Managing risks working with dependent drinkers: a guide for frontline workers.

Aims:

- **Aimed at frontline workers** to support them with **managing common problems services face (or risk facing) day-to-day with people experiencing homelessness and consuming alcohol in high volumes**.
- They intend to help frontline workers **be wary to the risks and provide some ideas for how to manage these risk issues** and feed into **your own risk assessments**.
- It is not intended to be a comprehensive document, and there are many other resources via the Blue Light Groundswell webpage that provide greater detail on alcohol, e.g., Identifying and addressing cognitive impairment in dependent drinkers
- Given the complexity and multi-faceted difficulties often facing this client group, there may be other contributing factors to their difficulties that are not accounted for by alcohol. As a result, **this document is intended to be a guide.**

Communication guidelines

- Book a quiet private space
- Use a short-written list that you want to cover in the meeting (use pictures if needed). Use this to direct the conversation if topic goes off topic/ cross items off the list as you go.
- Limit small talk as it can overload people cognitively. Greet them warmly, introduce yourself, smile, provide silence for an answer after asking a question (wait as long as you can).
- Use short sentences / no jargon.
- If a client has difficulty understanding spoken English and/or written English (difficulty understand questions, comments, instructions) use a translator service.
- Carry out communication tasks when it is the best time of day for the client to chat and take in information based on how alert they are and their wellbeing.
- Put questions in writing - avoid using how and why & use what, when, who and where questions instead. **Why and how are cognitively harder to answer**, so if the client struggles with these questions, then record this as it provides evidence of impaired cognition.
- Written information to be short and to the point, using bullet points. Font size 16 or above. Clear font (e.g., Arial, Calibri).
- A list of Alcohol Easy read documents can be found https://www.easyhealth.org.uk/resources/category/16-alcohol (need to be a member to access this).

Areas of risk working with dependent drinkers

Area of risk	What could be put in place to minimise the risk *
Medical emergencies associated with consuming high levels of alcohol: - **Delirium Tremens** - **Encephalopathy** - Read Recognising alcohol withdrawals document	- For **delirium tremens** and encephalopathy (see more about these conditions and how to respond in **Recognising alcohol withdrawals document**) – **call emergency services** immediately.
Drinking more than usual – e.g., forgetting they have already consumed alcohol. - *Leading to deteriorating health and in some cases death* - *No longer able to recall when they last drank, drink more than usual leading to alcohol poisoning*	- **Staff member could help complete an Easy read drink diary** with the client through the day - **Daily budget to limit spending on alcohol –** a referral to social care may be needed to apply for an appointeeship. Refer to the **HHCP Adult Social Care toolkit** - Use closed questions to check if client can indicate what they have drank in a day. E.g., *'Did you have more than 3 beers today?' 'Have you run out of money?'* - Any agreed budget on alcohol to be put in writing with bullet points. - **If premise permits hold the alcohol for a client to help them manage consumption.**
Alcohol withdrawals when client is unwell - *If the client is dependent on alcohol and unwell they could go into dangerous withdrawals if unable to get alcohol themselves*	- For withdrawal – **support the individual to access alcohol** (within the protocol of your organisation) - Staff supporting client to have written plan on how to manage dangerous withdrawals if the client is unwell and unable to get alcohol. See Appendix 1 for a template plan. - Use **Easy Read on Alcohol withdrawals** with clients to help them understand what they are experiencing and help put plans with safe alcohol use in place.
Missing/not taking medication - *Leading to deteriorating health and in some cases death if vital medication is not taken.* - *distractibility, poor memory, difficulties problem solving and planning etc. whilst intoxicated and associated with long term damage to the brain (alcohol related brain damage or ARBD) may make remembering to take medication harder, may lead*	- **Highlight the risks of missing medication** with the client, can a doctor/medical professional do this? - **Print out the Easy Read Medication record for the client to use to remind them to take medication** - **Ask the GP what medication is a priority**, could doses be at single time points rather than across the day? - **Increase ease at which clients can take their medication** – e.g., a dosset box, blister pack, prompts from staff (package of care?)

