DDN

Drink and Drugs News
June 2020
ISSN 1755-6236

STAYING ALERT
What might the 'new normal' mean for services?

ZOOM BOOM
Making the most of enforced online working

ESCAPING THE BENZO TRAP

LET'S IMPROVE OUR UNDERSTANDING OF BENZODIAZEPINES TO SAVE LIVES

DDN

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website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: Suretha Rous / Alamy

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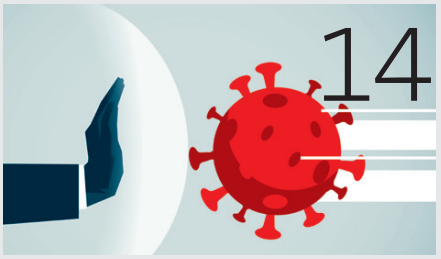

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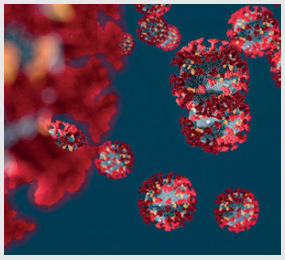


Find the resources to stay ahead of coronavirus from the DDN partners and community at **www.drinkanddrugsnews.com**

We are especially grateful to our network of partners at this difficult time and thank each and every one of them for their loyal support.

DDN is a self-funded independent publication. Our bespoke partnership packages provide an opportunity to work closely with the magazine. Please get in touch to find out more.

'We need to be proactive and responsive'

INNOVATIVE DEVELOPMENTS and impressive collaboration have characterised our sector's response to the crisis (page 8). But what we also need to keep up with are the changes in the drugs market and regional trends that could tip the drug-related deaths crisis into further catastrophe. One of the trends identified by Release's new drug monitoring network is increased use of benzodiazepines, so our cover story looks at how we can respond to this by developing urgent new pathways and treatment protocols. It's essential that we remain proactive and responsive at the same time as making so many other adjustments to routine.

Commissioners have been thinking along the same lines and there's an invitation to join a new national forum on page 11. As we're all particularly concerned about diminishing resources and the threat of services being decommissioned, it's the right time to create a space for clear strategy and a representative commissioner voice.

Collective Voice are working hard for the treatment sector and invite your involvement in rising to important challenges (p14). When we emerge from this crisis let's not forget the many gains we've discovered from working more closely together.

Claire Brown, editor
Keep in touch at www.drinkanddrugsnews.com and @DDNmagazine

Don't squander chance to end rough sleeping, urge parliamentarians

London, May 2020: Homeless people erect tents on Tottenham Court Road. Credit: Monica Wells/Alamy

The government needs to establish a £100m housing support fund to avoid losing a 'golden opportunity' to put an end to rough sleeping, says a report from the Housing, Communities and Local Government Committee.

Around 90 per cent of rough sleepers – approximately 5,400 people – have been housed in temporary accommodation in response to COVID-19, providing a 'unique opportunity to eradicate rough sleeping in England for once and for all', says the committee. It wants to see at least £100m a year dedicated to long-term housing support to avoid the thousands of people in temporary accommodation ending up back on the streets, and warns of a 'looming homelessness crisis' as the three-month ban on evictions expires.

The government needs to work quickly to put in place a housing-based exit strategy and a dedicated funding stream to support it, the committee urges. The government recently denied press reports that it was about to stop funding the scheme to provide emergency accommodation for rough sleepers in hotels, with the Ministry of Housing, Communities and Local Government (MHCLG) stating that it would 'work with partners to ensure rough sleepers can move into long-term, safe accommodation once the immediate crisis is over'. However London mayor Sadiq Khan has warned that funding to house rough sleepers in hotels in the capital will run out in mid June, telling the *Guardian* that without new government money there would be a 'surge' in homeless people returning to the streets.

'We must praise the efforts of all those who have done so much to help take people of the streets during the current health emergency, but what happens next is crucial,' said Housing, Communities and Local Government Committee chair Clive Betts. 'It is simply not good enough for anyone to leave temporary accommodation and end up back on the streets. This isn't just about protecting vulnerable people from COVID-19. It is not safe to live on the streets in any circumstances, and it is not acceptable to allow it to return once the health crisis abates. For the first time in over a decade rough sleepers have been comprehensively taken off the streets and given accommodation. This must become the new norm.'

Meanwhile, St Mungo's has launched a campaign, *No going back*, which is calling for funding to be put in place for local authorities to ensure that no one is made to leave emergency accommodation without being offered suitable alternative housing, as well as for more housing and support for people with complex needs. 'If the government takes action now thousands of people can be helped off the streets permanently,' it says.

Protecting rough sleepers and renters at https://publications.parliament.uk/pa/cm5801/cmselect/cmcomloc/309/30902.htm

No going back campaign at www.mungos.org

Scottish Government widens availability of naloxone

THE SCOTTISH GOVERNMENT has widened the availability of naloxone as part of a package of support for people affected by drug use during the COVID-19 pandemic. Other measures include £1.9m to support people on OST while in prison to switch to prolonged-release buprenorphine injections, and an 'enhanced offer of residential rehab' for people leaving prison during the outbreak in order to reduce pressure on local services.

Under current UK regulations, only drug treatment services are allowed to supply take-home naloxone kits. However, Scotland's lord advocate has confirmed that it would 'not be in the public interest' to prosecute anyone working for a service registered with the Scottish Government – for example, a homelessness organisation – who supplies naloxone for use in an emergency during the crisis. Non-drug treatment services will need to register with the Scottish Government to become a naloxone provider.

> It would 'not be in the public interest' to prosecute anyone working for a service registered with the Scottish Government.

COVID-19 reducing drug supplies

HEROIN SHORTAGES have been reported in Europe, North America and South West Asia, according to a UNODC report on COVID-19 and drug supply, increasing the risk that people may switch to fentanyl or its derivatives. Afghanistan's poppy harvest is being affected by the pandemic, as is cocaine production in Colombia, which has been hit by gasoline shortages. Disruption of air and land routes because of COVID-19 has also had a major impact on drug supply. 'In the long run, the economic downturn caused by the COVID-19 pandemic has the potential to lead to a lasting and profound transformation of the drug markets,' says the agency. 'The economic difficulties caused by COVID-19 may affect people who are already in position of socioeconomic disadvantage harder than others.'

COVID-19 and the drug supply chain: from production and trafficking to use available at www.unodc.org

Sergey Nazarov/iStock

Half of people with gambling disorder have not accessed support

Just under half of people with a gambling disorder have not accessed treatment or support, according to a study by GambleAware. Of those scoring above eight on the Problem Gambling Severity Index (PGSI) – considered 'high risk' – 46 per cent had not accessed support.

The research, which included a YouGov survey, found that up to 61 per cent of the population had gambled in the last 12 months. Overall, 17 per cent of gamblers experiencing harm at any level had accessed support over the last year, with barriers to seeking treatment including stigma, reluctance to admit having a problem and lack of awareness of available services. Perceived stigma or shame was cited as a reason for not accessing support by 27 per cent of problem gamblers.

In particular, women and people from BAME communities and lower socio-economic backgrounds may 'not be having their treatment and support needs adequately met', says GambleAware. Just under a fifth of gamblers from lower socio-economic backgrounds were 'likely to report that nothing would motivate them to seek support', researchers said, while women were three times more likely than men to cite practical barriers like time, cost or location as reasons for not accessing treatment. Around 7 per cent of respondents said other people had also been affected by their gambling. GambleAware is calling for services tailored to the needs of groups less likely to access services, as well as campaigns to increase awareness and reduce stigma.

