Drug and Alcohol Intervention during COVID-19… **a Harm Reduction Approach** (10 minutes)

This paper will briefly outline how Calderdale Recovery Steps have managed the needs of complex clients during the COVID-19 pandemic. This ten minute read will look at how the social restrictions caused by the pandemic have impacted on the processes used to engage with clients, the associated challenges and the key learnings that have been identified. This will then demonstrate how these challenges have led to the development of a rapidly-changing emergency response, which are key to future proofing the delivery of drug and alcohol intervention across Calderdale.

This paper has been designed for professionals, to develop brief insight into drug and alcohol intervention and to demonstrate how, despite significant challenges, we can continue to innovate, change and promote resilience to develop new ways of working that will ensure the delivery of effective support and safeguards for our clients. As society and health provisions continue to navigate through the myriad of socio-economic challenges that have been outputted by this event, it is also paramount that we continue to share our experiences across Calderdale in order to inform our practices for the future.

The unprecedented nature of this pandemic has shone a light on the gaps in processes and procedures that health provisions use, in what we can now deem as ‘normal operation’. This has shown a clear need for an overall review of our emergency responses during crisis. This has ultimately led to a focus on a Harm Reductive health model that is geared toward actively seeking out vulnerable groups and implementing measures and interventions with a ‘safety first’ ethos at the forefront of operation. This is in contrast to the current models, pre-COVID, which have seen health provisions wait for clients to seek help autonomously – which is generally considered ineffective in the management of socially vulnerable groups such as the homeless, dependant drug and alcohol users and those with physical and mental illness.

The Harm Reduction model is based around social policy that priorities the aim of decreasing the negative effects caused by drug and alcohol use, as opposed to its prevalence. It remains a relatively new and largely under-utilised model of intervention when compared to the long standing UK prohibitive model which is based around abstention and recovery.

In principle, the model is concerned with meeting drug users ‘where they’re at’, dealing with the immediate and often avoidable risks and harms caused by drug use, targeting vulnerable, marginalised and hard to reach groups, respecting individual choices and proposing solutions in a non-judgemental, non-coercive and humanist manner. It is built upon a foundation of acceptance that the use of licit and illicit drugs are a part of our world, for better, and for worse and sees that it is an opportunity for drug and alcohol services and the practitioners that work within them to develop realistic and practical solutions and ‘strategies for the management of the high-risk behaviours associated with the use of drugs.

This sentiment has been particularly relevant during this pandemic as the harm reductive model provides the significant amount of flexibility required in order to allow us to develop rapid change to service delivery and develop an emergency response which will keep our complex and most vulnerable clients safe.

**The below attached link depicts a diagram outlining a summary of the key challenges/risks to drug and alcohol users during the pandemic:**



**Following the above diagram, the below bullet points summarise key changes to service-delivery and responses Calderdale Recovery Steps has taken in relation to the highlighted risks:**

* An alcohol support programme has been setup and delivered in partnership with the hub which aims to manage socially vulnerable groups such as the homeless, dependant and ‘change resistant’ drinkers and drug users. There is a particular focus on supporting dependent drinkers, who may have significant and unplanned withdrawals - worsened by interrupted supply of alcohol through shop closures etc. This is achieved through stabilisation; and for those ready and motivated to change – an intervention involving tapering and reduction; with pathways to detox, rehab and abstinence.
* A weekly food bank has been operated through partnership with the hub combined with a limited offering at our base at St Johns House – this has included home delivery to the most vulnerable.
* Continuation of the screening of new clients through a phone based early intervention process
* Case management of clients delivered by key-workers by phone
* A programme which supplies mobile phones to the most vulnerable clients has been implemented to allow easy access to service and to ensure delivery of the last two points
* Multi-disciplinary zoom meetings for staff teams to keep in contact and support the management of clients from an emergency ‘street level’ response, through to longer-term support post COVID.
* Social groups such as AA, NA, CA, SMART moved to zoom meetings and managed through Basement House to minimise the social isolation during the pandemic
* Continuation of Opioid Substitution Therapy (OST) through working in partnership with local pharmacies to change client prescriptions and extend their take home medications such as methadone and buprenorphine as required
* Continuation of our Needle Syringe Programme (NSP), by offering a limited Needle Exchange in partnership with the Hub and through local pharmacies. This process is soon to be extended to home delivery of exchange supplies
* Outreach Programme to support the most vulnerable, and ensure implementation of safeguards such as clean exchange supplies, locked safe storage boxes for the increases in take home medication and the supply of Naloxone to limit the risk of overdose

It is clear that the COVID-19 pandemic has been unprecedented and remains unpredictable in nature. We are still in social restriction, with the potential for a second wave and implementation of another lockdown. Therefore, it is important that we learn from this, and change our key processes across services and in partnership, to ensure that we can actively safeguard and ensure the continuation of service-delivery in emergency situations; especially for those vulnerable groups, that often have a heavy reliance on public and emergency services when the social landscape is stable. This effort, should promote the development of a more robust, integrated system, built upon a foundation of Harm Reduction which would prime services for effective emergency response.

**If you have concerns around drug and alcohol use, please feel free to refer through our single point of access (SPOA) on 01422 415550 (option 1 for adults aged 21 and over, and option 2 for young people aged 10-21).**