COVID 19 Lockdown Trends in Alcohol in GGC

August – November 2020

Alcohol Harms Group Trends Monitoring Sub Group

Monitoring Report on Trends in Alcohol Use and Service Experiences

Phase Two Report, 16th December 2020

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1. Introduction

1.1 The preliminary round of the work to monitor trends in alcohol use and the experience of services conducted during June and July 2020 is detailed in the report dated 31st August. The report on phase one was well received and deemed to be useful and insightful. It was therefore agreed that the monitoring work should continue at least until the end of 2020.

1.2 The second phase of the alcohol trends monitoring work has been designed to provide a further snapshot and this updated report summarises work conducted on monitoring the trends in alcohol use and the experience of services during this time. It also sets out the summary of finding and presents areas for further consideration on alcohol use and the experiences of staff in services across GGC. This second phase presents the work conducted from 1st August to 30th November 2020 inclusive.

2 Scope of the Work

2.1 Whilst the initial request for the work to be undertaken came from Glasgow City, it was agreed the work would be useful to conduct across GGC. Given the board wide specialist alcohol role of the HI Senior post, it was agreed that this strand of the work would continue to be undertaken by this role.

2.2 Similarly to the drugs work, it was agreed that anecdotal information based on the experiences of those working in services continued to be the most realistic and appropriate way of gathering information.

3 Process

3.1 The same process was adopted for information gathering using the existing list of key service contacts compiled to facilitate phase one of the work and using the same template. Contact with services was less frequent (3-4

weekly rather than fortnightly) than in the first phase as the picture became more stable.

3.2 All HSCPs and locality teams including the PCANOS teams, as well as Acute Liaison and third sector partners have participated on a regular basis. For the most part, service contacts have remained stable throughout both phases which has provided consistency of reporting as well as strengthening links, networks and joint working opportunities.

4 Summary of Findings

Service Responses

4.1 Services continue to review practice in line with changes and updates to guidelines and in response to patient and services user's needs. The range of provision continues to involve mostly telephone contact, however online video-calling using a variety of platforms (Attend Anywhere/Near Me, WhatsApp, Google Meets, Microsoft Teams, Zoom, Facetime) is available. Clinic appointments and home visits continue to be offered on a case by case basis. Frequency and type of contact is determined by continued assessment of patient and service user needs using the RAG system in place across services. Those identified as high risk on the red pathway are more likely to have more frequent contact, usually at least weekly and it's much more likely to be in person either in a clinic or at home. Those on the amber pathway have less frequent contact, typically fortnightly and it comprises more of a mixture of phone, online and some in person for routine screenings and tests where needed. Those on the green pathway are more likely to be predominantly phone support that averages at 4-weekly contact.

4.2 Services are still operating with the two team rota system which has become more settled now. Staffing capacity continues to be impacted by rising referrals, changes to practice in light of current guidelines which are regularly subject to review, ongoing absence (COVID or otherwise) and issues with vacancies.

Referrals

4.3 Alcohol referrals continue to rise and most services are now at or are approaching pre-COVID levels. The majority of referrals are from primary care with a rising number of self-referrals as well as range of other sources including Acute Liaison Services, AHPs and mental health services. Most services are still seeing a rise in the number of referrals from people who have never been known to them.

4.4 Most services still report that they are able to respond to referrals more quickly than pre-COVID due to the changes in how services are being delivered, resulting in shorter waiting times overall. Despite increasing referral numbers and staff capacity issues, waiting times targets continue to be met.

4.5 Staff are still reporting levels of stress in trying to maintain regular contact with their cases as they are concerned that service users may relapse without high levels of contact. Senior staff continue to work with their teams to manage this using the RAG system and supporting staff to manage caseloads more effectively. Staff stress more generally appears to be increasing the longer the current situation continues. It is suggested that this is due to the prolonged nature of the new ways of working, going the extra mile, picking up extra work when colleagues are not available and their own personal circumstances. Staff wellbeing continues to be monitored and addressed.

4.6 The main sources of referral continue to be from Primary Care and high numbers are still being marked as urgent. There are also rising instances of mental health issues being cited on the referral. At times, the primary referral route into alcohol services has been inappropriate as the main presentation is mental health related so this should have been the initial referral route with links to addictions established as part of the care plan. ADRS teams have been working closely with CMHT colleagues to address this.

