Guidance for Alcohol and Drug services in Northern Ireland

to best deliver treatment and care during the COVID-19 pandemic

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1. Summary

It is important to note that all guidelines relating to how services respond to the COVID-19 are evolving and subject to change so it is important to check the major information websites from time to time for updates and revisions.

COVID-19 Case Definition Change (18.05.20)

Dear Colleagues
General Case Definition for the Public

From today the general clinical case definition for COVID-19 has been updated to include loss of or change in smell or taste. It is now:

New continuous cough **OR** fever **OR** loss of/ change in smell or taste

Everyone, including health and social care workers, should self-isolate if they develop a new continuous cough or fever or loss of/ change in smell or taste. The individual's household should also self-isolate for 14 days as per the current guidelines. The individual should stay at home for 7 days, or longer if they still have a fever.

Thank you for your ongoing work in this pandemic.

Some of the following guidance was developed at pace by various professional bodies as the COVID-19 infection began to spread through the UK during February and March 2020. When COVID-19 reached Northern Ireland, Addiction Services recognised the difficulties in safely assessing patients face-to-face while community pharmacies were facing very high demand on their services and at the same time needing to implement appropriate infection control measures.

Within Northern Ireland, HSCB directed a stand-down of community pharmacy supervised consumption arrangements for opioid substitution treatment on the 18 March 2020. Around that same time, addiction services in Northern Ireland were also making massive changes to their working practice, moving mainly to assessment and reviews by telephone or videolinks. The three specialist inpatient addictions units based in Holywell Hospital, Downshire Hospital and Tyrone and Fermanagh Hospital were also closed to admissions, as indeed were the alcohol and drug residential units based at Carlisle House Belfast and Northlands Centre Derry. All of these units use group work as a major part of the treatment programme, making it very difficult or impossible to observe social distancing and hence increasing the risk of COVID-19 infection to both patients and staff.

It is recognised that the management of substance misuse services in NI is currently in a period of increased risk in what is already a risky clinical scenario. Services here are now working to a rebuilding plan to re-establish existing services and referrals, and to begin treating patients who may have been on a waiting list for a specialist intervention. Services are also preparing for a potential surge in new referrals. One of the challenges facing all alcohol and drug services will be to ensure that premises are safe for both patients and staff in terms of social distancing and comply with the necessary infection control measures.

People at risk of alcohol or drug related harm may be particularly vulnerable to COVID-19 infection and may have a range of family, financial, mental or physical health problems and housing issues which compound their problems. It is essential that appropriate services are available to support them through the COVID-19 pandemic and beyond.

2. Guidance for Commissioners and Providers of Services for people who use drugs or alcohol in Northern Ireland

- It is vital that alcohol and drug and services keep operating, as far as possible, as they provide essential support to protect vulnerable people who are at greater risk from coronavirus (COVID-19) and help reduce the burden on other healthcare services.
- However, it is acknowledged that alcohol and drug services face major challenges in maintaining services during the COVID-19 pandemic for a variety of reasons:-

    - Some services/sites/clinics are designed in ways that make maintaining social distancing and implementing appropriate infection control measures difficult;
    - difficulties in carrying out drug testing, breathalysers or other physical healthcare checks;
    - difficulties in ensuring opioid substitute treatments can be supervised or regularly dispensed from a community pharmacy in keeping with best practice; and
    - staff shortages due to COVID-19 infection, those who are isolating at home for 14 days after being in contact with someone with COVID-19 infection or those who are shielding for health reasons.

- 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. Additional guidance on these topics can be found on the Public Health Agency website **Everyone must help stop coronavirus spreading.**
- Arrangements for prescribing and dispensing of medicines used in treatment may 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 alcohol and drug-related harm, such as Needle and Syringe Exchange Scheme (NSES) programmes, take-home naloxone, thiamine, advice on gradual reduction of alcohol consumption 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.

3. Symptoms

The most common symptoms of COVID-19 are a new, continuous cough or a high temperature or loss of/ change in smell or taste. 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. Anyone showing symptoms that could be COVID-19 should be assumed to be infected and managed appropriately. They should be referred to be tested for the virus and treated according to the results.

