

The acceptability of Alcohol Intoxication Management Services (AIMS) to their users: a mixed methods study



Andy Irving, Penny Buykx,
Alicia O’Cathain, Steve
Goodacre, Simon Moore

Email:

a.d.irving@sheffield.ac.uk

 @irvingad82



The EDARA study: Evaluating the Diversion of Alcohol Related Attendances (EDARA)

- A comprehensive evaluation of the impact of AIMS on patients, staff (NHS & non-NHS), the night-time economy and the health service
- Non-randomised comparison of 6 towns/cities with AIMS to 6 similar towns/cities without

Disclaimer & acknowledgement

Funded by the National Institute for Health Research HS&DR (project number 14/04/25) The views expressed are those of the authors and not necessarily those of the NIHR HS&DR Programme.



@irvingad82



#ssaconf2018

Background

1. 1.4 million ambulance journeys (35%)
2. £449m and £696m in ambulance services and ED costs



3. Up to 70% of ED attendances at peak times
4. Up to 80% of weekend arrests are alcohol-related.



@irvingad82



#ssaconf2018

theguardian



We're not the National Hangover Service, NHS boss warns revellers

More street drunk tanks could be set up to keep partygoers away from hospital

Prof Simon Moore Retweeted
BBC News (UK) @BBCNews · 29 Dec 2017
 Drunk tanks may become norm, NHS boss warns 'selfish' revellers

Drunk tanks may become norm - NHS boss
 Simon Stevens warns 'selfish' revellers that the NHS does not stand for 'National Hangover Service'.
 bbc.com

More cities may get 'drunk tanks' to relieve A&E

Chris Smyth, Health Editor

December 29 2017, 12:01am, The Times



The head of NHS England attacked "selfish" drunks who add to weekend pressures on paramedics and A&E wards
 CHRIS HARRIS FOR THE TIMES

Share Save

The NHS is considering introducing a national network of city centre "drunk tanks" to allow revellers to sleep it off without clogging up hospitals.

What are Alcohol Intoxication Management Services (AIMS) ?



- Alternative to ED (for AAI not AUD)
- Safe place to sober up,
- Basic first aid care and supervision, some elements of clinical care e.g. fluid infusion (a drip)
- Staffed by nurses, paramedics, police, volunteers
- Location and opening times coincide with peak incidence of alcohol intoxication
- Regular service available to the general public



@irvingad82



#ssaconf2018

AIMS



Aim & methods

- Aim: To explore the acceptability of AIMS to service users
- Methods:
 - 49 consents to interview collected, 19 interviews conducted by follow up telephone call (15-30 mins)
 - Survey developed from qualitative data and field observation, reviewed by **PPI**, 2 pages, simple layout
 - Survey of people who have attended AIMS
- Analysis: Interview data: Framework analysis with strong emphasis on emergent themes.

Survey data: basic descriptives, chi square to compare fixed (n=4) and mobile (n=2) sites.



@irvingad82



#ssaconf2018

Patient and Public Involvement

- Range of skills and experience
- Steering Group – independent
- Lay Advisory Group



Evaluating the Diversion of Alcohol-Related Attendances



Survey sample



Site	n	%
<i>Fixed sites</i>	<i>137</i>	<i>65.9</i>
Cardiff	59	28.4
Swansea	39	18.8
Middlesbrough	22	10.6
Hereford	17	8.2
<i>Mobile sites</i>	<i>71</i>	<i>34.1</i>
Norwich	43	20.7
Newcastle	28	13.5
Total	208	100



Results

Survey: Reason for being at the AIMS

	n	% of cases		
		Fixed site (n=133)	Mobile site (n=68)	Total
Drinking	115	56.4	58.8	57.2
Injury	84	39.1	47.1	41.8
Unwell	27	10.5	19.1	13.4
Other reason†	20	12.0	5.9	10.0
Total reason	246			122.4*

† Other responses included lost friends, vulnerable/scared, wanting help to get home, mental health issues, thought had been spiked and wanting to use toilet facilities

* Total >100 because people could give more than one reason



@irvingad82



#ssaconf2018

Interviews: Circumstances – decisions to attend AIMS

“they just basically took their wheelchair and brought me to the [AIMS] because I think that was the closest erm medical centre”
(female, late teens)



“they came over to me and gave me some water and tissues to clean myself up sort of thing and asked if I wanted to go and receive some further treatment and I was quite willing to do that yeah” (male, early 20s)



@irvingad82



#ssaconf2018

Survey: Who looked after person while at AIMS

	n	% of cases		
		Fixed (n=134)	Mobile (n=68)	Total
Ambulance	79	32.8	51.5	39.1
Nurse	73	52.2	4.4	36.1
Volunteer	69	19.4	63.2	34.2
Police	26	15.7	7.4	12.9
Doctor	7	4.5	1.5	3.5
Other looked after while at AIMS†	33	23.1	2.9	16.3
Total looked after while at AIMS	287			142.1*

† Other responses included AIMS staff, family/friends, street pastor, and unsure

* Total >100 because people could give more than one reason



@irvingad82



#ssaconf2018

Care and Treatment in AIMS

*“you know atmosphere, there was loads of people there like ... joking around with everyone there, even the nurses and it was just nice”
(female, mid 20s)*

*“they gave me water to sober me up. They put an ice pack on my foot, they checked over my foot and **chatted to me to really**” (female, early 20s)*



