DDN

Drink and Drugs News
April 2020
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NEW HORIZONS
Can we use this crisis to address existing problems?

A SECURE SPACE
How rehabs are rising to the challenge of coronavirus

COVID-19: THE OUTBREAK THAT CHANGED EVERYTHING

STAY SAFE

NEW!

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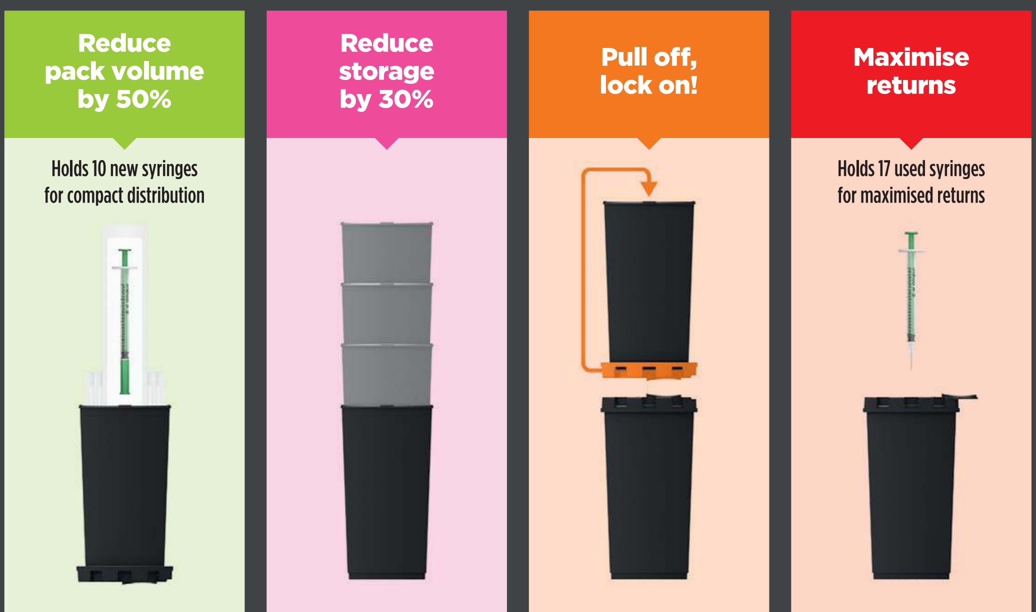

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EXCHANGE SUPPLIES
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DDN

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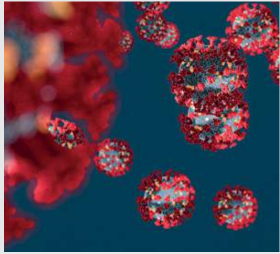


Find the resources to stay ahead of coronavirus from the DDN partners and community at **www.drinkanddrugsnews.com**

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.

'Listen to the messages from the frontline'

WHAT'S NORMAL RIGHT NOW? The last few weeks have been a white-knuckle ride for all of us, and we bring you this month's *DDN* not really knowing what the next days and weeks will hold.

You will no doubt have enough to worry about at home and work but we hope that this edition will bring a sense of proportion to the task ahead. With so much beyond our control, we need to focus on essential priorities – which is where the clear protocols and sound harm-reduction practices are so useful. We have been so impressed by the swift initiatives to share action that will save lives.

In the rush to convert everything to a virtual working world, take time to listen to the messages from the frontline (page 10). You're in this profession because you care, so please take heed of what's not working well to iron out these bumps over the next few weeks.

We're here to support you in any way we can, so let us know if you have good stuff to share, tricky issues to learn from, or better ways to communicate that we can let people know about and join in. We may be working from home but we're throwing our energies into making sure we bring you the mag – and also put the *DDN* Conference back onto the stage as soon as we can safely do so. Keep in touch – a hello goes a long way!

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

Sector fights to stay on top of coronavirus outbreak

North Yorkshire: Public support for key workers. Credit: Matt Pennington/PennPix/Alamy

The treatment sector is battling to deal with the unprecedented impact of the COVID-19 outbreak and protect its vulnerable service users. While drug and alcohol treatment staff are included in the government's definition of key workers whose children are entitled to school-based childcare, the outbreak's impact on services has been immense and professionals are extremely concerned about their already vulnerable client groups.

A letter to the *Times* from more than 20 academics and organisations including Humankind, Transform and Release called on the government to recognise that it cannot successfully tackle the outbreak without increasing support for people dependent on drugs. Failure to do so would mean a 'disproportionate increase in both coronavirus infections and other health problems, creating yet more pressure on the NHS,' it says, with increased funding for treatment, OST, naloxone and sterile needles urgently needed. 'People at risk of arrest should instead be diverted towards services,' it adds, while those incarcerated for non-violent offences should be considered for early release, 'not least because the virus is taking hold in prisons'.

Peer-led organisations staffed by volunteers and ex-service users have been forced to close to safeguard people's health (see feature, page 6), and the Care Quality Commission (CQC) has suspended its inspections. Public Health England (PHE), meanwhile, has stated that it is working with the Department of Health and Social Care (DHSC) to mitigate the impact of community pharmacy changes and closures, which is having a significant effect on the availability of supervised consumption for OST.

Homeless people and rough sleepers have been particularly hard hit as they are unable to self isolate or regularly wash their hands, with homelessness charities issuing urgent calls for guidance in the early stages of the outbreak. While the government's instruction to local authorities to find accommodation for all rough sleepers by 29 March seems to have been mostly successful, it was still unclear during the following week how many people were yet to be housed.

For the latest coronavirus advice and updates visit drinkanddrugsnews.com/coronavirus-advice

Betway hit with record fine

ONLINE GAMBLING company Betway will have to pay £11.6m for failings relating to a number of high-spending customers as well as its money-laundering responsibilities, the Gambling Commission has announced. An investigation found 'a lack of consideration of individual customer affordability and source of funds checks', with one 'VIP' customer losing more than £4m over four years and another almost £200,000 in two days. A third customer was allowed to lose more than £700,000 in three years, despite being unemployed. The investigation also found that almost £5m was allowed to flow through the business that was 'found, or could reasonably be suspected to be', proceeds of crime.

Companies' management of their 'high value' customers needs to change.
Richard Watson

Gambling companies' management of their 'high value' customers needed to change, said Gambling Commission chief executive director Richard Watson. 'The actions of Betway suggest there was little regard for the welfare of its VIP customers or the impact on those around them.'

Betway Ltd public statement at www.gamblingcommission.gov.uk

Faster access to cannabis-based medicines

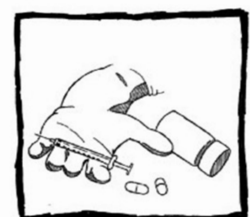
IMPORT RESTRICTIONS on cannabis-based products for medicinal use have been revised to ensure that people with conditions such as multiple sclerosis or serious forms of epilepsy have faster access, the government has announced. While the law was changed in 2018 to allow specialist doctors to prescribe cannabis-based products for certain conditions (*DDN*, November 2018, page 5), delays in people accessing the medicines have been widely reported.

The new rules mean that licensed wholesalers can import much larger quantities and hold supplies for future use. The government will also 'continue to engage with medical associations and patients' to build an evidence base, it says. Last year NICE ruled that more research was needed into cannabis-based medicines before they could be widely prescribed (*DDN*, September 2019, page 5).

New directions

TWO NEW SERVICES in Staffordshire and the North East have been launched by Humankind, which joins forces with Devon-based charity EDP from this month (DDN, February, page 5). Staffordshire Treatment and Recovery Service (STARS) has been commissioned for five years and will include harm reduction, clinical interventions, aftercare and more, while Reconnected to Health will provide recovery support in seven prisons across the North East.

'We are very pleased to be able to support thousands more people across the length and breadth of England from today,' said Humankind chief executive Paul Townsley. 'Although these may be difficult times to begin new services, we are committed to extending our support and welcoming new staff and service users.' Humankind and EDP had worked collaboratively for several years and 'recognised that we could have a greater impact for service users by bringing together our learning, development and resources', he added.



We'll get through this, pledge activists

A comprehensive advice sheet for people who use drugs during the coronavirus outbreak has been prepared by EuroNPUD, INPUD and Respect Drug User Rights. 'We can do it!' states the *COVID-19: Advice for people who use drugs* leaflet. 'People who use drugs have dealt with very serious viruses before.'

The document, work on which was led by EuroNPUD project manager Mat Southwell, includes essential COVID-19-related harm reduction advice, as well as wider health information around the virus. It also contains guidance on successfully managing opioid substitution therapy during the crisis, including what to say to prescribing services.

People who use drugs should also prepare for disruption to the supply chain, it warns, as restrictions on movement make it more difficult to transport and distribute drugs. 'If you can afford to, keep a reserve or source some opioid medications in case your supply is cut,' it advises. People should also be planning how they would manage a rapid detox or full withdrawal should that become necessary, it states.

Readers are also encouraged to network with peers to look out for others and share planning and advocacy strategies, as well as reinforcing the importance of maintaining respect during the crisis period. 'Be patient and thankful even if services are slower, limiting numbers allowed in buildings at any one time and if staff are wearing masks and gloves,' the document says. 'This is part of keeping essential services running.'

Download the leaflet at www.drinkanddrugsnews.com/wp-content/uploads/2020/03/COVID-19-EuroNPUD-UK.pdf

Cautious welcome for public health grant

THE PUBLIC HEALTH GRANT 2020-21 has been set at £3.279bn, an increase of £145m on the 2019-20 figure. Health organisations and local authorities had been calling on the government to announce the new allocation, particularly in light of the coronavirus outbreak.

'It is welcome that the government has taken a positive step forward after year upon year of deep cuts to local public health,' said president of the Association of Directors of Public Health (ADPH), Dr Jeanelle de Gruchy. While local authorities now had 'the certainty the ADPH has been calling for since December' the reality on the ground was that the allocations would not 'reverse the staff and services lost overnight, whether that be in relation to early years interventions, sexual health services, drug and alcohol treatment or capacity to prepare for outbreaks like coronavirus,' she stated. Long-term investment in public health at local level was now essential to reduce inequalities, reduce pressure on the NHS and maintain a 'resilient health protection system', she said.

Allocations will not reverse the staff and services lost 'overnight'.
Dr Jeanelle de Gruchy

Public health grants to local authorities: 2020 to 2021 at www.gov.uk

Lax labelling

RESEARCH by the Alcohol Health Alliance (AHA) has found that 70 per cent of alcohol products on sale still do not carry the updated CMO drinking guidelines, despite them being introduced four years ago (*DDN*, February 2016, page 4). Almost a quarter contained 'misleading, out-of-date' health information, it states. Drinks companies are only required by law to show the strength of alcohol (ABV) and the container's volume on the labelling, with additional information such as health risks and nutritional information included voluntarily. This is in 'stark contrast to the mandatory labelling requirements for all other food and drink products, many of which are less harmful to health', says the report. 'These new data show alcohol companies continue to keep the public in the dark,' said chief executive of the Institute of Alcohol Studies, Katherine Severi. 'At worst, this can lead to drinkers unknowingly raising their chances of cancer, heart disease and many more conditions.'

Alcohol Health Alliance interim research findings on alcohol labelling at ahauk.org

Local News

MOVING FORWARD
The Forward Trust has been awarded the contract to deliver primary mental health services in five prisons, as well as substance misuse services at HMP The Mount and HMP Chelmsford. The new contracts marked 'an exciting time of expansion', said Forward, 'allowing us to support more people with a wider range of issues'.

CULTURAL CAPITAL
WDP has joined forces with award-winning Chester-based cultural centre Storyhouse. Service users will be able to access its wide range of cultural events and facilities and 'benefit from positive new social opportunities with their friends and family', said WDP chair Yasmin Batliwala.

LIFELONG RECOVERY
Delphi Medical is expanding its psychosocial addiction recovery services into HMP Garth and HMP Wymott to deliver 'emotional, social and lifelong' recovery. 'We will work closely with the prisons and their wider communities, and work hard to ensure the success of our new service,' said community lead Emma Knape.

UNCHARTED TERRIT

The coronavirus outbreak has transformed almost every aspect of our society at dizzying speed. **DDN** looks at the impact so far on treatment services and their vulnerable client groups

Public health experts had been saying for years that a pandemic on the scale of 'Spanish flu' in 1918 was long overdue, and there were fears that it had arrived with avian flu and later with the SARS coronavirus in the early 2000s. When COVID-19 hit, however, it was the real deal. The final impact may prove to be far less deadly than 1918, but only time will tell. In the meantime the situation is changing at breakneck speed, with society's most vulnerable – as always – at particular risk.

The long-term impact on the drug and alcohol treatment sector also remains unknown. The fallout from the financial crash of 2008 led to the prolonged austerity policies that decimated the treatment field, and there is no doubt that COVID-19 will cause a recession – it's just a matter of how deep and how long. And no one in the field needs reminding that when decisions are made about which groups to spend scarce resources on, their clients tend not to be near the top of the list.

But for now there's an urgent health crisis to deal with. Services know that their older clients are an extremely vulnerable population, and many will have long-term respiratory issues as well as weakened immune systems and overall poor health – both physical and mental. One of the most vulnerable populations of all, of course, is people sleeping rough. Homelessness charities were issuing increasingly urgent messages about the need for clear guidance and warning they would be forced to turn people away from shelters if they presented with symptoms. When official guidance did come it was swiftly branded inadequate, as it failed to set out how those sleeping rough would be able to self-isolate. The government subsequently instructed local authorities to provide accommodation for all rough sleepers by the evening of 29 March, but days later it was still unclear how many homeless people had yet to be housed.

Treatment agencies meanwhile are acting on government and PHE advice as well as drawing up their own action plans. Peer-led charity Build on Belief (BoB) felt it had no choice but to close in order to protect the health of volunteers, staff and service users. 'It was an extremely difficult decision,' chief executive Tim Sampey tells *DDN*. 'All our services are London-based so we're up to our necks in this. We've always recruited from our volunteer teams, so of course people have underlying health issues across the board. We figured out that two thirds of everybody either volunteering or working for this organisation has an underlying health

Top: Glasgow city centre, empty streets on a normally busy day. Top right: A bus driver wears a protective face mask in Somerset. Right: Masks for sale in a shop window in Brighton.

'It's the speed things are changing that caught everybody out... We had a full business continuity plan set up on the afternoon the prime minister did his first big announcement, and it was out of date within an hour.'

problem that would put them at risk, and at that point we had no choice but to shut.'

Executive operations director for Humankind, Anna Headley, tells *DDN* that while staff will self-isolate if they – or family members – have symptoms her biggest worry is the service users. 'How are they accessing their treatment, whether that be prescribed treatment or an adjunct to that?' she says. 'We run a lot of hep C clinics, so their hep C medication for example. And then services are closing down. Everybody's trying to reduce the footfall into their premises, which is absolutely the right thing to do, but of course you have to manage the risk of that if you've had service users on daily supervised consumption. Some pharmacies are no longer offering that service, so what's the alternative to that?'

