

Briefing note on substance use and addictive behaviours during the COVID-19 outbreak

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Coronavirus disease (COVID-19) is a disease caused by a novel coronavirus (SARS-CoV-2) that was discovered in late 2019 and disseminated across the world at the level characterized as a pandemic by the World Health Organization in March 2020. Countries were called to implement urgent and aggressive actions to change the course of the disease spread. Multiple measures have been taken on global and national levels as part of efforts to ensure a balance between protecting health, minimizing economic and social disruption, and respecting human rights.

While keeping this balance in mind, it is important to continue efforts to protect mental health and wellbeing of all people, including those affected with disorders due to substance use and addictive behaviours, as well as ensuring public health protection against harms associated with substance use.

WHO developed this communication brief to highlight health issues related to substance use and disorders due to substance use or addictive behaviours during the COVID-19 outbreak.

General population

1. **Common signs** of COVID-19 infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. **Standard recommendations** to prevent infection spread are applicable to all population groups, including people using psychoactive substances or affected by substance use disorders. These include regular hand washing, covering the mouth and nose when coughing and sneezing, physical distancing, and avoiding contact with anyone showing symptoms of respiratory illness such as coughing or sneezing.
2. During the COVID-19 outbreak, fear, anxiety, isolation and overall instability may increase distress experienced by people. It is important to avoid using psychoactive substances (drugs, alcohol) or misusing prescription medicines to cope with stress and isolation. Instead, taking good care of your mental health and wellbeing should be encouraged as a coping strategy (see more in Mental Health, Substance Use and Psychosocial Considerations during COVID-19 Outbreak).
3. Alcohol consumption and psychoactive drug use may result in harms to health due to intoxication, toxicity or long-lasting effects of substance use on health. Substance use and intoxication may interfere with health-protecting behaviours, including compliance with hand hygiene, respiratory etiquette and other transmission-based precautions for COVID-19 prevention, and can negatively impact compliance with treatment regimens. Family members and other caregivers responsible for

children, people with disabilities and the elderly should avoid engaging in psychoactive substance use.

4. Drinking alcohol, depending on a level and pattern of alcohol consumption, is associated with a risk of developing numerous health problems such as mental and behavioural disorders, including alcohol dependence, major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road crashes and collisions. Harmful drinking can increase the risk of transmission of infectious diseases such as tuberculosis and HIV as well as complicate their course and worsen the treatment outcomes.
5. The use of psychoactive drugs without medical supervision is associated with significant health risks and can lead to the development of drug use disorders. Drug use disorders, particularly when untreated, increase morbidity and mortality risks for individuals, can trigger substantial suffering and lead to impairment in personal, family, social, educational, occupational or other important areas of functioning. Drug use disorders are associated with multiple health conditions such as HIV infection, hepatitis or endocarditis, which can compromise responses to infections and increase vulnerability and risks of COVID-19.
6. It is important to rely on trusted sources of information on protection and prevention as incorrect messages may be disseminated, including, for example, misleading messages that alcohol consumption can protect against infection. There is no evidence of any protective effect of drinking alcohol for viral or other infections or a positive effect on the course and outcomes of infectious diseases. In fact, the opposite is true as the harmful use of alcohol and alcohol use disorders are associated with increased risk of infection, less favorable course of diseases and worse treatment outcomes. Besides, alcohol use can deteriorate the course of many noncommunicable diseases, including cardiovascular and pulmonary diseases, which play a significant role in mortality risks of COVID-19.
7. Direct marketing of psychoactive substances, gaming platforms and gambling opportunities through digital media and telephone is expected to rise sharply during the COVID-19 outbreak. Individuals should determine the basic needs of their households in these difficult times and increase efforts to protect especially minors and vulnerable members of the family from these marketing attempts.
8. In challenging times such as the COVID-19 outbreak, it can be easy to fall into unhealthy patterns of behaviour and use psychoactive substance use or gaming and gambling as coping strategies to relieve stress or panic caused by the situation or to pass time if self-isolating, in quarantine or lockdown. However, excessive gaming can cause multiple problems and elevate the risk of gaming disorder

that is associated with reduced sleep or day-night reversal, malnutrition, aggression, deep-vein thrombosis, headaches, neck pain, verbal and physical violence, low self-esteem and attention problems.

