What a time to be working for a drugs harm reduction agency!

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Like other voluntary or third sector organisations Crew (officially Crew 2000) are working furiously to try and make sense of what this new situation around Covid-19 means.

We know how quickly drug trends can change under normal circumstances and how people’s mental health is inextricably connected to how, when, where and why drugs are taken. Our ability to critically assess what is happening for people right now, and where we are as an organisation, has never been more important.

We need to know what is happening for people we support and what their continuing, changing or emerging needs are; what services we can provide and which need to change; how we work flexibly to meet these shifting times while minding the needs of our colleagues and ourselves, all of us dealing with our new specific set of challenges.

We need to use our knowledge to consider potential fluctuations to supply, and changes in demand, as people are faced with a myriad of triggers and anxieties.

The twin edges of that ambivalent term ‘community’ have been sharpened again, with existing and new chasms widening between people with seemingly many options, those with some or limited options, and those with no choices at all as regards access to support, income, internet or safety at home. At the same time, we have witnessed a huge mobilisation of people in various community spaces, rising up to help friends and neighbours, and organising in a way that frankly puts some official bodies to shame.

Talking about mental health is becoming a more normal thing: it has to be.

This shift, again, in people’s awareness of the state’s approach to managing public life is connecting to more than just responses to COVID-19: it bleeds into reviewing the disastrous austerity policies of the last decade, into public/private finance, international affairs, and ideas about health, including around the use of illicit drugs.
UK Government drug policies, atrophied from lack of movement and recumbent in a punitive response, render us ever frustrated and unable to step up vital support for those who are most vulnerable. There is still no access to drug checking or consumption facilities, with Drugs remaining a reserved matter despite Scotland’s drug-related deaths at an all-time high last year, with 1,187 lives lost.

The definition of problematic drug use in Scotland has also presented difficulties: the predominant NHS Health Scotland definition informed by statistics from half a decade ago remain the most referred to, despite organisations like ourselves regularly presenting evidence as to the real need for review. “The problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and [...] routine and prolonged use as opposed to recreational and occasional drug use”\(^1\) reflects nothing of the exponential increase in cocaine-related deaths since 2014\(^2\) and ignores the need for information and support around increasing recreational use of an increasing variety of substances.

State policy has however had to catch up with the people: legislation around cannabis use has been slow to move but there is a sizeable portion of local young people and certainly visitors to the city who are, understandably, confused as to whether it is legal here or not.

Policy also, of course, influences how funding is directed in times of emergency, or what is considered an emergency at all (that’s all I will write about funding!).

Our own organisational policies need to be reviewed and questioned, regularly, now more than ever: do our core values and mission statement stand up to and meet the challenges of the times? Are they dynamic in scope? Do we need to be bolder, braver? How far do we need to step back to allow more room?

It is a busy and stressful time but one laden with possibility. At this unique time in our history we have an unprecedented opportunity to re-evaluate the purpose of what we do, and how we do it. We can learn afresh how current generations see the world and

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\(^1\) NHS Scotland, Information Services Division, Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates, March 2019
\(^2\) Crew 2000, Drugs at Crew Trend Report 2017-2019, August 2019
what they need from us; also, we can take a moment to really appreciate how creative and empathetic people are, the experts in their own lives who should always be the ones who lead where Crew, and all in this sector, goes.

Our responsibility as professionals is to capture collective learning from this and protect these ideas - and the spaces where they can continue to be explored - from being lost in any rush to ‘get back to normal’.

Crew is a harm reduction and outreach charity based in Scotland: their current open survey and emerging results on COVID-19 and the Drug Supply is available here: