

Evaluating the Diversion of Alcohol-Related Attendances

Do Drunk Tanks, Alcohol Treatment Centres and Safe Havens work?

Simon Moore, Professor of Public Health Research

It is not hard to appreciate the attraction of a thriving city centre night-time environment. Despite this, we do need to be mindful of the fact that the mix of youth, alcohol and end-of-week frivolity can lead to some party goers needing assistance from the emergency services. It is a small minority that find themselves suffering the ill effects of alcohol to the extent they need assistance, but it is a significant minority.

Many cities across the UK are now looking to implement Alcohol Intoxication Management Services (AIMS), or what some in the media refer to as “drunk tanks”. How they are staffed and run varies, but the idea is to offer a place near to areas where people drink at night that can provide support to those who have become vulnerable.

In some examples these facilities have clinical staff who are able to treat and discharge those who would normally transfer to A&E.

The potential benefits are many. Police officers do not get caught up escorting people to A&E, ambulance crews are not tied up ferrying the intoxicated around and the A&E environment, with reduced numbers of the intoxicated present, means clinical care is as it should be.

The truth is, however, we do not know what the best way of setting up such services is, whether they are cost effective, what staff and patients



It is a small but significant minority that suffer the ill effects of alcohol, so much so that they need urgent medical assistance

think of them and whether they work as intended.

This need for further information motivates our current project. We plan to conduct an evaluation of services across England and Wales and provide practitioners with the evidence they need to inform local decision making. It is the first time anyone has looked at this issue in detail.

This Newsletter Introduces the Evaluation Project to a Wider Audience and Facilitates Dissemination of Findings

We approach evaluations from a variety of perspectives. We will look at the efficiency of services, whether they offer value for money, what staff, patients and other users think about them and whether they do what they are designed to do.

AIMS are designed to receive, treat and monitor intoxicated patients who would normally attend Emergency Departments (ED) and to lessen the burden that alcohol misuse places on emergency services generally.

Most admissions to EDs are alcohol-related at peak times and they cause the clinical environment to suffer, staff morale can fall and other patients can become fearful.

Our proposed evaluation is arranged to answer a series of key questions. What is the impact of AIMS on the work practices of frontline staff in managing the intoxicated? What are the key ingredients required for successful implementation and what barriers to implementation are there? To what extent is treatment in AIMS acceptable to users? We will also use routine data to quantify the effect of AIMS on key

performance indicators and ask whether AIMS are cost effective.

We aim to provide evidence that informs local and national decision makers on opportunities for a national roll-out across UK cities and will share what is known about what works. The goal is actionable learning outcomes that are applicable to those involved with managing alcohol related harm in city centre environments.



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The Birmingham City Centre Treatment Unit is one of the busiest in the UK

An interview with Mike Duggan

Briefly describe the CCTU

“We run a static ambulance as a treatment centre and support that with response cars and conventional ambulances to respond to calls and convey patients where required. The 'mantra' as such is to provide rapid and appropriate care. We operate every Friday and Saturday night, then extras if demand requires (A level results night etc.).”

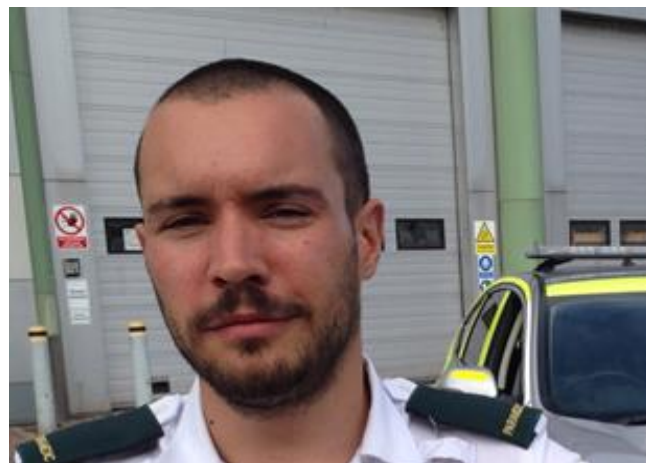
What is your role at the CCTU?

“I arrange all the staffing, vehicles and then make sure it runs reasonably smoothly (well, try!). I've worked here

five years; three and a half as the OIC.”

Best and worst parts of the job?

“The best bit is the team! We have regular staff and it's amazing to have the bond that we do have with door staff and police. But that's because the worst bit is the abuse and the aggression. I've been kicked, punched, spat at and had someone threaten to find where I live... So we all look after each other.”



Mike Duggan, Paramedic and Officer in Charge (OIC) of the Birmingham City Centre Treatment Unit (CCTU)

How would you like to see the CCTU evolve?

“I think it's a cracking resource to prevent A&E admissions. What it needs is to be able to increase its capacity, as we are limited in space terms. But it all comes down to money and logistics. Watch this space!”

The Evaluation Team is working with a number of partners to ensure the findings are relevant and of practical value

The Alcohol Health Alliance brings together more than 40 organisations that have a shared interest in reducing the damage caused to health by alcohol and is working with the EDARA team. Here Matt Chorley describes some of the AHA's work

Since January the AHA has helped see the Road Traffic Act (Amendment) bill, aimed at lowering the drink drive limit in England and Wales, make its way through the House of Lords.

The bill, aimed at lowering the legal limit from 80mg alcohol/100ml blood to 50mg/100ml, completed all stages of the Parliamentary process in the House of Lords and was passed to the House of Commons for consideration at the

beginning of May 2016, but because the Parliamentary term came to an end in May, only days after the Lords passed the bill, there was no time for the Commons to consider it.

The AHA will be working to ensure a fresh bill to lower the limit is introduced in the next Parliamentary term. To keep up to date on the AHA's activities visit <http://ahauk.org/> and follow us: https://twitter.com/UK_AHA.



On average 3,000 people are killed or seriously injured each year in drink drive collisions in the UK

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Contribute to EDARA's monthly newsletters: Email Clare Olson at edara@sheffield.ac.uk

Visit EDARA webpage: www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres

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