Department of Health & Social Care

Public Health England

Guidance

COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol

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Contents

What you need to know

- drug and alcohol services do not need to close at the current time and are important to keep operating as they protect vulnerable people who are at greater risk from coronavirus (COVID-19) and help reduce the burden on other healthcare services
- services should keep face-to-face contacts between staff and service users to a minimum and minimise the use of biological drug testing and breathalysers, where safe to do so
- follow up-to-date guidance for infection prevention and control, including hand-washing, surface-cleaning, isolating people and sending staff home
- arrangements for prescribing and dispensing of medicines used in drug and alcohol treatment will need to be changed to take account of service and pharmacy closures, staff unavailability, patients having to maintain social distance or self-isolate, including the most vulnerable being shielded and the need to reduce the spread of COVID-19
- measures to reduce drug and alcohol-related harm, such as needle and syringe programmes (NSP), take-home naloxone, thiamine, advice on gradual reduction of alcohol consumption and e-cigarettes should all be increased where possible
- drug and alcohol treatment staff are included in the government's definition of key workers whose children can – if they cannot be kept safe at home – continue to attend school
- usual expectations on services for local monitoring and reporting, contract and performance management and contract re-tendering can all be scaled back to enable services to focus on delivery

Background

The collaborative endeavours of the drug and alcohol treatment workforce are an essential and highly valued element of our national response to the risk presented by COVID-19. The utmost care should be taken of both staff and service users, who are likely to come under additional stress during this difficult and unsettling time.

People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others, with COVID-19. They may also be more vulnerable to the impact of infection with the virus, due to underlying conditions.

This guidance will assist commissioners, managers and staff in addressing coronavirus and associated disease (COVID-19), in drug and alcohol services, including services for young people.

This guidance may be updated in line with the changing situation.

Symptoms

The most common symptoms of COVID-19 are a new, continuous cough or a high temperature or both. For most people, COVID-19 will be a mild infection. It may be more severe for those who are vulnerable because of pre-existing and underlying conditions.

The symptoms of COVID-19 may be confused with withdrawal symptoms in a dependent drug or alcohol user. Anyone showing symptoms that could be COVID-19 should be assumed to be infected and managed appropriately. They should be tested for the virus and treated according to the results.

Protection against infection

Staff of residential and non-residential drug and alcohol services should wash their hands frequently and should have access to hand sanitising gels. Depending on their patient contact and activities, they may need to be supplied with personal protective equipment (PPE) and trained in how to use it.

Providers should approach their usual suppliers for PPE in the first instance. If their usual suppliers cannot meet their needs, drug and alcohol services can contact approved wholesalers.

Face-to-face contact should be minimised and service users should be told they cannot turn up without an appointment. In advance of an appointment, staff should contact the service user to check if they have had a new, continuous cough or a high temperature in the previous 7 days. If they have, they will need to remain in self-isolation for 7 days from when their symptoms started. Those with whom they share a household will also need to self-isolate, following the current guidance. Alternative arrangements then need to be made as below.

If a service user develops symptoms of COVID-19 in a residential or non-residential drug or alcohol service, follow current advice.

Depending on the nature and setting of the service, also see guidance for:

- primary care
- secondary care
- residential care, supported living and home care

Considerations for people using drugs or alcohol

Issues for consideration in relation to COVID-19 may be heightened for people who are currently using or dependent on drugs or alcohol or both. Some drug and alcohol service users may be more at risk from COVID-19-related illness or complications. Typically, this includes:

- women who are pregnant
- people who are 70 years or older
- people under 70 with underlying medical conditions, including asthma or other chronic pulmonary conditions and cardiovascular disease

COVID-19 will have specific implications for people experiencing homelessness and rough sleeping, many of whom may also use drugs or alcohol. There is a significant work programme underway across government and NHS England to support areas to identify appropriate accommodation and wraparound health services that will enable this group to follow social distancing advice and self-isolate if needed. This includes the need for drug and alcohol treatment provision. Further guidance on this is being issued.

The government has published guidance on shielding extremely vulnerable people diagnosed with severe illness. The need for shielding will apply to some people who use drugs and alcohol who have one of these conditions.

There is guidance on social distancing for everyone in the UK, including people at increased risk of severe illness from COVID-19. Drug and alcohol users who are also in a group that puts them at increased risk may need additional support to follow the recommended social distancing measures.

