

PEER-LED
COVID-19
IMPACT
SURVEY

*A review of the
impact of COVID19
on drug and alcohol
users in Wales*



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FOREWARD

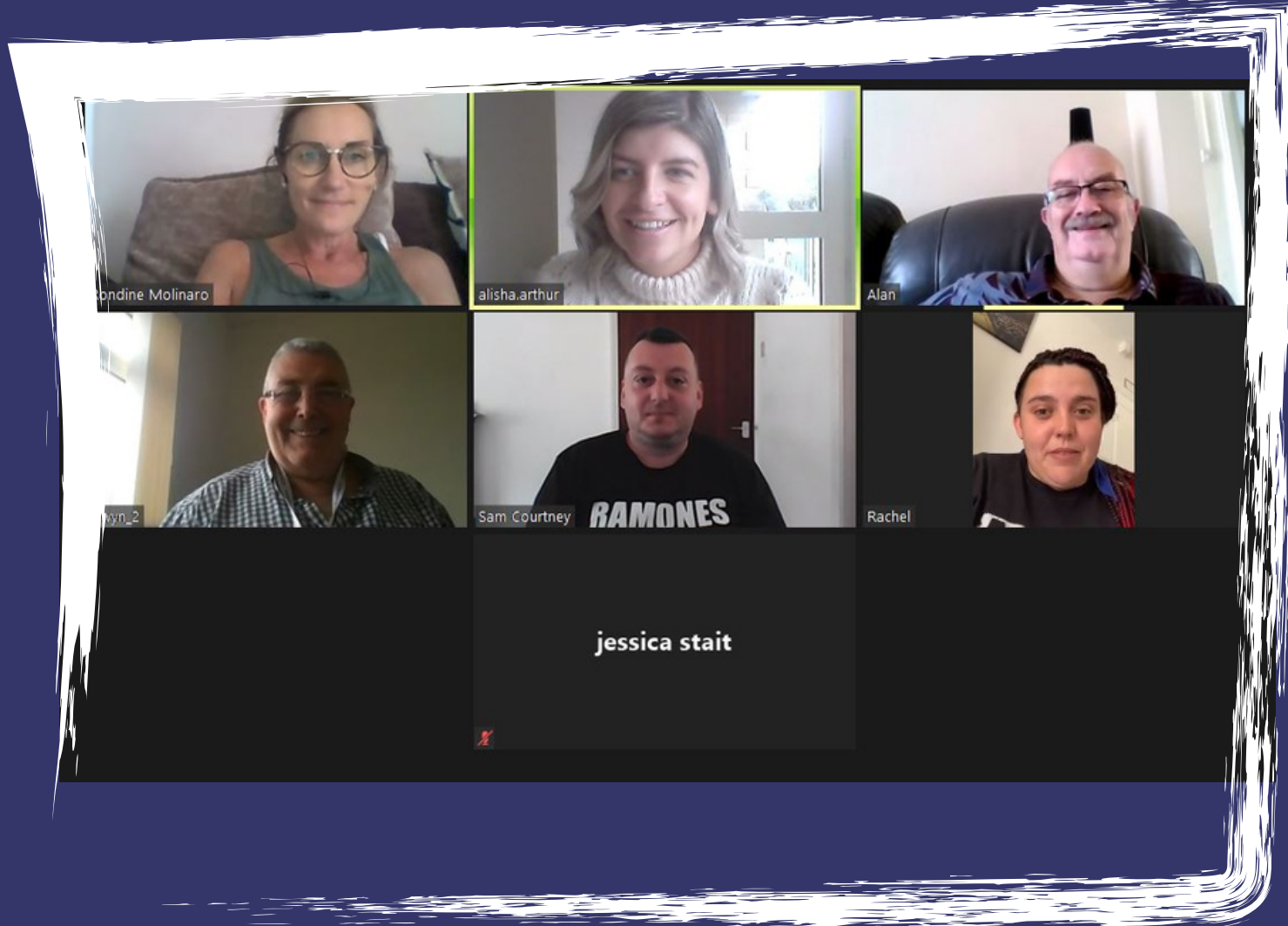
The COVID19 pandemic affected drug and alcohol providers across Wales, forcing them to completely re-design service provision in a relatively short timescale. The implications of this were vast. Clinical interventions such as BBV testing, urine testing and sexual health screening ceased. Starting people on prescriptions became challenging, and service users who were self-isolating depended on community staff delivering their prescriptions to them at home. Psycho-social interventions had to be quickly re designed. Online interventions like Breaking Free were offered. Phone check-ups replaced face to face meetings, and recovery activities including art groups, gym sessions and mutual aid groups were abandoned. Recovery Hubs and drop-ins closed their doors. Community Providers did exceptionally well in the circumstances. Assertive outreach teams continued to walk the streets as they tried to assist the Welsh Government achieve their 'Everyone in' campaign and support homeless individuals into temporary accommodation. Staff took turns to ensure critical bases stayed open. Many worked tirelessly from home, attending endless Zoom and team meetings to maintain their support for drug and alcohol users, their families and carers. PPE was purchased at inflated costs to ensure that staff and service users were protected.

But what was the impact on the people we help?

Many Drug and alcohol users struggle at the best of times – so what was the impact when the whole country went into lockdown? Could they still buy drugs? Could they still shoplift to fund their use? What was the impact on their family? Did they relapse? Did their alcohol use increase with the rest of the population? These were the questions we wanted to ask, to help us plan our response if the anticipated 'second peak' arrived. It would also give us insight into what parts of our 'new normal' provision actually benefited our people. Should we continue to offer phone check-ups instead of face to face meetings? How much did our service users miss that face to face contact?

We knew we wanted to create a survey to help us get this information. In order to do this as transparently as possible, we enlisted the help of people with lived experience to complete the surveys with the people we wanted to talk to. There was another reason we wanted to involve a group of peers; In 2014, a Gwent commissioner requested that a group of peers complete a review of needle exchanges in the area. They undertook a 'secret shopper' exercise, and then documented their findings in a presentation – rating each needle exchange in different domains. That group of peers still talk about that review all these years later - how they felt 'entrusted' to go out and evaluate provision and report back on what could be improved. It gave them a sense of purpose, and above all else – a sense of being valued. We imagined doing this now – but on a national scale. If there is one positive of the pandemic – it is the ease with which we can get connected very quickly and involve people from all seven Welsh regions. Peers from North Wales, Gwent, Dyfed, Cwm Taf Morgannwg, Cardiff, Powys and Western Bay were identified and called together on Zoom. They were trained in survey delivery, using resources given to them by Katy Holloway from the University of South Wales. They created the questions and amalgamated these with questions from Welsh Government and Drug and Alcohol Commissioners – who were understandably as interested in the impact of the CV19 pandemic as we were.

Welsh Government agreed to fund the survey – enabling us to remunerate the peers for their work, and offer incentive vouchers to respondents. It wasn't without challenge. Some people could not be reached on the phone numbers the peers were given. Some answered the phone and asked for a call back in a few hours. The peers had to painstakingly enter the survey responses into Survey Monkey after each phone call.



