



nutrition for alcohol users

a resource booklet for staff working with homeless alcohol users

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“*First we eat, then we do everything else.*”
Mary Frances Kennedy Fisher

Acknowledgements

This resource booklet has been compiled for Council for the Homeless Northern Ireland (CHNI) by Helen Sandwell, Good Food and Health, with contributions from CHNI, homeless service users, Belfast Health & Social Care Trust’s Community Nutrition and Dietetic Service, and Depaul Ireland. The booklet is funded by the Eastern Drugs and Alcohol Coordination Team (EDACT) and the Public Health Agency.

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introduction

This booklet is aimed at support workers and other homelessness staff working with heavy drinkers, who would like to help their clients eat better.

It provides information about the effects of alcohol and an alcohol driven lifestyle on nutrient intake, together with basic healthy eating messages and ideas on how to encourage clients to eat more nutritious food and more regular meals. There is also a list of local and more general resources which can be called upon to help in the task.

The information in this resource is not suitable for drinkers who have developed more advanced liver disease and are presenting associated symptoms of the disease, for example, people with:

- ascites – abnormal swelling of the abdomen caused by the accumulation of fluid
- varices – bleeding, swollen veins in the oesophagus (gullet), or the upper part of the stomach, resulting in blood being coughed or vomited or appearing in stools
- encephalopathy – accumulated toxins in the blood leading to confusion and if untreated, can ultimately lead to coma and death.

Such clients should be referred to a dietician dietitian for more specialised advice on eating. Likewise, the following clients should see a dietitian:

- someone who has lost weight unintentionally
- someone who has a low body weight and has more lost more weight
- someone who is having difficulties with food intake
- those requiring dietary advice for an accompanying medical condition e.g. diabetes, cancer, swallowing problems etc.

The following clients should see a dietitian:

- drinkers who have developed more advanced liver disease and are presenting associated symptoms;
- those who have lost weight unintentionally, who have a low body weight;
- those who are having difficulties with food intake; and
- those requiring dietary advice for an accompanying medical condition.





Diet and alcohol related issues

Nutrient deficiencies are common in chronic heavy drinkers.

one major reason being that as much as fifty per cent of the drinker's calories may be consumed as alcoholic drinks, which are relatively low in nutrients. Most vitamins and minerals required by the body are likely to be deficient, as well as some essential fats and protein.

The effects of other substance use.

Smoking often accompanies alcohol consumption in this group, as might other drug use. Alcohol, nicotine and stimulant drugs such as amphetamines, mephedrone or cocaine all tend to reduce appetite.

The effects of heavy drinking.

The way the body breaks down alcohol is different in moderate drinkers compared to long-term heavy drinkers.

- Early on in dependency, when a greater percentage of calories come from food rather than alcohol, excessive weight gain rather than weight loss may be an issue.
- As drinking progresses and becomes heavier and more frequent, a greater percentage of calories will come from alcohol than from food. At this stage, the body has to break down the excess alcohol by a different means. This other method actually uses more energy to break down the alcohol than the energy released from the process. The net effect of this is weight loss and wasting to the body.
- As well as heavy drinking resulting in less food and so fewer nutrients being consumed, the damaging effects of alcohol on the various organs in the body can also contribute to heavy drinkers being malnourished.

With prolonged and heavy use, alcohol damages virtually every organ in the body. Its effects can be more severe in some people than in others and it tends to cause more severe damage in women than in men. The stomach and intestines, the pancreas, the liver and the kidneys are all prone to damage. These are all in some way involved in food digestion or processing of nutrients. **The harmful effects of alcohol that can contribute to the loss of nutrients include:**

- damage to the gut wall;
- bleeding in the gut;
- excessive vomiting, diarrhoea and passing urine; and
- reduced nutrient processing and storage by the liver.

