

Coronavirus (COVID-19) and People with Alcohol-related Problems: Recommendations for Services

Updated 16th April 2020



Overview and purpose of this guidance

This guidance has been drawn up by Scottish Health Action on Alcohol Problems (SHAAP), at the request of the Scottish Government. It provides recommendations for Alcohol and Drug Partnerships (ADPs), Commissioners, Alcohol Service Managers, Community Services and Mutual Aid and Support Groups, to enable them to reduce risks and ensure continued support for people with alcohol-related problems in the context of COVID-19.

Section five suggests advice that can be offered to heavy drinkers who are thinking about cutting back or stopping drinking alcohol in the current circumstances.

COVID-19 is a rapidly evolving pandemic with national advice and guidance updated regularly. This document is accurate at point of publication. It will be reviewed as necessary, with updates being issued as and when required. This guidance is intended to support and not to contradict or replicate any local contingency plans that are in place.

Scottish Health Action on Alcohol Problems (SHAAP) is a partnership of the Medical Royal Colleges in Scotland and the Faculty of Public Health and is based at the Royal College of Physicians of Edinburgh (RCPE). SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

For the most up to date and accurate information:

NHS Inform offers general advice around coronavirus/COVID-19 on the NHS Inform website: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

Coronavirus (COVID-19) helpline

If you do not have symptoms and are looking for general information, a free helpline has been set up on [0800 028 2816](tel:08000282816).

The helpline is open from 8.00am to 10.00pm each day.

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1. People with alcohol-related problems

Alcohol continues to be marketed in shops, in the media and on the internet and suppliers will make home deliveries during the current crisis. Many people already drink more than the recommended low risk guidance of no more than 14 units per week. The fact that alcohol may no longer be consumed in public places, increases risks related to home drinking, where alcohol is cheaper, compounded by the stress that the current situation is causing.

Most people who experience harms from alcohol are not in touch with alcohol services. Opportunities for statutory authorities to identify people who may be most at risk from the current situation are limited, unless that person has been receiving treatment.

People with the most severe alcohol-related problems are often multiply disadvantaged, in their living contexts as well as in experiencing stigma and discrimination, including in their access to public services.

People with alcohol-related problems will often have mental health problems. Use of other substances, including tobacco, will add to their risks of health and other harms.

2. Recovery from alcohol-related problems

Many people recover from alcohol-related problems without requiring interventions from statutory services.

Many people use 12 Step programmes such as Alcoholics Anonymous (AA) or support from recovery groups (see Scottish Recovery Consortium) to build and maintain their recovery.

Mainstream health and other services can have an important role to recognise and actively intervene to support people with alcohol-related problems.

3. Recommendations

3.1 COVID-19, alcohol and vulnerable groups

All people responsible for providing services for people with alcohol-related problems need to be aware of and plan to meet the specific challenges that COVID-19 may present for the most vulnerable groups. These include¹:

- Solid organ transplant recipients, including liver transplants.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

¹<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>, accessed 8th April 2020

- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

As well as this, the following people are likely to be at increased risk of harm from COVID-19:

- People with weakened immune systems
- Older people
- People with long-term health conditions, such as liver disease, diabetes, cancer and chronic lung disease
- People with drug problems
- People who smoke
- Homeless people
- Heavy drinkers at risk of alcohol withdrawals due to abruptly stopping or reducing alcohol consumption.

3.2 ADPs and Commissioners

Knowledge of local alcohol services

ADPs and Commissioners must make sure that they are aware of what local alcohol services exist, statutory and third sector, and establish a lead contact in each whom you can use to disseminate guidance and who can contact you for advice.

Multi-agency support

Alongside treatment services, other health and social care services also play an important role in supporting people at risk of, and/or already experiencing alcohol-related problems. Local strategies to support the most vulnerable must continue to include housing, employability, hospital, primary care, welfare, mental health and children and families services.

A Human Rights approach

ADPs and Commissioners must ensure that people with alcohol-related problems are acknowledged to have the same rights to support services as other groups and ensure that this is reflected in service planning arrangements.

3.3 Clinical and service managers

Prioritisation and Detoxification (Detox)

In a period when resources will be severely stretched, local prioritisation needs to be planned, with careful and comprehensive assessment of risks. Any reorganisation of services needs to be managed strategically, drawing on the most current and best available evidence.

Any reduction in alcohol services is likely to lead to greater alcohol-related morbidity and mortality. Alcohol liaison services in acute hospitals should be continued where this is possible and have up to date knowledge of current local alcohol services; these can be very useful in facilitating early discharge of patients with alcohol-related problems and so improve bed availability in acute services.

Alcohol withdrawal is a common reason for emergency admission to hospitals in Scotland, in particular in the acute sector. Section five of this Guidance provides advice for heavy drinkers on cutting back or stopping drinking alcohol, which includes the aim of reducing these presentations. However it should be expected that some of this workload will continue and services should ensure they have clinical protocols in place to manage alcohol-related clinical emergencies effectively and quickly.

