

Christmas duty

The alcohol fuelled Christmas party season means even busier days and nights for the emergency services. But an accurate picture of drug and alcohol related incidents is not straightforward to decipher, reveals paramedic and duty station officer, Terry Gibson.

I have to admit the figures were a surprise. When I requested some statistics for this piece from the London Ambulance Service (LAS) Management Information Department, I expected them to confirm what I believed as a serving paramedic to be the case. That is, '999' calls that are alcohol or drugs related make up a significant proportion of our workload. In fact, 'only' 3.9% of calls are classed as alcohol related, and a further 2.3% as connected with drugs. But these figures don't tell the whole story.

To begin with, at LAS we receive almost a million calls from the public each year – and 6.2% of all calls represents over 52,000 incidents – at an average of 1,000 calls a week.

There will also always be a number of calls in which drug or alcohol consumption have played a part, but where this is not reflected in the official figures. For instance, one call I attended, to a man who suffered multiple injuries in a road traffic accident (RTA), was recorded as an RTA, when in fact he had been hit by a passing car when he got so inebriated that he had walked off the pavement and straight out into the car's path.

And the figures tell us nothing about the incidents behind them and the human beings to whom they relate.

A 'drugs call' might be to a young woman student who has been experiencing difficulty with her course and has taken an overdose of sleeping tablets, or an intravenous heroin user who is unconscious and has stopped breathing after injecting too much or after taking a dose that is purer than usual (sometimes, when a new 'batch' of heroin is on the streets in a particular area, there is noticeable rise in such calls). Then again, the response might

be to a night clubber who has been made ill after taking ecstasy or an elderly lady or gentleman who has taken an accidental overdose of prescribed medication.

Alcohol related calls vary too, of course. There will be people with psychiatric problems who may drink alone and then ring 999 in the night when the depression becomes too much. There are the leisure drinkers who overdo it and end up in fights or injured from falls. Or the inebriated man who walked out into the traffic and was hit by a passing car. I have also attended teenagers drinking vodka in the park in the school holidays and gentlemen of no fixed abode who have ambulances called for them whilst they are asleep on the pavement.

Homeless drinkers are a particular challenge, because there is so little we can do to help. Although often neither ill nor injured, the only place to take homeless drinkers is to the local A&E hospital where a nurse can triage them, record some basic observations and give them a bed on which to sleep it off and from which they can then get up and walk out – more than likely before a doctor can see them. Often, when talk in the station mess room has turned to the subject of drinkers with no fixed abode, everyone agrees that what they would like to see are hostels staffed with medically trained care workers, where the drinkers could be taken to sleep it off, if they are otherwise well and uninjured.

So whatever the figures may seem to say at first glance, alcohol and drugs do play a significant role in many of the call-outs we receive – and often with a significant human cost to those concerned. And though I hope that you all have a happy and safe Christmas, the next few weeks will be a particularly busy time for us at the LAS.



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