It is important to note that the 4 UK CMOs have updated the COVID-19 general case definition on 18 May 2020 as follows:-

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Thank you for your ongoing work in this pandemic

Signed by the 4 UK CMOs

Additional information on a range of topics relating to COVID-19 (coronavirus) can be accessed on the Public Health Agency website or through the COVID-19 app which is available through Google Play or Apple app stores (see below)

Public Health Agency website – COVID-19 (coronavirus)

- **Everyone must help stop coronavirus spreading**
- **Preventing the spread of infection**
- **What should I do if I think I have COVID-19?**
- **Looking after yourself and your family**
- **Testing**
- **Travel**
- **Older people and people with an underlying health condition**
- **Diabetes**
- **People with a hearing impairment or who are deaf**
- **Looking after your wellbeing while staying at home**
- **Pregnancy**

- **People with a learning disability**
- **Screening**
- **Bereavement**
- **Public information downloads**

https://www.publichealth.hscni.net/covid-19-coronavirus

Download the StopCOVID NI contact tracing App

StopCOVID NI is a free health service app for your mobile phone. It will help us to protect each other and slow the spread of coronavirus (COVID-19).

Using the Stop COVID NI app along with the existing public health measures will help us all stay safe when we meet up, socialise, work or travel.

The app tells you automatically if you've been near someone who tests positive.

It also tells others if you test positive, but will never know or share your identity or location.

It uses the Google and Apple interface to access Bluetooth and anonymously record other nearby phones. If a user has a positive test for COVID-19 an alert is sent to all other users. Their app then runs a probability check to determine whether there is any risk to the user, and if relevant provides advice to self-isolate. You can find out more about how the app works here.

Most people spreading the virus don't know they have it. So the more people using the app, the more lives we save.

As we go out more, let's all keep doing our bit.

Download 'StopCOVID NI' from the Google or Apple App store now to help stop the spread of coronavirus.

The app is available to anyone over the age of 18 in Northern Ireland.

4. 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.

Face-to-face contact should be minimised. 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 or loss of/change in smell or taste 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.

5. Considerations for People Using Drugs and/or Alcohol

Issues for consideration in relation to COVID-19 may be heightened for people who are currently using alcohol or drugs 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

There is also emerging evidence that people from black and minority ethnic (BAME) backgrounds are dying disproportionately from COVID-19 infection. Other groups at increased risk appear to be males and people with hypertension, obesity or diabetes mellitus.

COVID-19 will have specific implications for people experiencing homelessness and rough sleeping, some of whom may also use alcohol or drugs. There is a significant work programme underway across government 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. There is also practical guidance for homeless providers in Northern Ireland. Some key contact details from that publication are shown below:-

COVID-19: GUIDANCE FOR HOMELESS PROVIDERS IN NORTHERN IRELAND Version 2 April 2020

The definition of an outbreak is 2 or more cases in a 24-hour period with similar signs & symptoms, if this situation arises the hostel can contact the **PHA via the duty room contact number at 0300 555 0119.** The PHA can provide advice & infection prevention & control guidance to the hostel.

The Public Health Agency has provided a point of contact for hostel providers: Deirdre Webb, Assistant Director of Public Health Nursing (deirdre.webb@hscni.net, phone: 079 20186497). This should be used to request detailed advice on medical issues and infection control in hostels.

The Department for Communities has announced a number of additional measures to support provision of food and assistance to vulnerable groups. Those who wish to use the service should contact:

- the freephone COVID-19 Community Helpline number on 0808 802 0020;
- email: covid19@adviceni.net; or
- text: ACTION to 81025".

There is also advice for vulnerable people. The need for shielding will apply to some people who use alcohol and drugs who have one of these conditions. Alcohol and Drug 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; and
- 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.

During the COVID-19 pandemic, clinicians will have to carefully balance the potential harms and risks of proceeding or *not* proceeding with prescribing an Opioid Substitution Treatment (OST) when the level of supervised consumption has been rapidly reduced or suspended. In most cases, it may be better to relax the regular supervision of OSTs in a pharmacy, despite reservations about working outside of best practice guidelines, rather than to cease prescribing this medication. Under these circumstances measures such as those suggested by the Scottish Drug Deaths Taskforce should be considered to help mitigate risks.

Maintaining access to OSTs and to injecting equipment must be a high priority for drug treatment services, however OSTs should only be prescribed when the benefits outweigh the risks.

6. 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 discovers 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 services, community food banks and other resources.

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. Further information on family supports is available.

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.

