COVID 19 Lockdown Trends in Alcohol in GGC

December 2020 – March 2021

Alcohol Harms Group Trends Monitoring Sub Group

Monitoring Report on Trends in Alcohol Use and Service Experiences

Phase Three Update Report, 31st March 2021

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1 Introduction

This report is the third in a series presenting the findings of the ongoing work in monitoring trends in alcohol use and service experiences across NHS GGC, linked to the ongoing COVID pandemic. Reports on phase one and two are dated 31st August 2020 and 16th December 2020 respectively. This report builds on the content of the previous two reports and provides a comprehensive summary of the period covering December 2020 to March 2021.

The two previous reports on the work to monitor trends in alcohol use and service experiences have been longer and more detailed as this was required in order to report the breadth of the findings. This report will concentrate on highlighting new and/or changed information.

Due to the ongoing pandemic and the value in the information being collected, this work will continue for as long as is needed.

2 Scope of the Work and Process

The work continues to be anecdotal and is based on the experiences and perceptions of key alcohol contacts in each service across GGC. Contact with each service continues on a monthly basis, mostly by phone but the use of Microsoft Teams is featuring more.

3 Summary of Findings

Service Responses

Services are still operating with the two team rota system which is fairly settled. There are times when this system needs to change to cover absence (annual leave, sickness, COVID or other leave) or priority/emergency areas of work. Staffing capacity continues to be impacted by referral rates, changes to practice in light of current guidelines which are regularly subject to review and issues with vacancies. Staff turnover, recruitment and retention is an area of particular concern that has been discussed at the Alcohol Care and Treatment (ACT) Group. Further discussion on this is planned for the April meeting of the ACT where actions to address this will be discussed and agreed.

Referrals

Most services experienced the usual spike in referrals post-Christmas. Some have seen these tail off as is common whilst others have seen the levels maintain or continue to rise. The proportion of these referrals that are new to services remains on the increase. The main sources of referral are still primary care with rising numbers of self-referrals coming through. Mental health remains a key component of significant numbers of cases.

There continues to be higher numbers of referrals from hazardous drinkers who are more suited to tier 2 services therefore the levels of onward referrals to tier 2 services is rising.

Joint working with other parts of the system in including PCANOS, Acute Liaison and CMHTs remains a core part of care planning.

Teams continue to meet waiting times targets despite staffing capacity and rising numbers.

Service Provision and Harm Reduction

All the functions of the teams are available to patients and service users and continue to be tailored to individual needs based on a full assessment. This includes a range of communication methods including face to face home visits and clinics, phone calls, video meetings and welfare checks. Treatment options include home detox, pharmacy supervision of protective medications and supported managed reductions. There are high numbers of medication deliveries still being undertaken by teams, impacting on staff capacity. The positive outcomes achieved via managed reductions has continued and via the ACT, is being considered as a particular area to further develop as part of staff induction training.

Key Issues

Consumption levels remain stable at higher levels with those self-referring particularly relating increasing consumption directly to COVID and its impacts on anxiety, isolation, loneliness and employment situation – either ongoing furlough or redundancy. In addition, there are more instances of **those who live with others**, either in a couple or as part of a wider family, struggling with their relationships as a result of being together more due to restrictions being in place. This is leading to changing drinking patterns and increased consumption levels.

Mental health remains a key component of significant numbers of cases. The ongoing and repeated nature of the restrictions is more explicitly related to consumption levels and patterns and is linked to anxiety, isolation and depression as well as other more severe and enduring mental health conditions. Re-introducing or increasing alcohol use is attributed to self-medication for the

management of mental health conditions, especially in those who have **relapsed**, as well as a coping strategy for life more generally.

Physical health is affected by long term conditions and complex health need, especially in the older age groups. For some, pabrinex provision is resulting in positive impacts.

There is an emerging trend of **younger patients** being referred. In the main this refers to those in their mid-late 20s and early 30s but there are more reports of some in their late teens and early 20s coming through.

Referrals to **foodbanks** increased during December but have returned to more usual rates post-Christmas.

Access to alcohol is still mostly local, daily buying from community based shops or supermarkets. However, there is emerging evidence of an increase in **online buying,** especially buying in bulk, from a range of online sources. Earlier indications of an increased uptake in local delivery services, including those via dial-a-booze and such services are becoming more common. There are also more reported instances of patients and service users handing over money and/or bank cards to others (sometimes family, other times it's friends, neighbours or acquaintances) to buy for them, increasing the risks of **financial exploitation**.

There have been no notable changes to the other substances in the mix along with alcohol. **Cocaine** and **street valium** remain constant along with some **gabapentin**. There are some signs that **cannabis** use is on the increase.

The limited provision of face to face **recovery** community activity remains a barrier to some in accessing support. The reports of small increases in AA meetings in person is encouraging but this remains very limited depending on the availability of premises and the ability to limit numbers and implement social distancing measures. The provision of worldwide virtual AA meetings 24 hours a day, 7 days a week via Zoom is offering a widely and easily accessible source of support to some.

4 Next steps

1. Continue the alcohol trends monitoring work, reporting via key structures as appropriate.

2. Take positive step to address staff recruitment and retention.

3. Enhance the alcohol harm reduction components of staff induction training.

4. Continue to offer health improvement resources to support harm reduction work.

5. Support the provision of face to face support groups when restrictions permit.