using current NHS facilities, and those found in sobering centres with these conditions will be transferred to A&E departments. Sobering services are solely for those with *Acute Alcohol intoxication (AAI)*³⁷ and even those with AAI may not

27. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

28. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

29. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_treatment_centres_are.aspx

30. http://www.londonambulance.nhs.uk/news/news_archive/service_trials_alternative_res.aspx

31. http://www.londonambulance.nhs.uk/news/news_archive/ambulance_crews_prepare_for_bu.aspx

32. http://www.londonambulance.nhs.uk/news/news_archive/service_trials_alternative_res.aspx

33. <http://news.sky.com/story/1028959/booze-buses-take-strain-on-busy-party-night>

34. http://www.londonambulance.nhs.uk/news/alcohol-related_999_incidents.aspx

35. http://www.londonambulance.nhs.uk/news/alcohol-related_999_incidents.aspx

36. http://lasimmediacy.useconnect.co.uk/lasstage/news/news_releases_and_statements/ambulance_service_preparing_fo.aspx

37. http://www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

be suitable for sobering in the facilities if they have a diabetic condition or other complications which may require the attention of an A&E. Calls to ban drunks from the A&E by some³⁸ could never constitute a full-out ban as whichever alternative is chosen to A&Es will never be able to treat the entire gambit of complications that can arise due to alcohol.

It is also important to note that people cannot self-admit themselves as you must be brought to the facility by ambulance crews, police, street pastors, or other individuals working with the facility.³⁹

In the 2010 pilot program for the SARC facility it was found that 93% of individuals came from licensed venues, and that the majority were young, with 58% between 18 and 25 years of age.⁴⁰

Original LAS centre pilot⁴¹

Drinking Location	No. of Patients
<i>Home</i>	8
<i>On the streets</i>	6
<i>Couldn't recall the name of venue</i>	18
<i>Named licensed venues</i>	198

Most people that were brought to the sobering centre stayed the night with only a small percentage needing to be transferred to hospital.⁴²

CURRENT ISSUES WITH SERVICE

Rising need – small services

These services have been well received in London but there is one fundamental flaw: they have not stemmed the tide of rising alcohol-related hospital admissions and ambulance use. Of the alcohol-related responses made by the LAS, less than 1% were dealt with by an alcohol sobering service. Furthermore the use of sobering services is down 36% in 2013 over previous years due to what appears to be a scaling back of the program. [FOI info] Booze Buses only represent less than 1% of the total fleet⁴³ while alcohol-related incidents make up 7% of all callouts [FOI info]. Obviously these Booze Buses should not be 7% of the fleet as many alcohol-related incidents would not be best suited to these vehicles, but this report will demonstrate that there are clear benefits to expanding the number of Booze Buses. The same could be said about the SARC as it was the only facility of its kind in London, and it is too great a distance from most trouble drinking areas to make a difference.

Seasonal operation

Another area where these services fall short is that they are only operated seasonally. Binge drinking is a year-round problem and though the worst single nights are during the holiday season, the number of incidents remains relatively consistent throughout the year, especially during the early hours of Friday and Saturday night.

38. <http://metro.co.uk/2014/06/16/ban-drunks-from-ae-urge-nurses-4764320/>

39. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_treatment_centres_are.aspx

