

Brief guide: Substance misuse services – People in vulnerable circumstances

Context

Anyone who misuses drugs or alcohol can be considered to be in vulnerable circumstances. However, some population groups are subject to high risks. Their circumstances can hinder recovery and increase inequality.

People using substance misuse services may need extra support temporarily or long-term either because of their personal circumstances, the health conditions they have, or other needs and complexities. Some people are particularly vulnerable to complications during detoxification and withdrawal.

Evidence required

When inspecting **care records**, inspectors should view records for people identified as (or who may be) in vulnerable circumstances. Our substance misuse services handbook states,

"We will gather information to give us insight into the provider's quality performance. This may involve ... case tracking service users with complex needs or those who are in vulnerable circumstances. Reviewing case notes of selected people who use services helps us to build a picture of how well providers care for people with more complex needs, with particular vulnerabilities or from different groups in society."

A good service will **screen** applications to check they meet their referral criteria and will make sure a **comprehensive assessment** of each client's needs has been carried out. All staff who care for them (plus the client themselves) should have access to this assessment. The service should have suitable information-sharing protocols – for when they need to share information with external health or social care professionals, or others.

Assessments should include accurate up-to-date information about the client's physical and mental health and social circumstances, including their housing situation. Services should identify whether the client is vulnerable in any way. When applicable, staff must assess the client's drug or alcohol physical dependency, using a recognised tool.¹ The assessment may include testing for substances. The assessment must always give **evidence of the client's consent** to the assessment. If they do not have the capacity to consent, the service must follow appropriate procedures in line with the requirements of the Mental Capacity Act 2005.

Services must reflect the information gathered in comprehensive assessments, including information about the client's vulnerabilities, in **treatment plans or recovery plans** and any **risk assessments**. For example, a pregnant woman who is at high risk of obstetric emergency during detoxification from opiates needs a plan for getting emergency care. Or, if a client is homeless, their recovery plan should include support to engage with agencies that help people to find accommodation, unless the client does not consent to this.

¹ NICE CG 115 - Severity of Alcohol Dependence Questionnaire (SADQ), Leeds Dependence Questionnaire (LDQ) or WHO tool - Alcohol Use Disorders Identification Test (AUDIT).

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

Daily working records should show how staff carry out the treatment or recovery plan, including any actions taken in response to the client's vulnerable status.

The service should regularly **monitor and review** the client, to identify and respond to their changing needs.

Reporting

In the **assessing and managing risk to client and staff** section in **safe** describe how staff assess and manage risks associated with vulnerable groups.

In the **best practice in treatment and care** or, if appropriate, **good practice in applying the MCA** section (or both) of **effective** mention informed consent to assessment and treatment. Say whether staff tell clients about the risks that might apply to them and how effectively staff reflect assessment findings in treatment and recovery plans.

In the **equality and human rights** section of **effective** say whether staff have considered protected characteristics and human rights principles when providing treatment or care/ support.

In the **management of transition arrangements, referral and discharge** sections of **effective** say how the service works with others to meet clients' extra health and support needs, before and after treatment.

In the **involvement of clients in the care they receive** section of **caring** say whether staff have involved clients in their care and treatment as far as they wished to be. In particular, mention any adjustments the provider has made to help with this. For example, using communication aids. This may also include involving carers, families or significant others.

In the **meeting the needs of all people who use the service** section of **responsive** refer to [KLOEs R1 and R2](#).

Policy position

The Human Rights Act 1998 applies to anyone whose care or treatment is funded or provided by a public body. Section 6 requires all public authorities to act in ways that are compatible with human rights when making decisions. The Care Act 2014 clarified that private or third sector organisations providing regulated care services must respect and protect the 16 rights in the Human Rights Act when the local authority, clinical commissioning group or comparable statutory body arranges or pays (partly or totally) for care.

The Equality Act 2010 lists nine protected characteristics². Health and social care providers come under the Act as employers and service providers, so they must not discriminate on the grounds of these characteristics. [Our human rights approach](#) to regulation helps us apply human rights principles, including equality, to our regulatory work.

Link to regulations

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulations 10 (dignity and respect) and 13 (safeguarding service users from abuse and improper treatment) both reference the protected characteristics in the Equality Act 2010.

Regulation 9 (person-centred care) is also relevant, particularly when considering the care of clients who do not have protected characteristics.

² Age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity

Appendix 1 Vulnerable population groups

Anyone may be vulnerable at some point in their lives. When clients misuse drugs and alcohol they may attribute their problems solely to their substance misuse. However, causal relationships can be complex and staff need to be alert to other factors too.