Liver damage

Liver damage is common in chronic drinkers, initially seen as a fatty liver, which over time and with persistent drinking, can become inflamed and alcoholic hepatitis develops. Finally for some, the liver becomes scarred and irreparably damaged, and this state is termed **cirrhosis**. Severely ill and hospitalised individuals with alcoholic hepatitis, cirrhosis or pancreatitis usually need nutritional support managed by a dietitian. **A badly damaged liver has a major effect on the levels of nutrients in the body.** In turn, a deficiency of nutrients can further damage the liver.

Deficiency diseases

When a nutrient deficiency is severe, symptoms of a deficiency disease may be present. Examples of deficiency diseases include **scurvy (vitamin C)**, iron-deficiency **anaemia** and **rickets (vitamin D)**.

For drinkers, thiamin deficiency, which occurs in around 80% of those with an alcohol dependency, can result in a two stage deficiency disease termed **Wernicke Korsakoff Syndrome**.

Wernicke-Korsakoff syndrome is a spectrum of disease resulting from thiamine deficiency, usually related to alcohol abuse.

- Peak onset seen in males 40-59 yrs, females 30-49 yrs.
- Approximately 2% of alcohol abusers develop syndrome. Much greater risk in continuous rather than binge drinking.

Chronic alcohol consumption can result in thiamine deficiency by causing:

- Inadequate nutritional thiamine intake
- Decreased absorption of thiamine from the gastrointestinal tract
- Impaired thiamine utilisation in the cells

Source: www.patient.co.uk/doctor/Wernicke-Korsakoff-Syndrome.htm

Wernicke Korsakoff Syndrome

Initially ‘Wernicke’s encephalopathy’ develops, with symptoms such as jerky, abnormal eye movements, paralysis of the eyeballs, a wide-based gait and a state of confusion. Eventually ‘Korsakoff’s psychosis’ develops, characterised by severe memory problems. The earlier symptoms of Wernicke’s encephalopathy can be reversed with thiamin injections or supplements. If however, Korsakoff’s psychosis has developed, symptoms of this are unlikely to be reversed because at this point the brain has been damaged beyond repair. Further brain damage can occur in heavy drinkers, caused by the toxic effects of alcohol itself and as a consequence of severe liver damage.

Poor ‘oral health’ (which refers to the health of the mouth including decayed and missing teeth, mouth sores and inflammation) is common in chronic, heavy drinkers. Reasons for this can include:

- prolonged periods without cleaning the teeth;
- absence of visits to a dentist;
- acid damage to tooth enamel through frequent vomiting and through frequent ingestion of carbonated acidic drinks;
- loss or damage through knocks and falls;
- high sugar intakes; and
- generally a poor diet with nutrient deficiencies.
- Smoking also affects oral health by increasing the risk of gum disease and oral cancers.

Having missing and decayed teeth and a painful mouth can make it more difficult to eat certain foods, in particular hard fruit and vegetables, so people tend to eat more soft sugary fatty food instead. This can reduce the amounts of nutrients being eaten.

A nutritious balanced diet is important for chronic and heavy drinkers, to help restore nutrient levels and reduce liver damage.




Long term effects of excessive alcohol include increased risk of diabetes, stroke and heart attacks, so it is important for a drinker’s or former drinker’s diet to be one which helps reduce such risk factors. A health professional may recommend a vitamin or mineral supplement, for example thiamin for some individuals.



Personal circumstances affecting diet

Individuals who have an alcohol dependency and related poor nutrition may face further difficulties in eating healthily because of their own personal circumstances. For some, it may be difficult to find the motivation to cook, particularly for people living by themselves. This can be even more of a problem when life's priorities are dominated by a drug or alcohol dependency and when someone also lacks confidence and the necessary knowledge and skills to cook for themselves.

Knowledge around shopping, budgeting, cooking and healthy eating may be poor for some individuals. People with drug and alcohol problems often have personal issues that have been around for many years, even stretching back to childhood. Issues such as learning and behavioural difficulties may have meant that they left school without acquiring skills such as literacy, numeracy and cooking, which are important for making informed healthy eating choices. Some people may never have experienced the social aspect of cooking and eating together as a family. Additionally individuals with prolonged alcohol dependency may have suffered damage to the brain as a result of thiamin deficiency and alcohol toxicity, affecting their memory and cognitive processing.