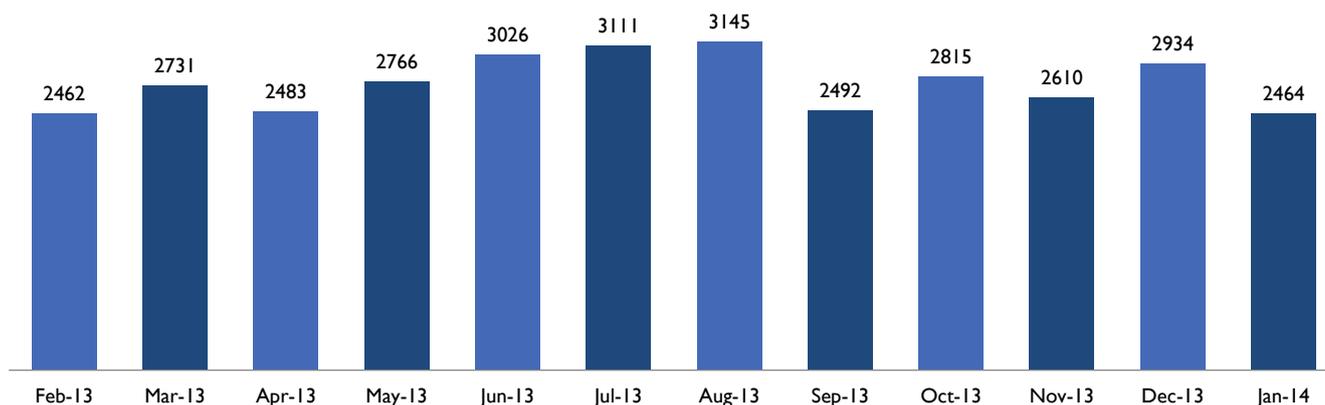
40. <http://www.westlondontoday.co.uk/wlt/content/ring-doctor-all-aboard-booze-bus>

41. Brian Hayes, Soho Alcohol Recovery Centre Pilot November/December 2010 Licensing Information

42. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

43. https://www.whatdotheyknow.com/request/fleet_numbers

London Alcohol-Related Monthly Callouts⁴⁴



Reduced operation

Whether it's due to less funding, or that the service does not have the staff or tools required, there has been a decline in the use of these services. This decline does not coincide with a drop in the use of the ambulance service for alcohol-related calls, nor a reduction in the use of A&Es for alcohol-related incidents. The Mayor of London's office has given a brief mention to the effectiveness of these kinds of services in a 2012 working paper, but without any support their use continues to decline.⁴⁵ If these services are to make any impact this must be funded and, as will be discussed, these services have the potential to save more than they cost.

Responses with Alternative Response Vehicle (Booze Bus)⁴⁶

Financial Year	Incidents
2010/11	5698
2011/12	3054
2012/13	1969
2013/14	881

Total Incidents Treated at the Soho Alcohol recovery centre (SARC)⁴⁷

Financial Year	Incidents
2011/12	1011
2012/13	642

44. <http://data.london.gov.uk/datastore/package/monthly-ambulance-service-incidents-borough>

45. Alcohol consumption in the night-time economy: Policy interventions, http://www.london.gov.uk/sites/default/files/alcohol_consumption_0.pdf page 41

46. LAS Freedom of information request, 2014

47. LAS Freedom of information request, 2014

ADVANTAGES OF SOBERING SERVICES

Expanding sobering services would not only have cost savings, but also provide savings in time, staff requirements and disruption.

a) Time savings

Hospitals with A&E departments are located across London, and their locations were not chosen to accommodate easy access to high street night time venues. The SARC however was established to provide easy access to some of London's most notorious haunts for drunkenness. Westminster was chosen for the SARC as it has more than double the alcohol licensed venues than any other borough,⁴⁸ not surprisingly it has double the number of alcohol-related incidents.⁴⁹ Evidence has shown that giving police, paramedics and street pastors shorter commutes to over-night treatment facilities, means they can get a relatively minor medical emergency treated in a shorter period, and allow for more pressing issues to be address.⁵⁰

Another time saving is the fact that the SARC is specifically designed to treat the intoxicated and removes issues such as having patients wait in a general area with sober patients for treatment as they would in an A&E. Individuals at the facility have a set of tests to perform and beds ready allowing for quick procedural treatment.⁵¹

b) Lower requirements than A&E

Another advantage of using sobering services is that they can be provided by nurse practitioners, meaning doctors are not diverted for emergency hospital care.⁵² The SARC is manned by paramedics and charity volunteers, which also allows for doctors to stay in A&E departments and focus on more serious cases.⁵³

c) Less disruption to A&E

Drunks in the emergency department can cause disruption or leave of their own accord before receiving treatment, as they can be low priority.⁵⁴ Those with acute alcohol intoxication are more likely to harm themselves or others when left untreated, creating a far more serious need for the A&E facilities.⁵⁵ For individuals who need to use an A&E on a Friday or Saturday night, they will be surrounded by the intoxicated, which can only make an unpleasant experience worse.