Providers do not have to respond to every need of every client in vulnerable circumstances. But they must be able to identify those who are vulnerable through screening referrals or subsequent assessment and:

Either:

- Reject the referral and signpost referrers to more suitable services if they cannot meet the client's needs.

Or

- Accept the referral and meet the client's needs, improving staff skills and making any adaptations required.

Or

- Accept the referral and meet the client's needs by working with other relevant providers and making any adaptations required.

The following population groups (listed A–Z) may be vulnerable to risk if they misuse alcohol or drugs. The list includes, but is not limited to:

Black and minority ethnic communities

Of those seeking treatment for substance misuse, 85% describe themselves as 'White British' compared with 80% of the population overall. There may be particular issues in accessing services for some groups. For example, people have difficulty communicating effectively in English.

Children and young people

Evidence from children and young people's alcohol and drug treatment data shows they experience high levels of self-harm, domestic violence and sexual exploitation.³ Being in treatment may be an outcome of safeguarding procedures. If not, staff may need to refer children and young people for safeguarding. Prescribers must follow safe practice in giving medicines to children and young people. Staff working with young people under 18 years of age must have access to guidance about and know their responsibilities under relevant children's legislation and guidance.⁴

Ex-prisoners or offenders

Ex-prisoners with a history of opiate misuse are at high risk of accidental overdose when released. If they have not taken opioids in prison they will have no tolerance. However, opioids taken in prison are likely to have been less pure. So, again, their tolerance will be diminished. Clients with a history of offending behaviour may need support to find other ways to manage stress. Co-existing

³ Public Health England (2015) Young people's statistics from the National Drug Treatment Monitoring System (NDTMS)

⁴ For example, Children Act 1989 and [Gillick competency](#)

alcohol and drug misuse and mental health issues are common, rather than the exception, among most offenders.⁵ Additionally, ex-prisoners may be homeless or have housing problems.⁶

Lesbian, gay, bisexual and transgender people

There are many barriers preventing people who are LGBT from getting help or staying in treatment, such as concern about disclosing their sexual orientation. Providers need to know potential different patterns of use. For example, 'lifetime' and 'last month' use of recreational drugs mephedrone, ketamine, volatile nitrites ('poppers'), sildenafil (Viagra), GHB, and GBL were significantly higher for men who have sex with men (MSM) than for other men in one study.⁷ Providers also need to know about and how to support clients in relation to chemsex. Chemsex is the use of any combination of drugs that includes crystal methamphetamine, mephedrone, and/or GHB/BGL by MSM before or during sex.

Older people

About 5% of clients having treatment for drug or alcohol misuse were aged 60 or over in 2014-15.⁸ Some will need support for issues related to ageing, as well as the cumulative effects of long-term substance misuse. Those using opiates are likely to have been using them for many years. Between 1991 and 2010 alcohol-related deaths in England among people aged 55 to 74 years rose by 87% for men and 53% for women.⁹

People living with long-term health conditions or pain

Intravenous drug use and needle-sharing can transmit HIV and other blood-borne viruses, such as hepatitis. Unsafe sex is also a risk factor for transmission. Clients receiving treatment for substance misuse may need sexual health advice. Clients may also have other long-term physical health conditions, which they need treatment for, such as diabetes, cirrhosis or heart disease. Some clients will misuse drugs or alcohol to manage pain. Services should monitor their pain level during their treatment and explore alternative methods of pain management with them.¹⁰

People who are homeless

Providers should support clients to make links with homeless and related services during treatment. About 7% of people entering treatment in 2014/15 reported themselves as homeless, with a further 12% at risk. The issue is prevalent among those who seek help for opiate misuse.¹¹

People who lack capacity to make their own decisions

Clients may be temporarily unable to make decisions because of their misuse of drugs and alcohol. However, providers must be alert to longer term impairments, such as alcohol-related dementia or Korsakoff's syndrome, and act in line with the Mental Capacity Act 2005.

⁵ The Bradley Commission (2009) The Bradley Report - a review of people with mental health problems or learning disabilities in the criminal justice system

⁶ Ministry of Justice (2012) Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey

⁷ Recreational drug use in men who have sex with men (MSM) attending UK sexual health services is significantly higher than in non-MSM, Postgraduate Medical Journal. 2014 Mar; 90(1061):133-8

⁸ Public Health England (2015) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015

⁹ International Longevity Centre – UK (ILC-UK), as part of the Drink Wise, Age Well programme (2016) Drink wise, age well: alcohol and the over 50s www.drinkwiseagewell.org.uk

¹⁰ NICE publish a range of guidance on assessment and management of pain in relation to different conditions.

