

# DDN

Drink and Drugs News

May 2020

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## **RAPID RESPONSE**

Keeping service users and their families safe

## **DOUBLE IMPACT**

Secondary traumatic stress in treatment professionals

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**HOW COVID-19 IS CHANGING THE WAY WE WORK**



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# DDN

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## IN THIS ISSUE



### ON THE COVER: A new way of working



What does COVID-19 mean for hep C planning?

Keeping service users and their families safe



### REGULARS

- 4 NEWS**  
COVID guidance for treatment providers
- 6 NEWS FOCUS**  
Getting innovative
- 16 TRIBUTE**  
to Simon Morgan
- 17 LETTERS**  
Gearing up for what's ahead



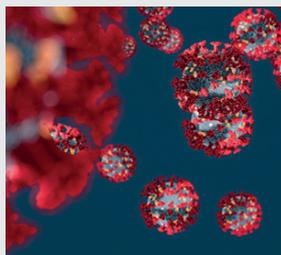
Bill Nelles on harm reduction, then and now



Secondary traumatic stress in substance misuse workers



## STAYING STRONG IN PARTNERSHIP



Find the resources to stay ahead of coronavirus from the DDN partners and community at [www.drinkanddrugsnews.com](http://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're learning about new versions of outreach'

**WE'VE HAD TO CHANGE OUR PLAN** for this issue several times this month as your news and survival tips have been coming in. The good thing is, it's not just about business as usual – it's become about being better than usual. Not only are we hearing about swift action to keep essential services maintained – we're also learning about new, enhanced versions of outreach, where service users are an essential part of developing and maintaining the model.

Tweeting their invitation to the LUF Lounge on a Saturday night, Red Rose Recovery offer 'community and connection with a whole heap of compassion' and this spirit is playing out through the Lancashire recovery communities, with their 'dramatic shift to digital provision' (page 8). Particularly exciting are the partnerships that are forming from this 'new digital world'.

Last month we raised the issue of delayed scripts through a 'plea from the pharmacy queue' and there's been a lot of hard work going on to improve the situation. The clinical and prescribing team at Humankind are among those working round the clock to ensure no one is ever without medication (page 13).

Carry on the great work and new ideas – and share them with us! Community means more than ever right now.

**Claire Brown, editor**  
Keep in touch at [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com) and @DDNmagazine



# Government issues COVID-19 guidance for treatment services and providers

**G**uidance for commissioners and treatment providers during the COVID-19 outbreak has been issued by Public Health England (PHE) and the Department for Health and Social Care (DHSC). While services don't need to close they should keep face-to-face contacts to a minimum, it says.

Given the pressure on the NHS and other services it will be necessary to defer drug detoxes, the guidance states, as well as scale back testing for hep C. Provision of harm reduction measures such as NSP and take-home naloxone, however, should be increased where possible, while arrangements for prescribing and dispensing will change to take account of social distancing, pharmacy closures and staff availability.

Service users should be told not to turn up without an appointment, and staff should contact them before their appointments to check if they've developed symptoms. Providers should also liaise with local hospitals to 'ensure they are aware the symptoms of COVID-19 may be confused with withdrawal symptoms in a dependent drug or alcohol user', the guidance adds. 'It is important that anyone taken to hospital and showing symptoms that could be either alcohol or drug withdrawal or COVID-19 is managed as if they have COVID-19, unless and until the results of testing show otherwise.'

Providers, commissioners and pharmacies should be as 'flexible as possible, within the legal framework, to support the safe delivery of OST', it says, with services transferring 'most, if not all' patients from supervised consumption to take-home doses,

and providing them with up to two weeks' worth of supply where possible. Pharmacists may also be allowed to give out methadone, buprenorphine and other medicines containing controlled substances such as opioids or barbiturates without a prescription during the COVID-19 pandemic, following advice from the ACMD.

Providers should also be monitoring reports of adulterated or unusually strong drugs or any unexpected effects, the guidance document stresses. 'If usual drug supply routes are affected, there is a risk that alternative substances will be sourced and sold. Cases should be reported to [drug.alerts@phe.gov.uk](mailto:drug.alerts@phe.gov.uk)'

*COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol at [www.gov.uk](http://www.gov.uk)*

*See news focus, page 6*

'Drug and alcohol services do not need to close... and are important to keep operating as they protect vulnerable people who are at greater risk from coronavirus (COVID-19) and help reduce the burden on other healthcare services.'

## SDF launch online Scots COVID support

**AN ONLINE TOOL** to help people stay up to date with changes to treatment and pharmacy services has been launched by the Scottish Drugs Forum (SDF), We Are With You and Scottish Families Affected by Alcohol and Drugs.

Pharmacies and treatment services can submit weekly updates, which are shared through the lead organisations' websites and social media channels. The database can also be accessed as a map to allow people to see what is available nearby.

'It has been a real team effort to create a map of all Scotland's drug and alcohol services' revised arrangements during the COVID-19 lockdown,' said We Are With You executive director Andrew Horne. 'People can now see, at the click of a button, which services are being delivered across the country.'

[www.sdf.org.uk/covid-19/service-delivery-changes/](http://www.sdf.org.uk/covid-19/service-delivery-changes/)



'People can now see, at the click of a button, which services are being delivered across the country.'

ANDREW HORNE

## Gambling ads suspended for 'safer' messages

**BRITISH BETTING FIRMS** will voluntarily remove their TV and radio advertising during the lockdown, the Betting and Gaming Council (BGC) has announced.

Existing advertising slots will be replaced by 'safer gambling messages', donated to charity or removed, says the council – the industry body representing betting shops, casinos and online gambling companies. The changes will come into force no later than 7 May and stay in place until at least 5 June, and will only be reviewed when lockdown restrictions are relaxed.

BGC members account for around half of all gambling advertising on TV and radio, and the council says it hopes other operators will follow suit. Meanwhile, the Gambling Commission has issued advice on how gambling companies should keep consumers safe during the COVID-19 outbreak, and the RSPH has designed a confidential

survey on behalf of the Gambling Health Alliance to help understand what impact the lockdown is having on those vulnerable to gambling related harm.

*Gambling Commission guidance at [www.gamblingcommission.gov.uk/home.aspx](http://www.gamblingcommission.gov.uk/home.aspx).*

*Survey at [www.surveymonkey.co.uk/r/L9HBYBT](http://www.surveymonkey.co.uk/r/L9HBYBT)*

The changes will come into force no later than 7 May and stay in place until at least 5 June, and will only be reviewed when lockdown is relaxed.



# Regular drinkers consuming more during lockdown

**A**lmost 20 per cent of daily drinkers are consuming more alcohol during the coronavirus lockdown, according to research commissioned by Alcohol Change UK. However, while more than a fifth of drinkers overall are now drinking more often, one in three are either drinking less frequently or have stopped completely, with the lockdown changing the way people drink 'at both ends of the scale.'

The survey, of more than 2,000 people, suggests that 14m UK adults are either drinking less often or not at all, while just under 9m are drinking more frequently. Almost 40 per cent of current or past drinkers said they were taking steps to manage their drinking.

People who were already drinking the least are more likely to have reduced their consumption – almost half who drank once a week or less have cut down or stopped, compared to 27 per cent of those who drank between two and six times a week and 17 per cent of daily drinkers. 'Worryingly', 18 per cent

of daily drinkers are now drinking more, it states. Around 7 per cent of respondents also said they were living in a household where drinking – either their own or someone else's – had worsened tensions, rising to 14 per cent of those living with children. The figures supported what Adfam had 'been hearing from families,' said its chief executive Vivienne Evans. 'Family and household members are largely unrecognised victims of the harm alcohol can cause.'

