

Innovation and resilience in times of crisis (Part 2): The response to COVID-19 from harm reduction services

Dania Putri, Sam Shirley-Beavan, and Jamie Bridge¹

Introduction

The COVID-19 pandemic and its related restrictions have brought many changes to the lives of people around the globe. Most notably, the pandemic's impact has magnified existing inequalities, stigma and repression faced by certain marginalised communities such as people who use drugs. However, the response to COVID-19 has also catalysed – or accelerated – some positive developments which are central to the wellbeing of people who use drugs. This report aims to provide a non-comprehensive review of some of the challenges, and the responses that have been applied to best protect the health and rights of people who use drugs. It has been written to sit alongside a sister report focused on civil society advocacy during the pandemic: *Innovation and Resilience in Times of Crisis: Civil society advocacy for drug policy reform under the COVID-19 pandemic*.¹

Challenges faced by people who use drugs during COVID-19

Closure of premises deemed non-essential

Various confinement and physical distancing measures have been introduced globally in response to COVID-19, such as curfews and lockdowns, as well as executive orders calling for the closure of premises and activities deemed as non-essential. This has led to the closure of many harm reduction, health, and community centres and services catering to the basic needs of people who use drugs. Though such services have a critical, lifesaving purpose, in some countries they are not officially recognised as essential public services. In other jurisdictions, harm reduction services have been able to continue to support people who use drugs, but COVID-19 restrictions have often



Credit: ACRDR / Support Don't Punish Campaign

Association Camerounaise pour la Réduction des Risques (ACRDR) provides PPE in Douala, Cameroon.

¹ Dania Putri (Persepsi) is a consultant specialised in drug policy and social justice - this piece was commissioned by the International Drug Policy Consortium (IDPC); Sam Shirley-Beavan is a Research Analyst at Harm Reduction International; Jamie Bridge is the Chief Operations Officer at IDPC.

impeded their capacity, accessibility and efficiency. Outreach activities have also been disrupted by movement restrictions, further magnifying health risks for people who use drugs facing intersecting inequalities, such as street-based people who use drugs.²

Lack of coordinated public health efforts in response to COVID-19

Most governments acted relatively quickly in declaring a state of emergency, as well as in implementing restrictive measures to curb COVID-19 outbreaks. But only in a handful of jurisdictions have such measures been accompanied with coordinated public health programmes in response to COVID-19, particularly with regard to prevention, symptom screening, testing and treatment.³

Even before COVID-19, people who use drugs were likely to be particularly affected by inadequate public health responses, partly due to the prevalence of underlying medical conditions attributed to several factors, such as lack of access to healthcare and marginalisation. For example, injecting and smoking drugs is associated with a higher prevalence of HIV, hepatitis, tuberculosis (TB) and chronic obstructive pulmonary disorder, all of which may also leave people at greater risk of developing more severe COVID-19 symptoms. Similarly, public health directives such as social and physical distancing may be impossible for some groups of people who use drugs, such as people experiencing homelessness or otherwise unstable housing conditions.^{4,5}

Growing repression and criminalisation

In some countries the implementation of COVID-19-related restrictions has encouraged highly punitive law enforcement (and even militarised) responses, resulting in increasing levels of criminalisation of people who cannot or do not comply with various national COVID-19 restrictions. These include people who use drugs, particularly those who are homeless or street-based (and hence become more visible and vulnerable during lockdowns), as well as those working in the informal sector, people of colour, and people from vulnerable socioeconomic backgrounds. As reported by the International Network of People who Use Drugs (INPUD),⁶ punitive and restrictive measures have also been experienced by people who use drugs accessing harm reduction services during the pandemic. These measures include mandatory urine testing, forced reductions in medication levels, mandatory attendance in recovery programmes, non-consensual discharge from treatment, and new age

restrictions.

