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

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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

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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.
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
CRiS HARRIS FOR THE TIMES

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
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.
Patient and Public Involvement

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

EDARA
Evaluating the Diversion of Alcohol-Related Attendances

Lay Advisory Group

Sheffield Emergency Care Forum
Sheffield Addiction Research Panel

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Survey sample

<table>
<thead>
<tr>
<th>Site</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiff</td>
<td>59</td>
<td>28.4</td>
</tr>
<tr>
<td>Swansea</td>
<td>39</td>
<td>18.8</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>22</td>
<td>10.6</td>
</tr>
<tr>
<td>Hereford</td>
<td>17</td>
<td>8.2</td>
</tr>
<tr>
<td>Mobile sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norwich</td>
<td>43</td>
<td>20.7</td>
</tr>
<tr>
<td>Newcastle</td>
<td>28</td>
<td>13.5</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>100</td>
</tr>
</tbody>
</table>
## Results

### Survey: Reason for being at the AIMS

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>Fixed site (n=133)</th>
<th>Mobile site (n=68)</th>
<th>Total reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking</td>
<td>115</td>
<td>56.4</td>
<td>58.8</td>
<td>57.2</td>
</tr>
<tr>
<td>Injury</td>
<td>84</td>
<td>39.1</td>
<td>47.1</td>
<td>41.8</td>
</tr>
<tr>
<td>Unwell</td>
<td>27</td>
<td>10.5</td>
<td>19.1</td>
<td>13.4</td>
</tr>
<tr>
<td>Other reason†</td>
<td>20</td>
<td>12.0</td>
<td>5.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Total reason</td>
<td>246</td>
<td></td>
<td></td>
<td>122.4*</td>
</tr>
</tbody>
</table>

† 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
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)
### Survey: Who looked after person while at AIMS

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

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

* Total >100 because people could give more than one reason
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)
<table>
<thead>
<tr>
<th>Service characteristic</th>
<th>n</th>
<th>Very poor</th>
<th>Fairly poor</th>
<th>Neither good nor poor</th>
<th>Fairly good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>194</td>
<td>0.5</td>
<td>0.0</td>
<td>1.0</td>
<td>6.2</td>
<td>92.3</td>
</tr>
<tr>
<td>Comfort and cleanliness</td>
<td>191</td>
<td>0.5</td>
<td>0.5</td>
<td>1.6</td>
<td>7.3</td>
<td>90.1</td>
</tr>
<tr>
<td>Care and compassion</td>
<td>194</td>
<td>1.0</td>
<td>0.5</td>
<td>0.5</td>
<td>8.2</td>
<td>89.7</td>
</tr>
<tr>
<td>How was discharged</td>
<td>154</td>
<td>0.6</td>
<td>0.0</td>
<td>3.2</td>
<td>7.8</td>
<td>88.3</td>
</tr>
<tr>
<td>Communication</td>
<td>193</td>
<td>1.0</td>
<td>1.0</td>
<td>2.6</td>
<td>11.4</td>
<td>83.9</td>
</tr>
<tr>
<td>Advice or information</td>
<td>185</td>
<td>1.6</td>
<td>0.0</td>
<td>6.5</td>
<td>8.6</td>
<td>83.2</td>
</tr>
<tr>
<td>Tests and treatment</td>
<td>181</td>
<td>1.1</td>
<td>0.0</td>
<td>11.0</td>
<td>5.5</td>
<td>82.3</td>
</tr>
<tr>
<td>Service location</td>
<td>190</td>
<td>0.0</td>
<td>0.5</td>
<td>3.2</td>
<td>15.3</td>
<td>81.1</td>
</tr>
</tbody>
</table>
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)
**Survey: What the person would have done if AIMS not available?**

<table>
<thead>
<tr>
<th>Action</th>
<th>Fixed (n=133)</th>
<th>Mobile (n=68)</th>
<th>Total &gt;100 because people could give more than one answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would have been unsafe</td>
<td>63</td>
<td>29.3</td>
<td>35.3</td>
</tr>
<tr>
<td>Looked after problem myself</td>
<td>53</td>
<td>24.8</td>
<td>29.4</td>
</tr>
<tr>
<td>Gone to ED</td>
<td>49</td>
<td>30.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Called for help from family/friend/other</td>
<td>34</td>
<td>15.8</td>
<td>19.1</td>
</tr>
<tr>
<td>Called emergency services</td>
<td>30</td>
<td>15.0</td>
<td>14.7</td>
</tr>
<tr>
<td>Other action if AIMS unavailable†</td>
<td>12</td>
<td>6.8</td>
<td>4.4</td>
</tr>
<tr>
<td>Total action if AIMS unavailable</td>
<td>241</td>
<td></td>
<td>119.9*</td>
</tr>
</tbody>
</table>

† 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
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)

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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/learningaaims/](https://www.facebook.com/groups/learningaaims/)

If you wish to receive EDARA’s final report:
Email Yu-Chiao Wang [wangy73@cardiff.ac.uk](mailto:wangy73@cardiff.ac.uk)

Visit the EDARA webpage: (Google EDARA)

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