Adfam, a national charity working to improve life for families affected by drugs and alcohol, has produced a series of reports highlighting the serious risks, including deaths, posed to children by opioid substitute treatments prescribed to adults. In 2018 Adfam published Opioid Substitute Treatment (OST) and risks to children: Good Practice Guide, which again made the case for wider provision of free lockable medication boxes to be distributed to service user who is being prescribed an OST. Some additional key points from that report are shown below:-

Adfam (2018) Opioid Substitute Treatments (OST) and risk to children: Good Practice Guide

- The overwhelming majority of the people who need and use OST do so safely. However, we also must recognise that the drugs used – especially methadone – are toxic, powerful and a clear danger to children when stored or used in-correctly by their parents and carers, and it is for this reason that we have developed this guide.
- Pharmacists play a key role in minimising risks to children as they are in regular contact with drug users on OST programmes. They are therefore in an ideal position to check that measures are being taken to reduce risk.
- When devising treatment programmes for adult drug users living with children, those involved must take into account the risks and needs of the children living with them.
- Safeguarding children should be a primary factor in decisions about OST, including which drug to prescribe and whether to permit take-home doses.
- Practitioners are encouraged to work with evidence, not optimism.

7. 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. Many of those attending alcohol and drug services in Northern Ireland have a key worker, they should be advised to contact their key worker with any queries in the first instance so their care plan can be reviewed/updated.

If service users are struggling with their mental health, they should be directed to the Minding Your Head website. There is also an app library to support individuals. Read the guidance for the public on the mental health and wellbeing aspects of COVID-19 for further information.

8. 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, Health and Social Care Trusts (HSCTs) and community pharmacies.

Community pharmacies and the medicines supply chain are under pressure as a result of COVID-19 and there is extensive guidance for pharmacists. Commissioners, Health and Social Care Trusts and providers should work in collaboration with pharmacies 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, have re-organised in a way that supervision is not feasible, and some may have to shut. Some pharmacies have put in place cluster arrangements but these have not yet been required.

Treatment providers, pharmacies, and commissioners 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 to support this flexible and lawful approach.

Steps to consider include:

1. OST services should continue to be delivered in line, as far as possible, with the UK Wide Drug misuse and dependence: UK guidelines on clinical management (2017) and the OST: NI supplementary guidance for community pharmacists. However, given the risk imposed by COVID-19 services should use their expert and clinical judgement to best manage the risk to all patients.

2. There will be higher and not insignificant overdose risk in some patients as a result of these relaxations – it is essential to have ensured naloxone is offered – even if supplied previously – and that a risk assessment which addresses risk of overdose, safe storage, children at home, suicidal thoughts is performed and documented for each patient.

3. As far as possible, services should now seek to assess and induct new patients onto OST, based on a clear assessment of risk. In the absence of daily supervision of methadone at a community pharmacy for at least the first two weeks of the induction period, it is likely that buprenorphine will be the OST of choice, given its better safety profile.

4. Where appropriate services should be transferring patients from supervised consumption to take-home doses of OSTs. HSCB has agreed with Community Pharmacy NI (CPNI) that higher risk patients identified by addiction teams will be provided with a supervision service where possible. There may be issues with the choice of pharmacy as not all pharmacies can provide the service due to the challenges in respect of social distancing. Addiction services have been asked to identify high risk patients. The HSCB Pharmacy and Medicines Management Team is available to liaise with service providers and addiction services should there be a necessity to find a suitable pharmacy.

5. HSCB has agreed with CPNI the inclusion of buprenorphine oral lyophilisate Espranor® on the list of Substitute Prescribing medications that may be prescribed by addiction services and dispensed via community pharmacy. Buprenorphine oral lyophilisate Espranor® is placed on the tongue and dissolves more quickly than other buprenorphine products which is placed under the tongue and hence reducing the average time taken to supervise doses in a pharmacy. Additional guidance on this product can be accessed through the BSO website http://www.hscbusiness.hscni.net/services/3010.htm:

HSC Business Service Organisation website

Oromucosal Buprenorphine: Espranor

Espranor - Healthcare Professionals Guide

Espranor - Patient's Guide

Espranor Tear off

6. In Northern Ireland, buprenorphine prolonged-release injection (Buvidal®) is accepted for use for the treatment of opioid dependence within a framework of medical, social and psychological treatment. Treatment is intended for use in adults and adolescents aged 16 years or over. Use is restricted to patients in whom methadone is not suitable and for whom the use of buprenorphine is considered appropriate. In Northern Ireland Buvidal® is accepted for use by specialist addiction services only (Oct 2019) https://niformulary.hscni.net/managed-entry/managed-entry-decisions/. HSCB has asked Trust pharmacy services to establish supply arrangements to community addiction services for Buvidal, taking into account its Controlled Drug status.

