Alcohol use disorders – safeguarding and managing risk

March 2024

ALCOHOL CHANGE UK

Aim

- How can we tackle alcohol related risk in the context of safeguarding?

Why? - The scale of the problem

- 600,000 dependent drinkers
- Another 1,000,000 drinking at higher risk levels
- The 28% rise in alcoholic liver disease deaths since 2020
- Women’s alcohol related deaths have risen 37% since 2016
- But we are not focused on all of this group…

Alan

- Alan was a was a 53 year old man who died in a fire in February 2020. At the time of his death he was homeless.
- He died as the result of an accident with a cigarette in a garage where he was sleeping for the night.
- Alan had a long history of alcohol and drug misuse, physical and mental health concerns.
- He also had longstanding and repeated involvement with a range of public services including the police, adult social care and health services.
- Alan had been involved with the criminal justice system since age 19 and had subsequently accrued 585 arrests. He had 301 convictions in relation to 516 offences.
- He had a repeated pattern of impulsive suicidality.

Alan

In one 3 day period just before his death, Alan had the following service contacts:

- Police called to incident in a fast food restaurant
- Ambulance called to same incident
- Alan taken to hospital due to head injury
- Alan admitted for observation but self-discharges
- Police bring him back to hospital but he is discharged
- Contact between Police and Probation about Alan’s residence and potential exploitation
- Attends Substance Misuse Service intoxicated
- Police called to Substance Misuse Service
- Mental Health Trust receive call from a church saying Alan is with them and suicidal
- Unplanned presentation at Substance Misuse Service
- Multi-agency meeting held at Probation about Alan
- Conversations between Probation Service and other services about Alan

- http://www.sunderlandsab.org.uk/wp-content/uploads/2021/08/7MBAlan.pdf


Learning from tragedies
An analysis of alcohol-related Safeguarding Adult Reviews published in 2017
June 2019
ALCOHOL CHANGE UK
Nothing about alcohol harm is inevitable. By working together, we can better protect those most in need.

The scale of the problem

- 25% of SARs related to alcohol misuse – ACUK & ADSS/LGA (2020)
- Prof. Michael Preston Shoot – moving up beyond that in latest ADSS/LGA survey

- What do we do?
- Prevention - Identify

Encourage the routine use of alcohol use screening tools

- Too often agency information about the pattern of alcohol use is absent or confused e.g. *“He said he was drinking 3 cans a day”*

- In accordance with NICE Public Health Guidance 24, professionals working with the public need to be alert to the possibility of alcohol use disorders and should be routinely using the AUDIT alcohol screening tool and using professional curiosity to explore this issue. (The same principle is applied to drug misuse in NICE guideline [NG64] *Drug misuse prevention: targeted interventions*.)

“GOLD STANDARD”
AUDIT

(Alcohol
Use Disorders
Identification Test)

[Alcohol use screening tests - GOV.UK (www.gov.uk)]

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

- What do we do?
- Say something

- Prevention - Brief advice

Brief advice

Feedback- Tell the person what they scored. Link their drinking to the situation. Be realistic!

Responsibility- It's the individuals' own responsibility to change.

Advice- Set a daily (& weekly) limit
Have alcohol free days

Menu- Give them a range of **options**

Empathy- Empathic, Non Judgmental

Self Efficacy- Positive message. Boost their self confidence -" **You can do it!**"

- What do we do?
- Refer

Types of treatment

- Advice and information
- Self-help groups
- Care planned counselling
- Structured day programmes
- Community detoxification
- Inpatient treatment
- Residential rehabilitation services

Disseminate and discuss the Clinical Guidelines

- In October 2023 OHID (PHE) published Draft “Clinical Guidelines for Alcohol Treatment ”– the equivalent of the “Orange Book”

- https://www.gov.uk/government/consultations/uk-clinical-guidelines-for-alcohol-treatment

- These need to be widely disseminated

Other guidance

- NICE CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence
- NICE CG100: Alcohol-use disorders: diagnosis and management of physical complications
- NICE PH24: Alcohol-use disorders: prevention