People undergoing detoxification should be helped to complete that. Relapse prevention medications such as Acamprosate, Disulfiram (Antabuse), Naltrexone and Baclofen can be crucial to recovery and prescriptions should be maintained.

Alcohol Withdrawal in the Acute Hospital

Heavy drinkers are at increased risk for a range of health harms, including sepsis, infectious diseases including pneumonia and COVID-19. The comorbidity of alcohol withdrawal and pneumonia can present a significant clinical challenge. Clinical managers and services, in particular acute hospital services, should ensure that they have clinical protocols in place for managing alcohol withdrawal and nutritional support for this high risk group.

Community Detoxification and Alcohol Harm Reduction

Community detoxification (detox) services play a key role in reducing pressure on acute hospital beds. Social distancing and infection control measures will make it difficult to provide supervised home detoxification services. For any supervised guidance to reduce drinking in a planned and gradual way at home, managers must ensure that staff are provided with appropriate personal protection equipment that they know how to use. Services should consider the opportunities of telephone and online contact to manage detoxification.

It is likely, however, that the staffing of these services will diminish in the current pressures. Section 5 of this Guidance provides SHAAP's guidance to individuals for self-management of detoxification, with a harm reduction approach. The priority should be to avoid the abrupt changes in alcohol consumption patterns which might trigger serious withdrawal symptoms.

Liver Disease

Guidance has been prepared by Scottish Government on the implications of COVID-19 for people with Liver Disease. A link to this is found here: <https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/>

Buying alcohol for others

Care workers and the general public should be advised to take care if requested to buy alcohol for others, such as people who are isolated due to COVID-19. There should be some flexibility, while not facilitating high risk drinking. Care workers should seek advice initially from their employer. Local alcohol services should be consulted if anyone, including an employer, is concerned and/or unsure about what to do.

Service adaptations

Frontline staff will know their service users well and should wherever possible tailor support to meet the needs of individuals. In many cases staff will have well developed relationships and be in a position of trust. Services should work to prioritise their services and staff to supporting the most vulnerable, including where possible, providing outreach to those who are most disengaged. In these situations, managers must ensure that staff are provided with appropriate personal protection equipment that they know how to use.

Information

It is vital that information about COVID-19 is given in a clear and consistent way. Services should provide reassurance and ask all service users to follow the general guidance on hygiene and assist service users to do this wherever possible. This should include wherever possible, providing opportunities for regular hand washing with soap, hot water, paper towels for drying hands and a bin for disposal. Hand sanitiser, if available, should also be provided in community and residential settings. If in short supply this should be reserved for outreach.

Services should display COVID-19 advice posters as well as providing general advice on hygiene. Service users should be encouraged to follow official guidance, approved by Government and not to rely on other sources such as social media.

3.4 Community service managers

The priority in management should be to avoid the abrupt changes to alcohol consumption patterns which could trigger withdrawal symptoms. Heavy drinkers at risk of alcohol withdrawals will often have considerable experience in dealing with situations where they may go into withdrawal using a range of strategies such as tapering their consumption, using medication and/or relying on the support of families, friends and fellow drinkers. Community services should work with people to understand these coping strategies.

3.5 Mutual aid and support groups

In normal times, much of the help and support for recovery from alcohol-related problems takes place in communal settings. Options for online and phone support have developed in recent times, and such support is now being established across the country specifically in response to the COVID-19 emergency.

Alcoholics Anonymous (AA)

For members of AA, the journey to recovery leans heavily on coming together with other self-defined alcoholics through working and living a 12-step programme, within a network of meetings, Fellowship, sponsorship and recovery friends. Individuals can attend one of the many existing online meetings. Details can be obtained by calling the 24-hour helpline – 0800 917 7650. A list of meetings registered with the General Service Office are available at <https://www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting/online>

Many people with alcohol-related problems use other networks, including Narcotics Anonymous (NA) <https://ukna.org/covid19> and Cocaine Anonymous (CA) <https://cocaineanonymous.org.uk/> and the same principles apply with these as with AA.