   Buvidal® is administered by a nurse, doctor or a suitably trained pharmacist by subcutaneous injection once weekly or once every four weeks.

   NICE (2019) advised buprenorphine prolonged-release injection could be considered as an option to other buprenorphine products in the following circumstances. All of these factors have become even greater barriers to maintaining patients on a conventional OST due to the restrictions on travel and supervision imposed by the COVID-19 pandemic:-

Buprenorphine prolonged-release injection was viewed as an option by some of the specialists for people:

- where there is a risk of diversion of opioid substitution medicines or concerns about the safety of medicines stored at home;
- who have difficulties adhering to daily supervised opioid substitution medication (such as if they are working or in education);
- who are stable on a therapeutic dose of sublingual buprenorphine; and
- who live in rural areas without easy access to a community pharmacy.

Source: Opioid dependence: buprenorphine prolonged release injection (Buvidal)
Evidence summary Published: 14 February 2019 – nice.org.uk/guidance/es19
https://www.nice.org.uk/advice/es19/resources/opioid-dependence-buprenorphine-prolongedrelease-injection-buvidal-pdf-1158123740101

During the COVID-19 pandemic, buprenorphine prolonged-release injection has major advantages over alternative buprenorphine products or methadone, including the following:-

- completely avoids service users needing to attend a pharmacy for supervision or dispensing of their OST;
- completely avoids risks associated with diversion or unsafe storage as service users never receive take home doses of this medication;
- where diversion of medication can be particularly problematic such as in prison settings;
- reduces risk of dropping out of treatment with an OST after missing more than 3 consecutive daily doses; and
- its long durations of action results in more gradual and less intense onset of symptoms of acute opioid withdrawal, should service users decide to discontinue treatment, as compared to other buprenorphine products or methadone.

As part of their response to the COVID-19 pandemic Public Health Wales has advised that "consideration should be given to sustainable and clinically appropriate alternatives to existing OST supervised consumption services including the move to provision of Buprenorphine prolonged-release injection (Buvidal)". Scotland also supported "a switch from current OST formulations to Buvidal injections for four months (May-August) to all people currently on OST in prison serving sentences of six months or longer, where it is clinically appropriate". https://www.gov.scot/publications/coronavirus-covid-19-opiate-substitution-treatment-in-prisons---chief-medical-officer-letter/

Guidelines to assist clinicians who wish to prescribe buprenorphine prolonged-release injection in both community and hospital settings are shown below:-

SMMGP (2020) Clinical guidelines for use of depot buprenorphine (Buvidal®) in the treatment of opioid dependence
https://www.smmgp-fdap.org.uk/clinical-guidelines-for-use-of-depot-buprenorphine-buvidal-in-the-treatment-of-opioid-dependence

Scottish Government (2020) Guidance for the use of Buvidal for Opiate Substitution Treatment in Prisons during the Covid-19 Pandemic
https://www.gov.scot/publications/coronavirus-covid-19-opiate-substitution-treatment-in-prisons---chief-medical-officer-letter/

https://www.gov.scot/publications/coronavirus-covid-19-clinical-guidance-on-the-use-of-buvidal-in-prisons/

Welsh Government Coronavirus (COVID-19): Guidance for substance misuse and homelessness services. First published: 19 March 2020
Last updated: 7 May 2020
https://gov.wales/coronavirus-covid-19-guidance-for-substance-misuse-and-homelessness-services-html

Given the difficulties arranging supervised consumption or even frequent attendance of OSTs in community pharmacies the following guidance is suggested solely based on the characteristics of the available pharmacological treatment options:-

