DDN

Drink and Drugs News
February 2021
ISSN 1755-6236

ALL OR NOTHING?
The controversial history of 'controlled drinking'

A SHOT IN THE DARK
Could online dealers help spread harm reduction messages?

ALCOHOL AND ISOLATION

DID LOCKDOWN CANCEL THIS YEAR'S DRY JANUARY?

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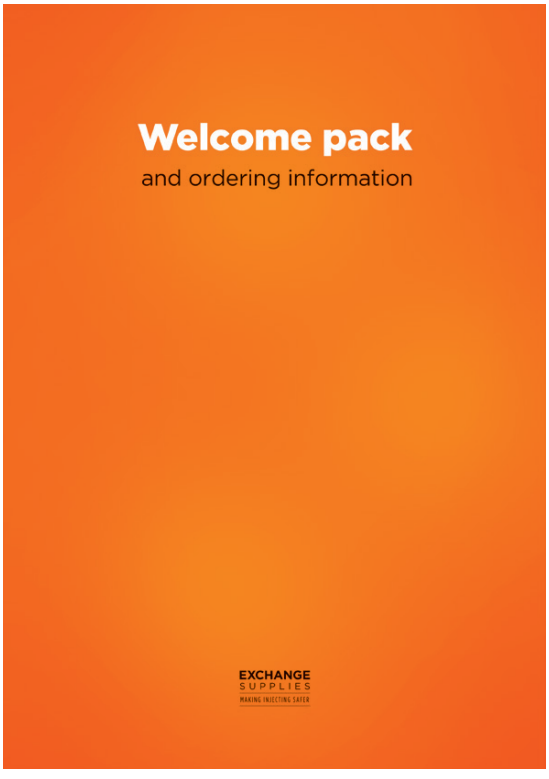

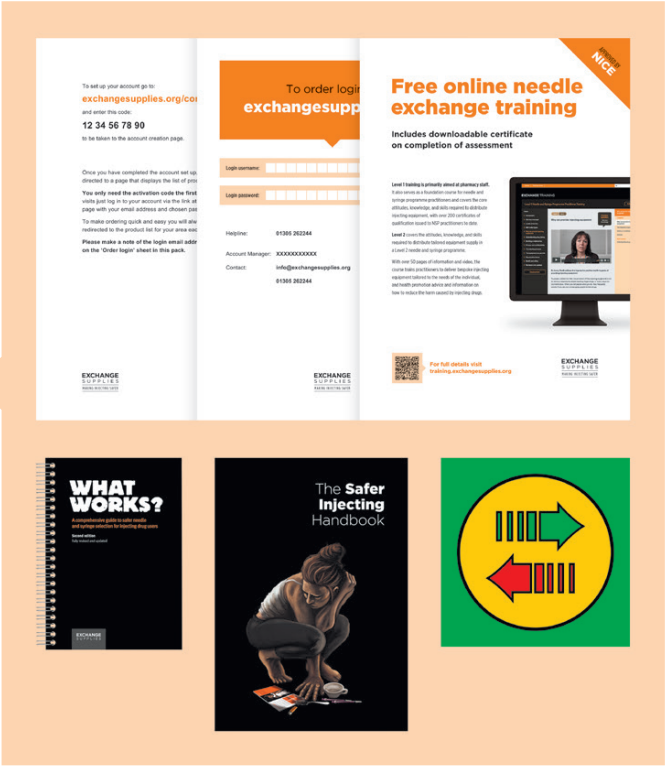

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DDN

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website:
www.drinkanddrugsnews.com

Website support by wiredupwales.com

Printed on environmentally friendly paper by the Manson Group Ltd

Cover by: Ian Shaw / Alamy

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PLEASE GIVE US YOUR FEEDBACK!

'Some great articles and some depressing statistics highlighting the need for change... I gain a lot of insight from the magazine.'

We love reading your feedback and suggestions – please fill in our readers' survey at **www.drinkanddrugsnews.com/ddn-readers-survey-2020/**

Every small change can signal success

The Dry January campaign reports significant success this year, striking a loud chord in lockdown (p8). A characteristic of this success is its immediacy – website, Facebook page, app – as well as the capacity for global reach, and its direction as a healthy lifestyle initiative rather than a competition with an expiry date chimes with everyone's interest in cultivating a stronger immune system.

What's made it feel accessible to many is the celebration of behaviour change, however gradual; the fact that a totally 'dry' month is not the only indicator of success. The question in Mike Ashton's piece (p6) is can we ever contemplate gradual change – 'controlled drinking' – for dependent drinkers?

For most of us, digital service options (and there are good ideas from Forward, p19) have given us innovative ways of reaching clients during and beyond COVID. But an equally important part of the narrative must include those who do not naturally live online. A survey of older adults receiving alcohol treatment found that many were struggling with the move to online or phone-based models (news, p5). The Drink Wise, Age Well programme (p16) also highlighted that loneliness and depression can loom large for those whose only buzz comes from reaching for the bottle.

Claire Brown, editor

Keep in touch at www.drinkanddrugsnews.com and @DDNmagazine

Cash boost for services north and south of the border

Substantial cash injections have been announced for drug services in both Scotland and England. The Scottish Government has pledged £250m to tackling its record rates of drug-related deaths, with £50m to be allocated annually over the next five years. Meanwhile £80m will be invested in drug treatment across England as part of a larger overall package of £148m to cut drug-related crime.

A 'national mission' was needed to address drug deaths in Scotland to end 'what is currently a national disgrace', said first minister Nicola Sturgeon, adding that £5m had already been allocated for the remainder of this financial year. The funding will be spread between drug and alcohol partnerships, third sector and grass roots bodies to 'improve work in communities' and 'substantially increase' the number of residential rehab beds.

Money will also be used to widen naloxone distribution and help tackle stigma, with the aim of increasing the numbers of people in treatment. The government said it would also be 'reassessing how overdose prevention facilities might be established' despite legal barriers from Westminster. 'Anyone who ends up losing their life as a result of drug addiction is not just failed at the time of their death – in most cases, they will have been failed repeatedly throughout their whole life,' said Sturgeon. 'It is a reasonable criticism to say that this government should have done more earlier, and I accept that. But I am determined that we will provide this national mission with the leadership, focus, and resources that it needs.'

The announcement was a 'clear statement that the Scottish Government is serious about reducing drug-related deaths,' said We Are With You's director in Scotland, Andrew Horne. 'This level of investment will make a huge impact and help more people access the support and treatment they need. The fact that this funding is stretched over the next five years shows that there is a long-term vision in place.'

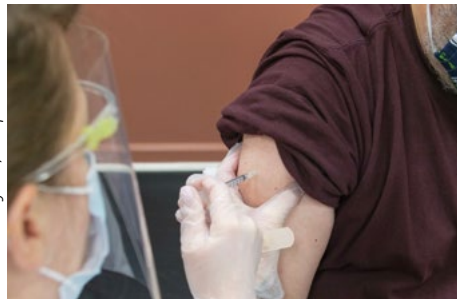
The £80m for England, meanwhile, will partly be used to increase the number of treatment places for people leaving prison as well as offenders diverted into community sentences, and forms part of an 'overall system-wide approach' to cut drug-related crime by providing extra resources to law enforcement to tackle supply combined with 'the largest increase in drug treatment funding for 15 years'. However, while money will go towards funding naloxone provision for 'every heroin user in the country that needs it' as well as 'ending the postcode lottery' for inpatient treatment, the £80m represents just half of the £160m estimated reduction in treatment funding since 2013.

We hope this is 'the start of a longer-term commitment to increased funding'.
NIC ADAMSON

As well as helping offenders to access treatment on release, the funding package will also enhance the RECONNECT service to support people with complex needs to engage with mental health, substance and other services for up to a year after leaving prison. A further £28m will go towards Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), a pilot programme combining 'enhanced' treatment and recovery services with 'targeted and tougher' policing which is scheduled to run for three years in five areas with significant drug problems – Blackpool, Hastings, Middlesbrough, Norwich and Swansea Bay. Another £40m will go towards tackling county lines gangs, bringing the total invested in this since late 2019 to £65m.