'This is the most extensive research yet into drinking during lockdown and it shows that this unprecedented period is having a significant impact on the way the UK drinks,' said Alcohol Change UK chief executive Dr Richard Piper. 'More than one in five of us are finding ourselves drinking more frequently in lockdown; many of us use alcohol as our go-to stress reliever, and in this very stressful time it's not surprising that we might find ourselves reaching for a drink more often. But at the same time people across the UK are rising to the challenge by taking steps to manage our drinking. More than a third of us are putting in



'This is the most extensive research yet into drinking during lockdown.'

DR RICHARD PIPER

place ways to keep our drinking in hand, ranging from taking drink-free days to using online support groups. We want to come out of lockdown as mentally and physically healthy as we possibly can, and managing our drinking is an important part of that.'

## Drug market movements

**RELEASE** is setting up a network of people to shed light on COVID-19's effect on the UK drugs market and wants to hear from people who use or supply drugs on issues such as whether there are more adulterated drugs, if new substances are appearing, and whether prices have gone up. 'Like many commodities, the drugs market is likely to suffer from stockpiling and shortages,' says the charity. 'These are just some of the questions we are interested in, but any information you have on the market is welcomed. The purpose of this learning is to ensure we can share the most accurate harm reduction messages, signpost people to the right harm reduction interventions and to treatment if that is what they want.' Visit [www.release.org.uk/coronavirus-drug-purchases-impact-survey](http://www.release.org.uk/coronavirus-drug-purchases-impact-survey) or use the confidential phone line or email address on the website.

## London rough sleepers housed in hotels

**MORE THAN 1,000 HOMELESS PEOPLE** in London are self-isolating in hotels and other locations during the COVID-19 outbreak, according to the mayor's office. City Hall has been working with the government and charities to block-book rooms across hotel chains including Best Western, Travelodge, InterContinental and Accor. Specialist rough sleeper support is being overseen by St Mungo's, while Change Grow Live, Turning Point and Phoenix Futures are providing substance misuse support. Anyone developing symptoms of COVID-19 will be referred to a specialist facility in a hotel in east London. The operation is being funded by a £10.5m grant from the mayor and the Ministry for Housing, Communities and Local Government. The government had previously written to all local authorities instructing them to find emergency accommodation for rough sleepers by the end of March (DDN, April, page 4).



## Local News



### GAMES DELAYED

This year's Recovery Games will be delayed until August 2021, the organisers have announced. 'The safety of the hundreds of competitors, spectators and everyone involved in putting the event together is our main priority,' said senior day programme lead at Aspire, Neil Firbank. 'We will be back in 2021 with an exciting new look and activities.'

### LOCAL UPDATES

The Blue Light project has published an update on dependent drinkers during the coronavirus outbreak, based on conversations with providers around the country. Details at <https://alcoholchange.org.uk/blog/2020/covid-19-supporting-the-most-vulnerable-drinkers>



### CAPITAL SERVICE

WDP has teamed up with InPost to offer its Capital Card users essential items via 24/7 contact-free locker delivery across locations in London and Cheshire. 'It is testament to the tireless efforts of our Capital Card team who thought outside the box to get the best for our service users under lockdown,' said WDP chair Yasmin Batliwala.

# WEATHERING THE

While COVID-19 is wreaking havoc on the vulnerable, the economy and society as a whole, it is also generating – by necessity – some new and innovative ways of working. **DDN** reports

With the UK's lockdown now in its second month, everyone has had to adjust to the 'new normal'. However, in much the same way that COVID-19 can be far more damaging to people with weakened immune systems or pre-existing conditions, so it has the potential to cause disproportionate damage to sectors already depleted by year after year of shrinking budgets. Whether the inevitable recession that comes in its wake will lead to greater austerity, or whether renewed respect for health services and – perhaps – a different attitude to society's most vulnerable might see the drug and alcohol sector get off relatively lightly (*DDN*, April, page 7) is yet to be seen.

In the meantime treatment services, like everyone else, are having to get by as best they can. Substance misuse staff have been designated as key workers eligible for COVID-19 testing if they display

symptoms and for school-based care for their children, which means the sector is able to function better than most. Arrangements have also been made to try to ensure people can get their substitute medication, and organisations have also been able to move elements of their support online.

## GUIDANCE

The government published its guidance for treatment services and commissioners on 15 April (see news, page 4) which – alongside instructions to minimise face-to-face contact, scale back hep C testing and defer detoxes – recommends increasing provision of harm reduction measures including naloxone, and encourages services to increase stock held by NSPs and allow people to take more equipment. The guidance also advocates new ways of working, such as by phone or video call, something most organisations were already doing.

'I do think that the drug and alcohol sector were getting on with it ourselves because of the very

nature of what we do,' director of health, care and wellbeing at the Calico Group, Nicola Crompton-Hill, tells *DDN*. 'But I think what the guidance did was offer reassurance. One example was that staff were recognised as key workers. That alone really helped me and the management teams realise we'd be able to manage staffing levels and safeguarding better.'

'We were heartened to read the guidance, especially as WDP had already implemented the overwhelming majority of it,' agrees WDP chair Yasmin Batliwala. 'The guidance is sensible and comprehensive but will of course need to be updated to suit the ever-changing situation, particularly as lockdown restrictions are eased and we begin the return towards normal service operation – albeit with stringent protection measures in place.'

WDP has moved support to online resources, videoconferencing facilities and phone appointments where it's considered safe for the service user, although it also continues to safely operate



'The drug and alcohol sector were getting on with it ourselves because of the very nature of what we do... But I think what the guidance did was offer reassurance.'

NICOLA CROMPTON-HILL



**Bath: A volunteer PPE manufacturing initiative set up in a school sports hall during the coronavirus pandemic. Credit: Andrew Lloyd/Alamy**

in-person appointments. 'Our IT department has also rolled out a large amount of equipment and support in a short space of time, for example a desktop phone system used on tablets to allow staff to make and receive calls using the usual service number,' she says.

It's possible that one of the long-term impacts of all of this might be a shift towards more online support and counselling generally, although clearly there are areas where this will be far from ideal. 'We've been adapting the model and the programme where we can to offer virtual support and

# STORM



**London: A space underneath Tottenham Hotspur Stadium is used as a food hub for delivery of pre-packaged meals to the homeless and vulnerable. Credit: Simon King/Alamy**

virtual counselling,' says Crompton-Hill. 'Some staff in our residential aren't used to working digitally so I'm really proud of how quickly that culture's been adapted, and we're starting to think about how we can enhance services going forward. Given that when we come out of the actual crisis we may be left with a reduction in funding, can we do more in the style that we've had to adapt to? But there are lots of mutual aid groups operating virtually at the moment and what's key to mutual aid is actually going out there and socialising with people in similar situations – having that connectedness and those one-to-one chats. So although people have done their very, very best, those sort of things will be really impacted, so it's just trying to get the balance right. I think we've just got to hope as a sector – and fight a bit – to try to get back to where we were in terms of our offer and delivery.'

## UNPRECEDENTED

The unprecedented operating environment has meant that organisations have needed to come up with other alternative ways of working. While the lockdown has inevitably forced the partners who provide the rewards for WDP's Capital Card scheme (DDN, February 2019, page 6) to close, the organisation is securing a



'We're proud of the way all WDP staff have risen to the challenge with dedication and innovation. To say thank you doesn't seem nearly enough... the fact we've managed to still provide an in-person and remote service has been a huge success.'

YASMIN BATLIWALA

free-of-charge arrangement with a national delivery company to deliver essentials like clothing and hygiene products from Capital Card shops – normally located in services – direct to service users' doors. While keen to return to normal operating models, WDP will 'certainly be able to boost our offer with a lot more home participation for service users in the future,' says Batliwala. 'This should really help the momentum of recovery journeys between in-service appointments.'