> Women were three times more likely than men to cite practical barriers like time, cost or location as reasons for not accessing treatment

'This research has shown that there is a clear need to further strengthen and improve the existing treatment and support on offer, to develop routes into treatment and to reduce barriers to accessing help,' said GambleAware chief executive Marc Etches.

'Services have to be flexible to meet the needs of individuals and easy to access. Working with those with lived experiences is essential in designing and promoting access to services, as well as helping to prevent relapse. It is important to engage community institutions including faith groups, to help make more people aware of the options available to them and ensure no one feels excluded from services.'

Treatment needs and gap analysis in Great Britain at gambleaware.org

'Sobriety tag' scheme rolled out nationwide

THE GOVERNMENT is rolling out its 'sobriety tag' programme for offenders across England and Wales, following pilots in London, Humberside, Lincolnshire and North Yorkshire. The ankle tags monitor an offender's sweat around the clock to determine whether alcohol has been consumed, with courts able to order people to wear them for up to 120 days. The programme will aid rehabilitation by making people 'address the causes of their behaviour', the government states, and so reduce alcohol-related harm. 'Smart technologies like sobriety tags not only punish offenders but can help turn their lives around,' said crime minister Kit Malthouse.

> Courts will be able to order people to wear ankle tag monitors for up to 120 days.

One-stop shop

THE SOCIAL INTEREST GROUP (SIG) has launched a new 'faster, easier to navigate and more user-friendly' website containing all the information on SIG and its subsidiary organisations Equinox Care and Penrose Options in one place. The site includes careers pages, service user stories and staff blogs, as well as integrated social media links. 'I am pleased that we have achieved this in the time that we have,' said group chief executive Gill Arukpe. 'It is particularly exciting that instead of three disparate websites of differing quality, look and feel, there is now one single site where visitors can find out about the wonderful work we do to support our service users.'

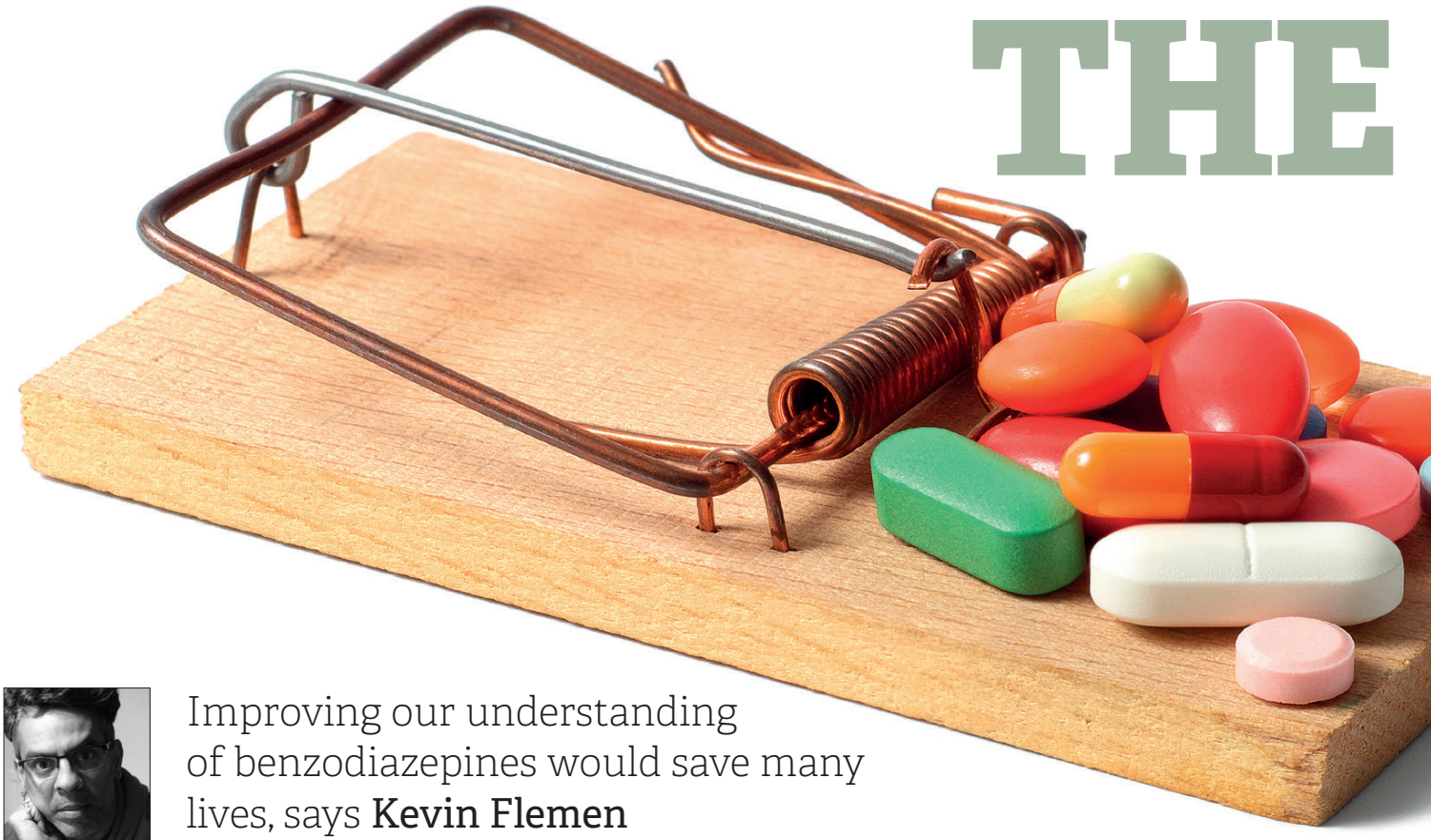
Local News

NEW HORIZONS
Alcohol Change UK is inviting applications for its New Horizons grants programme, which will fund 'fresh, innovative' research projects on the theme of 'groups, communities and alcohol harm' with awards up to £65,000. Contact NewHorizons@alcoholchange.org.uk for more information.

SPECIAL DELIVERY
WDP is partnering with delivery company Hermes to make sure its Capital Card users can receive essential items such as toiletries during the pandemic. 'Our Capital Card team are doing everything they can to find new and innovative ways to support our service users,' said WDP chair Yasmin Batliwala.

BUDDY UP
The Kaleidoscope Project's Birchwood residential detox centre community in Birkenhead has developed a 'sobriety buddy' initiative to provide support and share experiences. 'We were becoming acutely aware that extra support was needed during the COVID-19 restrictions,' said manager Jo Moore.

THE



Improving our understanding of benzodiazepines would save many lives, says **Kevin Flemen**

Non-medical use of benzodiazepines creates big challenges for treatment services. There need to be significant changes in how we respond if we are to reduce dependency and fatalities related to this family of drugs.

The extent of non-prescribed benzo use is poorly understood. The Crime Survey for England and Wales (CSEW) reports a drop in use, but anecdotal information from drug services, including young people's services, suggests the opposite is true.

The CSEW data is highly suspect in relation to benzos, and this may be because it misses key using populations. Questions to identify benzo use need to be carefully framed too – would young people taking 'Xans' automatically know that this is alprazolam, a benzodiazepine? If not, standard screening questions such as 'have you used benzodiazepines in the past six months?' are liable to under-count actual use.

Further, not all our benzo-type drugs will show up on urine screens, possibly because the stronger ones produce effect at very low doses – producing lower levels of metabolites below the detection threshold. And some of the drugs, such as etizolam, are thienodiazepines not benzodiazepines, so won't produce metabolites that show up on a standard screen.

YOUNG PEOPLE

Young people's benzo use appears to have increased. Some of this is recreational, influenced by popular culture, including a new generation of rappers whose image and lyrics have popularised Xanax. For others, use may be self-medicating for trauma, anxiety or other negative mental health conditions.

