

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

26th March 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.

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 at least weekly, and more often if 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 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

Most 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 include:

- 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).
- 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

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 in the medium to long-term. Alcohol liaison services in acute hospitals should be continued where this is possible as 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. The Appendix 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 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. 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. The Appendix to this document 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 is being prepared by Scottish Government on the implications of COVID-19 for people with Liver Disease. When available, there will be a link to this advice on the SHAAP website, <https://shaap.org.uk/>.

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. Advice should be sought from a local alcohol service if people are concerned.

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.

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 withdrawals 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

Much of the help and support for recovery from alcohol-related problems takes place in communal settings. While the options for online and phone support have developed in recent times, many people find the face to face mutual support provided at meetings as essential for their recovery. Organisers of meetings should be familiar with guidance from Health Protection Scotland to reduce the risk of infection transmission to those attending. https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_COVID-19-Guidance-for-non-healthcare-settings.pdf

People who are more advanced in their recovery journey, timewise, cognitively and functionally, are more likely to have established resources, including friendship and peer networks that can support them to be resilient in challenging circumstances such as these. However, those who are only recently beginning recovery, as well as those who have other health and social problems may suffer disproportionately from losing social networks and may be vulnerable to relapse and other health risks. Those responsible for mutual aid and self-help are strongly encouraged to be as aware of such individuals as possible and to intervene actively to find out how people are doing, to raise the alarm where necessary, and to try to get help for them, including from statutory and other sources, where possible.

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. A new Cochrane scientific review <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full> found 'high quality evidence' that these interventions are "more effective than other established treatments, such as CBT, for increasing abstinence", as well as probably producing "substantial healthcare cost savings among people with alcohol use disorder".

In the current crisis, the Fellowship of Alcoholics Anonymous has immediately accepted the closure of meetings and adapted. Recovery-based on-line meetings have been set up and they will continue to grow exponentially throughout the crisis. AA will continue to fulfil its primary purpose and adapt in this crisis. Individuals can attend one of the many existing online meetings - a list of those meetings registered with GSO 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>

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/>

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>

4. Sources of further guidance

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>

We are With You – Where to go for online support: <https://www.wearewithyou.org.uk/help-and-advice/where-go-online-support/>

Advice on Mental health:

<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>

Coronavirus (COVID-19) Pandemic:

Advice for heavy drinkers on cutting back or stopping drinking alcohol

Is this advice for me?

This advice is for you, if you are at risk of withdrawal symptoms if you stop or cut down alcohol consumption (detox). The support available from NHS and other services to help with alcohol detox and reduction will be reduced during the COVID-19 pandemic, though some may be able to provide telephone and online advice. This advice is to help you and your families and friends self-manage alcohol withdrawal as safely as possible.

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 detox in an organised way can help reduce your risks and is beneficial for your health in the long term

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 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 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 get 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 want to stop or cut down your drinking.

- 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.

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.

In general, cutting down and staying at lower levels of alcohol may be harder than stopping all together, but the process for doing so is much the same for both, and explained below.

As with tobacco, in the long term, people often find it works out better to quit altogether than try to cut back.

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 for around 3 days should help. Be honest!

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://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/>. If you are going to detox, 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 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 detox. Tell some trusted people you are doing this and keep in contact with them. Ensure that you have food and other necessities in the house. If you are in touch with an Alcohol Worker let them know so they could 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.

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 in the start of detox. 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 STOPPING YOUR DRINKING

You will set your own pace, but eight days is a typical period for alcohol detox. So 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.

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. If someone is supporting you then advise them that if you have any of these symptoms to seek urgent advice.

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 be more difficult than usual 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. 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.