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to taking the wrong medication or a lack of understanding of the need for taking medication - *nausea/lethargy associated with alcohol may off-put individuals from wanting to consume oral medications*	- Staff to ask clients consent to **inform their GP** if they are not complying with medication. - Use dementia clocks with appointment and task reminders in-built. Staff can put in reminders with alarms for the client to help them remember - Staff can help someone who has a mobile or watch with a calendar to put in brief reminders for taking medication to repeat daily. - Provide clients with a phone if required. - Put a brief written reminder of medication with image and times on the wall in large bold font. - A designated staff member or key worker to call or send text to client about medication times where it is possible - Where a client has a regular routine with a service but no clock, watch or mobile phone, client could be encouraged to take medication before, at or after the service. E.g., B comes to a specific service around 10am daily but forgets to take his morning medication. Could staff in the service help remind him about his morning medication in this situation? - If there are **serious concerns about someone's non-compliance with medication, emergency services may need to be called**. It may be helpful to ask the clients GP what symptoms associated with medication non-compliance would necessitate contacting emergency services. - Encourage the client to consider pabrinex/ vitamin B1 injection – print out **Vitamin B Easy Read document**. Numerous services offer this - GCS, Dr Hickeys, CGL, Turning Point and CLCH Homeless Health Service.
Not attending appointments - *Individuals may forget appointments, difficulties with planning, organising and problem solving may make it harder for individuals to get to appointments. If there is ARBD, then this may be difficult even when a person is not intoxicated* - *addictions and a desire to obtain a substance may reduce motivation to attend health appointments* - *if intoxicated it may be challenging to walk to appointments.*	- **Adapting times for appointments** - can modifications be made to appointment times, so it is easier for the client to attend (e.g., first thing in the morning when the client is less likely to be intoxicated). - Ensure clients know they can have had a drink prior to attending appointments to not go into withdrawals - Staff providing **written information, prompts and reminders for appointments** - Use **Groundswell's Health Peer Advocate Service** to accompany clients to health appointments

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	- Using clocks, watches, physical or online calendars, physical or online diaries - Staff to send reminders – via calls, texts, notes - Written information to be short and to the point stating who is being met, date and time of meeting, and reason. Using an image of the meet-up point could also help. - Help **planning routes to appointments** - Staff **helping to reconnect clients to their values of why attending appointments may be helpful** for them (e.g., "Jim I know it's important to you to get well so you can see your daughter again, attending your medical appointments may be an important step towards this"). - Staff to ask clients consent to **inform their GP** of the reasons for their non-attendance.
Poor personal hygiene – not washing, changing clothes, incontinence of urine/faeces - *many cognitive impairments may affect an individual's ability to attend to personal care (e.g., difficulties with visual skills, executive functioning difficulties, concentration/attention, memory etc). Intoxication may make it harder to tend to self-care, reduced motivation* - *Increasing the risk of skin breakdown, illness through poor sanitation etc* - *Poor judgement and planning when intoxicated may increase the risk of incontinence.* - *When intoxicated there is a higher risk of incontinence due to loss of control of the body when drinking and unconscious.*	- **Discussion with the client** about the concerns about personal hygiene and advise if requested about how to manage personal hygiene, are there practical ways to support them maintain personal hygiene (e.g., tending to this when most sober)? Are there practical barriers to personal care (e.g., insufficient funds to buy cleaning products/clothes, lack of access to a shower)? - Is a Care Act Assessment required? Make a referral to social care. Refer to the **HHCP Adult Social Care toolkit** - Avoid judgmental and accusatory language. E.g., *"You smell/stink"* - Describe what you and others are experiencing. E.g., *"X, this is not meant to upset you, but it has been noticed that you have been wearing the same clothes for a while. It would be good to wash them, you have a shower, and you put some clean clothes on."* - Because this can be sensitive, have the conversation in private away from other clients either 1:1 or 2:1 but with only 1 person talking. - In a discussion about personal hygiene, you could use a visual scale *"In relation to being clean, where would you rate yourself?"* (10 being clean – 1 being not clean). "*What reason did you give for saying 7?*" To see how the client rates their own personal hygiene before then describing what you and other experience - If incontinence is an issue - encourage the client to **speak to their GP** or nurses in hostel for a review of their physical health.