While the announcement was welcome it was hoped it would be 'the start of a longer-term commitment to increased funding', said executive director at Change Grow Live Nic Adamson. 'Fundamentally, we need a shift in perspective so that substance misuse and addiction are primarily addressed as health issues, not as criminal justice issues.'

Substance staff prioritised for vaccine



Steven Cornfield / unsplash.com

PEOPLE WORKING in community-based addiction services will be given high priority in the current rollout of COVID-19 vaccinations to healthcare staff, NHS England has confirmed. A letter to the chief executives of all NHS trusts, foundation trusts and other organisations sets out operational guidance for the 'immediate requirement' to vaccinate frontline health staff, and ensure 'maximum uptake' of vaccinations. NHS trusts are being established as 'hospital hubs' with a responsibility for vaccine delivery to everyone in priority risk group 2b – frontline health and social care workers. However, the Joint Committee on Vaccination and Immunisation (JCVI) recommends that, within this group, priority should be given to those 'at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment'. This includes those working in 'independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services'.

'Immediate requirement' to vaccinate frontline health staff, and ensure 'maximum uptake' of vaccinations.

Scotland appoints minister to tackle record drug deaths

Nicola Sturgeon has appointed a minister for drug policy to lead work on tackling Scotland's record rates of drug-related deaths. Angela Constance, a former social worker, takes over responsibility from public health minister Joe Fitzpatrick, who is no longer in post following publication of the country's long-delayed drug death figures for 2019. These recorded 1,264 fatalities, up 6 per cent on 2018's previous record figure and the highest since records began – the country's death rate is three and a half times higher than that for the UK as a whole, and the highest in the EU. 'I intend to get straight down to business, meeting with people who are at risk of dying from drugs, learning from the families of those we have lost and working with those in our communities and public health teams who are providing such valuable support,' said Constance. 'Government can and will do more.'

Barry Sheridan and Ian McPhee wrote in a recent issue of *DDN* that the long-accepted narrative about Scotland's high death rate being the result of an ageing cohort of drug users was no longer acceptable (November 2020, page 7). 'In an advanced nation such as Scotland we should not consider being over 35 part of an ageing cohort,' they said, adding that blaming the death rate on a legacy of Westminster pre-devolution economic policies was 'shameful'.


www.gov.scot

'I intend to get straight down to business... Government can and will do more.'
ANGELA CONSTANCE

Face time is crucial

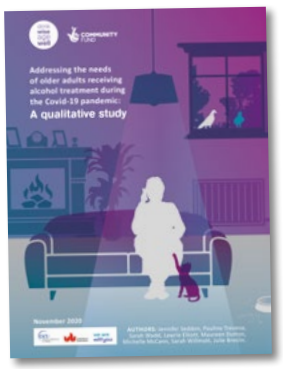
FACE-TO-FACE CONTACT with older adults receiving alcohol treatment is crucial, according to a survey commissioned by We Are With You. Moving services to online or phone-based models has presented 'huge barriers and challenges' for older adults, researchers found.

The study – by Glasgow Caledonian University and the University of Bedfordshire – looked at the consequences of the COVID-19 pandemic and lockdowns on older service users, their rates of alcohol consumption and how services had adapted to support them, as well as the long-term implications for service provision.

'Most of the service users expressed a clear preference and need for face-to-face support,' said Dr Paulina Trevena of Glasgow Caledonian University. 'It helps combat loneliness, a frequent reason behind drinking in older age, and facilitates a better understanding of alcohol interventions, particularly for those with speech or hearing impairments.'

We Are With You recently launched a free, confidential helpline for people over 50 who may be worried about their drinking (*DDN*, December/January pages 5 and 8) as well as re-launching its Drink Wise, Age Well website at www.drinkwiseagewell.org.uk

Addressing the needs of older adults receiving alcohol treatment during the COVID-19 pandemic at www.wearewithyou.org.uk



BBV boost

MORE THAN 1,000 PEOPLE who had previously been sleeping rough were tested for blood-borne viruses between May and August last year, according to the London Joint Working Group on Substance Use and Hepatitis C (LJWG). Of those who were tested for hepatitis C, more than one in ten were found to have antibodies for the virus, with 7 per cent identified as having an active infection.

The report details the efficient joint working between healthcare teams, peer workers and hotel staff during the 'Everyone In' initiative, which saw people who had been sleeping rough housed in temporary accommodation during the COVID-19 pandemic (*DDN*, May 2020, page 5).

'We could never have imagined when we launched our *Routemap to eliminating hepatitis C* how the world would have changed by 2021,' said LJWG coordinator Dee Cunniffe. 'And yet thanks to the incredible hard work and innovation of everyone working on the BBV testing initiative in London, we have continued to find and treat people for hepatitis C, contributing significantly towards national elimination efforts.'

Report at http://ljwg.org.uk/

Local News


Auaumon / Dreamstime.com

Targeted support
Projects for South Asian women and people who identify as Roma, Gypsies and Travellers are among the recipients of Alcohol Change UK's 2021 New Horizons grants programme. 'Members of marginalised groups can find themselves stigmatised because of their drinking and struggling to access the right type of support,' said director of research and policy Lucy Holmes.

Training for tomorrow
Students in Belfast and Glasgow have been awarded £2,000 each as part of Which Rehab's £40,000 national healthcare scholarship scheme. 'We want to encourage more students to train in addiction-related services because there are a spiralling number of people that need support,' said MD James McInally.

Key players
Substance services could play a key role in rolling out the COVID-19 vaccine, said CEO of Wales-based Kaleidoscope Martin Blakebrough. 'We simply cannot have a vaccination rollout that ignores those more vulnerable as a result of negative mental health or substance misuse. It is our hope that Public Health Wales and the Welsh Government will support our medical teams through vaccine training.'

Condemned as 'Russian roulette', allowing dependent drinkers non-abstinence treatment goals was tested in some of the most controversial studies ever seen in alcohol treatment. **Mike Ashton** dips into the fascinating history of 'controlled drinking'

Your cholesterol is high. The doctor says, 'No butter, no cheese, no cholesterol-raising foods – full stop.' You complain, 'Can't I just cut down and take some tablets?' The doctor yields nothing. 'If you want me to help, do as I recommend. Otherwise you are clearly not serious about preventing strokes and heart attacks. Maybe you'll see it my way after you have one.'

Not so long ago that was the stance dependent drinkers could expect to face. It was not just a matter of what patients should be advised, but whether they should be denied treatment until revelation or deterioration impressed on them the need to stop drinking altogether.

The heat the issue generated was fired by concerns on the one hand that allowing some drinking would set the dependent up to fail, and on the other that insisting on abstinence did nothing to improve outcomes while denying treatment to all but a minority. Underlying these views were opposing visions of dependence as a distinct disorder characterised by inevitable loss of control, or one end of a continuum of behaviour which even at its most extreme could – given the right circumstances and/or support – revert to moderation.

THE FIRST CRACK

The first significant research-driven crack in the abstinence consensus opened in 1962 in the form of a report by British psychiatrist DL Davies on seven 'severely addicted' patients said to have sustained controlled drinking. These men were very much in the minority of 93 patients discharged before 1955 from south London's Maudsley hospital, but that they existed at all was considered remarkable.

Davies started by restating the views of the time: due to presumed 'irreversible' changes after years of regular heavy drinking, there was '...wide agreement that these patients will never again be able to drink "normally"'. But the seven had – and for between seven and eleven years – conversions associated with major changes in their domestic or working lives that resolved painful issues or removed them from constant contact with alcohol. Yet he ended by partially endorsing the orthodoxy he challenged: '...the majority of alcohol addicts are incapable of achieving "normal drinking". All patients should be told to aim at total abstinence.' Nevertheless, he claimed his findings gave the lie to the aphorism, 'once an alcoholic, always an alcoholic'. With sufficiently radical changes in their lives – aided in these cases by two to five months in hospital – some who had evidenced severe dependence could (re)join the ranks of 'normal' drinkers.