The survey interviews sometimes took an hour to complete. One service user was so eager to talk to someone - they kept the peer on the phone chatting for 90 minutes. Another service user was really struggling with their mental health and so the peer called their keyworker after the call to follow it up. The keyworker emailed us to express how well the peer had done. To say the peers did well is an understatement. They collectively interviewed over 200 service users across Wales and completed hours of data input. The peers themselves bonded and got to know each other quite well during our weekly catch up calls. After the survey was finished, they felt a sense of sadness that it was over.

They expressed an interest to do it all again. Some peers began paid employment during the survey, but continued to do their bit. One peer juggled her interviews in between lunch breaks as she was in full time employment. They also worked as a team – If one area received a flurry of responses and the peer was struggling to complete interviews, then a peer from another area would offer to complete the surveys themselves to shoulder the burden. On behalf of the Welsh Government, DACW members, Commissioners, staff and service users across the country – we would like to thank the peers for their collective effort, insight, passion and above all - their personal time that it took to undertake this project.

*Meet our
Peers!*





“Helping with this survey I have found that SU’s have got a lot out of what services offered in this uncertain time, and it’s important that their voices are heard.”

Ryan, Dyfed



“I found completing the surveys both rewarding and satisfying. It was good to hear that even though people were struggling with Covid they were still keeping a positive attitude and were grateful for the help they were receiving.”

Alan, Gwent



“As an avid harm reductionist and someone who has been involved in the drug culture for some 35 years, it was imperative to me that we looked into how our service users have been impacted by these unparalleled times. Those I spoke to were glad to have a listening ear, and to feel involved in improving service delivery.”

Tommy, North Wales

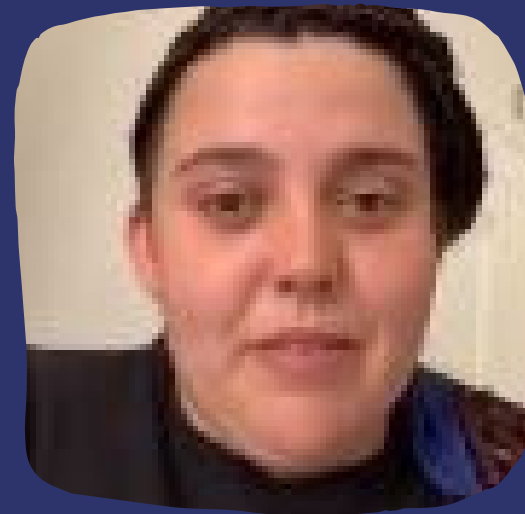
“Being part of this research project, conducting the surveys and interviews was a great experience. Being a former service user myself, it was a topic close to my heart. I believe that giving the participants a little bit of information about my background and letting them know that I was a service user myself really went a long way in helping them open up a bit more. Although a lot of people were, and still are, struggling at the moment, there were a lot of positive comments about substance misuse services. Made me proud to be a part of it.”

Sam, RCT



“This cohort was quite difficult to reach due to custodial sentences, but it was an important peice of work and I was glad to be a part of it.”

Rachel, Cardiff & Vale



“It was great to hear of the strength and resilience that our service users discovered during testing times and also the overwhelming positive feedback around our service and how it adapted.”

Steve, Western Bay



“Isolation had a big impact on the service users I spoke with. Particularly as parts of Powys are very rural, many felt cut off and were grateful for the remote support they'd received.”

Jess, Powys

Survey Respondents

Overview

208 SURVEYS
COMPLETED

Age

18-25: 11.17%
26-35: 18.27%
36-45: 25.89%
46-60: 34.01%
61+: 10.66%

Sex

Male: 48.22%
Female: 48.22%
Non-binary: 1.02%
Gender Fluid: 0.51%

Primary Substance

(The substance causing you the most issues, for which you currently receive support.)

Alcohol: 60%
Heroin: 8%
Poly Drug Use: 12%
Fentanyl: 0.5%
Codeine: 0.5%
Cocaine: 3%
Cannabis: 4%
Opiates: 3%
Diazepam: 0.5%
Gabapentin: 0.5%
N/a* : 7.5%

Ethnicity

White - British: 82.23%
White - English: 7.11%
Asian-Indian: 0.51%
Black - African: 0.51%
Black - Caribbean: 0.51%
White & Asian: 0.51%
White & Black African: 0.51%
White & Black Caribbean: 0.51%
Other: 6.6%

Local Authority

Cwm Taff Morganwg: 23.56%
Swansea, Neath & Port Talbot: 10.09%
Powys: 12.98%
Dyfed: 17.31%
Gwent: 15.87%
North Wales: 6.73%
Cardiff & Vale: 5.77%
I don't know: 3.85%
Skipped the question: 3.85%

*Not receiving support for a drug or alcohol issue

COVID-19 IMPACT SURVEY

AT A GLANCE

ACCESS TO SERVICES

65% were receiving psychosocial support during lockdown

Followed by Clinical (18%) and Employment and Training (11.34%).

95% managed to maintain contact with their key worker and receive ongoing support

Critically, the overwhelming majority still felt supported during lockdown.

65% said the frequency and nature of their contact support had changed

Those receiving face to face support regularly were supported virtually instead.

26% began accessing treatment during the pandemic

Importantly, 64 out of 66 of those respondents found accessing the service 'extremely easy' (24), 'easy' (22) or neither easy nor difficult (12).

60% were either unable to, or chose not to, access online support interventions

69% did not access online support or community groups. 58% of those who accessed online interventions did not find them effective.

46% marked face to face interaction as their preferred method of support

Just 8% preferred phone contact. 0% preferred video support. 8% answered 'it depends'.

IMPACTS OF LOCKDOWN

31% needed support in a crisis situation during the lockdown

Those that did cited medication (5%) and family issues (11%) as their main reasons for doing so.

38% said their family had been financially impacted by the lockdown

24% of respondents said their employment had been impacted, citing reduced hours, being furloughed and a reduction in the number of roles open to applicants.

63% have experienced negative family impacts during the pandemic

With just 4% of respondents citing some positive family impacts, such as more quality time spent together.

73% said their mental health had been impacted during lockdown

Respondents cited that disruption to their routines, the loss of their coping mechanisms and isolation as particularly challenging.

Physical health had been impacted by lockdown. Most impacted was Exercise (55%)

Followed by Sleep Quality (51%) and Diet & Nutrition (42%). Respondents reported both negative and positive health impacts.

90% had not committed any crimes during lockdown

The survey's crime section did not discover anything surprising or alarming.

DRUG AND ALCOHOL USE

48% attempted to reduce their alcohol intake at home during the lockdown

Despite many attempting this, 85% did not access tools or harm reduction advice online while doing so.

66% cited that accessing their usual drug supply had not become more or less difficult, but had remained the same.

Furthermore, drug use patterns for the majority of respondents had remained the same.

25% suffered a lapse or relapse following a period of abstinence during lockdown

Many relapsed after considerable time in sobriety. In one instance following more than 2 years of abstinence.

85% received clear messages from their services on social distancing and measures to keep them safe

92% did their best to follow guidance during lockdown. 93% used PPE and hand sanitizer.

9% experienced a non-fatal overdose scenario during the lockdown

8% of respondents had accessed Naloxone. One respondent reported a situation where Naloxone had saved a friend's life.