The trap here is the slow access that too many young people encounter when seeking help from child and adolescent mental health services (CAMHS). Long waiting lists or failure to meet the threshold to access services mean young people may be waiting months for access to CAMHS, if they can access the service at all.

In the meantime, some will find benzos and start to self-medicate. When and if the young person does access mental health services there is a good chance – in classic 'dual diagnosis ping pong' – that they will be told they have a primary presenting drug problem and therefore should be referred to a drug service. In turn, when they present to the drug service they may well find a paucity of treatment options to assist with their benzo dependency.

THE BENZO BACKLASH

The increase in the use of Xanax may have started among young people, but the wider pattern of non-prescribed benzo use has been an ongoing issue and has morphed over time. Initial benzo dependency was largely driven by massive over-prescribing and long-term prescribing, something that has been addressed but remains an issue.

The path to hell is, however, paved with good intentions. The ongoing guidance to GPs to carefully consider the need for benzo prescribing and review existing patients has certainly reduced the extent of benzos being prescribed in the UK. But without measures to address the underlying reasons why people feel they need tranquillisers, people ended up seeking these drugs first from online pharmacies, then via the NPS market off the dark web and, ultimately, off the streets. This has allowed people to build up tolerance to novel benzos at

Initial benzo dependency was largely driven by massive over- and long-term prescribing, something that has been addressed but remains an issue.

BENZO TRAP

far higher doses than they would have obtained on the NHS. These same patients, when presenting to GPs for treatment, may encounter the same reluctance to prescribe benzos that pushed them to the street market in the first place.

PRESCRIBING TRAP

The NICE BNF guidance on benzos for the treatment of anxiety allows for doses up to 30mg a day. For someone who has a significant street-acquired strong benzo habit, the BNF upper limit may be well below that person's current dose. The dose equivalence for someone using four 2mg alprazolam a day (8mg x 20) would be 160mg diazepam – more than five times the BNF upper limit for treating anxiety.

Where services do have a benzo-prescribing pathway it typically requires a person to reduce themselves off their own illicit benzos to a level where drug services or GPs could take over prescribing. This approach effectively directs a person to continue purchasing off the illicit market, with all the risks that this entails. It is the equivalent of having an arbitrary maximum dose of 30ml methadone and saying to heroin users they should reduce themselves off street heroin until they get to this level.

This situation also assumes that the person has continued access to illicit benzos that they can taper off. If a person has been purchasing off a dark web site which is then shut down, they could be left without any access to drugs, withdrawing off a high dose with no access to legal substitutes. This brings with it huge risks, including psychosis and life-threatening convulsions.

ASHTON MANUAL

Many professionals and people seeking help online will find the Ashton Manual, a guide to benzo reduction and withdrawal by Professor C Heather Ashton. A helpful resource for many, the manual and related resources create two key challenges. First, for some people, reading the manual could reinforce fear and anxiety of withdrawal symptoms. There is a risk that people will anticipate and expect symptoms and could therefore experience a wider range of symptoms and with greater severity.

Second, the withdrawal schedules suggested by Ashton typically reflect people reducing off NHS-prescribed dose ranges. Where people have built up dependency on stronger novel benzos, and built up high tolerance on street drugs, following the sort of slow tapers proposed by Ashton could take one to two years or longer to complete. While on the one hand very slow tapers as described by Ashton minimise risks of unpleasant or dangerous symptoms, they can prove prohibitively and unnecessarily slow for people who have been using at high doses. Minute dose reductions can lead to people fixating on each reduction, and losing motivation over a protracted reduction programme.

UNKNOWN TABLETS

Efforts to accurately substitute prescribe for illicitly acquired benzo habits are further confounded by our uncertainty as to the specific drug and specific dose that the person is actually taking.

A significant amount of the tablets sold as Xanax could contain one or more other compounds. Alprazolam may or may not be present – weaker or stronger benzos could be present, and these could be shorter or longer acting than alprazolam. Dose may be higher or lower than the claimed strength, and there may be other psychoactive compounds present such as quetiapine.

While drug testing websites such as WEDINOS are invaluable in highlighting trends in pill composition they are less helpful when considering tapers and withdrawal protocols – even if pills held by the client are submitted for analysis. The analysis doesn't show the amount of each psychoactive compound in a pill, and without testing several pills from a batch, no certainty can be derived from testing a single pill.

This uncertainty about drug, dose and strength makes it impossible to accurately assess:

- what level of substitute prescribing is required
- how fast or slow a taper should be applied – some novel benzos have a very long duration of effect (100-200 hours) and so slower tapers may be required.

In lieu of accurate and rapid pill testing, the only practical way of substitute prescribing and tapering is to prescribe symptomatically, increasing dose and slowing withdrawal where there are clinical indicators of unmanageable withdrawal symptoms combined with careful assessment of the patient's self-reported symptoms.

Kevin Flemen runs the drugs education and training initiative KFx – www.kfx.org.uk

Workshops have moved online during the current lockdown. Email kevin@kfx.org.uk for joining instructions.

Escaping the trap

Services need to urgently develop new pathways and treatment protocols for people using benzodiazepines outside of clinical and prescribed settings. These need to include:

- screening tools to assess for patterns and nature of benzo use
- research into the extent of non-prescribed benzo use in the UK
- protocols to test clients' pills for content and potency
- appropriate levels of substitute prescribing with tapers
- rapid access for children experiencing anxiety to CAMHS to reduce self-medicating with benzos
- staff training and training for GPs about addressing the use of prescribed benzos without driving people towards illicit markets.

Photo: ajt/iStock



IN THE PICTURE

The parliamentary group discussion moved to Zoom for its first meeting since the crisis hit services, as **DDN** reports

'The issue around deprivation and inequality is going to come out really strongly.' Speaking at the Drugs, Alcohol and Justice Cross-Party Parliamentary Group's first Zoom meeting, Karen Tyrell, executive director of Humankind, was the first of the treatment providers to give an update on the situation since COVID-19 had turned ways of working upside down.

With two-thirds of clients falling into the 'vulnerable' category, the organisation was pleased with the way many had switched readily to online support. Staff and commissioning teams had risen to the challenge, but one of the main worries was the drop-off in people coming into treatment – Humankind had seen a third fewer people entering services, and exits were also down as the organisation was trying to keep people in treatment during this unpredictable time.

Laura Bunt, deputy chief executive at We Are With you echoed that the move to remote working overnight had been 'astonishing', but that many people who weren't accessing support were deterred by fear of putting pressure on the NHS as well as contracting COVID. There had been impressive collaboration within the sector, and some innovative developments including trialling a 'click and collect' model for needles and other essential harm reduction equipment. But there was also an increase in mental health issues from the boredom, loneliness and a situation that 'has been really tough for everybody'.

'We've had to put our thinking caps on,' said WDP's chair Yasmin Batliwala. Collaboration and communication – between staff, service users, commissioners and other services – had been key to carrying on, including more training through webinars. 'We're speaking more to each other than we ever did,' she said. The crisis had shown that there were opportunities to do more online in the longer term.

Beyond the immediate crisis all the organisations were deeply worried about funding, redirection of resources and the threat of services being decommissioned.

The vital need for sector funding was underlined by Niamh Eastwood, executive director of Release, which had set up a monitoring network to hear about changes in the drugs market.

'We've already had a public health crisis with drug-related deaths,' she said. 'If fentanyl arrives it will be a catastrophe.' The network had been identifying regional issues, such as fluctuations in heroin purity in the north and north east of England and reports of 'really poor' quality ketamine.

There was increased use of Xanax, especially among young people, increased use of psychedelics, and a reduction in MDMA use ('not a drug for physical distancing').

Issues around deprivation and inequality are going to come out really strongly.