## SUPPORT

Although it's been a period of rapid change, the local authorities commissioning WDP's services have been 'extremely supportive, which has been a big help,' she adds. 'It's been a real two-way process – there's been a real sense of really wanting to help us with PPE, for example, which has been really welcome,' agrees Crompton-Hill.

'We're proud of the way all WDP staff have risen to the challenge with both dedication and innovation,' says Batliwala. 'To say thank you to them doesn't seem nearly enough. The fact that we've managed to still provide both an in-person and remote service in all areas has been a huge success. We've maintained very regular communication, guidance and encouragement to staff throughout, and have done

whatever we can to boost morale in small ways such as pizza lunch deliveries and 'fresh fruit Mondays'. We have also vastly expanded our online support for staff, including workouts, weekly wellbeing webinars and tips for effective home-working and coping with lockdown in general.'

## LONG-TERM IMPACT

What no one knows, of course, is what the long-term financial impact of all this is going to be on the sector. 'A lot of the work we're doing at the moment is looking at the "what if?" and factoring in the financial implications of that as a business,' says Crompton-Hill. 'I think what we need to try to do as a sector is use what we've learnt over the last month to see if we can step up to what those financial challenges might be, for example can we do more digitally so we can see more people? We don't want to have to do that because a lot of our services run on being able to come together, but we may have to.'

'One of the things I'm proud of is the staff and their resilience, and their ability within a very short time frame to adapt their everyday practice,' she continues. 'We've been specifically helping with homelessness. We looked at all the beds we had available and with every service that had a bed it was, "can we help?" Everyone mucking in together has been a real theme over the last month.'

Another thing that the crisis has reinforced is the vital importance of effective communication. 'Really open and transparent communication has been key,' she states. 'I've had that from the local authorities we work with, and we've done that with all of our clients in treatment, all of our staff, partners – it's really helped us through this. I've never had as much communication coming through, and I've never sent as much out. But I think that helps people feel fully informed, and it's been a real key thing for me. You've not felt alone in the process.' **DDN**



# A NEW NORMAL



Within days of lockdown being announced, Lancashire's recovery communities had transformed their way of life on a grand scale, as **Chris Lee** explains

**W**e are all living with significant changes as a result of the threat posed by COVID-19. For some this is just another factor in busy lives, for others it's a real threat to a safe and functioning lifestyle. The pressures of isolation, worries about money, housing, food, keeping children occupied and all of us safe will be creating untold pressures and risks for some.

The UK recovery movement might have drifted from the popular narrative, however in parts of the country, thriving, diverse recovery communities are adapting to the 'new normal'. We wanted to highlight how two organisations, Red Rose Recovery/Lancashire User Forum (LUF) and The Well Communities are adapting to support those in recovery and beyond.

Lancashire has had a sustainable and thriving recovery scene for well over a decade. This had led to well-developed peer support structures, training, employment, group work, activities, volunteering and more. All of this is delivered very much as an asset-based community development approach – local people with lived experience supporting other local people with lived experience.

## THE OLD NORMAL

In the current circumstances, some 'normal' work is still ongoing, albeit under the guidance of physical distancing, use of appropriate protective equipment and essential journeys:

- *In the early days of lockdown donations of food and toiletries from high street retailers were delivered to the elderly, homeless and vulnerable, along with packs from Lancashire Fire and Rescue Service.*
- *Volunteers have been supporting the delivery of more than 600 meals a day to feed individuals who are vulnerable, isolated, quarantined or shielded in local communities; information about digital support is distributed through the food parcels.*
- *Local treatment providers have been supported to deliver naloxone and safe storage boxes*
- *Support has been given to individuals in recovery housing.*

However, with no face-to-face mutual aid running and normal peer support 'suspended', a dramatic shift to digital provision has been implemented locally to do all we can to ensure no one is left behind. Both Red Rose Recovery and The Well Communities have rapidly embraced digital tools and shifted support online within days of the UK lockdown coming into force.

New partnerships are appearing as a result of the new digital world.

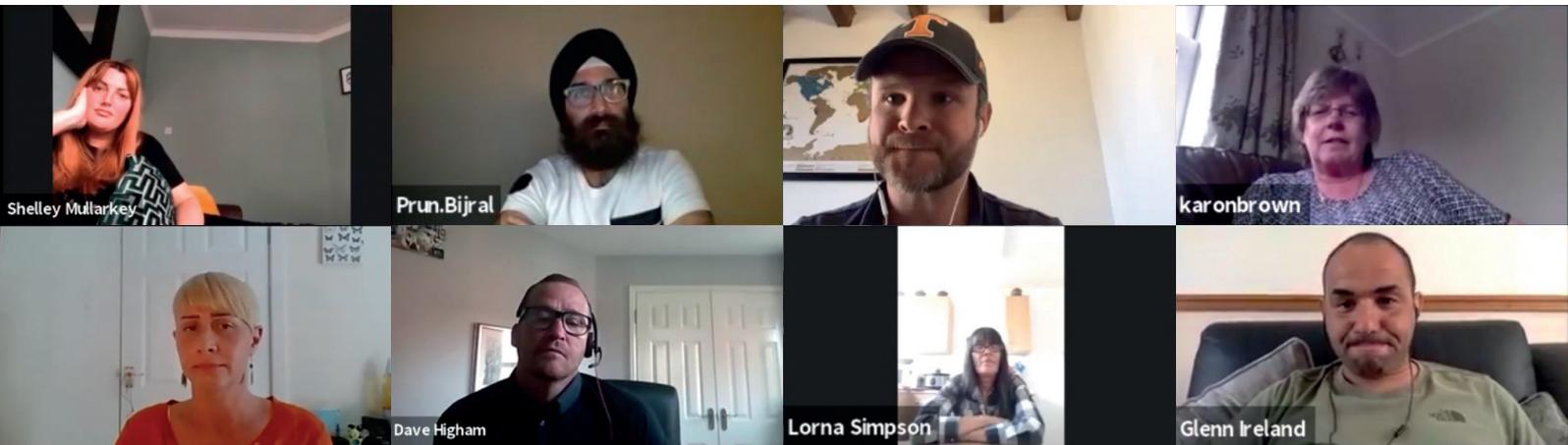
This emphasises the flexibility of community organisations and the principle of building delivery around those who use them.

This isn't perfect, but sharing the learning has been key to the success of recovery communities locally. One simple issue has been to try to buy mobile phones and credit for those with no resource and therefore at risk of isolation, or to actively support people to download software and give tutorials to support access.

## THE NEW NORMAL

Employed workers and volunteers in the recovery communities are desperate to help those in need in any way they can. It took a while to get them to recognise the severity of the situation, the risks involved and to adapt to new ways of working. However, now as always, they have proved how they adapt quickly and develop new skills to enable work to continue safely.

The 'new normal' is being



**Above: The Well hub and social supermarket in Barrow**

the Lancashire User Forum developed the 'LUF Lounge' on Saturday evenings at 5pm – hosted on Zoom and broadcast to Facebook as a live stream. The Well have been using Facebook to live stream for broadcasts on Monday and Friday each week at 12 noon. Both events have drawn in both local and national figures to update, educate, support and entertain our recovery communities.

Both organisations have been collaborating to share experience of the technology, to support each other's approaches in reaching out and provide meaningful content for the local recovery communities – and beyond. Digital delivery has meant reaching recovery communities in Wales, Australia and New York!

New partnerships are appearing as a result of the new digital world, for example working with local housing providers to support delivery of food parcels in the physical world and support them to access the online offer.

### THE LESSONS

What are we learning as a result of all this?