Direct Support

Overview

Prior to lockdown **51%** were having weekly contact with their Keyworker, and **35%** of respondents saw the frequency of that contact change. Importantly, **95% of respondents continued to receive ongoing support during lockdown.**

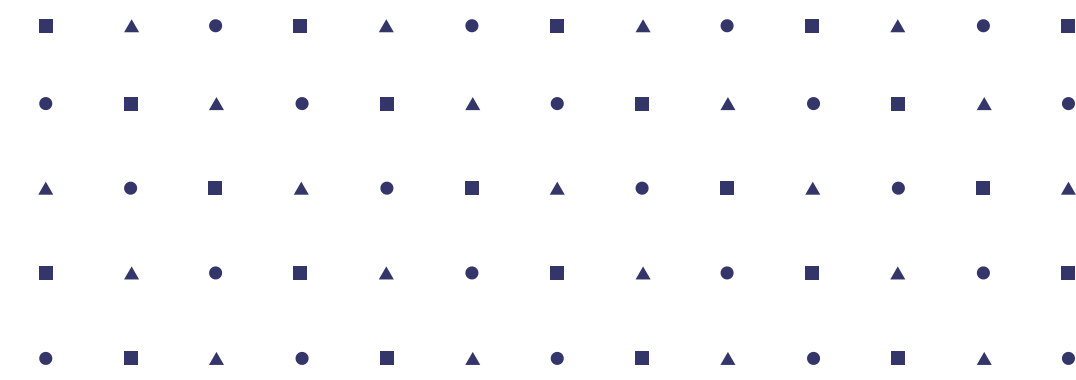
40% had a care plan review during lockdown, however many of those highlighted their preference for face-to-face interaction when completing a care plan review for the following reasons:

- "There were more silences, I couldn't see what the keyworker was thinking."
- *"I looked forward to face-to-face support, I enjoyed getting there and it was a reason to get out of bed."*
- "I refused a care plan review as I'd prefer to do it in person."
- *"I don't like answering phones."*

A minority (**8%**) preferred phone support, citing that it is more flexible when mental health is not at its best, limits the stress and cost involved in travelling to appointments and makes life easier for those with decreased mobility.

Direct Support

Service User Feedback



- "Services didn't seem to talk to each other. Communication could be improved."
- *"I would have liked to know more about what the role of my Keyworker was."*
- "I had problems getting a detox. Funding was needed and the application wasn't completed in time."
- *"More intervention early on could have avoided a crisis situation developing."*
- "I really did not like the stop to face-to-face support, it was available with other support agencies and I'm dissapointed you didn't find a way."
- *"Maybe some more outdoor activities can be arranged now larger groups can meet outside."*
- "A continuation of the hardship fund care packages would have been beneficial to fall back on."



Crisis Support

Overview

31% of respondents required crisis support during the lockdown, of the 59 respondents who required that support, only 2% did not receive the support they needed.

Issues service users needed crisis support with were family issues (11%), medication (5%), housing (4%) and benefits (2%). Other issues included a social services referral, alcohol withdrawals, mental health crises, problematic alcohol use, overdose, suicide attempt, marriage breakdown and relapse.

"I cannot request help when I'm in a bad place."

"I needed help but felt it would be pointless doing it over the phone."

"I needed a listening ear due to some family issues, and my worker was always there."

"Just knowing my support worker was there made my crisis easier to manage."



Financial & Employment Impact

Overview

38% of respondents experienced a negative financial impact on their family during lockdown, and 24% of those felt their employment was impacted. Many reported a reduction to their working hours, seeing less roles available, having their volunteering role stopped or finding themselves on furlough. More positively, some respondents had entered new sectors, for example care, and secured new roles.



"I was selling the Big Issue but had to stop during lock down. I've just started to sell it again now."

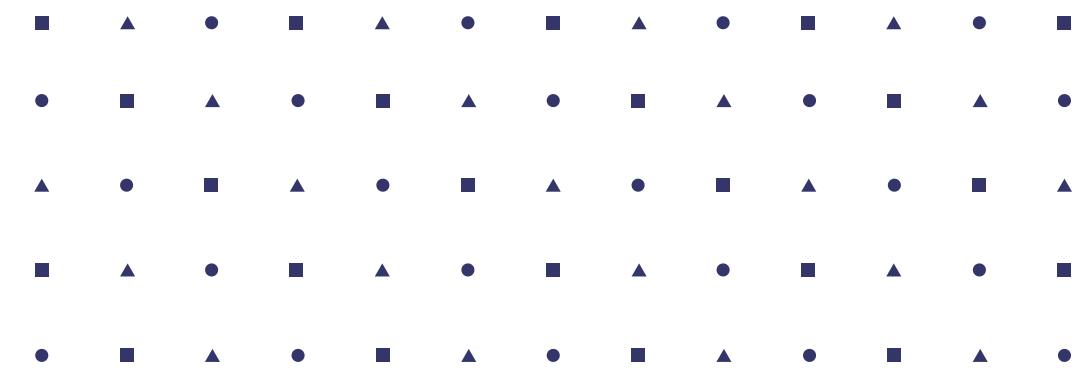
"I was due to start my volunteering and training, but this has all been put on hold."

"I've been led back to the caring profession, I was employed in retail and felt very unhappy in that job."

"I was offered a job, but lost it due to the lockdown."

Family Impact

Overview



63% of respondents have experienced a negative impact on their family during lockdown, with just **4%** reporting some positive family outcomes, which included more quality time spent with family, an increased solidarity and sense of looking out for one another, and an improved use of communicative technology between family members.

