

Health and Community Care

Managing the care needs of drunk and incapable people: A literature review and needs assessment

Dawn Griesbach, Patricia Russell and Clare Lardner
Griesbach & Associates

The Scottish Government's discussion paper, Changing Scotland's relationship with alcohol, made a commitment to work with partners to identify the scale of the problem of drunk and incapable people requiring emergency support, to evaluate existing models of providing that support and to identify good practice. This research was undertaken as part of the fulfilment of that commitment. This study was intended to help to inform the planning and provision of services at a local level across Scotland, to ensure the safety of this vulnerable group, while at the same time reducing any unnecessary burden on emergency services.

Main Findings

- It is estimated that, across Scotland, between 7,500 – 21,000 drunk and incapable people per year attend NHS hospital emergency departments, at a cost of between £0.7m and £1.95m per year.
- A relatively small number of people are admitted to hospital each year with a primary diagnosis of acute intoxication (around 1,440 people per year). However, the cost of caring for these individuals in hospital across Scotland is estimated to be around £0.7m per year.
- Around 5,500 people per year are arrested and charged by Scottish police forces with the offence of being drunk and incapable. The cost associated with holding these individuals in police cells until they sober up is around £2.12m per year.
- A review of the international literature identified a variety of service models from around the world that are used to meet the care needs of severely intoxicated people. There is no single best-practice model for these services. It is important that services are developed directly in response to local needs and that they remain flexible when needs change.
- In some areas of Scotland, services had been established to address the needs of drunk and incapable people, while also reducing the excessive burden on emergency services. The main types of services were: (i) permanent premises providing a 24-hour service, seven days a week; (ii) temporary triage or first-aid facilities operating at weekends or for special events; and (iii) other services such as custody nurses, police and ambulance protocols, and cell monitoring systems.
- Severely intoxicated people are vulnerable to injury, assault or illness. However, the findings of this study suggest that police cells are not appropriate for the care of vulnerable people. In addition, many of these individuals do not require to attend emergency departments or to be admitted to hospital.
- A strategic and partnership approach is required for planning and funding services to meet the needs of drunk and incapable people. There are potential cost savings to be made in shifting the balance of care from high-resource-intensive emergency services to services that are specifically targeted at this population.

Background

Alcohol consumption and excessive drinking are increasing in Scotland. Figures published by the Scottish Government indicate that up to half of men and a third of women in Scotland may exceed weekly recommended sensible drinking guidelines, and that a majority of weekly drinkers exceed daily guidelines at least once a week.

When an individual has drunk so much that they become incapable of looking after themselves — or if they become unconscious — emergency services are often involved. It is estimated that alcohol misuse costs the Scottish economy £2.25 billion annually. Approximately 20% of this cost (£449 million) relates to costs incurred by emergency and criminal justice services (police, emergency department, ambulance, fire brigade) in responding to demands placed upon them by people who have drunk too much. Clearly, excessive drinking represents a significant burden on the emergency services and diverts them away from people who may require their services more urgently.

The purpose of this research was to carry out a needs assessment, to identify what need there is in Scotland for alternative services for people who become drunk and incapable in public. This involved not only estimating the size and nature of the problem, but also looking in detail at how the needs of this population are currently being addressed, both in Scotland and elsewhere, and how those needs may be addressed most effectively.

Methods

The study made use of both qualitative and quantitative methods:

- Secondary data from the police and NHS was analysed to identify the size and nature of the problem facing emergency services in Scotland.
- A literature review was carried out to explore how the needs of this population are met in other parts of the world, and to identify good practice in providing services.
- Interviews were also undertaken with stakeholders and service providers in Scotland, and a survey was carried out of all Alcohol and Drug Action Teams, to identify any existing services and the need for services in Scotland.
- Finally, focus groups were undertaken with service users to obtain their perspectives on the need for services.

The size & nature of the problem

Based on emergency department data from an audit carried out in 2005, it is estimated that between 7,500 – 21,000 people per year (144 – 404 people per week) currently present to NHS emergency departments as drunk and incapable, whose needs could potentially be met by a less resource-intensive service. At an average cost of £93 per attendance, the cost of treating these individuals in a hospital emergency department is estimated to be between £0.7m and £1.95m per year.

According to hospital inpatient data from 2006-07, acute intoxication was the *primary* diagnosis for 1,440 patients across Scotland. This is equivalent to approximately 28 people per week. Although this is a relatively small number of people, the average cost per day of one acute hospital bed is £483. Therefore, the cost associated with 1,440 intoxicated patients having an overnight stay in hospital is approximately £0.7m per year.

In 2007-08, there were 5,502 charges made by Scottish police forces to individuals for being drunk and incapable. This is equivalent to approximately 106 charges per week. The cost of holding these individuals in police cells is estimated to be around £2.12m per year across Scotland. These figures are likely to be an under-estimate.

It is important to note that there is potential overlap between the emergency department, hospital inpatient and police datasets (for example one person may attend a hospital and also be charged with being drunk and incapable). Therefore, it is not possible to add up the costs from the different services to get an overall estimated cost for Scotland.

This study suggests that people who become severely intoxicated in public are a diverse population. Stakeholders identified three groups:

- “One-offs” who have drunk to excess on a night out, who present to services once and never appear again.
- “Binge drinkers” who are not alcohol dependent, but who will regularly consume large amounts of alcohol on weekends or special occasions, and who may present to services more than once.
- Chronic, “recidivist” drinkers who are alcohol-dependent and who may present to services on multiple occasions.

The immediate needs of all three groups are the same — to be kept safe.