CRITICAL EDGE

For his successor at the Institute of Psychiatry, Davies had been 'a pioneer who made a daring exploration of what was at the time virtually forbidden territory', questioning 'not just a medical consensus, but the central and hallowed organising idea of the American alcoholism movement'. These comments came from the prestigious figure of the late Griffith Edwards, but there was a critical edge to this homage to his 'mentor'.

That edge had become apparent in 1979 when the journal Edwards edited published an interview with Davies. The interviewer – probably Edwards himself – told Davies of a personal encounter at the Maudsley with one of the seven patients. Contrary to the impression given to Davies' follow-up worker, the man had confessed to 'drinking like a fish the whole time' and threatening to 'bash the living daylights' out of his wife if she contradicted his reassuring account. Significantly, Professor Davies also confessed to something – 'I never regarded myself...as a research worker.'

The encounter with the patient prompted Edwards to re-check records and re-interview surviving patients, relatives and carers, and the results were published in 1985. Having died in 1982, Davies could not challenge findings which cast doubt on whether some of the seven had ever been severely

CSA-Archive/iStock

L or NOTHING

dependent, and whether most had really sustained 'normal' drinking. How starkly different was the picture from two decades before can be appreciated by the notes on 'case 2'. In 1961 Davies had seen a success story: 'Drinks 1–2 pints of an evening but no spirits. Never drunk.' In 1983, Edwards saw a 'catastrophic' outcome: 'Heavy drinking recommenced not later than 1955; much subsequent morbidity culminated in 1975 with Wernicke-Korsakoff syndrome.'

RESEARCH-NAIVE

Nearly a decade later Professor Edwards revisited this episode, asserting that his follow-up had revealed Davies' account to be 'substantially inaccurate'. A research-naive clinician 'had been substantially misled' by 'intentionally unreliable witnesses,' which his flawed methodology was not up to exposing. Be that as it may, later not-so-flawed work was to come to the same conclusions as Davies.

This episode was relatively gentlemanly and largely limited to professional circles, but in the USA bitter disputes hit the headlines and spread across TV networks, in one case spawning legal proceedings. A major spat centred on a 1976 report from the influential Rand Corporation on new government treatment centres. It found fairly complete remission was the norm, that most patients achieved this without altogether giving up alcohol, and that as many resumed normal drinking as sustained abstinence.

BREAKING STORM

Aware of the storm their findings might provoke, the authors disavowed any intention to recommend 'alcoholics' resume drinking. Nevertheless, the storm broke, as holding out the prospect of controlled drinking was likened to 'playing Russian roulette with the lives of human beings'.

Rand's authors could anticipate the controversy from the reaction three years before to an audacious study by US husband and wife team Mark and Linda Sobell. Among a randomly selected half of the patients considered suitable for a controlled-drinking objective, it tested a radical procedure which allowed patients to drink, showed them videos of how they looked drunk, and trained them how to manage or avoid situations conducive to excess. All the other patients were allocated to abstinence-oriented treatment, either through a similar procedure or conventional treatment.

> 'The heat the issue generated was fired by concerns on the one hand that allowing some drinking would set the dependent up to fail, and on the other that insisting on abstinence did nothing to improve outcomes while denying treatment to all but a minority.'

The results seemed a clear vindication of the judicious allocation of even physically dependent patients to try to learn moderation. Suitability for a controlled-drinking objective had been based partly on a patient's 'sincere dissatisfaction with [Alcoholics Anonymous] and with traditional treatment modalities'; the study showed this rejection of US orthodoxy need not condemn them to the progressive deterioration predicted for the untreated.

SCIENTIFIC FRAUD?

As with Davies, a follow-up of the same patients conducted by other researchers cast doubt on the findings, leading one critic to publicly allege scientific fraud. However, investigations – including one commissioned by a committee of the US Congress – cleared the Sobells, whose research was judged fairly presented.

In 1995 and again in 2011 they revisited controlled drinking as a treatment objective in editorials for Addiction. Accepting that 'Recoveries of individuals who have been severely dependent on alcohol mainly involve abstinence,' they argued this was not necessarily something that was inherent to the condition, but because these individuals tend to have poor social support and little stake in society – an echo of Davies' contention that social circumstances can generate dependence, and changing these can reverse it. Treatment providers unwilling to countenance non-abstinence objectives would 'continue to force problem drinkers to keep their pursuit of low-risk drinking a private struggle', adding lack of support from the treatment sector to the lack of social support which perpetuates dependence.

SUITABLE GOALS

After this vitriolic research journey, this is how *Drug and Alcohol Findings* summed up the evidence: 'Treatment programmes for dependent drinkers should not be predicated on either abstinence or controlled drinking goals but offer both. Nor does the literature offer much support for requiring or imposing goals in the face of the patient's wishes. In general it seems that (perhaps especially after a little time in treatment) patients themselves gravitate towards what for them are feasible and suitable goals, without services having to risk alienating them by insisting on a currently unfavoured goal.'

Mike Ashton is co-editor of Drug and Alcohol Findings. https://findings.org.uk?s=dd.

See https://findings.org.uk/PHP/dl.php?f=cont_drink.hot&s=dd for a fuller account.

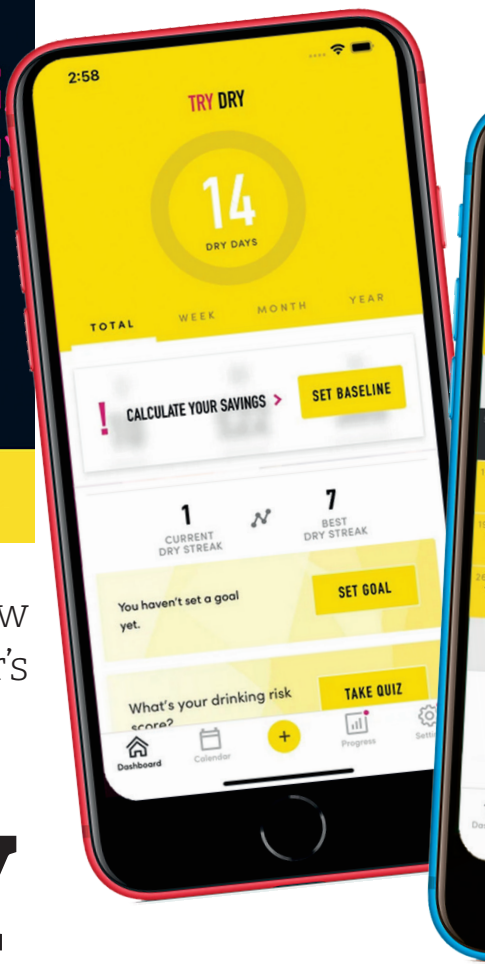
DAVID LEWIS DAVIES

was a psychiatrist of distinction, and a man who inspired loyalty and very special affection. It was the match of professional and personal qualities that made him such an influential figure.

Davies was crucially involved with the fortunes of the Maudsley and Bethlem Royal Hospitals, and with the post-war development of the Institute of Psychiatry. He identified strongly with Aubrey Lewis's ideal of eclectic scholarship and insistence on high standards of patient care.

In 1979 his contributions to alcohol research were recognized by the award of the Jellinek memorial prize. He was elected president of the Society for the Study of Addiction, and sat on the editorial board of the British Journal of Addiction.

After retiring from the Maudsley, he became chairman of the Attendance Allowance Board, for which work he was, in 1982, awarded the CBE. **By J Griffith Edwards** from *biography at the Royal College of Physicians, https://history.rcplondon.ac.uk*



Much has been written in the press about how COVID and the lockdown have seen this year's Dry January 'cancelled' for many people. But that's far from the truth, says **Richard Piper**

HOME AND DRY

As I write this January is not yet over, and yet a total of 97,066 people have already downloaded the Try Dry app in order to take part in Dry January – an increase of 35 per cent on same period last year, which was itself higher than 2019. In addition, many thousands of people who previously downloaded the app are still using – or have reactivated – it.