 Using the simple health messages, pictorial representations and participatory activities can make the learning and application of healthy eating messages easier for such individuals. People without cooking skills would also benefit from being referred to an organisation running cookery classes. **(See Cook it! in Sources of Information section).**

When teaching shopping skills, the traffic light label system provides a helpful means of judging the healthiness of food products. Where food manufacturers have used this system, there is a traffic light label on the front of product showing red, amber or green for high, medium or low levels of sugar, salt, fat, saturated fat and energy. Products which are predominantly green or amber are overall healthier than products which are predominantly red. **An example of this system is shown.**

LOW Fat

LOW Saturate

HIGH Sugar

MED Salt

Money issues

Money is likely to be an issue for many clients. Even if individuals have access to cooking facilities, without cooking skills they are likely to live off ready meals and takeaways, and may not be aware that they can eat more cheaply and healthily by cooking from scratch.

The **Eatwell plate model** described in this booklet is a useful tool to demonstrate that by eating a variety of foods from each of the five groups, it is possible to eat both cheaply and healthily.

Practical activities can be helpful in demonstrating that it is possible to eat healthily on a limited budget e.g. compiling a shopping list and devising a week's menu based on what an individual's budget is for food.

Eating Well



Nourishing meal ideas

| | |
|---|--|
| <ul style="list-style-type: none"> • Shepherd's pie - can include lentils, peas, and diced carrots • Baked potato with tuna & sweetcorn /baked beans/ cheese and coleslaw • Tuna pasta bake • Tomato & lentil soup and a cheese sandwich • Liver and onion gravy with mixed veg and mash | <ul style="list-style-type: none"> • Stir fried chicken, vegetables & noodles • Fish pie with carrots & peas • Cheese, tomato & potato omelette • Sardines & tomatoes on toast • Pizza slices with meat or chicken toppings served with salad |
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Puddings

| | |
|---|--|
| <ul style="list-style-type: none"> • Fruit crumble & custard • bread & butter pudding | <ul style="list-style-type: none"> • rice pudding & dried fruit |
|---|--|

Nourishing snack ideas

| | |
|---|--|
| <ul style="list-style-type: none"> • Banana & honey*/jam*/peanut butter sandwich • Cereal bars* ++ • Pot of yoghurt or rice pudding and a pot of fruit in natural juice++ • fresh fruit++ • Dried nuts and raisins * ++ • Bowl of cereal and milk • Porridge made with milk with raisins, chopped apple or banana added • Pasta or rice salad with tuna or cooked chicken or ham • Scones with margarine/ butter and jam or cheese • Glass of milk or a milky drink (e.g. milky coffee or hot chocolate) with biscuits* | <ul style="list-style-type: none"> • Peanut butter sandwich • Yoghurt drinks++ • Fruit yoghurt smoothies ++ • Fruity flapjacks* ++ • fruit bread or malt loaf* • Oatcakes & cheese triangles++ • Crackers or crispbread & cheese/houmous and tomato • Carrot cake* ++ • Wheaten bread with margarine/ butter and cheese or cooked ham • Homemade vegetable or lentil soup with rolls or sandwiches |
|---|--|

*** These may be high in sugar and so most healthy individuals should aim to only eat a small amount of these . A client who is malnourished or needs to put on weight may eat them more frequently.**

**** Snacks suitable to recommend to clients with no food preparation facilities**

Money issues

Eating healthily becomes much more of a problem for individuals who are "sofa surfing" or living on the streets, when it may take low priority on their list of needs. Those who are homeless or who are not in secure accommodation may have difficulty accessing cooking and food storage facilities.



For these people, a list of venues providing free or low cost cooked meals is useful - for more information, see the Local Information and Resources section.

