

Managing Vulnerable Dependent Drinkers

7. Final thoughts...

This guide is a call to action for practitioners, managers, commissioners, and strategic leaders to:

Recognise the safeguarding needs of chronic dependent drinkers.

Apply legal powers confidently and appropriately.

Challenge myths and

assumptions that obstruct care.

Develop local action plans and governance structures to embed best practice.

Alcohol Change UK has produced a guide on [How to use legal powers to safeguard highly vulnerable dependent drinkers](#).

The guide provides an introduction to legislation that can be applied to chronic, highly vulnerable, dependent drinkers so as to improve outcomes for them, their families and their communities.

6. Governance & Practice

The guide recommends:

- Establishing multi-agency groups for oversight and case management.
- Ensuring internal agency procedures support staff in applying legal powers.
- Embedding commissioning standards that reflect safeguarding responsibilities.
- Promoting professional development to challenge stigma and improve practice.



5. Case Study

A 54-year-old man with chronic alcohol dependency posed multiple risks—fire hazards, aggression, self-neglect—but was not effectively safeguarded due to misapplication of legal powers. The case illustrates:

- The need for multi-agency coordination.
- The importance of legal literacy among professionals.
- The dangers of dismissing harmful behaviours as “lifestyle choices.”

4. Challenging Assumptions

Practitioners should challenge the assumption that people ‘choose’ or ‘like’ an abusive or self-neglecting lifestyle should instead consider alternative ways of thinking about these people and the reasons for the challenges that they face

“If someone refuses help, there’s nothing we can do.” → False.

Safeguarding concerns can be raised without consent.

“Mental capacity means no vulnerability.” → False. Capacity does not negate self-neglect or the need for support.

“Unwise decisions are protected.” → Misinterpreted. The law allows for intervention when decisions pose serious risks.

1. Introduction:

- Clarifying how and when to use the Care Act 2014, Mental Capacity Act 2005, and Mental Health Act 1983 (amended 2007).
- Identifying other legal powers such as the Anti-social Behaviour, Crime and Policing Act 2014.
- Describing practical application of these powers.
- Proposing governance and interagency arrangements to support this work.

2. Key Messages

Among the estimated 650,000 dependent drinkers in England and Wales, a smaller group faces entrenched safeguarding risks including neglect, abuse, and untimely death.

Legal frameworks exist to protect this group, but practitioners need confidence or clarity in applying them.

This promotes assertive outreach, harm reduction, and multi-agency management as part of Alcohol Change UK’s Blue Light initiative.

3. Legal Frameworks

Care Act 2014: Applies to alcohol-related self-neglect and supports safeguarding interventions.

Mental Capacity Act 2005: Can be used when alcohol impairs decision-making, especially considering the concept of *executive capacity*.

Mental Health Act 1983 (amended 2007): Should be a last resort; excludes those solely dependent on alcohol but may apply if other mental disorders are present.

Other relevant laws include: **Human Rights Act 1998, Criminal Justice Act 2003 and environmental health legislation.**