

Small rise in booze duty might cut violence-fueled emergency department visits by 6,000 per year

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A small rise in duty imposed on alcohol sold in retail outlets, pubs and restaurants, of just 1% above inflation, might cut violence-fuelled emergency care department visits in England and Wales by an annual 6000, suggests research published online in *Injury Prevention*.

This approach might be more effective at curbing the toll of injuries sustained through [violence](#) than minimum unit pricing for alcohol, suggest the researchers.

Worldwide, interpersonal violence was the second leading cause of death among young men aged 15-29 in 2012, and more than 210,000 people sought emergency care in England and Wales for injuries sustained during an episode of violence in 2015.

Excess alcohol consumption has been linked to violence, but the exact nature of the association is unclear, although the evidence also points to a link between pricing and consumption.

In a bid to clarify these associations, the research team assessed the impact of on-trade ([pubs/clubs/bars](#)) and off-trade ([retail outlets](#)) alcohol pricing, as well as socioeconomic and environmental factors, on the rate of violence-fuelled attendances at emergency care departments in England and Wales.

They did this by looking at anonymised data collected on adults who had visited a sample of 100 emergency care (A&E) departments across England and Wales between 2005 and 2012, as a result of injuries sustained during an episode of violence.

The researchers also looked at nationally available data on alcohol pricing and expenditure, and prevailing socioeconomic factors for the 8 year period.

Between 2005 and 2012, just short of 300,000 visits were made by adults to 100 emergency care departments in England and Wales as a result of injuries sustained during violence, equating to an estimated 2.1 million visits in total across all facilities.

Three out of four attendees were men, aged between 18 and 30; and monthly injury rates among men were around three times as high as they were among women.

Regional and seasonal variations were also evident, with higher violence fuelled injury in the North West and North East of England and in Wales, and during the summer months (June-August).

Analysis of the data showed that lower on-trade and off-trade alcohol prices were associated with higher numbers of violence fuelled attendances at emergency care departments, after taking account of poverty, differences in household income, spending power and time of year.

The researchers calculated that an estimated rise in on-trade alcohol prices of 1% above inflation could cut the annual tally of violence fuelled emergency care visits by 4260, while the equivalent increase in off-trade alcohol prices could mean 1788 fewer annual attendances, adding up to around 6000 fewer visits in total.

However, of all the factors studied, poverty and the disparity between the haves and have-nots were the strongest predictors of violence fuelled injury rates.

A 1% drop in the prevalence of poverty and a 0.01 fall in the difference between those at the top of the income scale and those at the bottom could result in 18,000 fewer violence fuelled visits to emergency care every year, calculate the researchers.

They point out some caveats: emergency care data on violence are likely to be an underestimate as patients may be unwilling to reveal the cause of their injuries while the data only reflect the more serious end of the spectrum. Furthermore, living close to an [emergency care](#) department may influence the likelihood of using it for treatment.

And, given the high proportion of 18 to 30 year old men in the sample, it is likely that the data represent street violence rather more than domestic and other types of violence, say the researchers.

Nevertheless, their findings have important policy implications, they say, concluding that government policies targeting poverty and financial inequality in England and Wales "could lead to substantial reductions in violence nationally."

But any such policy would need to increase the price of alcohol in both markets, especially on-trade, they emphasise, adding: "The additional tax revenue gained, estimated at close to £1 billion a year, would be at the Treasury's disposal, and could be used to offset the cost of alcohol related harm to the NHS."

And they suggest: "Reforming the current [alcohol](#) taxation system may be more effective at reducing violence related injury than minimum unit pricing."

More information: Preventing violence-related injuries in England and Wales: a panel study examining the impact of on-trade and off-trade alcohol prices, [ip.bmj.com/lookup/doi/10.1136/...juryprev-2015-041884](https://ip.bmj.com/lookup/doi/10.1136/juryprev-2015-041884)

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