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## **STATEMENT BY THE WELSH ASSEMBLY GOVERNMENT**

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**Title: Alcohol Pricing Policy**

**Date: 27 April 2010**

**By: Edwina Hart, Minister for Health and Social Services**

As we know, alcohol is a major preventable cause of death and illness in Wales. This issue is one that has been raised a number of times during oral questions and I am pleased to be able to make this statement today.

The statistics tell us

- That 45% of adults in Wales drink more than daily guidelines at least once a week, and more than a quarter binge drink every week
- That between 3-5% of all absences from work are alcohol related
- That around 1,000 deaths are attributable to alcohol per year in Wales
- That almost half of all violence is linked to alcohol

These are shocking figures. But even they do not do justice to the human misery that is caused by alcohol misuse – the individuals whose health is damaged, the families that are blighted by alcohol related domestic abuse, and the communities suffering from the crime and anti social behaviour that is all too often associated with the excessive consumption of alcohol.

These figures also begin to suggest the significant burden that alcohol misuse places on our public services – in particular the health service. The cost to our NHS is around £70-£85 million. In the coming years, when we will need to do more with less, we must tackle robustly all the public health issues that increase these burdens on our NHS, and we know that alcohol is one of the biggest causes of preventable ill health we face. That is why as Health Minister I am determined that we should tackle alcohol misuse with every tool at our disposal, and I know that there is consensus across the Chamber on this.

Some people will tell you that excessive alcohol intake is somehow part of our character, just the way it has always been. That is a message of defeat – it suggests that we should just focus our attention on picking up the pieces, rather than tackling the root causes. I do not accept this analysis.

Alcohol has always been part of our culture, but it has not always dominated it in the way it now seems to. It is not the case that we have always drunk so much – in 1947 we consumed approximately three-and-a-half litres of pure alcohol per head; that has now risen to nine and-a-half litres.

So what has changed? Many factors have contributed to the increases in alcohol consumption, but there is no doubt that alcohol is now far more affordable – it has increased in price but that increase has been dwarfed by increases in our income.

In recent years, we have seen a much wider availability of cheap alcohol. This has been through discounting in supermarkets – including so called ‘loss leaders’ – and through the irresponsible promotions in some of our bars and clubs. Some studies have found alcohol on sale for as little as 11p per unit. At that price, a woman can drink three times the recommended limit for under £1 a day.

In some ways, it is common sense that lower prices lead to more consumption. But there is now strong evidence to support this assertion – major reports produced by the Institute of Alcohol Studies, and by the University of Sheffield, have demonstrated that increases in affordability of alcohol lead to increases in consumption. They have also shown that increasing the price of alcohol will reduce consumption, particularly amongst young people, binge drinkers, and harmful drinkers who are dependent on alcohol. So we believe that there is now a strong case for the introduction of a minimum price for alcohol.

But what can we do about this in Wales? Our substance misuse strategy sets out our determination to tackle the harms associated with alcohol misuse, and commits us to press for robust action to tackle the availability of alcohol, including:

- Stricter rules on the promotion of alcohol,
- Consideration of reducing demand by introducing minimum pricing, and
- Increased taxation, linking levels of tax more closely to alcohol strength,

We do not currently have the powers to implement these changes ourselves. Our focus has been on making the case to the UK Government, and I and my Ministerial colleagues have written on a number of occasions to highlight these issues. And I believe that opinion is swinging our way. In recent months we have seen calls for minimum pricing from the BMA, the National Institute for Health and Clinical Excellence, and the Parliamentary Health Select Committee.

But what would this mean for our citizens? In his Annual Report in 2008, Sir Liam Donaldson called for the introduction of a minimum price per unit of 50p. He suggested that after ten years, this would be expected to reduce the annual number of deaths from alcohol-related causes in England by over one-quarter. The Scottish Government has commissioned work that suggests that a minimum price of 40p would result in a fall in alcohol-related deaths in Scotland of about 70 in the first year, and about 370 per year after 10 years - a drop of nearly 20 per cent.

