GOV.UK

1. Department of Health & Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care)
2. Public Health England (https://www.gov.uk/government/organisations/public-health-england)

Guidance

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

Updated 16 September 2020

Contents

Other sources of information

This publication is available at https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol

This is guidance that applies to England only. If you live in an area where local restrictions are in place you should also consult the local restrictions guidance (https://www.gov.uk/government/collections/local-restrictions-areas-with-an-outbreak-of-coronavirus-covid-19), for information about what you can and can't do to manage the outbreak.

It is critical that everybody observes the following key behaviours:

- HANDS - wash your hands regularly and for 20 seconds
- FACE - wear a face covering in indoor settings where social distancing may be difficult, and where you will come into contact with people you do not normally meet
- SPACE - stay 2 metres apart from people you do not live with where possible, or 1 metre with extra precautions in place (such as wearing face coverings or increasing ventilation indoors)

Please note: this guidance is of a general nature and should be treated as a guide, and in the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

This guidance will help commissioners, managers and staff to minimise risk from coronavirus (COVID-19) in drug and alcohol services in England, including services for young people.

Guidance for other UK nations is available from Scottish Drugs Forum (http://www.sdf.org.uk/covid-19-guidance/) and the Welsh Government (https://gov.wales/coronavirus-covid-19-guidance-for-substance-misuse-and-homelessness-services-html)

What you need to know

- it is important that drug and alcohol services keep open and operating as they protect vulnerable people who are at greater risk from COVID-19 and help reduce the burden on other healthcare services
- where emergency response plans have been put in place for services during the pandemic they should be continuously reviewed to check that local and individual treatment need is being met, that there are no unintended consequences and that opportunities are being taken to improve and get services back to normal
- where interventions such as detoxification, supervised consumption, and blood-borne virus (BBV) testing and treatment were curtailed or reduced because of COVID-19, services should now be making plans to reintroduce or expand them in line with national clinical guidance
- services should continue to keep face-to-face contact to a minimum. Biological drug testing and breathalysers can be used with appropriate personal protective equipment (PPE) (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe) and following manufacturers' precautions and instructions for cleaning
- follow up-to-date guidance for infection prevention and control (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control), including: hand-washing, surface-cleaning, the appropriate use of PPE, isolation and sending symptomatic staff home

- arrangements for prescribing and dispensing of medicines used in drug and alcohol treatment were changed to take account of service and pharmacy closures, staff unavailability, patients having to maintain social distance or self-isolate (including the clinically extremely vulnerable being shielded), and the need to reduce the spread of COVID-19. These arrangements should be reviewed and returned to compliance with national drug (https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management) and alcohol (https://www.nice.org.uk/guidance/cg115) clinical guidance, and to meet service user needs, as soon as circumstances allow
- 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
- 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 joint efforts of the drug and alcohol treatment workforce are an essential and highly valued element of our national response to 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 poor health outcomes due to underlying physical and mental health conditions, as well as mental health issues associated with lockdown.

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

Symptoms

The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, COVID-19 will be a mild illness. However, if someone has any of the symptoms above they should immediately self-isolate at home and follow the stay at home guidance (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation), and should arrange to have a test to see if they have COVID-19 – visit NHS.UK (https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/) to arrange or contact NHS 119 via telephone if internet access is not available.

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 tested for the virus and treated according to the results.

Protection against infection

Services should assess the risks (https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff) of COVID-19 to their staff and service users, and respond according to the findings.

Staff of residential and non-residential drug and alcohol services should wash their hands frequently, for 20 seconds with soap and water, and should have access to hand sanitising gels. Depending on their patient contact and activities, they may need to be supplied with PPE and trained in how to use it. Recommendations on PPE are evolving and services should regularly check the PPE guidance (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-nhs-england-operational-guidance) to ensure that they are following the latest advice.

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. After this they can seek urgent supplies from their local resilience forum or, failing that, from the National Supply Disruption Response line on 0800 915 9964.

Face-to-face contact – with appropriate PPE when separation of 2 metres cannot be maintained – should be made available when necessary for vulnerable service users, healthcare interventions, people newly starting treatment and community alcohol detoxification services. Face-to-face contact should be avoided where it would be unsafe or unnecessary; telephone or other remote or virtual support should be provided as an alternative.

In advance of an appointment, staff should contact the service user to check if they have had symptoms of COVID-19 in the previous 10 days. If they have, they will need to remain in self-isolation for at least 10 days from when their symptoms started. Those with whom they share a household will also need to self-isolate, following the stay at home guidance (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).

