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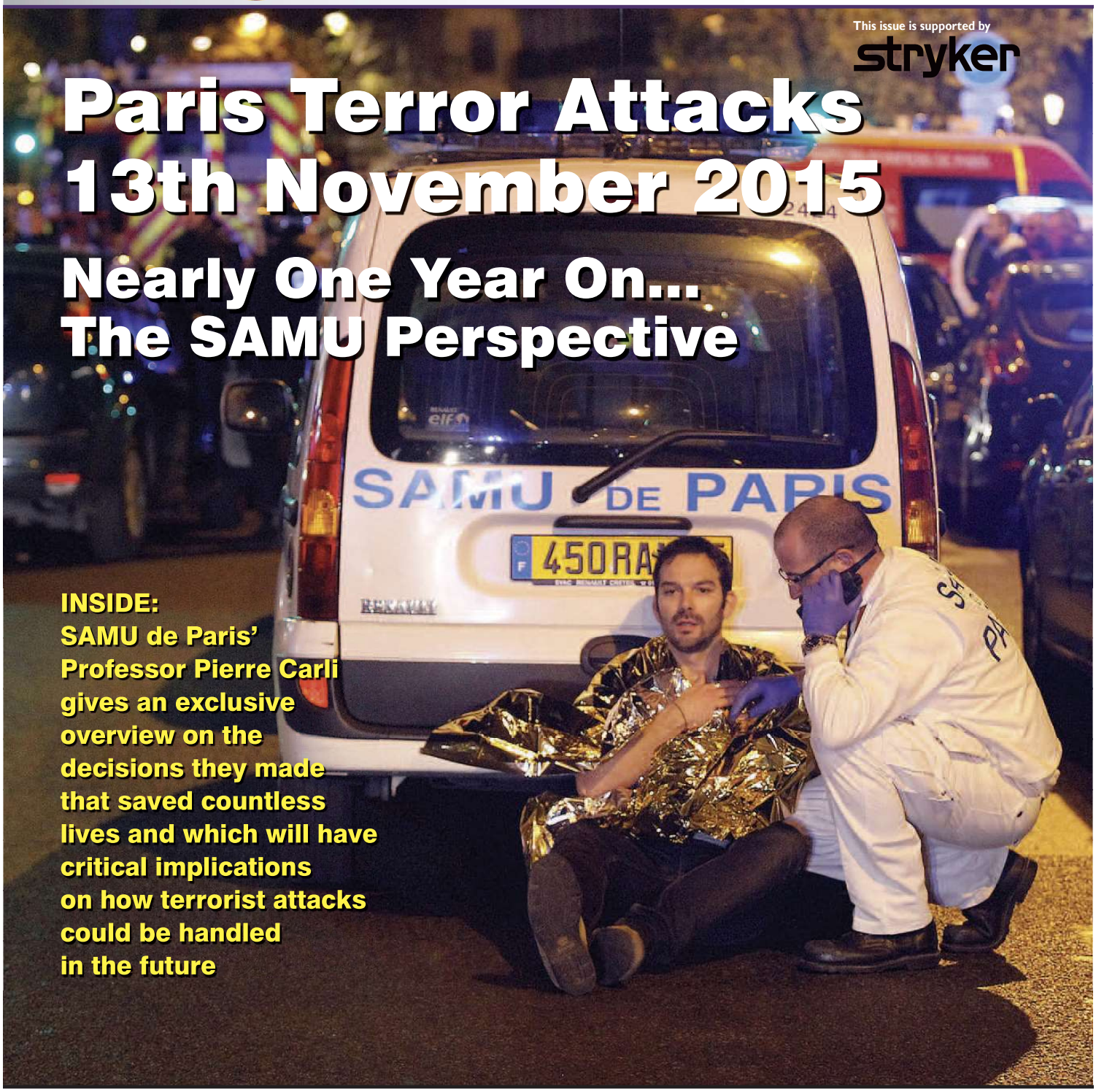

Paris Terror Attacks 13th November 2015

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Alcohol Intoxication Management Services (AIMS): What are they and what can they do?