Commissioners, managers and staff need to consider contingency plans for situations such as:

- reduced or interrupted supply of medicines, or access to them when pharmacies are closed
- reduced access to, or interrupted supply of, illicit drugs or alcohol
- resulting increased demand on services and a possible increase in crime and aggressive behaviour
- greater vulnerability to the effects of COVID-19 because of reduced immunity from poor health, drug and alcohol use, or medication for other conditions
- risk of exacerbation of breathing impairment from COVID-19 due to use of drugs such as opioids, benzodiazepines and pregabalin
- increased risk of domestic abuse and violence as people are forced to spend more time in the house and are unable to obtain drugs and alcohol
- increased risk of harm to children whose parents or carers use drugs or alcohol, due to increased time together if children are not at school

Responses should include ensuring that sufficient treatment capacity is available if people look for withdrawal support or substitute prescribing as an alternative to using illicit drugs.

National guidance on clinical management of drug misuse and dependence and NICE guidance on harmful drinking and alcohol dependence should be used when considering these contingency plans.

Maintaining access to opioid substitution treatment and to injecting equipment is paramount.

Children and families

Changes to ways of working, such as contacting service users on the phone and by video calling, may bring to light new information about a service user's home life. If staff discover a service user is living with children, or see that a service user with children is now struggling to cope, they should consider whether the family would benefit from further support from their local Early Help service, community food banks and other resources.

For children whose usual protective factors (such as attending school or being cared for by older relatives) have been removed, staff should consider whether a child meets the government's criteria of vulnerable children who can continue to attend school, referring to children's social care services where necessary. Health visitors can refer to guidance on how to support families in the home.

Children may be expected to take on inappropriate caring roles in the pandemic. A referral to children's social care services is then appropriate so that the child's needs can be properly assessed and appropriate emotional and practical support offered.

Schools should be able to identify staff who are available to listen to children and young people or who can signpost them to help. Staff could include the mental health lead, heads of years, school counsellors and school nurses. If children prefer to talk to someone outside the school or college they can be referred to organisations such as Childline, The Mix and the Youth Wellbeing Directory, as well as local services.

Family coping mechanisms and situations can change so, in their usual contacts with service users, practitioners should monitor potential safeguarding issues, including the wellbeing of children, parenting and caring for vulnerable adults. Staff supervision should include discussions about safeguarding and support from managers or safeguarding leads. Referrals to children's social care services or adult safeguarding services need to be made if a child or vulnerable adult is at risk of neglect or abuse, including parents being too sick to care for their children, or children witnessing domestic abuse and violence.

Mental health

Having to stay at home and socially isolate is going to be difficult for many people and may create mental health issues, or make existing ones worse. If service users are struggling with their mental health, they should be directed to the NHS mental health and wellbeing advice website for self-assessment, audio guides and tools that they can use. There are also digital offers for common mental illness.

If they are still struggling after several weeks, they should contact NHS 111 online. If they have no internet access, they should call NHS 111.

Read the guidance for the public on the mental health and wellbeing aspects of COVID-19 for further information.

Access to opioid substitution treatment

In responding to restrictions on movement and its impact on services, and after assessing and mitigating risks to patients and their households, drug treatment services should consider the actions below in consultation with their commissioners, community pharmacies and the Local Pharmaceutical Committee (LPC).

Community pharmacies and the medicines supply chain are under pressure as a result of COVID-19 and there is extensive guidance for pharmacists. Commissioners and providers should work in collaboration with pharmacies and LPCs to accommodate the needs of people who need to access opioid substitution treatment (OST), especially bearing in mind that many pharmacies will be opening with more restricted hours and some may have to shut. Pharmacies are arranging to partner with other pharmacies to provide some cover.

Treatment providers, pharmacies, commissioners and LPCs should be as flexible as possible, within the legal framework, to support the safe delivery of OST. Pharmacies will need to work closely with their local drug and alcohol services, commissioners and NHS England and Improvement controlled drug accountable officers to support this flexible and lawful approach.

Steps to consider include:

1. Services should be transferring most, if not all, patients from supervised consumption to take-home doses. Where possible, patients may be provided with up to 2 weeks' worth of take-home supply, which could be further extended

depending on circumstances, but only after discussion with the pharmacy and its supply chains.