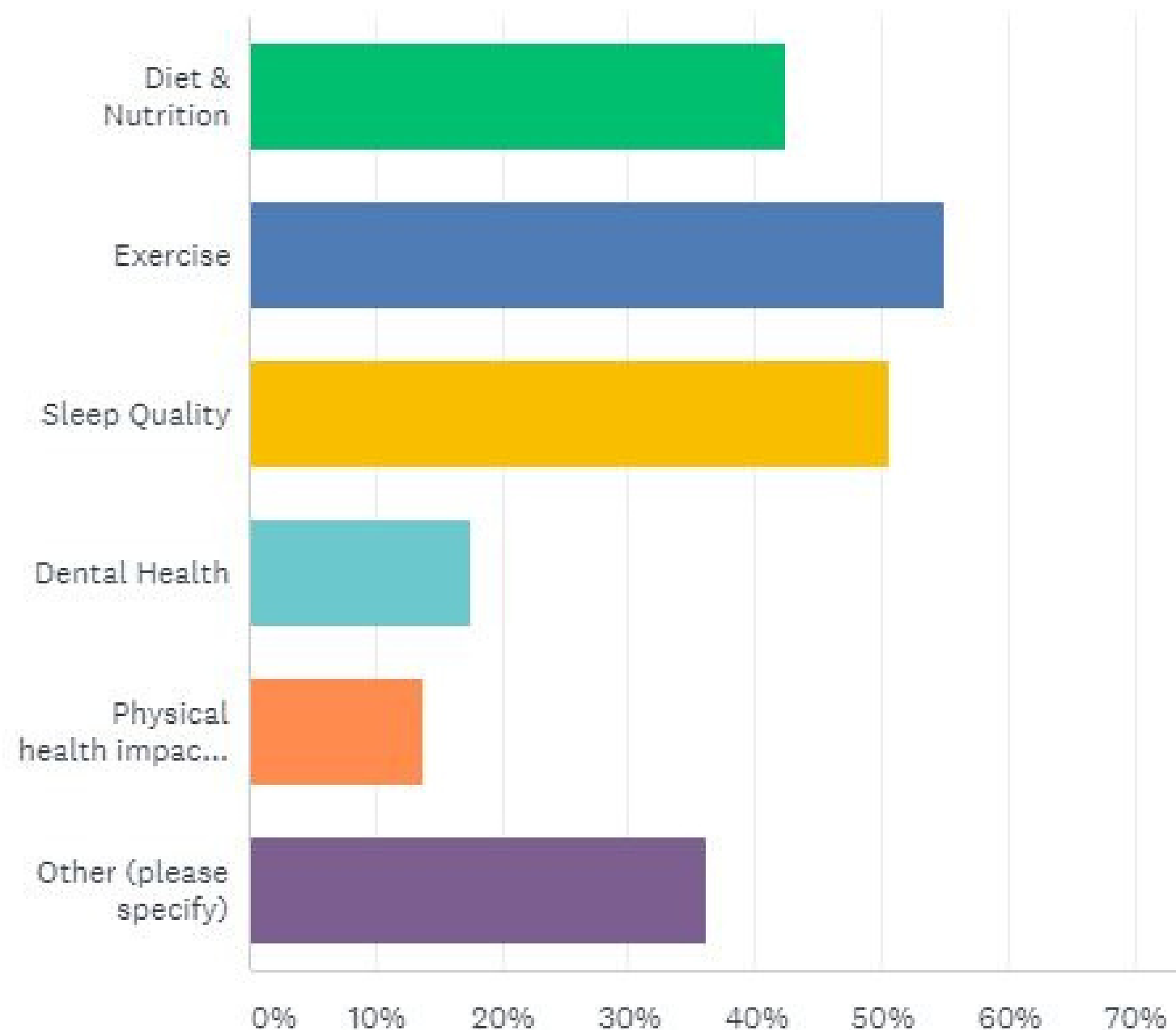
Relating to substance misuse specifically, some respondents highlighted that lockdown had caused them to be more upfront with family members about their issues leading to increased support, it also allowed the time and space to reflect more deeply on their issues and how those issues have impacted the individual's family.



- "My mother's mental health has deteriorated."
- *"I have no access to my child who is now in local authority care."*
- "I'm trying to give up alcohol during lockdown while my partner is drinking, it's better now he's back in work."
- *"Not being able to see my family has been hard, I live alone and feel extremely isolated."*
- "I've been frustrated, I'd worked really hard and it all got taken away, I was taking that out on my family a bit."
- *"My drinking increased, not seeing my grankids affected me badly."*
- "I have been more honest with my mam and sisters about my cocaine use and they are now supporting me more."

Physical Health

Overview



Respondents were asked if their physical health had been impacted by lockdown. Exercise (55%), Sleep Quality (51%) and Diet & Nutrition (42%) were most impacted. Health impacts were both positive and negative.

- "I've gotten fitter during lockdown."
- "I've done even more exercise, my sleep was disrupted a little at first but got back to normal."
- "I lost three stone due to exercising and eating properly!"

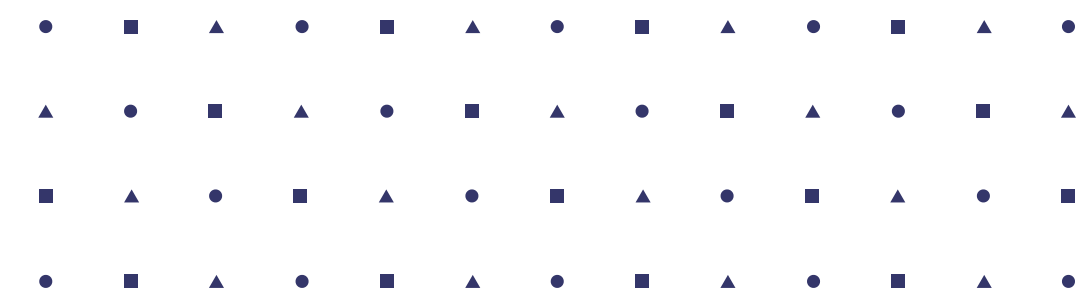
- "My mother had a stroke so I was also caring for her. Every aspect of my physical health has altered due to lockdown, my sleep patterns in particular."
- "I suffer with chronic fatigue syndrome so access to exercise has gone down as has my sleep quality."
- "I've had no exercise, I've slept terribly and put on weight."

Service User Suggestions for Improvement:

- More outdoor activities
- The availability of outdoor exercise classes
- The option of having a Keyworker to accompany them to health appointments

Mental Health

Overview



73% of respondents indicated their mental health had been impacted by the lockdown.

- "I found it difficult not seeing my key worker or attending groups. I feel it has impacted on my mental health"
- *"I was stuck indoors with nobody, all alone with no one."*
- "I have ongoing mental health issues, however I couldn't work during lockdown so my alcohol use increased and mental health suffered".
- *"I wanted to go and end it."*
- "My schizophrenia got a bit worse."
- *"My friend died and I struggled with this as I'd lost my support network and had to fight it alone. I couldn't see my mother due to self isolating."*

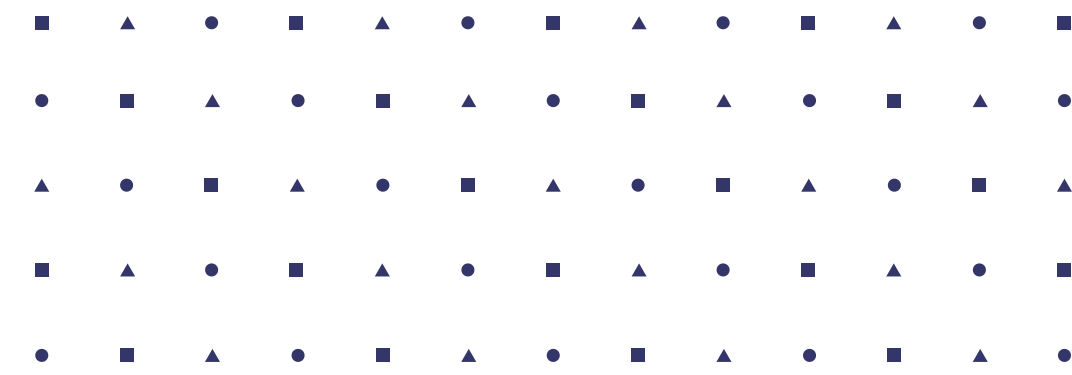


My **mental health issues increased dramatically during lockdown**. Being unable to attend weekly peer support groups **face-to-face** and continuing with my **voluntary roles** meant a large portion of my distractions and **coping mechanisms were inaccessible** to me.



Mental Health

Service User Feedback



- "I need face-to-face appointments with my key worker."
- *"I would have liked to have had check ins several times a week via phone."*
- "More outreach work is needed, possibly door to door canvassing with information on local or telephone mental health charities."
- *"Open up the drop-in services."*
- "I'd like to see more involvement with mental health services."