Scottish Recovery Consortium

The Scottish Recovery Consortium (SRC) supports, represents and connects people in Recovery, Lived and Living Experience, Visible Recovery Communities and 'Recoverists' throughout Scotland. SRC has multiple communication channels including its Social Media profiles, Website and national networks of activists. Individuals can access the support of SRC through the following channels:

SRC Facebook: <https://www.facebook.com/ScottishRecoveryConsortium/>

SRC Twitter: <https://twitter.com/SRConsortium>

Recoverist Network Facebook: <https://www.facebook.com/groups/267095750579359/>

Recoverist Network Twitter: <https://twitter.com/RecoveristN>

Scottish Families Affected by Alcohol and Drugs (SFAD)

Scottish Families Affected by Alcohol and Drugs supports anyone concerned about someone else's alcohol or drug use in Scotland. Help and advice is available to any families supporting a loved one using alcohol via their helpline and online services. These can be accessed in the following ways:

- Free and confidential helpline **08080 10 10 11**
- Email - helpline@sfad.org.uk
- Visit www.sfad.org.uk
- SFAD has created a full range of resources, advice guides and live updates for families that can be accessed at: <https://www.sfad.org.uk/support-services/support-for-families-about-coronavirus>

SMART Recovery

SMART Recovery helps individuals recover from any addictive behaviour and lead meaningful & satisfying lives; using a science-based therapeutic programme of training: <https://smartrecovery.org.uk/>

We Are With You (formerly Addaction)

We Are With You provides information and support for anyone who is worried about their own or someone else's drinking or drug use and/or mental health:

<https://www.wearewithyou.org.uk/>

<https://www.wearewithyou.org.uk/help-and-advice/coronavirus-covid-19/>

4. Sources of further guidance during COVID-19 pandemic

Advice in Non-Healthcare settings: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>

Advice on Social Distancing:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Advice on Mental Health: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/your-mental-wellbeing/coronavirus-covid-19-your-mental-wellbeing>

<https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak>

Advice for Carers:

<https://www.carersuk.org/help-andadvice/health/looking-after-your-health/coronavirus-covid-19>

5. Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol

Is this advice for me?

This advice is intended to help you understand your drinking levels and avoid any serious alcohol withdrawal symptoms, should you plan to reduce or stop your drinking in the current context of the COVID-19 pandemic. We want to help you cut back in a planned way in order to improve your health in the short and long term.

The risks of continuing a high level of drinking and of harms from cutting back are higher, the more heavily you drink. If there are alcohol support services available and you are planning to reduce your drinking, you should use these, particularly if you are drinking over 30 units per day, which is around a bottle of spirits, 3 bottles of wine, 7 cans of strong lager (7.5% or more) or 4 litres of white cider. Withdrawal symptoms and complications are more likely at this very high level of consumption.

The support available from NHS and other services to help with alcohol detox and reduction for people who wish to do this will be reduced during the COVID-19 pandemic, though some services will be able to provide telephone and online advice. There is further information at the end of this guidance.

This advice is to help you, your families and friends self-manage alcohol reduction and/or withdrawal as safely as possible. If you are on your own with children, you will need extra support. If possible, you should speak to any professional who is supporting your family and get advice from your local addiction service before you start to cut down.

When is the right time to cut down or stop alcohol?

The decision about whether the time is right to make any change to your drinking is up to you. You may decide to keep going as you have been, try to cut back or to stop.

Many heavy dependent drinkers, similar to tobacco smokers, find it is easier in the long run to quit altogether and the first step towards that is gradual reduction, as explained in this guidance.

If you are currently feeling unwell, particularly if you have a fever, the risks to your health from drinking and from cutting back are greater and you should seek medical advice. If you have liver disease or another chronic illness, your health is likely to benefit from reducing or stopping drinking, but you should seek advice from your specialist service if your condition is unstable.

What withdrawal symptoms may I notice?

The most common symptoms of withdrawal are sweating, shaking, and feeling sick and anxious. These typically last around a week. Occasionally, more serious symptoms occur which need medical help, but approaching detoxing in an organised way can help reduce your risks and is beneficial for your health in the long term. People who drink in bouts of a few days with frequent days with no alcohol at all, usually do not experience problematic withdrawal from drinking.

What are the more serious symptoms of withdrawal to look out for?

In more severe cases alcohol withdrawal can cause:

- Seizures (fits) even if you have not had one before;
- Hallucinations(seeing, hearing or feeling things that aren't there);
- Confusion (about where you are, what time it is, who you are with);
- Poor coordination and unsteadiness on your feet.

If you experience any of these, please call 111 for urgent medical attention.

Am I at risk of having alcohol withdrawal symptoms?

- Do you drink over 15 units of alcohol every day? (This is around a ½ bottle of spirits, 1½ bottles of wine, 6 pints of regular strength beer, 3 cans of super lager or 2 litres of strong cider)
- Have you had withdrawal symptoms in the past when cutting back or stopping alcohol (symptoms sometimes take up to a few days to start)
- Do you drink alcohol soon after you waken up to relieve shakes, or sweats?

If you fall into any or all of these categories, it is likely you will need to do some planning if you want to stop or cut down your drinking. If you do intend to do this, get support from family, friends or services if you can.

STEP 1: ASSESSING YOUR ALCOHOL CONSUMPTION

The first step is to work out your typical daily intake. You may know this already or easily be able to work it out from your buying routine.