KAREN TYRELL

Diversion was not happening, as 'people are holding onto their meds' (mainly methadone) during the crisis. The move to longer-term prescribing had been helpful in making people 'feel more in control of their treatment'.

A reduction in opportunities for shoplifting and begging had led to increased use of benzodiazepines to replace other drugs. Meanwhile patterns of policing 'were not proportionate in lockdown', she said, with an increase in stop and search for low level offences.

Dr Richard Piper, chief executive of Alcohol Change UK, gave a snapshot of the effect on drinking culture. A national survey on lockdown drinking had tested the hypothesis that people would be drinking more, but findings contradicted this. While 21 per cent of people were drinking a greater volume of alcohol ('binge drinkers' continuing to binge), many (35 per cent) were found to be drinking less (*DDN*, May, page 5).

'Some have decided to protect their immunity, take care of themselves and only drink when out,' he said, adding that the disruption had enabled people to break drinking routines. There were five times as many people coming to Alcohol Change UK's website looking for information and five times as many searches around alcohol and health on Google, suggesting that people were receptive to the opportunity to make healthier choices.

Participating in the group discussion, most felt that there were lessons for working smarter after the crisis, particularly around more intelligent prescribing options, tech solutions and web-based support.

But there was also a note of caution about moving to a world of teleconferences and losing face to face contact.

'The recovery community has responded very strongly with some great web-based support,' commented Dr Ed Day. 'But it is no replacement for real face-to-face contact and some people must be falling through the cracks.' **DDN**

GENDER IMBALANCE

The lockdown may be having a disproportionate effect on female service users, warns **Gordon Hay**

Tetiana Shyshkina

The coronavirus pandemic and the subsequent lockdown impacts on all society, and is likely to be impacting more on groups such as those in contact with drug or alcohol services. Research studies are being launched to explore how COVID-19 and lockdown impact on people who use drugs, and there is a wider discussion about how levels of alcohol use within the general population have changed over the last few months (*DDN*, May, page 5) and issues such as the relationship between domestic abuse and alcohol use during the current crisis. While new research studies are being set up, existing monitoring and surveillance systems can quickly be augmented to highlight emerging issues facing those in contact with drug or alcohol services.

The Public Health Institute at Liverpool John Moores University has, since 2013, hosted the Integrated Monitoring System (IMS) which records activity at a range of primarily low-threshold drug and alcohol services across Merseyside and Cheshire. Just as the UK entered lockdown, six additional questions were added to the monitoring system to enable services and commissioners to identify additional issues facing their clients.

As services were not mandated to ask the additional questions, the numbers are relatively small but large enough to highlight the impact of gender. Two months from lockdown, emerging findings from 1,435 contacts with services involving 468 clients suggest that female clients are impacted more than males. Overall, very few clients (about 1 per cent) report concerns about having symptoms of coronavirus. Interestingly, only a similarly small amount reported problems accessing medicines, healthcare or harm-reduction supplies – however this finding is unlikely to be representative of all people who use drugs or have problems with alcohol, as the monitoring is being undertaken in healthcare, particularly harm-reduction, settings.

> 'Changes in the clients' alcohol, drug or tobacco use were explored... 15 per cent of female clients reported a change compared to 6 per cent of male clients.'

More clients report difficulties in social distancing and accessing basic needs such as food. While social distancing was reported as an issue for 22 per cent of female clients, only about 10 per cent of male clients reported difficulties. For accessing basic needs, 6 per cent of female clients as opposed to 2 per cent of male clients reported issues.

Changes in the clients' alcohol, drug or tobacco use were explored. Although it cannot be assumed that any changes are increases or decreases, 15 per cent of female clients reported a change compared to 6 per cent of male clients. While all of these differences are seen to be statistically significant, the starkest gender difference occurred when considering mental health, with 23 per cent of female clients reporting that their mental health had been affected by the current environment, compared to 10 per cent of male clients.

Research typically shows that women who use drugs face additional challenges, for example the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) suggests that women are particularly likely to experience stigma and social disadvantage and to have less social support. They may be likely to come from families with substance use problems and have a substance-using partner, have faced Adverse Childhood Experiences (ACEs) and may have co-occurring mental disorders.

The emerging information from this monitoring system is not a replacement for more detailed research, as we can only highlight that there are differences and would only be able to speculate on why these differences are occurring, and research is needed to examine why females are experiencing lockdown differently to males. Those working in drug and alcohol services, and commissioners of these and similar services, should be alert to any additional difficulties faced by female clients and seek to explore them in more detail during contacts with female clients.

Gordon Hay is a reader at the Public Health Institute, Liverpool John Moores University

HAVE YOUR SAY
Write to the editor and get it off your chest
claire@cjwellings.com

'It's not something that necessarily gets any easier... I remember asking a colleague how they coped with it early on in my career and being light-heartedly assured that I'd soon "toughen up".'

SERIOUS STRESS

I was pleased to read Victoria Hancock's article about secondary traumatic stress (DDN, May, page 14), especially her call for this to be taken more seriously by senior management. I must confess that although it's an issue that's concerned me for a long time, I wasn't even aware that it had an official name.

I've worked in this sector – and associated fields like homelessness and mental health – for close to two decades, and some of the stories I've heard from clients have been truly horrific. Hearing about this kind of trauma and abuse, and witnessing its often still-raw effects on clients, is something that can be extremely difficult to switch off from or forget – and I'm not sure what it would say about me if I was easily able to do that.

In my experience it's not something that necessarily gets any easier, either. I remember asking a colleague how they coped with it early on in my career and being light-heartedly assured that I'd soon 'toughen up' – the implication being that if I didn't then I'd probably be better off in some other line of work. Obviously things have moved on since then, but this is still an under-discussed issue and it's good to see it getting some attention.

Name and address supplied

BEST BUDDIES

I read with interest the article about Lancashire's Recovery communities working together during COVID-19 (*DDN*, May, page 8) and thought you may be interested in our 'sobriety buddy' initiative.

For members of any detox community meetings are a cornerstone of recovery, but this is just not an option for anyone leaving a detox facility right now. So at our Birchwood residential detox centre community in Birkenhead we've created a new initiative – each member can have their own personal 'sobriety buddy' (see news, page 5). The idea is to provide support for people while they undertake a detox programme, so that support can continue when they return home too.

We realised extra support is needed under current conditions, and so we set about finding volunteers to help service users in this difficult time and be that person on the other end of the telephone with some good sobriety time under their belt.

Research shows that coping with stress and isolation can make a relapse more likely, especially in the early stages of sobriety. When our coping skills are tried, we often revert back to behaviours that are not necessarily serving us.

We offer people this service before they arrive for their detox. During their first telephone consultation with our office we ask if they would like a sobriety buddy to support them. Their buddy will then text first to introduce themselves, and they can move onto talking daily if that support is wanted. There is no better way to learn than from someone who has been there and is happy to share their experience; we are able to guide people on how to deal with difficult life events without resorting to past behaviours and it's been getting great results.

It's already been such a success we are going to continue running this after lockdown as the support people have received has made all the difference.

Jo Moore, manager at Birchwood (a Kaleidoscope Project facility), Birkenhead

IN SOLIDARITY

When I was at school I always thought that I'd make something of my life, do something exciting and follow my dream of helping others. However, it turned out I'd end up on a different path.

I joined the ambulance service the day after my 18th birthday and worked for them for over ten years as a paramedic. Six years ago I developed a brain problem and ended up needing multiple surgeries over the following two years and during this time I was prescribed Oramorph. It turned out that I'd become addicted to it and I never thought I'd end up becoming one of the people I previously cared for. I then began injecting the Oramorph when taking it orally wasn't working quickly enough. When my prescription was abruptly cut off I went into withdrawals and ended up swapping to injecting heroin and crack cocaine.

