



Alcohol Intoxication Management Services (AKA " Drunk Tanks") in the night-time economy are highly acceptable to their users: A mixed methods study

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# Evaluation of Diverting Alcohol Related Attendances

## Work Streams

**WS1 Evaluation of AIMS impact on AIMS and hospital clients, staff, and associated organisations.**

**WS1a** What is the impact of Alcohol Treatment Centres (ATCs) on the work practices and professional identities of frontline staff in managing the intoxicated and other related work activities?

**WS1b** To what extent is treatment in ATCs acceptable to users?

**WS1c** To what extent does implementation of an ATC affect users' views on treatment in EDs?

**WS2 Evaluation of ATC activity and impact on hospitals and ambulance services.**

**WS3 Evaluation of ATC cost-effectiveness.**

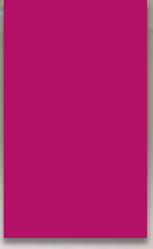


POSTER 1

POSTER 2

POSTER 3

POSTER 4  
CAN YOU STAY OFF THE BOOZE FOR 31 DAYS?







	AIMS A	AIMS B	AIMS C	AIMS D	AIMS E	AIMS F
Phone charging	Yes	Yes	Yes		Yes	Yes
Place to recover	Yes	Yes	Yes			Yes
Change of clothes		Yes	Yes			
Transport home		Yes			Yes	
Wheelchair	Yes	Yes		Yes		Yes
Bandages/plasters	Yes	Yes	Yes	Yes	Yes	Yes
Breathalyser	Yes	Yes				
Drug test		Yes				
Urine test	Yes	Yes			Yes	
O2 level test	Yes	Yes		Yes	Yes	Yes
Blood pressure	Yes			Yes	Yes	Yes
<b>Blood glucose test</b>	<b>Yes</b>			<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Cardiopulmonary resuscitation	Yes	Yes	Yes	Yes	Yes	Yes
Bag valve mask	Yes			Yes	Yes	Yes
Glue	Yes		Yes		Yes	Yes
Intravenous saline	Yes				Yes	Yes
Sutures	Yes				Yes	Yes
<b>Endotracheal intubation</b>	<b>Yes</b>			<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

Provision

# Acceptability



Alcohol Intoxication Management Services (AIMS) provide basic care for intoxication and minor injuries.



The goal is to reduce alcohol's burden on emergency services, including referrals into Emergency Departments (EDs).



The acceptability of new health services to users is a key effectiveness outcome.



Aim: to describe patient experiences when attending an AIMS and document the acceptability of AIMS to users.

## Methods

- ▶ A sequential mixed methods study:
  - ▶ semi-structured interviews with users of four AIMS
  - ▶ a survey of users recruited from six AIMS.
- ▶ Interview data informed survey materials.

# Participants

- ▶ All were recruited from AIMS when they were open
- ▶ Semi-structured interviews with 19 AIMS users recruited from four AIMS that provide different models of service delivery
  - ▶ seven women and 12 men, aged from late teen (n=3), early 20's (n=10), mid 20's (n=4) to over 40 (n=2) years of age
- ▶ "Usable" surveys (N = 208) were received (53% men, 58% aged 17-24 years, 25% aged 25-34 years and 17% aged 35+ years); 20 were missing information on age and/or gender, casewise deletion was not applied.

# Interview data

## There were five emergent themes

### ▶ Circumstances of AIMS attendance and the decision to attend

- ▶ Many of those attending AIMS were too intoxicated to consent, decisions to refer to AIMS were made by others (family, friends, ambulance staff, etc.)
- ▶ *"I think I was probably told 'we [i.e. the ambulance staff] think it's a good idea' so I probably just agreed"* (male, early 20s; PID13).

### ▶ Care and treatment received

- ▶ *"It was basically just a seat and them coming up and chatting and obviously while they're chatting, they're assessing you aren't they? And just a blanket; that was it"* (female, mid 20s; PID15).
- ▶ However, when asked about delivering interventions and advice for their alcohol use in the AIMS, respondents indicated it may not be feasible to do so due to a lack of capacity.