If you are unsure, keeping a diary of your drinking should help. Remember to include morning, afternoon and evening drinking. Be as accurate as you can. You might find it useful to draw up your own drinks diary to monitor how you're doing. A typical drinks diary to monitor your progress could look something like this:

GOAL: Assess how much you are drinking.								
Record what you are drinking until you have a good idea of a typical day. May not take 7 days								
Start Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
GOAL: Reduction period								
Cut back slowly. Aim for a bit of progress each day. May take more than 8 days.								
Start Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
GOAL: Stabilisation period.								
Set a goal for yourself, which might be no drinking.								
No more than ___ Drinks on any day and ___ days per week								
Start Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8

Further guidance on keeping a drinks diary is available here: <http://www.healthscotland.scot/media/2903/drinks-diary-nov2019-english.pdf> .

If you drink a combination of drinks, for instance, beer through the day and wine at night, use a drink calculator to work out your overall typical daily intake in units: <https://count14.scot/#unit-calculator>. If you are going to reduce your drinking in a planned and gradual way, it is usually easier to use only one type of drink, so try to decide which drink will be the easiest for you to reduce and stop.

Tell a trusted friend or family member what your typical daily intake is. Even if you are not planning to make any changes to your drinking now, this may be important information for people involved in your care in the future.

STEP 2: MAKING A PLAN FOR ALCOHOL DETOX OR REDUCTION

Once you have worked out your typical intake, stick at that level for around 3 days and monitor how you feel, looking out for shakes and sweating. If at this level you are already experiencing symptoms it may be that you have underestimated how much you were drinking. Keep a note of what times of day are most difficult for you.

If you have decided to quit, set a day to start your reduction. Tell some trusted people that you are doing this and keep in contact with them. Ensure that you have food and other necessities in the house for at least 7 days. If you are in touch with an Alcohol Worker let them know so they can provide you with more support and advice.

You are aiming for a “soft landing” so the important thing is to reduce each day at a pace that is manageable for you. Better to make a bit of progress each day than to try to go too fast, find it hard and give up. The aim is to avoid acute and uncomfortable withdrawal symptoms, which may lead to serious problems.

Keep a note of your daily intake. Use the same size glass to help keep track. Use a measuring cup if you have one. Be honest with yourself and other people.

Many people find it is the drinks in the middle of the day which are easier to cut back to start with, so they keep their early and late “doses” stable at the start of a period of reducing your drinking. If you are a spirit drinker, gradually reducing the alcohol and increasing the mixer can help but make sure to measure the amount of alcohol.

STEP 3: REDUCING AND/OR STOPPING DRINKING

You will set your own pace, but eight days is a typical period for alcohol detox. By **Day 2** you might be at $\frac{3}{4}$ of your previous intake, for instance 6 cans rather than 8. By **Day 4** you might be at half your intake, for instance a $\frac{1}{2}$ bottle spirits rather than a bottle. If you are over 65 or your general health is poor, it may be sensible to reduce more gradually, over a longer time.

Withdrawals will often peak on **Day 2 or 3** so make sure to use your supports on these days. If you have an alcohol worker arrange to speak with them at least once on each of these three days.

In general, after about five days, your symptoms should lessen and you can continue your gradual reduction of alcohol and stop around **Day 8**. If, by **Day 5** things seem to be getting worse rather than better, contact your local community alcohol/ addiction service for advice or phone **111**.

If you develop more severe withdrawals (fits, hallucinations and confusion) seek urgent advice. Medical advice is available through your GP or from **111**. If someone is supporting you, make sure that they have your permission to seek urgent advice on your behalf, should you have any of these symptoms.

One thing that may take time to improve is your sleep. Sleep depends on routine and improves with practice. So be patient, stick to a sleep routine. Sleeping tablets are rarely helpful and best avoided.

STEP 4: MAKING OTHER PLANS

Try to make sure you have a safe place to stay when you are planning to detox. During the COVID-19 crisis it will probably not be possible to have friends and family to stay or to visit them. Keep in touch by phone or online. Tell your trusted friends about your progress with alcohol, but talk about other things too.

It is very important that you have good nutrition during detox. Your vitamin and mineral intake are important, in particular a vitamin called Thiamine. You get this in bread, rice, fish and meat, as well as products such as

Marmite and Bovril. If you have Thiamine tablets or a multivitamin tablet, take as directed on the bottle. If you have a fever, your Thiamine intake is even more important. If you are vomiting and unable to keep your food down, try nutritious liquids such as soup. If this doesn't work, seek advice from **111** in the first instance.

Keep up your fluids intake. Water or tea is better than coffee or soft drinks. Avoid "energy drinks."

Many local organisations are arranging online support and your local community alcohol/ addiction service will be able to give you up to date information. It is a very good idea to make contact with a support organisation before you start cutting back as their help during and after the process can be very useful.