BoB intends to offer as much support as it can via phone or social media, and is working out how best to make that work. 'I don't want to put staff in the position where they're being rung 12 hours a day, seven days a week,' says Tim Sampey. 'But we're going to try to do what we can remotely.'

'A lot of our guys who are in recovery rely on our groups and social gatherings that we do to keep sober,' says Anna Headley. 'Some group workers who can't run groups any more have made little videos, anything to try to keep that interaction with service users. We've got an amazing team and we've set up webinars to train staff in doing remote one-to-one consultations. We also have online counselling with DrinkCoach and we've been able to adapt that into regular psychosocial interventions, so that's working really well, and obviously phone contact. We're mobilising staff who've traditionally worked in big offices and are suddenly home workers.'

One significant concern, however, is that many of the people who need support the most – and may already have significant mental health issues that will be compounded by further isolation – will not be able to access it. 'Lots of people don't have internet access at home, don't have a computer or in some cases even a smartphone,' says Tim Sampey. 'A lot of our client group are going to be incredibly isolated.'

There are also concerns that over-stretched emergency services may be slow to respond to overdose situations, while anyone who has the infection could be more at risk of respiratory failure during an overdose. Overall, people who use drugs are being advised to adopt common-sense precautions and make sure they prepare any drugs they take themselves. 'We've tried getting information out to vulnerable groups in a number of ways, including social media, but it's often the people who are most in need of that information who aren't accessing it,' says Anna Headley. 'That's the worry.'

There are also the simple day-to-day practicalities of how to get by in a situation like this. For most people, their lives are facing huge disruption, but they will be able to cope. That's not going to be the case for many service users, however. 'Some people are really vulnerable and don't have the option of driving around to different shops,' says Anna Headley. 'We can buy our way out of this problem, they can't. It is also a sad reality for some within our client group that, with fewer people out and about, clients begging will have less opportunity for charity in the form of cash donations or food brought to them. This is at a time when local support groups have also closed due to the virus.'

One huge issue for treatment services – as with other organisations up to and including the government – is simply trying to keep ahead of all this. 'It's the speed things are changing that caught everybody out,' says Anna Headley. 'We had a full business continuity plan set up on the afternoon the prime minister did his first big announcement, and it was out of date within an hour.'

When it comes to the long-term financial impact on a sector that's already been cut to the bone, however, it's impossible to predict. 'We've just had the public health grant announcement, which does give me a bit of hope,' she says. 'With governments it's always cyclical, and I hope that they do realise people are at a very low ebb and that they do have to invest. I do try to have a glass-half-full attitude.'

'I think the wider sector might not be too bad per se, because they're working with a vulnerable client group,' says Tim Sampey. 'I think politically there's going to be a real pushback on looking after the homeless and people with addiction problems, so I think the wider sector may be a little better protected than we might think. From a BoB perspective it's going to be tricky for us if we're not able to open for three or four months, but ultimately what can you do? It's all so far out of your control that I'm trying not to think about it too much.' **DDN**

For a longer version of this article, see www.drinkanddrugsnews.com

SHARED PERSPECTIVES

Having had to postpone his trip to the DDN conference, **Bill Nelles** reflects on the differences in drug policy between the UK and his Canadian home

Sometimes things happen in life that force us to change our plans, but it's especially hard to miss a planned journey. I'm writing, of course, about the COVID-19 virus that forced the postponement of the *DDN* conference, which I was planning to attend in order to talk about the 'overdose crisis' in Western Canada where I now live. I was particularly annoyed because I was looking forward to being back home in the UK and seeing dear friends and colleagues.

I'm never sure how many UK users and drug workers remember me when I lived and worked in London, but there's a good chance that if you were working or using from the mid '80s to 2004, you heard me training about AIDS, drug treatments, overdoses and user involvement.

Here in Canada we don't have any national publication like *DDN* that gets to users and professionals alike. *DDN*'s February editorial, and its article about Vancouver, reminded me how good it is to read sound and unambiguous editorials and articles that say what they mean and don't pull their punches. The issue had excellent content on the increasing level of danger to users from contaminated supplies. Jussi Grut's article described the five-fold rise there has been in fatal overdoses in British Columbia (BC) since the street supply has become contaminated by cheap and often poorly made synthetic opioids like fentanyl and carfentanyl. The already high number of overdose deaths here suddenly climbed steeply from just over 400 in 2014 to 1,600 in 2018, in a province with only 3m people.

I also wanted to express the same fears that I felt in 1985 that something bad was on the horizon. Something that could, and should, change the balancing trick we cling to when keeping a safe drug supply just out of reach of the people who need it, and who may live or die depending on reaching such services. Nowhere is this more evident than in the cohort of around 500 people in Vancouver who have access to clean pharmaceutical heroin, or hydromorphone. Hydromorphone isn't used a lot in the UK but it's kind of like North America's legal heroin. It's also much cheaper than importing heroin from Holland.

'I remembered DATs and DAATs, which we have never had here, but which are often envied. Then I heard they have gone the way of the dodo, with no ring-fenced drug funds.'

This group has had no direct overdose deaths, because of course they don't need to use the poison on our streets. Massive publicity and easy availability of naloxone kits have also helped hundreds to reverse their overdose and stay alive.

I planned to outline the differences between UK and Canadian services. I remembered DATs and DAATs, which we have never had here, but which are often envied. Then I heard they have gone the way of the dodo, with no ring-fenced drug funds any longer. My reaction was like Charlton Heston's at the end of *Planet of the Apes*: 'You fools, you went ahead and did it!'

One thing that is very evident here is the absence of any arguing about whose treatment is better. Users are much more united here. BC has had comprehensive availability of opioid treatments to rival any European programme for five years now, and peer educators are employed by health providers to educate, encourage trust and provide advocacy. The challenge is to scale these services down for people using in rural settings – including many First Nations people, who were living here when Europeans settled in their lands.

There are certainly some shafts of light to mark our progress. Last year saw the first reduction in overdose deaths since 2012, dropping from 1,600 to 1,000. While they remain far above the 400 a year before the crisis, we are getting much better at responding to them.

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

2016: Vancouver's Downtown Eastside neighbourhood, a mural highlighting fentanyl-related drug deaths Credit: Gerry Rousseau/Alamy

BELIEVE IN BETTER

While having to close Build on Belief because of coronavirus was like losing a limb, says **Tim Sampey**, they'll soon be back to doing what they do best

The BoB team: Finding other ways to stay connected

We never shut Build on Belief (BoB) services. Never. We're open every weekend of the year across London, the only exception being if Christmas falls over a weekend, and only then because there's no public transport. We pride ourselves on always being there – the one constant in the lives of people for whom chaos is so often the norm. Yet here we are, closed for the first time in our history. It's like losing a limb.

One of the staff summed it up best when she said, 'I can't believe it. All those years of addiction and living on the streets, our battles through recovery and getting a job with BoB, and we get taken down by a sodding virus. It's like living in the *War of the Worlds*.'

It's strange how you can run into the law of unintended consequences by sticking to your ethical guns. We've always been intensely proud of the fact that everyone employed by BoB volunteered for the charity first. That for half of our staff this is their first experience of paid employment. When it became obvious that the coronavirus was going to be more

> With a third of us in self-isolation, and the rest stuck at home, what we feel most right now is guilt. What about our homeless clients?

than an inconvenience, we dug in the medical histories of our staff. Sixty per cent fell into the vulnerable category, at serious risk were we to contract the coronavirus. The same weekend, we had a look at our volunteers. It was even worse. We were faced with a choice, knowing we had no choice. We were going to have to close.

