Public Health England

Protecting and improving the nation's health

Operational advice for alcohol, drugs and nicotine in emergency accommodation for people experiencing rough sleeping

1. Introduction

The government's advice on social distancing and self-isolation during the coronavirus (COVID-19) pandemic is challenging for people experiencing homelessness and rough sleeping. This has led to local authorities providing additional suitable accommodation for this vulnerable group, some of which is being procured with hotel providers.

The prevalence of drug and alcohol dependence among people experiencing rough sleeping is high and most will smoke tobacco.

2. Who the advice is for

This operational advice is for local authority public health commissioners and drug and alcohol treatment providers who are responding to the health needs of people using or dependent on drugs, alcohol and tobacco in the emergency accommodation. It will also assist managers working in these settings.

There is also wider guidance for commissioners and providers of services for people who use drugs or alcohol. And guidance for smoking will be published shortly.

3. COVID-19 and people in emergency accommodation

This period, when people are in emergency accommodation, is an important opportunity for those who have alcohol, drug or nicotine needs (as well as other physical and mental health needs) to get the support they need, if they are not already doing so. It is also important that there is continuity of care

and that engagement in health services continues following the emergency accommodation period.

The evidence on smoking and Coronavirus (Covid-19) is mixed and developing. Residents who smoke have an increased risk of respiratory infection and on the available evidence, COVID-19 symptoms are likely to be more severe.

People who use or are dependent on drugs and alcohol may be more vulnerable to the impact of infection because of underlying conditions. You should support residents who are clinically extremely vulnerable from COVID-19 to follow the published guidance for this group.

Providing care and support to people who experience rough sleeping is a high priority service. In most cases, care and support cannot be deferred to another day without putting individuals at risk of harm. So, it is vital that these services are prioritised, and the utmost care should be taken of both staff and residents, who are likely to come under additional stress during this difficult and unsettling time. This will include making sure staff are able to access testing in line with guidance.

The Faculty for Homeless and Inclusion Health has published clinical advice and guidance on delivering a health-led, multi-agency approach to reducing the risk of infection and severe illness among the homeless population. This has been the basis of many areas' health response to delivering care for people experiencing rough sleeping.

This operational advice may be updated in line with the changing situation.

4. Substance use and smoking

4.1 Meeting residents' alcohol and drug needs

A proportion of residents will have drug or alcohol dependence, and most are likely to smoke tobacco. Many will also have co-occurring poor mental health.

Specialist alcohol and drug services can usually be expected to deliver most of the support for residents' alcohol and drug needs in line with wider guidance for that sector. However, this support might be subject to staffing and other resources, which may need to be bolstered with additional funding. It is important this support is coordinated with other services to enhance the care for residents.

This will be a unique opportunity to assess and provide support to meet the needs of residents. The offer of support should be made assertively and reiterated throughout the period where it is initially rejected, or when residents disengage from treatment.

4.2 Helping residents stop smoking and manage nicotine dependence

You can protect residents' health by helping smokers to quit or switch to alternative sources of nicotine.

Evidence suggests that around half of people experiencing homelessness are interested in support to quit smoking including using e-cigarettes. If identified as smokers, you should offer residents alternative sources of nicotine, such as nicotine replacement therapy (NRT) or e-cigarettes, and support around their effective use.

There will also need to be agreement between those coordinating measures to support people in emergency accommodation about how to manage nicotine dependence, and any offer of stop smoking support or harm reduction, including NRT and e-cigarettes.

Existing smokefree regulations allows hotels to choose which bedrooms can be used by smokers. Vaping is not restricted by smokefree legislation but may be restricted by the usual hotel policies. So, hotels should allow vaping in all bedrooms during this period to help residents to remain smokefree.

4.3 Further advice on stopping smoking and related safety issues

You should also note the following points:

1. Accommodation providers and those managing sites must have agreed protocols with the local authority on how to respond appropriately to the possibility of on-site smoking, applying existing risk management protocols where possible.
2. Precautionary measures must be taken to limit smoking outside of self-isolation as congregations of smokers outside rooms could further the risk of transmission.
3. In the case of COVID-care sites, protocol should allow on-site smoking for residents within their bedrooms where it is feasible to do so. Where possible, this should also be extended to COVID-protect sites. See the advice published by the Faculty for Inclusion Health for further information about COVID-care and COVID-protect.