We do not have specific figures for Wales, but this evidence suggests that after 10 years, a minimum unit price of between 40p and 50p could reduce the number of alcohol related deaths in Wales by 20-25%. This would equate to 200-250 fewer deaths per year after 10 years. That is why my own Chief Medical Officer, Dr Tony Jewell, has also called for the introduction of minimum pricing.

Some argue that a minimum price penalises all drinkers, not just those who drink to excess. I do not accept this argument – the impact on those who drink within sensible guidelines will be small, and the work commissioned by the University of Sheffield suggested that a minimum price of 40p per unit would cost a moderate drinker about an extra 11p per week. It is those who drink a lot more who will notice the difference, and therefore hopefully moderate the amount they consume, particularly young people.

Tackling alcohol harms is not just about price of course – it is about education and prevention, about better information for consumers, and support for those with alcohol problems. And we have invested heavily in these areas – our substance misuse budget now stands at £52.6million. To help people understand the health risks associated with exceeding safe drinking limits, we are using screening and brief interventions in primary care and during hospital admissions with nurses in A and E being trained to give advice to binge-drinkers on sensible alcohol consumption.

But prevention is better than cure: we are working with further and higher education colleges to reduce alcohol harms, and we will soon be consulting on good practice guidelines for this sector. We are also working with NUS Wales to look at the opportunities for student unions to promote the sensible drinking message amongst university students. We also want to ensure that parents understand the impact that their own drinking can have on their children, and we are supporting Gwent Police to pilot a series of parenting evenings for parents to raise awareness of the consequences of the harmful use of alcohol and illegal/other drugs. And we have established Strengthening Families Programmes in seven areas. These aim to strengthen the protective factors within families that can help to prevent alcohol misuse by young people

The Welsh Assembly Government has worked very hard to tackle alcohol misuse using all the means at its disposal and will continue to do so. But it is important that we do not ignore the evidence that making alcohol a little less affordable has the potential to significantly reduce the blight of alcohol misuse

on our society. And I am very clear that if we do not see the action we want at UK level very soon, then the time will come when we seek more powers to act ourselves.

Letter from Minister for Health and Social Services

**Edwina Hart MBE OStJ AM**

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Our ref: EH/01408/10

Your ref: P-03-283

Christine Chapman AM  
Chair - Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
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Llywodraeth Cynulliad Cymru  
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29 April 2010

Thank you for sending me details of petition P-03-283 NHS Charging for Alcohol Related Incidents.

The purpose of the NHS is to provide a service for everyone, paid for out of taxes, based on clinical need not ability to pay, and without discrimination of any kind. I do not have any intention of introducing charges for services.

However, the Welsh Assembly Government shares your concern about the problems linked to excessive consumption of alcohol and the resultant burden on the NHS and abuse of staff. The Welsh Assembly Government is keen to reduce alcohol misuse and lessen the resulting damage to health of those that drink too much. Clearly we also need to reduce the harm caused to individuals and communities by alcohol related crime and anti-social behaviour.

Many of the legal powers that relate to the issues raised in your letter are not currently devolved to the Welsh Assembly Government. However, as a Government we are making the case to the UK Government to strengthen the legislation that covers the supply, availability and price of alcohol. The changes that we would like to see are set out in our 10 year substance misuse strategy "Working Together to Reduce Harm" that was published last year.

In addition, there are already a number of existing powers that can be more effectively used to tackle the problems associated with alcohol and we are urging our partners to make full use of them. They include powers to take action against

those that sell alcohol to underage youngsters and against those that sell alcohol to individuals who are already intoxicated.

I also support the Scottish Government's proposals for a minimum price for alcohol. It is not my intention to penalise responsible drinkers, however, recent research has shown that there is evidence linking the level of the price of alcohol consumption with harm. It cannot be beneficial to public health if some alcohol is available for purchase for as little as 11p per unit and it something that, as a nation, we must tackle.

A handwritten signature in black ink, appearing to be 'L. M.', located below the text.

## Response from petitioner

Dear Sir

I have not responded so far to the above because the letter dated 29th April 2010 from Ms Edwina Hart to Christine Chapman clearly states "I do not have any intention of charging for services". That seems done and dusted (the privileges of rank I suppose). As far as I am concerned and speaking as a front line Paramedic of 30 years experience people who regularly get into such a drunken state and treat other decent people with contempt, abuse (physically and verbally) in my opinion forego the right to be treated without at least paying for their animal like behaviour. Apologies that is unfair to animals who do not behave anything like the people I encounter.

