

NHSGGC ADRS COVID-19 Contingency plan (Disulfiram)

Efforts are being made to minimise the effect of the COVID-19 pandemic, including an emphasis on “social distancing” to mitigate the risk of infection in service users, their families, and staff. These guidelines are to provide advice on the care and treatment of individuals who are on disulfiram (Antabuse) or are being considered for initiation of this.

These guidelines are prepared as a temporary measure during the COVID-19 pandemic, and expectations are to return to normal practice when practicable.

EXECUTIVE SUMMARY

- As a general rule, those currently on disulfiram should have their prescriptions changed to 28 days duration and for their disulfiram to be dispensed in full without supervision.
- Pharmacy and ADRS staff will not be breathalysing individuals during this time.
- Prescriptions should be dropped off at pharmacies to minimise face to face contact.
- Face to face assessments (including routine physical assessments) are discouraged.
- Initiation of disulfiram for new patients is generally discouraged due to the challenges in both initial assessment and monitoring, though there may be exceptions.

For individuals who are currently prescribed disulfiram

1. As a general rule, those currently on disulfiram should have their prescriptions changed to **28 days** duration and for their disulfiram to be **dispensed in full** and **unsupervised** at a pharmacy. Ideally, individuals should have their medication supervised by another member of the same household; however those in self-isolation or living alone will require no supervision. **When applicable, ensure consent is obtained from both service user and named individual regarding both supervision and sharing of information.**
2. Individuals on disulfiram require reinforcement of the risks associated with this medication, as per disulfiram consent document. Individuals should be reminded that disulfiram may remain in the body for up to 14 days after ingestion. Alcohol-based hand sanitisers should be avoided, whereas hand washing using soap and water is encouraged.
3. Prescriptions should be dropped off at pharmacies to minimise face to face contact. A named pharmacy should be recorded on patient notes (EMIS Web) for ongoing prescription drop off; however for unsupervised prescriptions, it can be dropped off at any pharmacy. Staff should check with the community pharmacy if they have enough disulfiram in stock.
4. Pharmacy and ADRS staff will not be breathalysing individuals during this time.
5. Monitoring of disulfiram through medical or keyworker reviews should ideally be undertaken over the telephone, face to face assessments are discouraged at present.
6. Any physical reviews should not be undertaken during this time, subject to clinical discretion. This includes routine blood tests and ECGs.

7. If an individual has suspected symptoms of COVID-19, and if there are no alternative options identified, an ADRS worker can drop off disulfiram to the person's home, adhering to the general principles in **Appendix D of ADRS "Guidance for collection of dispensed ORT medication from a community pharmacy by alcohol and drug service staff"** (NB There is no requirement to complete Appendix A and B as disulfiram is not a controlled drug), and **MHS 39 – "Transportation of Medicines in the Community Policy & Practice Guidance"**.
8. If there are clinical concerns regarding compliance with medication, adverse effects, risks whilst unsupervised, or inconsistencies in clinical presentation (e.g. subjective wellness but objective evidence such as slurred speech or intoxication), then consideration is required regarding ongoing prescribing and monitoring. It is advised to seek collateral history from any named individuals, for clarity. If the risks of administering unsupervised disulfiram outweigh its benefits, then options may include immediate cessation of treatment with named individuals removing surplus stock with patient consent, no forward planning of prescriptions until a face to face assessment is undertaken, increasing frequency of telephone assessments, or shorter duration of prescriptions to be dropped off at pharmacy. Such decisions will be decided in collaboration with a senior medical member (Senior Medical Officer or Consultant Psychiatrist) on a case by case basis.

For individuals being considered for disulfiram for the first time

9. Initiation of disulfiram for new patients is generally discouraged due to the challenges in both initial assessment and monitoring; however there may be situations that clinicians feel it is appropriate to do so. This may include those that are under inpatient care, for example.
10. Do not initiate disulfiram for individuals who have symptoms suggestive of COVID-19, or has a household member with suspected symptoms.
11. Disulfiram should not be initiated without a physical health assessment, including bloods and ECG, and for new patients it may be unfeasible to undertake these. However, an individual could be considered for initiation of disulfiram if they have recent documented evidence of bloods and an ECG, and a telephone consultation can be undertaken for screening of physical health issues. Clinicians should review information on Clinical Portal for contraindications for initiation of disulfiram.
12. Disulfiram for new patients should only be initiated in those with an identified member of the same household who consents to supervision of disulfiram in its early stage.
13. Prescriptions should be managed as per paragraphs 1-8.

For individuals who have previously taken disulfiram

14. Decisions on initiating disulfiram for individuals who have recently stopped or have taken disulfiram before, should be considered on a case by case basis. Considerations should be made about clinical risk, taking into account what has been said in paragraphs 9-13.

15. Individuals should be risk assessed, taking into account their recent and past alcohol history, substance use history, physical and mental co-morbidities, and potential supervision arrangements.

External agencies

16. There may be other health, criminal justice, or regulatory agencies, which depend on results of certain tests (e.g. blood tests, breathalyser readings) from those on disulfiram. At present, there is no requirement to adhere to any monitoring requirements outside of those given in this guideline, given the risks during this pandemic.