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1. BACKGROUND

Alcohol-related harms arising in the Night-Time Economy (NTE) impose a substantial burden on emergency services (ES) especially ambulance services engaged in both street level care and transportation of acutely intoxicated patients to a hospital Emergency Department (ED). Despite growing policy interest in Alcohol Intoxication Management Services (AIMS) as an alternative pathway it is not known what their users think of them or the experiences of frontline staff engaged in and around AIMS.

2. METHODS

As part of a mixed-method study semi-structured interviews were followed by a survey of users recruited from six different AIMS. A parallel ethnographic component used observations and interviews with ambulance staff in two cities with AIMS and one control city without.

3. RESULTS

Surveys and interviews found AIMS users retrospectively viewed the decision to take them to AIMS favourably and highly rated the care they received, especially the friendly, non-judgemental atmosphere created between ambulance staff and other agents involved in AIMS.

*“without the [AIMS] god knows where I would’ve ended up”
(female, early 20s, AIMS user)*

“it wasn’t like that awkward 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, AIMS user)

“it wasn’t bad enough to go to a hospital [...] I wouldn’t have wanted to go all the way to the hospital to waste anyone’s time” (male, early 20s, AIMS user)

“I think it is a good idea. Its embarrassing taking people in who essentially just need babysitting. Because the problem is we can’t leave them either” (Paramedic, Control site)

“The [AIMS] is an absolute Godsend, we really feel it on those nights when it’s busy, like when there’s an event on or something. We just really can’t manage the intoxicated patients here (in the ED)” (ED and AIMS Nurse, AIMS site)

A majority of AIMS survey respondents said they would not have called emergency services (85%) or gone to the ED (75.6%). Ethnographic work showed ambulance personnel considered AIMS to have a positive impact on ES, freeing capacity to attend to other emergencies.

Ambulance staff without AIMS worked to avoid conveyance to ED but this could result in extended periods risk assessing individuals at street level which meant they felt unavailable to address other emergency calls.

4. CONCLUSIONS

AIMS are viewed very positively by their users and the ambulance staff involved. Findings from surveys, interviews and ethnography suggest that AIMS and EDs are managing different patient groups in different ways, and thus may represent complementary rather than competing alternatives care pathways.

Listen to the poster audio description

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