If a service user develops symptoms of COVID-19 in a residential drug or alcohol service, follow current advice (https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes).

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

- primary care (https://www.england.nhs.uk/coronavirus/primary-care/infection-control/)
- secondary care (https://www.england.nhs.uk/coronavirus/secondary-care/infection-control/)
- how to work safely in care homes (https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes)

Now that the NHS Test and Trace (https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/) service is active, people testing positive for COVID-19 will also be asked to work with this service to identify their close contacts, who will then be asked to self-isolate.

Services should keep a temporary record of their staff shift patterns for 21 days and assist NHS Test and Trace with requests for that data if needed. This could help contain clusters or outbreaks.

Considerations for people using drugs or alcohol

People using drugs or alcohol who are clinically vulnerable

Drug and alcohol service users may be more at risk from COVID-19-related illness or complications if they are also categorised as clinically vulnerable (https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july#clinically-vulnerable-

people), and they may be more affected by pandemic restrictions.

Clinically vulnerable people are those who are:

- aged 70 or older (regardless of medical condition)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
- chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
- diabetes
- a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines (such as steroid)
- being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant women

People using drugs or alcohol who are clinically extremely vulnerable

The government has published guidance on shielding people who are clinically extremely vulnerable (https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). The need for shielding will apply to people who use drugs and alcohol who have also been advised by letter from the NHS or directly by a doctor that they are considered to be clinically extremely vulnerable

People using drugs or alcohol who are experiencing homelessness and rough sleeping

COVID-19 will have specific implications for people experiencing homelessness and rough sleeping, many of whom may also use drugs or alcohol.

Local authorities have been supporting people who sleep rough to access suitable emergency accommodation, to help them to follow government advice on social distancing and self-isolation. Public Health England (PHE) has shared operational advice (https://www.local.gov.uk/sites/default/files/documents/Alcohol%20drugs%20and%20nicotine%20in%20emergency%20accommodation.pdf) for commissioners and drug and alcohol treatment providers who are responding to the drug, alcohol and tobacco related needs of people in the emergency accommodation.

Local authority housing and public health have been working with the NHS. As a result, some people have used health services for the first time.

In the next phase of the response people will be supported out of emergency accommodation. Commissioners and providers will want to ensure that continuity of care arrangements are in place. They will also want to ensure that those who did not engage in treatment are offered every opportunity to do so as part of their move-on plan.

Additional support and contingency plans for people using drugs or alcohol

There is guidance on social distancing (https://www.gov.uk/government/publications/coronavirus-covid-19-meeting-with-others-safely-social-distancing/coronavirus-covid-19-meeting-with-others-safely-social-distancing), including for people who are clinically vulnerable and at higher risk of severe illness from COVID-19. Drug and alcohol users who are also in a group that puts them at higher 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 medicines 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, and alcohol
- increased risk of domestic abuse and violence as people spend more time at home or self-isolate in the house and may be 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

Contingency plans should include ensuring that sufficient, rapid-access treatment capacity is available if people look for withdrawal support or substitute prescribing as an alternative to using illicit drugs or alcohol.

National guidance on clinical management of drug misuse and dependence (https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management) and NICE guidance on harmful drinking and alcohol dependence (https://www.nice.org.uk/guidance/cg115) should be used when developing these contingency plans.

Maintaining access to opioid substitution treatment and to injecting equipment was the priority in the early stages of the pandemic. As we move on from the initial response phase, services will want to look again at how to provide a range of harm reduction, healthcare, treatment and recovery support for people who use (or have stopped using) drugs and alcohol. This support will be both digital and face-to-face. There may be an increased demand and need for detoxification, including inpatient, and for residential rehabilitation, and access to these services should be supported in line with clinical guidelines and where it is safe to do so.

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 any safeguarding criteria (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) and refer to children's

social care services where necessary. Health visitors can refer to guidance on how to support families in the home (https://ihv.org.uk/news-and-views/news/ihv%20-launches-covid-19-professional-advice-for-health-visiting/).

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 (https://www.childline.org.uk/), The Mix (https://www.themix.org.uk/), the Youth Wellbeing Directory (https://www.annafreud.org/on-my-mind/youth-wellbeing/) the National Association for Children of Alcoholics (Nacoa) (https://www.nacoa.org.uk/), as well as local services.

Family coping mechanisms and situations can change. Practitioners should monitor potential safeguarding issues, including the wellbeing of children who are caring for vulnerable adults, through their usual contacts with service users. 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. This includes 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 difficult for many people and may create mental health issues or make existing conditions worse.

