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Experiencing dependence on drugs and alcohol and homelessness in a Pandemic

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Introduction:

I work as a relief Support Worker at a Homeless Hostel, in Edinburgh. Along with a committed staff team, I support those people experiencing dependence on drugs and alcohol and are homeless. The agency I work for is at this time rewriting their approach to such a cohort in, what I consider to be, a very enlightened, progressive and compassionate way.

Immediate slashing of health provision:

This group is very vulnerable in the current public health crisis, with the Ritson Detox Clinic and LEAP (Lothian Edinburgh Abstinence Programme), both Royal Edinburgh Hospital Services, being the first to be closed without any outcry! The reason for the lack of public outcry might be attributed to the stigma and disdain meted out to those who are dependent on drugs and alcohol.

There is evidence of closures and cuts in the much-needed harm reduction method as well as the 12 Steps Abstinence approach, suggesting a lack of political power amongst those academics and health professionals involved in the Drug Related Deaths (DRD) Task force in Scotland. Equally important, there is a lack of political organisation and collective voice for those experiencing dependence on drugs and alcohol. ‘You can’t recover if you're dead’ is the stoic harm reduction slogan, but longer-term recovery requires investment in NHS Treatment Centres in Dundee and Glasgow as well as Edinburgh, at a minimum. This requires a resource intensive and distributive social and health policy commitment modelled on such initiatives in Portugal.

Fears of a catastrophic coronavirus outbreak among homeless in hostels:

The opioid, benzodiazepine and alcohol invoked drug-related deaths in Scotland, placing it the highest in Europe if not the world, coupled with Covid-19 could produce potentially deadly results. Fears in the United States of a deadly combination of rising unemployment, poverty and increased opioid abuse fused with Covid-19 are being

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expressed by their 'National Institute on Drug Abuse'. Similar factors, coupled with homelessness, have also presented disturbing results for the UCL Collaborative Centre for Inclusion Health in England, revealing that the coronavirus death rate of homeless people living in London Hostels is 25 times higher than the general adult population. 'There is no staying at home when you don't have one'. The situation in the homeless hostel might be an explosive deadly time bomb waiting to explode. The committed staff have very little PPE, if any, thereby increasing the potential risk.

Discussion with Homeless Service Manager, Edinburgh

I outlined these fears to one of the agency service managers and asked how they are responding, and how Covid-19 is affecting service users and staff. The manager made clear that it was the most stressful time she had experienced in her professional career. While staff now had access to PPE (Personal Protective Equipment) the Covid-19 pandemic has had a traumatic effect on staff and those vulnerable service users who experience dependency on drugs and alcohol and are homeless. She explained how the stigma for this cohort was reinforced by their visibility on the streets at a period of lockdown for the general population; that it was harder for service users to get money as begging has stopped due to the crisis, and supply was more limited. She's working closely with professionals in the NHS to prescribe Opioid Substitution Therapy (OST) and have volunteers deliver, for example, regular methadone supplies to service users every 2nd or 3rd day. The NHS are therefore effecting a drop in Harm Reduction provision from her agencies' homeless service. Also with the NHS, she is organising testing for Covid-19 and for BBV (Blood Borne Viruses) in her centre and ensuring Harm Reduction Services are available indoors now for two days a week, instead of the Needle Exchange Van outside in the street. Her concerns for her service users are that the crisis will re-traumatise them and accentuate ACE's (Adverse Childhood Experiences).

Concluding remarks:

The service manager and I both agreed that underlying health conditions that put people at greater risk of developing complications or dying from Covid-19 are more common amongst deprived and disadvantaged communities such as those described here. Neither of us see this virus in any sense as a great leveller affecting everybody equally.

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Covid-19 is hitting the poor harder. As with Drug Related Deaths in Scotland, those in Social Class 5, who are homeless or from a black ethnic minority background, and those who are poor, will suffer disproportionately. This presents Scottish society with an opportunity to collectively struggle through this Covid-19 pandemic and come out of it with a fiercer demand for social justice, social equality and redistributive social policy.