UK NHS Ambulance services are greatly affected by the need to treat patients who are intoxicated by alcohol. Ambulance personnel have estimated that 37% of their time is spent managing alcohol-related incidents, with peaks in demand on Friday and Saturday nights. [1] Abuse (physical and verbal) directed towards ambulance service staff was recorded in 7.6% alcohol related call outs. [2] This level of abuse is likely to have a significant impact on staff morale.

Urgent and emergency care services in the United Kingdom (UK), in common with many other countries, face a substantial burden from patients who are intoxicated by alcohol. Approximately 70% of attendances at Emergency Departments (ED) are alcohol-related at peak times.[3,4] ED attendances for alcohol poisoning in England approximately doubled between 2008 and 2014. [5] These attendances peak in the early hours of the morning when ED resources are often at their most stretched. [3] Additional attendances cause overcrowding and affect other patients, staff and the community. Patients waiting in the same area can become anxious and fearful. [4] Patients experience prolonged pain and suffering, increases in waiting times and decreased satisfaction [6-9] Alcohol related admissions can cause the clinical environment to suffer, decreases physician productivity, increases stress and frustration among staff which causes a detriment to care [10] and promotes violence [6-9]. ED

bottlenecks, coupled with a general increase of pressure on available resources [11], contribute to reduced ambulance capacity and undermine the provision of care in the ED [11].

Alcohol affects judgement and increases the likelihood of accidents, injury, violence and antisocial behaviour. The UK Association of Chief Police Officers' (ACPO) recommends that the intoxicated cannot be admitted into custody until a clinical decision maker,

typically in the ED, has determined that it is safe to do so [12]. Evidence suggests that police officers, working in pairs, are often required to escort patients to ED and can also be delayed when EDs are busy. This reduces police capacity in the night time environment.

Since at least the 1980s city centres have become increasingly characterised by

Biography: Simon Moore

Simon Moore is Professor of Public Health Research at Cardiff University. He leads several large projects mostly in the area of alcohol, alcohol-related harm and substance use. Through this work he aims to bring a multidisciplinary perspective that identifies pathways to misuse and opportunities to reduce harm. He is publicly pointed as Alcohol Lead for the Welsh Government's Advisory Panel on Substance Misuse; co-investigator on DECIPHer (the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement), a fellow of the Cardiff Crime and Security University Research Institute, and Senior Associate of the Royal College of Medicine.

Biography: Andy Irving **Twitter: @irvingad82**

Andy Irving is a research associate at the University of Sheffield, School of Health and Related Research (ScHARR) and lead for the Sheffield Addiction Recovery Research Panel (ShARRP) Patient and Public Involvement (PPI) group. His work background is in drug and alcohol treatment and he continues his research interests in this field through involvement in the Sheffield Addiction Recovery Research Group (SARRG). His recent major research projects include the PaInTED study, and the PhoEBE programme which is developing new ambulance performance measures. His role in the EDARA project is Project Manager and lead for PPI within the study.
https://www.sheffield.ac.uk/scharr/sections/hsr/cure/staff/irving

Biography: Steve Goodacre

Steve Goodacre is Professor of Emergency Medicine at the University of Sheffield, Consultant at the Northern General Hospital in Sheffield, Chair of the National Institute for Health Research Health Technology Assessment Clinical Evaluation and Trials Board and a National Institute for Health Research Senior Investigator. His research interests include organisation of emergency care, economic analysis, clinical trials in emergency medicine and developing evaluation methods for emergency care. His recent major research projects include the 3Mg trial, the RATPAC trial, the DiPEP study and evaluation of the UK National Infarct Angioplasty Pilots. His other roles include Chair of the BREATHE and MACS Trial Steering Committees and Consulting Editor for Annals of Emergency Medicine.
http://www.shef.ac.uk/scharr/sections/hsr/emris/staff/stevegoodacre

premises licensed for the on-site sale and consumption of alcohol. The effect is that acute intoxication is now one of the most common reasons why patients attend ED on Friday and Saturday evenings. It is unlikely that this will change substantially in the coming decade (Minimum Unit Pricing, for example, would not substantively affect the price of alcohol in licensed premises).