Many of the staff and volunteers didn't want to. No one raised the issue of their own health or the potential risk they would be taking. Instead they came up with a raft of sweet, if impractical, suggestions. 'What if we only let people in for ten minutes at a time?' 'Couldn't we limit the numbers so everyone stayed six feet apart?' All unworkable, but you had to admire their spirit. They wanted to continue working.

All the staff were willing to go and help our local service providers stay open if they couldn't run their own services, although for many either underlying health conditions or lack of transport made it impossible. They wanted to be busy, to be doing something useful.

With a third of us in self-isolation, and the rest stuck at home, what we feel most right now is guilt. What about our homeless clients? Those whose substance use means they are still living in a whirlwind of chaos and daily uncertainty? The socially awkward and isolated who leave the house just once a week to visit us? Those living in bedsits, trapped in a single room for the foreseeable future? Those without access to the internet and Netflix to alleviate the boredom of being home all day? The hungry? The lonely? We have staff who want to do outreach, staff who want to set up a new food bank, and the answer is always the same. No.

It's heartbreaking. We are the staff and volunteers of Build on Belief. We're not used to feeling powerless. We're used to finding solutions and getting stuck into a problem, not staring out of a window and watching it pass us by. We've managed to keep our two existing food banks open, but it's hard to know for how long.

We've set up WhatsApp groups for volunteer teams and the staff (the staff one is hilarious) and are trying to muddle our way through the technicalities of Microsoft Teams and Zoom so we can communicate face to face and do some online training. We update our Facebook and Instagram feeds daily and are working on recovery stories and tips to post on our website. We're going to join the digital world as best we can and continue to look after each other.

Today we are glad it's called Build on Belief. We believe we will get through this. We believe things will get better. We believe that before too long we will get back to doing what we do best – helping those who need it most. Build on Belief. It does what it says on the tin.

Scootercaster/Alamy

BEING HUMAN

I agree completely with Dr Chris Ford (*DDN*, Dec/Jan, page 24) that 'harm reduction is not just a list of practical strategies like NSP and DCRs, essential as they are, but it is a set of principles and a movement for social justice'.

I have been in treatment on and off for about 15 years. In the early days I was treated well and felt cared for. But for the last eight years or so, this has been completely eroded.

I now feel like a bad person and nobody listens to me. The workers think they know best for me and I have almost no input into MY treatment. It's completely demoralising and I don't know how I can continue.

I feel too scared to talk about where I get my treatment or with whom because although it is crap, it is all that's available in my area and I can't manage without methadone.

In the last five years I have had nearly a dozen key workers, most as bad as the last one, but no chance of ever forming a relationship. Most think I should come off methadone and have no idea of the evidence around OST and certainly don't like me telling them of it. I was threatened with enforced detox last year for being aggressive after I explained the evidence!

Also, in the past years the drug service has been run by three different charities, all seemingly with different ways of working, so there is no chance of getting to know how they work.

I don't know how to manage in this environment.

My asks are not great:

> 'I feel too scared to talk about where I get my treatment or with whom because although it is crap, it is all that's available in my area.'

1. Treat me like a human being with the same care and compassion as anyone else.
2. Don't judge me because I use drugs and allow me to decide on my treatment.

Thank you.

Name and address supplied

CASE FOR COMPASSION

Chris Ford argues that we need to 'regain our care and compassion'. Of course, Chris is completely correct because that is the right thing we should do as care and health practitioners.

However, there is evidence to suggest that a compassionate approach – what has also been called 'intelligent kindness' – can itself improve patient outcomes, and this is surely another sound reason for being kind.

In a randomised controlled trial of 'compassionate care' for the homeless in an emergency department back in 1995, frequent attenders received either 'usual care' or a compassionate care 'package'.

The outcomes included fewer

A note from the frontline

Marcus Wolf sends a plea from the pharmacy queue

The current international health crisis is enough to worry even those with the most stable of existences. Please, imagine the worry for those reliant on substitute prescribing where all face-to-face contact has stopped and we are now hoping that our scripts will be where they are supposed to be when they are meant to be there.

The indication from many services, including mine, is that everyone will be on a fortnightly pick-up to minimise the contact with others – for a traditionally health-vulnerable group and to help support our currently understaffed and overwhelmed pharmacists. But this doesn't seem to be working in practice.

I'm on a buprenorphine script and so is my partner. We are fortunate to have worked our way up to the 'stable' end of the spectrum, yet I am still collecting three times per week and my partner is collecting weekly.

We have spent over three hours waiting outside the pharmacy over the past two days surrounded by anxious, worried and angry people awaiting similar scripts, as well as vulnerable older people trying to collect their regular medication and ill people seeking advice.

My wife had a telephone appointment on Monday with the drug service. Great... on time for once and went well, other than being told that her script may not be at the chemist, as despite being hand delivered a whole batch had gone missing after being given to a locum pharmacist. She said, 'fine, I'll call and see if it's there' and was told, 'oh, no, don't do that, they're too busy for phone calls, just go in tomorrow, then come to us if it's not there.'

I'd missed my Monday pick-up at the pharmacy, which is the 'go-to chemist' for all supervised scripts and anything coming out of the nearby drug service. Unfortunately we had decided to go later to ease the burden; they had closed at 6pm instead of 11pm without any warning and notice, so Tuesday it is for both of us. We wait in a huge queue that snakes down a narrow path on a busy part of the highroad. We are there nearly an hour and a half. The general public are having to walk on the road to get round us all, a mix of people waiting for controlled drug scripts and general pick-ups.

We go in, as a household, and my wife's script isn't there. We go to the drug service, get sent back after another 45 minutes, they have the script, but they don't have the medication for her. I get mine and we are told come back tomorrow.

Tomorrow is now today, and after asking the best time to come we return at 5pm. We err on the side of caution and head there for 4pm expecting the queue to be shorter. We are stood at the same bag of rubbish and then pass the same scattered clinical waste as the day before. An hour on we are getting closer to the door. During that hour we encounter shouters, criers, the vulnerable and the anxious. As we get closer to closing time the

repeat visits and increased satisfaction with their care in the intervention group (Rendelmeier DA, Molin J, Tibshirani RJ. 'A randomised trial of compassionate care for the homeless in an emergency department', *Lancet* 1995).

More recently, the first meta-ethnography to examine the components of effective problematic substance use treatment from the perspective of those experiencing homelessness has shown that the way in which services and treatment are delivered is more important than the type of treatment provided (Carver, H, Ring, N, Miler, J *et al*. 'What constitutes effective problematic substance use treatment from the perspective of people who are homeless? A systematic review and meta-ethnography', *Harm Reduction Journal*, 2020.)

The case for compassion has never been clearer.

Simon Morton, Housing First Inclusion Health Team manager, Greater Manchester Mental Health NHS Foundation Trust

STAY INFORMED ON CORONAVIRUS

Thank you to our partners and to everyone who has kept us informed with links and advice on coronavirus.

We have compiled all the latest resources at **https://drinkanddrugsnews.com/coronavirus-advice/** which is updated regularly. If you would like to add to this with news, links, updates – or uplifting stories! – please email **ian@cjwellings.com**

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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'We have spent over three hours waiting outside the pharmacy over the past two days surrounded by anxious, worried and angry people.'

crowd pushes further and further forward. People have missed pick-ups due to the unnotified change in hours, people are worried about the door closing at 6pm and being left without medication when nobody has any money and there are hardly any drug dealers selling now, even if you can pay the inflated prices.