They should be encouraged to visit these rather than fast food restaurants. With limited money and no means of cooking food, homeless people will benefit from guidance on making nutritious choices of ready to eat food, for example choosing protein filled sandwiches made with wholemeal bread, or having a banana, cereal bar or a packet of fruit and nuts in their pocket to stave off hunger.

Food hygiene is also an issue for people with limited or no food storage facilities. Teaching them the basics of food hygiene, such as not keeping food after the 'use by' date and not storing fresh meat and other high risk fresh food products at room temperature, could prevent individuals from picking up a food borne infection. This is particularly important for those who have compromised immunity, such as people who are malnourished and people living with a chronic illness, particularly with HIV.

Simple health messages

Healthy eating information passed to clients should be sound evidence-based advice and reflect current government recommendations.

It is important to eat meals regularly and aim to eat three meals a day, with snacks in between if necessary.



If meals are frequently missed, it is unlikely that all the nutrients needed to keep the body functioning healthily can be made up through the remaining meals. Regular meals, each containing starchy food, fruit and vegetables, some protein and milk or dairy foods, help maintain energy levels and help improve overall health. Eating regularly can prevent the drop in blood sugar levels which might contribute to tiredness, poor mood and lack of motivation.



N.B. clients with advanced liver disease may have different energy and protein requirements and should be referred to a dietitian for advice.

Heavy drinkers should be encouraged to consume foods containing thiamin, since they are likely to be lacking this vitamin. Good sources of thiamin include pork, vegetables, milk, cheese, peas, fresh and dried fruit, eggs, wholegrain breads and some fortified breakfast cereals.

The Eatwell Plate



The Eatwell Plate, produced by the Food Standards Agency, presents a simple model for eating a healthy balanced diet. Since it is pictorial and is based on visual amounts rather than weights or calories, it is easy to follow and useful for people with poor literacy.

The eatwell plate



Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



| |
|---|
| Bread, rice , potatoes, pasta and other starchy foods |
| Meat, fish, eggs, beans and other non-dairy protein |
| Milk and dairy foods |

| |
|--|
| Fruit and vegetables |
| Food and drinks high in fat and / or sugar |

It may be helpful for your client to think of the Eatwell Plate as representing their shopping basket or food cupboard and fridge, or all the food they eat over the course of a week. The model shows five food groups and what proportion they should be eaten in as part of a healthy balanced diet, but not necessarily at every meal (see overleaf).

1. Bread, rice, potatoes, pasta and other starchy foods

(carbohydrate sources) should make up around one third of the diet. Ideally cereal products should be **wholegrain** whenever possible, since wholegrains are valuable sources of vitamins, minerals, healthy fats and fibre.

2. Fruit and vegetables

should make up around one third of the diet. These are a good source of vitamins and minerals. They are also a good source of fibre and can help lower blood pressure. People with dental problems who have difficulty eating raw fruit and vegetables should still be encouraged to eat them, choose soft varieties or cooked, mashed or as smoothies or juices.

An alternative message used to encourage people to eat more fruit and vegetables is the “5 a day” message, whereby individuals are encouraged to **eat at least five portions of a variety of fruit and vegetables each day.**



3. Milk and dairy foods

This includes cheese, yoghurt, fromage frais, and dairy alternatives such as soya milk and soya yoghurt. Dairy foods are good sources of protein, Vitamins A and B12 and the mineral calcium. Although healthy adults are normally advised to choose skimmed or semi skimmed milk, full cream milk is better than semi skimmed for many of your clients, especially if malnourished or needing to put on weight.

4. Meat, fish, eggs, beans and other non-dairy sources of protein.

Moderate amounts of these food should be included each day. Despite meat being fairly expensive, it is possible to eat enough protein relatively cheaply if other sources of protein are included in the diet, particularly beans, lentils, eggs and tinned fish. Ideally, aim to eat at least two portions of fish a week, including one portion of oily fish, such as tinned mackerel or sardines. An individual with a damaged liver should aim to eat several smaller portions of protein every day.