After getting myself clean I decided to start a blog to help those who are in my previous shoes and the family and friends of those with an addiction. The blog can be found here at: www.drink-n-drugs.com or on Facebook and Twitter 'Drink 'n' Drugs'. I hope it helps others as writing it helps me!

Dave Richens, by email

IN MEMORY OF KEVIN KNOTT

It is with great sadness that Bradford Drug Services report the passing of our colleague Kevin Knott after a short illness. Kevin was a drug worker in the Bradford and Airedale district. Kevin was a big supporter of service user influence and involvement and he frequently attended the *DDN* service user conferences.

Kevin was a great guy who was very popular and loved by all – such an inspirational, funny, caring and genuine individual, fantastic at his job and able to instil confidence in anyone he met. He was a proper character who loved a laugh and was a true legend. It was such a pleasure to have known him over the years and his legacy and treasured memories will last forever.

Gerard Smyth and all his colleagues in Bradford

DDN welcomes your letters
Please email the editor, **claire@cjwellings.com**, or post them to DDN, CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT. Letters may be edited for space or clarity.

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COMMISSIONING QUALITY

The new national substance misuse commissioner forum will play a vital role in responding to future challenges, say **Chris Lee** and **Prof Jim McManus**

Even through these unprecedented times, councils are absolutely committed to ensuring that people seeking help with substance misuse get the right treatment and support, as part of their public health and other wider responsibilities. This includes helping vulnerable people being given another chance to find work, rebuild relationships, improve their physical and mental health and find safe and secure accommodation.

But more must be done. Only a fifth of dependent drinkers are currently accessing treatment, while the success rates of drug services vary five-fold from place to place. What's more, new threats are emerging all the time – one only needs to look at the drug-related death statistics to see that. We must not be complacent. Councils know more needs to be done in close collaboration with local partners to ensure everyone gets the support they need wherever possible.

> 'Only a fifth of dependent drinkers are currently accessing treatment.... Councils know more needs to be done in close collaboration with local partners to ensure everyone gets the support they need wherever possible.'

The COVID-19 emergency comes after a lengthy period of financial and policy upheaval for the drug and alcohol sector. For example, those of us in local government have long argued that reductions to councils' public health grant – used to fund drug and alcohol prevention and treatment services – is a false economy that will only compound acute pressures for criminal justice, NHS and social care services further down the line.

The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) have jointly agreed to support the establishment of a national forum for substance misuse commissioners in England. While there are strong regional support networks across England, coordinated by Public Health England regional teams, the purpose of this new forum is to provide a strategic national space in which to bring together those with commissioning responsibility in local government, and enable a representative commissioner voice.

With many people currently finding new ways to work, this development will be a timely opportunity adding structure and support around the alcohol and drug agenda in England. It will provide a dedicated space to address the issues and concerns of those commissioning substance misuse related services and the opportunity to share ideas and experience or even just support colleagues.

'The new national network comes at an important time,' said director of public health at Hertfordshire County Council, Prof Jim McManus. 'Bringing commissioners together to learn and share good practice is core to the improvement ethos of local government known as sector-led improvement, and will seek to bring some structured support to an area which has been neglected in recent years. Part of this will be ensuring we develop the best possible services and best commissioning practices. This is just one plank of ensuring we have a response to drug and alcohol issues and the need of our populations. But it is an important plank.'

With physical meetings unlikely to happen for the foreseeable future, the intention is to initially develop an online forum to bring people together and use Knowledge Hub as a central platform – it's hoped we can physically bring people together at a future date!

Chris Lee is a public health specialist at Lancashire County Council

Prof Jim McManus is director of public health at Hertfordshire County Council

Key objectives

- To support the development of good practice and effective commissioning approaches
- To enable commissioners to share information, intelligence, challenges, ideas, and to support problem-solving
- To represent commissioner views on relevant current and emerging policy and strategy
- To influence legislation and policy at a local, regional and national level
- To enable national representation of substance misuse commissioners in relation to other sector organisations.

While planning is at an early stage, we would welcome expressions of interest to join this emerging forum. If you have any ideas to support this development or wish to register interest in joining, please contact: **enyal.lani@adph.org.uk**

MOVING ON

Liam Ward talks to former Phoenix Futures resident Jo, about rebuilding her life and her relationship with with her son

Earlier this year I spoke with Jo, a graduate from our Sheffield Residential service. We talked at length about her past, her journey towards recovery and her aspirations for the future. Central to this was the rebuilding of her relationship with her son and her own mother.

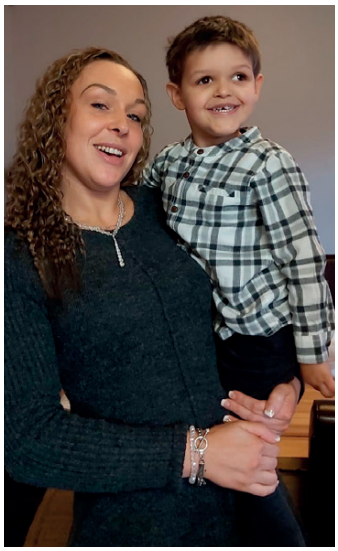
Despite the adversity Jo faced in her early years, she retained a fierce desire to reclaim ownership of her life. In late 2018, Jo was serving a short prison sentence. This was not her first, but she was determined it would be her last. It was here that her journey to recovery would begin.

'While I was in prison I didn't engage with drugs. I reduced my methadone and was clean. I asked for help. I had to do groups on relapse prevention. I did it all. I proved myself. I thought it was best to do this somewhere where I couldn't run away.'

After successfully detoxing and making progress during her time in prison, Jo was released in May 2019. 'I was picked up at the gate by my worker and went straight to Phoenix in Sheffield. This was my first time in rehab. At first I intimidated people quite a lot in the way I presented myself. I was walking around like I was still on the wing, acting like I had to defend myself from everybody. But if I didn't act in that way, I wouldn't have known I needed to change.'

Jo reflected on her response to her behaviour being challenged by her peers, and the process she went through in being able to understand the reasoning behind this. 'At first I didn't think I was doing anything wrong,' she said. 'You're going to have your defences up, but if you listen and relate it to the work you're doing it all fits together.'

During her time in prison and rehab, Jo had also taken the first steps in repairing her relationship with her three-year-old son. She explained the circumstances that had led to their separation. 'I was still using heroin and crack when I was pregnant. I was still involved in crime to support my habit,' she said. 'Social services got involved. They gave me every opportunity. I saw a judge every two weeks, had appointments to see how I was doing, and they tried getting me on a methadone script. I suppose I had gone through so much trauma that it didn't go that way.'



'In late 2018, Jo was serving a short prison sentence. This was not her first, but she was determined it would be her last. It was here that her journey to recovery would begin.'

Jo took part in Phoenix Future's Voyage of Recovery, where participants learned to sail a boat while gaining skills to support their long-term physical and mental health.

Arrangements were made for Jo's son to be cared for by his grandmother. 'A month before he was born, I signed a document to say my mum could look after him on a special guardianship order. He went as soon as he was born...' Jo paused. 'My son wasn't my first thought, it was myself and my habit. When you're on drugs you don't care about anyone but yourself, you're so selfish.'

I asked Jo what had changed, and when she felt as though she had become his mother again. 'Where it started properly was when I left rehab. Learning what he likes to eat, what he likes to play with, going out to parks, taking him to nursery.' Jo left rehab in November 2019, moving on to Phoenix Futures' supported housing. In the following months she saw her son more frequently and began making plans around her future. This was interrupted in March 2020 as the coronavirus outbreak saw lockdown measures imposed.