4. Some areas are promoting the use of e-cigarettes for residents who want to stop smoking tobacco. In doing so, local authorities are reminded of their duties not to work with the tobacco industry under the UK obligations as a member of the World Health Organization's Framework Convention on Tobacco Control. Further advice is available by contacting Public Health England's Tobacco Control Team on ClearTobaccoTeam@phe.gov.uk.
5. You can contact your local stop smoking service for further support and guidance for those wanting to quit smoking and access NRT or e-cigarettes.

During this period, the priority is that smokers should not be sharing cigarettes or vaping products. You should buy tobacco for residents as a last resort, and only when all alternatives have been exhausted (including NRT and e-cigarettes).

You should remind residents that smoke alarms are an important safety feature in hotels and should not be blocked. Hotels may wish to check that the smoke alarms provided in designated smoking rooms are of the correct type and reassure residents that they do not need to block them.

4.4 Drug and alcohol treatment

Many residents arriving at emergency accommodation will already be in drug or alcohol treatment and others will be receptive to starting treatment now. Working together with local drug and alcohol treatment providers, local emergency accommodation leads will need to develop or adopt protocols for:

- assessing treatment need
- risk of withdrawal
- prescribing
- drug and alcohol harm reduction
- needle and syringe programmes
- provision of naloxone
- storage and supply of medication (including substitute treatments)

The health needs of the most complex residents (particularly where they include co-occurring mental health and substance use conditions) need careful planning. This should be jointly coordinated between services for people who use drugs and alcohol and mental health services in line with local agreements and national guidelines. NHS England and NHS Improvement have shared advice to mental health trusts on the FutureNHS platform.

Emergency accommodation sites will need to agree how to assess people who are not known to alcohol and drug treatment services. This will normally be led by the drug and alcohol service but may also need input from health care practitioners (such as GPs, homeless health specialists and mental health practitioners) where they are involved in assessing other health needs. Feedback from the field suggests that assessments are being carried out both in person (subject to risk assessments and social distancing rules) and remotely using telephone or video conferencing platforms.

The guidance for commissioners and providers of services for people who use drugs or alcohol has further advice on assessing people who need treatment.

4.5 Picking up and storing medicines

You should draw up safety plans for storing controlled drugs (and other medicines if necessary) with police, controlled drug accountable officers, clinical commissioning group and primary care network pharmacists (where available) and local drug services to manage risk. Residents will be at risk if they store their own medicines, but accommodation sites may only lawfully store controlled medicines if they comply with the law and obtain any necessary licences to do so.

Enforcing the law is a matter for the local police force. Drug and alcohol services will be working closely with community pharmacies, controlled drug accountable officers and clinical commissioning group heads of medicines management to reduce the risk of not complying with the law. Further guidance on shared care and supervised consumption is available from the Pharmaceutical Services Negotiating Committee.

Drug services working with pharmacists, accommodation managers and others will need to do risk assessments when deciding the frequency and management of medication pickups for residents in emergency accommodation, such as opioid substitution treatment (OST). This should include local consideration of the quantities of medicines that are likely to be on site and making sure that medicines are securely held on the premises.

People who are classed as vulnerable to COVID-19 infection and in receipt of OST may need to have less frequent pickups than others.

Where medicines are not being picked up by the residents themselves, you should organise this in accordance with NHS England and NHS Improvement guidance.

Providers of services for people who use drugs or alcohol should consider mitigations that reduce risk, such as:

- getting the pharmacy to deliver medicines to residents who are being shielded, if they can offer this
- allowing proxies to collect the medicines on behalf of residents in line with guidance
- using lock boxes which can be stored in residents' rooms
- where storing medicines in the resident's room is not secure or creates a risk they could be stored in another secure location, for example having lock boxes (which remain under the control of the resident) in a lockable office

Further advice on managing OST during the COVID-19 emergency is available in guidance for drug and alcohol services.

Services for people who use drugs or alcohol will have their own protocols for managing withdrawal. Clinicians in London have developed protocols to be used in emergency accommodation settings for safely managing withdrawal from opioids, alcohol and nicotine which can be found on the Healthy London Partnership website. These are provided as examples of local practice and should not override local clinical decision making.

4.6 Alcohol and drug harm reduction

Residents should have access to information on how to safely reduce harm from alcohol, drugs and tobacco. They should also know how to access support from drug and alcohol services and stop smoking services.

4.7 Reducing harm from alcohol withdrawal

Where residents are at risk of alcohol withdrawal, and have no funds, services may decide to buy alcohol on their behalf on a temporary basis. You should base any decision on an assessment of risk and if a life could be saved or significant harm prevented and make local arrangements for reimbursement as appropriate.

