

Health and Social Care Committee

Call for Evidence

Delivering core NHS and care services during the pandemic and beyond

May 2020

Collective Voice is the national alliance of drug and alcohol treatment charities.

We believe that anyone in England with a drug or alcohol problem should be able to access effective, evidence-based and person-centred support. We know that treatment and wider support has a transformative power for people with drug or alcohol issues, their families and communities.

Drawing on the strengths of our members, we:

1. Tirelessly advocate for the needs of people who use drugs and alcohol by influencing partners in central and local government, the media, and allied organisations.
2. Coordinate and lead campaigns and alliances within our sector and with wider partners.
3. Promote the value brought by the voluntary sector to treatment and wider support.

We welcome the Committee's call for evidence on delivering core NHS and care services during the pandemic and beyond. More than ever, the current crisis has demonstrated the importance of a robust health and care system that supports people with the best service in the most appropriate setting. Drug and alcohol treatment services are a crucial part of this system, helping people with a wide range of addiction issues to see a more positive way forward for themselves, and their friends and families who are so often impacted by their substance misuse. Even in normal times, treatment and recovery services are a vital way to keep people safe and out of acute healthcare settings. But in light of the current crisis, this role has become especially important.

1. How to achieve an appropriate balance between coronavirus and 'ordinary' health and care demand

The tragic loss of life due to COVID-19 highlights the immense pressure on our health and care system and the correct focussing of our national resources on supporting doctors, nurses and other healthcare professionals to tackle the virus. But as the nation gets to grips with the immediate threat of COVID-19, it is just as important to ensure the wider network of health and care provision is sufficiently supported – financially and politically – to make sure it can deal with the indirect, longer-term effects of COVID-19 on people's wellbeing.

People who access drug or alcohol treatment are, at the best of times, some of the UK's most vulnerable people. In the current climate of a widespread pandemic their vulnerability is only heightened, and services that are already struggling to deal with significant disinvestment over the last six or more years are already facing an unprecedented challenge to sustain life-saving treatment and recovery support.

Meanwhile, there is growing concern in the drug and alcohol treatment sector that the widely understood potential effects of social isolation during the COVID-19 lockdown, namely poorer mental and physical health, inter-household tension and relationship breakdown, and increased

violence and abuse within household, are likely to have a detrimental impact on some individuals' use of drugs and – most concerning – alcohol. Recent research from Alcohol Change, while highlighting some positive indications of a segment of the population who are actually drinking less during lockdown, nonetheless showed that around one in five drinkers are drinking more frequently, suggesting almost 9 million adults in the UK are consuming more alcohol.

The longer term effects of such a substantial portion of the population negatively changing their relationship with alcohol could be extremely costly in human and economic terms, particularly as our acute healthcare settings continue to battle with the direct effects of COVID-19. For drug and alcohol treatment services, this also means that there may be a wave of new people seeking treatment for problems with alcohol as they begin to recognise their alcohol consumption has changed for the worse. Already, we have heard anecdotally from services across the country that they have seen an increase in referrals for alcohol problems.

Treatment for alcohol use disorders had already – before COVID-19 – been heavily impacted by significant cuts to treatment service provision, as highlighted by a [recent PHE report](#) which estimated 80 per cent of people needing treatment for an alcohol problem were not doing so.

Our call is not only a humanitarian one, but also one that will clearly have wider benefits to the frontline healthcare systems that are rightfully focussed on combatting COVID-19. In normal times, the case for better funded treatment services is already clear - PHE places [the social return for every £1 spent](#) on alcohol treatment at £3, rising to £26 over the course of ten years.

The substance misuse sector has already faced substantial cuts to its funding in recent years, despite the clear evidence that investment in our sector can reduce pressure on acute healthcare services. This situation must be remedied immediately to support the sector to continue providing life-saving and economically beneficial services, particularly in light of a potential wave of new service users presenting for treatment because of COVID-19.

2. Meeting the wave of pent-up demand for health and care services that have been delayed due to the coronavirus outbreak

People with a history of problematic substance misuse often have underlying health conditions, which range from cardiovascular disease to COPD and other respiratory conditions. These physical health vulnerabilities are often accompanied by social and environmental factors, such as homelessness and involvement in the criminal justice system. People with a substance misuse problem are also much more likely to experience mental health problems.