4.7 The specialist PCANOS services in Glasgow City are seeing a downward trend in referrals, reversing the increased numbers seen earlier in the year. This is likely linked to the ongoing virtual appointment system being utilised within primary care and the lack of opportunity for PCANOS staff to engage directly with GP Practices to further promote the service and be more visible within the practices. PCANOS teams have strengthened links with Acute Liaison and Project 80 at GRI and continue to pursue ongoing engagement with primary care practices as part of the phased rollout of the service.

4.8 There are increasing levels of self and primary care referrals from hazardous drinkers who are more suited to tier 2 services so the levels of onward referrals to these services has risen.

4.9 The development of the ADRS Alcohol Referrals During COVID guidance continues to be helpful in directing the management of referrals throughout the pandemic.

Medical Interventions, Detox and Protective Medications

4.10 There is a higher level of flexibility with protective medication prescriptions now than earlier in the year. Those who were responding well to the added element of personal responsibility and thriving with support from family members as well as service staff have continued to be issued with longer prescription dispensing. Others who require more support have been able to receive a prescription cycle more suited to their needs. As the level of pharmacy supervision (without breathalysing) rises, the provision of support can be more tailored on an individual basis.

4.11 Acamprosate prescribing is still being utilised more than disulfiram as the levels of supervision required for safe use are generally a better fit with current service provision practices. Disulfiram provision is however increasing again as more people consider taking the opportunity to change their behaviour, benefitting from the lack of social distractions.

4.12 Breathalyser guidance for ADRS staff was agreed and implemented in early September and has added to the changes in prescribing and supervision practice. To date, there is no provision for breathalysing in pharmacy settings.

4.13 Contact continues to be made weekly with new and/or more vulnerable service users, moving to fortnightly when they are more settled and it's typically monthly for those who are more stable. Staff are making the contact frequency decisions on a case by case basis using a RAG traffic light triage system. Welfare checks are an ongoing part of the contacts being made, picking up on treatment issues as well as any wider health and social issues.

4.14 Inpatient detox support has been available throughout the pandemic and has been offered where appropriate. This provision is subject to regular review and provision has been increased in recent months in line with service recovery planning.

Managed Harm Reduction

4.15 Many service users continue to be unsuitable for home detox as either they are deemed as too high risk or do not have family members to provide support with the programme safely. For these service users, they are being supported with a managed harm reduction approach to reducing consumption safely in a phased way or they are being deferred for support when it can be tailored more to suit their needs. This harm reduction management approach has seen some very positive outcomes for some whilst for others, it has highlighted that they are not yet ready to change their drinking habits at this time. In these cases it has limited the instances of unsuccessful detox completion. Service staff have been reminded of the

range of tools and resources available through health improvement to support harm reduction interventions and a plan is in place to ensure ongoing provision and monitoring the use of these materials via the Public Health Resource Directory (PHRD).

Mental Health

4.16 Many service users continue to report negative impacts on their mental health linked to the ongoing situation. Increasing levels of anxiety, depression and stress are taking their toll and are contributing to increased consumption levels. Many cited the underlying cause of this as isolation in the early days but now it is linked to toughening restrictions. Fear for longer term employment status beyond the extended furlough period and into the longer term economic uncertainty continues to be a cause for concern.

4.17 Those with more severe and enduring diagnosed mental health conditions, especially personality disorders are reporting more extreme impacts leading to significant relapses for many.

4.18 There continues to be instances of increasing levels of crisis presentations leading to higher levels of complexities. The ongoing and prolonged nature of the pandemic has compounded this and is evident in the numbers and severity of relapses.

4.19 Reports of suicidal ideation are ongoing and staff continue to support service users and make appropriate referrals and links for specialist mental health support where needed. This has improved due to strengthened links with CMHT colleagues as previously mentioned.

4.20 There continues to be some evidence of service users thriving and reporting that the ongoing lack of social distractions and interactions has been positive and has improved their recovery.

Physical Health

4.21 In those service users who report positive impacts, there are more improvements in physical health. Conversely, in those who are reporting a range of concerns, issues and negative impacts, there was a marked decrease in overall physical health. The ongoing lack of routine assessment in primary care due to high levels of continued remote consulting is felt to add to this. Pabrinex provision has continued to rise with many services re-instating face to face clinics for this. The overall health improvements are noted.

4.22 The need to make referrals for foodbanks and/or provide shopping vouchers remains evident but this has returned to pre-COVID levels.