5. Foods and drinks high in fat and or sugar.

This small section includes the healthy vegetable oils and spreads as well as sugary or fatty foods such as cakes, biscuits, sweets, crisps, chips and fizzy drinks. Most healthy individuals should aim to eat just a small amount of these although this advice may be different for those with liver disease. High salt products should also be kept to a minimum, especially if high blood pressure or ascites is an issue.

A diet based on the Eatwell Plate model will be one which helps reduce risks from heart disease, diabetes, cancers and obesity. Such a diet will also be one which could have a positive effect on mood and behaviour.





Delivering healthy eating messages

Individuals with an alcohol dependency are commonly malnourished. This state of poor nutrition is likely to impact on both their physical and mental health and compound the damaging effects of alcohol on their bodies. It is therefore important to support and encourage them to make positive changes to their eating behaviour. This may involve helping improve both the quality and the frequency of what they eat. Various strategies can be used, either separately or as a programme of events, and working with individuals or with a group. The choice of methods may depend on:

- the readiness of clients to make changes to their lifestyles
- a client's personal circumstances
- what resources are available.

Providing healthy food

Certain individuals, such as those with severe dependencies, may be unresponsive to healthy eating advice. For this reason, and particularly if a person is not eating very much at all, just encouraging them to eat - anything - would be a positive step. In these circumstances, the most constructive help might be in ensuring appealing and nutritious meals are available.

Some people with drug and alcohol dependencies may go for a day or more completely without food, which may in turn negatively affect their mood, behaviour and cognitive processes, making it difficult for them to take positive steps to improve their circumstances. For those most at risk, giving out emergency food packs are an effective way to help stabilise an individual for a period so that they can focus on other issues such as finding secure accommodation or sorting out benefit payments. Foods to include in such a pack should be easy to eat, store and be energy rich. Pack contents need to reflect whether a person had access to hot water and basic utensils or whether

they were living completely on the street. Support staff should advise clients on food that it is not safe to keep unrefrigerated and needs to be eaten quickly e.g. meat, fish and egg sandwiches.

| Emergency food pack suggestions | Use individual sized packs of food and drink |
|-----------------------------------|---|
| Breakfast cereals | Fruit cake or biscuits |
| Easy mix porridge sachets | Bread, rolls or pancakes |
| Cereal bars | UHT Milk |
| Baked beans | Peanut butter |
| Tinned fish e.g. tuna or sardines | Cheese spread |
| Tinned ham | Pure fruit juice |
| Dried or carton soups | Flavoured milk or yoghurt drinks |
| Pots of rice pudding | Dried fruit and nuts |
| | Sandwiches with meat, chicken, cheese or egg fillings |



Hostels and day centres

Hostels and day/drop-in centres for homeless people that provide meals should ensure that their catering staff understand the basic healthy eating messages and practice them as much as possible.

Care should also be taken to provide appropriate food to meet health, cultural and religious needs. For example, those with nut allergies and individuals with stomach problems may not be able to tolerate spicy food but would be able to eat soup. In this case soups containing lentils or meat, some vegetables and potatoes or pasta would provide a nutritious meal. Others with decayed and missing teeth may not be able to eat hard fruit but would eat soft or tinned fruit or a fruit crumble.

If your organisation receives free food from local companies or redistribution projects (e.g. Fareshare), it is important to let them know that you wish to provide your service users with healthy balanced meals.



One of the homeless outreach teams in Belfast have experience of people from different nationalities having different food preferences and this may need to be taken into account when giving out emergency food packs.

Another way to help is to supply clients with a list of all the local organisations which provide free or low cost meals. Ideally there will be somewhere where your clients could find a meal every day of the week.

One 'wet' hostel has introduced a snack system which operates outside the set mealtimes. This is both popular and beneficial, as it also allows flexibility for residents who are not around at set meal times, who may not feel like eating at those times or who cannot tolerate larger meals. Overall it increases their access to nutritious food.