2. Those considered at most risk of diversion or misuse and overdose, or those living in shared or hostel accommodation where it is impractical or high risk to store large quantities of OST medicines, may be required to pick up their medication daily or at another frequency. However, it is possible that at times, due to pharmacy closure or restrictions on hours, even this will not be possible. Consideration should then be given to mitigations that reduce risk, such as hostel staff holding medicines, pharmacy delivery of medicines if available, lock boxes.
3. People advised to self-isolate (but not treated in hospital) should be asked to nominate an individual to collect the dispensed medicine on their behalf. The nominated individual will usually need the written instruction of the patient, but community pharmacies will receive guidance about acceptable alternatives during the pandemic. If the patient cannot nominate someone a staff member may, with agreed authorisation, be able to collect and deliver the medicines. Delivery can also be requested from the pharmacy. All these options will be subject to local capacity and agreements.
4. Consideration might be given to implementing a system whereby a small group of nominated individuals are authorised to collect medicines on patients' behalf, if it can be done safely.
5. Detoxifications and dose reductions will often be deferred, with people encouraged to maintain stability during this period of uncertainty.
6. People newly assessed for treatment should usually be offered buprenorphine as their first choice and will be able to take away unsupervised titration doses for up to 2 weeks. Those opting for methadone should generally collect their medicine daily from the pharmacy in the first week, followed by take-home doses.
7. People restarting treatment who were taking methadone no more than 7 days ago may be able to return to methadone after careful assessment but usually starting at a lower dose, titrated up again and with only 2 to 3 days pick-up to start.
8. If only remote assessments are possible and drug testing is not possible, it may be possible to proceed with buprenorphine titration in known opioid-dependent patients as above, based on an adequate history.
9. This approach is unlikely to be suitable for methadone, where drug testing will usually be needed unless there is a clear history of opioid use and tolerance, in a known patient with evidence that opioids have been used in the last 24 hours.
10. Inform GPs of the changes in prescribing and amounts ofOST stored in homes where there are children, and inform local children's social care services if they are involved or if there are any concerns.
11. Work with health and justice to provide rapid access to treatment for released prisoners and other detainees, and to understand their treatment protocols to ensure safe continuity of care.
12. Work with police to provide treatment for those taken into custody.
13. Work with local services supporting isolation for people experiencing rough sleeping to ensure continuity of care.

It may be possible and helpful to move a small number of patients from daily (or less frequent) sub/supra-lingual buprenorphine to depot buprenorphine. However, the demands of depot buprenorphine (new protocols for services not already using it, close contact and competent staff to administer the depot) are unlikely to make this a widely-used option at this stage.

Mitigation of risk from the above measures should include:

- provision of take-home naloxone
- safe storage boxes, especially if there are children in the home (but bearing in mind that boxes have limited capacity that may not be enough for liquid medicines if take-home doses have been increased)
- information sharing with children's social care and other relevant professionals (see guidance list)
- verbal and written harm reduction advice
- regular communication between the patient and service, enabled by the provision of mobile phones or credit if needed

Even if supervised consumption is reduced or stopped, pharmacy contracts and payments should be continued in line with government procurement advice.

Naloxone should be ordered only in quantities needed to support additional provision, and distributed not stockpiled.

Needle and syringe programmes (NSPs)

Ensuring there is an adequate supply of injecting equipment might involve:

- increasing the amount of stock held by NSPs
- allowing service users to take more equipment or providing packs with more equipment in them
- more outreach and peer-to-peer supply with appropriate social distancing
- allowing others to collect equipment for someone or for general peer-to-peer distribution
- considering other options such as posting supplies

Any changes in pharmacy-based NSP will need to be agreed with the pharmacies involved.

It may also be necessary, as a last resort, to provide advice on cleaning injecting equipment. More information on cleaning injecting equipment is in this video.

Viruses and bacteria can be spread when drugs and drinks are shared, or when drugs are taken with unclean or shared equipment including snorting tubes and pipes.

Information and advice are available from local drug and alcohol services and needle and syringe programmes.FRANK also has information on how to stay safe if using drugs.

Drug detoxification

Given the pressures on NHS and other services, especially acute beds andGPs, it will mostly be necessary to defer drug detoxes, especially inpatient. If necessary, services can support community detox with resources they ring-fence for this purpose.