Despite this, Jo has retained an optimistic outlook and feels her pathway from prison into a structured therapeutic community and finally into supported housing has prepared her well for living a life with a certain set of restrictions for her own wellbeing. 'I'm finding it easier than most people are. I suppose coming from prison then going to Phoenix, it feels like a carry on. You've got to be peaceful and grateful for where you are today. It's a massive transformation for me.'

I asked Jo if this had affected her future plans. 'I'm backwards and forwards in my mind. I don't want to rush into anything. Some days I feel like I'm ready to move out of here and have my son come live with me. It's good to have a chance to slow down and reflect,' Jo continued. 'Every day I'm still in recovery. Every day I'm still learning about myself.'

Liam Ward is residential marketing manager at Phoenix Futures. To read Jo's full story visit www.phoenix-futures.org.uk

Chris Montgomery

ZOOMING IN

Technology is helping to make sure that recovery workers and clients stay connected. While it can never take the place of face-to-face working we should retain the best parts of the 'Zoom boom', says **Charlotte Hadaway**

The lockdown has changed my working day. As an outreach worker in Devon I can travel up to 60 miles a day to see my clients. We're a very rural county, so I work from a number of Together/EDP hubs as well as GP surgeries and community locations.

Before lockdown, technology enabled me to do simple things like keep an online diary so everyone knew where I was and who I was seeing, or write up my notes on the hoof using Wi-Fi and phone tethering. When lockdown hit, all this changed. We had to adapt quickly to be able to offer a safe and secure service, and I have to say Together/EDP have been brilliant at supporting us during the changes. We have daily virtual meetings with managers and team members, we're kept really well informed of developments and what we need to do to keep everyone safe, and we've been encouraged to use virtual groups utilising Microsoft Teams, WhatsApp, Zoom and other technologies. I think it's fair to say that we've adapted well and changed the way we work – we continuously share the experience, reflect on what's working, and keep each other going.

GETTING STARTED

When we started setting up Zoom meetings we didn't know how tech savvy people were, but I was really surprised that clients jumped at the chance of joining an online group. They really wanted to see each other and know how they were getting on in their recovery. It's never quite the same as being in the same room, but it's a great alternative. I don't think you can beat human contact because you see people's expressions, you see their movements, you can look into people's eyes and you can see behaviours better up close. You can still see that on Zoom, but it's not as powerful as face-to-face.

KEEP IT CLEAR

We are very clear about our meeting rules with Zoom, especially around respecting each other and confidentiality. I find that when people do share their feelings, others still connect well with them – they are very respectful, they are listening to that person and that person feels held by everybody in the virtual group. The online meetings have kept clients in contact with each other. It's often just talking about the little things that makes people feel they're part of something. Just knowing they're being heard is really important.

MORE CHOICE

What will happen beyond lockdown is hard to tell, but I would like to offer an evening virtual meeting going forward. It will be easier for some clients who experience high anxiety or who are trying to work full-time and manage their recovery. I know that just getting to an appointment can be quite stressful for some people, so these digital solutions are a great way for people to have more choice in treatment. I've also learnt that it is important to be patient while clients are setting up Zoom accounts, as tech can be daunting for those not used to it.

It's fair to say that most agree there is a new place for virtual groups post-lockdown. Of course, nothing beats face-to-face group work. The interaction between clients can mean everything, especially in early recovery. A hug, a conversation over a cup of tea, a chat in the break – it's bonding, friendship and fellowship all rolled into one. But to meet online is the next best thing, and I'm looking forward to keeping the best bits as we move forward and offer more choice and variety to our clients.

> 'I know that just getting to an appointment can be quite stressful for some people, so these digital solutions are a great way for people to have more choice in treatment.'

Charlotte Hadaway is an outreach recovery worker at Together, part of EDP Drug & Alcohol Services.

EDP is a subsidiary of the Humankind charity

STAYING ALERT

The sector has risen admirably to the challenges of COVID-19. But it needs to remain vigilant when it comes to what happens next, says **Peter Keeling**

If the current emergency has demonstrated anything, it's the importance of having a robust healthcare system. Drug and alcohol treatment and recovery services form an absolutely essential part of this, but like so many others our sector is facing incredible challenges because of COVID-19.

The fact that services from community treatment to residential rehab have been able to find solutions is testament to both the sector's innovative strength and the dedication of its key workers. And it's these qualities that are keeping people safe. But now we need to ask ourselves about the next steps for drug and alcohol treatment, and what lies ahead for the people who rely on our support.

Over the past few months, Collective Voice has been working hard to bring together people and organisations from across the sector, so we can identify key challenges and find solutions that work for everybody. We've seen unprecedented levels of collaboration across third sector providers, NHS trusts and commissioners, who have all brought their expertise to bear on what is possible when it comes to provision of OST, face-to-face interventions, supported housing, and many other areas of our work.

It's far too early to assess the longer-term impacts of changes to these core aspects of treatment and recovery. But even at this early stage it's clear that many in our field are asking themselves the hard questions of 'what do we keep?' and 'what do we lose?' The sector has always been a champion of innovation and flexibility when it comes to designing services around people's needs, and this flexibility has been crucial in recent months. It has allowed us to keep people supplied with life-saving OST medication and food, helped us create safe spaces for women and children fleeing abuse and violence and, almost overnight, allowed the sector to shift to digital ways of working so frontline staff can maintain crucial relationships with their clients and support them in their recovery.

The crisis has also highlighted our sector's ability to collaborate; not just at national policy level, but also at local levels. Because it's at these levels that drug and alcohol services have established themselves as key partners in cross-sector initiatives that support some of the most vulnerable people in society. The London Homeless Hotels Drug and Alcohol Support Service (HDAS), brought together to provide treatment for people living in hotels under the government's rough sleeping initiative, is a perfect example of the kind of innovative, collaborative response the sector is capable of. Similarly in Dorset, Avon and Wiltshire Mental Health Partnership NHS Trust is working with drug and alcohol partners and the local public health team so that council delivery drivers can provide vulnerable service users with OST medications. Across the country, there are many other examples of such collaboration.

> 'As we look to how services will operate in the "new normal", there are a number of issues that are already causing concern.'

These local and national relationships have helped the sector support itself during an extremely turbulent period where quick decisions have had to be made to keep people safe. Areas that already had strong relationships across sectors tell us they've been well placed to respond quickly, and councils which already had good

Illustration: erhui1979/iStock

relationships with the voluntary sector have stated how critical these relationships have been when mobilising the local response.

The sector has proven itself entirely capable of meeting the immediate challenges of COVID-19, but what comes next? Because as we look to how services will operate in the 'new normal', there are a number of issues that are already causing concern.

1. INCREASED ALCOHOL CONSUMPTION

The effects of social isolation during the COVID-19 lockdown appear to be having a noticeable effect on the country's alcohol consumption. Recent research from Alcohol Change UK, while highlighting some positive indications of a segment of the population who are actually drinking less during lockdown, nonetheless showed that around one in five drinkers are drinking more frequently (*DDN*, May, page 5). The longer-terms effect of such a substantial portion of the population negatively changing their relationship with alcohol could create a potential new cohort of people seeking treatment as they begin to recognise their consumption has changed for the worse. If there is an increase how will it be paid for? None of us have a crystal ball but it seems fair to say there may well be questions over the level of public spending the country can afford and we know that people with drug or alcohol problems are a frequently discriminated-against group.

2. ROUGH SLEEPING EXIT STRATEGY

The move to swiftly house people in hotels and other temporary accommodation during the COVID-19 emergency has, in many ways, been a success story. It has taken enormous energy across different systems from local authority workers to homelessness, mental health and drug and alcohol workers, but as the COVID-19 emergency enters its second phase, the contracts with hotels to accommodate people previously sleeping rough will end. This leaves our sector, and the many other connected parts of the system, with a significant challenge to continue providing support. But it is also an important (possibly never-before-seen) opportunity for services to create pathways into long-term meaningful support for people who have historically sometimes been difficult to engage (*see news, page 4*). Ensuring continued accommodation obviously needs to be at the heart of the planning for this group, but it will be a wasted effort for many people if the building blocks of wider support are not also put in place – especially access to drug and alcohol treatment.