If service users are struggling with their mental health, they should be directed to the NHS mental health and wellbeing advice (https://www.nhs.uk/conditions/stress-anxiety-depression/) website for self-assessment, audio guides and tools that they can use. There are also digital offers for common mental illness (https://www.nhs.uk/apps-library/category/mental-health/).

If they are still struggling after being signposted to NHS mental health and wellbeing advice, they should contact NHS 111 online (https://111.nhs.uk/). 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 (https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19)) for further information.

Access to opioid substitution treatment (OST)

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 continue to review the actions below in consultation with their commissioners, community pharmacies and the Local Pharmaceutical Committee (LPC).

Community pharmacies and the medicines supply chain continue to be under pressure as a result of the COVID-19 pandemic and there is extensive guidance for pharmacists (https://psnc.org.uk/the-healthcare-landscape/covid19/). Commissioners and providers should work in collaboration with pharmacies and LPCs to accommodate the requirements of people who need to access opioid

substitution treatment (OST), bearing in mind that many pharmacies will be opening with more restricted hours and some may have to shut temporarily. Pharmacies have arranged 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 and national clinical guidance (https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management), 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 NHS Improvement controlled drug accountable officers to support this flexible and lawful approach.

Steps to consider

The following steps should be considered within the operational and clinical governance of the treatment service with clinical oversight and decision-making from lead clinicians, adjusted for local circumstances and individual needs.

1. In the initial phase of responding to the pandemic, services transferred most patients from supervised consumption to take-home doses of OST medicines. Where it was safe to do so, some patients were provided with up to 2 weeks' worth of take-home supply. These arrangements should now be reviewed, and future arrangements should be based on repeat individual assessments that include how patients responded to any relaxation in pick-up and supervision requirements.
2. Those considered most at 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 other time intervals). However, it is possible that at times even this will not be possible, due to pharmacy closure or restrictions on hours. Consideration should then be given to mitigations that reduce risk, such as hostel staff holding medicines, pharmacy delivery of medicines if available, or 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 may have been deferred, with people encouraged to maintain stability during the initial period of uncertainty, but it may now be time to review these changes.
6. If unsupervised dosing is needed from the outset for people newly assessed for treatment, then there are safety advantages to buprenorphine compared to methadone. Patients with good support and stable circumstances can be provided with a multi-day supply of buprenorphine so that they can manage their own dose titration, supported by remote monitoring. Patients being initiated on to methadone treatment should generally collect their medicine daily from the pharmacy in the first week, followed by take-home doses.

7. People restarting OST 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 daily pick-up to start if available, and no more than 2 to 3 days pick-up if it is not.
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. The above 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 of OST medicines 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 (https://www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/).
12. Work with police to provide treatment for those taken into custody (https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr227.pdf), ensuring medicine supplies taken home are not duplicated.
13. Work with local services supporting isolation for people experiencing rough sleeping to ensure continuity of care.

Depot buprenorphine

Injectable depot buprenorphine is available as Buvidal, a one-week or one-month injection. NICE published an evidence summary (https://www.nice.org.uk/advice/es19/evidence) on Buvidal in 2019 and it is available for use by community or prison drug treatment services in England and Wales. However, only a few services in England are using it (often in pilot schemes) and English prisons are not recommending its use. Further independent implementation guidance from the NHS England Regional Medicines Optimisation Committee (RMOC) is awaited.

Depot buprenorphine generally requires less frequent face-to-face contact with patients than oral OST medicines as it does not require regular pick-up or supervised consumption. However, it does demand some hands-on contact for administering the weekly or monthly injection. The demands of depot buprenorphine made it unlikely to be a widely-used option in the early stages of responding to the pandemic. As restrictions are eased, services adapt to social distancing and have sufficient supplies of PPE, and the role of supervised consumption is reassessed, commissioners and providers in England will need to decide whether and how depot buprenorphine is used.

Continuity of care between UK nations

The Welsh Government has agreed to support the use of Buvidal in the community and in prisons during the COVID-19 pandemic. All-male Welsh prisons are introducing it as an option to be offered to prisoners in the last 2 months of their sentences and due to be released, with the expectation they will continue to receive it in the community. Complementary guidance on arrangements for transfers and continuity of care has been developed by Welsh prison healthcare and by NHS England (https://www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/) with PHE.