Awareness raising campaigns

General awareness raising campaigns such as a poster and leaflet display can introduce your client groups to food topics without being too intrusive. An area such as a dining room may be suitable for this. Other activities such as taster sessions and themed menus could also be beneficial. For example, a display might focus on the fruit and vegetables, with tasting sessions and fruit and vegetable based dishes on the menu. Perhaps initially focus on one awareness day a week and have information available and theme food on that day.

Group interventions

Activities with groups provide an interesting and sociable way to learn about healthy eating. When arranging any activity it is important to get people to sign up for it in advance and remind them frequently. It is most effective to hand pick a group and invite targeted individuals who are likely to have the greatest compliance, particularly if you are planning a course over a number of different days. Activities which work well with groups include cook and eat sessions, supermarket tours and other shopping expeditions, and learning based around participatory exercises.

Cook and eat sessions

These sessions are useful tools for initiating people's interest in food issues and healthy eating. You will need a kitchen suitable for your group size. Ideally the person running the session should hold a current certificate in food hygiene. Safety issues should be addressed prior to the session, for example dangers in the kitchen if someone is intoxicated, whether the group could

participate in cooking safely or whether a demonstration would be more appropriate. Food prepared should be appropriate to the group and should reflect what they could afford to prepare and what cooking facilities they have access to.

See the **Cook it!** and **Dig it and Eat it!** local programmes in the Sources of Information section of this booklet.



Shopping trips can be helpful in teaching shopping tips, budgeting and understanding labels. They give individuals an opportunity to look at the food they would normally choose and be guided to healthier alternatives. Trips to a market or supermarket, especially at the end of the day when food is marked down, is a great way to highlight bargains. If the group is more than a couple of people it may be advisable to inform the supermarket ahead of your visit about your plans.

A trip to the butchers to buy a £5 or £10 mixed 'meat parcel' could help clients learn about the different cheaper cuts of meat and how to prepare them.



Participatory activities

Such activities provide interesting and accessible environments for adult learners. Activity sessions can be tailored to the specific needs and skills of participants with an appropriate mix of discussions and exercises. Through discussion, the facilitator can assess the current knowledge level of the group and fill in gaps. Activities can be used to initiate discussions and help find solutions to clients' problems. For such exercises, the facilitator should have an understanding of basic healthy eating messages like the Eatwell Plate, but does not need to have an in depth knowledge of nutrition. Examples of exercises include:

- Ask participants to rate their favourite meal on a healthiness scale of 1-10 drawn on a flipchart for visual effect. Then ask them what small changes they could make to move along the scale and make the meal more nutritious.
- Asking pairs to think of a day's food they could afford which reflects the Eatwell Plate
- Ask each participant to think of one thing which they feel is preventing them from eating well. Ask all participants to help think of ways to overcome the various difficulties.
- You could also invite a community dietitian to visit, either to talk to staff, or directly to your client group (see contact details in Sources of Information).

Individual interventions

All the above group methods can be adapted to work with on a one-to-one basis, where extra individual help is needed. For clients who require more intensive support, counselling using techniques such as motivational interviewing (MI) and cognitive behaviour therapy (CBT) can be used by those trained in these methods. Such techniques will not necessarily be appropriate for all clients and other methods of delivering healthy eating messages described previously may be more suitable.

MI is used in counselling individuals to help and support them in bringing about changes in their health behaviour, by helping them explore and resolve any ambivalence they may feel about making changes. These techniques were first developed for use in the drug and alcohol field, but have since been used successfully by professionals in other health-related fields to help clients bring about other lifestyle changes. To be effective, MI or CBT methods require the client to be moving towards a state of readiness to make changes in their lives. These interventions may therefore be most appropriate for those people who are already addressing their alcohol dependency and making positive changes in that area. Some drug and alcohol workers, dietitians, registered nutritionists and other health professionals may be trained in MI and/or CBT methods.