4.23 Across GGC, some services are recording increasing cases of older adults, particularly over 70s in some areas, who have additional complex needs and long term conditions which add to the complexity of their case. This requires a multi-disciplinary approach to the care planning and management of their case.

Social Issues

4.24 Isolation and the lack of routine remains a cause for concern and continues to have an impact on consumption levels and mental health for many. As previously mentioned in paragraph 4.16, concerns over job security in the long term is adding to this for some service users and this is evident in the referrals coming to services, especially from Primary Care.

4.25 With regards to housing and homelessness issues the widening of this provision has provided some positives with some service users being support into their own tenancies.

4.26 With the exception of one team, there has been little change to the number of concerns for child or adult protection or concerns for safety, including gender based violence, from alcohol services. Small numbers of cases have been noted but these are not out of the ordinary and do not seem to have been impacted by the pandemic specifically. The exception to this saw an increase in GBV in one team but this has since stabilised.

4.27 As previously mentioned in paragraph 4.21, food poverty has been an ongoing concern. Services continue to make referrals as needed.

4.28 As noted in paragraph 4.15, there are increasing concerns amongst some service users on the longer term safety of their jobs and for those who are furloughed, if their job will still be available for them to return to.

4.29 Digital exclusion remains a barrier for some. This is due to lack of suitable devices or connectivity, lack of private space to engage in confidence or a lack of skills. To a lesser degree, staff skills development to facilitate working in a different and more digital way has changed rapidly over the last few months as the digital approach is becoming more embedded into practice and is part of patient and service user expectations of public sector service delivery.

Access, Availability and Buying Habits

4.30 In the main, service users continue to access their alcohol daily from local shops. Earlier reports of increased bulk buying from supermarkets to limit shopping trips by some appear to have reduced. As lockdown restrictions eased, there was a small swing back towards very local buying habits,

thought to be due to the reduced likelihood of having to queue as may be the case in a supermarket. As restrictions have been re-imposed, the small increase in the uptake of local delivery services from convenience stores and/or takeaways, restaurants, taxi deliveries and dial-a-booze services remains evident.

4.31 The vast majority of services do not believe that repeated changes to on-license selling has impacted on their patient and service user group as most are community based home drinkers who buy locally via off-licence routes. There is some evidence that the use of cocaine along with alcohol is impacted by the licensed premises closures. This will continue to be monitored.

COVID Specific Concerns

4.32 Struggles with isolation due to lockdown had been reported as an issue which had differing impacts on different people in different ways as described above. The general trend appears that isolation can be replaced with rising anxiety as noted in paragraph 4.16.

Poly Drug Use

4.33 There have been reports throughout the whole time period for this work of increasing use of cocaine with alcohol, more prevalent in the younger age groups and often within licensed premises. There are continuing reports of service users on ORT increasing their alcohol use which is a new pattern not previously reported prior to the first lockdown. Additionally, there are ongoing reports of increasing cannabis use along with alcohol consumption. These patterns of substance use are in addition to existing use of street valium and some gabapentin.

Recovery Communities

4.34 As with service provision, recovery services have moved their support to a range of online platforms and this continues to be the case. Those service users who were engaged in recovery communities prior to lockdown have reported high levels of engagement throughout.

4.35 However, for those who are new to services and the associated recovery communities' support, engagement is still very low. This is thought to be based on the online nature of the support being unfamiliar and more anonymous as well as some experiencing digital exclusion barriers.

4.36 The lack of in-person AA fellowship groups is a particular source of frustration amongst service users as the current restrictions continue to change. Some AA members are taking the initiative and setting up physically distanced meets within their local communities for contacts they

already have. Some recovery services are operating physically distanced Walk and Talk support groups for those who are able to participate in this. Whilst these moves are very welcome, there are still obvious but understandable gaps in the recovery support available at this time.

4.37 There has been some positive development in the Over 50s support available with an age specific support service led by We Are With You now operating in Glasgow. Due to its success, it is now welcoming a wider age range from 30+.

5 Developments Based on Phase One Report

5.1 Work to continue to monitor trends in alcohol use and service experiences has remained in place until the end of 2020.

5.2 Use of Attend Anywhere within ADRS has been reviewed and plans devised to extend its use across services.

5.3 Work to build on positive responses to increased personal responsibility for service users own care plan management has increased with good successes for some.

5.4 Breathalyser use across ADRS services was re-introduced in September 2020. The situation in pharmacy settings continues to be monitored in line with current guidance.