9. Many schools and daycare facilities have been closed to prevent the spread of COVID-19 and, as a result, children are staying at home with their parents. Between online school work, trying to occupy children while parents work from home, and dealing with self-isolation, quarantine or lockdown, children may be spending more time than usual looking at screens. Recommendations for 1-year old infants suggest that sedentary screen time (including playing video games) is not recommended, and for those aged 2–4 years of age, sedentary screen time should be limited to no more than 1 hour per day. While it may be challenging to follow these guidelines currently, everyone is encouraged to keep screen time in moderation, ensure adequate breaks and engagement in other activities. For children and adolescents, it is important to explain that any additional screen time is temporary, otherwise, if limitations around addictive games are relaxed too much and without explanation, it may be challenging to manage when normal routines resume.
10. With a state of emergency declared in many countries and jurisdictions, land-based casinos and other gambling venues are closed, and major sporting events have been suspended. Coupled with the masses of people being required to stay home, this may increase the popularity of online gambling (as well as online gaming) and subsequently increase the risk of developing gambling disorder. Gambling disorder is associated with a range of problems, including relationship difficulties, physical health problems, cognitive difficulties, suicidality, lower quality of life, and financial and legal difficulties. While financial concerns may be particularly acute at this time as many businesses have been required to stop trading amid the COVID-19 outbreak, leaving many jobs in jeopardy, gambling should not be seen as a means of earning money, but rather as entertainment or a distraction. During these challenging times, talk to someone if you are feeling worried about your gambling habits; support and guidance is also available online.
11. To avoid psychoactive substance use and excessive gaming or problem gambling and their associated harms, individuals can spend more time engaging in activities that they enjoy and find relaxing, such as keeping busy with activities such as cooking, reading or online learning. If an individual is well, exercise at home, on a balcony or in the garden is a good option. Individuals should keep regular sleep routines, eat healthy food and drink enough water.

People with disorders due to substance use or addictive behaviours

12. Currently, there is limited evidence to make any definite conclusions or recommendations on specific preventive measures and risk factors for COVID-19 among those with disorders due to substance use and addictive behaviours. Nevertheless, based on existing WHO resources, several issues can be emphasized as important elements in times of the current pandemic crisis.
13. People with substance use disorders may have a higher risk of acquiring the infection due to several associated factors, such as housing insecurity, poverty, unemployment, sharing objects for substance consumption (tableware, pipes for smoking, syringes), gathering in public places, and greater likelihood of arrest and incarceration. These factors can expose people to contact with others who might also be at higher risk for infections. Standard recommendations to prevent the infection should be included in communication and promoted among all groups of people in contact with health and social service providers, including those with substance use disorders.
14. While we are still learning about how COVID-19 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others as a result of contracting COVID-19. People affected with substance use disorders may be vulnerable to more severe cases of COVID-19 because of a higher prevalence of comorbid health conditions (HIV, TB, hepatitis, cardiovascular, liver, respiratory, kidney diseases, etc.) and other risk factors (under- or malnutrition, poor physical fitness). Preliminary evidence from China indicates that severe cases include a high proportion of former and current tobacco smokers as well as people with chronic respiratory disease, suggesting that affected lung function is among the key risk factors for a more severe disease course. While evidence is limited, it is likely that use of any other substances by inhalation (smoking and vaping) will have a similar effect in worsening the prognosis of COVID-19 by undermining lung function.
15. COVID-19 epidemic can influence the mental health and emotional state of people, increasing fear, anxiety, bringing instability and potentially leading to worse clinical outcomes among those with chronic conditions requiring long-term treatment. For people with substance use disorders this can be a trigger for relapse and/or increasing substance use, influencing help-seeking behaviour, and contributing towards disengagement from treatment due to the fear of being infected.
16. Severe withdrawal syndromes due to alcohol or other psychoactive drug use can be dangerous, even life-threatening, and can result in delirium, seizures and dysregulation of vital functions. People who are beginning to experience serious withdrawal symptoms, need to have access to help in a safe environment. During coronavirus-related shutdowns it is advisable for people with substance

dependence to gradually reduce the use of alcohol or other substances, rather than stop their use abruptly.

Healthcare and social services

17. It is crucial to pay attention to vulnerable populations in times of crises, such as the COVID-19, including people affected with substance use disorders. Disruptions in the provision of prevention, harm reduction, treatment, and care services can have life-threatening consequences if appropriate care and support are not available. Strengthening support provided through primary health and social care services can be a solution in times of crisis. The [MhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings](#) can be used for these purposes.
18. Stigma, discrimination and barriers to treatment and care that people with substance use disorders often face, may increase during this period of COVID-19 infection due to overloaded health and social services, overall uncertainty, fear and anxiety in populations. Restrictions for public gatherings as a preventive measure to stop coronavirus spread can be a barrier for access to treatment and care for people with substance use disorders, such as access to community-based outreach, harm reduction services (such as provision of sterile injecting equipment) , pharmacological (such as opioid agonist maintenance treatment) and psychosocial interventions (group therapy sessions, self-help and peer-support groups). Alternative ways of communication (virtual meetings) can be considered to ensure sustainability of psychosocial support until restrictions for face-to-face meetings are over. Proper measures to protect patients' confidentiality should be in place in case of telehealth consultations.
19. Due to travel and trade restrictions as well as increased demands on healthcare services, countries and jurisdictions may experience shortages in supply of medicines and medical equipment. It is necessary to ensure continued access to critical interventions for people with substance use disorders, such as outreach services, harm reduction with needle and syringe programmes, management of acute health conditions such as overdose, withdrawal syndromes, as well as treatment of substance dependence and support for those in recovery. Ensuring continuity of medical and health commodities is essential, including methadone and other medicines for the management of opioid dependence, sterile needles and syringes, alcohol swabs, diagnostics and medicines for the testing and management of major coinfections (such as HIV and viral hepatitis) and other comorbidities.