Co-occurring conditions

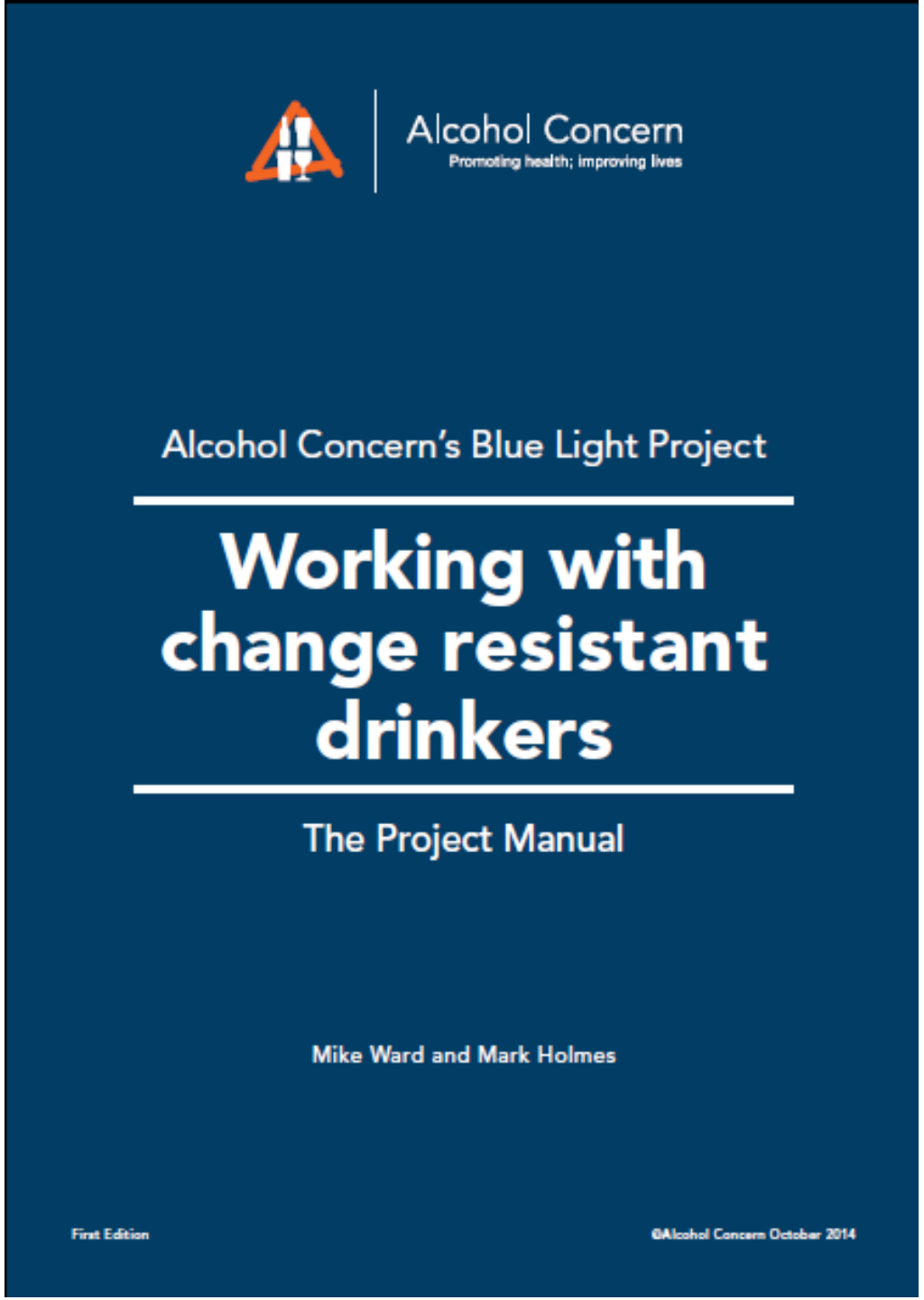
- NICE (National Institute of Health and Care Excellence) – National Guidance 58 – Co-existing severe mental illness and substance misuse - 2016
- Psychosis with coexisting substance misuse – NICE Clinical Guideline 120 – 2011
- PHE / NHSE – Better care for people with co-occurring mental health and alcohol and drug use conditions - 2017

What do we do?

Identify pathways for drinkers that services find hard to engage or who appear to resist change

What do we do?

