



Self-Neglect 1 Minute Briefing

SELF-NEGLECT AND ALCOHOL AND SUBSTANCE USE

This briefing is part of a series on self-neglect. Each briefing should be read alongside the Southampton Safeguarding Adults Board multi-agency policy, procedures, and practice guidance.

THE ISSUE

- Self-neglect is often associated with mental ill health and conditions such as dementia, depression, and substance use disorders. This briefing focusses on substance use disorders.
- A substance use disorder (SUD) is a mental health disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.
- Substance use disorders are characterised by dependency and continued use and an inability to stop, despite harmful consequences.
- Psychological and physical dependence can impact on an individual's relationship with others.
- In a significant proportion of cases, the development and prevalence of substance use disorders, are strongly related to childhood trauma the individual had suffered.

LINKS TO ABUSE AND NEGLECT

- Increased risk to physical and mental health.
- Risk of fatal, and non-fatal overdose from variation of purity & strength of illicit drugs and from non-prescribed, prescription drugs.
- Increased risk of violence from others as well as to others.
- Exploitation by others, including sexual exploitation.
- Increased risk of domestic abuse.
- Increased risk of suicide.
- Increased risk of other risky activity
- Financial difficulties can occur due to dependence driven spending on drugs/alcohol resulting in debts and inability to pay for basic needs.
- Increased risk of homelessness.
- Emotional or psychological harm due to increased social isolation.
- Risk of engaging in criminal activity to fund drug or alcohol use.

A MULTI-AGENCY RESPONSE

Self-neglect cases involving drug and alcohol use require a multi-agency response, whether this is under safeguarding adults' procedures or as part of more general multi-disciplinary working.

There needs to be a clear understanding of the person's needs as a whole (not just in relation to their substance use challenges). A team-around-the-person approach often works well, with a small core group of professionals established to closely monitor risks and the plans to manage risks.



MENTAL CAPACITY

Learning from Safeguarding Adults Reviews involving alcohol and substance use often focuses upon the lack of practical application of the Mental Capacity Act. Understanding the mental capacity of the person is crucial to managing risks associated with drug and alcohol use. This will often require a Mental Capacity Assessment.

Practitioners should ensure that the risks around a particular decision are clearly and honestly explained to allow the person to make an informed choice. This might involve telling someone that they are putting their life at risk. Learning from cases has also highlighted the need to consider whether a person has “executive capacity” – a person’s ability to implement a decision they have made.



KEY LEARNING



KEY POINTS TO CONSIDER

- Alcohol and drug use can sometimes play a significant role in the lives of adults with care and support needs.
- Alcohol is a causal factor in more than 60 medical conditions ([Alcohol Change UK](#)).
- Whilst domestic abuse can be associated with drug and alcohol use consider factors of domestic abuse such as controlling and coercive behaviour, the normalisation of abuse and social isolation etc.

• ENGAGEMENT

- Implementing change can be difficult because of other risks associated with drug and alcohol.
- Peer groups can impact on a person’s engagement with services.
- Non-engagement with services may result in increased risks associated with substance use e.g., the type of substance used, quantity of substance, how substance is taken.
- It is widely recognised that cases involving those who use drugs and alcohol must often be dealt with outside usual prescribed timescales of the safeguarding adults processes.
- Professionals need to use a trauma informed approach to forge relationships with individuals to gain their trust and confidence.
- Several attempts at engagement may be necessary before an individual begins to engage. It is important not to sever contact with an individual who is displaying self-neglect/risk taking behaviour based on their refusal to engage with services, regardless of their mental capacity.

KNOW WHEN TO SEEK SUPPORT / ESCALATE

Where concerns persist and/or risks increase, there may be a need to seek additional advice and support.

This might be from the Safeguarding Lead within your organisation, legal services, senior managers and/or safeguarding/MCA specialists.





QUESTIONS FOR YOU TO CONSIDER



Questions for you to consider

- Do you understand the causes of the person's physical or psychological dependence on alcohol and/ or drugs and their lived experience?
- Have you communicated and shared information with professionals in other agencies, in particular those working in drug and alcohol services and safeguarding specialists?
- Are you clear about any informal carer arrangements? Have informal carers been offered support in their caring role?
- Have you considered if a Mental Capacity Assessment is required? Has this been done recently, and has it been formally recorded?
- Have there been full and frank conversations with the person about the impact drug and alcohol use is having on their own wellbeing.

Approach

Research has shown that those who self-neglect can be deeply upset and even traumatised by interventions such as 'blitz' or 'deep cleaning'. When developing an approach, it is important to try to understand the individual and what is driving their behaviour.

There are some general pointers for an effective approach:

- Multi-agency – work with partners to ensure the right approach for each individual
- Person centred – respect the views and the perspective of the individual, listen to them and work towards their outcomes
- Acceptance – good risk management may be the best achievable outcome; it may not be possible to change the person's lifestyle or behaviour
- Analytical – it may be possible to identify underlying causes that help to address the issue
- Non-judgemental – it isn't helpful for practitioners to make judgements about cleanliness or lifestyle; everyone is different
- Empathy – it is difficult to empathise with behaviours we cannot understand, but we should try
- Patience and time – short interventions are unlikely to be successful, practitioners should take a long-term approach
- Trust – work to build trust and agree small steps
- Reassurance – the person may fear losing control, it is important to allay such fears
- Bargaining – making agreements to achieve progress can be helpful but it is important that this approach remains respectful
- Exploring alternatives – fear of change may be an issue so explaining there are alternative ways forward may encourage the person to engage
- Always go back – regular, encouraging engagement and gentle persistence may help with progress and risk management

[Self-neglect: At a glance | SCIE](#)

LINKS TO FURTHER INFORMATION

- [Alcohol Change UK](#)
- How to use [legal powers](#) to safeguard highly vulnerable dependent drinkers
- [Drug Information – drugscience.org.uk](#)

With thanks to Newcastle Safeguarding Adults Board and

