Evaluating the Diversion of Alcohol-Related Attendances

December 2016

The human side of AIMS

Professor Simon Moore on lessons learned from the front line

We do not have an infinite supply of nurses, police officers and ambulance crews for Friday and Saturday nights. So, when three severely intoxicated gentlemen recently arrived at an AIMS (Alcohol Intoxication Management Service) that I was surveying, the five or six staff needed to keep control of the situation (mostly for the man who was aggressive and the other man who became distressed; the guy rolling around in his own vomit, urine and faeces just needed an occasional mop and bucket) had to come from somewhere.

In a busy emergency department, this type of scenario will take staff away from other patients. The very drunk use a lot of resources unnecessarily and there is growing interest in how to best manage them.

As we gracefully slide into the festive spirit along a landscape of increasing demand on emergency services, it is no surprise that we in the EDARA project headquarters are being asked for advice by cities around the UK and to comment by the media. However, it is a little early for us to say anything concrete in terms of how AIMS should be implemented, if at all.

'There is a particularly rare type of person who is willing to work with distressed, aggressive, soiled people who cannot drink responsibly'

What we can do is provide some more information on the human side of the night time environment and talk about some of the stresses and strains staff are exposed to on an average Friday and Saturday night.

What is clearly emerging is there is a particularly rare but certainly dedicated type of person who is willing to spend their Friday and Saturday evenings working with distressed, aggressive and soiled people who cannot drink responsibly and in doing so, place themselves at risk.

We will be exploring the number of aggressive incidents staff experience as a part of our evaluation of AIMS and may extend that to staff turnover. But it is our work meeting and talking to staff that will reveal the human side of these numbers.

Public and Patient Involvement – an insider's perspective

The EDARA PPI advisory group consists of three people who support EDARA in the development of research into AIMS across England and Wales. Member Madge Wilson writes about her experiences on the panel so far.

When I was invited to join the EDARA Advisory Group, I was already a member of ShARRP (Sheffield Addiction Recovery Research Panel). The panel consists of people who have had personal experience of drug and alcohol problems either as a service user or as a family member or friend.
Our role is to review research proposals and to comment and advise on questionnaires and information documents intended for service users.

I became involved in ShARRP because I felt my perspective on substance misuse would be beneficial to the group. I was employed for eighteen years within drug and alcohol services. My role was to develop and provide support services to the family and friends of problematic drug and alcohol users. In addition, I have had personal experience of supporting and caring for members of my own family.

Although my work has always focused on the practical and emotional support given to individuals who have been affected by someone else's substance misuse, I feel passionate about appropriate and effective treatment for drug and alcohol users themselves.

Being involved in the EDARA project has been a positive experience. I have felt at all times our comments have been valued and acted on.
For example, the PPI group debated the suitability of including a 'financial

charge' question to service users in the AIMS Survey, asking if they would be prepared to pay for future services. The group thought this was inappropriate. This resulted in it being removed from the questionnaire.

The EDARA PPI members regularly feed back to the quarterly ShARRP group to enable us to gain a wider perspective from people who have real life experiences of problematic alcohol use.

I don't have any experience of formal research. My involvement with EDARA has helped my personal development and enabled me to gain an understanding of research methodology. In addition, I have been interested in learning about the work of AIMS.

David MacKintosh: Why London needs an AIMS

David MacKintosh has long pushed for an Alcohol Recovery Centre (ARC) in the City of London. This Christmas, plans were thwarted at the last minute. Here he discusses the obstacles faced, and his hopes for a future AIMS.

Your job title and responsibilities?
Firstly, I am Policy Advisor for the London Drug and Alcohol Policy Forum. I'm also Policy Advisor for the Greater London Authority. Finally, I'm manager of the Community Safety Team in the City of London.

You came close to establishing an ARC in the City of London in December. Can you tell us a bit more about this?

The City of London does see a big surge around Christmas with people coming to the attention of the police or needing other assistance. Our plans for an ARC over the Christmas period were quite advanced. The location was near the Tower Hamlets border, in a large church hall. We had had many months of discussion with the London Ambulance Service (LAS) and the hope was that they would staff it or at least provide medical oversight. Later on, we discussed using St John Ambulance. There would have been volunteers and links into the police control room. We were going to have a dedicated vehicle to pick people up. It was going to be funded from the Late Night Levy; from the corporations/ local authorities and the proportion that goes to the police. Funding was secure.

So what went wrong?

LAS was under such pressure that it decided it couldn't commit any staff to it. It was very frustrating; we'd lined up the money, been through processes to get the political buy-in, and we'd garnered a lot of support.

What would help your cause?

There's a dearth of external evaluation, which is why I am keen to be involved with EDARA. A good evidence base would help overcome concerns. When I was sounding out the support of Public Health England for an ARC in London, they were very ambivalent as to whether it was worth doing. There was concern surrounding clinical risk; it struck me as odd, because most of the projects I am aware of in London have all had well-trained paramedics. I guess there are medical professionals who feel people should go to A&E just in case.

Why do you advocate AIMS?

There's a common-sense issue about the people who come to the attention of emergency services because of alcohol intoxication, who don't necessarily need full-blown A&E attention, but do need somewhere where they can be safe and monitored. From the police's point of view, they can't leave them until they hand them over to another agency. Currently there is a lot of demand on the ambulance service, so police end up taking these people to A&E themselves. A lot of the interest in the ARC came from the police.

What about funding?

There should be broader funding for ARCs; there's a role for CCGs to help fund them as the end benefit lies with the hospitals. Also, in London we have a number of local authorities who have the Late Night Levy; this clearly qualifies for Late Night Levy spend.

What lies ahead?

The City of London remains committed to setting up an ARC for Christmas 2017. We would want to work with LAS as it has lots of advantages but we'd also approach the voluntary sector so we have some level of staffing involved from the off.

Meet the EDARA team

EDARA is a joint project between Cardiff and Sheffield universities. Here are a few of its co-investigators.

Jonathan Shepherd CBE FMedSci

Professor of Oral and Maxillofacial Surgery and Director of the Violence Research Group, Jon led the development of the prototype UK Community Safety Partnership and initiated the Universities' Police Science Institute and the widely adopted 'Cardiff Model for Violence Prevention'. His proposals for institutions akin to medical Royal Colleges for policing and probation were implemented by the UK government. He is a member of the UK government Alcohol Strategy Group and the Home Office Science Council. In his spare time, he enjoys building miniature blast furnaces in his garden.

Simon Moore

Simon 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.
He aims to bring a multidisciplinary perspective that identifies pathways to misuse and opportunities to reduce harm. He is Alcohol Lead for the Welsh Government's Advisory Panel on Substance Misuse and is a fellow of the Cardiff Crime and Security University Research Institute, and Senior Associate of the Royal College of Medicine. He enjoys Scandinavian saunas and walking his dog in Wales.

Steve Goodacre

Steve 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, clinical trials in emergency medicine and developing evaluation methods for emergency care. Steve is a member of folk band Tin Bath.

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