- *Isolation and mental health have been key issues raised, especially from those in supported housing as they are almost confined to their bedrooms (although we know that not all are keeping to lockdown rules and meeting up with friends etc).*

supported with daily team Zoom meetings (other platforms are available), and regular outreach is now via telephone and social media platforms and tools – WhatsApp and Facebook. This aims to replicate as far as possible the principles of pre-COVID delivery but with the added bonus that group work is now open to all without geographical restrictions.

Since the lockdown began:

- *more than 15 online support groups are running each week with regular participation*
- *live exercise classes (weekly) achieve around 100 views per session and active participation*
- *recovery shares (weekly) are viewed by up to 500 people*
- *live topic broadcast (with field experts) are viewed by up to 200 people*

Both organisations have also inadvertently created 'flagship' broadcasts. Red Rose Recovery and

- *People are struggling when they are unable to see their children and other family members; this is also undermining some people's mental health.*
- *There is a perceived increase in relapse; local treatment provision has seen an increase in referrals.*
- *Another key concern is that those who have experienced crime, assault or dispute are desperate for personal contact, something no digital transformation can ever overcome.*
- *Facebook and Twitter followers are rapidly increasing alongside significant increases in requests for support.*
- *The beauty of digital is that the analytics are available to help inform reach. We can see an unprecedented surge in views with a global reach from the broadcast events so far.*

### THE FUTURE

This has yet again highlighted the inherent value of community organisations and community participation. It has shone a light on the need to address digital inclusion and ensure people have access to the right tools to enable participation, alongside other

existing social, economic and health inequalities.

Plans are currently being developed to build on these early developments and to bring along other groups who wish to join in, to build digital inclusion, develop the new digital skills and embrace what technology has to offer. This will include technical, social and policy development needs.

The future is clearly unknown. When will lockdown measures begin to ease, how will that happen and what restrictions will remain? All are questions that society as a whole will be grappling with. What is certain is that the digital shift in delivery for recovery communities locally is here to stay. Yes, the physical world is important and digital cannot replace much of 'normal' recovery activity. However the ability to reach out beyond borders (of whatever sort), to share stories, experiences, music and thought in times of crisis is aided by digital platforms. The increased connectivity is making a difference, for example people who suffer with anxiety or those living in rural communities. We can't just go back to 'normal'.

*Chris Lee is public health specialist at Lancashire County Council*

If you would like to know more, please contact:

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The Well Communities: **[www.facebook.com/groups/thewellcommunities/](https://www.facebook.com/groups/thewellcommunities/)**

# STAYING ON TRACK



What does COVID-19 mean for hepatitis C elimination plans in London? **Dee Cunniffe** gives an update



Two months ago, on 2 March, senior leaders from across the NHS, addictions sector and public health in London came together at City Hall to kick start work on a new routemap to eliminate hepatitis C in the capital. The World Hepatitis Alliance hailed the partnership as 'an example of best practice that could be replicated in cities across the world' and support for this initiative from every connected sector in London has been impressive.

However, just days after our 'kick start' event, the enormity of the impact of COVID-19 started to unfold. That seems like a lifetime ago now, and since then the NHS has completely reconfigured to create capacity for coronavirus patients, and all outreach and addictions support services have had to adapt to supporting people remotely.

So, where does that leave our plans for eliminating hepatitis C? While people who had started treatment are being supported to complete it and become hepatitis C free, outreach testing and treatment initiations have

paused in most places, and some hepatologists have been redeployed to COVID wards.

We know this is not forever and Matt Hancock has already started talking about the restoration of other NHS services. This will require substantial service

The steering group for the Routemap brings together senior representatives from Public Health England, local government, NHS England, addictions service providers, homeless services, CCGs and The Hepatitis C Trust

reconfiguration in many places and will take several weeks, maybe months for some areas.

Creativity and fresh thinking will be required to ensure that healthcare challenges, such as finding the undiagnosed people who are living with hepatitis C, are not worsened in the long term due to this crisis. For example, we will need to think more creatively about how we raise awareness and provide information and support online, and whether self-testing could be used, as it has for HIV.

The steering group for the routemap brings together senior representatives from Public Health England, local government, NHS England, addictions service providers, homeless services, CCGs and The Hepatitis C Trust. While many of these people and their

organisations are completely focused on combatting COVID-19 at the moment, they are all also deeply committed to the goal of eliminating hepatitis C. No one wants progress made in addressing hepatitis C to be another victim of COVID-19.

There is one thing that has been constant in my experience of working in the hepatitis C field for the last ten years: progress has always been built on the passion and dedication of an army of incredible people, from people with experience of living with hepatitis C to nurses, consultants, addictions support workers, and many more. I know that we will all rise to the new challenges and, as a 'new normal' develops, ensure we continue to make progress to our goal of eliminating hepatitis C.

*Dee Cunniffe is LJWG project lead*

**The routemap to eliminating hepatitis C in London has five key areas for action – raising awareness, engaging with people who are under-served by traditional health systems, working with GPs to find the undiagnosed, making pathways as quick and easy as possible, and aligning hepatitis C and HIV Fast Track Cities Initiatives. Read more at [www.ljwg.org.uk/news](http://www.ljwg.org.uk/news)**

# A TIME FOR LIFE AND LOVE



What lessons can we learn from the '80s AIDS crisis, asks **Bill Nelles**

**'B**y the pricking of my thumbs, something wicked this way comes.' (*Macbeth*)

In the time since I wrote last month (*DDN*, April, page 8), so much has happened to change our lives beyond all recognition, causing immense grief and sadness. So today I was thinking about the similarities and differences between the AIDS epidemic of the last century and our current COVID health crisis, and seeing if some of the tactics we used then could be adapted to today's situation.

AIDS caused a lot of the same fear and panic that we're seeing now. However, attitudes changed when it became clear that the HIV virus could only infect people by direct exchange of body fluids such as blood and semen. It still took some years before it was generally accepted that HIV was not spread by touch or cough droplets – it was behaviour that spread the virus, not casual contact.

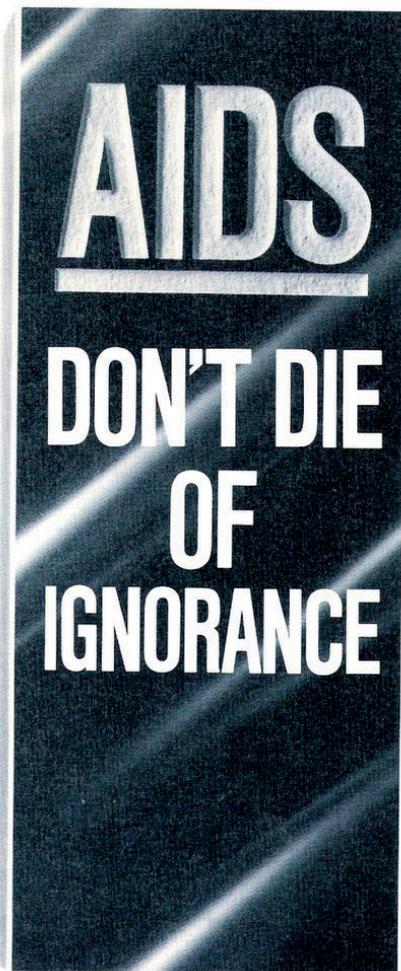
COVID-19 is very different. It spreads rapidly through casual contact such as coughing and sneezing. It has a short incubation period before symptoms emerge – although people at this stage can spread it to others – unlike HIV which destroyed the immune system over months and even years. The vast majority of people with AIDS died before we could treat their infections arising from impaired immune systems and develop the antiretroviral drugs that led to people leading almost normal lives.

So, in the absence of any treatment or 'cure', what really helped us though the last epidemic were national and local organisations that enabled us to counter misinformation from sensational media coverage with accurate and honest information, even when it was uncomfortable for ministers. We worked to form local organisations across the country that soon became the backbone of a self-help support system, helping people with everything from claiming benefits to understanding the importance

of taking the new triple therapies exactly as prescribed. We set up buddy groups where people had a named individual to work with to shop, clean, nurse and solve problems as they arose. We worked with government and unions and soon became the national organisation for people with AIDS, the Terrence Higgins Trust. But what was very different then were the arguments for testing. In 1985 we could only tell if someone had been exposed to the virus – the antibodies produced in the body in response to HIV showed infection but had no protective value, and if you needed life insurance for any reason you couldn't get it if you tested positive. COVID-19 antibodies, on the other hand, appear to have protective value and show the person is no longer carrying the virus. So antibodies may be used, very soon, both therapeutically to boost the immune response in

**'What really helped us though the last epidemic were national and local organisations that enabled us to counter misinformation from sensational media coverage with accurate and honest information, even when it was uncomfortable for ministers.'**

**In 1987, the UK government's AIDS leaflet DON'T DIE OF IGNORANCE was sent to every household in the country: 'By the time you read this, probably 300 people will have died in this country. It is believed that a further 30,000 carry the virus. This number is rising and will continue to rise unless we all take precautions..'**



of taking the new triple therapies exactly as prescribed.

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COVID-19 antibodies, on the other hand, appear to have protective value and show the person is no longer carrying the virus. So antibodies may be used, very soon, both therapeutically to boost the immune response in

others and to demonstrate that someone is no longer contagious. This will enable volunteer groups to form and safely provide services better suited to local provision. In 1985 we didn't need to worry about day-to-day contact with those infected – now things are different and people will need to know they are not contagious before helping others.

When this is all over, as one day it will be, our true challenge will be to resist the pressures to return the old normalities, and instead craft a truly sustainable and equitable future for all. One day we will tell our children about these dark days, and hopefully, seeing the cleanliness of the air, the lack of smog, the clarity returning to our lakes and rivers, they will insist on a world that's different to the one we all knew was unsustainable and leading to catastrophe.

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

# RAPID RESPONSE



**Lee Wilson** explains how Humankind's partnership in Leeds has been pulling out all the stops to keep service users and their families safe

**T**he flexibility and innovation shown by the sector across the UK has been phenomenal and we are very proud of how all our partnerships have worked collaboratively to meet service user needs.

The Humankind partnership service in Leeds is a fantastic example of this. Forward Leeds and their aftercare service 5 WAYS have put in place a comprehensive programme that continues to support people when their traditional recovery network has fallen away.

The new programme consists of eight Zoom

meetings a week, including a SMART meeting, three general recovery groups, a quiz, an adult learning course and mindfulness, and we've just added 'song of the week' which is a discussion on songs that service users are finding inspirational.

There is also a range of mindfulness videos and 'five ways to wellbeing' videos on our YouTube channel that are accessible to anyone, as well as podcasts to download, and our group workers have made lots of their written resources available to for anyone to download.

These digital interventions are just part of

a package of support that we've put in place. We've called each of our 3,300+ service users in Leeds to make sure they're ok, and for those we couldn't reach by phone we're carrying out home visits. Importantly we're still working with all our clients towards their treatment goals using video calls and Zoom whenever possible to make the experience as rich as we can.

Our clinical and prescribing team has worked



## A HUB IN GOOD HEALTH



There's a new version of business as usual, says **Sam Thomson** at North Yorkshire Horizon's Selby hub

**I**n normal times, our Selby hub is a really busy place. We've got a town centre location and we're well known in the community, but people can visit us discreetly.

We have appointments, referrals, triages and group meetings, and we run the breakfast club. The Selby hub offers health and wellbeing checks including health screenings, blood testing and vaccinations. We work closely with

local partners including the food bank and a homelessness charity. Workers run several outreach clinics in the rural district.

A lot of things have changed since the lockdown, but we continue to treat people with respect and support them fully. This is paying dividends because people are telling us they understand that things have had to change, and they appreciate the work we're doing to keep the impact of the changes to a minimum.

Everyone has been happy with the social distancing we practise in the hub, and we've had no problems. Obviously, we're being vigilant about our high-risk clients and constantly assessing how we can support them and their loved ones while they're shielding and self-isolating.

The team is focused on doing psychosocial interventions on the phone, offering regular harm minimisation advice and continuing to give out naloxone kits. We're also posting information out to clients.

Our hub is open to answer the phone, cover reception and offer open access needle exchange. We're continuing to take referrals and offer triages and comprehensive assessments.

Something that we feel is very important is to signpost our service users to SMART online



around the clock juggling appointments and re-arranging scripts and pharmacies to ensure no-one was ever without medication, while keeping the service users as safe as possible.

We are working with the rough sleeping population, who have recently been moved into nine hostels across the city, to manage their scripts and ensure they have what they need, including naloxone. This could be a

critical moment to engage this population into treatment services and we want to make sure we are making the most of it.

Our harm reduction team has been continuing to offer needle exchange services every day and has upped the level of outreach we are providing. We're also doing proactive home visits with naloxone kits and clean equipment.

Our Family Plus team has distributed family care packs and is offering additional support to families of service users who are struggling to cope.

We didn't know a couple of months ago that Zoom would become an integral tool for our interventions but now, across Humankind, we have had a staggering 114 days of meetings via Zoom over the last month. Attendance at our online groups continues to grow and we are looking forward to seeing how this online community develops.

It is fantastic to see what we have achieved in such a short space of time, and I know services up and down the country have also done amazing things.

*Lee Wilson is Humankind operations director, Leeds*

We've been doing a lot around safe storage and our workers are dropping off our lock boxes at people's doors.

and to registering with Breaking Free Online, as well as to information on our own website to help manage their mental health and self-isolation.

Just like all the other hubs in North Yorkshire Horizons, we've made packs up for needle exchange. In each pack, there's the usual varied sizes of needles, but also pans, swabs, vitamin C, a sharps bin and harm minimisation leaflets. Whereas before a client would come in and pick

and choose what they needed, now they're able to pick up the pack and not spend any more time than necessary in the building.

We've been doing a lot around safe storage and our workers are dropping off our lock boxes at people's doors. This means the methadone is safely locked away, which is especially important in a family situation or in homes of multiple occupancy.

The feedback from the service users that we're getting is that it's great that we're still in contact with them while all of this is going on – people see we haven't forgotten their needs.

I'm so proud of my team. They've really stepped up to the mark. We feel we've pulled together and learned a lot and we're looking after each other – maybe more than ever before. I'm confident the team will rise to any challenges we are faced with in the future.

*Sam Thomson is a lead practitioner at the Selby hub of Humankind-led North Yorkshire Horizons service*

[www.nyhorizons.org.uk](http://www.nyhorizons.org.uk)

## SWIFT SHELTER



In London a new service has been set up as a single point of contact to

help homeless people, says **Oliver Standing**

**O**n 26 March Luke Hall MP, minister for local government and homelessness, wrote to local authority leaders requiring them to identify people sleeping rough and support them into accommodation within 48 hours. This was part of the COVID-19 public health effort, which also mentioned additional measures around triaging people and making arrangements to meet their health and social support needs.

Those sleeping rough are substantially more likely than the general population to have a drug or alcohol support need, so moving significant numbers of people into emergency hotel accommodation necessitated the rapid creation of a coordinated, ultra-flexible drug and alcohol service.