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Insufficient money - *Leading to issues with tenancy, disputes with friends if money is owed, not able to buy food etc.* - *impulsive traits associated with ARBD may contribute to individuals spending money on other lower priority items, poor planning, organisation and problem solving may make money management harder.* - *prioritising money for alcohol, giving others alcohol – desire to drink in a social context*	- It may be helpful to **consider whether the person has the capacity to manage their finances**, and whether to refer to adult social care for help assessing capacity. This could lead to an appointeeship for finances. Refer to the **HHCP Adult Social Care toolkit** - Provide advice and support for managing money – there are helplines available which offer support managing money. Staff can co-design a realistic repayment plan with the client/ support the person to pay their rent/arrears on their pay day. - See if client will agree to keeping record of expenditure even if it is not exact. Regularly reviewing what is spent and what needs to be paid for in writing can help the client and staff with finance issues as and when they occur. e.g., Instead of *"How much did you spend on alcohol yesterday?"* You can say, *"We saw you had 6 cans of beer with you yesterday morning. What did that cost?"* Create a plan: *"The amount of money you need for alcohol every day is……..?"* *"The amount of money you need for food every day is……?"*
Accidental self-injurious behaviour – getting lost, falling, injuries whilst cooking/lifting/walking into things etc - *Leading to injuries, potential further brain injuries* - *changes in cognition such as being more likely to get overloaded (working memory difficulties), making poor judgements and impulsivity may increase the risk of falls. This can be associated with intoxication and ARBD. Not remembering the area and getting lost.*	- **Reduce obstacles in the environment** – to reduce the risk of trip hazards. - **Request a GP review** – if there is an increase in falls and there are concerns that other factors may be contributing to falls. Also flag to the GP if the falls are thought to be leading to head injuries. - **Consider whether the accommodation is appropriate for the client** – if the client continues to have difficulties navigating the environment without having falls, their accommodation options may need to be reviewed. - **Review fire safety for client who smoke** – consider a referral to London Fire Brigade for a **home fire safety visit.**
Intentional self-injurious behaviour - *Due to disinhibition/impulsivity associated with alcohol intake, there could be an increased risk of engaging in self-injurious behaviour if this has been a historic way of coping.*	- If there are risk issues in relation to mood, i.e. a client is saying they have plans to end their life or are hurting themselves in a dangerous way**– contact emergency services and the Single Point of Access** depending on the risk levels associated with the report. - Request a **mental health review by the GP and a mental health team**. Make a **safeguarding referral** if there are concerns about safety.

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- *It is common that individuals feel guilt and shame for using alcohol and this may increase the desire to self-punish or to end one's life.*	
Multiple warnings given/warning for eviction/eviction - *Disinhibition increasing the risk of aggressive altercations, constant intoxication negatively impacting maintenance of property and engagement with staff.* - *They may not remember to pay rent*	- Staff to read **MDT Eviction protocol** - **Give clients warning for evictions and support them to try and prevent eviction** - Refer to **specialist substance misuse** services to help manage the impact of substance use - Work with **commissioners** to think about alternative accommodation, contact **adult social care** if an assessment of care and support needs is required. Refer to the **HHCP Adult Social Care toolkit** **Advice for warnings** - Information on written warnings should use bullet points, short sentences, and avoid jargon and complex words. - The wording should be neutral and not be judgmental. - It should include clearly what the breach was (not in a paragraph), why it is a breach of rules, what a client can do in the same circumstances, what the consequences are. - Plans to address incident should include what the client needs to do and what the service needs to do - Staff should read through the warning slowly with pauses so the client can take it in, and then check the client has understood all the detail. - A copy should be presented in writing. - Any discussion should focus on 1 or 2 topics – no more than this.
Financial exploitation - *short-term impact of intoxication and ARBD could increase the risk of financial exploitation from others. Difficulties with memory may increase the likelihood that individuals do not remember they have already paid people back. Details of event may be vaguer when asked to recollect in hindsight. Poor judgement may make it harder to appropriately identify exploitation*	- Speak to the client about the risks of financial exploitation - Consider making a **referral to adult social care to review their ability to manage their finances.** - If isolation is a factor, **consider helping to link individuals into other social activities.** - Print out the **Easy Read Keep your money safe document** for the client - **If premise permits hold the client's money in a safe to help them manage finances**

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- *individuals may be less able to run away from dangerous situation.* - *individuals may be isolated and seeking out social contact from individuals who do not have their best interest in mind.*	
Assault - *Leading to injury to self and others, arrest by the police* - *increased likelihood of anti-social behaviour when intoxicated and under the influence due to increase impulsivity and poor judgement.* - *increased agitation and reduced control of emotions when intoxicated. ARBD may also make emotional regulation more challenging.*	- If an assault is taking place, **contact 999 and request police support**. - **Debrief clients after the incident** and ensure they can understand the impact of their behaviour and factors that may have contributed (e.g., alcohol use) - Ensure any **injuries are flagged to the attention of medical services.**
Depression and anxiety - *low mood, agitation and anxiety from alcohol withdrawal and cravings.* - *reliance on alcohol – feeling of being in a constant cycle/ addiction and association with low mood, isolation. Fear of dying because of having physical health issues associated with alcohol use. Isolation because of alcohol use.*	- **Speak to the client about how they are feeling** – offer regular mood reviews. - **Refer to other services** – for psychological or substance use support. You can refer to the HHCP **substance use services directory / mental health services directory** to locate the service needed. - If there are risk issues in relation to mood, i.e. a client is saying they have plans to end their life **– contact emergency services and the Single Point of Access** depending on the risk levels associated with the report. Refer to **Working with suicidal clients toolkit** if needed. - If isolation is a factor, **consider helping to link individuals into other social activities**
Deterioration of physical health - *Alcohol consumption will be accompanied with a deterioration of physical health. Alcohol dependence is associated with e.g., liver disease, cardiovascular conditions, gastrointestinal problems, cancer, endocrine and metabolic disorders*	- If the client engages with GP, get them an appointment with their GP. - If it is difficult for the client to attend appointments, work with in-reach health care organisations that visit your service. **Find and Treat & CLCH Homeless Health Service** can help with numerous health checks. - Refer the client for a fibroscan to get their liver health checked. If registered with Dr Hickey's they can be referred to have one at the surgery.
Worsening of existing mental health problems - *Alcohol can often accentuate symptoms of mental health conditions, e.g., hearing voices, depression, and anxiety,*	- **Encourage the client to speak to their GP/mental health team or specialist alcohol service** if involved. - **Try to understand how the alcohol is affecting their mental health**, as this may help indicate which services may be most helpful**.**