Furthermore, COVID-19 confinement measures and physical distancing rules have had significant impacts on democratic processes and spaces.⁷ Bans and restrictions on gatherings and protests, for example, have further shrunk the space for civic mobilisation, and reduced opportunities for community-led organisations to effectively advocate for their rights or voice concerns about harmful policies.

Disruption in drug markets

People who use drugs have experienced disruptions in local drug supply and markets. These include reduced quality (including the growing appearance of adulterated substances), increasing prices, and a general decrease in availability, all of which have driven up health risks for people who use drugs. As reported by several respondents to the International Drug Policy Consortium (IDPC)'s COVID-19 survey, these trends in drug markets have been seen in Albania, India, the Netherlands, Nigeria and South Africa.⁸ In June 2020, INPUD reported that 60% of respondents of its online survey indicated that they (or their acquaintances) had experienced 'involuntary withdrawal due to changes in the drug market'. Comments included: 'People are trying any sorts of drugs to manage their withdrawals' and 'isolation has increased alcohol use to offset difficulties in acquiring drugs of choice'.⁹ In addition, growing state control over people's movements and activities, including the intensifying of policing in the context of COVID-19 restrictions, has heightened risk of arrests, criminalisation, and various forms of harassment experienced by people who use drugs, in particular those interacting with local drug markets.¹⁰

COVID-19 measures and movement restrictions have also led to the suspension of many economic activities. This has resulted in the loss of both formal and informal incomes which some people who use drugs depend on for their basic needs. Options to apply for welfare schemes are available in some jurisdictions, but procedural and legal barriers often prevail, such as mandatory drug testing to qualify for benefits.¹¹

Exacerbated risks in prisons and other closed settings

Across the globe, punitive policies towards drug use and possession have resulted in the unjust criminalisation and incarceration of people who use drugs, and hundreds of thousands are still detained in closed settings – in jails, prisons, pre-trial detention, or in compulsory drug detention and rehabilitation

centres – despite various prison release measures taken in the context of the pandemic.¹² As frequently noted by communities, experts, civil society actors and policy makers for decades, people in closed settings generally have limited, unreliable or no access to basic health services, including harm reduction services. Opioid Agonist Therapy (OAT) in prisons can only be found in 59 countries (an increase of four since 2018), while needle and syringe programmes in prisons exist in just 10 countries.¹³ Millions are forced to live in overcrowded cells where disease outbreaks and human rights violations often occur.

Since the World Health Organization declared COVID-19 to be a pandemic in March 2020,¹⁴ over 548,000 prisoners in 122 countries have contracted COVID-19, and more than 3,968 prisoners in 47 countries have died due to COVID-19.¹⁵

These figures are likely to be a serious underestimate, as many countries do not provide appropriate testing in prison settings. While some countries have embarked on ‘decarceration’ programmes to release people from closed settings and pre-trial detention in response to COVID-19, this has largely not benefited people who use drugs (see below), and there remain around half a million people held in jails and prisons due to drug possession for personal use.¹⁶

Positive practices adopted during the COVID-19 pandemic¹⁷

Take-home medication

The most widespread positive reform introduced as a response to the pandemic has been the expansion of take-home OAT such as methadone or buprenorphine treatment for people who use opioids such as heroin. Permitting take-home doses gives people who use drugs greater flexibility and makes the service more accessible, while also limiting potential exposure to COVID-19 in (and travelling to and from) medical facilities. Out of the 84 countries worldwide where OAT is available, at least 47 have provided longer take-home periods since March 2020, and several introduced take-home OAT for the first time including India and **Morocco**. In some countries, this approach had been proposed by civil society well before COVID-19’s arrival. This is the case in **Ukraine** (see case study) and in **India**, for example, where take-home OAT was supposed to be approved in mid-2019.¹⁸

The exact nature of reforms undertaken in 2020 varied – the take-home period ranged from just two days’ supply to one month. Other innovations included shorter initiation times (the time that OAT must be prescribed before take-home doses are permitted)

and increased distribution of naloxone (a lifesaving medicine that can reverse the effects of an opioid overdose). In **India**, take-home buprenorphine and methadone have been approved as an emergency measure in some states, and the success of these measures is raising hopes for their continuation beyond the pandemic, offering greater flexibility for people who are prescribed OAT.

