
Alcohol Service Provision Policy

Turas Training

Approval date:

Revision date:

1. Policy Statement

- 1.1. TURAS is committed to working with service users who present with issues in relation to their alcohol use.

2. Purpose

- 2.1. To ensure that clear procedures are in place for supporting service users presenting with problematic alcohol use.
- 2.2. To ensure that clear procedures are in place for managing service user consumption of alcohol on the services premises.

3. Scope

- 3.1. This policy applies to all staff, volunteers and locum workers within TURAS.
- 3.2. This policy does not cover consumption of alcohol by staff (see Alcohol and Drugs in the Workplace Policy).
- 3.3. This policy should be read in conjunction with the Overdose Policy, Assessment and Care Planning Policy and Case Management and Key Working Policy.

4. Statement of Approach

5. Glossary

- 5.1. Problematic Alcohol Use: refers to a pattern of alcohol consumption that is causing damage to health. For the purpose of this policy it also includes alcohol dependency, which is a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state¹.

6. Principles

- 6.1. TURAS aims to be as accessible as possible to the target group and will seek to provide appropriate support to a service user, irrespective of their choice of drug, including alcohol.
- 6.2. The National Drugs Strategy 2009-2010 states that 'alcohol is a drug and intoxicant which has significant pharmacological and toxic effects both on the mind and on almost every organ and system in the human body'. TURAS recognises this and seeks to support service users presenting with problematic alcohol use in reducing the harm associated with alcohol use, safely managing their alcohol use or becoming alcohol-free; according to the services users personal goals.
- 6.3. In order to support this journey TURAS aims to uphold the idea of unconditional positive regard for service users and the belief that positive and appropriate service provision can create opportunities for empowerment and change. Staff will be supported to pro-actively avail of opportunities to engage with services users with a view to supporting individual goal setting and movement along the wheel of change.
- 6.4. The organisation recognises the links between homelessness/drug-use/domestic violence/alcohol use and seeks to work with the service-user holistically through effective and inclusive care-planning.
- 6.5. Where it is deemed appropriate, staff will support a service user in accessing services specialising in supporting people with problematic alcohol use as part of their care plan.

7. Responsibilities

- 7.1. It is the responsibility of the manager to ensure that staff have read and understand the policy and procedures for working with people presenting with problematic alcohol use.
- 7.2. It is the responsibility of the staff to provide support and appropriate referrals to service users presenting with problematic alcohol use in accordance with this policy and to bring any issues for

¹ ICD-10

which they do not have the knowledge or experience to deal with to their supervisor as soon as possible.

8. Assessment Procedures and Identification of Lead Agency

- 8.1. Alcohol assessment is undertaken as part of standard assessment procedures; please refer to the Assessment and Care Planning Policy for more details on TURAS assessment procedures and tools. An overview of these procedures is:
- 8.2. The initial verbal assessment, which seeks to identify the main issues facing the service user, will include a brief assessment of alcohol use. The aim of this is to ensure that service users can be offered appropriate support and referred onto the most appropriate supports. This assessment will generally involve an informal discussion with the service user.
- 8.3. During a comprehensive assessment, where alcohol is identified as an issue the worker will support the service user to identify care plan goals and implement actions in relation to their alcohol use:
 - 8.3.1. Where alcohol is identified as the primary issue or issue of highest priority, the service user and key-worker should consider whether a more appropriate specialist service should be enlisted to case-manage the service user, with the option of TURAS continuing to provide support with drug-use and/or other presenting issues.
 - 8.3.1.1. TURAS will continue with case management and encourage engagement with specialist alcohol services as part of the care plan where an active, trusting and supportive relationship is already in place, and the service-user states their desire to stay with TURAS as their lead agency.
 - 8.3.2. Where alcohol is identified as a secondary issue and drug use as the primary issue, TURAS will continue with case management and refer the service user on to an alcohol specific service should the service user so wish. Additional support should be provided as per section 9 & 10 of this policy where appropriate.