In London that resulted in the Homeless Hotels Drug and Alcohol Support Service (HDAS), a collaboration commissioned by the City of London and involving South London and Maudsley (SLAM), Change Grow Live, Turning Point, and Phoenix Futures. HDAS offers a 'single point of contact' which means there are workers available nine to five to take enquiries and support and guide the homelessness, health and care staff working in the hotels on any drug and alcohol support needs. A clinician is then available to cover emergencies out of hours. The HDAS is also able to offer harm reduction materials including naloxone and lockboxes to those in the homeless hotel system.

The rapid creation of this system to meet the needs of some of our most vulnerable citizens during the unprecedented challenge of a global pandemic is of credit to the field, and the HDAS model may prove useful to other areas of the country struggling with similar challenges.

*Oliver Standing is director of Collective Voice*



# DOUBLE IMPACT

Kateryna Kovarzh/iStock



Secondary traumatic stress (STS) is alive and kicking among substance misuse professionals, says **Victoria Hancock**

**R**ecent research into employees at a national substance misuse charity showed that frontline staff who were regularly exposed to their victims' traumas often suffered symptoms similar to post-traumatic stress disorder (PTSD). These included intrusion (involuntary thoughts and images), flashbacks and hyperarousal, and were a result of indirect trauma *ie* through the retelling of the client's own trauma.

The intensity of symptoms was such that half of substance misuse professionals who took part in our Birmingham City University study were found to be suffering from 'high' or 'severe' secondary traumatic stress (STS). As author of *An exploratory study on secondary traumatic stress amongst substance misuse professionals*, I'd noted there was a lack of research into the issue of frontline staff working with individuals presenting with trauma and going on to experience STS. This was especially the case when it came to substance misuse professionals – in fact, this was the first time such a study has been done in the UK, although previous research in the USA and Australia has identified these issues. Of 225 substance misuse professionals who took part in the American survey, 19 per cent showed symptoms of PTSD – in other words they were suffering secondary trauma. In Australia the figure was similar, at almost 20 per cent.

Our UK study findings highlighted that STS among substance misuse practitioners warranted further investigation, especially in term of client,

staff and service-level outcomes. Organisations should be looking into this area to help manage and promote both a healthy workforce and environment.

Senior staff members should be trained to identify employees with STS and organise support for them – whether that means allowing the affected individual to take a leave of absence, receive counselling, or engage with them on regular debriefing exercises.

Organisations should nurture a supportive culture for staff to achieve a work-life balance, and one of the ways they can achieve this is by helping to identify a range of coping mechanisms unique to individual staff members when working with traumatised clients.

## EMOTIONAL STRESS

Clients' needs are often complex and diverse, including comorbidity of substance misuse and mental illness. As a consequence, staff can be exposed to vivid descriptions of trauma, as well as accounts of neglect and abuse. The result is direct emotional distress, now recognised as STS.

Workplace stress has been recognised within the health profession, but this has usually centred around doctors and nurses. Other professions where STS and its negative effects on individuals has been specifically identified include social workers, mental health nurses, sexual assault therapists, journalists and asylum evaluators/interpreters. The condition can manifest through symptoms such as depression, despair and cynicism, and it is common to experience alienation from friends, family and colleagues, as well as a range of both physical and psychological symptoms. From an organisational perspective, individuals with STS are much more likely to be less efficient team members than their 'healthier' colleagues, due mainly to tiredness.

However, it's not all bad news. A previous study on social workers looking after children said exposure to trauma actually made them better at their job, because they were able to empathise more. There was also 'personal growth' for the individual in that it made them value relationships more, develop wisdom and be grateful for what they had. For some it even altered

Staff can be exposed to vivid descriptions of trauma, as well as accounts of neglect and abuse. The result is direct emotional distress, now recognised as STS.

their philosophy about life.

My study was based on the responses of six frontline staff working in the third sector, four male, and all of whom worked for the same charity providing services to clients affected by substance misuse. All six were given a semi-structured interview, then later asked to rate their responses to certain factors on a numerical scale. This was limited to symptoms they had experienced over the previous seven days.

The interviews centred around three main themes – the positive and negative impact of working with people who use substances, coping strategies employed, and their beliefs about positive and negative impacts. One participant described having ‘flushes or sweats’ and being

‘unable to think straight’ at work, while another described coming ‘close to burnout’. One of the other participants said experiencing trauma drove him to ‘do things better next time around’.

When it came to social relationships one participant admitted the trauma he suffered had destroyed his marriage: ‘I’ve left my wife. I couldn’t work here and be in that relationship anymore. I had to decide about my life, and I did. I’ve moved out, got a place on my own,’ he told the interviewers. Another participant said working with a troubled client had made her value her relationship at home more.

### COPING STRATEGY

A range of personal approaches were mentioned by participants as a way of coping with the negative impact of their work. One participant went mountain biking in pursuit of an adrenalin rush, another dealt with the stress by speaking to sympathetic colleagues and a third asked their boss to be taken off frontline duties. Some had arranged counselling outside of their work context and participants appeared to be actively responsible for seeking a personal approach that worked for them.

In addition to personal approaches, some participants stated that work-based support was helpful, such as talking to other colleagues or supervisors. Others, though, felt that it wasn’t at all. Modification of work-based practices was also emphasised, ranging from absence from work due to sickness to planned or unplanned changes to their job role.

My study found that the working environment can exacerbate symptoms of STS – a high caseload and the demands of the job itself were also culprits. Regular reviewing of caseloads can help to combat this by ensuring a balance between trauma and non-trauma-related clients.

The implications for staff and future policy makers are clear in recognising that STS can negatively affect wellbeing. The findings can help to assist with the development or refinement of specific organisational policies for staff to effectively carry out their duties and without compromising levels of care for those they work with. That’s because it’s clear STS can also affect client and organisation-level outcomes.

The extent of STS among half of the sample in the UK study was categorically ‘high or ‘severe’. This reinforces the view that practitioners working in a substance misuse service require attention, especially by senior staff members, in the interest of managing and promoting a healthy workforce and environment.

*Victoria Hancock is a researcher at Birmingham City University’s Department of Psychology*

*The full research paper, An exploratory study on secondary traumatic stress amongst substance misuse professionals, can be accessed by emailing Victoria.hancock2@mail.bcu.ac.uk*

# They said what..?

## Spotlight on the national media

**THE RECENT SUGGESTION** that we turn lockdown into ‘dry COVID’ is pompous at best, ambulance-chasing at worst. There’s a time and place to judge other people’s behaviour – now is not it... Alcohol dependence and using alcohol to cope are different beasts. Having a drink to unwind at the end of the day – particularly given the circumstances – doesn’t make you an alcoholic. Shaming and stigmatising those who enjoy an occasional drink is likely to lead to more irresponsible drinking.

What we’re faced with right now is scary – and we need a way to collectively cope. So let’s have a drink – hell, let’s have two. A pandemic is not the moment to get on our high horses about one of the few things that make it more bearable.

*Chris Owen, Independent, 4 April*

**NOW THAT WE ARE A MONTH INTO LOCKDOWN, it’s becoming clearer how some of us are getting through this pandemic. Some interesting differences are emerging, particularly in our use of alcohol to cope. Two distinct groups have formed: those who are moderating their intake of alcohol, and those who are drinking significantly more... It’s an uncomfortable truth that our favourite drug is the underlying cause of misery, violence and lives cut short. Yet our government remains silent on this issue, no doubt viewing alcohol consumption as a matter of choice and liberty, an ideology that an increasing number of children, partners and individuals will be paying a heavy price for.**

*Ian Hamilton, Independent, 19 April*

**I HAVEN’T HAD A DROP OF ALCOHOL IN FOUR WEEKS.** While that statement may earn me the world’s tiniest violin, bear with me: it wasn’t intentional and I’m

‘There’s a time and place to judge other people’s behaviour – now is not it... Alcohol dependence and using alcohol to cope are different beasts.’

actually shocked.