Recommended reading



1. Participatory Workshops by Robert Chambers
2. Health Behaviour Change by Stephen Rollnick, Pip Mason & Chris Butler
3. Changing Eating & Exercise Behaviour by Paula Hunt & Melvyn Hillsdon

Sources of Information



Organisations involved in producing this booklet

| | | |
|--|---|--|
| Council for the Homeless NI | CHNI is NI's umbrella organisation for the homelessness sector. | www.chni.org.uk 02890 246440 |
| Good Food and Health | Good Food & Health is a nutrition consultancy which provides a range of services to organisations, focusing on improving health through healthy eating. | www.goodfoodandhealth.co.uk ; 07833 678 980 |
| Depaul Ireland | Depaul Ireland is part of Depaul International, a group of charities working to support the homeless. | www.depaulireland.org 02890 202245 |
| Eastern Drugs & Alcohol Coordination Team (EDACT) | EDACT is one of four Drug & Alcohol Co-Ordination Teams in NI. It is a multi-agency, cross-sectoral partnership with a remit for Drugs and Alcohol. | www.edact.org 02890 279398 |

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| HSC Public Health Agency | The PHA was established in 2009 to bring together a wide range of public health functions under one organisation. | www.publichealth.hscni.net Tel: 02890 311611 |
| Belfast Health and Social Care Trust, Community Nutrition & Dietetic Service | | www.belfasttrust.hscni.net/services/Nutrition-Dietetics%20.htm |

Sources of information throughout the UK

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| British Dietetic Association | Healthy eating information as food fact sheets. | www.bda.uk.com |
| British Liver Trust | Information about liver disease, including a downloadable leaflet on diet and liver disease. | www.britishlivertrust.org.uk |
| British Nutrition Foundation | Healthy eating information for all stages of life | www.nutrition.org.uk |
| Caroline Walker Trust | Downloadable guidelines for food preparation for specific groups (e.g. learning difficulties and dementia). | www.cwt.org.uk |
| Cyrenians Good Food Handbook | Downloadable handbook with health eating information and recipes suitable for organisations dealing with poverty and homelessness. | www.cyreniansgoodfood.org.uk |
| Eatwell | Information about Government supported healthy eating messages. Also provides guidelines suitable for institutions. Free materials available on request. | www.eatwell.gov.uk |
| NHS Choices | or 5 a day and other healthy eating information and to find an NHS dentist. | www.nhs.uk |
| UK Voluntary Register of Nutritionists | To locate a registered nutritionist in your area. | www.nutritionistsociety.org.uk/register |

Local Information and Resources

| | | |
|---|---|--|
| Community Nutrition and Dietetic Service | Covers the Eastern area of N. Ireland | Forster Green Hospital 02890 944500 |
| Cook It! | A community based cooking skills and nutrition education programme, encouraging people to develop cooking skills. | Contact the Community Nutrition & Dietetic Service |
| Dig it and Eat it! | A community based fruit and vegetable growing project, which promotes healthy eating messages, suitable for hostel involvement. | Contact the Community Nutrition & Dietetic Service |
| The Homeless Public Health Nursing Team | Based in Belfast Trust area, operating from Cupar Street Clinic. | Susan Semple, 02890 266332, 07786338020 |
| Healthy Food for All | An all-island multi-agency initiative which seeks to combat food poverty by promoting access, availability and affordability of healthy food for low-income groups. | www.healthyfoodforall.com |
| FareShare Island of Ireland | Works with local food producers and retailers to source surplus, fit for purpose food and distribute to members. | foodnetwork@chni.org.uk 02890 246440 |
| Homeplus | Provides outreach and drop-in facility services to destitute migrant workers, including food / hot meals. | homeplus.manager@yahoo.co.uk ; 90248521 |
| The Welcome Organisation | Provides outreach and drop-in services to homeless | www.homelessbelfast.org |
| East Belfast Mission | Provide a range of services to homeless people and the local community including subsidised hot meals, an allotment, and a Healthy Food For All project. | www.ebm.org.uk info@ebm.org.uk |