¹¹ Public Health England (2015) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015

People who are subject to domestic abuse

Women and men in abusive relationships may need practical and emotional support to review or exit the relationship during or after treatment. Providers must follow local safeguarding procedures and raise alerts if necessary. In London, almost two-thirds of women with substance misuse issues involved with domestic violence agencies reported that they began their substance misuse after experiencing domestic violence. Of perpetrators, 93% reported that they were problematic substance misusers before they became domestically violent.¹² Domestic abuse and relationship breakdown also contribute to homelessness and housing problems.¹³

People with learning disabilities, autism or sensory processing disorders

Although it is under-researched, some people may misuse drugs or alcohol to mask or manage the symptoms of their disability. They need support to develop alternative strategies. Staff may need to make reasonable adjustments to ensure their communication and the information they supply meets people's needs. Some clients with these disabilities may struggle to participate in group work because of their cognition or communication needs.

People with mental health issues

Alcohol and drug misuse is common among people with mental health problems and the relationship between the two is complex. Research indicates that up to 70% of clients in drug services and 86% of alcohol services have mental health problems.¹⁴ Clients with dual diagnosis need treatment and support for the substance misuse and their mental health. Different mental health symptoms may emerge as treatment progresses so staff must put active monitoring and review into treatment or recovery plans. Mental health issues can include severe and enduring mental illness, personality disorder, anxiety, depression and related conditions. Men aged 45 to 59 are at highest risk of suicide in the general population¹⁵, whether or not they have been diagnosed with a mental illness.

Pregnant women

There are health risks for both mother and baby if the mother misuses drugs or alcohol. Services must closely monitor the pregnancy and give post-natal support and monitoring. Assisted withdrawal must only take place in wards or units with direct access to emergency care. Services should make links with local midwifery services, health visitors and children's social care services to meet the needs of the unborn child, the mother and family.¹⁶

Sex workers, people involved in prostitution

There can be many barriers preventing sex workers from seeking help or remaining in treatment. Selling and buying of sex, drugs and alcohol are often intertwined and mutually reinforcing. Some people sell sex to fund their substance misuse, while others turn to drugs and alcohol to cope with selling sex. People can struggle to break free. In one study that explored the health of on-street sex workers, all interviewees said they had a history of alcohol or drug misuse, or both. Over half

¹² Mayor of London Briefing Report (2005) Domestic violence and substance use: overlapping issues in separate services?

¹³ Department for Communities and Local Government – live tables on homelessness

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [accessed 8 March 2016]

¹⁴ Weaver et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313

¹⁵ Office of National Statistics, Suicides in the United Kingdom, 2013 Registrations - All adults: 19.0 male deaths per 100,000 compared to 5.1 female deaths; men aged 45-59: 25.1deaths per 100,000

¹⁶ For examples of positive practice, see Public Health England (2015) Safeguarding: local practice examples

of respondents said they entered sex work to fund drug addictions.¹⁷ Providers must follow local safeguarding procedures and raise alerts if necessary.

Veterans of the armed forces

A 2007 study showed 67% of men and 49% of women in the UK armed forces engaged in hazardous drinking, compared with 38% of men and 16% of women in the general population.¹⁸ Drug misuse is less common in serving personnel, but there are no statistics about veterans and substance misuse in the community. Early service leavers (those serving for less than four years) may have a higher risk of hazardous drinking and mental ill-health.¹⁹ Veterans under report their veteran status when seeking help. Providers who treat veterans must be aware of the potential complication of treating people who were once on different 'sides' of a conflict alongside each other.

Women

Men receiving treatment outnumber women in all categories. Around 38% of those receiving treatment for alcohol alone are women. In other categories they represent about a quarter of those receiving treatment.²⁰ To avoid unintended consequences for women, such as male-dominated environments, providers must be alert to their needs and to raised risks. Women with childcare responsibilities may not seek treatment without a suitable environment, or easy access to one, for their children.

¹⁷ Jeal and Salisbury (2004) cited in UCL Institute of Health Equity for Inclusion Health, Department of Health (2014) A Review of the Literature on Sex Workers and Social Exclusion

¹⁸ Fear et al (2007) Patterns of drinking in the UK Armed Forces, *Addiction*. 2007 Nov;102(11):1749-59

¹⁹ Woodhead C, Rona R, Iversen A et al (2011) Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. *Psychological Medicine*, 41: 363-72.

²⁰ Public Health England (2015) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015