- Buprenorphine is preferred to methadone on safety grounds, except perhaps in pregnancy.
- Buprenorphine prolonged-release injection (Buvidal®) would be the preferred choice of buprenorphine as it obviates the need to attend community pharmacies and carries none of the risks associated with diversion or unsafe storage. Consideration should be given to other drugs of misuse and overdose risk when contemplating use of Buvidal. Good communication needed with all other healthcare professionals who may be prescribing other medications for individual patients e.g. GP, A&E, OOH, prison etc. to ensure no risk of interactions/overdose.
- Buprenorphine/naloxone combination tablets have a lower abuse potential to other sublingual or supralingual buprenorphine monoproducts and would therefore be preferred for services users who are receiving most of their medication as take-home doses.
- Buprenorphine oral lyophilisate (Espranor®) is preferred to sublingual buprenorphine monoproducts or buprenorphine/ naloxone combination tablets when most doses are being supervised in a community pharmacy as it takes less time to supervise before it dissolves.

Guidance on balancing the risk and benefits of increasing take home doses of opioid substitution treatments (OSTs) during the COVID-19 pandemic.

The Scottish Drug Deaths Taskforce which was established in 2019 to tackle the rising number of drug-related deaths in Scotland has published the following guidance.

Information from the Scottish Drugs Deaths Taskforce regarding the challenges presented by COVID-19 to community pharmacies and the risk of overdose for opiate replacement therapy (ORT) patients (31 March 2020)

Context

Balancing risk of death from overdose against risk of death from COVID-19 for ORT patients, whilst taking account of risks to all vulnerable patient groups using pharmacies and of course pharmacy staff, is challenging. Community Pharmacies have put in place social distancing measures to manage customer throughput and minimise contact risk for COVID-19 for all patients, customers and staff. However we recognise that pharmacies are under considerable additional work burden in the current COVID-19 emergency due to increasing demand and reducing workforce.

Recommendations

We have gathered information on what plans are discussed (and in some cases already in place) to inform this recommendation. In light of the considerable risk of overdose for people being able to take home ORT prescriptions we urge caution in your response. A measured and tiered response is recommended.

1. Changes in practice should be informed by an overdose and safety risk assessment.
2. Those at highest risk should still receive supervised consumption.
3. Those deemed suitable can be moved to daily pick up.
4. Moves to two or three times weekly should be considered rather than moving to weekly dispensing.
5. We do not recommend a blanket change to prescriptions at service or prescriber level. Instead changes, if required should be made when a new prescription is due or when a consultation takes place to ensure key overdose prevention and safe storage advice is given.

In addition to these recommendations on ORT we recommend: Naloxone is provided to patients on ORT and IEP.

1. There is maintained access to injecting equipment."
2. Teams continue with non-fatal overdose post-incident management and response.

7. Based on risk assessment, which includes an assessment of home circumstances, children at home and arrangements for safe storage, patients may be provided with a 1 week supply. In exceptional circumstances patients may be provided with a two-week supply.

   The Scottish Drugs Forum have suggested the following range of options to ensure patients who are self-isolating and who are personally unable to attend their dispensing pharmacy to collect their OST can continue to receive their medications:-

   a) A family member, trusted friend or hostel staff member acts as the "nominated person" to collect & deliver to a patient on their behalf if no alternative.
   b) Addiction Services clinical staff member act as nominated persons
   c) Use of staff working in the outreach services or other health professionals
   d) Delivery to the patient by pharmacy.
   e) Delivery by a wider pool of volunteers which might include medical/nursing student's volunteers or redeployed/previous NHS staff to act as nominated persons. (Better if PVG cleared or police disclosure cleared)

   Source: Scottish Drugs Forum – Guidance on Contingency Planning for People who use Drugs and COVID-19 Version 2.0 Updated May 2020

8. 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 direct from pharmacy is not a commissioned community pharmacy

service, however some community pharmacies may provide this. All these options will be subject to local capacity and agreements.

9. 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.

10. Inform GPs of the changes in prescribing and amounts of OST 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. There is a need for forward planning and good communication to ensure safe care at the interface.

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.

    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; and
    - regular communication between the patient and service, enabled by the provision of mobile phones or credit if needed.

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

15. Best practice would be that any new dispensing measures adopted by community pharmacies during the COVID-19 pandemic are the exception rather than the norm and that adequate records and audit trails are maintained detailing who received the Controlled Drugs on behalf of the patient, and that the patient ultimately received them. The pharmacist would need to be assured that the medicines being dispensed reach the patient. Consent etc would be required.

9. Needle and Syringe Exchange Services

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

- increasing the amount of stock held by Needle & Syringe Exchange Services (NSES);
- 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; and
- considering other options such as posting supplies.