Address attitudes and beliefs


Alcohol Concern
Promoting health; improving lives
Alcohol Concern's Blue Light Project
Working with change resistant drinkers
The Project Manual
Mike Ward and Mark Holmes
First Edition
©Alcohol Concern October 2014

- **It is very easy for busy professionals to dismiss such clients as just *unmotivated* or as *choosing to live like this*.**

- *He chooses not to engage so there is nothing we can do…*
- *This is considered a lifestyle choice by healthcare professionals and not being symptomatic of adverse childhood experiences, emotional trauma and/or post-traumatic stress.*
- *A number of agencies identified in their contact with x that she was 'making choices' around lifestyle that were increasing her risk and made her difficult to engage…*
- *Of more concern is the acceptance by some professionals of the condition of the house, and the presentation and lifestyle of Amy.*

Understanding barriers to change

The perfect storm of physical conditions

- Depression
- Alcohol related brain damage
- Alcohol related brain injury
- Physical health problems e.g. fatigue due to liver disease
- Confusional states e.g. liver disease, pancreatitis and urinary tract infections
- Sleep disorders
- Poor nutrition
- Foetal Alcohol Damage
- …and they are dependent.

The clinical guidelines include:

- Assertive outreach
- Multi-agency management

Outreach works

Outreach is the best evidenced intervention

- Surrey evidence
- Wigan, Notts, Salford, Lincs

- ACTAD - £1 spent on assertive outreach can save £3.42


ALCOHOL CHANGE UK
Alcohol assertive outreach:
a handbook

Multi-agency groups

- Multi-agency groups
- e.g. Medway, Northumberland & Sandwell

- *Team around the person*

- What do we do?
- Be aware of cognitive impairment

- Cognitive impairment is problems with thinking, communication and memory.

What is Alcohol-Related Cognitive Imapirment?

- A variety of symptoms caused by long-term heavy drinking and a drinking lifestyle

- It is more than Wernicke – Korsakoff syndrome

Alan

- He had at least one very serious TBI 15 years earlier due to jumping in front of a train.
- In the last 14 months of his life he had 15 head injuries.

Other causes

- Physical damage to the head / brain through falls, abuse, fights and fits
- Traumatic brain injury causing problem drinking
- Occupational risks e.g. construction or military service can increase the risk of head injury
- Contact sports can lead to higher rates of head injury
- Emotional trauma
- Neurodivergence

Other causes

- Strokes
- Foetal alcohol damage
- Kindling from repeated detoxification
- Seizures
- Hepatitis C
- Dehydration

Other causes

- Poor sleep patterns
- Confusion due to a build-up of toxins in the body
- Smoking
- Genetic factors
- Infections?
- Diabetes?
- Drinking impacting recovery from a TBI.