Most people won't understand the anxiety that the prospect of withdrawal brings on in those with dependencies. Couple that with the anxiety of an international pandemic, conspiracy theories and a propensity for pre-existing mental health issues within our community, and it's a mini riot waiting to happen.

A quick vox pop indicates that nobody is on a reduced pick-up regime – the vast majority are doing this day in, day out. This is a community without a voice, often without even having a phone and certainly without the confidence to challenge services to maintain their own wellbeing. So, the word on the street is, 'please, help me, help the pharamicists and help those that really need to use the pharmacy to stay safe. Be reasonable and please just go out of your way a little bit to ease this nonsense.'

SWIFT ACTION

Stacey Smith shares Humankind's clear protocol on adapting clinical services to fit with COVID-19 restrictions

At least, perhaps, we've got to the end of the beginning. I've been keeping a close eye on what our sector has produced from a standing start over the last couple of weeks, and really the swift but considered response to what the prime minister calls a national emergency has been phenomenal.

Overall, it's been a really tough few weeks for a sector which has such responsibilities for many of the most vulnerable people in our society.

Here at Humankind, our staff have been exceptional in communicating vital and timely messages and changing the way we work in respect of the latest clinical guidelines, including social distancing.

It continues to be a challenging time to run clinical services but teamwork and, it seems, using new-to-us technology is making all the difference. It's been a massively hectic few weeks, but here's a snapshot of what we've achieved.

We've done a lot:

- Developed remote consultations guidance for clinicians to reduce face-to-face contact
- Reviewed how we manage prescriptions in a world of remote working, including accessing remote printers for teams to use on the move
- Adapted our supervised consumption to reduce this and increased provision of take home doses
- Increased access to naloxone and given out safe storage boxes for service
- Improved and updated our infection control processes, policies and rolled out new training to our whole workforce
- Mapped our critical interventions on a service by service basis so that we can protect key clinical and harm reduction services wherever possible
- Developed template letters for people transporting medication, or for nominated person collections of medication
- Developed an 'essential journey' card for service users who are going to the chemist or to a treatment appointment
- Continued monitoring of changes in drug supply, reports of 'bad batches' where drugs may be contaminated or have different levels of purity
- Produced an easy to find and easy to read advice page on our Humankind charity website with specific areas for people who use drugs and alcohol and those who are on prescribed medications, as well as signposting to online and telephone support. Social media and satellite service websites have been updated accordingly.

As we continue to work on our PPE requirements, services that stay open have been given clear guidelines – including difficult-to-ignore posters to back up what we say to people entering our premises in respect of government social distancing measures.

And Humankind has reviewed and implemented existing business continuity plans for every service – we have nearly 90. Years of planning for the worst and hoping for the best appear to have paid off.

We're all in the same boat here and we're all helping and learning from each other. I wish all my colleagues across this vital sector good luck and good health.

Stacey Smith is director of nursing at Humankind

NEXT STEPS

patpitchaya/iStock

Dame Black has spoken loud and clear. How policy makers respond will be crucial, says **Oliver Standing**

At the recent Glasgow drugs summit Dame Carol Black shared a number of truths many readers will be sadly all too familiar with. Drug problems spring up in areas of poverty and social exclusion; successful treatment and recovery is contingent on effective, coordinated support around housing, mental health and criminal justice; and when people leave prison they often miss out on the vital support they need. She also reminded delegates that our world-class treatment and recovery has been eroded and fragmented by austerity and localism.

Some commentators may look at the Glasgow summits and conclude that no concrete political outputs were agreed. At a time when drug-related deaths and other visible manifestations of extreme inequality such as rough sleeping are on the rise this is understandable, as is the perception that ongoing increases in drug-related deaths constitute a serious failure of public policy and/or political leadership. We must harness the sense of outrage and urgency that many of us feel to bring about change.

So, in that spirit, I want to point to some more positive policy developments that may help build the necessary momentum to make that change happen. Though the last Conservative manifesto was light on detail around drug and alcohol treatment, a subsequent addendum was published laying out plans to tackle addiction. This included two crucial pledges – to introduce a combined addictions strategy and a 'dedicated monitoring unit at the heart of government'. Collective Voice welcomes both commitments.

The addictions strategy should address the public health emergency of drug-related deaths by outlining a clear plan to enable local authorities to fund and deliver effective, evidence-based and

person-centred support. The 2017 strategy was not gripped firmly enough by government to bring about transformational change. This strategy should be driven by an effective inter-departmental approach, united behind a shared vision.

The monitoring unit could bring some welcome political attention to a field that has been fundamentally shaped in the past decade by the twin challenges of austerity and localism. Austerity has seen more than a quarter of our funding lost and localism has meant that loss has not been evenly distributed.

It would be wrong to directly link all our challenges with the move of drugs and alcohol to local authority control. But there is an unquestionable issue over priority. Funding evidence-based and life-saving drug and alcohol services will never be the first thing on the list for local politicians dealing with substantial funding pressures.

However, a successful central unit will require a careful balancing between the local and the national. The unit should have sufficient powers to encourage local areas into action where appropriate, reducing the local variation in support and working effectively with Public Health England with clearly delineated roles and responsibilities. Most importantly, the development of the unit must be supported by sufficient new funding and political investment to ensure its long-term potency.

While more money is not the answer to all of our questions it is a good response to a great many, as the unprecedented scale of the cuts has forced local authorities to make very difficult decisions. Increases in public spending could enable the support of a greater number of people. There are over 314,000 people in England who use heroin or crack problematically, and 586,000 with an alcohol problem. Many aren't currently receiving help. More support means an increase in family stability, fewer children taken into care, fewer blue light call outs, fewer emergency admissions to hospital and fewer people caught up in the criminal justice system.

The prime minister has spoken extensively about his commitment to the areas represented by new Conservative MPs. These areas – many of which are ex-industrial – have experienced high levels of drug-related deaths and multiple disadvantage. If the government is serious about this commitment then an investment in the health and happiness of our most vulnerable citizens, as well as technological or transport infrastructure spending, is surely necessary.

The proposed removal of the ring-fence around vital public health funds has been postponed by at least a year and will not now happen until April 2021 at the earliest. This is good news, although of course not in itself sufficient to guarantee a high-quality treatment and recovery system in England. Therefore we recommend that the ring-fence around the public health grant is maintained for good and that the lost public health funding at local government level is restored.

Drug-related costs, £billions

Source: Dame Carol Black's Review of Drugs, Feb 2020

- Crime and criminal justice services – £9.3
- Drug-related deaths – £6.3
- Adult family and carers – £1.0
- Other – £0.9
- Enforcement – £0.7
- Children's social care – £0.6
- Community treatment and prevention – £0.6

'The illegal drug market has long existed but has never caused greater harm than now.'
Dame Carol Black

New policy developments can help make the case for joined-up and connected services. Previous attempts to deliver treatment and recovery services have hit a ceiling due to siloed approaches. Our policy and research discourses are catching up with what those touched by addiction have always known – that only a connected response can work for a problem that does not reside in any one department of human life but sprawls across them all. Work to support a citizen's drug problem is almost useless if they have no home, fragile mental health or paralysing trauma.

Considering addiction with reference to other domains of multiple disadvantage will enable the strategy to catalyse change in allied areas. The 2017 strategy made welcome recognition of the fact that addiction is both cause and consequence of poverty and trauma – we were pleased to see £46m in the recent budget for a programme of coordinated work on multiple need, and we also hope that the second part of Dame Black's review will make the case for effective partnership work, something the voluntary sector has always been good at.

