COVID-19 & Substance Use

Some Clinical Implications

NHS South London and Maudsley NHS Foundation Trust

People with a history of problematic substance use are at greater risk of COVID-19 and its more serious complications and the following factors should be considered when providing care:

Co-morbidities and drug interactions

- There is a high prevalence of compromised lung function, smoking related chronic respiratory diseases (asthma, chronic obstructive pulmonary disease), cardiovascular conditions and immunosuppression due multiple physiological and socioenvironmental factors.
- Be mindful of potential drug interactions when prescribing, especially central nervous system (CNS) depressants and medications that prolong the QTc interval. Some psychotropics like Benzodiazepines (BNZ) can be more risky for those with pulmonary insufficiency. If prescribed, ensure ready access to flumazenil.

Effects of some substances

Opiates (like dihydrocodeine, heroine, methadone, buprenorphine, fentanyl) act in the brainstem slowing breathing and reducing blood oxygen levels. This increases the risk of fatality in the event of a drug overdose. A diminished lung capacity due to COVID-19 and CNS depressants could add to this risk.
Stimulants (like crack/cocaine, methamphetamine, mephedrone) constrict blood vessels. This can contribute to pulmonary damage and deterioration in breathing difficulties.

Overdose & acute withdrawals

Disruption of drugs supply chains - The current global restrictions on movement could lead to a reduction of more commonly traded drugs leading to a possible surge in more potent varieties like spice, fentanyl and other newer psychoactive substances (NPS). A disrupted supply of drugs usually used may force users to turn to unfamiliar options; potentially increasing risks due to unknown constitution, purity and potency.
- A disruption in supply may also lead to users suffering more acute drug withdrawal symptoms.
- Poorly managed alcohol, BNZ and GBL (gamma-Butyrolactone) withdrawals can be life threatening.

Fractured services and barriers to treatment

- Due to the existing requirements for self-quarantine, social-distancing and other public health measures, most addiction services now offer only limited face to face meetings and more telephone/online contact.
- Reduction in service provision could also interfere with access to substitution therapies (like methadone & buprenorphine); HIV medications; needle exchange and counselling services; mutual-aid and peer-support groups (like NA, AA, SMART Recovery). This could lead to increased isolation and risk of relapse.
- People who use substances are more likely to be hospitalised, imprisoned, homeless and to have inadequate housing; creating unique challenges for managing virus transmission and general hygiene.
- Increasing pressures on the health care system could further reduce the access to COVID-19 treatment for this group that is already experiencing stigma and marginalisation.

Opiate substitution therapies (OST)

- For most people OST is a life-saving intervention, safer than using street opioids.
- Closer liaison between MH & addiction services is key to reducing any disruptions in medication supply.
- Consider changing from supervised to unsupervised consumption (balancing this against the risk of compelling people to frequently leave home, stopping collection of medication or relapse to illicit drug use)
- Remember to offer harm reduction information, take-home naloxone (for opiate users), safe medication storage boxes (especially where there are minors in the home) and regular communication for support.

Please send your feedback/suggestions for improvement to:
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