... I’m not remotely suggesting that people do ‘dry COVID’ – the deeply unpopular suggestion that people use lockdown as a time to be sober. Lockdown is such a mentally stressful time and people need to manage it in a way that is right for them as opposed to needing to reinvent themselves. But I do feel a lot more informed about how and why I drink by intuitively listening to whether or not I want to drink, and examining how I feel about it emotionally. Something tells me it will make me a much more mindful drinker and hopefully more impervious to peer pressure when normal life resumes once more.

*Poorna Bell, inews, 14 April*

**THE GOVERNMENT HAS SHOWN NO CONCERN** for the acute distress caused by the fact that the greatest number of prisoners ever are guarded by the fewest staff ever. It has been indifferent to the record number of assaults, self-harm, ambulance call-outs, suicides and other deaths in custody... Why must it take COVID-19 for the government to stop pursuing its relentless, uncaring, punitive policies and do the right thing? We won’t forget.

*Mark Johnson, Guardian, 7 April*

# REMEMBERING SIMON

Tributes have been paid to Simon Morgan; Change Grow Live recovery worker, DDN volunteer, and a much-loved member of the Stratford-upon-Avon music scene, who was an inspiration to family, friends and colleagues



**S**imon Morgan, 57, from Norton Lindsey, Warwickshire, died after a road accident on Friday 3 April. He was out cycling when the accident involving a tractor happened, near Balsall Common. He was taken to hospital but died later that evening.

Simon was much loved by his friends and colleagues. His closest friend and his colleague Chris Jennings gave us an insight into the 'real' Simon.

They became friends in teenage years and stayed close ever since. Chris was a member of The Fragiles at the time Simon was in Domestic Bliss and the pair properly joined forces in The Suspects, a band that featured in the Easter 1982 edition of *The Herald's Focus* magazine.

Simon and Chris formed The Hop in 1983 and early work features Chris on vocals. Chris would then move to London, but the pair kept in frequent touch. Chris recalls: 'He would visit, call me and send letters with home-made mix tapes on cassette. Over the years we've

## Simon checks out the stage at the Glee Club earlier this year

been through everything together, holidays, good times, bad times and played at some of the most dubious venues in London.

'He was a prolific songwriter, still putting down ideas shortly before the accident. He was one of the most intelligent and articulate people I've ever met. He was a prolific journalist with exceptional literary skills, widely recognised as an expert in his field with the ability to produce thousands of words effortlessly. He was also interested in and highly knowledgeable about art, politics, ancient history, megalithic remains and their surroundings – indeed, there wasn't much he didn't know about, and his energy and output was unreal.

'He was a musical expert and was still listening to everything from avant-garde jazz, pan pipes and punk to reggae, French hip hop and more recently, the sounds of Bristol's Ossia and Young Echo.'

Alongside the shared love of music, they had been working together in recent years for Change Grow Live, with people recovering from drug and alcohol issues. Simon's previous roles had included being part of his father's firm working on exhibition electrics but he then went late to university and graduated as a social worker, quickly moving into recovery work.

'He was a key player in treatment services and he was a pioneer,' says Chris. 'He was a champion of the underdog and was never afraid to challenge authority.' But at the same time other enduring qualities shone through to all who knew him. 'He was also one of the most loyal, sensitive and caring human beings I have ever known,' he said.

'As Simon's manager, I only knew him for six months, but I was enormously impressed by his contagious passion,' added Change Grow Live team leader, Paul Woods. 'What a wonderful guy, who had a profound impact on me in the short time I knew him.'

## DDN adds...

For years we have been indebted to our team of volunteers for helping us stage the DDN Conference. Whenever we think about this role we will always remember with gratitude and affection the star that was Simon Morgan, who cheerily, competently and without fuss coordinated a superb effort on our behalf, meeting and greeting delegates, then helping them find their way around throughout the day. Simon's cheery band of colleagues was a credit to his 'can-do' style and charisma. The picture was taken in March, on a visit to The Glee Club, when Simon brought some of his group to look around the venue and go through logistics



'He was a key player in treatment services and he was a pioneer... He was a champion of the underdog and was never afraid to challenge authority, he was also one of the most loyal, sensitive and caring human beings I have ever known'

for the conference. We larked about not knowing that the event would be postponed – Simon was going to comper the entertainment programme and sing with his guitar.

Simon felt like one of our team members and we will miss him very much. We know how hard it will be for those who called him 'the heart of the recovery community in Coventry'. Our sympathies to his family and many friends. **DDN**

**HAVE YOUR SAY**

Write to the editor and get it off your chest  
[claire@cjewellings.com](mailto:claire@cjewellings.com)

**2020 RECOVERY STREET FILM FESTIVAL**

# OPEN FOR ENTRIES

This year we are inviting anyone who is directly or indirectly affected by addiction (individuals, family members, friends, professionals) to make a 60 second film on the theme of 'Isolation'.

## RECOVERY STREET MOVES ONLINE

With COVID-19 making it unsafe for the usual Recovery Street Film Festival to go ahead this year, we have found a way for it to persevere within the digital space.

This year we are inviting anyone who is directly or indirectly affected by addiction (individuals, family members, friends, professionals) to make a 60 second film on the theme of 'Isolation'.

Substance use and isolation have long gone hand in hand, and social isolation is a serious epidemic that many people using substances can understand.

We would like to hear what isolations means for you and your loved ones – how has COVID-19 changed your world? Are you feeling isolated or have you found new means of connection? How are you managing to stay connected to positive resources

throughout this period of social distancing?

We encourage low-cost film making. We want entries to show an honest account of isolation and be as creative and as imaginative as you wish. Films could be short dramatic plays, drawn or stop-frame animation, documentary-style pieces, personal stories, songs, poems etc.

The submission window is now open, so it's time to start thinking about making your film. Remember, you can get tips and ideas from our 'Enter the Festival' page.

The judges will be looking for the most original and imaginative approaches to telling stories of isolation, addiction and recovery. The 60 second film should aim to make an immediate impact on the audience.

The closing date for submissions is Monday 3 August 2020.

Please ensure you make your films safely.

*Lucie Mauger, Phoenix Futures*

## MAKE THE CASE

Following the 2008 banking crisis the economic downturn resulted in the long painful period of austerity and cuts in services. As we all know substance misuse treatment services were some of the hardest hit.

Making the case for funding has always been difficult as the sector competes with what the public, and by extension politicians, see as other more deserving groups. With the coming severe economic downturn and likely global recession how can we make the

case for continued funding for our client group?

Previously increases in funding were achieved by creating a 'crime reduction narrative' linking money spent on treatment to reductions in crime and the costs of these crimes. While successful in monetary terms, no one wants to return to a strategy that increases stigmatisation of some of the more vulnerable members of society.

We need to learn the lessons of the last decade and come together to make the case for drug and alcohol treatment as part of a larger public health initiative, as well as being tied into wider issues around poverty and lack of opportunity.

There are some fantastic peer-led initiatives across the country that are huge assets to their local communities, as well as truly inspirational personal stories of people turning their lives around. We need to ensure that these stories are heard and that we communicate the positive impact of drug treatment to individuals and society as a whole.

There is a battle for funding coming – shouting about our success could be our best weapon.  
*Simon Powell, by email*

## STAND YOUR GROUND

As COVID-19 continues to disrupt every aspect of our lives services are getting by as best they can, and most seem to be doing an incredible job under the circumstances. But as the politicians never tire of telling us, this is going to be a 'marathon not a sprint'. Even if we see a phased lifting of the lockdown soon there's every chance that a second wave, either in summer or – potentially far more damagingly – later in the year, when it will coincide with seasonal 'flu, will mean restrictions will have to be put back in place, perhaps tighter than ever.