Also, to avoid the risk of unplanned withdrawal, in exceptional circumstances, for example when a resident must isolate and cannot leave the accommodation, services may need to make sure that there is enough alcohol available for residents who are alcohol dependent. Again, this may involve buying alcohol on behalf of a resident. It must be stored securely if it is held by those managing the accommodation.

You should do a risk assessment on whether to provide alcohol to a resident. Such an assessment should be clearly documented and a team decision. Considerations may include helping residents to manage their drinking, and if so this should usually involve the support of the local alcohol and drug service.

You should aim to buy and deliver the same number of units of alcohol as the person is currently drinking and to follow wider guidance to reduce the risk of withdrawal symptoms.

Where a resident experiences serious withdrawal complications staff should seek urgent medical attention on their behalf.

Where alcohol detoxification is an option this must be managed by services for alcohol users in line with existing guidelines.

4.8 Needle and syringe programmes

If you think you need an onsite needle and syringe programme (NSP), you should agree who sets it up and how it will work. This will normally be led by the drug and alcohol service and they should make sure there is an adequate supply of injecting equipment and sharps boxes to safely dispose of injecting equipment.

Arrangements for collecting and safely disposing sharps boxes should be agreed between all parties.

4.9 Naloxone and preventing overdose

There should be provision for supply, administration and safe storage of naloxone to manage any overdoses in people who are likely to use opioids (including those not accepting emergency accommodation).

It is important for staff who may need to respond to overdoses to have adequate training, including how to administer naloxone in an emergency.

Local drug and alcohol services should be able to provide training on overdose prevention and there is existing guidance from Homeless Link on naloxone in homelessness services.

Commissioners and providers of drug and alcohol services should agree whether this is delivered as an extension of the existing contract, or separate, and how it will be paid for.

5. Substance use on site

Services working with residents on site will want to have agreement on:

- mechanisms for identifying risks associated with alcohol and drug use by residents
- points of contact between services providing on site and remote support for residents
- assessing any training and support needs of staff
- escalating (and de-escalating) incident protocols

Risks associated with alcohol and drug use might include:

- residents leaving the accommodation sites to buy and use alcohol, drugs or tobacco
- failure to maintain social distancing by residents
- people having prescribed substitute medicines for drug dependence stolen from them after collecting them from a pharmacy
- sharing of drug paraphernalia, alcohol, cigarettes and vapes
- antisocial behaviour
- drug supply to (and by) residents
- deaths from overdose

6. Guidance for residents

If you are coordinating services to emergency accommodation sites, you should make sure that residents understand the rules that apply during their stay. This will include rules about alcohol and drug use and smoking.

These rules should emphasise public harm reduction advice for drugs and alcohol during the COVID-19 outbreak on the FRANK website. Guidance for smoking will be published shortly.

This advice says that people using drugs or drinking with others are at risk of the virus spreading by sharing cigarettes, drinks, joints, bongs, pipes, and vapes or by using the same snorting tube as someone else (like a rolled-up bank note). The more that someone drinks or uses on one occasion, the more their judgement will be affected, and this can lead to residents doing things or taking risks that they otherwise would not.

While mutual aid groups cannot meet face-to-face, they are providing online alternatives, and these can be promoted to residents. Groups with online meetings include:

- SMART Recovery
- Alcoholics Anonymous
- Narcotics Anonymous
- Cocaine Anonymous

Also, 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.

Services should provide clear information on the increased risks of smoking with respiratory disease and COVID-19, as well as how they can access harm reduction and support to stop smoking. You should also make this support and advice available to staff working in these sites. Further information and support for staff and residents is available through the government's Smokefree and OneYou websites. They include information on:

- nicotine replacement therapy (NRT)
- e-cigarettes
- developing a personal quit plan online
- finding your local stop smoking service

The advice should set out how residents can access support during their stay and should be reiterated on a regular basis.

7. Excluding residents

Services should work to avoid excluding individuals from emergency accommodation and should actively explore alternatives.

Where behaviour resulting from drug, alcohol and nicotine use reaches a level that may result in exclusion from the hotel, services will need to have a plan in place for how to manage that process and the individuals involved.

Where people are excluded the responsibility for safeguarding and care continues, and providers of services for people who use drugs or alcohol should play an active part in making sure these needs are met.