The new strategy and monitoring unit should also refocus political attention on alcohol treatment. Whilst it's welcome to see the issue of problem gambling being pulled into the political mainstream, it's perplexing to see almost no mention of alcohol at a time of quiet crisis in alcohol treatment. There is a clear correlation between disinvestment and the diminishing numbers of people getting help – over 16,000 fewer alcohol users were supported this year compared to 2013-14, while 82 per cent of people who need specialist help are not getting it.

The government's response to alcohol must be brought 'up to speed', with the strategy outlining how a greater number of alcohol users – and their children – can be reached and supported. The fact that stigma can force people to the margins and prevent them getting life-saving help should be recognised.

The linking of different forms of addictions in the new strategy must be used as a chance to combat the stigma around drug use. The second part of the Carol Black review also provides a valuable chance to acknowledge the negative role stigma can play in stopping people getting help – supporting recovery can be a powerful way of addressing wider health and social inequalities.

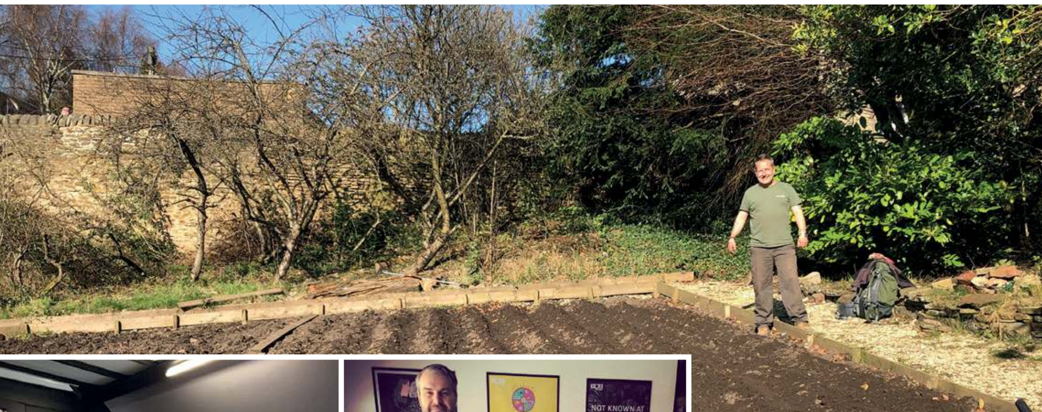
My final message to government would be: *we know what works*. We are equipped with a range of interventions from opioid substitute therapy to motivational interviewing, from needle exchange to residential rehab, which can be drawn upon by skilled workers to meet the needs of their clients at the exactly the right time.

If the field is provided with sufficient resource and appropriate structures we can unleash the transformative power of treatment and recovery to change lives, reunite families, support communities – and save the state money while we're at it.

Oliver Standing is director of Collective Voice

A SAFE SPACE

The threat of COVID-19 has prompted Phoenix Futures to make their rehabs even more of a sanctuary, as **Liam Ward** explains



The coronavirus outbreak has drawn attention to some of the most vulnerable groups in our society. Those most at risk include the elderly and those with existing health conditions, which includes people with substance misuse issues. Here at Phoenix Futures Residential Services we are open and continuing to accept admissions. Rehabs are already safe places for people with more complex needs and we have reviewed our practices to ensure we adapt to the specific challenges of COVID-19.

Our services provide an ideal environment for those whose risk in the community has been heightened by current events. A recent survey found that 92 per cent of our service users identify as having experienced emotional or mental health issues, with 67 per cent receiving a diagnosis for their condition. Forty per cent of our treatment population are recognised as having a physical disability, and 55 per cent have experienced homelessness, with one in five presenting as no-fixed-abode upon admission to our services.

> 'Rehabs are already safe places for people with more complex needs and we have reviewed our practices to ensure we adapt to the specific challenges of COVID-19.'

For those with housing instabilities, mental or physical health conditions and substance misuse issues we can offer a safe environment with all aspects of care accessible under one roof. The residential services offer 24-hour staffing and peer support in a safe, abstinent environment.

'It has been a really difficult few weeks for everyone,' says Leanne Smullen-Bethell, head of house for our National Specialist Family Service. 'Staff have had to change the way they live their lives and in turn, so have our service users. This has all happened at such a pace it has been hard to absorb, but we have supported each other to carry on through this.'

The programme is being adapted to further enhance safety, while taking on board the daily government guidance. 'We have had to decrease the size of groups and workshops so as to promote social distancing, and limit individuals going out of the house for everyone's safety,' says Leanne. 'One of the saddest things we have had to do is to stop all visitors to the service. This is an incredibly difficult decision when parents are looking forward to seeing children, but we all understand this is about protecting one another and saving lives.'

'The community have been exercising using online resources and DVDs and making the most of the beautiful gardens we are privileged to have here at the family service,' she adds. 'They have also been able to speak with family and loved ones using video calls, which has boosted spirits.'

These innovative responses are not limited to the family service, with each of our Glasgow, Wirral and Sheffield sites also adapting to provide the best possible experience for those placed with us. With the benefits of fresh air and exercise on people's mental health widely documented, our large grounds allow us to practise social distancing with ease, while enabling residents to take their daily exercise.

Allocated timings for phone usage have been extended to ensure loved ones are accessible and we have increased access to internet messaging services, books, games and use of iPads and televisions to give a healthy balance between the demanding nature of the programme and the need for some personal time too. In Glasgow, our service has been lent a number of musical instruments by Vox Liminis, and in Sheffield we have extended our Recovery through Nature initiative (*DDN*, July/August 2019, page 17) to provide more regular and engaging content throughout the programme.

By providing a safe space for these vulnerable people, we are supporting the services in our communities who face an increased demand for their support. Rehab has always provided a comprehensive package of support for the most vulnerable, and continues to be a valuable resource for helping reduce the risk to individuals and their families throughout this difficult period.

'During times like these it's as imperative as ever to ensure individuals who need residential treatment can still access our services,' says Dave Potts, head of operations for the residential services. 'We are, as always, very pleased to be in a position to help those who would be at risk in the community.'

Liam Ward is residential marketing manager for Phoenix Futures

NEW HORIZONS?

Will the coronavirus pandemic give us an opportunity to confront society's problems, adopt radical policies, and emerge with steadfast solutions, asks **Martin Blakebrough**

Homeless in Westminster: 'Coronavirus has made all my donations disappear.' Credit: Penelope Barritt/Alamy

A crisis such as this forces pressing issues to the foreground, issues that governments have long avoided taking sufficient measures to solve. Our under-funded health surface, often cruel welfare system and unacceptable numbers of street homeless are now frighteningly visible to all.

But, as the country faces a shutdown unparalleled in living memory, we are reminded of our mutual dependence, our fragility and indeed our ingenuity. We are buoyed up with the rhetoric that 'we are all in this together', but in less turbulent times this oratory is absent. The heroes of the health and social care system, alongside the vulnerable and marginalised they protect, are left off the agenda.

I remember the shock I felt as this virus hit China. For me China is not a distant nation, but the country my son has made his home. He kept me updated as his daily life changed drastically. Now we must deal with this awful virus. Indeed many of Kaleidoscope's staff are on the front line, whether supporting people in our residential facilities or at medical services that demand face-to-face contact. Our OST services and clinics remain operational, with pick-up regimes carefully managed and outreach coordinated by colleagues who are required, by virtue of their vocation, to put themselves and their families at increased risk.