Connection & Community

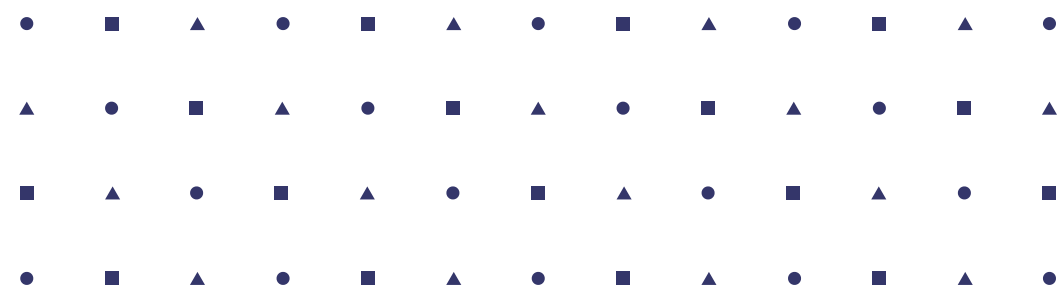
Overview

60% were either unable to, or chose not to, access online support interventions

69% did not access online support or community groups. 58% of those who accessed online interventions did not find them effective, while 42% did.

Respondents were asked 'If you accessed support groups online during lockdown, what were the main differences compared with face-to-face support groups?' This is what they had to say...

- "There can be more understanding when face-to-face than through a screen."
- "The social aspect."
- "There are less interactions and I prefer to see people in person. There are also benefits as I have met people from different areas."
- "The online group has less people in it, it's less varied and the topics are more positive."
- "The biggest difference is that group dynamics have changed due to members from other areas joining, there are more people and it can be difficult to share due to time."
- "Sometimes it's actually easier talking in a group setting as it feels a bit strange seeing yourself on Zoom meetings!"
- "Easier to access - no travelling. It's more anonymous"
- "I think there is more confidence for people to speak up via zoom compared to in person."



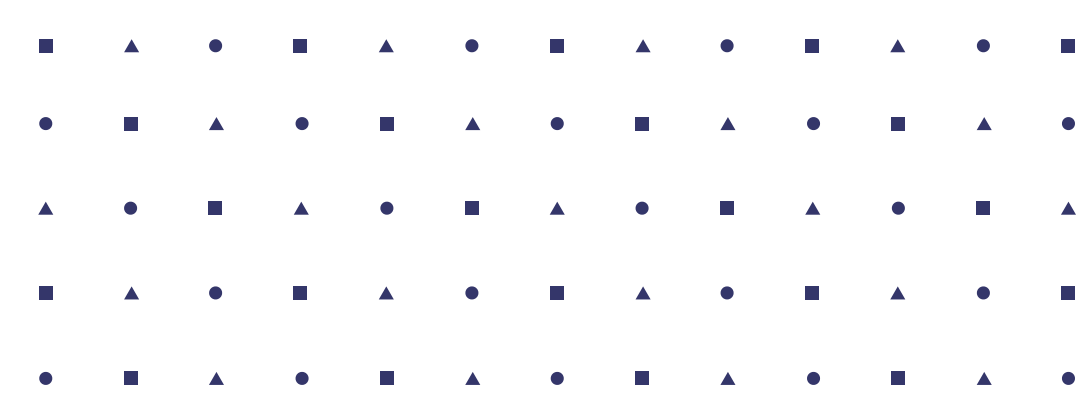
Online support groups that respondents accessed included:

- Carry on Recovery
- AA
- Smart Recovery
- New Horizons
- Mind
- Cyfle Cymru
- GDAS
- Barod
- Women's Aid



Criminal Activity

Overview



90% of respondents had not committed a crime. However, crimes that were committed included; Shoplifting, buying drugs, child neglect, disorderly behaviour, criminal damage and assault. Shoplifting was cited most often. Many of the recorded incidents involved alcohol. Financial motivations also came up several times.

"After relapsing with alcohol I assaulted my father following an argument."

"I committed crime due to my addiction."

"I was neglectful after becoming intoxicated when in charge of my son."

"I was motivated financially to resort to crime."

"The incident was alcohol fueled."

"A consequence of family arguments."

"I was accused of being disorderly, but my aim was to potentially change the behaviour of my neighbours who were not adhering to social guidelines."

"I was motivated by my need to buy food."

Clinical & Prescribing Services

Overview

Changes were made to take-out regimes and clinical provision during the lockdown. Most respondents regarded these changes as positive, and only 6% experienced issues when accessing their medication at a community pharmacy.

"Having larger take-out doses made me feel empowered."

"I felt vulnerable with larger take-out doses."

"I felt safe to collect my medication."

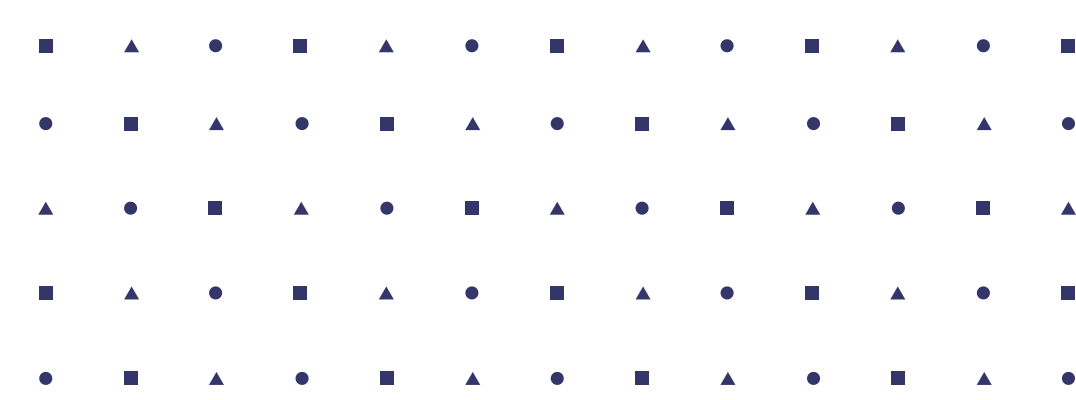
"My Diazepam is dropped off by the chemist."

"My Buprenorphine went from daily to weekly which was good."

"Twice a week pickup before, now weekly. Meant that I only had to go to the pharmacy once a week. Felt that it was the right time to change frequency, I felt good about it."

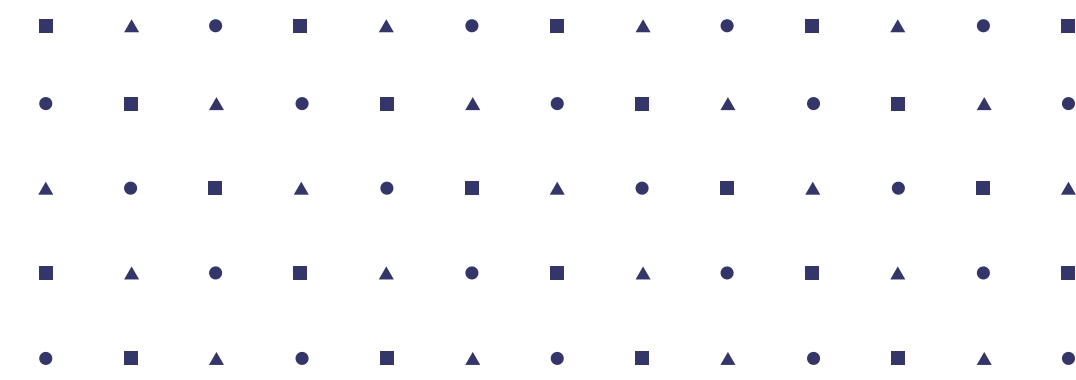
"I felt trusted and more determined not to mess up."