8. Drugs and the law

Working with local policing is essential. Unauthorised possession and supply of controlled drugs are illegal, and the police will enforce the law. They can prosecute people who manage premises for knowingly letting supply to take place.

Ultimately, enforcing the law is an operational matter for local police forces, taking into account the circumstances of the offence and the public interest. So, it is critical that people involved in running and supporting emergency accommodation have agreed protocols in place with local police and controlled drugs accountable officers or local intelligence networks (LIN) where necessary about how to respond to illegal activity and antisocial behaviour on site.

Topics to cover in the protocols include:

- drug supply to and by residents
- drug possession and use on the premises
- antisocial behaviour associated with drug and alcohol use
- how the police are using powers to enforce social distancing rules

Services will need to comply with the law should they be involved in the storage of medicines, including controlled drugs and obtaining any licences where necessary.

9. Working with the police

The police can have a positive role to play in supporting residents to meet the social distancing rules, and to keep themselves and others safe. Ideally, the police will work together with organisations providing accommodation and other support services to do that, and only use enforcement as a last resort.

However, residents should know that if they leave the hotel or gather in public for any reason other than those specified in government guidance, the police may:

- instruct them to return to the hotel
- take them to the hotel – or arrest them – if they do not follow their instructions or where they deem it necessary

If the police believe that residents have broken these rules or if residents refuse to follow their instructions, they have the power to issue them with a

fixed penalty notice for £60 (reduced to £30 if paid within 14 days). If residents have already received a fixed penalty notice, the amount will increase to £120 and double on each further repeat offence.

Commissioners and providers of services for people who use drugs and alcohol may want to work with their local police to make sure that residents who are collecting medicines or purchasing alcohol (in line with this advice and wider guidance) are able to do so without risk of enforcement action.

10. Leadership and governance

10.1 Regional coordination

The following planning and management functions can be expected to be coordinated regionally, such as:

- implementing the COVID-19 homeless health response
- adding oversight and direction to the health service planning process
- working with local government about how you can provide health services to sites
- developing the model of care, including referral pathways and discharge planning

Further details are available on the FutureNHS Collaboration Platform. You can register for a FutureNHS account by emailing HomelessHealthCOVID19-manager@future.nhs.uk.

10.2 FutureNHS collaboration workspace

Colleagues working across health and care on the homeless health response to COVID-19 can now access a dedicated collaborative workspace to find:

- the latest policies
- resources
- emerging practice from around the country

It’s hosted on the FutureNHS collaborative platform.

You need to sign up as a user before you can access content and the workspace allows you to easily share documents and ideas and ask questions, as well as find resources.

You can register for a FutureNHS account by emailing HomelessHealthCOVID19-manager@future.nhs.uk.

10.3 Local coordination

Commissioners and providers of services for people who use drugs or alcohol should be involved in local coordination structures.

It is essential that there is a clear, well communicated and understood, local multi-agency response for the rough sleeping population. This must include how their drug and alcohol needs will be addressed. It should be coordinated through the appropriate local emergency response arrangements. This could be through the local NHS gold command structure and local resilience forums, which includes a single strategy for clearly identified leadership and coordination for each group of people.

11. Information Sharing

There will be a need for more information sharing during this time, and you should be aware of the important information governance guidance from NHSX.

12. Safeguarding

Safeguarding remains critical during the COVID-19 pandemic. Support agencies should pay particular attention to concerns about safeguarding including seeing increases in intimate partner violence.

Where there are concerns about safeguarding residents, these should be escalated according to the existing local safeguarding protocols.

Further guidance on safeguarding adults during COVID-19 emergency is available from the Social Care Institute for Excellence.

13. Staffing structures

Commissioners and providers of drug and alcohol services will need to understand the levels of need of residents of emergency accommodation so that they can plan appropriate levels of staff time and make sure that other resources are available.

Arrangements to meet the alcohol, drugs and nicotine needs of residents may create a cost pressure to services that will need local discussion and agreement.
This advice assumes that clinical and specialist staff can cover all the accommodation by providing remote assistance, or where necessary moving between them. How this can be managed safely should be agreed as part of local coordination discussions.

14. 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
- Making Every Adult Matter Coalition

Guidance that pharmacists might find useful includes:

- Standard operating procedure – Community Pharmacy
- Pharmaceutical Services Negotiating Committee
- Royal Pharmaceutical Society
- Accessing medicines for detainees released during COVID-19
- The pandemic service delivery service