Staff like myself are the lucky ones, able to work from home (although I'm married to a paramedic so my chances of avoiding the virus are even less assured). The frustration of frontline workers at Kaleidoscope, and across social care, has been the lack of available safety equipment, and we are doing all we can to resolve this. So as we try to keep ourselves safe, equally we must help our clients to survive amid impending lockdown, adapting our service delivery at pace, and offering increased virtual support to ensure our service users remain connected.

I am amazed by our staff and how they have risen to the challenges before us. Now is the time for creative thinking, so how do we stay solution-focused when we find ourselves in such unfamiliar territory? We rely on new ideas, so let's share information and, where we can, pool together our resources and tools. Please, let us know of anything that is helping you, so we can share with our team and support each other.

The pressure on some staff will no doubt be heightened by having extra childcare duties in light of school closures. We of course welcome the government initiative that supports key workers without the added support of a partner, so their children can continue to attend school. But we recognise this may not apply to all staff, and for those struggling, we can only expect they work flexibly from home and do what they can.

Social media is often portrayed negatively, but we are seeing its

> 'Our under-funded health service, often cruel welfare system and unacceptable numbers of street homeless are now frighteningly visible to all.'

value today. It is important we use it to our advantage, and instead of staying glued to the constant churn of headlines, we encourage our teams to stay genuinely connected with colleagues – I have never known so many different ways to communicate.

The world we walk back into will be very different, and maybe we will see how it is a better place if we have learnt to care for each other. As we settle down to the new reality of life around us we need to keep safe, find time to laugh and also time to share our worries, and I am optimistic we will come through these difficult times. In China the shops are opening and many people, my son included, can now enjoy the company of friends in a restaurant or a bar. So if you are working in the field then keep as safe as you can and follow medical guidelines. And hopefully in the heat of summer we may be like Luke, sitting out in the open with life seeming a bit more normal once more.

Martin Blakebrough is CEO of the Kaleidoscope Project

INSTA INSPIRATION

Mark Reid meets two young people whose posts on Instagram help keep them and thousands of others sober

Inner strength is needed for young adults to move into recovery. Your friends might still be drinking and using and you can still see the fun side of it socially. Instagram recovery is where people tend to choose to stop, rather than having to.

Young people coming into recovery now are also part of the millennial generation building their connections with others online. It is of course not surprising that Millie who founded sobergirlsociety and Scott who started proudandsober met on Instagram. The old ways of meeting for the first time are dying out. If you can link up without going to the pub or a party it begs the question – what is the drink for anyway?

Millie and Scott, founders of sobergirlsociety and proudandsober met on Instagram: 'The old ways of meeting for the first time are dying out. If you can link up without going to the pub or a party it begs the question – what is the drink for anyway?'

Choosing wellness combines with meeting people online as a cultural shift – sober and sober curious are new norms. It is more peer example than peer pressure. When recovery comes at a younger age, it is a lifestyle refresh rather than the complete reset suggested by traditional approaches. It's far better that a train changes direction at the points without losing momentum than coming off the tracks altogether.

Instagram recovery means people share with others of a similar age who they can most easily identify with. At face-to-face recovery meetings people under 30 tend to be hugely outnumbered by older attendees. In recovery it's time to stop being your own worst enemy and beating yourself up. As Millie says, 'It wasn't so much other people; the person who was pressuring me most was me'. Her toolkit includes a playlist, candles and chocolates.

The Instagram recovery message is keep doing what you were doing – except drinking and using. Don't stop socialising, just instead of bringing a bottle, bring other entertainment like a quiz. If someone you know in recovery needs support with their self-esteem and yours is okay at that point, go to an event with them. Millie took Scott out clubbing sober for the first time. Before that, his social anxiety had constrained him. And of course recovery should not feel like a constraint as it is intended to be a liberation.

Another essential in the recovery toolbox is a delicious soft drink. Unlike the sugary options of old, there are now intriguing citrus and herbal non-alcoholic 'spirits' distilled to taste satisfying. Marketed as 'what to drink when you're not drinking', drinks columnists say they are 'a genuinely tasty, grown-up alternative to alcohol'.

Scott's proudandsober page promotes not drinking in the LGBTQI+ community, which faces many unique challenges. Alcohol and other drug use rates can be up to twice as high among this group, while levels of anxiety, depression and suicidal ideation are also higher. There are many factors – self-identifying can be distressing as can passing as heterosexual, internalised homophobia can lead to self-loathing, and there can be trauma from childhood bullying. It's crucial that addiction and health care services include multilayered cultural competency training across the entire LGBTQI+ range – it's important to 'unpack the acronym' as Amy Sutherland, the health and wellbeing writer so neatly puts it.

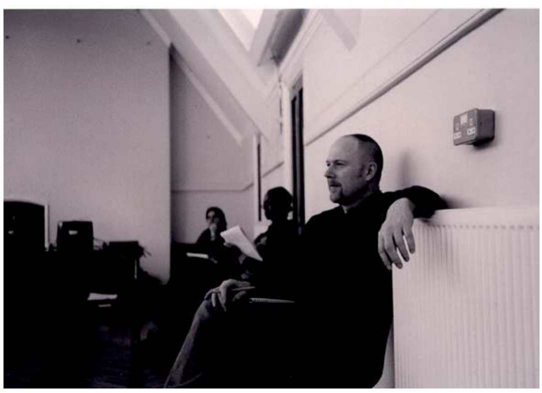
> 'The alternative offered by Instagram recovery is based on an awareness of the non-alcoholic self, emphasising continuity of talents and interests.'

As spaces safe from social and psychological minority stress, bars and clubs offer acceptance and relaxation but this can feed back into the cycle of dependence. Non-alcoholic social bonds like Scott's proudandsober are all the more important and he recently re-launched his page (formerly known as the boy who drank too much) to reach out to others who need help.

Traditional 12-step recovery is predicated on being aware of the alcoholic self to redress having 'failed at life'. The alternative offered by Instagram recovery is based on an awareness of the non-alcoholic self, emphasising continuity of talents and interests. Many Instagram posts are simply requests for 'a sober friend'. This is not the realm of the park bench skid row alcoholic. With its keynote of hope, it is an upbeat and welcome addition to the wider recovery community.

BECOME A PLAYWRIGHT

Outside Edge Theatre Company invite you to enter an exciting competition with a life-changing prize



Outside Edge Theatre Company (OETC) is the UK's only theatre company and participatory arts charity focused on addiction. We're inviting people in recovery to submit plays for the inaugural Phil Fox Award for Playwriting and the winner of the competition will receive a £6,000 commission and mentoring from playwright Enda Walsh.

This award, named after OETC's founder, invites playwrights with any level of experience from across the UK to submit full-length scripts about issues related to addiction. The prize of a £6,000 commission from OETC will enable the winner to continue developing the winning script or to develop a new one about issues related to addiction. They will also receive mentoring from multi-award winning playwright Enda Walsh, who chairs the competition's judging panel.

This year's competition is open for entries until 16 June with a winner announced in early November. Submitted full-length plays from UK residents must be original, unproduced and about issues related to addiction. Writers with lived experience of addiction or affected by addiction are strongly encouraged to apply, although this is not a requirement for eligibility.

Playwrights will need to clearly articulate how their scripts relate to these issues, which are not limited to substance or alcohol misuse, but also include subject matter involving non-chemical addictions, such as social media or sex addiction. Plays may also explore the social or structural determinants that contribute to addiction, such as access to services or the supply chain of an addictive product. The characters do not themselves need to be addicted – for example, plays about people directly affected by another person's addiction, such as family members, will also be accepted.