20. Any interaction of health and social care staff with clients should be used for providing valid information and advice on effective prevention of COVID-19 and early identification of health conditions and risk factors that can increase vulnerability of individuals to COVID-19 infection and complicate its course if it develops, including substance use, substance use disorders and associated health conditions.
21. All employees of health and social services for people with disorders due to substance use or addictive behaviours should be properly informed about COVID-19 and trained about prevention, early recognition and management of COVID-19, as well as about implications of substance use and substance use disorders for COVID-19 prevention and management.

Opioid Agonists Maintenance Treatment (OAMT)

22. It is pivotal that treatment and care for people with substance use disorders continue during times of physical distancing, quarantine, 'lockdown' and health service disruptions. It is particularly important for those receiving Opioid Agonists Maintenance Treatment (OAMT) with methadone or buprenorphine.
23. Take-home doses of medications can be provided for longer periods of time in situations of quarantine, self-isolation or lockdown and health service disruptions. The maximum periods of time for take-home doses of medications are recommended when the dose and social situation are stable. Clients should be properly informed about the changes in the practice and receive appropriate support in case of uncertainty and concerns.
24. Access to medicines should be arranged for those patients who are not eligible for take-home medication (e.g. providing medications in supervised settings such as nursing homes or other officially recognized health facilities), those who live in long-term institutions, those in prisons or hospitalized for in-patient treatment or rehabilitation. Relevant health, social care and custodial facilities should provide uninterrupted access to opioid agonist medicines and medicines for management of comorbid conditions for patients in treatment with involvement of trained personnel employed there.
25. In case a client with opioid use disorder receiving OAMT is quarantined at home or self-isolating with suspected COVID-19, it is important to ensure he/she has uninterrupted access to medicines. Methadone or buprenorphine should either be provided for the whole duration of isolation as take-home medication or delivered periodically to the client's home by a nurse, doctor, or local pharmacy employee (a "doorstep" delivery) with proper consideration of staff safety and potential of diversion. Whenever necessary and feasible, consideration should be given to prescription of

extended-release formulations of opioid agonists for treatment of opioid dependence. Additional psychosocial support can be provided to those in isolation via web-based services or phones.

26. Increased dispensing of take-home medications within relatively short periods of time may result in increasing demand on supply of medicines that should be taken into account at different stages of supply planning and management.

Measures to prevent opioid overdose

27. It is possible that the risk of drug overdose (especially opioid overdose) can increase during the COVID-19 outbreak, and contributing factors include: use of drugs in solitude because of social isolation and quarantine, affected lung function because of COVID-19 infection, changes in strength and quality of a drug due to changes in supply chains and disruption of social networks, limited access to treatment and care. During the COVID-19 outbreak, it is important to ensure access to opioid antagonist naloxone for all those at risk, as recommended in [WHO Guidelines on Community management of opioid overdose](#).

Patients with disorders due to addictive behaviours

28. Patients with gaming disorder or gambling disorder should continue their treatment if possible. In the event that a patient is isolated or quarantined at home because of the outbreak, they are encouraged to keep in touch with their therapist or other medical caregiver by email, phone or other remote communication methods.

WHO Resources

Stay informed:

Find the latest information from WHO on where COVID-19 is spreading:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Advice and guidance from WHO on COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.epi-win.com/>

Briefing note on addressing mental Health and Psychosocial Aspects of COVID-19

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/briefing-note-about>

WHO resources for protection of health workers and emergency responders

<https://www.who.int/news-room/detail/09-03-2020-covid-19-occupational-health>

Coping with stress during the COVID-19 outbreak

<https://www.epi-win.com/all-resources/coping-with-stress-during-the-covid-19-outbreak>

Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

Additional resources on substance abuse:

Management of substance abuse homepage

https://www.who.int/substance_abuse/en/

mhGAP Intervention Guide (Version 2.0) for mental, neurological and substance use disorders in non-specialized health settings

<https://www.who.int/publications-detail/mhgap-intervention-guide---version-2.0>

WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

https://www.who.int/substance_abuse/publications/guidelines_opioid_dependence_2009/en/

WHO Guidelines on Community management of opioid overdose.

https://apps.who.int/iris/bitstream/handle/10665/137462/9789241548816_eng.pdf?sequence=1&isAllowed=y

ASSIST: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the self-help strategies for cutting down or stopping substance use: a guide

https://www.who.int/substance_abuse/publications/assist/en/

AUDIT: the Alcohol Use Disorders Identification Test : guidelines for use in primary health care

<https://www.who.int/publications-detail/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care>