@irvingad82



#ssaconf2018

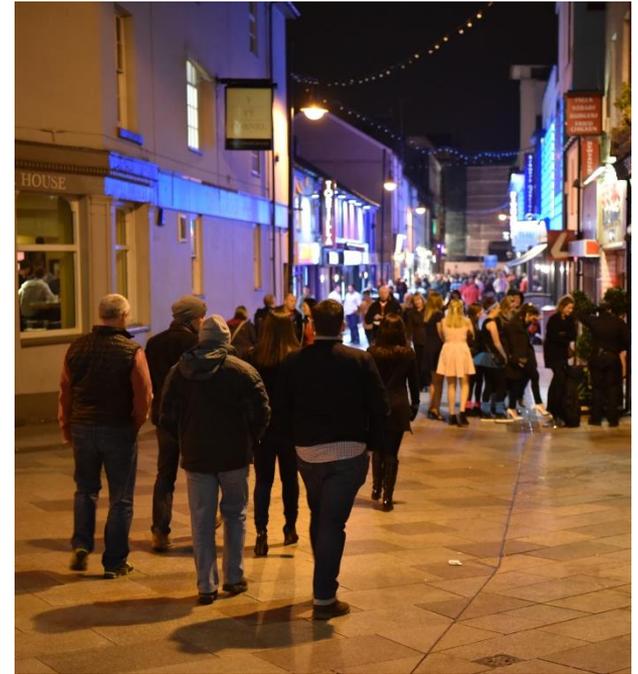
Table 2 Rating of service/care received in the AIMS

Service characteristic	n	Rating of aspect of care (%)				
		Very poor	Fairly poor	Neither good nor poor	Fairly good	Very good
Safety	194	0.5	0.0	1.0	6.2	92.3
Comfort and cleanliness	191	0.5	0.5	1.6	7.3	90.1
Care and compassion	194	1.0	0.5	0.5	8.2	89.7
How was discharged	154	0.6	0.0	3.2	7.8	88.3
Communication	193	1.0	1.0	2.6	11.4	83.9
Advice or information	185	1.6	0.0	6.5	8.6	83.2
Tests and treatment	181	1.1	0.0	11.0	5.5	82.3
Service location	190	0.0	0.5	3.2	15.3	81.1



Advice or information on alcohol use

“if someone’s been in three times in the last two weeks then definitely need to have a word with them ... you know you would be a bit more you know, susceptible to advice from someone who’s just you know, potentially saved their lives” (male, early 20s)



@irvingad82



#ssaconf2018

Survey: What the person would have done if AIMS not available?

	n	% of cases		
		Fixed (n=133)	Mobile (n=68)	Total
I would have been unsafe	63	29.3	35.3	31.3
Looked after problem myself	53	24.8	29.4	26.4
Gone to ED	49	30.8	11.8	24.4
Called for help from family/friend/other	34	15.8	19.1	16.9
Called emergency services	30	15.0	14.7	14.9
Other action if AIMS unavailable†	12	6.8	4.4	6.0
Total action if AIMS unavailable	241			119.9*

† Other responses included would have been in worse state/unconscious, homeless, looked for alternative and GP

* Total >100 because people could give more than one answer



@irvingad82



#ssaconf2018

AIMS as a place of safety

“without the [AIMS] god knows where I would’ve ended up” (female, mid 20s)

“they wouldn’t just let me go out, he [a friend] had to come back to actually sign me out sort of thing but then they made sure I was fit enough to leave before I did” (Male, mid 20s)



@irvingad82



#ssaconf2018

Conclusions

- AIMS are acceptable to their users
- People attend due to drinking and injury
- AIMS users appreciated the safe and friendly atmosphere created by informal staff interactions
- AIMS appear to function as a place of safety for some users who may have otherwise been unsafe
- Only a minority of AIMS users were potentially diverted from the ED



Contacts and information

Join our Facebook group:

Alcohol Intoxication Management Services: <https://www.facebook.com/groups/learningaims/>

If you wish to receive EDARA's final report:

Email Yu-Chiao Wang wangy73@cardiff.ac.uk

Visit the EDARA webpage: (Google EDARA)

<http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres>



@CURE_ScHARR

@ViolenceSociety



@irvingad82



#ssaconf2018



Do Alcohol Intoxication Management Services (Drunk Tanks, Safe Havens, Alcohol Treatment Centres) Work?

Stakeholder event

Date: Friday 1st February 2019 13:00-16:00

Location: Guildhall (Livery Hall), Gresham Street
London, EC2V 7HH

Who should attend: this event will be of interest to anyone with a stake in the provision of services for acute alcohol intoxication including commissioners, service providers, policy makers and researchers.

Agenda

- 13:00 – Arrival and refreshment
- 13:30 – Introduction – Professor Simon Moore
- 13:40 – Presentations of key findings
- 15:00 – Panel discussion and Q&A
- 15:40 – Round up and close (16:00)



Guildhall, Gresham Street
London, EC2V 7HH

In this event we will report research findings from the EDARA study (Evaluating the Diversion of Alcohol-Related Attendances), a natural experiment exploring the experiences of frontline staff, patient experiences in both AIMS and Emergency Departments, the impact on key performance indicators in healthcare, and the cost-effectiveness of AIMS. Please register your interest in attending this event by reply to:

EDARA team
Evaluating_AIMS@gmail.com
Tel: 0114 2224292



Andy Irving

Email:

a.d.irving@sheffield.ac.uk



@irvingad82