'The launch of the inaugural Phil Fox Award for Playwriting is an exciting change of direction for Outside Edge Theatre Company,' says OETC artistic director, Matt Steinberg. 'This investment in developing new writing and finding stories not often represented on our country's stages builds upon our reputation as an innovative theatre maker producing hard-hitting and controversial plays.

'To be joined on this new adventure by such an extraordinary panel of judges feels like a fitting tribute to the legacy of our founding artistic director, whom the award is named after. We hope this accessible commissioning opportunity encourages established and first-time playwrights to think imaginatively about issues related to addiction. I can't wait to read what they come up with!'

Alongside Enda Walsh, judges for this year's award include Simon Stephens (Tony and Olivier Award-winning playwright), Barbara Broccoli OBE (James Bond films and West End and Broadway theatre producer), Indhu Rubasingham (artistic director of the Kiln Theatre), Denise Gough (Olivier Award-winning actress), Matt Applewhite (Nick Hern Books managing director and commissioning editor), Sonya Hale (OETC associate theatre facilitator and Synergy Theatre Project and Heretic Voices award-winning playwright) and Matt Steinberg (OETC artistic director).

Top: Phil Fox, founder of OETC. Above: Check-In Check-Out, one of the OETC workshop performance groups. Credit: Ali Wright and Darren Bell

'We've assembled a fantastic judging panel who share my admiration and respect for Outside Edge Theatre Company,' says Enda Walsh. 'We are all very much looking forward to receiving these plays. To those writers – get writing, be brave with your submissions, and the very best of luck with the work.'

More information on the 2020 Phil Fox Award for Playwriting, including how to apply and eligibility criteria can be found on OETC's website, *www.edgetc.org/phil-fox-award*

The Phil Fox Award for Playwriting is generously supported by an anonymous friend of Outside Edge Theatre Company, The Carne Trust and Unity Theatre Trust.

Outside Edge Theatre Company will be performing at the DDN Conference later this year – look out for our rescheduled date.

Goran Horvat/pixabay

MATTERS OF LIFE AND DEATH

Kevin Flemen confronts a topic we all need to talk about

A few years ago, on a training course we started to discuss death. Surprisingly this wasn't on the drug-related deaths course, where such discussions could be expected to take place.

This was on an NPS course, and the conversation related to a worker struggling with a young person whose high-risk polydrug use and apparent unwillingness to take on board harm reduction measures left the worker desperately worried and stuck.

We discussed the idea of the young person writing a 'what if...' letter to their parents. 'You think you are going to be OK,' the worker said. 'And hopefully you will be. But if something bad happened, maybe you might want to write a letter to your parents now. Just in case. You can leave it with me, so I could pass it on to them.'

Further down the line, the worker got in touch saying that after having this discussion with the young person they came in two weeks later, saying that they hadn't used at all. The enormity of sitting down with a piece of paper saying *'Dear Mum and Dad, if you get this then...'* was, for this young person, a catalyst for change.

While my initial interest in this may have started with discussions around risk and mortality as a part of motivation, it isn't now my primary interest. Instead it's the realisation that drugs workers should be discussing the risk (and ultimately the inevitability) of death far more than we do.

Drugs work is fundamentally an optimistic occupation. It seeks to reduce harm, reverse overdoses, promote and achieve recovery, help people reach their turning point, to change and grow, to rise phoenix-like. But people can, do and will die. Some very prematurely, some less so. In our optimism what discussions can, and should, we have with our clients about mortality? How do we balance these discussions (which could be considered pessimistic) with the need to inculcate our services with positive messages of hope?

Many people who use drug services are isolated from family. They may not have close contact with ex-partners, their children, siblings or their own parents. Obviously this won't be true for all, but it's painfully true for some.

This isolation may be compounded by professional isolation – limited access to GP care, recurring episodes of homelessness, transience, periods of incarceration.

Given this personal and professional isolation, drugs workers can have a key role in representing a person's wishes and intent regarding end-of-life care and their death.

For example, has the person considered their wishes in terms of advance decisions (living wills)? If they'd overdosed, been deprived of oxygen and could be maintained on a ventilator, what would they want? Has anyone asked them? Has it been recorded anywhere?

Beyond these discussions, does the person want to write and lodge letters for estranged family or friends? Have they considered writing a will if they have possessions they wish to pass on? How do they want their funeral to be conducted?

For some people these conversations will be much more 'what if...' They could take place with people who have significant risk of overdose, or who had recently experienced and survived an overdose.

For other people, with multiple, chronic and serious health problems the discussions may be less 'if' than 'when'. We would have these conversations in elderly care settings. We would have them in cancer care and other serious illness contexts. We are starting to have the conversations with older dependent drinkers. But few agencies are having the conversations with older and at-risk drug users.

It's probably worth restating the dual nature of these conversations, and introducing a note of caution. They could on the one hand be a catalyst for change. But they can also form part of a package of care for a planned and dignified death, where the person's end-of-life wishes are known and can be respected. Workers engaging with such discussions should be clear in their own heads why they are having the discussion and the purpose of it.

> 'The enormity of sitting down with a piece of paper saying *"Dear Mum and Dad, if you get this then..."* was for this young person, a catalyst for change.'

In the relentlessly optimistic world of hope and recovery from addiction, such conversations may seem – literally – morbid. But they are long overdue and our reluctance to have them deprives drug users who die the dignity and rights we afford to other members of society.

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.

They said what..?

Spotlight on the national media

WHILE THE GOVERNMENT concentrates on the specific risks that older people face when they contract [corona] virus, other high-risk groups appear conspicuously absent from official messaging. Perhaps it's who they are that explains this silence: rough sleepers and intravenous drug users, groups whose welfare the government routinely neglects... National emergencies bring out the best and worst in human behaviour, and coronavirus is no different. Resources will be rightly be focused on high-risk older people, but they aren't the only parts of the population we should protect. So far it seems we have rationed our compassion, exposing our collective prejudice about who deserves care, and who we deem to have brought their ill health upon themselves. Coronavirus grimly testifies to the health inequalities we lack the political will to change.
Ian Hamilton, Independent, 11 March

> 'So far it seems we have rationed our compassion, exposing our collective prejudice about who deserves care...'

THE EFFECTS OF SELF-ISOLATION – countless hours with often no more company than a computer screen – are also the perfect conditions for online gambling. Gambling companies have realised this and already appear to be using our newfound isolation to their own advantage. Where quarantine has meant a downturn for many businesses, gambling companies may see this period as a huge opportunity to increase their profit margins... I am deeply concerned that as we move further into this crisis, greater numbers of people will turn to online gambling as a distraction. In the absence of legislation, the industry itself must act responsibly.
Carolyn Harris, Guardian, 27 March

ON REREADING Orwell's Nineteen Eighty-Four (as we all should, very often), I was struck by a passage on what he called Crimestop, a barrier in the mind which makes people instinctively stop short of thinking dangerously, or committing Thought Crime.

This involves failing to understand the simplest arguments, if they are hostile to conventional wisdom. An example of this is the futile 'report' on drugs produced last week by Dame Carol Black. It blames drug abuse on deprivation through 'huge geographical and socioeconomic inequalities'. It treats drug taking as an involuntary crime, as a disease to be dealt with by 'treatment', a formula insulting to the truly sick. Disease is compulsory. How the sick wish they could give up having cancer. It completely fails to notice that illegal drug abuse in this country has soared because the police and courts have simply stopped bothering to enforce the laws against drug possession.
Peter Hitchens, Mail on Sunday, 1 March

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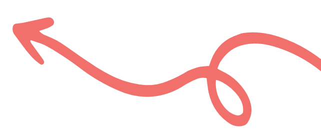

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