Scottish prisons (https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/05/coronavirus-covid-19-clinical-guidance-on-the-use-of-buvidal-in-prisons/documents/guidance-for-the-use-of-buvidal-for-opiate-substitution-treatment-in-prisons-during-the-covid-19-pandemic/guidance-for-the-use-of-buvidal-for-opiate-substitution-treatment-in-prisons-during-the-covid-19-pandemic/govscot%3Adocument/Protocol%2Bfor%2Buse%2Bof%2Bbuvidal%2Bin%2Bprisons%2B2.pdf) are also using Buvidal, and this will be for serving prisoners, not just those coming up for release. Transfer between Scottish and English prisons, and Scottish prisoners being released to England, are much less common than between Wales and England so continuity of care should not be a significant issue and no continuity guidance is planned.

Mitigation of risk from the above measures for access to OST should include:

- provision of take-home naloxone (naloxone should be ordered only in quantities needed to support additional provision, and supplies should be rapidly distributed, not stockpiled)
- 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

Where supervised consumption was reduced or stopped, pharmacy contracts and payments were usually continued in line with government procurement advice (https://www.gov.uk/government/collections/procurement-policy-notes#2020) to maintain contractual payments to companies at risk until the end of June. As the situation changes there should again be negotiations between commissioners, LPCs and pharmacies to agree on services to be provided and contractual arrangements.

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 NSPs 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. A short film (http://www.harmreductionworks.org.uk/2_films/cleaning_syringes.html) providing more information on syringe cleaning is available. 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 on reducing the risks from sharing are available from local drug and alcohol services and needle and syringe programmes. FRANK (https://www.talktofrank.com/) also has information on how to stay safe if using drugs.

Drug detoxification

Given the pressures on the NHS and other services, especially acute beds and GPs, it may have been necessary to defer drug detoxifications, especially those that require in-patient treatment. In-patient facilities are returning in most areas, though possibly with reduced capacity and/or specific infection control conditions, so consideration should be given to supporting community detoxification.

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. As services move beyond their initial response, they will want to return to delivering community detoxification (see below) or referring people to inpatient or residential detoxification in accordance with NICE guideline CG115 (https://www.nice.org.uk/guidance/cg115).

If services are unable to offer community detoxification, competent staff should give advice on alcohol harm reduction. This advice should cover the risks associated with stopping drinking suddenly, and – for people with mild or moderate dependence for whom reducing drinking is assessed as appropriate – the need for slow reduction of daily consumption.

PHE has published separate guidance (https://www.gov.uk/government/publications/covid-19-information-on-stopping-drinking-for-people-dependent-on-alcohol) to support dependent drinkers to cut down without medication. The advice is also relevant for family members and friends supporting the person.

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 seizures 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 these high-risk groups continue drinking for the time being, preferably at a steady level with no large binges or days without any alcohol. This will help to avoid severe complications of withdrawal. They should do this until it is possible to arrange appropriate medically supervised detoxification.

Some inpatient, and most residential, detoxification units, and residential rehabilitation services, are now open, although many with reduced capacity. The health of people who have been waiting for residential or inpatient detoxification during the pandemic may now be deteriorating and they should be referred as soon as possible. Their mental and physical health should be monitored and they should be referred for treatment if needed.

Community alcohol detoxification

As services move to the next phase of delivery where sufficient competent staff are available, they will want to deliver community alcohol detoxification in response to demand. They will need to follow current guidance on social distancing, and use recommended PPE where it is not possible to stay 2 metres away, for example for patients who need blood samples to be taken or parenteral thiamine to be administered.

Decisions about the provision of community alcohol detoxification should be made on a case-by-case basis, following clinical assessment. Suitability for community detoxification and risk assessment should be based on severity of dependence and complexity of additional needs, in accordance with NICE guideline CG115 (https://www.nice.org.uk/guidance/cg115). People with moderate dependence, without additional needs or risk factors, will usually be suitable for community detoxification.

Service users who are not shielding or self-isolating

Where the service user is not shielding or self-isolating, services should offer in-person assessment and monitoring at least every 2 days during community detoxification wherever this can be carried out safely. Services should also return to prescribing for medication to be picked up every 2 days wherever this can be arranged safely.

Service users who are shielding or self-isolating

Where people are shielding or self-isolating, it will usually be appropriate to delay detoxification until they can attend the service and be assessed in person. If they need to stop drinking urgently following assessment, detoxification can be provided through home visits using recommended PPE or through remote monitoring in some circumstances. This is not recommended in NICE guidelines as normal clinical practice, but it may be the safest or only option to prevent severe complications in the exceptional circumstances posed by the COVID-19 pandemic.