5.5 Pharmacy supervision for protective medication has steadily increased but remains inconsistent across the board area. An updated NEO system has been rolled out in pharmacies to improve monitoring of prescription collection and allow for swifter intervention where issues are flagged.

5.6 The Alcohol Care and Treatment Group (ACT) for GGC has developed an action plan based on phase one work and has a sub group who are responsible for progressing the actions from the monitoring work that fall under the group's remit. This can be found in appendix 1.

5.7 ADRS services have been reminded of the range of tools and resources available through health improvement to support harm reduction interventions and a plan is in place to ensure ongoing provision and monitoring the use of these materials via the Public Health Resource Directory (PHRD).

5.8 Recovery groups continue to offer support across GGC in a range of ways within current Scottish Government, HSCP and Scottish Recovery Consortium guidance.

6 Next Steps

6.1 Consider the need to continue this work into 2021.

6.2 Work to increase the use of Attend Anywhere within ADRS services.

6.3 Continue to build on positive responses to increased personal responsibility for service users own care plan management.

6.4 Further extend the provision of pharmacy supervision for protective medications where current guidelines permit.

6.5 continue to review the potential for re-instating breathalysing as part of pharmacy supervision provision.

6.6 Work with PHRD to monitor the use of health improvement resources across services to complement harm reduction work and ensure ongoing provision of these across GGC. Consider if any new materials are needed to supplement existing provision.

6.7 Support recovery groups to re-instate face to face groups, meetings and activities in line with recently issued Scottish Recovery Consortium guidance.

6.8 Work with Occupational Health to monitor staff health and wellbeing and offer additional support where possible.

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16th December 2020

Appendix 1

NHS GGC Alcohol Care and Treatment Group
Trends in Alcohol Use and Service Experiences
Action Plan October 2020

Action from Monitoring Report August 2020	Responsibility	Partners	Sources of Learning and Practice	Timescale	Funding Required	Wider Links	Progress (RAG)
Consider how services can provide more choice in how support is offered and how to improve access to more technology based contact moving forward. Support for staff to make it work optimally.	ACT Lead Person:	We Are With You Mungo Foundation Recovery Communities ADRS CATs IATs ADPs	NHS GGC Digital Programme SRC		Possibly IT provision	Digital inclusion	

		SRC Third Sector					
Build on positive responses to increased personal responsibility for service users own care plan management.	ACT Lead Person:	We Are With You Recovery Communities ADRS CATs IATs ADPs Service Users Patients			None		

		GPs					
Action from Monitoring Report August 2020	**Responsibility**	**Partners**	**Sources of Learning and Practice**	**Timescale**	**Funding Required**	**Wider Links**	**Progress (RAG)**
Expedite breathalyser re-introduction when circumstances allow it or consider a viable alternative in the interim period	ACT Lead Person	Pharmacies	Quit Your Way Police Scotland		Possibly Infra-red thermometer provision as additional precaution		
Increase the use of alcohol harm reduction and minimisation approaches to manage consumption for those whose goal is not abstinence.	ACT Lead Person:	Health Improvement We Are With You Mungo Foundation Recovery	ARD Recommendations ARD Review Guidance		Possibly Drinks diaries Pourers/measure cups Unit Calculators	PHS PHRD	

		Communities ADRS CATs IATs ADPs SRC Third Sector					
Action from Monitoring Report August 2020	**Responsibility**	**Partners**	**Sources of Learning and Practice**	**Timescale**	**Funding Required**	**Wider Links**	**Progress** **(RAG)**
Increase confidence in staff to offer harm reduction as a legitimate strand of a wider support package	ACT Lead Person:	Health Improvement We Are With You Mungo	Practice Development				

		Foundation Recovery Communities ADRS CATs IATs ADPs SRC					
Consider developing more robust harm reduction guidelines to support this	ACT Lead Person:	Health Improvement We Are With You Mungo Foundation Recovery Communities					

		ADRS CATs IATs ADPs SRC					

Developing Areas for Consideration Post Report Timeframe	Responsibility	Partners	Sources of Learning and Practice	Timescale	Funding Required	Wider Links	Progress (RAG)
Explore the impact of current service delivery and practice on staff HWB		Occ Health SHS HWL Psychology			Possibly Provision of HWB support: Online module		

		MH MHWB Group			access HWL events Implement scaled down R&R hub model		