

## **Impact of COVID-19 on Health and Social Care**

### **Impact of COVID-19 on Drug and Alcohol Services (Substance Misuse Services)**

Setting the scene:

COVID-19 has disrupted Drug and Alcohol services temporarily due to many reasons including the need for social distancing, lock down, disruption of the illicit drug market and disruption of services due to staff shortage/sickness/self-isolation/quarantine and GP closures. After this initial phase, most of these services adapted to offer online consultations; frequent online/telephone chats for monitoring treatment; postal support for some harm reduction interventions such as clean needles, condoms, etc; and larger amounts of opioid substitution therapy (OST) to take home in relatively stable, low-risk patients. Moving forward, during and post COVID-19, most of these services will likely continue to monitor those patients remotely with only high-risk patients (e.g. pregnant women with substance use disorders, etc.) being offered face-to-face consultations with prescribers. Recently, new monthly injections of OST (Buvidal) have been rolled out in Wales. Despite not being a suitable solution for every patient, the new formulation reduces the need for frequent monitoring, the need for frequent visits to the clinics, the risk of overdoses, and ensures high compliance with treatment.

The problem is multi-factorial:

- The need for outreach activities to reach those vulnerable individuals who are not in treatment in the light of high-risk transmission of infection, social distancing, continued (but eased) lockdown and poor funding.
- With disruption of illicit drug markets, demands on services has increased. There is a need to support services in delivering online and remote services that can reach out to people who use drugs (PWUD) who live in remote areas without access to WIFI, and who do not reach out for services, especially in light of increasing unemployment rates.
- A system to capture data on overdoses resulting from prescription medicines e.g. larger amounts of OST to take home, is lacking. This issue is possibly because of limited access to emergency supports during COVID.
- A system to assist services to risk assess patients in a structured way is lacking. Risk assessment should conclude suitability of patients for remote treatment.
- A system to evaluate all the above interventions that were initiated for the first time during COVID, is lacking.
- A system/ funding to support services to produce educational material including videos and online engaging resources is currently limited.
- If a second COVID spike is to occur, then strategies where Pharmacists can remotely supervise OST using enabling technologies may provide a unique solution to solving the social distancing and viral transmission problem in PWUD. One such novel solution is being developed by my team at Swansea University.

### **Impact of COVID-19 on Pharmacies and People Who Use Drugs (PWUD)**

Setting the scene:

Prior to COVID-19, accessibility to pharmacies enabled success of treatment in People Who Use Drugs (PWUD) especially with supervised opioid substitution therapy (OST). Following the emergence of the

pandemic, the need for social distancing and the lack of Personal Protective Equipment for pharmacy staff, the dynamics of the relationship between the pharmacist/ Pharmacy Team and PWUD has changed dramatically. Given that PWUD are stigmatised and are not usually seen in the pharmacy more than a few minutes as people consider them as addicts and criminals, it became obvious that this vulnerable group suffered from increasing stigma by having to queue outside pharmacies for a long time, which may have had an indirect negative impact on their treatment outcomes. Patients including PWUD and their lack of respect for social distancing has created aggressive behaviour which was witnessed and reported by many pharmacy teams. Dispensing larger amounts of OST has not only added to the work burden on pharmacies during the pandemic, but also risked causing localised drug shortages.

The problem is multi-factorial:

- Despite the introduction of the new flexibilities to the legislation that enables pharmacists to provide emergency supply of controlled drugs Schedules 2, 3 and 4 Part 1, activation of the changes has to be authorised by the Home Secretary for certain geographical areas if needed. It is evident that pharmacists may not be aware of how to escalate a need for legislation activation should they face pressures due to controlled drug shortages.
- Pharmacies need to be supported to continue to remain accessible by funding and appropriate PPE. Systems need to be put in place to use pharmacies as possible sites for COVID testing and COVID 19 vaccination programmes.

### **Impact of COVID-19 on Pharmacies and People with Mental Health**

Setting the scene:

Previous disasters have caused new onsets of mental health, worsening of existing mental health or relapse in people with a history of mental health issues. Similarly, it is expected that COVID-19 has caused similar deterioration in vulnerable people such as People Who Use Drugs (PWUD), children and adolescents, elderly and mental health patients. It is important to start to plan emergency responses to mitigate risks associated with a mental health peak post-COVID.

The problem is multi-fold:

- Pharmacists can play an important role in identifying those people at risk of worsening mental health post-COVID. However, pharmacies are already over-burdened with services due to pandemic.
- Pharmacists can play an important role in educating people about how to deal with fear (fear from infection, fear of deaths), loneliness, anxiety, sleep disorders and many other mental health issues. They can also refer appropriately and provide online education. However, more funding will be required to support these suggestions.