The effects of cognitive impairments

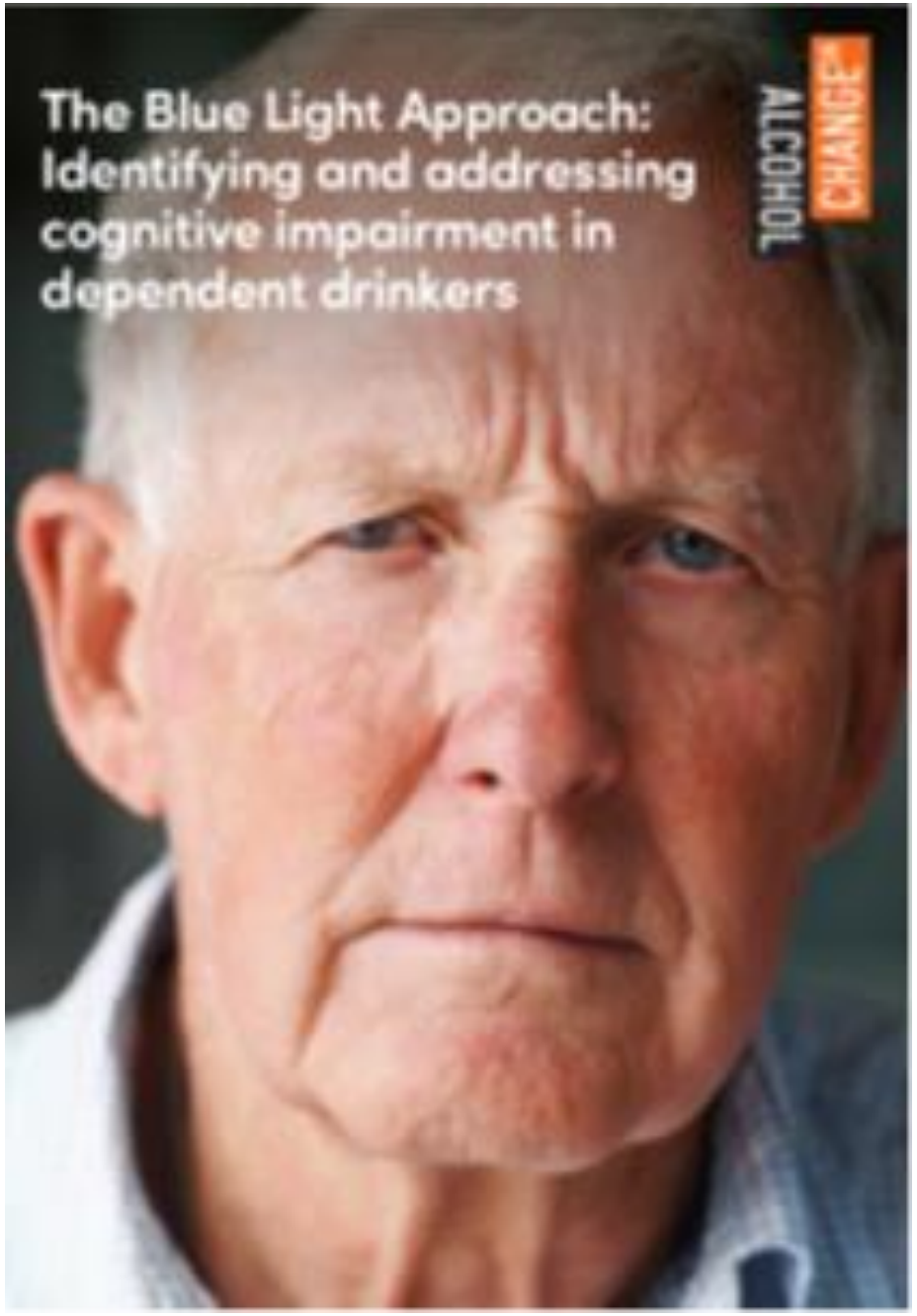
- It is not just about memory

Affected Cognitive and Behavioural Abilities

- **Attention**
- **Processing Speed**
- **Working Memory**
- **Learning**
- **Initiation**
- **Impulsivity**
- **Planning & Organization**
- **Mental Flexibility**
- **Self-Awareness**