9. Harm Reduction

- 9.1. There are a range of problems associated with alcohol use including; chronic ill-health, risk of accidents, injuries and inter-personal violence, premature death through ill-health or overdose in cases of poly-drug use.
- 9.2. TURAS will endeavour to support service users in minimising harms caused by alcohol use by providing harm reduction advice, particularly:
 - 9.2.1. Overdose: TURAS recognises the prevalence of poly-drug use, and the danger of using alcohol in conjunction with other drugs. Service users should be provided with overdose prevention support. This can be done through highlighting the increased danger of respiratory failure if alcohol is used in conjunction with other depressant drugs such as benzodiazepines, sleeping pills/hypnotics or opiates including methadone, and by working towards individualised overdose prevention strategies; see Overdose Policy for more information.
 - 9.2.2. Safer alcohol use: service users should be provided with advice and support around minimising the health risks posed through damage from alcohol and through intoxication. This may include discussing the usefulness of the following harm reduction techniques:
 - 9.2.2.1. mix spirits with a soft drink or water
 - 9.2.2.2. use of drinks with a lower alcohol concentration such as moving from spirits to cider or beer
 - 9.2.2.3. delay the point of beginning drinking
 - 9.2.2.4. pace drinking and spread it out throughout the day
 - 9.2.2.5. not drink by oneself
 - 9.2.2.6. avoid high risk situations, such as drinking outdoors in very cold weather
 - 9.2.2.7. eat hot meals and nutritious food
 - 9.2.2.8. develop a regular sleeping pattern
 - 9.2.2.9. engage regularly with a medical person such as nurse or doctor
 - 9.2.2.10. take prescribed medication as advised
- 9.3. Support in reducing alcohol use: while a service user's choice to use alcohol should be respected, service users should also be regularly encouraged to consider taking a break from their drinking, temporarily or on a long-term basis, by doing a community based detox with their GP, or entering

into a residential treatment programme. A list of resources on alcohol support services can be found in the Case Management Guidebook (www.casemanagementguidebook.ie) in the alcohol chapter.

10. Brief Interventions

- 10.1. Brief interventions are conversational techniques employed to support motivation to change. They are a valuable tool in supporting someone who is using alcohol problematically, and can help to motivate an individual to do something about it and / or to facilitate referral on to specialist services.
- 10.2. Brief interventions can take place at any time. Staff should be alert for opportunities to engage with service users about their drinking as interpreted through conversational cues from service users, or as presented by a situation that arises with the service user in the project.
- 10.3. If engaging with someone in relation to their alcohol use, avoid use of labels such as 'alcoholic' or 'binge drinker'. Avoid blame and avoid arguments at all costs.
- 10.4. Express empathy with the client, use active listening skills and reflection, particularly where they express ambivalence or doubts about their drinking or its effects, i.e.; 'sounds like you're fed up of the drink', 'sounds like you're sick of this life'.
- 10.5. Where the service user expresses some kind of discrepancy between their actions and what they want, explore this with them 'on the one hand, you like drinking and don't want to stop, but you're also concerned about your health'.
- 10.6. Brief interventions should be appropriate to where the client is on the wheel of change:
 - 10.6.1. Pre-contemplation stage: service users should not be pushed to discuss their drinking if they are not ready to. Staff may acknowledge the persons wish to continue drinking and discuss the possible risks of drinking, then moving on to discuss useful and targeted harm-reduction techniques. The service user should be supported to come up with their own harm reduction plans where possible (see point 9 above). It may be appropriate for the staff member to point out in a respectful way any concerns they may have in relation to risk.
 - 10.6.2. Contemplation: if the service user expresses a desire to change, some of the following may be useful:
 - 10.6.2.1. Explore their concerns about their drinking through non-judgemental, open-ended questions and reflective listening
 - 10.6.2.2. Point out the service-users strengths, resources and their coping skills
 - 10.6.2.3. Give appropriate, relevant information and advice about alcohol
 - 10.6.2.4. Do not push the service user to make a choice but continue to affirm the positives of them discussing their issue e.g. 'sharing your concern about this stuff can really help, it's good that you've talked to me about it. Maybe sometime down the line when you're ready we could look at your options if you're thinking about cutting down or stopping'
 - 10.6.2.5. Explore their options if they express a desire to do this

11. Making Appropriate Referrals

- 11.1. A number of services exist to support people presenting with alcohol use issues. These can range from therapeutic support groups, community-based alcohol support services and residential detox programmes.
- 11.2. A list of alcohol services is available in the alcohol section of the Case Management Guidebook (www.casemanagementguidebook.ie)
- 11.3. The suitability of services to an individual's needs depends on where the person is on the wheel of change as well as whether there is poly-drug use. It is advisable to consult with the service in question to ensure suitability before referring someone on.