"I was not given doses of methadone which I would have liked to save me going out more."



Drug Use

Overview



When asked whether the **frequency** of their drug use had changed:

DECREASED SIGNIFICANTLY	DECREASED SLIGHTLY	REMAINED THE SAME	INCREASED SLIGHTLY	INCREASED SIGNIFICANTLY	N/A	TOTAL
8.28%	3.55%	10.65%	4.73%	7.10%	65.68%	169
14	6	18	8	12	111	

When asked whether the **quantity** of their drug use had changed:

DECREASED SIGNIFICANTLY	DECREASED SLIGHTLY	REMAINED THE SAME	INCREASED SLIGHTLY	INCREASED SIGNIFICANTLY	N/A	TOTAL
7.65%	2.35%	11.18%	5.29%	6.47%	67.06%	170
13	4	19	9	11	114	

When asked whether the **cost** of their drug use had changed:

DECREASED SIGNIFICANTLY	(NO LABEL)	REMAINED THE SAME	(NO LABEL)	INCREASED SIGNIFICANTLY	N/A	TOTAL
7.10%	1.78%	11.24%	4.73%	6.51%	68.64%	169
12	3	19	8	11	116	

When asked whether the **method of drug administration** had changed:

▼ Remained the same	23.03%	38
▼ Changed	4.85%	8
▼ Na	72.12%	119

Drug Use

Service User Feedback

Incidents were recorded where respondents had **taken drugs that were not typical for them, had resumed historic habits** or had **switched between numerous substances.**

"I am now using crack cocaine and street valium on top of alcohol."

"I started to inject again in lockdown."

"I wasn't using cannabis pre-lockdown, but I'm smoking it now."

"I've gone from co-codamol, to sulphide to methadone."

"I've used cannabis once and I wasn't before."

"I started smoking crack."

"I have started using spice which I never did before."

"I took MDMA once which I don't usually."

"I've been experimenting with new substances."

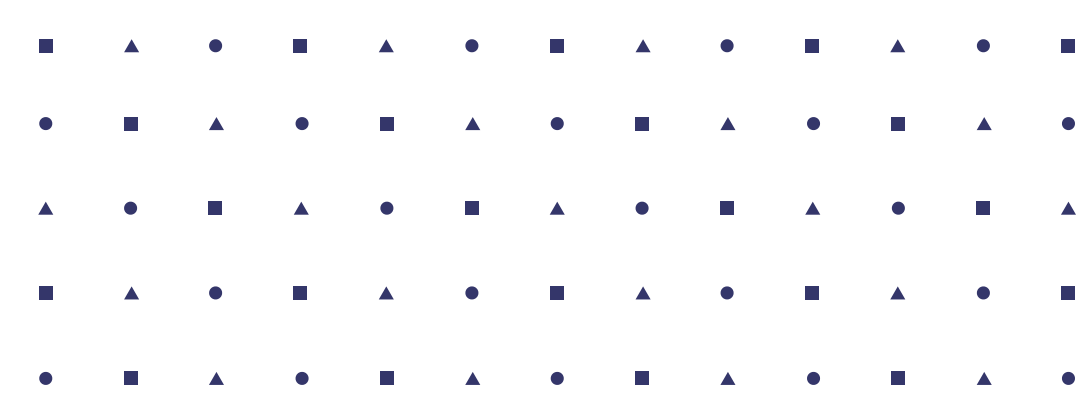
"Same means of administrations, but my use has decreased."

"I've drunk more alcohol rather than taken drugs during lock down."



Drug Use

Service User Feedback



Of those who had changed their drug purchasing patterns, respondents reported **misusing prescription drugs**, and relying on friends and family to either support or prevent their access to drugs.

"I've reduced my cocaine use as my family are earning less and know who I've been buying off."

"I used to purchase Sudafed from the pharmacy, but haven't felt like doing so during and after lockdown."

"I've been buying and using more, and buying larger quantities."

"I've ceased using cocaine."

"I've increased purchasing through friends."

"I now score where I can."

"I was buying a prescription on top of what my GP was prescribing."

"While living with my father I was getting my supply from him, but he was finding it harder to find supply."

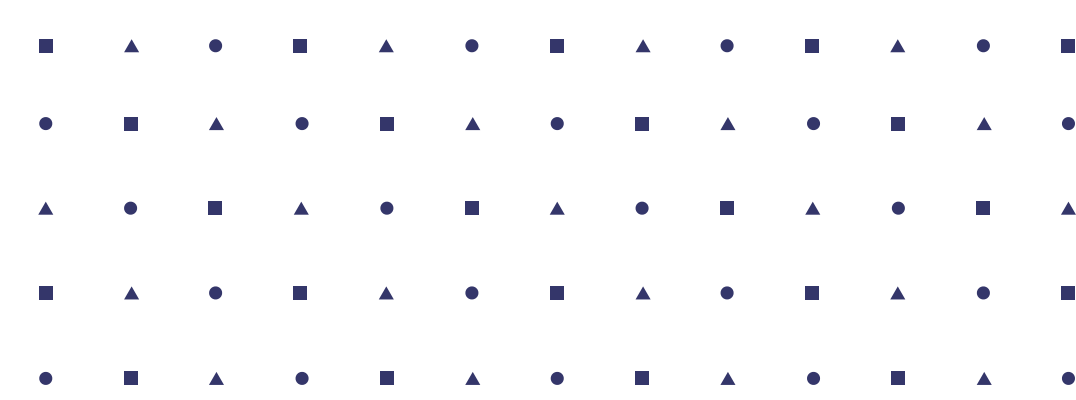
"Comedowns have been harder to deal with."

"My grandson has stopped using during lockdown, he's been unable to contact his supplier."

"My drug use has been up and down, sometimes ordering more and sometimes not ordering. At times it has been difficult to find."

Alcohol Use

Overview



When asked whether the **frequency** of their alcohol use had changed:

DECREASED SIGNIFICANTLY	DECREASED SLIGHTLY	REMAINED THE SAME	INCREASED SLIGHTLY	INCREASED SIGNIFICANTLY	N/A	TOTAL
12.99%	6.78%	13.56%	14.69%	10.73%	41.24%	177
23	12	24	26	19	73	

When asked whether the **quantity** of their alcohol use had changed:

DECREASED SIGNIFICANTLY	(NO LABEL)	REMAINED THE SAME	(NO LABEL)	INCREASED SIGNIFICANTLY	N/A	TOTAL
14.04%	5.62%	16.85%	9.55%	12.92%	41.01%	178
25	10	30	17	23	73	

When asked whether the **cost** of their alcohol use had changed:

DECREASED SIGNIFICANTLY	(NO LABEL)	REMAINED THE SAME	(NO LABEL)	INCREASED SIGNIFICANTLY	N/A	TOTAL
12.99%	5.08%	22.03%	8.47%	10.17%	41.24%	177
23	9	39	15	18	73	

Alcohol Use

Overview

48% of respondents attempted to **reduce** their alcohol intake during lockdown. **85%** of those did not access self help tools or harm reduction advice **online**.