The Dry January community Facebook group had 6,695 members on 21 January 2021, compared to 5,006 last year – a 34 per cent growth. And group members are extremely active, with around 42 posts, 1,190 comments and 3,789 reactions per day.

So why such growth? COVID-19 has undoubtedly played a multiple, if complex, role. The long-term stresses of the pandemic and of growing levels of home drinking have generated a significant jump in the number of us seeking to regain control of our alcohol consumption. There has also been even greater interest in personal health, in a strong immune system, and in learning about ways to drink more healthily, with the public-facing sections of Alcohol Change UK's website seeing a huge growth in visitor numbers. Between late March 2020 and 21 January 2021, our website was visited by nearly 1.2m people – a 67 per cent increase on the same period in 2019.

The Dry January campaign has also 'gone global' in new ways this year. Our small-scale partnership in France has been much more significant in 2021, and we've developed exciting new partnerships in Switzerland, the USA and the Netherlands, including translating the app into German and French. People from over 170 countries now use the Try Dry app. And we've also boosted our marketing, both improving our approach to social media advertising and shifting our messaging away from positioning Dry January as a 'challenge' – few of us feel we need more challenges in our lives right now – to emphasising the lived benefits, especially the ability to help get your energy, your calm and your freedom back.

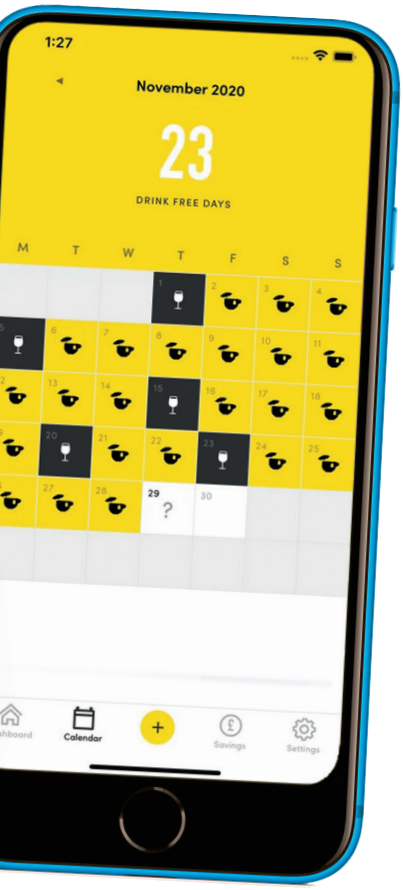
While the final results for 2021 are not yet available, we know from independent academic research into previous campaigns that 80 per cent of those who sign up feel more in control of their drinking by the end of the month and 67 per cent are still drinking less six months' later. Those who don't join the campaign and try to do an unsupported Dry January, are far less likely to see these benefits. Having a month off alcohol may benefit some people in its own right, but aiming for a month off as part of a well-designed behaviour change campaign is so much more effective.

Looking ahead, who knows where COVID-19 will take us and where we'll be next January. But our planning for January 2022 has begun and we hope all *DDN* readers will continue to actively support Dry January, in particular by continuing

SO WAS 2021 THE BEST DRY JANUARY SO FAR?

TO ANSWER THAT, we must be clear what success looks like. A successful Dry January is not necessarily defined as a totally dry month. That would be a clumsy indicator and at odds with the campaign's careful, evidence-based approach to behaviour change. A successful Dry January is one in which experiential learning occurs and is embodied – that is, you feel it, in your body and your mind. People learn some – or all – of these seven things:

1. **Breaking denial**: 'It seems I've developed a drinking habit and it's not easy to break'.
2. **Feeling less guilty about, and alone with, their drinking problem**: 'This is actually a much more common problem than I realised. I'm not alone.'



'As I write this January is not yet over, and yet a total of 97,066 people have already downloaded the Try Dry app in order to take part in Dry January – an increase of 35 per cent on same period last year.'

to spread the message that people should join the proper campaign rather than try to go it alone.

Thanks to all of you who signpost people to the Try Dry app, not just for January, but all year round. We know that it works – since the app's launch in December 2018, users have collectively saved over £35m that they would have spent on alcohol if they'd continued drinking as before, and have also consumed 29.4m fewer units.

The app is free and it unlocks our other free resources – coaching emails, Facebook groups – all of which are designed for those risky, heavy, habitual drinkers who don't yet need full-blown treatment. We all want to support people sooner rather than later, before they need a treatment intervention.

Dr Richard Piper is CEO of Alcohol Change UK

3. **Inspiration role-modelled**: 'Those people from previous Dry January campaigns were in my situation and are just like me, but have now controlled their drinking and are so much happier and healthier. Maybe that could happen to me.'
4. **Specific insights, making the subconscious conscious**: 'I've learned the triggers and associations – times, people, places, feelings – that particularly prompt me to drink.'
5. **Self-efficacy**: 'I've learned techniques for beating these triggers, overcoming cravings, and dealing with specific situations.'
6. **Seeing an alternative**: 'Watching TV, cooking a meal, relaxing, having fun and so on can all be done without alcohol.'
7. **Wanting that alternative, long-term**: 'Life in control of alcohol feels desirable and I want it long-term.'

THE INVISIBLE

Family members are the hidden victims of lockdown substance use, warns Adfam

The latest lockdown will be extremely difficult for the 5m people struggling to cope with a loved one's drug or alcohol use, Adfam has warned. More than four fifths of adults dealing with a loved one's alcohol or drug problem said the first lockdown had 'made a bad situation worse', according to the charity's *Families in Lockdown* survey (*DDN*, July/August 2020, page 5). Almost half of those surveyed said that their loved one's substance use increased during the first lockdown, with 50 per cent of respondents feeling more anxious or stressed, almost 30 per cent reporting suffering more verbal abuse than usual, and 13 per cent feeling more concerned for their own safety.

The time has come for a 'national conversation' to alert the world to the impacts of drug and alcohol use during the pandemic, the charity states, with children suffering disproportionately. Many are missing the support they would normally get from other family members and from school, while the stigma attached to a loved one's substance use means many are reluctant to speak out or seek help.

Among the quotes from family members in touch with Adfam are 'Lockdown has been horrible. A nightmare. The system needs to change – it's been horrendous getting support'; 'The lockdown has been horrific – the only way I can describe it is that it is like being held hostage in your own home. I wake up nervous of what his mood is going to be like,' and 'It's affecting me and my children more than usual – we have nowhere to go to get away.'

'Lockdown is like a tinderbox for families dealing with a loved one's alcohol or drug problem,' said Adfam chief executive Vivienne Evans. 'When you are already isolated, stressed or fearful, our research shows that lockdown takes an even bigger toll on you. A staggering one in ten of us are coping with a loved one's drug or alcohol problem. Yet their needs are often forgotten when we talk about the impact of the pandemic, because the problem is so hidden. With more support available from charities online during this lockdown, it is vital that people seek help when they need it. We want to say to people – you deserve help and support as much as the person with the substance issue. Please don't feel you have to suffer in silence.'

'One in ten of us are coping with a loved one's drug or alcohol problem. Yet their needs are often forgotten when we talk about the impact of the pandemic...'
VIVIENNE EVANS

A 2019 YOUGOV POLL revealed that at least 5m people in the UK are affected by the alcohol or drug problem of a family member or friend. Adfam has launched a fundraising appeal *#Forgotton5million* to increase the support that it can offer online, with details at *adfam.org.uk*

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

They said what..?