12. Managing Intoxication or Consumption on the Premises

- 12.1. Supporting service users presenting intoxicated
 - 12.1.1. If someone presents to the service appearing intoxicated, a staff member should endeavour to engage with them as they enter the project to observe or assess their level of intoxication. If it is felt that the person is in physical danger i.e. from overdose or a serious fall, consideration should be given as to whether the person needs medical supervision or attention, and an ambulance called to take the person to the hospital, as appropriate.

- 12.1.2. If it is felt that the person may be a danger to themselves if they leave the project, calling an ambulance should be considered as an option, where possible this should be discussed with the service user and the manager.
- 12.1.3. If the service user has driven to the project, the staff member should encourage the service user to leave their car keys in the project and return to collect them when they are in a fit condition to drive. If they refuse to comply with this request they should be informed that the Gardaí will be called as they are a danger to themselves and other road users. The Gardaí should be called if the service user insists on driving.
- 12.1.4. If the service user has children in their care while intoxicated staff should notify management as this is an immediate child protection issue.
 - 12.1.4.1. Staff and management will assess the situation and offer the service user any appropriate and available support for optimising safety for their children such as: as offering staff support in minding children while on the premises, offering to contact another care-giver to support the service user or other support deemed practicable and appropriate
 - 12.1.4.2. If it is felt that the welfare or safety of the children remains in danger despite increased support for the service user, then procedures should be followed as per the Child Protection Policy

12.2. Additional Procedures: Danger to Self or Others

If it is felt that the person may be a danger to themselves or others in a communal space:

12.3. Additional Procedures: Rules in Relation to Intoxication

- 12.3.1. Service users are not allowed in TURAS / the communal space of the project while intoxicated and should be directed to leave the project / go to a quiet space on the project
- 12.3.2. Where the staff member feels it is safe for the service user to leave the project, they should ask them to do so and encourage them to return for the next scheduled appointment / session
- 12.3.3. When the service user returns to the project presenting without being under the influence of alcohol, the issue should be discussed and support offered to the service-user regarding their drinking and any other pertinent issues

12.4. Managing Service Users who have Alcohol on their Person:

- 12.4.1. Alcohol use is not permitted on the premises of TURAS/ in the communal areas of TURAS.
- 12.4.2. If it is known or suspected that a service user is drinking alcohol or intends to drink alcohol in the communal space the service user should:
 - 12.4.2.1. Be informed that consumption of alcohol is not permitted on the premises / in the communal space
 - 12.4.2.2. Be offered the option of safe storage of their alcohol until they leave the premises / communal space
 - 12.4.2.3. If they refuse this, they should be informed that if they will not comply with the policy that they will have to leave the project
 - 12.4.2.4. As a follow-on, at an appropriate time be offered support around their alcohol use or any other presenting issues

13. Special Considerations

- 13.1. Alcohol and people under 18 (see working with Under 18's Policy), any treatment offered will require the service to engage parental consent, as described in the Working with under 18s Policy. However the service is able to provide the youth with information and referral in relation to alcohol use, without the need to obtain parental consent.
- 13.2. Poly drug use: if a service user presents with support needs around poly-drug use, many treatment options for drugs other than alcohol will not be made available to them while they are (perceived to be) drinking problematically. Normally, GPs, counsellors and other support services will advise a service-user to address their drinking before they can engage in substance replacement therapy, detoxification, counselling or other drug-treatments. Service users should be offered information about support available for alcohol issues as per point 11 above.