Alcohol harm reduction and detoxification

Subject to the availability of sufficient supplies, service users who are dependent on alcohol can be given a one-month supply of thiamine on their first presentation at a treatment service. They may be unable to obtain alcohol regularly and access to detox support will be greatly reduced. If clinically assessed as appropriate, they should be given advice on alcohol harm reduction, including the risks associated with stopping drinking suddenly, and the need for stabilisation and slow reduction of daily consumption. Staff should be competent to offer this advice.

Separate advice to support dependent drinkers to cut down without medication will be available.

There are risks in abruptly reducing or stopping drinking in people who are severely alcohol dependent. Those who are at particularly high risk of developing withdrawal complications and are more likely to require emergency medical treatment if they reduce or stop drinking abruptly include:

- service users drinking over 30 units of alcohol per day
- those who have pre-existing epilepsy
- those who have a history of fits or delirium tremens during alcohol withdrawal

These groups should be prioritised for support by specialist alcohol treatment services during the COVID-19 pandemic.

Following clinical assessment, it will usually be appropriate to advise that this high-risk group continue drinking for the time being, preferably at a steady level with no large binges or days without any alcohol, to avoid severe complications of withdrawal. They should do this until it is possible to arrange appropriate medically supervised detoxification.

Decisions about the provision of community alcohol detoxification should be made on a case by case basis but detoxes may have to be deferred.

Social distancing or self- and household-isolation requirements may make it impossible to follow all the recommendations on community detox in NICE guidance on harmful drinking and alcohol dependence. The guidance should still be referred to for who might be suitable for community detox and for the level of support recommended to be provided by the patient's family.

For service users who are alcohol dependent or otherwise at high risk and have their alcohol supply unavoidably interrupted, it may be appropriate to carry out community detoxification with remote monitoring (see below). This is not recommended in NICE guidelines as normal clinical practice, but it may be the safest, or only, option to prevent severe complications or death in the exceptional circumstances posed by COVID-19. Wherever possible, assessment should be face-to-face. For services users living alone, community detox should only be offered in exceptional circumstances, following an assessment of relative risks.

Based on an assessment by a competent clinician, a prescription of a recommended benzodiazepine covering 5 to 7 days could be issued to the patient who would then be monitored regularly through telephone conversations or video calls. The dose of benzodiazepine should be tailored to the level of severity of alcohol dependence as recommended by NICE guidelines (CG115). Service users and carers should be warned of the signs of severe alcohol withdrawal and advised to seek urgent medical care should they occur.

Clinicians providing alcohol detox in any setting should be aware of thisMHRA drug alert and consider how it might relate to infection with COVID-19. **This caution in using benzodiazepines should be balanced against the risks of not adequately treating severe symptoms of acute alcohol withdrawal**.

Services should be prepared for an increase in requests for advice and support from people who are at risk of, or experiencing, alcohol withdrawal and have been signposted from 111 or emergency departments.

Services should work closely with local services supporting isolation for people experiencing rough sleeping to ensure continuity of care.

Non-medical support

Most services have already had to drastically reduce or end face-to-face, one-to-one and group contacts. Telephone one-to-one contacts should be maintained wherever possible. Keeping in touch by phone generally will be important but especially for those without internet access. Services should consider providing phones or credit to staff and service users who don't have them. Staff can call service users even if service users don't have credit to make calls.

Mutual aid groups cannot meet face-to-face while current restrictions are in place but are providing online alternatives to meetings. It may be possible, in exceptional circumstances, for a sponsor to visit a vulnerable, individual sponsee at home. They should both then follow the same precautions as are required of essential services:

- stay at least 2 metres apart in an adequately ventilated area
- both wash hands more frequently for 20 seconds
- don't visit if either party is showing symptoms of COVID-19 or self-isolating as a result
- don't visit those who are shielding because they are highly vulnerable or if the sponsor themselves is from a vulnerable or extremely vulnerable group

Sources of information, advice and support include:

- written and verbal advice on reducing harm
- telephone helplines including:
  - Drinkline provides free advice and support, on 0300 123 1110
  - FRANK provides free information and advice on drugs, and information on where to get help, on 0300 123 6600
  - the National Society for the Prevention of Cruelty to Children (NSPCC) helpline, if there are worries about a child or young person, on 0808 800 5000
  - the National Association for Children of Alcoholics (Nacoa), on 0800 358 3456
  - Childline provides advice for anyone under 19, on 0800 1111
- social networking apps and web chat facilities
- online help from websites including:
  - One You Drink Less, which offers advice on cutting back on alcohol
  - FRANK, which offers information and advice on drugs and where to get help
  - Down Your Drink, which provides interactive web-based support to help people to drink more safely
  - Nacoa, which provides information, advice and support for anyone affected by a parent's drinking
  - Childline
  - online access to mutual support including:
  - SMART Recovery
  - Alcoholics Anonymous (AA)
  - Narcotics Anonymous (NA)
  - Cocaine Anonymous (CA)

There may be a need for additional information sharing during this time, and to protect information used by staff working from home. There is information governance guidance from NHSX.