These people choose to get drunk, they become abusive, they become aggressive, they become violent, they get covered in excrement, vomit and urine and the NHS is expected to pick up the pieces--- not acceptable.

This namby pampy approach to minimum pricing won't reduce the problem because these people will get the extra money for their habit by depriving other areas within their influence eg food for the family, non payment of bills etc.

What we need is a new and radical approach to the problem. I didn't start out with a clear idea of how to ease the pressures on the NHS created by this "drink culture" but as I discussed the problem with my colleagues, nurses, casualty staff and police it became apparent that everyone I spoke to agreed that the simplest and probably quickest way to bring the message home to these people was to charge them for the time and trouble that they had created.

I finish by asking you where else in our society and under what other circumstances would we allow such a situation to occur and just allow it continue without some redress.

"Remember that the next time you need an ambulance for you or your family lets just hope that Mr Heineken hasn't got there first".

Thankyou for your patience .

Wynne

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**Cymru Wales National Office**

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Ms Christine Chapman AM  
Chair, Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Your Ref: P-03-283

6 December 2010

Dear

A handwritten signature in black ink that reads 'Christine'. The signature is written in a cursive style and is underlined with a single horizontal stroke.

**P-03-283 NHS Charging for Alcohol related Incidents**

Thank you for your letter dated 22 November 2010 regarding petition P-03-283.

I can confirm that although BMA Cymru Wales does support the need to reduce the inappropriate use of health facilities, we would not support the introduction of charges where the cause of treatment is determined to be alcohol related – BMA Cymru Wales believe that this is neither appropriate nor viable.

Fundamentally, we believe that NHS services should not discriminate against people – even if those individuals have contributed to their own illness or injury. This could be applied to a variety of other 'life-style choices' which likewise costs the NHS billions of pounds every year. Examples include smoking, eating fatty foods, not taking regular exercise, drug and substance abuse – and even things like sunbathing and participation in dangerous sports.

Considering the introduction of such charges is, in our view, a dangerous route to go down and is in direct conflict with the founding principles of the National Health Service – universal, free at the point of delivery, and based on clinical need, not ability to pay.

The general rule of thumb for BMA Cymru Wales, in representing the medical profession, is that we do not support measures which penalise patients as it could damage the doctor-patient relationship and make patients avoid seeing a doctor when they are in need.

We believe that the proposed policy would be open to dangerous varying levels of interpretation; it would be almost impossible to implement in practice and; very hard to regulate. In addition, in determining whether an individual is 'wholly at fault' for their alcohol induced condition, it would take doctors and other healthcare professionals away from the delivery of care to patients.

Continued



However, we are concerned about excessive and 'binge' drinking in Wales and the harm that this has on individuals, families, communities and the NHS. We have undertaken countless public health campaigns and published numerous reports<sup>1</sup> on this. Our most recent policy – and our Manifesto for the 2011 National Assembly Elections – calls on Government to take strong action to tackle alcohol related harm, including:

1. Introducing minimum price levels for the sale of alcoholic drinks and to end irresponsible promotional activities like two-for-ones and ladies drink free;
2. Increase the alcohol duty above the rate of inflation and proportionate to the amount of alcohol in the product;
3. Increased provision of information on drinking guidelines and health warnings at the point of sale and on all alcoholic products;
4. Introduce a total ban on alcohol advertising in the media, including sponsorship;
5. Provide sufficient training to enable health professionals to detect and manage people with alcohol misuse problems.

BMA policy with regards to patients who are violent, threatening or abusive to healthcare professionals is somewhat different and BMA Cymru Wales has supported the governments' previous campaigns about zero tolerance. Even in such circumstances, we do not think that they should be denied urgent or necessary care.

In our ethics publications, the BMA says that patients have a duty to behave reasonably but there is no obvious way this could be enforced. Where the incidents are alcohol-related, the patient may not be in a fit state of mind to assess what is reasonable and we would not want such patients excluded from care if they are at risk of serious harm and likely to require a medical examination. Where possible, we would support better education of patients and the public on alcohol abuse and violence / aggression against NHS staff and also more practical measures such as the installation of CCTV and the provision of panic alarms. Of course, the link between mental health and alcohol abuse is well known and deserves more focused attention and investment from Government.

It remains unacceptable that doctors and other healthcare workers are exposed to physical and verbal abuse in the workplace on a daily basis – and it is concerning that the emphasis on tackling such behaviour seems to be focussed on hospitals, when in actual fact, of equal (if not more) concern are NHS employees working alone, such as GPs and their support staff.

I hope that my response and comments are of interest to you and to the Committee in considering the petition – please do not hesitate contact me should you require further information.

Kind regards,  
Yours sincerely



Dr Richard Lewis  
Welsh Secretary

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<sup>1</sup> Alcohol misuse: tackling the UK epidemic, 23 April 2009; Under the influence - the damaging effect of alcohol marketing on young people 07 September 2009; Fetal alcohol spectrum disorders 22 January 2008; Binge Drinking 2005; Adolescent Health 2003; Alcohol and Young People 1999; Alcohol Guidelines and Sensible Drinking 1995.

# ACPO Cymru

**Mick Giannasi**  
**Prif Gwnstabl/Chief Constable**  
**Chair ACPO Cymru**



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

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**“To be the Professional Voice of Police Leadership across Wales”**

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6<sup>th</sup> December 2010

Ms. Chapman A.M.,  
Chair,  
Petitions Committee,  
Cardiff Bay,  
CF99 1NA.

Dear Ms. Chapman,

## **P-03-283 NHS Charging for Alcohol Related Incidents**

I write on behalf of the Association of Chief Police Officers in Wales (ACPO Cymru), in response to the above Petition. As such this response should be considered the view of all four Police Forces in Wales.

The impact upon the NHS in Wales and across the UK of alcohol related incidents is well acknowledged and we have sought to support our NHS colleagues here in Wales in a number of ways. These include the development of a Memorandum of Understanding between NHS Wales, the Crown Prosecution Service and ACPO Cymru designed to tackle issues around violence and aggression that emanates within healthcare settings often directly related to the effects of alcohol on individuals.

As a service our staff also experience, often at first hand, the impact on individuals and communities of alcohol abuse. Such incidents place a disproportionate requirement upon our resources and often divert our staff away from other activities we could be doing in support of our communities.

However, whilst we support the principle of reducing the harmful affects of alcohol we also recognise the many challenging practical and ethical issues that would need to be overcome before this quite complex proposal could be progressed. For example, for

practical reasons, implementation of the proposal would require some form of objective, qualitative test to establish levels of intoxication alongside a „test“ to establish “wholly the fault of the individual or individuals concerned”. Clearly, at this stage, there is no legislative procedure or statute that exists to support any element of such processes. Beyond such measures, what is really required is a significant shift in social behaviour with an emphasis on safe, social drinking.

The petitioner, Mr Derrick Wynne Rees makes a heart felt and impassioned plea for the consideration of charging and whilst we certainly have empathy for this cause. However, the challenges that would need to be overcome do mean that a great deal of preparatory work would need to be undertaken before it could become a reality.

Thank you for the opportunity to participate in this process. I will be happy to assist if you require additional information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Julian Kirby', with a long horizontal line extending to the right.

Julian Kirby  
Assistant Chief Constable  
Territorial Policing

College of Paramedics  
The Exchange  
Express Park  
Bridgwater  
Somerset  
TA6 4RR

Ms Christine Chapman AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff CF99 1NA  
Your reference P-03-283

Dear Ms Chapman

### **Charging for Alcohol related incidents**

Thank you for your letter of 18 January 2011 regarding the above issue and for giving the College of Paramedics the opportunity to comment on this complex problem. The College is grateful to Nigel Rees, a member of the Governing Council of the College and a Senior Paramedic Practitioner in Wales for contributing to this response.

Managing the burden of alcohol on ambulance and emergency services is of global concern, however is also an extremely difficult area influenced by many factors, including social and law enforcement. Whilst the College of Paramedics is in favour of attempts to reduce the burden of incidents involving alcohol, we feel that care must be taken to avoid implementing any strategy that could put patients at risk.