d) Lower costs

In 2004/05 it cost £165 every time an ambulance was called out, which made a total cost of £6.4million for the LAS to respond to incidents where alcohol was involved.⁵⁶ In 2012/13 those costs went up to £232 a callout, putting the cost at £16.6m [FOI info] Obviously having a single vehicle cover multiple responses, as the Booze Bus does, poses significant savings when it can be used in place of a standard single-incident response ambulance.

48. <http://data.london.gov.uk/datastore/package/number-premises-licences-and-club-premises-certificates>

49. <http://data.london.gov.uk/datastore/package/monthly-ambulance-service-incidents-borough>

50. http://www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

51. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

52. http://www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

53. http://www.londonambulance.nhs.uk/news/alcohol-related_999_incidents.aspx

54. http://www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

55. <http://alcalc.oxfordjournals.org/content/37/4/307.long>

56. http://www.londonambulance.nhs.uk/news/news_archive/alcohol-related_ambulance_ca-1.aspx

Another area which poses savings is in reducing conveyances to A&Es with on-the-spot treatment. The Booze Bus encourages fewer patients to be taken to the A&E than a traditional ambulance, this is reflected by their higher non-conveyance rate, or rate on which they avoid taking patients to an A&E, which is 36% compared to 22% for the service overall.⁵⁷

Several have estimated that the approximate cost of a night at the SARC is around £40 while a night in A&E can cost upwards of £200-£250.⁵⁸ Furthermore, the cost to the police for an overnight stay for someone charged with Drunk and Disorderly behaviour can cost upwards of £385.⁵⁹

e) Helps target London trouble drinkers with targeted information

Having a facility that caters for just the intoxicated provides a special opportunity to collect and disseminate information on London's trouble drinkers. Protocols are already in place at the SARC that helps provide health information on binge drinking to patients of the centre. Ambulance Operations Manager Martin McTigue has said: "[SARC] also provides us an opportunity to talk to patients about their alcohol consumption and to give them advice on responsible drinking."⁶⁰ Personal and demographic data can be kept by the facility to target repeat users with specialised recovery programs with an aim to prevent repeat abuse. Moreover, this demographic data can also help target problem groups that require more attention such as the SARC's majority of young individuals coming from licensed drinking venues.⁶¹

PREVENTING REPEAT USE

Expanding sobering services does not mean that those who partake in poor drinking behaviour will have their habits catered for; it will be the intention of these services to reduce the use of the service over time. Sobering services have been shown to have many benefits, but the greatest benefit would be to reduce poor drinking behaviour. Reducing this behaviour not only reduces costs and disruption to the NHS but has been shown by some to lower violent crime.⁶² The NHS has identified that repeat users drive expenditures up significantly, with estimates as high as £26 million a year.⁶³

Information

Promoting better drinking behaviour and better health for those using the service should always be a main consideration. Information should be key to reducing repeat use of the service, and the ability to target trouble drinkers with data collection will help provide better directed health information, such as suitable alcohol recovery programs. Cardiff Alcohol Recovery Centre looked into more proactive forms of dissuasion of poor behaviour such as showing video footage of those brought to a trial sobering centre to the patients

57. In 2011/12 the Booze Bus had a non-conveyance rate of 36% (FOI info) compared to 22.3% of the service overall. (http://www.londonambulance.nhs.uk/about_us/idoc.ashx?docid=4f548c00-d462-4056-8f3e-0503dd8b68cf&version=-1 page 12)

58. <http://www.bbc.co.uk/news/uk-england-london-16237152> And <http://www.channel4.com/info/press/programme-information/999-whats-your-emergency-s2>

59. <http://www.independent.co.uk/news/uk/home-news/sober-up-in-drunk-tanks-and-pay-up-to-400-to-leave-police-chiefs-call-for-privately-run-cells-to-curb-alcohol-fuelled-disorder-8823467.html>