Spotlight on the national media

WE HEAR OF COMPLEX PROBLEMS, medication-assisted treatment, hard-to-reach subgroups and reference groups – academic terms that deflect from the simple solutions that need to be implemented. We are trying to treat a large, infected wound with a sticking plaster. We cannot continue to roll out the same old lines about ageing cohorts of drug users, wider naloxone provision and responding to non-fatal overdose – all of which is important, but does not provide the treatments needed for such a large, infected wound... I have no doubt Nicola Sturgeon and Angela Constance want to act. However bold and brave actions are needed – no more subgroups, working groups or published strategies. Let's get overdose prevention centres open and safe supply optimal dose prescription medication to people when they need it. *Peter Krykant, Daily Record, 13 January*

THIS YEAR IS THE 50TH ANNIVERSARY of Westminster telling the world that its Misuse of Drugs Act (1971) would stamp out illegal drugs for ever. The act failed utterly, but it has never been repealed. Among other horrors, the industry it created now enslaves an estimated 27,000 children and teenagers, some as young as eight, in 'county lines' drug gangs. The government has no answer but to throw a few of them in jail... The Home Office in Whitehall is terrified not of the facts, but of the tabloid press.
Simon Jenkins, Guardian, 15 January

SOME IN THE INDUSTRY suspect COVID is being used covertly by neo-prohibitionists to permanently remove the pub from its central role in British life. If this were true, it's hard to imagine what the government would have done differently. As with any conspiracy theory, the more likely answer is lazy incompetence and indifference. As the government's farcical inability to decide on what constitutes 'a substantial meal' in the autumn demonstrates, there was no real policy here beyond 'look tough on pubs', and no coherent rationale to support that policy. *Pete Brown, Guardian, 23 January*

IT'S A VASTLY COMPLICATED PROBLEM and contradictions abound. There is no pat answer to why Scotland's drug story has become a public health emergency on such a scale. It's easy to point to the ravages of de-industrialisation in the 1980s which baked-in poverty for generations. Yes, Glasgow, Ayrshire and Tayside suffered. But so did Merseyside, Tyneside and the Welsh Valleys... Ironically, and tragically, it's hard to remember a time when Britons have been so attuned to public health data. And in Scotland, where the COVID death toll has passed 4,000, it's hard to make the case that drug deaths deserve more political and journalistic oxygen. At least, not right now.
Colin Brazier, Catholic Herald, 4 January

DRY SPELL

Dry January? As someone in recovery from alcoholism and other addictions, and who has worked as an addictions therapist, I would not judge anyone who chooses some behavioural change for a healthier lifestyle, even if it was short term. The experience, supported by a collection of disparate people, either visible, via social media, or some other community, may create some desire for a deeper, long- term change.

As mind and mood altering substances have been around in some form since forever, and alcohol is taxable and legally accepted by the UK government, at present people have the choice to use it as they wish. Dependence is another process with its own challenges. Dry January participants may find that they struggle, or indeed find it easy, and this might give insight into their relationship with alcohol. From there, a jumping off point perhaps, for something of a deeper nature.

In my experience life is not linear. We may have a grand plan, or just a daily programme for life. Whichever it is, the world will always throw something unexpected at us, good or bad. This in turn may cause us to change our behaviour due to emotional, physical, or mental challenges. We can be drawn to actions that mollify, or mediate the turmoil effectively, for a while, but eventually make our lives unmanageable. A period away from alcohol, or other drugs, can give clarity, let the sediment settle in the foggy brain.

I have worked with quite a number of people whose lives were blighted by binge drinking. There was often no obvious pattern, trigger, or rational cause to these bouts of damaging consumption. What was often a successful solution was abstinence – choosing to not drink every morning gave these individuals a much better quality of life, relationships, and sense of self-worth.

I think reasons why individuals take the Dry January journey can be manifold. The impact may be great, or there may be no impact at all. People who ask me why I don't drink are often interested only from the perspective of their relationship with alcohol. If my life choices today offer some insight into a change process for someone heading over a cliff with theirs, then that can only be helpful. I like the idea of Dry January, but not New Year's resolutions. The former can be seen as a bit of a challenge between family, and friends, with the possibility of longer-term change, a real potential. The resolution process is invariably a way to set yourself up for failure, with the negative feelings that will no doubt follow. If we make a heart-felt, deep choice, profound change is possible – with time, and support.

Richard Renson, by email

POSITIVE CHANGES

For my doctoral thesis, I am interested in understanding more about people's views and experiences of positive life change since being in recovery from problematic alcohol and/or drug use.

We would like to invite *DDN* readers to participate in our online survey – the link is here: https://sotonpsychology.eu.qualtrics.com/jfe/form/SV_cT3rowGxRF0JS7P

The survey will take approximately 15 minutes to complete and is anonymous (your email address will be held separately from survey data). The study has been approved by University of Southampton's ethics committee.

Dr Sophia Chambers, trainee clinical psychologist, Taunton & Somerset NHS Foundation Trust, School of Psychology, University of Southampton

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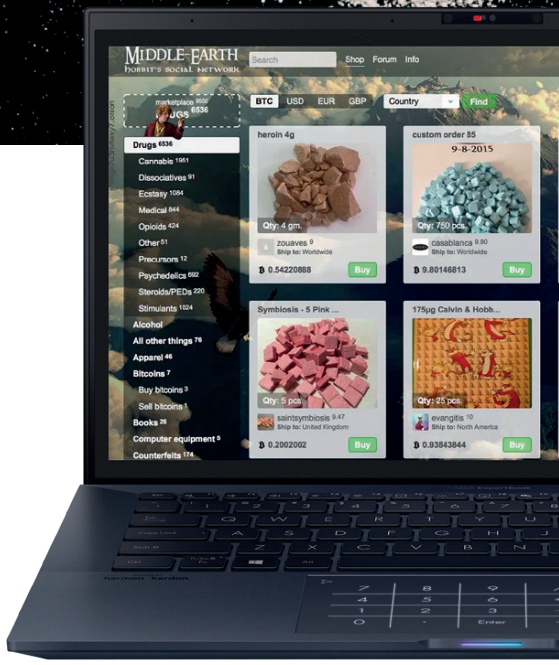
Dark secrets

How have dark web drug sales been affected by the pandemic, and could suppliers be used to get vital harm reduction messages across? **Renato Masetti** decided to ask the dealers themselves



As an 'old timer' in the field, I remember the seismic shift that followed the emergence of 'legal highs'. Policy, however, stayed frozen in shock, while the drugs changed and began their migration to online sales. And what of the suppliers? Only a handful of research papers have attempted to understand their motivations and practices, so I thought it would be interesting to contact some of them myself to hear the view from the 'shop floor'. This resulted in some fascinating conversations and two big questions. How had COVID-19 affected their business, and would they be willing to help me reduce harm to their consumers?

Their answers to the first question mirrored what large-scale surveys and reports such as the *Global Drug Survey* had already told us. Essentially, drug use had developed its own version of the 5:2 diet – with shortages of product being followed by bulk orders encouraged through special deals and offers. As others have pointed out, crypto-markets are weathering the storm rather well and a range of unfamiliar substances were available if your favourite chemical was not – Alpha-PHP anyone?

The answer to the second question may come as a surprise. They were happy to engage with me in delivering safety messages on their page or in their packaging, including information on dangerous interactions with other drugs. It became evident that they saw themselves as business people with a genuine passion for what they were selling, and had used and enjoyed a range of substances themselves. Though the acquisition of wealth was a driving force, so were positive experiences with the chemicals they were selling. This is an interesting twist on the popular narrative of the dealer as purely motivated by money, and also reminds us that the distinction between user and dealer is often paper thin.

Clearly, 'my' sellers may not be representative of the whole sector and as recent research has pointed out, crypto-market suppliers can be seen as being on the frontline of the 'gentrification' of the drug business. However, these conversations show that some sellers recognise the importance of a healthy, happy customer base.

It is a small exploratory piece of work to assess whether it may be possible for larger studies to be conducted – it merely explores and questions the assumption that suppliers of illicit drugs are not willing to engage in health-related activity. Over an extended period, I had regular conversations with two sellers and a series of messages ensued. These messages used methods of communication that have previously been used in researching this cohort – email and asynchronous and end-to-end encrypted messaging.