The College is aware that the burden of alcohol related emergencies on the Ambulance Service in Wales has resulted in unremitting pressure which may affect response to life threatening situations. Wales is not alone in facing this problem which has resulted in service providers questioning how to address it in the safest way possible. The damaging effects of alcohol can result in acute medical, surgical and traumatic emergencies. Aligned with this, alcohol consumption lays on a continuum of use, ranging from sensible drinking to harmful and binge drinking. This presents questions over how one would legislate in such an area without prejudicing the care of the medical, surgical, traumatic and mental health emergencies on one hand, and limiting the impact of the aggressive intoxicated on the other.

Whilst the College of Paramedics does not oppose efforts to tackle the growing burden of alcohol consumption on services, it requests that its views are included and considered in strategies such as the Welsh Assembly Government (WAG 2008) 10-year substance misuse strategy. The College's preferred approach to this problem is a thoughtful debate surrounding the issues in WAG (2008) in aiming to reduce harm caused by alcohol through mechanisms of support, improved services, education and protecting families of substance misusers, whilst tackling the inappropriate availability of alcohol. The College of Paramedics feels that this could be achieved by a well coordinated approach involving other agencies, and a realistic change in health and social policy. For example:

- Engaging with Police and the like to provide safe assessment areas (not necessarily A&E) staffed by paramedics and police.
- Highlighting the public health message of the damaging effects of alcohol, in an attempt to 'modify help seeking behaviour'

- Use of CAGE screening questionnaires reported back to GPs etc.

Legislating in this area as has been suggested in your correspondence to the College of Paramedics may have unseen repercussions. By the nature of their intoxication, it is not always the patient who calls 999; but often is a concerned member of public, bystander friend or family member. Concerned callers cannot be expected to safely differentiate between the intoxicated individual, stroke victim, head injury, diabetic or other conditions in a range of pathology. The College is therefore concerned that any message to the public that a charge is to be levied retrospectively or otherwise may limit their willingness to call for assistance and could be seen as an affront to patient safety.

Yours sincerely

A Newton

Chair  
College of Paramedics

Rhodri,

Following our earlier telephone discussion with regard to the NAW petition P-03-283 that states *,"We call upon the National Assembly for Wales to urge the Welsh Government to consider the introduction of charges for treatment and transport of patients to hospitals in those cases where the incident is alcohol related and wholly the fault of the individual or individuals concerned. We hope that these charges will help to reduce the number of calls and treatment by the NHS and as a consequence would hopefully reduce the amount of physical and verbal abuse towards NHS staff"* , we regret that we are unable to compile an all Wales view on this issue for the committee at this time.

As discussed on the telephone earlier, our reasons for not being able to offer a response to the committee at this time are related to the following: -

- This petition raises many complex issues. The result of this is that there are many differing opinions on the best way forward across the NHS in Wales and it would be very difficult at this time to put together a response to the petition that represented the views of the majority of our members

I hope this clarifies the position for the committee

Regards

**Jonathan Davies**

Head of Policy & Communications  
Welsh NHS Confederation



**Andrea Matthews**  
Swyddog Cyswllt ac Ymgynghori  
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**Andrea Matthews**  
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Ms. Christine Chapman, AM  
Chair  
Petitions Committee,  
Welsh Assembly Government  
Cardiff Bay  
CF99 1NA

Reference: P-03-283

9<sup>th</sup> March 2011

Dear Ms. Chapman,

### **Response to Petition P-03-283 NHS Charging for Alcohol related incidents**

Thank you for including the Board of Community Health Councils in Wales in the circulation of the above document. I confirm that the correspondence has been forwarded to all Community Health Councils in Wales and to members of the Board of Community Health Council electronic Citizen Panel. Community Health Councils are “the patients’ voice” within the NHS in Wales and as such, our main concern is that all patients receive a timely, safe, efficient and equitable service.

The Board of Community Health Councils in Wales supports the view of the Minister and is also concerned about problems associated with excessive alcohol consumption. Through contact with NHS staff and Local Health Boards across Wales CHCs are very aware of the impact that alcohol misuse has on the health service and staff.