However, once they are sober, those who are not alcohol-dependent may benefit from brief interventions to encourage a reduction in drinking, whereas people with chronic drink problems may have additional, and more complex health and social care needs.

How the needs of drunk and incapable people are addressed elsewhere in the world

A review of the international literature identified a variety of service models from around the world that are used to meet the care needs of severely intoxicated people.

Sobering-up facilities were common in Australia and parts of North America, and there was evidence from Australia of these services providing clients with physical and emotional care, support and brief interventions. They were perceived to be safer, and a better use of resources, than holding intoxicated people in police custody.

There is no single best-practice model for these services. However, it is important that services are developed directly in response to local needs and that they remain flexible when needs change. It is also important that there are clear operational protocols and procedures that are agreed with the police and local health services. Staff should be trained in first-aid, and there should be good links with rehabilitation, housing and social care services.

Free transportation services operating in conjunction with sobering-up services can further reduce the burden on the police of having to deliver intoxicated people to these services.

There was a small literature on the role of the forensic medical examiner (FME) and custody nurses in providing care for people detained in custody. A large part of the job of the FME and custody nurse involves assessing the fitness of people to be held in custody.

Finally, one model of service which is used increasingly to meet the needs of drunk and incapable people in the UK, involves the use of a bus. These “SOS buses” provide immediate assistance to people who may be intoxicated, distressed or have minor injuries. They offer first-aid (including, in some cases, social and emotional first-aid), and in some cases, a place of safety for people until they are able to be taken home by a family member, friend or taxi. These services are largely based in busy, city-centre locations. Most operate only at the weekends or during special events.

How the needs of drunk and incapable people are currently addressed in Scotland

In most areas of Scotland, people who are identified as drunk and incapable in public are generally taken into police custody for their own safety, if there is no responsible person available to look after them. If they have sustained an injury, they are usually taken to the nearest emergency department.

However, in some areas of Scotland, services had been established to address the needs of drunk and incapable people, while also reducing the excessive burden on emergency services. The main types of services are:

- Permanent premises providing a 24-hour service, seven days a week (Inverness and Aberdeen);
- Temporary triage or first-aid facilities operating at weekends or for special events (Glasgow, Edinburgh and Aberdeen);
- Other services such as custody nurses, police and ambulance protocols, and cell monitoring systems.

Some services, such as the designated places in Inverness and Aberdeen, attempt to engage with clients and offer advice, information, and in some cases, referrals to other services. There is less opportunity for this kind of intervention in the other types of services but there was a view that there should be some attempt to offer brief interventions, or in the case of chronic drinkers, referral to services that can address their longer-term care needs.

Service users unanimously agreed that if a person is drunk, but not violent, there should be other options than being taken into custody. For service users, the preferred option would be for the intoxicated person to be taken home, or to be able to phone a contact person to come and collect them from the police station. However, there was broad support for the idea of making a very basic facility available to look after people in this condition. Service users also believed it was important that some form of follow-up should take place once the person is sober — to offer advice, information or referral to treatment and support.

Conclusions and recommendations

The data gathered for this study provides a useful starting point for local areas in planning services for drunk and incapable people. However, the findings of this study *do* represent just a starting point. It is important that local areas supplement this information with locally-gathered intelligence to gain a more comprehensive and detailed picture of local need.

The findings of this study suggest that a one-size-fits-all approach to services for drunk and incapable people is unlikely to address all the needs. Therefore, this study does not recommend that local areas should adopt any one particular service model. Different service models have different strengths and limitations, and it may be that the best approach will be a combination of models.

Severely intoxicated people are vulnerable to injury, assault or illness. These individuals need to be taken to a place or facility where their health and safety can be monitored effectively. Police cells are not appropriate for the care of vulnerable people and many of these individuals do not require to attend emergency departments or to be admitted to hospital.

There needs to be an alternative service, or alternative services, to reduce the pressure on the time and resources of the emergency services.

The following recommendations are made:

- There should be a strategic and partnership approach to planning and funding services to meet the care needs of drunk and incapable people.
- The strategy for addressing the care needs of drunk and incapable people should be part of a wider local alcohol strategy, and Alcohol and Drug Partnerships (ADPs) are therefore best placed to take the lead on this.

- Local areas should undertake a local area needs assessment prior to planning services for drunk and incapable people.
- The provision of services requires the involvement of a range of agencies but should include at the very least, health, social work, the police, the ambulance service and the voluntary sector. There are potential cost savings to be made in shifting the balance of care from high-resource-intensive emergency services to services that are specifically targeted at this population.
- At the same time, the NHS, in particular, should take a much greater role in the establishment and running of services than they do at present in some areas.
- Local strategies for responding to the needs of drunk and incapable people should include interventions that help to prevent people from becoming drunk and incapable in the first place.
- Some people will have to be detained in custody because of the other offences they have committed. The care needs of these individuals should be assessed and met by a suitably trained individual.
- At the same time, the use of technology, for example through cell monitoring systems, may provide an additional (not an alternative) support for monitoring intoxicated people in custody.
- Protocols should be developed between the police, ambulance service, emergency department and any alternative services set up to manage the care needs of intoxicated people.
- Finally, services need to have an effective way of linking people to treatment and support. Commissioners and planners should discuss with service providers realistic aims and objectives for meeting the immediate care needs of clients, but also consider whether and how further intervention can be provided for those who have chronic alcohol problems.

This document, along with “Managing the care needs of drunk and incapable people: A literature review and needs assessment” the full research report of the project, and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Internet at: <http://www.scotland.gov.uk/socialresearch>. If you have any further queries about social research, please contact us at socialresearch@scotland.gsi.gov.uk or on 0131-244 7560.



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