UNDERSTANDING THE MARKET

Over time I was able to disclose that I was a health professional who was interested in understanding the market and assessing the potential for harm reduction, rather than a customer. It is important to stress that Suffolk Police had oversight of this work and no laws were broken. Both sellers were eventually tolerant of this approach and accepted the potential benefit of including messages around safer use. They also both offered insights into how they had adapted following the emergence of COVID-19.

Both individuals were UK based, both sourced their supply directly from China, and both appeared to have other professional careers. While one seller has now ceased trading (to become a delivery driver of course!) there are indications that the other seller has become quite a significant presence on crypto markets – he is listed on a number of market places, which requires a level of organisation and administration that would be beyond a casual or opportunistic supplier, and has recently started selling in larger amounts. He stated that he had recently completed a single sale that accrued £1,800 profit, and that his annual income was in six figures.

During our discussions, it seemed clear that both saw themselves as vendors of products that were risky but also offered

ALFSnaiper/iStock

pleasure, similar to a supermarket selling alcohol. Both suppliers mentioned that they had 'preferred customers' who they trusted and could be said to have become 'friends'. They would share information on purity and optimal routes of administration as well as general 'news' with these clients.

WILLING PARTICIPANTS

The first seller was by far the most accepting of my position and was willing to participate in the dissemination of harm reduction advice. He sold a range of NPS including analogues of some medications. In collaboration with key partners, a number of packages were purchased and sent for analysis to the Tic Tac database at St Georges Hospital (*DDN*, January 2014, page 14). Invariably, he was able to accurately list the active ingredients in his products.

> 'Though the acquisition of wealth was a driving force, so were positive experiences with the chemicals they were selling. This is an interesting twist on the popular narrative of the dealer as purely motivated by money, and also reminds us that the distinction between user and dealer is often paper thin.'

He was also very interested in products that would be viewed as positive by his customers and not cause obvious harm – this again runs counter to the notion of a dealer who will sell any drug indiscriminately. This was illustrated by his request for 'testers' of his products to provide feedback on their effects. He was willing to include important harm reduction messages within the packaging – for example, each product distributed would include a short message, written by myself, listing basic harm reduction advice.

INITIAL RELUCTANCE

The other was initially very reluctant to engage but eventually accepted that I did not represent a threat. As the pandemic developed, he was asked about how it was impacting on his bulk deliveries from China. He responded that, 'My deliveries are still getting through, just taking longer.'

During another exchange he was asked how the current situation was impacting on the quality or quantity of his products. Interestingly, his strategy appeared to be one of buying in advance and selling in bulk rather than dealing in small amounts, suggesting that availability of product was continuing unabated. He was also asked about any changes to the 'menu' of products available and whether COVID-19 had limited the number. Again, surprisingly he stated that new substances such as 4f-mar and 'Isophenidate' were being acquired. This probably refers to isopropylphenidate hydrochloride, a recently synthesised compound with little history of human use.

Lastly he was asked if he would be willing to add some harm reduction advice related to drug use and COVID-19 to his market page. He stated that he would participate if important new information needed dissemination, but advice was already posted on crypto-market sites and on 'dark.fail' – a dark web site that lists current crypto-markets and whether they are open for business.

REASONABLE ASSUMPTIONS

These interactions show that it is possible to communicate effectively with some dealers of illicit drugs, and it is reasonable to assume that many suppliers are concerned about the welfare of others – a feature of drug culture that could potentially be harnessed by organisations that wish to promote public health.

In relation to COVID-19, these interactions suggest that supply of newer synthetic compounds has continued unabated as has the invention and production of novel psychoactive research chemicals. Perversely, it would appear that logistical difficulties and interruptions to the postal system may encourage vendors to order in advance, source larger amounts of product and sell in bulk.

Clearly, bulk purchasing and sale could lead to negative impacts for end users. But in contrast to the 'evil dealer' narrative, gaining a better understanding of the motivations and mindset of drug suppliers may mean it's possible to reduce risks by further interaction between individual sellers and health promotion agencies in key harm reduction areas such as drug alerts, naloxone and needle exchange distribution. With drug-related deaths and drug harms soaring, it may be time to ask ourselves if we should be engaging better with our online 'drug supermarkets'.

Renato Masetti is training co-ordinator for Health Outreach NHS/EPUT

The impact of COVID-19 has shown that mutual aid groups like AA may be even more beneficial than we realised, say **Lisa Ogilvie** and **Jerome Carson**

The feeling's mu

Admitting to being an alcoholic is hard. It means conceding that your actions and decisions have led to a point of failure, and fear of humiliation and public stigma places a major obstacle to those seeking help. Science may yet prove that alcohol problems are inextricably linked to dysfunctional brain processes rather than character flaws, but until then this perceived failure – and associated shame – is a driver for people to seek solace in mutual support groups like Alcoholics Anonymous (AA).

AA groups understand the plight of the alcoholic through their own lived experience. An AA group has compassionate goals, and an altruistic motivation toward supporting its members to achieve a better life in recovery. Iztvan *et al* (2016) identified in *Second wave positive psychology: Embracing the Dark Side of Life* that having a shared compassion can bring about a positive and transformative adjustment in wellbeing, and it was this that led to the idea of investigating how AA membership affects its members' wellbeing and self-definition.

It was anticipated that having a high level of cohesion with AA would improve wellbeing, and that AA members would have weathered the general decline in wellbeing during the COVID-19 pandemic – as reported by the Office for National Statistics (ONS) in its *Annual personal well-being estimates* – better than people not engaging with mutual support. The study included more than 200 members of AA from 12 different countries, including the UK, USA, Australia, South Africa and Turkey, and the demographic was further varied in terms of age, gender and length of sobriety. Participants completed a survey which included questions that measured their cohesion with AA, the significance they placed on different aspects of their character, and their wellbeing. They also described what being a member of AA meant to them.

COHESION AND WELLBEING

The importance of having a sense of cohesion with AA became clear, as the findings showed a strong link between cohesion and wellbeing – in fact, the level of cohesion with AA was found to be influential in predicting wellbeing. Those participants reporting higher levels of cohesion also experienced significantly better wellbeing, and this was similarly true with the personal characteristics reported by the participants. Those who reported higher levels of cohesion were more likely to be altruistically motivated in supporting others, and conveying empathy, acceptance and friendship.

> 'The positive impact goes well beyond healing health, family life and personal recovery. It has led me to know myself...'

This was summarised by one participant who said, 'Before finding AA I didn't know it was possible to connect with people that want the best for me, who I had never met before. It has opened up a world of new friends and kindness, and shown me the way to a better life'. Interestingly, this finding resonates with one of the traditions of AA – 'Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.' This suggests cohesion is key to the success of AA in terms of both altruistic motivation and increased levels of wellbeing, a finding that was further substantiated when it was noted that the length of sobriety was also positively associated with wellbeing.

RECOVERY IDENTITY

Evidence of a specific recovery identity among AA members was revealed when the findings indicated that working toward compassionate goals as a group establishes an identity that safeguards close relationships, and rejects characteristics associated with high-risk behaviours – such as binge drinking – in favour of upholding community values. As an example, one participant said that AA represents, 'A sense of community based on shared experiences and feelings that come from knowing oneself as an addict and the particular way a mind wired that way, works. Nobody "gets" an addict like an addict'. This indicates that cohesion with AA encourages its members to adjust aspects of their identity, so they might contribute to successful inclusion in a supportive network of people living in recovery.

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'Before finding AA I didn't know it was possible to connect with people that want the best for me, who I had never met before...'

itual

POSITIVE IMPACT

The significance of AA to its members' wellbeing during the pandemic was apparent when the data in the study were compared with two independent research projects on COVID-19 and wellbeing. The participants in this study showed markedly higher levels of wellbeing than those recorded in both COVID-19 studies, and demonstrates that AA has had an important and positive impact on its members' wellbeing – so much so that they have avoided the overall decline seen in the general population during lockdown (*DDN*, December/January, page 9). According to one participant, 'The positive impact goes well beyond healing health, family life and personal recovery. It has led me to know myself, to access other help as needed. Today I have a healthy relationship with myself and others'.