Any changes in pharmacy-based NSES 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 and DrugandalcoholNI also have information on how to stay safe if using drugs.

10. Drug Detoxification

There is a significant risk of relapse which can easily lead on to an overdose which may be fatal following withdrawal from opioids due to rapid loss of tolerance. Making a decision to stop dependent use of opioids requires preparation, planning and a supportive environment. Service users who are dependent on potent opioids are more likely to achieve abstinence following an initial period of stability on an OST and then gradually withdrawing from this medication with ongoing support**.**

Public Health England offers the following guidance:-

Detoxifications and dose reductions will often be deferred, with people encouraged to maintain stability during this period of uncertainty. If necessary, services can support community detox with resources they ring-fence for this purpose.

*Source***:** *Public Health England. COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol Updated 15 May 2020*

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

For people seeking help for harmful or dependent use of benzodiazepines, the accepted advice has been to avoid long-term prescribing of benzodiazepines. The risk of overdose due to respiratory depression when prescribing benzodiazepines in conjunction with opioids such as methadone was highlighted by the Medicines and Healthcare products Regulatory Agency (MHRA) in March 2020.

Medicines and Healthcare products Regulatory Agency – Drug Safety Update (18 March 2020) Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression

Advice for healthcare professionals:

- benzodiazepines (and benzodiazepine-like drugs) and opioid medicines (opioids) can both cause respiratory depression; when used together, additive effects on the central nervous system increase the risks of sedation, respiratory depression, coma, and death;
- only prescribe benzodiazepines (or benzodiazepine-like drugs) and opioids together if there is no alternative;
- if a decision is made to co-prescribe, use the lowest doses possible for the shortest duration of time and carefully monitor patients for signs of respiratory depression;
- if there is any change in prescribing such as new interactions or dose adjustments, re-introduce close monitoring of the patient;
- if co-prescribing methadone with a benzodiazepine or benzodiazepine-like drug, closely monitor for respiratory depression for at least 2 weeks following initiation or changes to prescribing because the respiratory depression effect of methadone may be delayed; and
- advise patients of the symptoms of respiratory depression and sedation and the need to seek immediate medical attention if these occur

- report suspected adverse drug reactions to any medicines to the Yellow Card Scheme.

https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression

However the following guidance from the Scottish Drugs Forum suggests a temporary maintenance dose of benzodiazepines should be considered on pragmatic grounds for some patients during the COVID-19 pandemic.

It is important to acknowledge the absence of peer reviewed and established evidence-based guidance on benzodiazepine prescribing. Nevertheless, experienced prescribers working in a person centred way with clients should weigh providing a safe supply of pharmaceutical benzodiazepines against the risk of harm from illicit use. (page 7)

For patients at risk of benzodiazepine withdrawal, enquire which benzodiazepine the patient is using and aim to prescribe according to current use. A tapered protocol should be offered if an individual wishes to stop or a temporary maintenance protocol can be considered if an individual feels they cannot stop during self-isolation.

Daily dispensing would negate the benefits of a safe supply as it means people cannot comply with self-isolation and it may also affect compliance with social distancing rules. Dispensing should be in alignment with OST arrangements. (page 8)

Source: Guidance on Contingency Planning for People who use Drugs and COVID-19 Version 2.0 Updated May 2020

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

11. 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.

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.

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; and
- 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 and are likely to require assisted withdrawal in an acute hospital or specialist inpatient addiction unit (note that there is likely to be reduced capacity within inpatient units as these services are restarted), depending on, the presence of any comorbidities or other factors.

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.

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.

An alternative approach which can be considered for those individuals who are at low risk for serious complications during alcohol withdrawal is to gradually reduce their alcohol consumption and avoid prescribing any benzodiazepines.

The **SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS (SHAAP)** published updated visually engaging guidance on 12 May 2020 for heavy drinkers who are thinking about cutting back or stopping drinking alcohol during the COVID-19 pandemic which can be accessed here.

The **World Health Organization** has recently produced a helpful fact sheet about the risks associated with alcohol use during the COVID-19 epidemic and which also makes it clear that alcohol use is in no way protective against the COVID-19 virus.

