



Best practice example in health care for people using substances: hospital and rehabilitation.

Sam (named changed for anonymity) was aged 51 years when he sadly passed away. He had grown up living in care homes and aged 16 he became homeless. Sam spent all his adult life experiencing homelessness. To help himself cope with the trauma experienced as a child Sam used multiple substances, but for the last 10 years of his life he was mainly drinking 40 units of alcohol a day.

As a result of his drinking, Sam developed Korsakoff's and therefore ***lacked capacity to consent to dialysis treatment***. Consequently, he was placed under a Deprivation of Liberty Safeguards (DOLS). Although Sam had been detoxed from alcohol in hospital, ***he still believed he needed alcohol and was distracted by drinking continuously so he would try to leave so the hospital so he could have a drink***. He would abscond multiple times a day, quickly getting lost and forgetting that he was meant to be in hospital. Sam would also steal alcohol from local stores, forgetting that he was detoxed. He regularly went missing so reports to the Police were required until he was found and returned to hospital. Several times after absconding Sam needed to be readmitted to intensive care as he was found unconscious due to the level of alcohol in his system.

There were times during his treatment in hospital where there were ***up to 15 security guards to prevent him from leaving the hospital so that he could have a drink. This was not the least restrictive option recommended under a DOLS!*** Sam would regularly have two guards and a health care assistant assigned 24 hours a day, purely to help manage the distress he was experiencing to not being able to leave the ward when he wanted to.

One of the hospital consultants recognised that Sam was incredibly distressed, and that ***services were not able to manage the situation***. The consultant ***decided to allow the client to drink alcohol in the ward***. He was allowed to drink 2-3 bottles of fortified wine which was watered down the same amount of water which made it easier to ensure he always had a drink. ***Once this adaption was permitted the client stopped trying to abscond, security was reduced to 1 person and client no longer needed the 1:1 Health Care Assistant***, as he was considerably calmer, if he went to have a cigarette he would happily return to the ward and he was compliant with treatment and requests.

After his hospital stay, Sam was ***admitted into a Priory Hospital***. He became distressed and distracted again by not being able to drink alcohol, and ***therefore it was decided that he could alcohol free beverages***. Sam was happy with this and promptly settled in. He never tried to abscond and was compliant with treatment and requests. Client often didn't realise that these were non-alcoholic beverages as he was regularly concerned that he was going to experience withdrawals, but staff were able to reassure him and calm him down. ***He therefore felt safe and settled during his time at the Priory Hospital***.