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through the impact of chemicals in the brain and body but also through the secondary effects of its impact (e.g., tiredness, nausea).	- **If the client is linked in with a Community Mental Health team you can refer to the Dual Diagnosis team for support.** To make a referral to the Dual Diagnosis team click here: **https://forms.office.com/e/TxFG9DQZj0** - Refer to the **mental health services directory** to locate a service that could help
Poor appetite/not eating/ becoming dehydrated - *The need to eat can be reduced due to the calories absorbed in alcohol* - *Alcohol inhibits the absorption and use of vital nutrients such as thiamine (vitamin B1), vitamin B12, folic acid, and zinc.* - *Priority can be made to purchase alcohol instead of food, and their lifestyle may interfere with cooking and eating* - *Poor nutrition as a result can increase chance of depression and poor motivation* - *Risk of dehydration resulting in confusion/lethargy and increasing the likelihood of UTIs*	- Refer the client for vitamin B1 injection (easy read **here**). CGL will offer if the client is linked in with them, but if they aren't linked in CLCH Homeless Health Service offer this. Email clcht.homeless@nhs.net. - Explore why the client is not eating well (appetite, no money, lack of knowledge about healthy eating, poor dental health, planning ahead) - Look at **QNI's Nutrition Guidance** (page 18 provides a nutrition screening tool for those experiencing homelessness) - Explore why the client is not drinking water to rehydrate. Ice lollies can be useful to help with hydration in warmer months. - Find out what meals they like to eat and what are the super easy high nutrient food options. Pot noodles are a way to easily eat carbohydrates help slow down how quickly the body absorbs alcohol. **Parsley Box** delivers cupboard stored ready meals that can be heated in a microwave. - If money is a barrier link in with the local Foodbank, encourage client when they get benefits to get into a routine of shopping to fill the cupboard - Psychoeducation on food groups and calories **QNI's Nutrition Guidance** - Encourage client to visit GP for advice e.g., prescribing vitamins, thiamine and vitamin B, vitamin B1 injection fortified drinks etc - Consider a move to a catered service if needed
Poor sleep - *alcohol can negatively impact on sleep.* - *lack of routine and negative impacts on mental health may negatively impact on sleep*	- Ensure the client is **aware that it is common to have disrupted sleep** because of consuming alcohol - **Encourage the client to speak to the GP** or nurses in hostels for a review of their physical health. - Talk about the importance of sleep at resident's meeting – **use Groundswell's Sleep and Relaxation session template** - Print **Groundswell's sleep health guide**
Sexual disinhibition	- Reduce lone working with client, keep doors open while in their room - Refer to safeguarding teams as client could be a risk outside

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- *due to disinhibition /impulsivity associated with alcohol intake or alcohol related brain damage, inappropriate sexual behaviour maybe present* - *Inappropriate sexual behaviours do not occur because the person has an increased sexual drive but occur because the person has lost the ability to inhibit behaviour and comply with accepted social norms.*	- Acceptable behaviour agreements or warnings will not work with this level of alcohol related brain damage - It may assist to implement strategies to minimise sexually disinhibited behaviour. Try to predict situations where inappropriate behaviour is more likely. Pre-brief the person on your expectations before going into the situation; and then debrief the person afterwards. They may have behaved really well, or they may have passed a comment they should not have or intruded in someone's 'personal space'. By pre-briefing and then debriefing the person can start to learn an appropriate way to behave and which behaviour is inappropriate and is to be avoided. - **Encourage the client to speak to the GP** or nurses in hostels for a review of their physical and sexual health.

*we always need to try and think why the behaviour is happening and intervene based on what we understand to be the likely underlying cause. It also worth noting that in most of these instances, review with an alcohol specialist service (usually CGL in Westminster or the dual-diagnosis team associated with Community Mental Health Teams) would be beneficial

Appendix 1 – Safety plan for alcohol when unwell

Plan developed by:_____ (Service User), and:_____ (Worker) On:_____ (Date)

Who will buy the alcohol?
What alcohol needs to be bought?
How often should the alcohol be bought?
How much alcohol to be given to client and when?
Plan of how this is paid for
Record how much was spent