However, this expansion was by no means universal, and almost half of the countries where OAT was available prior to the pandemic have failed to expand the availability of take-home doses. For example, such alterations were rejected by health authorities in **Argentina** despite civil society advocacy.

Home delivery, outreach, online services, and increased flexibility

Home delivery of services and harm reduction commodities, combined with expanded outreach, helped to ensure that people who require harm reduction services did not have to attend fixed-site services and risk potential exposure to COVID-19. In at least 23 countries, distribution became more accessible with home delivery of OAT medication, offering dosing at community pharmacies, or distributing OAT in outreach settings. In many of these countries, other harm reduction services were also provided on this basis, including needle and syringe programmes (NSP) and naloxone distribution.

OAT home delivery has been recorded in every world region, including in **Kazakhstan**, **Palestine** and **Senegal**. In **Russia**, civil society organisations ensured that kits including masks, disinfectant and other hygiene materials were delivered directly to clients through courier services.

Home delivery has also provided a unique opportunity for integrated services. For example, the Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) in **Senegal** set up a delivery service for some OAT clients, delivered sterile injection equipment and picked up used equipment. Home delivery, outreach and online services for harm reduction have ensured continued and expanded access among those in need, while minimising the risk of COVID-19 transmission.

Alongside home delivery, in many countries outreach work has been expanded to ensure that services reach those who need them, without increasing the risk of exposure to COVID-19. For example, in **Palestine** and **Morocco**, outreach workers were provided with permits for travel movements, allowing them to overcome national and local isolation measures.

Online services were also expanded in many locations to reduce in-person interactions. The **New Zealand** Needle Exchange Programme set up an online shop for purchasing sterile injecting equipment for those unable or unwilling to access services during the pandemic. In many countries online meetings replaced face-to-face counselling, support groups and consultations although these are limited by the need to access stable internet connections.

Meanwhile, there are examples of both government- and civil society-run services making their operations more flexible to address the challenges of COVID-19. In **Algeria, Bahrain and Palestine**, as well as in many European countries, services increased the number of syringes a client could receive in a visit to an NSP. Drug consumption rooms and harm reduction centres in Europe have also increased their capacity and/or adjusted their operating hours in order to continue serving those in need while complying with COVID-19 restrictions.

Peer-led support and services

In many countries, peer involvement became more pronounced in service delivery. Peer networks provided secondary needle exchange and outreach services, and disseminated information on lockdown measures and COVID-19.

In the city of Tshwane, **South Africa**, the Community Oriented Substance Use Programme (COSUP) coordinated the community-oriented provision of health services, including COVID-19 symptom screening primary care services, and OAT (methadone), for approximately 2,000 homeless people who use drugs residing at a temporary shelter created in response to the pandemic. Meanwhile, members of the South African Network of People Who Use Drugs (SANPUD) have been providing harm reduction services for street-based people who use drugs, including needles and syringes, stimulant packs, hygiene and educational materials, as well as symptomatic medication packs for those experiencing opioid-related withdrawal.¹⁹

The **Kenyan** Network of People who Use Drugs and VOCAL Kenya have collaborated to equip peers to respond to rising violence against women who use drugs in Nairobi during the pandemic. The peers have been trained in counselling, mediation and conflict resolution, and are able to act as first responders in cases of violence and provide linkage to health and legal services.²⁰ In **Tanzania**, local community-led organisations such as the Tanzania Network of People who Use Drugs and SALVAGE have been working together, with the support of UNAIDS, to continue

peer-led support for women who use drugs and their families living in often overpopulated camps and settlements in Dar es Salaam, particularly by providing food, hygiene materials and COVID-19 protective equipment, as well as various health services, including TB screening at the local OAT clinic.²¹

Prison releases and harm reduction expansion in prisons

More than 11 million people are imprisoned worldwide, and more than half of national prison systems operate beyond their capacity. There are currently around half a million people held in jails and prisons due to drug possession for personal use – as noted by the United Nations Office on Drugs and Crime in June 2020.²² Prisons, particularly those that are overcrowded, represent high risk environments for the transmission of infectious diseases, not least COVID-19, and people in prison are also more likely to be living with chronic health problems, including TB and HIV.