# Interview data

## ▶ **Acceptability of AIMS**

- ▶ The accounts from interviewees regarding their time in the AIMS were positive. There was a perception of safety coupled with calm, reassuring care, even if they were uncertain about who had looked after them and other treatment details.

## ▶ **Preferences for place of care**

- ▶ Some interview accounts made specific reference to AIMS being preferable to the ED, particularly in relation to use of hospital resources.
- ▶ *"I wouldn't have wanted to go all the way to the hospital to waste anyone's time when it wasn't as serious as it looked"* (male, early 20s; PID11).

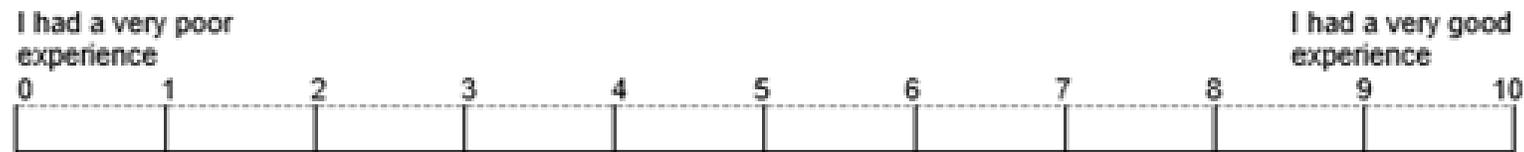
# Interview data

## ▶ What may have happened without AIMS

- ▶ A young woman in her early 20s was drinking with friends in a nightclub. Drank too much, went to the toilet, vomited and fell asleep. Her friends assumed she had gone home and left. When staff checked the toilets after the club closed around 03:30am they discovered her slumped in the cubicle.
- ▶ *"I am really mortified about this; it was the most embarrassing thing that ever happened."*
- ▶ She suggested that if the AIMS had not been available then she would have been taken out of the nightclub by the staff there and left to find a taxi on her own
- ▶ *"Without the [AIMS] God knows where I would've ended up"* (PID9).

# Survey data

9. Overall ... (please circle a number)



- ▶ Participants rated their experience positively (mean = 9.35, SD = 1.38)

FEATURE	N	%	N
Service location	190	81.1	124
Safety	194	92.3	128
Comfort and cleanliness	191	90.1	125
Communication	193	83.9	128
Care and compassion	194	89.7	128
Tests and treatment	181	82.3	119
Advice or information	185	83.2	121
How was discharged	154	88.3	100

Percent who endorsed aspect of care as "very good"

# Conclusions

- ▶ New services are unlikely to be successful if the intended users find them unacceptable [1]
  - ▶ Particularly so for new services that provide alternatives to ED [2], such as a taxi rather than an ambulance to ED or conveyance to a primary care physician rather than the ED
  - ▶ Interview and survey data found that AIMS were acceptable to the majority of those attending.
- ▶ [1] Moore GF, et al. Process evaluation of complex interventions: Medical Research Council guidance. *BMJ*. 2015;350:h1258.
- ▶ [2] Jones CMC, et al. Acceptability of alternatives to traditional emergency care: patient characteristics, alternate transport modes, and alternate destinations. *Prehospital Emergency Care*. 2015;19(4):516-23.

# Conclusions

- ▶ The acceptability of AIMS to users is significant particularly as the decision to attend an AIMS was frequently made by people other than the patient themselves.
- ▶ Further, facilitating patient choice is an aspiration of healthcare systems and so identifying only a minority of survey respondents who would have preferred ED is notable.

# Conclusions

- ▶ There is some evidence that those attending AIMS would not have been expected to attend ED – suggesting AIMS attract unmet need.
- ▶ The harms associated with alcohol include assault, sexual assault and other harms. While AIMS may attract previously unmet need future research should consider what the nature and extent of those unmet needs are and whether providing a location for those who are vulnerable but not requiring ED reduces risk.

## Overall

- ▶ Our study indicates that AIMS are acceptable to their users with many satisfied with the care and treatment received.
- ▶ AIMS also address previously unmet demand for a place of safety in the NTE in addition to their stated purpose of diverting the intoxicated away from the Emergency Department.



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