I should state, however, that the Community Health Council involvement at this stage of the process has been questioned as a petition of just 116 signatures is considered insufficient to justify action on a matter that concerns the whole of Wales.

I therefore, request that this correspondence is not treated as an official response and the view of the Board of Community Health Councils but as a conduit for sharing the views of the wider public.

To date I have received correspondence from 18 individuals and 4 Community Health Council Officers offering a view on the proposals contained in the petition. Of these 22 responses opinions were evenly split with 8 agreeing with the content of the petition; 8 against the proposition, while 6 considered more background information should have been forthcoming to enable them to come to a view.

**Chairman: Mrs. Gill Davies**

**Director: Mrs. Carol Lamyman-Davies**

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Please find below a summary of the comments received identified under topical headings:

### **Administration.**

- Who will be responsible for administering the process?
- This proposal will add another layer of bureaucracy to the NHS and have resultant costs.
- Would need to know where the administrative burden would lie before signing up to this proposal.
- It will be difficult to differentiate between different levels of alcohol use and circumstances.
- Concerned about the costs of implementing such a proposal. If a charge is not paid before discharge, will they be kept until they pay up or given time to pay?
- Difficult to implement as it will require assessment and a judgement to be made presumably by NHS staff.
- How would an alcohol related incident be defined? Would it cover anyone who had been drinking or someone guilty of an offence e.g. driving over the limit?
- How would fault be defined? Would someone who had been drinking and just fallen over be deemed to be at fault?
- If hospital staff were expected to make an “on the spot” judgement and confront a drunken member of the public that would positively fuel abuse and violence.

### **Against the propositions.**

- “A pernicious petition which should be rejected out of hand as inimical to the ethos of our healthcare service. The NHS should be free to all at the point of entry whether they are responsible for their conditions or not”
- Concern that the proposal will deter a person from seeking assistance. Suggest that unruly, drunken patients be segregated from other people attending A&E although accept that this could not be achieved without adding to NHS costs.
- “Understand the proposal but do not think it is the right approach for several reasons. If people are abusive/threatening staff a zero tolerance approach is a better solution – where treatment is withheld until people refrain from such behavior. As a layman I would say that a duty to treat is waivable in such circumstances”.
- “A ridiculous idea given the tax and duty paid on alcohol.”
- Proposal is not supported. Patients with some neurological conditions present with similar symptoms that might make staff think they are drunk.
- It sets a precedent and triggers concerns about where the next charges would be made.
- A bad idea in principle likely to be vague and unworkable in practice.
- Do not think it is right for the NHS to start judging and discriminating against the lifestyle of others.

### **Alternative indulgences.**

- How is alcohol misuse different from drugs, cigarettes, obesity, sexually transmitted diseases etc? If petitioners wish to recover the cost of alcohol related treatment does this then open the door to recover costs from other indulgences that have a detrimental impact on health?
- Having established the principle others might seek to say drug users, those who attempted suicide and those indulging in hazardous sports etc should pay to be transported to hospital or perhaps for treatment itself.

**Chairman: Mrs. Gill Davies**

**Director: Mrs. Carol Lamyman-Davies**

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### **Cost recovery.**

- The Ambulance service already has the power to attribute costs to insurance companies in the case of road traffic accidents, although it is understood that this is rarely used as the process extremely onerous.
- What happens to people without the means to pay? Would treatment be refused?
- Some people would not pay any charges levied and the recovery of charges process could be expensive.

### **Measurement.**

- How will excessive alcohol consumption be measured?
- Will everyone found over the limit have to pay for treatment?
- If someone is an innocent victim of violence but both parties record excess alcohol levels will the victim also be responsible for paying for treatment?
- Some investigation will be needed to establish who is the victim and who the oppressor.
- The changes as presently proposed may be either unfair or provocative in some instances and potentially unworkable.

### **In Support.**

- “Support for the petition with some degree of discretion built in to allow for exceptional circumstances e.g. very young and those with mental health problems.”
- “Best idea the NHS has had in years!”
- “Excellent idea! Something I would support as it would pay for the security currently required in most A&E departments”.