To address this risk, countries across the world have committed to releasing significant numbers of people from prison either permanently or temporarily. According to data from June 2020 collected by Harm Reduction International, more than 66,000 people had been released in **India**, more than 39,000 in **Indonesia**, and around 19,000 in **South Africa**, while as of July 2020, more than 26,000 people had been released from **US** jails.²³ While these early releases are welcome, they also pose new challenges which must be addressed to ensure continuity of care and prevent the increased risk of overdose and homelessness.

However, these decongestion measures only reduced the global prison population by around 6%. Additionally, a quarter of countries implementing these so-called ‘decarceration’ programmes explicitly excluded people incarcerated for drug offences, thereby prioritising punitive drug control over the health of individuals in prison and the prison population as a whole.²⁴ These release measures have also not reached compulsory drug detention and rehabilitation centres and the disproportionate criminalisation and punishment of people who use drugs continue to represent a significant threat to global health.

Civil society and community-led organisations have played a vital role in advocating for decarceration, as well as for the protection of human rights and health of people in jails and prisons. In **Nigeria**²⁵ and the **Philippines**,²⁶ for example, activists have engaged with key stakeholders (such as prison authorities) and

taken up legal cases to secure the release of people from prisons, especially people held for drug-related offences.

Beyond these decongestion measures, the primary way in which states have attempted to prevent the spread of the virus in prison settings has been to completely isolate prisons from the community. For people who remained incarcerated throughout the pandemic, in many cases this has meant the suspension of family visits, and restricted access to legal aid, health and drug services. For instance, civil society in **Colombia** have reported that the situation in women's prisons worsened significantly at the outset of the pandemic, as women had previously relied on family visits to provide essential health and hygiene products, including menstrual pads, and state authorities did not replace them.²⁷ In **Ireland**, the NGO Fusion Community Links, which works with people who use drugs in prisons, noted that ten months after the pandemic social workers were solely getting limited access to clients in some prisons through video calls. By December 2020 there were still clients with whom they had had no contact at all since March 2020, despite repeated efforts.²⁸

In April 2020, **Kenya's** first in-prison methadone dispensing clinic was opened at the Shimo La Tewa Prison in Mombasa County, which has helped reduce the flow of clients – and thereby also risks of COVID-19 transmission.²⁹ However, in at least some prisons in countries like Canada, Kyrgyzstan or Moldova, harm reduction services were restricted, or suspended, at the outset of the pandemic.³⁰

Effective civil society responses

During the pandemic, civil society and community-led organisations have shown themselves to be adaptable, effective and resilient – both in service provision and in stepping up advocacy for essential services for people who use drugs. One organisation in **Algeria** established a mask manufacturing unit managed and staffed by women living with HIV.³¹ Masks manufactured are distributed to key populations including people living with HIV and people who inject drugs.

In March 2020, Rebirth, a civil society organisation in **Iran**, created a COVID-19 prevention and control working group, bringing together civil society, community representatives, academics, medical professionals and policy makers. Its aim is to strengthen collaboration between government and non-government sectors and develop an equitable COVID-19 response among people who use drugs.³² The **West Africa** Drug Policy Network, a coalition of more than 600 NGOs from 17 countries, has been an active advocate for the rights of people who use drugs. The coalition has supported the continuity of harm reduction services, disseminated messages on COVID-19 prevention, and supplied food to people who inject drugs who are unemployed or experiencing homelessness.³³

Advocacy work by civil society has also continued despite the disruptive impact of reduced travel on interpersonal relationships and face-to-face interactions. Indeed, this has led to new, creative and innovative – and sometimes even more inclusive



