



This information sheet is the first of several that will be produced by the Public Health Wales central alcohol team. This sheet is designed for Public Health Wales staff who are involved in dealing with licensing applications.

We've been sent an application for an alcohol licence. We can just phone the local Emergency Department (ED) for some data to help us to respond, can't we?

Unfortunately, it's rarely that simple. You, and the person extracting the data, need to clearly understand what the data can tell you and, probably more importantly, what it cannot.

But, the data will be really useful won't they?

At the moment, probably not. The people who collect the data, the ED clerks, are really busy. They are often dealing with a large number of people who want to be treated as quickly as possible. This means that the quality of the information collected can sometimes differ. Some analysis that we have carried out recently shows that in 85% of cases, the cause of an injury is coded 'other', rather than home, school, road traffic crash, etc. These are really simple but important pieces of information for understanding the causes of injury, but it's still really difficult to have this recorded accurately.

We can just ask people to write in the name of the pub or club that the person was injured in can't we? Or produce a list of all the places in the area so that the clerks can just pick from a list?

Yes, it may be possible to have the name of the place written in to the ED card, but it would never be feasible to use a list. The list would need to cover all of the places that anyone

attending the ED could have been; it could be a very long list! Plus it would need to be kept up to date and it would need to be used. Given the difficulties with searching through short lists, it seems unlikely that ED clerks would have the time to search through very long lists.

So, we'll ask for the information to be written in to the form then?

Okay, so you've managed to collect some data, but there are still issues around data quality, completeness and analysis if the data are going to be used to support licensing responses.

It has been suggested that just knowing the names of regularly occurring venues could be used to identify hot spots, but this would be based on lots of assumptions:

- 1) That the number of people in that venue (the exposure) was the same as all other venues.
- 2) That all of the people treated at the ED were asked and answered accurately where their 'incident' occurred.
- 3) That there was no other 'venue' (licensed premises) that contributed to the drinking behaviour of the person being treated in the ED or any other person involved in that 'incident'.

The purpose of collecting the data is to inform licensing. This is a legal process, meaning that inaccuracies will be open to challenge and could lead to significant problems.

Exposure data are difficult to collect, particularly in a drinking environment where people often move regularly from one venue to another. Venue capacity may be useful to understanding potential exposure, but this does not account for movement (or flow) of people in and out of a venue. Without this information, a 'hot spot' is likely to be inaccurately identified and 'problem' venues not identified.

ED clerks are usually keen to try to obtain as much information about the reason for an ED attendance as possible. But, large numbers of people queuing on arrival at the ED can lead to difficulties with doing this. In addition, people can be reluctant to give the ED clerk the information that they ask for. They may also be unable to give the information accurately, because of having had too much to drink or because of a head injury. The short time available to the ED clerk can also mean that mistakes are made when recording the name of the venue; this can cause real problems when trying to analyse the data.

'Blaming' a specific location is also very difficult to justify. People often start drinking at home before going out. An evening out can then involve visiting a number of different venues. Just because an incident happens in the 'last' venue it does not mean that venue is 'responsible'. The individual may not have even had a drink when the incident occurs. In

addition, any other people involved in an incident may have been in a variety of different venues. Therefore, which venue is 'at fault' is impossible to determine. This is made even more problematic where multiple different venues with the same name exist within a short distance of each other. Name changes and changes of locations of venues are further complications.

Geography can also lead to problems. A venue at the end of a 'strip' of venues is often the 'last' or 'target' venue on a night out, meaning that incidents associated with such a venue represent the culmination of many hours of drinking. Many people will also tend to congregate outside such a venue, creating potential problems just because of the numbers of people present in the area, some of them queuing to enter the venue, some of them just 'loitering'. This can then lead to:

- a) Incidents taking place outside the venue being linked to the venue, even if the people involved have never entered the venue.
- b) Incidents associated with door staff trying to prevent intoxicated or other 'unwelcome' individuals from entering a given venue are linked to the venue, even though those involved have never entered the venue.

Also, once people do enter the venue and an incident occurs, because of the risks associated with a 'specific' location being identified and risks to other people in the venue, efforts are often made to 'move' an incident outside.

Maybe we could set up a separate data collection system to record information about people being treated for alcohol related harm?

This still needs the 'right' people to be identified and the correct information then collected and entered accurately. But, some work we have done in the past shows that the more data collected, the more that overall data quality deteriorates. This then means that people trying to work with the data for other reasons struggle with even poorer data.

But, surely getting this information accurately would mean we could put a stop to many licensing applications and reduce alcohol related harm?

Many licensing applications relate not to new bars / pubs / clubs but to extensions of licensing hours by 1 or 2 hours (and not just at bars / pubs / clubs, but also at off-licences). The ability of ED data to be sensitive to these changes given the easy availability of alcohol is almost impossible to imagine.

In addition, none of these data will accurately reflect the harm associated with drinking alcohol purchased 'off-licence'.

Someone mentioned that they'd heard of this work being done using 'hand stamps' for a particular venue to identify where people have been. Will this work?

Yes, anecdotal evidence suggests that 'hand stamps' have been used in this way. Considering this in relation to the information above, we still do not know when in an evening the 'hand stamp' was obtained and how much was consumed there. Some people have suggested using hand stamps more widely as a form of 'tracking' – that goes far beyond the discussion here, but would also need the list of venues 'tracked' to be recorded accurately. It seems unlikely that an ED would ever have the resources to do this.

We would still like to try this, is there anything else we need to consider?

The next big issue is accurately obtaining and analysing the data. If you are using narrative, developing an automated process to identify and recode specific locations is time consuming and needs to be regularly updated. This process also needs to take account of spelling errors!



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