Further analysis showed participant wellbeing compared favourably with data collected by ONS prior to the COVID-19 pandemic, which even exceeded the threshold for having a high level of wellbeing as designated by ONS. This indicates that cohesion with AA not only improves wellbeing but provides its members with a foundation on which to flourish.

To flourish is the pinnacle of living a happy and meaningful life, and is the main focus of positive psychology (Seligman, 2011). To see such clear evidence of this in a sample of recovering alcoholics was an unexpected finding, perhaps best captured by one participant who said, 'Belonging to AA has meant many things to me during my recovery. Inclusion, wisdom, support, guidance and spiritual growth. Above all it has given me freedom and the freedom to just be me and that is a miracle'.

SHARED COMPASSION

This study convincingly supports the basis for the research – that being moved by a shared compassion will have a transformative effect on the wellbeing of AA members. It demonstrated that people in recovery who are members of AA have better wellbeing than that of the general population during the COVID-19 pandemic. Most remarkably, evidence of flourishing was discovered, indicating that cohesion with AA not only acted as a protective factor against the general decline in wellbeing seen during lockdown, but also improved it, with higher levels reported in this study than seen only in pre-pandemic research.

All of this introduces an exciting avenue for future study, looking at flourishing and addiction recovery and how to enhance this process. It has long been known that AA members benefit from being part of a group of recovering addicts. It has not been known that such membership actually leads to flourishing.

Lisa Ogilvie recently completed an MSc in counselling and positive psychology at the University of Bolton, and is a member of AA.

Jerome Carson is professor of psychology at the University of Bolton. Previously a 'high functioning alcoholic' he has been abstinent for more than four years.

A more detailed version of the research can be obtained by emailing Lisa on lco1eps@bolton.ac.uk

THE TWELVE STEPS

The heart of the suggested programme of personal recovery is contained in Twelve Steps.

1 We admitted we were powerless over alcohol - that our lives had become unmanageable.

2 Came to believe that a Power greater than ourselves could restore us to sanity.

3 Made a decision to turn our will and our lives over to the care of God as we understood Him.

4 Made a searching and fearless moral inventory of ourselves.

5 Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6 Were entirely ready to have God remove all these defects of character.

7 Humbly asked Him to remove our shortcomings.

8 Made a list of all persons we had harmed, and became willing to make amends to them all.

9 Made direct amends to such people wherever possible, except when to do so would injure them or others.

10 Continued to take personal inventory and when we were wrong promptly admitted it.

11 Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12 Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practise these principles in all our affairs.

Newcomers are not asked to accept or follow these Twelve Steps in their entirety if they feel unwilling or unable to do so. They will usually be asked to keep an open mind, to attend meetings at which recovered alcoholics describe their personal experiences in achieving sobriety, and to read AA literature describing and interpreting the AA programme.



TOO MUCH, TOO OLD?

We need to tackle issues around older people's drinking with a strong public health campaign, heard the drugs, alcohol and justice parliamentary group

'If we don't act, we'll see a significant public health issue,' said Julie Breslin, head of Drink Wise, Age Well, a programme that ran for five years with funding from the National Lottery Community Fund to bring together partnerships, research and learning for long-term strategy. She was sharing results from the work with older adults, and the headline issue was the extent to which they were drinking at levels that were harmful to their physical and mental health.

While there were benefits to drinking in moderation – relaxation and (normally) social cohesion – the programme found low knowledge of units and guidance on safe drinking levels. 'As we age, we're less able to metabolise alcohol and are also more likely to be on medications that interact,' said Breslin. Taking account of other issues that went hand in hand with getting older – such as menopausal symptoms or a lack of balance that made falls more likely – furthered the need for scrutiny.

TRIGGERS FOR DRINKING

Data from 3,600 participants in the Drink Wise, Age Well programme revealed that 80 per cent of people drank at home alone and 55 per cent had one or more health conditions. The top three triggers for drinking were bereavement, relationship issues and loss of purpose: 85 per cent reported depression, 75 per cent anxiety and 22 per cent were taking medication for mental health issues. More than half said they felt lonely or isolated – and 72 per cent said they had felt that life was not worth living.

It was important to respond to this in a holistic way, suggested Breslin, and a key part of this was increasing resilience, 'in three domains – individual, social and environmental', which would help people to adapt positively to stressful life circumstances. 'It's important in older age as it can be a challenging time of life, with retirement, bereavement and reduced physical mobility,' she said.

POSITIVE NEWS

The positive news was that people who had taken part in 'resilience interventions' had experienced 'dramatic improvements in emotional health, sense of purpose and relationships,' she said. Many also reported that their alcohol use had reduced. After the programme it was recorded that 74 per cent of participants had improved their wellbeing, which showed that 'multiple levels of support are really important'.

One of the major challenges for us all was that 'this group go below the radar', with alcohol problems less likely to be identified in older people. 'Many have high levels of undiagnosed cognitive impairment, which can make it difficult for them to engage with and benefit from treatment,' said Breslin.

People who had taken part in 'resilience interventions' had experienced 'dramatic improvements in emotional health, sense of purpose and relationships'.

JULIE BRESLIN

INCLUSION STRATEGY

The COVID effect was making people even more difficult to find. 'Remote support should be provided in addition to other services,' she said, as part of a strategy of digital inclusion – providing access to the internet, technology and training to older service recipients, as well as telephone helplines.

These action points needed to be written into future government alcohol strategies, leading to tailored solutions for ageing populations. 'We want to see public health campaigns to raise awareness around alcohol harms and ageing,' she said.

Participants at the parliamentary group meeting were unanimous in their support for a proactive public health approach – which needed to include full consideration of cultural variation and need. They agreed that the data demonstrated the level of the problem – particularly the clear link between drinking and loneliness and with mental health issues. The question was, what could treatment providers be doing about it right now?

The second part of the meeting of the of the Drugs, Alcohol and Justice Cross-Party Parliamentary Group explored research relating to alcohol, violence, and anti-social behaviour. We will be looking at this in our March issue.

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CareQuality Commission
CQC overall rating
GOOD
18 March 2019

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33%

Increase in Website Users *

16,870

Increasing Risk drinkers received advice about their drinking

Mar 20 - Jan 21

41,664

Audits Completed

Mar 20 - Jan 21

30%

Increase in online coaching sessions**

*Mar 20 - Jan 21 vs Mar 19 - Jan 20
**Mar 20 - Dec 20 vs Mar 19 - Dec 20

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The pandemic may have forced us to adapt, but developing digitally delivered support has brought some exciting opportunities says **Carwyn Gravell**

A GREATER CONNECTION

Like many organisations, in late March 2020 we had to switch almost overnight to a telephone-based service – audio/video calls and text messaging – to maintain core support for our clients in the community. Once the initial phase was over we piloted a wider, more ambitious range of digital tools, aiming to further enhance connection with and between clients. The goal was to connect with people at every stage of recovery, from those not in treatment but who were worried by their substance misuse, right through to people in established recovery groups.

More than 'filling the gap' during lockdown, our findings suggest that these digital tools can enhance traditional models of face-to-face support in the future, offering benefits such as greater reach, safety and confidence, stronger engagement, service user empowerment and wider influence.

The services have proved extremely popular with both clients and staff – a survey of our service users in East Kent showed a high degree of user satisfaction, with the Kaizala chat scoring highest (nine out of ten in terms of usefulness). Even the most basic remote support (telephone-based one-to-one appointments with key workers) is seen by some as preferable, or at least more convenient, than face-to-face appointments that require travel to a physical 'hub'. One ReNew client commented that, 'I was sceptical about joining this online group but I found myself letting myself be vulnerable. I loved it from the first session and had no worries about coming again', while an East Kent client said, 'I certainly wasn't technology minded with no experience of online groups, chats or video calls – but I've seen fear and uncertainty replaced with confidence, courage and hope.'