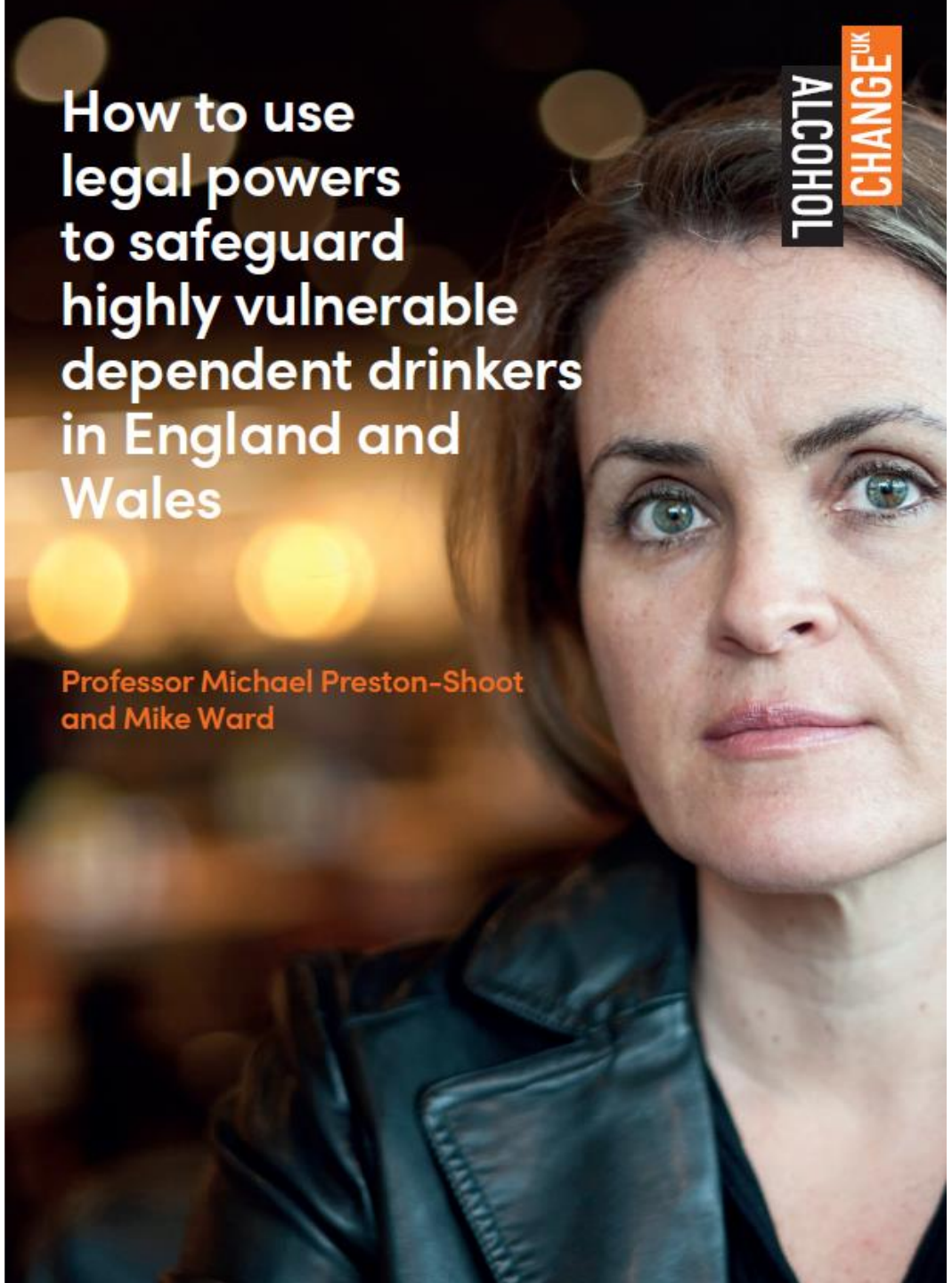
The problem

- Most of these impacts can be dismissed as the effects of alcohol consumption.


The Blue Light Approach:
Identifying and addressing
cognitive impairment in
dependent drinkers
ALCOHOL
CHANGE

Legal literacy

- At the end of the Blue Light pathway there are clients who are not changing and whose vulnerability means that they require some more structured framework to manage their behaviour.


How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales
Professor Michael Preston-Shoot and Mike Ward
ALCOHOL CHANGE UK

- Disseminating the guidance and
- Continuing the training

- The Care Act 2014

Does it apply to dependent drinkers?

- YES - The Department of Health and Social Care has stated that: *To meet the national eligibility threshold… local authorities … must consider…if the adult has a condition as a result of…* (among others)…*substance misuse or brain injury.*
- A formal diagnosis is not required to prove eligibility; but
- Care and support needs are required.
- Section 9 Assessment

Care Act Statutory Guidance - Neglect

S42 of the Care Act requires that each local authority must:

- *make enquiries, or ensure others do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.*

Self-neglect

- The Act places a duty on local authorities to *protect people from abuse and neglect*. This includes *those who self-neglect*.

These duties apply equally to:

- *adults with care and support needs*
- *whether those needs are being met ,*
- *whether the adult lacks mental capacity or not.*

- Mental Capacity Act 2005

The key question

- Under what circumstances do chronic dependent drinkers lack the capacity to make decisions about e.g. their care, treatment, finances, safety or living conditions?

The mental capacity test

Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

An impairment or disturbance in the functioning of the mind or brain may include:

- **the symptoms of alcohol or drug use.**

Is the person unable to make a specific decision when they need to?

A person is unable to make a decision if they cannot:

1. understand information about the decision to be made
2. retain that information in their mind
3. **use or weigh that information as part of the decision-making process**, or
4. communicate their decision.