3. LOCAL GOVERNMENT FUNDING

We welcome the £3.2bn commitment by the Ministry of Housing, Communities and Local Government to support people in the most vulnerable of circumstances during this unprecedented crisis. Local authorities have already distributed some of this funding to fortify services that support people experiencing multiple disadvantage, particularly around rough sleeping, and it is testament to the strength of collaboration between local government and treatment providers that our service users have been kept as safe as possible. But since the funding lacks protection, we are concerned that some public health services – including drug and alcohol treatment – will not benefit from its distribution. This funding is needed by a sector that has been forced to take on unexpected emergency costs around PPE procurement, and payment of locum and bank staff to cover staff sickness.

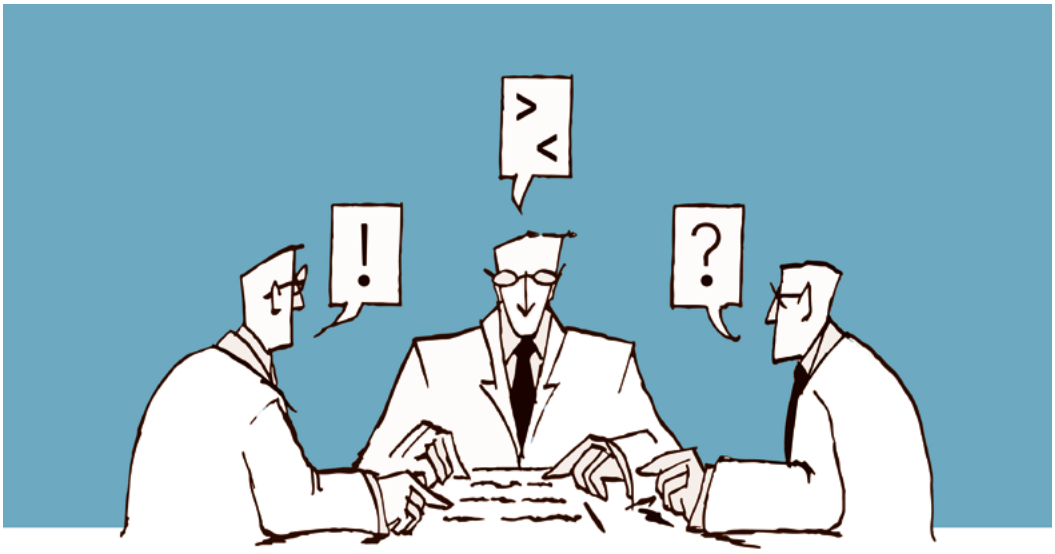
4. UNFORESEEN CONSEQUENCES OF SERVICE ADAPTATION

Services have mobilised quickly and effectively to adapt, while both managing risk and maintaining effective support. But there will soon be a need for the sector to properly assess the consequences of these changes and their effects on service users' treatment and recovery. The remote (and particularly digital) delivery of assessment, key working and more structured interventions has undoubtedly made services more accessible for some people, and the forced changes to OST provision are likely to provide benefits going forward. But there will still be people in desperate need of treatment for whom online services will not be appropriate, and it is vital that these changes are seen as a welcome addition to the range of available services, not as a replacement. At a time when investment in drug and alcohol services may become challenging, and where digital services could be seen to be a cost-saving exercise, the sector must be vigilant as to the effects of service adaptation and ensure an appropriate balance is found.

Peter Keeling is campaigns officer at Collective Voice

Finally... We want to pay tribute to the thousands of workers across the country providing essential treatment and support to people with drug and alcohol problems. COVID-19 has shone a light on the extreme vulnerability of many of our citizens, from rough sleeping to domestic violence, and we will continue to push for our sector, and its many unsung heroes, to receive the same level of recognition. But we can only do this with your help and expertise, which is why we've launched some new ways to communicate with the field, including a weekly bulletin and an open source Slack community (all details at **www.collectivevoice.org.uk**). We want to hear from you about how we can best support the sector, so please do get in touch: **Peter@collectivevoice.org.uk**

DOCTOR WARS



romeocane1/iStock

The running battles between substance misuse clinicians in the '70s and '80s helped to shape today's treatment landscape, says **Bill Nelles**

What to do about opiate use and users has been discussed, argued, and shouted about for more than a century now to relatively little positive change. It's like the opening song in *The Sound of Music* – 'how do you solve a problem like Maria?' Only no one ever does solve the problem of Maria (although I think it has something to do with finding love and, of course, climbing every mountain – a familiar metaphor for any users).

The same seems true for opiate users. We dutifully sing the songs asking for help, but too often leave disappointed. There are still hundreds and even thousands of opiate-dependent users in the UK and around the world who want and deserve a safe supply of that medicine under medical oversight, and finally some are getting it. And I use the word oversight for a reason. It should mean ensuring services are providing empathic access to a safe supply with all the social support, trauma therapies and help with housing that we know are essential to settling down to a life of quality without the poisons on our streets. Having all these is what saved me for nearly 40 years. All were necessary for me and there should be widespread shame at the lack of this joined-up care today.

It wasn't until the late '60s that serious prohibition started in the UK – largely because young people, not elderly users and dependent doctors, were now using heroin and getting it from doctors famous for their unusual prescribing locales like coffee bars and street corners. Some changes were understandable as the system was anarchic and largely unregulated.

But the 'classic' NHS clinics born around 1969 all had differing attitudes with little agreement on what to do within the teams formed to run them. Thus the era of the 'doctor wars' broke out – psychiatry came to dominate treatment in the UK, leading to psychotherapy becoming the approach, and in London high quality Chinese heroin replaced the state gear. So people voted with their veins.

'It wasn't until the late '60s that serious prohibition started in the UK... Some changes were understandable as the system was anarchic and largely unregulated.'

This was in direct contrast to Dr Vincent Dole and Marie Nyswander's approach in New York that saw opiate use as a physically mediated condition that was treatable but not curable, and not always responsive to psychotherapy. Opiate receptors were identified soon afterwards, and real research started uncovering just what was going on.

But the UK's NHS drug dependency units were taken over by psychiatrists, not medical doctors. With some notable exceptions, their goals were abstinence through withdrawal and therapy. All these psychiatrists who held the new licences needed to prescribe heroin hardly used them, with a few notable exceptions. People were moved onto oral methadone or nothing if your particular clinician wouldn't prescribe, or you only had access to a non-medical community drug team – tea and sympathy (of little use) if you were 'lucky', but confrontation if you weren't.

The fights at the monthly meetings held at the Home Office Drugs Branch during the '70s to mid '80s brought together psychiatrists who hated prescribing, some of the private doctors who could still prescribe some opiates and opioids (but not heroin or cocaine), and the very few doctors who did still prescribe injectables to the few. They were often vicious and sometimes very personal – some moderating influence came from the presence and later letters and testimony of dear Bing Spear, head of the Home Office Drugs Branch the until the early '70s. He was replaced by a warrior who did his best to shut down even oral methadone.

By 1983 even getting methadone for more than a short period became very rare in the NHS clinics and unheard of in Scotland. One of the heads of the Royal College of Psychiatrists held that 'no one needs more than 40mg of methadone a day' – which was a big reason so many people had such poor outcomes and used on top. Most were expected to and that's why their methadone was kept so low. There were no objective medical tests or practices used in the UK to ensure patients had adequate doses to minimise fluctuation of methadone levels.