While we can't attribute causal effect to our digital and remote services, over the lockdown period our East Kent service has seen a steady increase in the amount of referrals, and the number of participants in our group programmes at the ReNew service in Hull has also increased. Though national average referral rates are not yet available for comparison, anecdotal evidence suggests that our experience bucks the trend of declining referrals into treatment overall, made worse during lockdown.

'Anecdotal evidence suggests that our experience bucks the trend of declining referrals into treatment overall, made worse during lockdown.'

Forward is committed to further developing and evaluating these tools and approaches, as well as working with the wider sector, providers and commissioners, to see how innovations can change the shape of community substance misuse services in the future.

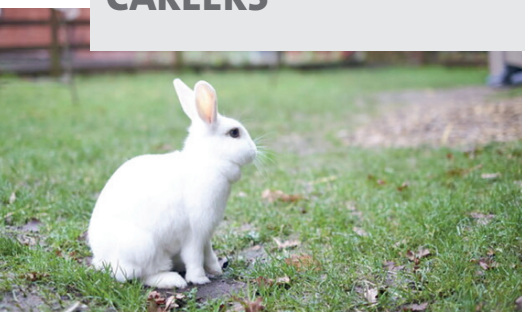
Gerd Altmann / Pixabay

THE TOOLS

- **Reach Out** – an online, text-based chat service to reach people in need of advice and support, providing a 'friendly voice' of hope and motivation. This helped us to reach new people – the majority of callers who contacted us through this platform had never engaged with Forward before.
- **Digital workbooks** – self-help resources used by clients in our East Kent service to raise awareness and help address problematic use of alcohol, cannabis and powder cocaine during lockdown. For those who were motivated, completion rates were good and clients seemed to benefit – post-completion matrix measures show an improvement in both mood and anxiety.
- **Social messaging apps** – to enable peer-to-peer connection and support for groups at various stages of treatment and recovery, using the Kaizala app. This became an efficient means for group leaders (practitioners and peer supporters) to keep in touch with group participants 'all at once' – in addition to regular one-to-one calls – as well as identify problems at an early stage and enable 24/7 support.
- **Online group programmes** – using video call software to continue delivery of structured group programmes for both service users and recovering families. This was really well received, and even those who were originally nervous or unsure quickly felt at ease once the meetings got going. For some, online meetings have provided a more secure and comfortable environment than face-to-face meetings.

Carwyn Gravell is divisional director of business development at The Forward Trust

This article is a shortened version of information contained in our most recent edition of Pulse, a series of briefings from The Forward Trust for staff, partners, commissioners and stakeholders to communicate insight, innovation and evidence of our personal, social and economic impact. To read the full briefing, visit www.forwardtrust.org.uk/about-us/research-and-publications/pulse/



I AM A...

Since the beginning of the coronavirus pandemic, new admissions into rehab have had to isolate. **Stewart Bell** tells us about his role as isolation support worker at Phoenix Futures' Wirral Residential service

My journey towards this role began in 2017 when I was a resident here. Six months later I moved into Phoenix's supported housing and came back to do peer mentoring once a week at the residential.

I found myself enjoying it more and more, especially building up relationships with the staff team. I took courses in health and social care and mental health awareness, and did everything available for personal and professional development. I began delivering groups and enjoyed it so much it made me want to get more involved, so I became a volunteer worker for three days a week. When the pandemic began having an effect in March 2020, I was still volunteering and supporting different parts of our work where needed.

So much of what used to be second nature changed overnight. People had to isolate for 14 days (now ten) to make sure they didn't have any symptoms before they joined the main community. I needed to help keep the people in isolation separate and safe, but also keep them engaged. I introduced them to the language of the therapeutic community, getting them started with written work, and looked to increase their comfort by improving the facilities and entertainment available. As the year went on, we heard about more residential services closing their doors, which meant even more people needed our help, so I was offered a full-time contract as isolation worker.

I start the day by administering medication to those in isolation, followed by a morning check-in, including making a list of any essentials they need. After serving breakfast, I attend the staff handover meeting, where I keep up with what's happening in the main house and give an update on people's progress in isolation. Then I do a 'feelings check' with each individual in isolation, which might take me half an hour on one day and three hours the next, depending on what's come up. The greatest gift you can give to someone is time. After bringing lunch, I make sure people get their afternoon medication on time – especially important for those going through detox withdrawals. Then if there's chance, I like to get the isolated residents out for a (socially distanced) walk and discuss what to expect when moving into the main community. A change of scenery and a bit of freedom enables them to open up and have honest conversations. Throughout the day I fit in admin, calls to doctors, logging medication and addressing any other needs, then issue the evening medication before I leave.

There's a lot I enjoy about this job, but delivering groups is my favourite part, as well as chatting to the people in treatment. There's nothing more satisfying than being able to offer someone some advice and see them go on to achieve so much knowing I played a small part. If someone wants to leave during detox and you convince them to stay, then six months later see them complete their programme, it's the most rewarding feeling in the world.

It's frustrating that during COVID people can't have all the usual experiences around rebuilding relationships – home leave and external commitments as people move through the programme are invaluable. We make the best of it and the team here at the Wirral Residential are brilliant, but I sometimes worry for the people coming into rehab that going into isolation could feel like they're stuck in a bubble.

When I came into treatment, I had no intention of going into this work – I wanted to be a nurse. But the two careers aren't so different – the healing process people go through is similar. Whatever you do, you've got to be passionate about it, and job satisfaction in recovery is massive.

It's thanks to Phoenix I'm still here, and that gratitude is the foundation for me being so passionate about this job. This last year has been difficult, but in a strange way it's also been great for my professional development.

'There's a lot I enjoy about this job, but delivering groups is my favourite part, as well as chatting to the people in treatment... The greatest gift you can give to someone is time.'

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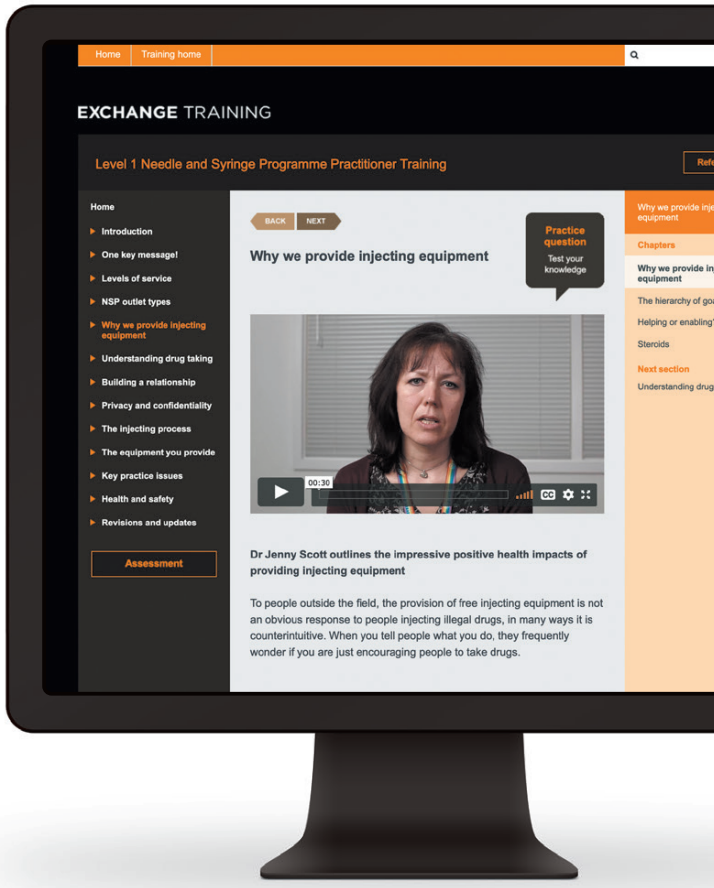

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