Due to the increased clinical risks associated with remote monitoring of community alcohol detoxification, there should be greater involvement of senior clinicians in clinical decision-making than would usually be the case.

While self-isolation and shielding requirements may make it impossible to adhere fully to NICE guideline CG115 (https://www.nice.org.uk/guidance/cg115), it should be followed as closely as possible.

Service users with mild to moderate dependence

For those with mild to moderate dependence, a suitable detoxification regimen using a prescription of a recommended benzodiazepine could be issued, based on an assessment by a competent clinician. The patient 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 guideline CG115 (https://www.nice.org.uk/guidance/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. Wherever possible, medication should be dispensed and delivered (or collected) every 2 days in line with NICE guidance. For service users living alone, community detoxification should only be offered in exceptional circumstances, following an assessment of relative risks and benefits.

Service users with severe dependence

Those with severe dependence will usually require residential or inpatient detoxification and should generally be advised to continue drinking steadily until they can access this. If they are unable to attend (for example because they are shielding) and they urgently need to stop drinking, they should be assessed and monitored by a skilled clinical team. If community detoxification is required they are likely to need a high level of observation and individually-tailored medication.

Further information for all settings

Clinicians providing alcohol detoxification in any setting should be aware of the MHRA drug alert (https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression) about the potentially fatal respiratory depression caused by benzodiazepines and opioids. They should 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, or
- have been discharged from hospital

Drug and alcohol services should work closely with the local services that are supporting isolation for people experiencing rough sleeping, to ensure continuity of care.

The Royal College of Psychiatrists has published guidance on managing people with alcohol problems (https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/managing-individuals-with-alcohol-problems).

Non-medical support

Most services had to drastically reduce or end face-to-face, one-to-one and group contacts but some of these will be returning where permitted and safe.

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 and other support groups that can meet digitally, without the need for face-to-face contact, should continue to do so. Groups can also meet outdoors, socially distanced. Groups could – if necessary – now also meet indoors and in-person within the social distancing guidance and principles, in community facilities that have been made COVID-19 secure. Support groups, including those for people with, or recovering from, addictions or addictive patterns of behaviour, are exempt from the legal gatherings limit of 6 people (https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do).

Groups should continue to protect anyone who is clinically vulnerable: they should be discouraged from attending but, if they need to attend, everyone attending should be even more rigorous with distancing and other precautions. Anyone who is clinically extremely vulnerable should still not attend an indoor meeting at all. People should only attend a group with one other household – they can then meet with others outside their household, but should minimise their social interaction outside of the meeting. They will need to socially distance from anyone they do not live with or who is not in their support bubble. This means 2 metres if possible or, if not, 1 metre with mitigation (masks, sitting side-by-side, etc).

Groups should read the general guidance (https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities) and any advice from their parent body and venue, and agree – with the venue – whether they should meet face-to-face and, if they will, how they will ensure everyone’s safety, considering the following issues:

- cleaning

- hand washing
- face coverings
- noise
- toilets
- crockery
- seating
- travel
- entrances and exits
- monetary collections
- track and trace
- clinically vulnerable and clinically extremely vulnerable members

Sources of information, advice and support for service users include:

- written and verbal advice on reducing harm
- telephone helplines including:
  - Drinkline, which provides free advice and support, on 0300 123 1110
  - FRANK, which 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, which provides advice for anyone under 19, on 0800 1111
- social networking apps and web chat facilities
- online help from websites including:
  - FRANK (https://www.talktofrank.com/), which offers information and advice on drugs and where to get help
  - Down Your Drink (https://www.downyourdrink.org.uk/), which provides interactive web-based support to help people to drink more safely
  - Nacoa (https://www.nacoa.org.uk/), which provides information, advice and support for anyone affected by a parent's drinking
  - Childline (https://www.childline.org.uk/)
- online access to mutual support including:
  - SMART Recovery (https://smartrecovery.org.uk/)
  - Alcoholics Anonymous (AA) (https://www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting/Online)
  - Narcotics Anonymous (NA) (https://online.ukna.org/)
  - Cocaine Anonymous (CA) (https://meetings.cocaineanonymous.org.uk/meetings/?tsml-type=ONLINE)
  - Marijuana Anonymous (http://www.marijuana-anonymous.org.uk/meetings.html)

There may be a need for additional information sharing during this time, and to protect information used by staff working from home. For advice on this, please consult the information governance guidance from NHSX (https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance).