The economic consequences of this are going to be immense, and it's essential that the field does everything it can to resist bearing the brunt of another round of austerity, if that turns out to be the government's preferred method

of paying for all this. More cuts would likely be fatal for a sector that's already put up with so much, with the treatment field reduced to a service in name only. We all know that our service users are not the public's favourite choice when it comes to spending money, and we also know the devastation that reduced budgets can lead to among vulnerable populations. The stakes will be higher than ever before, and the sector may well have to stand up and defend itself. It's our responsibility to make sure we're fully prepared and able to do that if the time comes.

*Michael Clarke, by email*

## 'HEARTACHE TO HEARTBREAK'

Can you imagine the terror

As you race to hospital following a call

Unconscious now,

Your son spared once

Returned to the hell of addiction?

Pain etched into his face.

When will this ever end?

You half ask, half hope the obvious answer is somehow not obvious.

But how?

I shall never forget the sight of my son lying, eyes closed, swollen, cut, bruised, unconscious,

waiting for a sign of returning to waking

Only for a gentle, kind, young doctor to run his steth over his skeletal frame.

How many times has this happened and I haven't known?

*Jenepher Parry Davies*

## DDN welcomes your letters

Please email the editor, [claire@cjewellings.com](mailto:claire@cjewellings.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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# CLOSE TO HOME

Delphi Medical opens Lancashire's first private community-based alcohol detox service

**A**n innovative new community detox service, the first of its kind to be offered in Lancashire, has been launched to help people recover from alcohol dependency without having to disrupt their everyday lives or stay away from home.

The private community detox service is being delivered by Delphi Medical from their detox centre, the Pavilion, based near Lancaster. It's hoped that the addition of home-based detox and drop-in support will remove barriers and open up support services to an even wider audience.

As the UK approaches its second month in lockdown, people are continuing to adjust. While some have readily adapted to the 'new normal', others have struggled to cope. According to research published by Alcohol Change UK, one in five people have reported an increase in alcohol consumption following the onset of lockdown (see news, page 5). For some, lockdown coping strategies may have instigated or exacerbated a pattern of alcohol use that could spiral into dependence.

Dependence, no matter how mild, can be difficult to overcome alone. Detox programmes, such as those offered by Delphi Medical, provide structured support to help individuals overcome dependence in a safe and enduring manner. While the ongoing COVID-19 pandemic has forced providers to adapt their service, support remains available for those concerned about their own, or a loved one's, pattern



**The private community detox service is being delivered by Delphi Medical from their detox centre, the Pavilion**

of alcohol use.

Community-based detox provides a viable alternative to traditional programmes for those who can't access residential detox due to family or work commitments, or who simply require additional flexibility. Unlike traditional residential detox programmes, community detox allows participants to receive treatment with minimal impact on their everyday lives. The programme offers clinical and therapeutic treatments that guide participants through the stages of withdrawal and set them on the road to recovery.

'We believe the introduction of our private community-based alcohol detox programme will allow us to support even more individuals within the local community,' said Delphi Medical's company lead, Emma Knappe. 'We're proud to be one of the first providers in the North West to make this treatment available and hope that, when combined with our diverse support services, this will allow us to help even more people to overcome addiction.'

**If you're concerned about your alcohol consumption or that of a relative or loved one, you can contact Delphi Medical on 01524 39375 or email [enquires@delpipavilion.co.uk](mailto:enquires@delpipavilion.co.uk)**

**We have 8 rooms immediately available in our CQC registered Aspinden Wood Centre for People with long term alcohol addiction**



Male & Female rooms available, Flexible lengths of stay. Health & Wellbeing support, Personal Care (if required). Aspinden Wood follows a Harm Reduction Model regarding Alcohol Consumption Onsite.



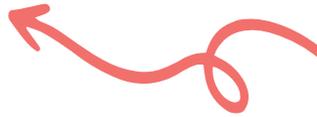
To find out more, please contact: [greg.tythe@socialinterestgroup.org.uk](mailto:greg.tythe@socialinterestgroup.org.uk)

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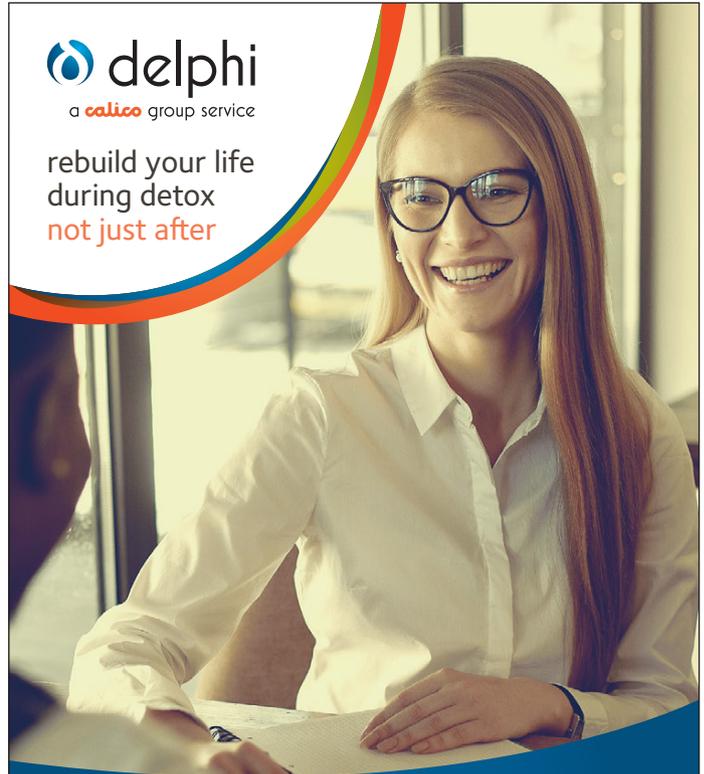
Our online chat service is there for anyone concerned about their drug or alcohol use or mental health, or that of a loved one, in these unprecedented times.



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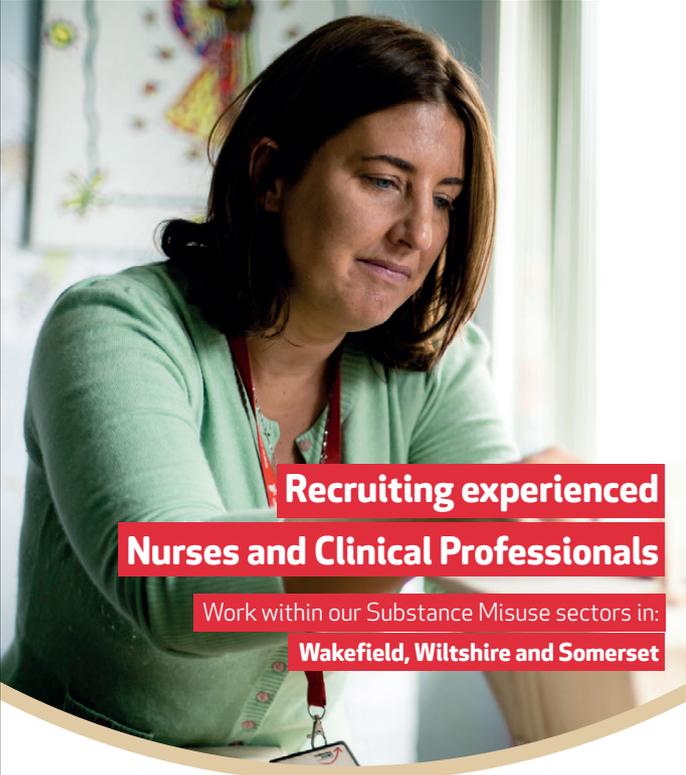
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