Credit: Yountrise Nigeria

Advocates in Nigeria provide COVID-19 prevention while campaigning for harm reduction and human rights in prisons

Box 1. Case study: Take-home treatment and other positive developments in Ukraine

Thanks to many years of civil society advocacy, innovation and delivery, Ukraine currently serves the highest number of OAT clients in Eastern Europe and Central Asia. Ukraine's OAT programmes are fully funded by the government, reaching a total of 13,700 people. Nevertheless, a number of barriers prevail, such as the requirement to receive approval from a medical facility (regarding the need for the person to access OAT), the need to collect and consume their medicine from the treatment centre on a daily basis, and the obligation to cease drug use during OAT. Take-home dosages are mainly reserved for people who have been enrolled in an OAT programme for at least six months.

For years, people who use drugs in Ukraine have advocated for reforms to abolish these barriers and to improve accessibility for take-home dosages. These advocacy efforts have been made possible, and have become more meaningful and impactful, thanks to the inclusion of people who use drugs. For example, people who use drugs participate in decision-making mechanisms such as the Cabinet of Ministers' advisory body where they 'have equal seats/votes to the Ministry of Health, Ministry of Justice, or even the Vice-Prime Minister', as explained by Anton Basenko of Alliance for Public Health and Country Focal Point of PITCH in Ukraine.

Though rarely acknowledged, formal and informal networks of people who use drugs and allied NGOs have played a significant role in the expansion of take-home OAT during COVID-19. At the beginning of the pandemic, the community-led organisation Hope and Trust – which also manages Ukraine's national OAT hotline – submitted an official written appeal to the Ministry of Health, resulting in an official call for all OAT providers 'to move all patients to take-home for the period of lockdown', according to Anton Basenko.³⁵ Before COVID-19 restrictions proliferated, only around half of all the people enrolled in OAT were able to access 10 days' worth of take-home dosages of their medicines.

By late April 2020, the number of people granted access to take-home dosages rose to 90% of all OAT clients. The amount of take-home dosage also increased – some were able to receive up to 15 days' worth of medicine, and one region provided up to 30 days' worth.³⁶ This has helped minimise in-person contact at treatment centres and therefore the risk of COVID-19 transmission, while ensuring that more clients have continued to access treatment.

In addition to making take-home OAT more accessible, COVID-19 has also led to the adoption of home delivery of ART medications (of four to nine months' worth of supply) – managed by an NGO – in six regions of the country. Similar developments occurred for TB and, to a lesser degree, hepatitis C medications.³⁷ However, unlike for OAT, these changes did not require specific approval from the Ministry since these medications are less tightly controlled than those used in OAT.

Online and phone counselling services for people who use drugs have also expanded during COVID-19. The NGO VOLNA has become an important model for this kind of peer-led harm reduction delivery.³⁸ Andriy Klepikov, Executive Director of Alliance for Public Health in Ukraine, also noted that the 'PITCH project created a unique partnership which allowed bringing changes and innovations not where it is easier to do, but where is the most relevant and needed! With prioritising [a] person focused approach nowadays in the time of COVID pandemic [the] PITCH project helps communities and patients to have even improved access to services using technologies and Apps, having access to 24/7 hotline and chatbots'.

People who use drugs in Ukraine will continue to advocate towards policy makers to maintain access to take-home OAT and other life-saving harm reduction programmes, recognising the essential roles of peers and community-led networks in managing – and sustaining – these programmes during and beyond COVID-19. As Anton Basenko remarked in INPUD's Peers in the Pandemic campaign, take-home OAT 'is simply a constitutional right'.³⁹

– forms of advocacy and organising. For example, COVID-19 restrictions did not prevent organisations from participating in the Support Don't Punish Global Day of Action on 26 June 2020 – with many creatively combining awareness, education and advocacy campaigns around humane drug policies in the COVID-19 context. Activities were organised in 85 countries, many addressing the intersecting vulnerabilities experienced by the highly diverse communities of people who use drugs.³⁴ For example, in **Senegal**, activists from the Association Sénégalaise de Réduction des Risques infectieux (ASRDR) provided protective kits and information on COVID-19 to street-based people who use drugs.