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 increased risk from COVID-19. They may also be even more affected by changes in the supply of drugs and alcohol and the impact of COVID-19 safety measures.

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 for at least the duration of the COVID-19 pandemic; for example, reduced expectations of engagement and change, so that people are more willing to attend.

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

Liaise with local hospitals

Providers of drug and alcohol treatment services should liaise with their local hospitals to ensure they are aware that 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 withdrawal or COVID-19 is managed as if they have COVID-19, unless and until test results show otherwise.

Introduce or increase e-cigarette or nicotine replacement therapy provision

Given the increased risks of respiratory harm in people who drink, use drugs and smoke tobacco (https://www.gov.uk/government/news/smokers-at-greater-risk-of-severe-respiratory-disease-from-covid-19), 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. PHE has published guidance (https://www.gov.uk/government/publications/covid-19-advice-for-smokers-and-vapers) on how to reduce the risk of contracting COVID-19 for those who smoke or vape, and how to access support to stop smoking and remain smoke-free.

Monitor and report drug supply changes

Service providers should continue to 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.

Review contract management arrangements

In the initial response to the pandemic, to enable services to focus on delivering interventions to service users, commissioners may have scaled back their usual expectations on services for local monitoring and reporting, and contract management meetings. It will be for local agreement when and how regular management returns. Re-commissioning and re-tendering of standard services will likely need to be kept 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 on this in the procurement policy notes (https://www.gov.uk/government/collections/procurement-policy-notes#2020).

Bring back testing and treatment for hepatitis C

It may have been necessary for some providers to temporarily scale back testing for hepatitis C infection and referral to treatment for those testing positive. Patients already being treated for hepatitis C should have continued with treatment wherever possible. They should have been provided with a full, take-home course of medication if it could be managed without support.

Services should now review which service users have missed out on hepatitis C testing and should be offered testing and referral, as well as offering this to all new service users, as soon as it can be done safely. Options for self and home testing, supported by peers, should be considered, and operational delivery networks (ODNs) will be able to advise.

Testing for HIV and vaccination for hepatitis B should also be resumed as soon as they can be done safely.

People with HIV on antiretroviral therapy should have continued treatment as long as they were well and had an undetectable HIV viral load.

Cleaning and waste

Advice on cleaning and disinfection of, and waste disposal in, settings which are similar to a healthcare setting (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) is available. There is separate guidance for non-healthcare settings (https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings).

If there has been a confirmed or suspected case of COVID-19 in a drug and alcohol service, managers may wish to discuss which guidance is most appropriate to their setting with their local Public Health England Health Protection Team (https://www.gov.uk/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 (https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/covid-19-working-with-vulnerable-patients)
- European Monitoring Centre for Drugs and Drug Addiction (http://www.emcdda.europa.eu/publications/topic-overviews/covid-19-and-people-who-use-drugs)
- Drink and Drugs News (https://drinkanddrugsnews.com/coronavirus-advice/)
- Collective Voice (https://www.collectivevoice.org.uk/blog/treatment-and-recovery-services-and-covid-19/)
- Scottish Drugs Forum (http://www.sdf.org.uk/covid-19-guidance/)
- Society for the Study of Addiction (https://www.addiction-ssa.org/useful-coronavirus-covid-19-links-19-march-2020/)
- Homeless Link (https://www.homeless.org.uk/covid19-homelessness)
- Alcohol Change UK (https://alcoholchange.org.uk/help-and-support/get-help-now/coronavirus-information-and-advice-hub)

Guidance for pharmacists

- Pharmaceutical Services Negotiating Committee (https://psnc.org.uk/the-healthcare-landscape/covid19/)
- Royal Pharmaceutical Society (https://www.rpharms.com/coronavirus/)

Guidance for healthcare

- NHS guidance for people working in healthcare (https://www.england.nhs.uk/coronavirus/)
- GOV.UK collection of guidance for health professionals (https://www.gov.uk/government/collections/wuhan-novel-coronavirus)

Guidance for particular settings

- Adult social care guidance (https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance)
- Advice for health and justice healthcare teams on medicines and pharmacy services continuity (https://www.england.nhs.uk/coronavirus/publication/advice-for-health-and-justice-healthcare-teams-on-medicines-and-pharmacy-services-continuity/)

Guidance on children and young people

- Vulnerable children and young people (https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people)
- The Children’s Commissioner (https://www.childrenscommissioner.gov.uk/coronavirus/)