Clinicians providing alcohol detox in any setting should be aware the risk of prescribing benzodiazepines to patients with impaired respiratory function, whether pre-existing or caused by COVID-19 infection. The risk of inducing respiratory depression is increased when benzodiazepines are prescribed in conjunction with opioids or other sedative drugs or in the presence of hepatic failure. .

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

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

NHS England and NHS Improvement published the following guidance to assist services manage and treat people with alcohol-related problems in both hospital and community setting and where access to alcohol teams was minimal:-

Categories of people with alcohol dependence to consider

• **Emergency department presentations:** Consideration for the proper management and diversion of patients presenting in alcohol withdrawal to minimise harm and reduce representation, taking into account individual risk factors and clinical needs.

• **Obligatory admissions and inpatients to acute trusts:** Patients with complications of alcohol withdrawal, for example, delirium tremens (DTs) or Wernicke Korsakoff Syndrome (WKS), and with underlying conditions, for example, decompensated liver disease, continue to require admission and medical management. Early identification at triage is essential to optimise treatment and expedite discharge to minimise length of stay and reduce likelihood of readmission.

• **Obligatory admissions and inpatients to mental health trusts:** Patients with serious mental disorder and co-morbid alcohol dependence continue to require admission and management. Early identification on admission is essential to ensure appropriate management to avoid delay and expedite discharge to minimise length of stay and reduce likelihood of readmission.

• **Secondary mental health community services:** Patients presenting to and managed in community mental health services with co-morbid alcohol dependence will require more integrated management of alcohol dependence to reduce crisis presentations.

• **Primary and community care:** Patients presenting to primary and community care settings or NHS 111 should be offered harm minimisation advice and signposted to community addiction services.

Source: NHS England and NHS Improvement. Clinical guide for the management of people with alcohol dependence during the coronavirus pandemic 8 April 2020 Version 1

NICE guideline CG115 (February 2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

SHAAP SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS (2020) Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol
https://shaap.org.uk/images/shaap-covid-pamphlet-web.pdf

NICE guideline CG115 (February 2011)

Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

World Health Organization (2020)- Alcohol and COVID-19: what you need to know http://www.euro.who.int/__data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1

12. Non-Medical Support

Most services have already had to 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; and
- 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; and
    - Childline provides advice for anyone under 19, on 0800 1111
- social networking apps and web chat facilities
- online help from websites including:
    - https://drugsandalcoholni.info/;
    - 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; and
    - online access to mutual support including:
        - SMART Recovery
        - Alcoholics Anonymous (AA)
        - Narcotics Anonymous (NA)
        - Cocaine Anonymous (CA)

13. 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.

14. Individuals reluctant or refusing to self-isolate

There may be instances where a symptomatic individuals will not follow guidance and advice and not self-isolate, presenting an ongoing risk of transmission to others. In this situation it is vital to try and ascertain their concerns and, where possible, to reassure and make appropriate arrangements to overcome these barriers.

The Health Protection (Coronavirus Restrictions) NI Regulations 2020 has agreed to adopt powers in response to the serious and imminent threat to public health posed by COVID-19.

Police will use the new powers to protect the health of the public and will do so using a four-phase approach:

- engage with the public to encourage voluntary compliance;
- explain why the restrictions are vital to reduce the spread of this virus;
- encourage people to comply with the restrictions; and
- enforce where necessary when people do not listen and put others at risk. PSNI will only do this when it is absolutely necessary.

If individuals refuse to self-isolate, staff should report this to PSNI and seek their support and guidance.

15. Carers and family of people who use drugs

Carers and family members must also be recognised and planned for as part of the response. Carers UK have made these specific points:

- If carers become ill themselves with COVID-19, they may not be able to provide care.
- If the carer lives with the person being cared for, robust plans to support the person with care needs must be developed. It is essential that services are not withdrawn without clear risk planning. This equally applies to a clear process for providing emergency support for those carers who provide care with no support from formal social care.
- Carers may not always live with the person being cared for. 76% of those providing less than 20 hours of care per week do not live with the person they care for.
- In the event that carers are not able to support the person needing care e.g. travel or are looking after children unable to attend school, then it is essential that the local health and care services have a clear picture of the person needing support.
- Carers may have long term conditions or disabilities themselves that increase their vulnerability, which must be factored into planning.

Services, such as Steps to Cope and Steps to Cope for those age 11-18, are available to support carers and family members.

16. 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.

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 damis@hscni.net.