60. http://www.londonambulance.nhs.uk/news/news_releases_and_statements/alcohol_recovery_centre.aspx

61. <http://www.westlondontoday.co.uk/wlt/content/ring-doctor-all-aboard-booze-bus>

62. <http://www.cardiff.ac.uk/dentl/research/themes/appliedclinicalresearch/violenceandsociety/index.html> and <http://www.bbc.co.uk/news/uk-27119689>

63. Cost of alcohol-specific emergency readmissions, <http://www.lho.org.uk/viewResource.aspx?id=17714> pg. 24

after they recovered, but this was later dropped at the request of the funders.⁶⁴ This technique is most likely too invasive and time consuming, but other techniques such as exit interviews may prove more effective than providing the patient with a pamphlet.

Deterrents

The second part of promoting better drinking behaviour would be providing some deterrent to this behaviour. The SARC itself, though satisfaction with patients is quite high,⁶⁵ it is not an entirely pleasant place and hopefully this alone acts as a turning point for most who partake in binge drinking. On the other hand, the atmosphere alone cannot be relied upon as the only deterrent.

In 2013 Chief Constable Adrian Lee suggested that the UK's police forces offset the cost of public drunkenness by providing 'drunk tanks'. Drunk Tanks are non-medical sobering facilities operated either by local policing or private contractors that charge users the total cost of its use, which could cost up to £400.⁶⁶ Prime Minister David Cameron supported this concept, and many other countries use a similar service to remove the strain of public drunkenness on their public services.⁶⁷ These high charges would ultimately act as a fiscal deterrent, but the new service would stand as a radical change in the way the UK has provided what essentially is a health service, and changing it to a public order service. Providing this service through private hands at a cost to the potentially seriously ill,⁶⁸ may complicate treatment of these individuals if they avoid using the system in fear of high level fines.

Past surveys have found that Londoners do not want the government paying for someone's poor drinking behaviour. A GLA survey revealed that 86% of Londoners think that the costs for testing for alcohol sobriety should not be met by the state. This survey was in response to the Mayor's Office's new policy proposal for offenders to pay a small amount of money, around £1, towards daily breathalysing.⁶⁹ A fine that is somewhat lower than the suggested £400 and given with the discretion of a medical professional could prove more effective.

Penalty Notice for Disorder (PND)

The current Penalty Notice for Disorder (PND) for drunkenness is part of the upper tier and is fined at £90 penalty.⁷⁰ This fine of £90 is somewhat low considering the level of disruption some offenders can cause to the system. It would be in the best interest of Parliament to reconsider the fines for PND for drunkenness, in the same way magistrates fines have been readjusted for the severity of the crime.⁷¹

In the case of sobering services the use of PNDs for those so intoxicated they must rely on the state to tend to their wellbeing seems appropriate. This could be co-ordinated between the police and sobering services by having an officer occasionally appear, in the morning when the individuals are sober, to fine those who repeat abuse or caused a significant disturbance in a Booze Bus, A&E, or sobering centre. The fine could also be administered via the information collected from the user of the service at a later date as are often

64. http://www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf pg 18.

65. http://www.londonambulance.nhs.uk/about_us/idoc.ashx?docid=73ecbbce-1432-4f73-82bf-30392c06aaf8&version=-1

66. <http://www.independent.co.uk/news/uk/home-news/sober-up-in-drunk-tanks-and-pay-up-to-400-to-leave-police-chiefs-call-for-privately-run-cells-to-curb-alcohol-fuelled-disorder-8823467.html>

67. <http://www.telegraph.co.uk/news/uknews/law-and-order/10316456/Sober-up-in-drunk-tank-and-pay-400-to-leave.html>

68. alcoholism being a disorder clearly defined by the National Institute of Clinical Excellence <http://www.nice.org.uk/nicemedia/live/13337/53191/53191.pdf>

69. <http://www.london.gov.uk/media/mayor-press-releases/2012/02/mayor-welcomes-new-approach-to-alcohol-related-crime-in-london-but-says-more-is-needed>

