

Safeguarding Vulnerable Dependent Drinkers

- The national briefing document
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“Alcoholic Angie”

- *In 3 years, over 1000 recorded direct contacts with mental health and alcohol services, ambulance, hospital.*
- *472 reported incidents to the police.*

- A motivation focused approach perpetuates the exclusion of the already most socially excluded clients.

Q4: Please estimate how many complex and change resistant dependent drinkers you have encountered professionally in an average six months period (pre-Covid)?

ANSWER CHOICES	RESPONSES	
None	8.08%	16
1-2	17.68%	35
3-5	12.12%	24
6-10	14.14%	28
11-19	15.15%	30
20+	32.83%	65
TOTAL		198



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

Awards

Winner of

- Guardian Public Service Award
- Royal Society of Public Health Award
- Nursing Times Award

- *Also mentioned as good practice in the AW SAR*

What works

Outreach is the best evidenced intervention

- Surrey evidence
- Wigan, Notts, Salford, Lincs
- ACTAD - £1 spent on assertive outreach can save £3.42

What works

- It takes time
- A consistent and persistent approach

What works

- Multi-agency groups (*Team around the person*)
- e.g. Medway, Northumberland, Sandwell
- *The best approach is assertive outreach guided by a multi-agency group*

However

- 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.



Learning from tragedies

An analysis of alcohol-related
Safeguarding Adult Reviews
published in 2017

June 2019

Nothing about alcohol harm
is inevitable. By working
together, we can better
protect those most in need.

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Analysis of SARs published in 2017

- 41 reviews were found in total, 15 of which mention alcohol.
- In 11 alcohol was a problem for the adult being safeguarded.
- In every case, the serious incident was the death of the adult.

The current response

It is easy to view this group of drinkers as:

- “Choosing their lifestyle”
- “This man likes living in his own filth”

The situation is much more complex than that

Legal literacy

- Professionals need a better understanding of the legal structures that can support and manage these very challenging clients.

Legal powers

- Drug and Alcohol Treatment Act 2007 which came in to force in September 2012.
- Unfortunately this only applies in New South Wales

- The New South Wales, Australian experience of involuntary treatment. Here is Glenys Dore talking to their experience

http://www.youtube.com/watch?v=DA_3uo_u6nyQ&index=2&list=PLSEhy70YpU5tZya_oHxz5UTuOUyJokMdFD

Criteria under 2007 Act

- Severe dependence; AND
- At risk of serious harm; AND
- Likely to benefit from treatment but refuses; AND
- No less restrictive treatment available.

Typical client

- 59 year old man
- Calling emergency services when intoxicated, crying, physical pain, threatening suicide
- 114 ED presentations (56 in past 6 months)
- Severe alcohol problem
- Living in squalor

Evidence of effectiveness - Australia

Of 40 detained alcohol patients:

- 10% died
- 25% relapsed
- 60% were abstinent (18) or had improved
- 5% not known.

Powers

- The Care Act 2014
- The Mental Capacity Act 2005
- The Mental Health Act – 1983/2007

Powers 2

- Human Rights Act
- 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

- The Care Act 2014

Summary

- **The Care Act 2014 applies to people with alcohol problems.**
- **Dependent drinkers with care and support needs have a right to assessment under the Act and, if they meet certain criteria, the right to a care package.**
- **Dependent drinkers with care and support needs who are vulnerable, abused or self-neglecting require safeguarding by local authorities.**
- **Self-neglect (and/or living with abuse and exploitation) should never be regarded as a “lifestyle choice”.**

- Mental Capacity Act 2005

Q5: Have you had problems with the application of the Mental Capacity Act to this client group?

- Answered: 192 Skipped: 6

ANSWER CHOICES	RESPONSES	
Yes	60.94%	117
No	28.65%	55
Don't know	10.42%	20
TOTAL		192

The key question

- Do chronic dependent drinkers lack the capacity to make decisions about e.g. their care, treatment or living conditions?

The two part mental capacity test

Stage 1: 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.**

Stage 2: Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

- 4.14 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.

Contrast - Using or weighing information as part of decision-making

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.

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.

The real challenge

The repeated cycle of:

- lack of capacity
- hospital
- detox
- capacity
- home

Executive Capacity

- *An individual who is deemed to have full mental capacity may make unwise ... choices but they are entitled to do so. 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

To think about when assessing repeated lack of capacity

- Chronic relapsing condition
 - Pink cloud
 - Worker optimism
 - Kindling
-
- Is this in the client's *best interests*?

Summary

- **The Mental Capacity Act 2005 applies to people with mental impairments due to the symptoms of alcohol or drug use.**
- **Assessing capacity of dependent drinkers is very complex and should never be subject to quick and simplistic judgements.**
- **Decisions may require multi-agency discussion and professional challenge.**

Summary

- **The compulsion associated with an addictive behaviour can be argued to over-ride someone's understanding of information about the impact of their drinking. This can imply a lack of capacity.**
- **Executive capacity should be included explicitly in assessments, linked to the person's ability to use and weigh information.**
- **It is important to consider what is in the client's best interest.**

- The Mental Health Act 1983 and 2007 amendments

Summary

- **The Mental Health Act (2007) defines a mental disorder as “any disorder or disability of the mind”.**
- **The Act’s definition of a mental disorder includes “Mental and behaviour disorders caused by psychoactive substances”.**
- **It is possible to detain someone under the Act if they have disordered mental functioning due to their chronic drinking.**

Summary

- **Such actions are likely to be rare and current practice does not make much use of this option. It would need to be a last resort and represent the least restrictive option now available to meet the person's treatment needs.**
- **Models of interventions in detained settings are available in other countries.**

Other powers

- Human Rights Act
- 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

- It is easy to allow people “to die with their rights on”.
- Sometimes we need to “deny autonomy to create autonomy”.

Next steps

- Publishing the guidance
- Training
- Document addressing the government

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