There are numerous immediate risks associated with acute alcohol intoxication. Alcohol is a central nervous system depressant and therefore promotes irregular breathing, confusion and if left untreated it ultimately leads to seizures, coma, respiratory, cardiac arrhythmia and arrest. Due to these risks alcohol related admissions may be prioritized, placing additional demand on majors routes within an ED. However, most cases of alcohol intoxication resolve without treatment or only require observation and simple supportive care. They could therefore be managed more efficiently in a lower dependency setting if appropriate observation and the ability to escalate care were available.

What are Alcohol Intoxication Management Services (AIMS)?

AIMS, sometimes referred to as Alcohol Treatment Centres, Alcohol Recovery Centres, Alcohol Welfare Centres and, in the media, "Drunk Tanks", are designed

Cardiff ATC New Premises

to receive, treat and monitor intoxicated patients who would normally attend EDs and to lessen the burden that alcohol-misuse, an avoidable healthcare cost, places on unscheduled care. They are usually located close to areas characterised by excessive intoxication and are open at times when the number of people drinking to excess peaks (e.g. Friday and Saturday evenings) as well as significant events (e.g. student nights), sporting occasions and national holidays.

Table 1. Examples of AIMS

AIMS	Description
Cardiff Alcohol Treatment Centre ATC	• Opened 2012 • Based in a building in the city centre • Commissioned by Cardiff and Vale Area Planning Board (APB) • Open: Friday and Saturday, 8pm until 8am, plus additional high-activity nights Staff: • Police officer • Nurse practitioner • Paramedic • Urgent Care Service Care Assistant • Substance misuse / alcohol worker
Birmingham City Centre Treatment Unit (CCTU))	• Opened 2011 • Based in a static ambulance in the city centre • Run by West Midlands Ambulance Service NHS Foundation Trust • Open: 9pm to 4am Fridays and Saturdays and on days of 'high demand' Staff: • Paramedic • Emergency Medical Technician • Supported by two RRVs and two double-crewed ambulances.
Manchester Safe Haven (Nexus Art Café)	• Opened 2015 • Based in a community café/ church building • Run by Greater Manchester Police volunteers and Nexus café staff. • Open: Saturdays 11pm to 6am, some Fridays. Staff: • Café volunteer staff • North West Ambulance Service paramedic (if requested)

AIMS can take a number of different forms and vary in structure, staffing, organisation and ability to deliver clinical care. The different types of AIMS are outlined in the box below.

What are the potential benefits of AIMS?

There are four potential benefits from AIMS.

1. AIMS potentially offer a cost-effective means of improving the provision of care in ED by managing intoxicated patients elsewhere. Having fewer intoxicated patients in the ED may reduce the number of violent incidents thereby improving the ED environment and other patient's sense of safety and general wellbeing.

2. AIMS may improve ambulance handover at ED and by implication ambulance capacity in the community. Increasing ambulance capacity is likely to improve opportunities to respond promptly to calls from the community, increase opportunities for prompt medical treatment, improve rapid transport of patients to specialists, and potentially improve survival rates and the better use of existing resources.

3. Police officers can become caught up in ED when they seek a clinical opinion on an offender's health or respond to an incident in ED (e.g. assault on a member of staff). There is evidence that police presence can prevent significant injury in the cause of violent assault through early intervention [12]. The availability of the AIMS would mean officers are able to return to duties more rapidly. Increasing police capacity is likely to decrease the risk of assault with injury in patrons of the night time.

4. AIMS offer a good opportunity to address problem drinking, particularly as the point where patients are safe to be discharged as they are likely to be in a "teachable moment," a period when brief interventions are most effective [13]. AIMS

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