"I was advised to reduce intake after a hospital stay."

"I didn't drink at home prior to lockdown, so it doesn't seem like a large increase."

"I had alcohol delivered with takeaway when unable to get to supermarket. My use has been up and down more with frequent lapses."

"I started smoking cannabis to cut out the alcohol. My urge to drink is lessened by smoking cannabis."



Respondents were asked whether **Minimum Unit Pricing** (MUP) had impacted their drinking behaviours. Overall, respondents indicated it had not.

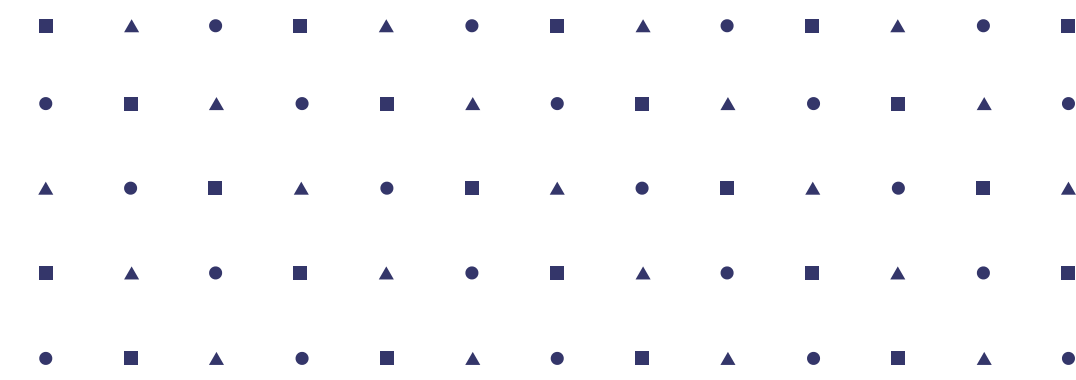
NO

- "I've felt no change."
- "No. I occasionally buy lager so not changed."
- "Not really - I switched from drinking in the pub to having cans at home so was spending less on alcohol anyway."
- "I am in a better place than two years ago and I just don't drink as much as I did, so I didn't even notice it."
- "I've slightly reduced my alcohol intake, but I've not been affected by MUP."
- "Yes due to price increase on spirits it's helped me to avoid drinking spirits now."
- "I stopped drinking strong cider, instead I'm drinking lager or own brand cider."
- "Yes, definitely. Previously would have bought crates of 18, but now buying crates of 10 as they work out the same price."

YES

- "MUP has affected my finances."
- "Yes as it's more expensive."
- "Yes - my usual type of alcohol has increased by nearly double the price."
- "Yes, it stopped me drinking cider."
- "Yes due to price increase on spirits it's helped me to avoid drinking spirits now."
- "I stopped drinking strong cider, instead I'm drinking lager or own brand cider."
- "Yes, definitely. Previously would have bought crates of 18, but now buying crates of 10 as they work out the same price."

Lapse/Relapse prevention



“ I was abstinent for 2 years and 7 months prior to lockdown. I maintained my sobriety until roughly July which by that point I had been self isolating since March/April. My **coping mechanisms** such as **peer support groups, voluntary work, daily exercise, daily contact** with my parents were all halted leaving me **at a loss**, bored agitated and angry.

I drank approximately a bottle of vodka a day, decreasing to five bottles of wine a day, and became unwell as I suffer with withdrawal seizures and delirium tremens. I was hospitalised and detoxed for 3 days. **On release my alcohol use instantly began again where** I was drinking approximately 4/5 bottles of wine every day. I managed to decrease to 2 bottles and then detoxed at home with my partner over a weekend. **In all I drank every day for roughly 2 months.** ”



Lapse/Relapse prevention

Overview

25% of respondents **suffered a lapse or relapse** during lockdown.

"I relapsed on heroin but I'm now abstinent."

"I've had a fair few."

"I came very close, but turned to a different drug to cope."

"I had an alcohol binge after weeks of sobriety."

"Mine was a steady increase, ending in a very bad relapse."

"I used cocaine but have now stopped."

"I've had a heroin relapse since lockdown and want to engage with DDAS again."

"I had two brief slips, I drank one bottle of wine each time."

"I was abstinent for 16 weeks before lockdown, then my partner moved back in permanently who was drinking heavily. I succumbed to peer pressure."

"I was off drugs for about a year before lockdown, but relapsed."

"I relapsed in about 6 instances. It was severe enough to end up in hospital."

"I drank more on occasion through boredom."

"A young girl in a local shop committed suicide and in the evening I turned back to the bottle."

"I was totally abstinent before lockdown and then had a relapse."

"With alcohol yes - I had a 9 day bender at the end of lockdown."

"Only once due to feeling depressed. I turned to a drink and I regretted it."

"I relapsed on two occasions due to worry and loneliness."

"I have had 5 lapses in lockdown, my health and wellbeing are a factor in my ongoing abstinence."

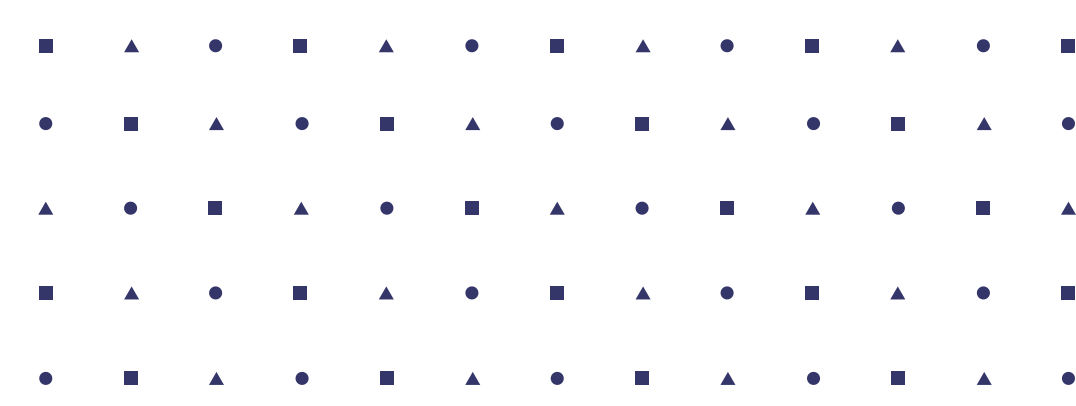
"Abstinent for 3 months, I then got bored in lock down and started drinking again, Then decided to reduce alcohol intake."

"I returned to alcohol use."



