

Impact of the new UK licensing law on emergency hospital attendances: a cohort study

Author(s)

Newton A, Sarker SS, Pahal GS et al.

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Abstract

Methods: A retrospective cohort study at the emergency department of St Thomas's Hospital, London over 2 months, one before and one after the introduction of the new legislation. All people over the age of 16 years who attended the emergency department between 21:00 and 09:00 during the two study periods (March 2005 and March 2006) were included. An alcohol-related attendance was defined as having occurred if there was documentation of alcohol consumption before attendance, or of alcohol intoxication in relation to the patient's physical examination or final diagnosis. The primary outcome measure was change in the number and percentage of alcohol related attendances to the emergency department between the two study periods. Secondary outcome measures, compared between the two study periods, were number and percentage of alcohol-related attendances as a consequence of assault, and of injury; and number and percentage of alcohol-related attendances resulting in admission to hospital. **Results:** In March 2005 there were 2736 overnight attendances to the ED, of which 79 (2.9%) were classified as alcohol related. In comparison, in March 2006 there were a total of 3135 overnight attendances, of which 250 (8%) were alcohol related, representing a

significant increase ($p < 0.001$). There were also significant increases in percentage of alcohol related attendances as a consequence of injury ($p < 0.001$) and assault ($p < 0.002$); and in admission rates for alcohol related attendances ($p < 0.001$) between the two study periods. Conclusions: Overnight alcohol related emergency attendances to St Thomas's hospital increased after the introduction of new alcohol licensing legislation. If reproduced over longer time periods and across the UK as a whole, the additional burden on emergency care could be substantial

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