Those not in drug and alcohol treatment

People who use drugs and alcohol and are not in drug and alcohol treatment may also be at greater risk than others in the community from COVID-19, and even more affected by the effects of changes in the supply of drugs and alcohol.

If it can be supported, fast access to drug and alcohol treatment for these people will be important. It may also be necessary to consider the nature and requirements of drug and alcohol treatment, with expectations of engagement and change reduced so that people are more willing to attend, at least for the duration of the COVID-19 pandemic.

The supply of naloxone to those liable to use opioids, and of injecting equipment to those who inject drugs, should be a priority.

What else commissioners and providers of drug and alcohol treatment services can do

Providers of drug and alcohol treatment services should liaise with their local hospitals to ensure they are aware the symptoms of COVID-19 may be confused with withdrawal symptoms in a dependent drug or alcohol user. It is important that anyone taken to hospital and showing symptoms that could be either alcohol or drug withdrawal or COVID-19 is managed as if they have COVID-19 unless and until the results of testing show otherwise.

Given the increased risks of respiratory harm in people who drink, use drugs and smoke tobacco, it may be appropriate to introduce or increase the provision of e-cigarettes or nicotine replacement therapy. This is especially important for those infected by COVID-19, but also generally to encourage service users to stop or cut down smoking.

Service providers should monitor reports of contaminated, adulterated or unusually strong drugs and unexpected effects. If usual drug supply routes are affected, there is a risk that alternative substances will be sourced and sold. Cases should be reported to drug.alerts@phe.gov.uk.

Commissioners may want to scale back their usual expectations on services for local monitoring and reporting and contract management meetings to enable services to focus on delivery. Re-commissioning and re-tendering of standard services will likely need to be put on hold for the duration of the COVID-19 pandemic. However, authorities may need to procure additional goods and services, and work with extreme urgency to respond to COVID-19. There is government advice in procurement policy notes.

It will probably be necessary temporarily to scale back testing for hepatitis C infection and referral to treatment for those testing positive. However, patients already being treated for hepatitis C should continue with it wherever possible. They may be provided with a full, take-home course of medication if it can be managed without support.

Cleaning and waste

Advice on cleaning and disinfection of settings which are similar to a healthcare setting is available. There is separate guidance for non-healthcare settings.

If there has been a confirmed or suspected case of COVID-19 in drug and alcohol services, managers may wish to discuss which guidance is most appropriate to their setting with their local Public Health England Health Protection Team.

Other sources of information

Other sector guidance and collections that service providers and commissioners might find useful include:

- Royal College of Psychiatrists – COVID-19: Working with vulnerable people
- European Monitoring Centre for Drugs and Drug Addiction
- Drink and Drugs News
- Collective Voice
- Scottish Drugs Forum
- Society for the Study of Addiction
- Homeless Link

Guidance for pharmacists

- Pharmaceutical Services Negotiating Committee
- Royal Pharmaceutical Society

Guidance for healthcare

- NHS guidance for people working in healthcare
- GOV.UK collection of guidance for health professionals

Guidance for particular settings

- Care homes
- Home care

Guidance on children and young people

- Vulnerable children and young people
- The Children's Commissioner

Coronavirus (COVID-19)

Coronavirus (COVID-19): what you need to do

Transition period

Transition period: check how to get ready

Services and information

Benefits

Births, deaths, marriages and care

Business and self-employed

Childcare and parenting

Citizenship and living in the UK

Crime, justice and the law

Disabled people

Driving and transport

Education and learning

Employing people

Environment and countryside

Housing and local services

Money and tax

Passports, travel and living abroad

Visas and immigration

Working, jobs and pensions

Departments and policy

How government works

Departments

Worldwide

Services

Guidance and regulation

News and communications

Research and statistics

Policy papers and consultations

Transparency and freedom of information releases