Prescribing anything opiate-like through the NHS to those dependent had almost completely stopped by 1983. But events were about to take an unprecedented shift, and that changed how everything would be done. I'll explore this further in the next edition.

Bill Nelles is an advocate and activist, now in Canada. He founded The (Methadone) Alliance in the UK

ALL IN IT TOGETHER

The lockdown is reinforcing the power of partnership, collaboration and innovation, says **Helen Thompson**

The coronavirus pandemic has caused massive social upheaval but communities across the country have joined forces, stepping up to volunteer, organise, and strategise how to help those who need it most. During these times of fear and uncertainty, the very best elements of human nature have prevailed, demonstrating the power of displaying care and kindness to those less fortunate.

My role at Change Grow Live is all about communities, groups and people – I'm a connecting communities regional lead and I support services sitting within Yorkshire, Humberside, the North East and Scotland to create a range of innovative and creative opportunities for those who access our services – expanding experiences, networks and long-term connections to support healthier lifestyles. If people, ask what I do my response is I try to make recovery fun!

No two days are the same – one day I could be running a 'human library', the next day I could be organising a pride float, an art exhibition or supporting someone to share their story on a video or podcast with a view to inspire others. I'm so lucky to do the job I do, but since the outbreak my role has fundamentally changed. I've been drafted in to support teams who are helping those who are considered most vulnerable, adapting to meet the needs of individuals and services.

My first stop was with the street outreach team in Leeds. The closure or reduced hours of soup kitchens, food banks, drop-in centres and feeding services – as well as the limits on movement – were having a huge impact, as was the need to support those who were rough sleeping into temporary accommodation.

The closures of cafes, shopping centres and restaurants meant limited opportunities for people to wash their hands, nor were they in a position to be involved in the panic buying of hand-sanitising gels or pain relief. Many street groups stopped coordinating activities and we were strongly encouraged to provide outreach in pairs, keeping a two-metre distance apart at all times – difficult when providing sometimes essential interventions for people across the city.

Each day, seven days per week, we were out on the streets alongside housing workers, mental and physical health workers, complex case workers, volunteers and others. Healthcare checks were provided and naloxone given out where necessary, as well as housing advice, COVID-19 leaflets, hand sanitiser, wet wipes, clean clothes and food packs and drinks two to three times per day.

Part of my role was to look at how we could increase provision of food supplies and hygiene products with limited budgets and an ongoing need. It was our intention that if we could show additional care and compassion to those in the hotels by involving the wider community this would encourage people to stay inside until it is safer to leave. We sourced hygiene packs with support from the local community and through fundraising – items such as toothpaste, shampoos and soaps were purchased and given out, as were cleaning products to help people be proud of their surroundings.

We provided snack bags to the hotels where people are staying with the support of the local food aid network, while local cafes and businesses that were closing during lockdown shared the contents of their fridges and shelves with local soup kitchens. The positive relationships between partners at all levels meant that the homeless community received the best service possible – there have been many positive success stories, with some residents who are entrenched rough sleepers engaging with services for the first time or after a long break.

Partnership working and collaboration were no longer aspirational goals – they were a necessity. Over 120 people were safeguarded from the streets, supported into hotels, hostels and temporary accommodation and provided with the best possible holistic support.

> 'Since the outbreak my role has fundamentally changed. I've been drafted in to support teams who are helping those who are considered most vulnerable, adapting to meet the needs of individuals and services.'

We were trying to keep our best faces on – the brave face, the happy face, the supportive face, just trying to keep everybody's morale up. To support in this endeavour, I took my dog Pablo Escobark with me to work – everyone came to recognise him as a support dog and the smiling faces followed. He even received a virtual award in the city as a virtual hero!

Helen Thompson is connecting communities regional lead at Change Grow Live

Illustration: sv_sunny/iStock

GROW A LITTLE KINDNESS

Samantha Smith shares the Roots project's successful campaign for Mental Health Awareness Week

SIG Penrose Roots is a garden-based community recovery project that provides a therapeutic growing space for service users, members, volunteers and the wider community. Through work in the garden, we equip people with new skills, help reduce social isolation, and promote positive mental, emotional and physical wellbeing.

After weeks working from home in lockdown, while the Roots staff are busy supporting the community, my mind started to turn to what we would have been doing if life was still 'normal'. For the past four years we have put on our annual Walk and Talk (adding cycling in 2019) to mark Mental Health Awareness Week. We would go for a leisurely walk around the Luton area, with service users and local partners, to discuss the important topic of mental health in a more relaxed and open way.

This year the pandemic meant this could not happen and we had to come up with another plan. The 2020 theme is kindness, which is very close to the heart of all who attend our various projects. So I thought about how we could make a campaign with the theme of kindness to tie in with what we currently do at our community garden – and the 'Lettuce be kind' campaign was born.

The team of staff and volunteers got to work planting 50 lettuce seeds to grow and nurture into something that we could give out to the community. By 18 May, the team had grown the lettuces, made care labels and were ready to start randomly placing the lettuces across Luton. They went to bus stops, parks and green spaces, doorsteps and various residential streets. All carried the message: #lettucebekind – perhaps the roots to kindness can start with yourself. Be kind to this lettuce and it will repay your kindness.

The campaign was a huge success and had many tweets and messages from excited community members who had found one of the lettuces. The campaign also got a mention on the BBC East Twitter live update and the team was invited to talk about the campaign on BBC Three Counties Radio.

We will be following up with other campaigns over the coming months. It was a huge effort by the whole team and helped to get the message of kindness out there as a gentle reminder that in these days of supposed disconnection we have never been more connected.

Samantha Smith is Roots project co-ordinator

They said what..?

Spotlight on the national media

BEFORE COVID-19, only one in five harmful and dependent drinkers got the help they need; the proportion will be even lower now. We cannot claim to be a nation recovering from COVID-19 if we do not adequately support the most vulnerable among us... Tackling alcohol harms is an integral part of the nation's recovery.
BMJ editorial, 20 May

'We cannot claim to be a nation recovering from COVID-19 if we do not adequately support the most vulnerable among us...'

ATTEMPTS TO MODEL the pandemic in England's homeless population have suggested that, without any intervention, up to three-quarters of them could become infected... As in so many other areas of life, the pandemic is prompting action on social problems where there was inertia before. It would be naive to assume any temporary solutions will be extended beyond the end of this crisis, but they may at least stimulate debate about what should be put in their place. Protecting these vulnerable populations only when doing so protects the rest of us can't fit many people's definition of a civilised society.
Laura Spinney, Guardian, 3 May

THERE IS NO WIDER SHORTAGE OF CASH in public health. The amount of money spent on tenuous, policy-driven research alone is staggering. Public health academics were recently given £400,000 to study the drinking habits of football fans. You can buy a lot of face masks with that kind of money.
Christopher Snowdon, Spectator, 7 May

OLDER RELATIVES AND FRIENDS may now be spending their weeks holding a glass of wine rather than the hand of a loved one... Cutting down may be a problem if there is already evidence of alcohol addiction, but for those who are able to cut down or stop drinking safely, there is a pressing need for public health education. Over the past two months, an increasing number of older people have been self-isolating. As health professionals, we should continue to advocate for psychosocial prescribing to keep their spirits up. But now, perhaps this should be with an extra pinch of brief advice about alcohol consumption. Their lives may very well depend on it.
Tony Rao, BMJ, 20 May

LIKE CORONAVIRUS, the drugs issue is a public health crisis. Since the pandemic is making us reconsider a lot of things, from our lifestyles to government spending, I'd like to propose we reconsider our drug policy... Across the world, times are changing: while Priti Patel, the home secretary, keenly reassured the public that despite the pandemic, she's as committed as ever to fighting the drug war.
Niko Vorobyov, Independent, 18 May