This means that substance misuse services rarely work in isolation from other vital services. Many of these other services, so often delivered by indispensable charities working across homelessness, prisons, mental health and domestic abuse, have also borne the brunt of significant funding cuts over recent years. Now more than ever, the government must support the third sector to strengthen its resilience and capitalise on charities' ability to work with the hardest to engage, reduce harm, save lives, and build the stronger communities that will be a crucial factor in the weeks and months to come. This support will help to reduce the effect of substance misuse problems contributing to the 'wave of pent-up demand' highlighted in the Committee's call for evidence.

Our sector, and connected services, have proved extremely resilient in recent years despite the substantial cuts to funding. We know what works. We are equipped with a range of interventions from OST to motivational interviewing, from needle exchange to residential rehab, which can be drawn upon by skilled workers to meet the needs of their clients at the exactly the right time.

And in these extraordinary times, the treatment and recovery sector is continuing to prove itself worthy of the task ahead. Collective Voice has worked to bring together a range of treatment providers from both the third sector and the NHS, alongside smaller community-based organisations and public health commissioners to collectively tackle the numerous issues thrown up by the COVID-19 emergency, from changes to prescribing to a wholesale move to provide psychosocial interventions digitally. This kind of unprecedented collaboration has been both innovative and nimble at a time when speed of action has been critical. The partnership brought together under the London Hotels Drugs and Alcohol Service to provide treatment for people living in hotels under the rough sleeping initiative is indicative of exactly the kind of rapid response the sector is capable of.

But there are fundamental questions about how sustainable these efforts are without an increase in funding and clearer policies in place to support frontline services.

An additional worry is the potential for a significant increase in numbers of people who need our help after the immediate wave of COVID-19 related challenge has passed. Existing under lockdown - with the challenges that brings of working at home, potentially losing employment, additional childcare, boredom and restricted movement – has led to an increase in alcohol consumption as mentioned in the previous question. For some this will be temporary and will not lead to harm, but that won't be the case for all.

The recent funding of 3.2 billion pounds to local government to enable efforts to support our most vulnerable citizens is welcome. But with the costs to local government for supporting the COVID-19 efforts rising at a considerable rate there is a high possibility these funds will be principally used to cover social care costs. It's imperative that some of the money is made available to local decision makers to invest in public health commissioned drug and alcohol services.

3. How to ensure that positive changes that have taken place in health and social care as a result of the pandemic are not lost as services normalise

The substantial changes to health and care services made necessary by COVID-19 provide a significant opportunity to better understand what actually works when it comes to improving people's health and wellbeing. This is particularly true for drug and alcohol treatment, where long-accepted norms around what is possible when it comes to provision of OST, face-to-face interventions, supported housing, and many other areas of our work, have been challenged by the swift and – so far – largely successful changes to the way people with substance misuse problems are supported. While it is still far too early to assess the longer impacts of these changes, some of which do undoubtedly necessitate an acute managing of risks to service users, their families, and drugs and alcohol workers, the sector is already engaging with the hard questions of 'what do we keep?' and 'what do we lose?'

From our work to facilitate joint-working, share information and guidance, and better connect the sector as a whole, there do appear to be two key factors in the sector's ability to meet the

challenges of COVID-19 that are relevant to our broader health and care services, and are worth keeping hold of as we look to the future:

1) Collaboration

As already highlighted, the drug and alcohol treatment sector has seen an unprecedented level of collaboration across treatment providers (including both the third sector and the NHS), public health commissioners, and smaller community organisations. These relationships, at regional and national levels, have helped the sector to support itself during an extremely turbulent period where quick decisions, many loaded with potential risks to individuals and organisations, had to be made to keep people safe. Places with strong relationships across sectors before Covid-19 report to us that they were well-placed to respond together fast. Councils that had good relationships with the voluntary sector have realised how important and helpful these were in mobilising and coordinating the local response.

2) Innovation and flexibility

The drug and alcohol treatment sector has always been a champion of innovation and flexibility when it comes to designing services around an individual's needs to give them the best chance of managing their substance misuse problems. Now more so than ever, this flexibility has been crucial to keeping people supplied with life-saving OST medication and food, creating safe spaces for women and children fleeing abuse and violence, and shifting almost overnight to digital ways of working for frontline staff to maintain those crucial relationships with their clients as they support them on their journey. This pragmatic and compassionate innovation owes much to efforts of those frontline workers who, somewhat freed by the constraints of contractual obligations and required outcomes, have used their expertise to keep people safe during the crisis.

For further information please contact Oliver Standing, Collective Voice Director at oliver@collectivevoice.org.uk.