70. <http://www.justice.gov.uk/downloads/oecd/pnd-guidance-oecd.pdf> <http://content.met.police.uk/Article/Fixed-Penalty-Notice-Unit/1400007595056/1400007595056>

71. <http://www.bbc.co.uk/news/uk-27774455>

done with PND⁷² This fine could help act as a deterrent to those looking to abuse these services. It would also allow those in the facility and the police to use their discretion to make sure they are not targeting those who do not require a deterrent. This co-ordination with the police could go beyond providing support with fines as the police should look at proactively supporting sobering services as they could lead to an increase in public order. If the police used the funds from PNDs issued at sobering services to support long term sobering programs, this could help those with chronic alcoholism.

CONCLUSION

The data shown in this report may make it appear that progress is not being made to reduce the effects of alcohol on society, but trends are showing reductions in dangerous drinking behaviour.⁷³ The services themselves are making progress as well. It may not seem like progress with the police moving away from drinking arrests, but they minimise drunks tying up the system and allow for better use of their time and holding space. The LAS specifically has taken a very targeted, proactive approach with its sobering services, providing a tier of service to remove low-level trouble makers and return the focus of the service to providing serious emergency medical treatment. This approach needs wider adoption to help A&Es, and this support of sobering services needs to be coordinated across the emergency services with higher deterrents to poor drinking behaviour. Fining those who abuse the system, and making sure these fines reflect the disorder they cause, would be a first step to providing a deterrent. Moving the intoxicated to another service which saves time, money, and disruption with a long term goal of reducing their use should be a priority for London and the UK.

RECOMMENDATIONS

It is the recommendation of this report to:

Keeping drunks out of the system

- 1) Expand sobering services to a year round role, specially focusing on Friday and Saturday nights.
- 2) Expand the use of sobering centres. This could be accomplished by reopening the Soho Alcohol Recovery Centre (SARC) and by opening at least 2 more geographically relevant locations in London.
- 3) Expand the Booze Bus service to a total of 10 vehicles, which can be focused across London on trouble high street locations.

Fines

- 4) The Mayor of London should push the Metropolitan Police to work more closely with the NHS to provide better long-term deterrents to poor drinking behaviour. They should target repeat or troublesome users of sobering services or A&Es providing them with Penalty Notices for Disorder. The Metropolitan Police should also look at helping the NHS provide long-term sobering solutions to help increase public order in the future.
- 5) The Mayor of London should lobby Parliament to at least double the PND fines for drunkenness to reflect the disorder the intoxicated can cause to our public services.

It is also the hope of this report for these new sobering services and cooperation between services to be expanded across the UK.

72. PNDs cannot be given to those still highly intoxicated <http://www.legislation.gov.uk/ukpga/2001/16/part/1/chapter/2>

73. See Index

INDEX

Total Alcohol Consumption, 2001 to 2011, litres per capita⁷⁴

Year	litres per capita
2001	10.7
2002	11
2003	11.2
2004	11.5
2005	11.4
2006	11
2007	11.2
2008	10.8
2009	10.2
2010	10.2
2011	10

Binge Drinking in the UK 2001 to 2010, percentage⁷⁵

Year	Percentage of men	Percentage of women
2001	21-	9
2002	21	9
2003	23	9
2004	23	9
2005	18	8
2006	23	15
2007	25	16
2008	21	14
2009	22	15
2010	20	13
2011	19	12

74. British Beer & Pub Association (BBPA), Statistical Handbook 2012

<http://www.ias.org.uk/uploads/pdf/Consumption%20docs/Alcohol%20consumption%20factsheet%20August%202013.pdf>

75. Drinking in the week prior to interview among adults, by age and gender; 1998 to 2010

www.hscic.gov.uk/catalogue/PUB06166/alco-eng-2012-tab1.xls or <http://www.ias.org.uk/uploads/pdf/Consumption%20docs/Alcohol%20consumption%20factsheet%20August%202013.pdf>



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TONY ARBOUR
LONDON ASSEMBLY
Greater London Authority
City Hall, The Queen's Walk
London SE1 2AA