Using or weighing information as part of the decision-making process

4.22 ***For example, a person with the eating disorder anorexia nervosa may understand information about the consequences of not eating. But their compulsion not to eat might be too strong for them to ignore.***

- Legal judgement

London Borough of Croydon -v- CD [2019] EWHC 2943 (Fam)

- CD: a 65 year old man who suffers from a range of medical problems; he has a psychiatric background characterised by depression, he suffers from epilepsy and complications arising from chronic alcohol abuse. Diabetes and physical disabilities.

CD

- Frequent incidents of falling in his flat,
- Non-concordant with medication,
- Severe self-neglect,
- Inability to manage his personal care, activities of daily living, his health and wellbeing.
- Home environment deteriorated to a stage that a care agency were unable to access the flat for fear of cross contamination and infection.
- Frequently called the London Ambulance and Police… he attended A&E regularly.
- CD lives alone and he has limited positive support network, he socialises with friends in the same block of flats who equally have alcohol misuse problems.”
- Unable to safely complete most activities of daily living without help from his carer.”

CD

- The judge ruled that CD lacked capacity in relation to decisions concerning his care.
- Made orders about actions to be taken in his best interest.

Executive Capacity

- *However, the concept of "executive capacity" is relevant where the individual has addictive or compulsive behaviours. This highlights the importance of considering the individual's ability to put a decision into effect (executive capacity) in addition to their ability to make a decision (decisional capacity). Therefore, for an individual such as AW the assessment of mental capacity is unlikely to be as straightforward as a simple yes or no.* Angela Wrightson SAR

The Code of Practice supports this stating that:

4.30 Information about decisions the person has made, based on a lack of understanding of risks or inability to weigh up the information, can form part of a capacity assessment – particularly if someone repeatedly makes decisions that put them at risk or result in harm to them or someone else.

- Legal judgement

- London Borough of Tower Hamlets
-v- PB

PB

- *A reminder of the right of every individual to make unwise decisions and the fact that the Court of Protection cannot be used to make and enforce moral decisions on anyone.*

- It is an important case as it highlights that not all vulnerable drinkers lack capacity to make decisions about their substance abuse and that some people actually **are** making unwise decisions.

- The judge concluded that it is not possible to provide guidance applicable to all substance abuse cases and that each case should be carefully considered on its own merit.

The Code of Practice comments that:

2.11 There may be cause for concern if somebody:

- *repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or*
- *makes a particular unwise decision that is obviously irrational or out of character.*

These things do not necessarily mean that somebody lacks capacity. But there might be need for further investigation…

Mental Capacity Act 2005: *Code of Practice 2.11*

- The Mental Health Act 1983 and 2007 amendments

The 2007 Mental Health Act

- *“Dependence on alcohol or drugs is not considered to be a disorder or disability of the mind for the purposes of (the Act)”*

The 2007 Mental Health Act

- A mental disorder is “any disorder or disability of the mind”
- This includes “Mental and behaviour disorders caused by psychoactive substances”.

The Government's *2015 Mental Health Act Code of Practice*

- **"Dependence on alcohol or drugs**
- 2.9 Section 1(3) of the Act states that dependence on alcohol or drugs is not considered to be a disorder or disability of the mind for the purposes of the definition of mental disorder in the Act.
- 2.10 This means that there are no grounds under the Act for detaining a person in hospital (or using other compulsory measures) on the basis of alcohol or drug dependence alone.

The Government's *2015 Mental Health Act Code of Practice*

- 2.11 Alcohol or drug dependence may be accompanied by, or associated with, a mental disorder which does fall within the Act's definition. If the relevant criteria are met, it is therefore possible, for example, to detain people who are suffering from mental disorder, even though they are also dependent on alcohol or drugs. This is true even if the mental disorder in question results from the person's alcohol or drug dependence.

The Government's *2015 Mental Health Act Code of Practice*

- 2.12 The Act does not exclude other disorders or disabilities of the mind related to the use of alcohol or drugs. These disorders – eg withdrawal state with delirium or associated psychotic disorder, acute intoxication, organic mental disorders associated with prolonged abuse of drugs or alcohol – remain mental disorders for the purposes of the Act.