Lapse/Relapse prevention

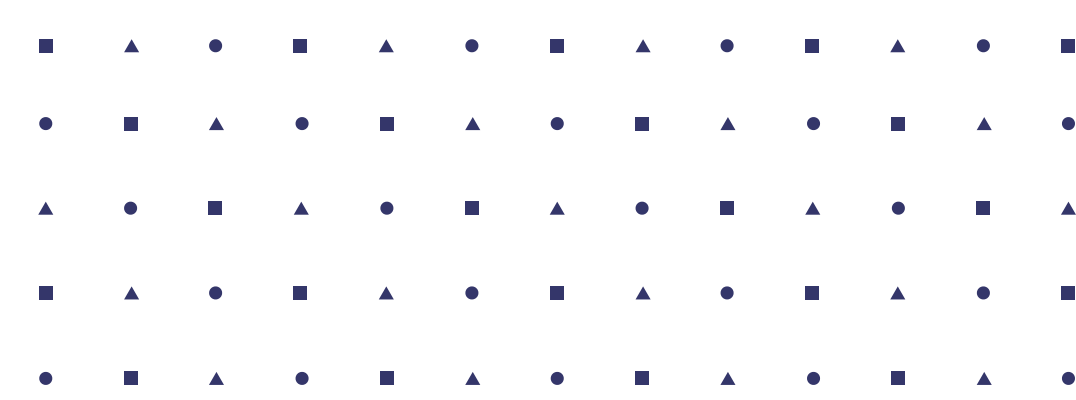
Service User Feedback



- "Be more available and open during lockdown."
- "Better signposting to Peer Support Groups - the local meetings moved online and individual signposting to a specific meeting would have been very helpful to maintain existing links with known peers with strong recoveries."
- "Having a telephone call before I reached crisis point would have been massively helpful."
- "Home visits."

Harm Reduction

Overview



95% of respondents had received clear messages from their service on social distancing and how to keep themselves safe during the pandemic, and 92% followed that advice to the best of their ability. 93% used PPE and hand sanitizer. A small minority struggled to stick to the guidelines.

"My mates think they won't catch it so it's tricky to be the odd one out!"

"I went out for short walks on my own a few times when I should have stayed at home."

"I wanted to see my friends, I can't deal with being kept in."

Many received specific harm reduction messages from their service during lockdown [e.g. not using alone, etc] and found that advice helpful.

"My worker always talks about harm reduction during appointments."

"I was given Naloxone and told how to use it- I shared this information with my father and sister who live with me so they know what to do.

I was also told not to use alone and to be aware of what overdose looks like."

"I've received harm reduction advice on gradual reduction from alcohol, changing strength etc. It was helpful."

Harm Reduction

Overview

9% of respondents experienced a non-fatal overdose situation during the pandemic. 8% had accessed Naloxone.

"A friend overdosed at a funeral, he was given Prenoxad by another friend and survived."

"I tried to overdose in an attempt on my life."

"I took an overdose of diazepam when I ran out of my medication, I took them all at once."

"I tried to overdose using Quetiapine and Lorazepam."

"Poly use over several days, I was in a toxic situation, not eating or hydrating."

"A friend took an overdose of prescription medication as an act of self-harm."

They did come and stay for a bit afterwards."

"My son was taken into hospital by a care worker after an overdose. He was treated and released."

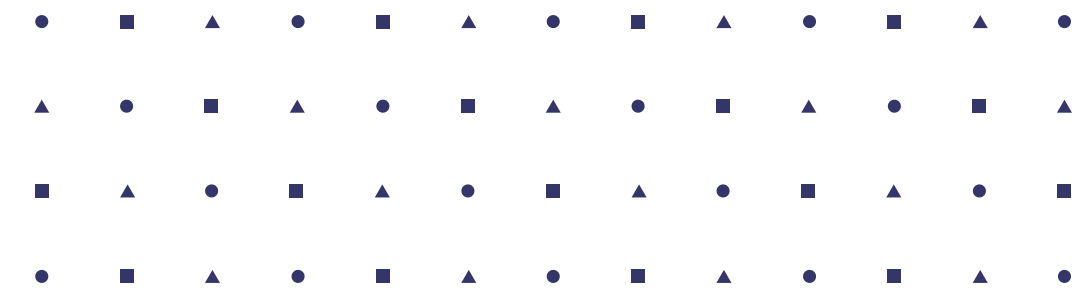


What could our service have done to keep you safer from harm during the pandemic?

"Ensuring social distancing."

"A little more contact with service could have been helpful. If too long between phone calls, easy to start to feel distanced."

Forward Planning



What change in service delivery would you like to see continued after lockdown?

"Flexibility in phone and face to face appointments .Phone appointments can be less time consuming and less expensive as don't have to pay for bus fare."

"Phone contact offered if I'm not able to access the office."

"I would like to go back to face to face appointments."

"Outdoor meetings have begun in local parks, although none in my area so I have been unable to access them. Keeping an online group running that peers can access if they are struggling for support would be positive in my opinion."

'Go back to normal if possible as I am missing the drop in."

"Continue with some zoom meetings."

"Some appointments are quicker over the phone."

"I would like to be able to go to the clinic for therapies. I can wear a mask and maybe the staff member can too like the hairdressers do."

"Telephone conversations should be continued although I prefer face to face, although there are travelling, parking, mobility challenges etc, so I would like to have some video calls."

"More volunteering after lock down."

"I would like to see an end to phone contact."

'To keep having text contact so I know that other people think about me and care about me."

Recommendations

Based on key themes

We hope that providers, commissioners and other relevant stakeholders look at the evidence collated within this report and consider service user's responses to each key theme. Where appropriate, we hope adaptations are made to service delivery that address the concerns raised by our community.

- Services should provide, where possible and in line with social distancing, the opportunity for service users to have face-to-face contact with key workers.
- Services should offer, wherever reasonable to do so, more flexible contact arrangements. Particularly in cases where service users have mobility issues, suffer with severe mental health issues or have to travel long distances relying on public transport.
- Services should consider a more permanent blended approach of phone, video and face-to-face support, and offer choice as standard at the point of referral.
- Services should offer more relaxed take-out medication regimes on a case by case basis, after all associated risks have been assessed. We believe this has the potential to increase a service user's recovery capital, whilst also decreasing the stigma of attending a community pharmacy and the unnecessary inconveniences it can involve.
- Services to acknowledge the importance of recovery activities that connect people, and renew the focus on providing continued recovery activities and opportunities for connection during any further lockdowns to support positive mental health and wellbeing. Services should be aware that online interventions have not always met this need during lockdown, particularly for those service users who lack the skills and/or resources to access them.

Recommendations

Continued

- Services to increase the frequency of mental health check-ins where it is considered to be in the best interest of the service user.
- Services to resume volunteering placements, where possible and in line with social distancing, as it can increase service delivery and is an important component of maintained recovery for service users and those with lived experience.
- Services should offer more outreach support and be creative in its delivery. Eg mobile needle exchange and Prenoxad provision
- Services should ensure that staff are adequately trained to address substance switching, the misuse of prescription drugs, suicidal ideation and the impact on families.
- Services to ensure relapse prevention planning takes place with service users during and before any future lockdowns, regardless of time spent in sobriety.
- Services to improve their digital offering, paying particular attention to the signposting to local mutual aid resources.
- Services should ensure staff are appropriately trained to provide clear messages on safe alcohol reduction and the dangers of alcohol withdrawal.
- Services to offer a holistic approach that focuses on sleep hygiene, diet and nutrition and be aware of the obvious overall benefits of outdoor groups and one to one sessions.
- Services to be aware that our service user community is receptive to public health guidance and not only received but adhered to the guidance provided by services during lockdown.



Thank you

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For mental health and social change

We are grateful for the involvement of service providers across Wales, the hard work of our peers and the contribution of our lived experience community.



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