

Head of Britain's NHS demands national roll-out of drunk tanks

Julie Hyland
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Simon Stevens, chief executive of the National Health Service, issued a statement in the run-up to the New Year festivities that should have been a cause for national concern.

Stevens denounced record levels of drunkenness that were in danger of transforming the NHS into the “National Hangover Service.”

Those fixated on becoming intoxicated during the holiday season were “frankly selfish,” Stevens said, under conditions in which “ambulance paramedics and A&E nurses,” who were otherwise “pulling out all the stops to care for sick and vulnerable patients,” had to be diverted to “looking after revellers who have overindulged and who just need somewhere to safely sleep it off.”

Stevens suggested that the solution would be to roll-out “drunk tanks” nationally. Alcohol Intoxication Management Services—most often set up in adapted lorries, buses or former cafes—currently exist in 19 major cities. First initiated in Bristol in 2013, they now include Belfast, Cardiff, Manchester and Newcastle and are equipped with wipe-down beds, mops and buckets.

According to NHS England, as reported by the *Guardian*, an “estimated 12-15 percent of attendances at emergency departments in the UK are due to acute alcohol intoxication,” while around the Christmas festivities as much as “70 percent of attendances can be alcohol-related.”

These are extraordinary figures, which should prompt the question: Why are so many individuals—over a 12-day period—in such an alcohol-associated state that they need emergency admission to hospital?

However, before seeking such an answer it must be stressed that the figures released are being used to legitimise an attack on current, dwindling NHS provision. That is why, to the extent that they received

comment, it was whether drunk tanks would only encourage people to become “paralytically drunk.”

The *Guardian* cited Metropolitan Police Commander Simon Letchford complaining, “What we do not want to do is to create a safety net for people who go out and binge-drink and so they think it is OK because we pick them up at the end of the night. There has to be a consequence for their behaviour. I would certainly look at what more we can do to put that consequence in so that there is a cost for them.”

Commenting in the *Guardian*, Simon Jenkins said that it was absurd that the cost for festive drunkenness should be borne by the NHS, and that instead a “£50 charge—certainly less than they spent getting drunk—would at least seem reasonable” for those being treated. He suggested that this principle was spread across the “welfare state” so as to apply to “mental health, drink, drugs and homelessness.”

Jenkins opined that the problem was that many patients “are not suffering from illness or injury, but loneliness. They want an appointment with a sympathetic ear.”

The scenario of people becoming so drunk that they require “cleaning up” is what should be of concern.

The UK is one of the most advanced and wealthy countries in the world, but apparently a significant number of its population are so unhappy that they are self-medicating to such an extent that they do not know what they are doing.

Anyone who has spent an evening in any UK city will be familiar with the problem of drunkenness. And this is regularly seized on by the media and reality TV programmes to produce sensationalist coverage centred on embarrassing photographs of drunkenness. Any examination of what drives drinking to excess is of no interest to such sources. All we are told is that the UK

has a “binge-drinking culture.” The narrative, as Jenkins suggests, is that the sole problem is the waste of resources on those whose condition is self-inflicted.

Such strictures are, of course, not applied to the banks and the super-rich, who were bailed out to the tune of millions by the taxpayer following the 2008 crash and who have continued to reap extraordinary benefits, due to the attacks on workers’ living standards.

There is a direct relationship between this orgy of financial parasitism and the explosion of self-medication. Those most at risk of alcohol related illnesses—however broadly this is defined—are not irresponsible “youth” overindulging at Christmas. They are overwhelmingly older, in families and at work. And the figures indicate that this exploded in the wake of the 2008 financial crash, which has seen wages and family income plummet to record lows.

According to official statistics on Alcohol England 2017, published by NHS Digital, there were a record 1.1 million “alcohol-related admissions to hospitals in England in 2015/16.”

To put that in context, it was the Blair Labour government that first legislated to relax alcohol laws to allow for extended opening hours.

With the alcohol industry having been given carte blanche, the Conservative-Liberal Democrat coalition in 2013 changed statistics on alcohol-related admissions to incorporate “broad” and “narrow” definitions. The outcome is that that any illness that could have a relationship to alcohol is included in the record 1.1 million, no matter how indirect. Therefore, seven out of every ten such admissions are down to conditions partially attributable to alcohol, cancers being the most common type, rather than intoxication.

Some 45 percent under the broad measure and 39 percent under the narrow measure were aged between 55 and 74 years, and 45 and 64 years, respectively. According to the Office for National Statistics (ONS), however, there has been little overall change in alcohol consumption, which is now at its lowest level since 2005.

While the ONS show a significant decline in alcohol use amongst the young, this partially obscures the fact that this generation is self-medicating by means of other drugs. According to official statistics, hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders rose by 6 percent on

the previous year. The primary diagnosis of poisoning by illicit drugs rose by 6 percent. This is an increase of 11 percent and 51 percent, respectively, in a decade. About 33 percent of patients are between 25 and 34 years of age.

From a social standpoint, and one that will receive no attention in the #MeToo era, males are the overwhelming victims of alcohol and drug abuse, at nearly three-quarters the total.

Overall, a significant portion of the UK population are self-medicating. Stevens’ statements are not concerned with the social consequences of this. The purpose is to legitimise further health care cuts. If a section of the population is to be “treated” out of hospital—and the demand is for drunk tanks to be privately provided, on the grounds that those placed there brought on their ill-health themselves—where does this stop? Already there is a clamour for the obese to be subject to health sanctions. But what of the marathon runner whose joint injuries can also be attributed to their choice of social recreation?

Behind Stevens’ statement, the reality is that the NHS has been starved of funding through austerity measures to such a degree that it faces collapse.

The NHS in England has cancelled thousands of surgery appointments, so that the British Red Cross has warned of a “humanitarian crisis.”

The prestigious Kings College Hospital in south London has been put in “special measures” due to debt. But according to Sally Gainsbury, senior analyst at the Nuffield Trust think tank, it is the “canary down the coal mine.”

The real squandering of health resources is on private health care. This month it was disclosed that £3.1 billion of health services were privatised over the last year, with the multimillionaire Richard Branson scooping a record £1 billion of NHS contracts through his Virgin Care. Private firms accounted for almost 70 percent of the clinical contracts put out for tender in England last year, to the tune of £2.43 billion.



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