Other powers

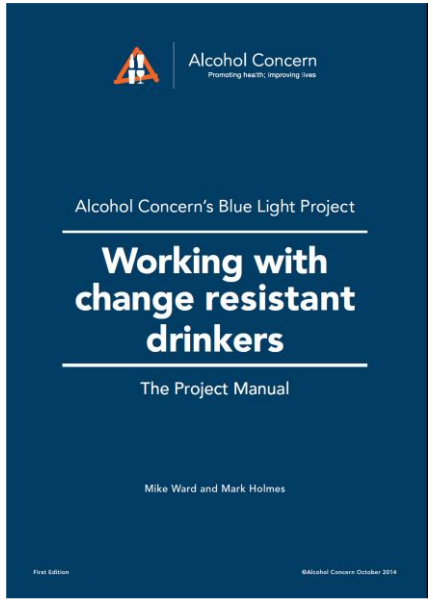
- Human Rights Act 1998
- Anti-Social Behaviour powers
  - ❑CBOs and Civil Injunctions
  - ❑ASB community trigger
  - ❑Closure Orders
- ATR – Alcohol Treatment Requirement / Probation Orders with Conditions of Treatment
- Environmental Health legislation

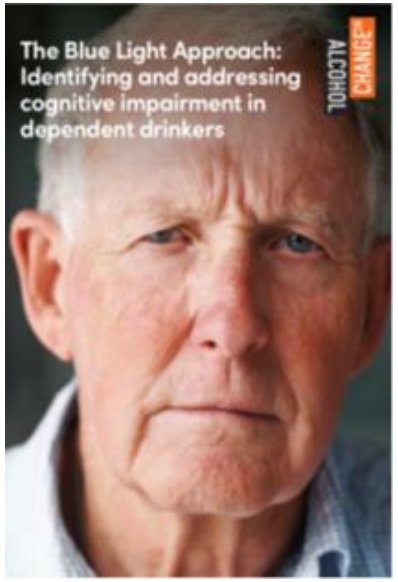
- What do we do?
- Lobby the government

- The challenges posed by this situation are highlighted by the guidance on the legislation:
- The current Code of Practice on the MCA mentions alcohol just three times.
- The Guidance on the Care Act mentions alcohol just twice.
- Practitioners are working in the absence of any clear statutory guidance on how to negotiate the type of challenges posed by these clients. Given the prevalence of these problems. it does raise the question of whether England needs a new legislative framework for managing chronic dependent drinkers?
- Local partners may wish to consider lobbying national government directly, for either improved guidance on using the Care Act, Mental Capacity Act and the Mental Health Act with this complex client group; or new legislation to better meet their needs.

- What do we do?
- Accommodation

Our multi-partner projects





Accommodation

- We are running a new multi-partner project on exploring housing options for complex dependent drinkers
- This will work in the same way as our safeguarding and cognitive impairment project.

This will go beyond mainstream residential rehab:

- Scope out the range of accommodation needs, from wet houses to cognitive impairment or co-occurring disorders projects, to projects that can support a dependent drinker on a DOLS to lower level supported accommodation.
- Identify what is currently available and what is required to fill the gaps.
- Offer guidance on how best to access and use these options.
- Offer models for development
- Develop guidance for accommodation providers on supporting dependent drinkers.
- Estimate levels of need for more specific interventions

And finally…

- Quiz question

- What kills more dependent drinkers than alcoholic liver disease?

Smoking

- In 2012, ONS reported that 70-80% of dependent drinkers smoke.

The French have a word for it:

- “Alcolo-tabagique”

Smoking is particularly harmful for problem drinkers

- Smoking kills more dependent drinkers than alcoholic liver disease
- Smoking worsens diseases associated with alcohol misuse e.g. oral cancers, coronary heart disease but also liver disease.
- It may contribute to the depletion of vitamin B1.

Fire

- Smoking also causes non-medical problems such as increased fire risk.
- 50% of domestic fires in England are alcohol related.
- (Peripheral neuropathy)

The role of e-cigarettes

- Expecting a substance misuser to give up smoking in the early stages of treatment may be unrealistic.
- It is now possible to offer a switch to e-cigarettes or vaping.
- Promoting vaping may represent an opportunity to both address health problems and increase client engagement and motivation.

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