17. 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.

18. 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; and
- Alcohol Change

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

Guidance on children and young people

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

19. Key References

Guidance on COVID-19 specific to Northern Ireland

HSC PHA **COVID-19 (coronavirus)**: Every**one must help stop coronavirus spreading.** Accessed here.
https://www.publichealth.hscni.net/covid-19-coronavirus

HSC PHA COVID-19: What is the situation in Northern Ireland?
https://www.publichealth.hscni.net/news/covid-19-what-situation-northern-ireland

The Public Health Agency COVID-19 advice page can be found here. Previous surveillance reports can be found **here**.

HSC PHA COVID-19 Health Protection
https://www.publichealth.hscni.net/directorates/public-health/health-protecti

NI Department of Health
https://www.health-ni.gov.uk/
From Sunday 19 April 2020 the Department of Health has been releasing the daily statistics on coronavirus (COVID-19) on this site

COVID-19: GUIDANCE FOR HOMELESS PROVIDERS IN NORTHERN IRELAND
Version 2 16 April 2020
https://www.health-ni.gov.uk/sites/default/files/publications/health/COVID%2019%20GUIDANCE%20FOR%20HOMELESS%20PROVIDERS.pdf

Other guidance documents and information sources from GB relating to the COVID-19 pandemic

Information sources

As this situation is rapidly changing the most up-to-date guidance can be found on the Public Health England website: www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

Advice for medical professionals can be found at:
www.gov.uk/government/collections/wuhan-novel-coronavirus

For information on guidance for healthcare professionals on COVID-19 infection in pregnancy see: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/

Public Health England: Coronavirus (COVID-19): personal protective equipment (PPE) plan Published 10 April 2020
Last updated 15 April 2020
https://www.gov.uk/government/publications/coronavirus-covid-19-personal-protective-equipment-ppe-plan

Public Health England: COVID-19: guidance for stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings
Published 9 April 2020
Last updated 23 April 2020
https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings

NHS England: Clinical guide for the management of people with alcohol dependence during the coronavirus pandemic 08 April 2020 Version 1
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0157-Specialty-guide_-Alcohol-Dependence-and-coronavirus_8-April.pdf

Welsh Government – Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)

Public Health Wales: Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1) First published: 19 March 2020
https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/#Guidance7

Scottish Drugs Forum. Guidance on Contingency Planning for People who use Drugs and COVID-19 Version 2.0
Updated May 2020
http://www.sdf.org.uk/wp-content/uploads/2020/05/Guidance-on-Contingency-Planning-for-PWUD-and-COVID19-V2.0-May-2020.pdf

Scottish Government. Coronavirus (COVID-19): support for alcohol and drug services Published 21 April 2010
https://www.gov.scot/publications/coronavirus-covid-19-support-for-alcohol-and-drug-services/

Resources available from the Collective Voice website

Collective Voice is the national alliance of drug and alcohol treatment and recovery charities

https://www.collectivevoice.org.uk/blog/covid-19-government-advice-relevant-to-substance-misuse-treatment/

- Public Health England – COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol
- Public Health England – Guidance on residential care provision
- Public Health England – Coronavirus (COVID-19): guidance for health professionals and other organisations

- Public Health England/Ministry of Housing, Communities and Local Government – COVID-19: guidance for hostel or day centre providers of services for people experiencing rough sleeping
- Public Health England/Ministry of Justice – COVID-19: prisons and other prescribed places of detention guidance
- **Welsh Government** – Coronavirus (COVID-19): guidance for substance misuse and homelessness services (version 1)

Guidelines from Ireland on COVID-19 homelessness and addiction

Health Services Executive (HSE) and Health Protection Surveillance Centre
HSE hpsc. COVID-19. Guidance for Homeless and other vulnerable group settings V3.15.04.20

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19-Guidance-for-vulnerable-groups-settings.pdf

DRUGS.ie
Drug and Alcohol Information and Support http://www.drugs.ie/resources/covid/

HSE National Social Inclusion Office (see section on homelessness and addiction)
https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/

HSE. National Social Inclusion Office Guidance on Contingency Planning for People who use Drugs and COVID-19 10/04/2020
https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/contingency-planning-for-people-who-use-drugs.pdf

HSE National Social Inclusion Office. Guidance documents and resources Addiction https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/guidance-documents-and-resources-addiction.html