### **Other comments:**

- The NHS should always be free at the point of consumption as was intended when it was set up.
- This proposal sets a dangerous precedent.
- The proposals need to be opened for wider debate and more thought.
- Actual implementation would be fraught with problems; it would be very subjective and impossible to gain fairness across the board.
- The philosophy behind the subject needs to be more forthright and focused on the cost in time and money.
- If money is the issue, then perhaps the petition should be about raising a charge against patients who “do not attend” whose actions cost considerable wasted clinical time and money.
- Does the petition aim to address the problems relating to short term excess or include health related problems caused by long term alcohol misuse e.g. liver and heart disease?
- Without more information about the details and size of the problem it is difficult to comment.
- If people want to reduce the level of alcohol related incidents there are many ways the law can reduce availability and/or increase the cost of alcohol. If we are concerned about the level of verbal and physical abuse of NHS staff perpetrators need to be reported and prosecuted.
- If the aim is to reduce abuse to staff and police then charging for treatment is unlikely to influence the type of person who is responsible for this behavior. A curb on sources of cheap alcohol and the imposition of high local taxes on the pubs and clubs which allow the problem is needed. Prioritization should be given to enforcement of licensing and behavior laws which already exist.
- The phrase “ *alcohol related and wholly the fault of the individual or individuals concerned*” sounds like a matter for adjudications and misunderstanding which would be difficult to prove.

**Chairman: Mrs. Gill Davies**

**Director: Mrs. Carol Lamyman-Davies**

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- One option which might be more constructive and an easy to implement working dynamic would be to make it clear, as a matter of policy, that unless a person is seriously at risk, the NHS will not treat an individual who is involved in a verbal upset or incident and who also fails a breathalyzer. They will be left to sober up so they can receive treatment as a matter of policy and not an issue of personal judgement. To bring in an objective test like the breathalyzer would remove the need for subjective accusation and challenge of an individual. Just because someone is drunk or would fail a breathalyzer test needn't necessarily mean they won't receive treatment unless they are also abusive and/or violent. In which case they will fall foul of local NHS policy and may be left drinking coffee for a couple of hours until the sober up and calm down. It may also be worth having a set caution given or read out to them in case problems flare up later when they are sober.

Finally, I stress that the Board of Community Health Councils is not offering an official view on the subject and, indeed, has not debated the issue. However harnessing the links available within the CHC network has allowed us to obtain a variety of views directly from members of the public. I hope you find these comments useful in your deliberations on the petition proposals.

Yours sincerely,

*Andrea Matthews*

Andrea Matthews,  
Consultation & Liaison Officer

**Chairman: Mrs. Gill Davies**

**Director: Mrs. Carol Lamyman-Davies**

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Contact: Mr Elwyn Price-Morris  
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Our Ref:  
Your Ref:

10<sup>th</sup> March 2011

Christine Chapman AM  
Chair, Petitions Committee  
National Assembly Gor Wales  
Cardiff Bay  
CARDIFF CF99 1NA

Dear Ms Chapman

### **P-03-283 NHS CHARGING FOR ALCOHOL RELATED INCIDENTS**

Thank you for your letter of 22<sup>nd</sup> November 2010 regarding the above. Please accept my apologies for the delayed response.

I can confirm, in keeping with the response from the Welsh Assembly Government that the Trust does not charge for the provision of emergency ambulance services. However, under the terms of Patient Care Services, certain requests for private ambulance provision would attract a commercial rate tariff as agreed between the Trust and the requesting organisation or individual.

In general, the underpinning philosophy of the NHS that "services are free at point of delivery" is fully exercised in relation to all accident and emergency provision by the Trust.

Whilst the Trust has a zero tolerance approach to acts of violence and aggression on its staff, many of which can be associated with excessive alcohol consumption, it would not wish to enter a debate on the introduction of charges for services where alcohol was considered a factor. This is a debate for the Assembly in setting the policy framework within which the NHS works

At this time we do not tag alcohol related incidents separately from non alcohol related incidents, and consequently have no available data to quantify the frequency or severity of the problem.

I hope this information if helpful in informing your research question.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Elwyn Price-Morris'.

**Elwyn Price-Morris**  
**Chief Executive**