Mobilising funds

Across the world, civil society and donor organisations are mobilising funds to purchase prevention tools, ensure uninterrupted service delivery and respond to emerging needs. Key donors have responded by offering rapid emergency grants to a range of implementing organisations – although in some instances, this has been at the expense of existing programmes and grantees. International NGOs have also assisted in securing new funding: for example, IDPC has secured small grants from the Open Society Foundations, Aidsfonds and the Elton John AIDS Foundation to directly support local-level work by partners in Brazil, Hungary, Indonesia, Malaysia and Thailand. Peer-led groups such as INPUD have also mobilised funding to safeguard and/or reallocate funds for communities, and to ensure that resources are available to grassroots communities.

Recommendations

Maintain harm reduction services

The pandemic has demonstrated that harm reduction services are responsive and innovative, and can effectively connect marginalised populations to other key social and health services. Harm reduction must therefore be recognised as essential services and included in basic healthcare packages.

Expand access to harm reduction in prisons

Even though people deprived of liberty are fully entitled to their right to health, in most countries access to harm reduction in prisons is far more limited, and of worse quality, than in the community. In many countries, measures taken to prevent the spread of COVID-19 in prisons have led to even further

restrictions. As the pandemic continues to develop, states must ensure the sustainable and safe provision of harm reduction in prisons.

Continue adaptations in OAT, NSP and other health services

Many of the changes provoked by the COVID-19 pandemic have long been advocated for by civil society and community-led organisations. New approaches with longer take-home periods, less restrictive initiation procedures and home delivery have shown that these interventions are feasible and beneficial.

Extend and strengthen community and peer involvement

Formal and informal networks of people who use drugs have played an important role during the pandemic, expanding service delivery, providing expert advice to professionals working in harm reduction, and disseminating crucial health information to other people who use drugs. Peer involvement must also be extended to provide more accessible services tailored to the needs of the community.

Safeguard funding for harm reduction and health programmes for people who use drugs

COVID-19 has prompted donors and governments to reallocate funds to address the pandemic. Though this is important, it should not be done at the expense of existing grants and programmes for harm reduction and related services, especially as these were already struggling to secure sustainable funding before COVID-19. More support – financial or otherwise – is required to ensure that harm reduction and health services reach all those in need.

Remove all legal and administrative barriers to welfare programmes

COVID-19 has led to a significant loss of income and livelihoods, as well as access to basic needs such as food, housing, and medicine. All barriers, such as mandatory drug testing and criminal record screening, should immediately be lifted to make sure that welfare programmes reach those most in need.

Acknowledgements

This paper has been developed using data and examples from Frontline AIDS' and Aidsfonds' crisis funds and partner surveys, from Harm Reduction International's The Global State of Harm Reduction 2020, and from PITCH partners as part of a wider research on the impacts of COVID-19 on key populations. The analysis and writing for the original chapter on people who use drugs – being published here as a standalone briefing paper – was led by Dania Putri on behalf of the International Drug Policy Consortium (IDPC), with data and inputs from Sam Shirley-Beavan, Colleen Daniels and Robert Csák at Harm Reduction International. Thanks are due to the following individuals for their valuable comments and inputs: Sebastian Rowlands and Sally Shackleton (Frontline AIDS), Adria Cots Fernandez, Jamie Bridge and Marie Nougier (IDPC), Lola Abayomi (Frontline AIDS), Jake Agliata and Judy Chang (INPUD), and Anton Basenko (Alliance for Public Health). Juliet Heller edited the paper.

This paper was supported by the Partnership to Inspire, Transform and Connect the HIV response (PITCH), a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs. The programme strengthens community-based organisations' capacity to uphold the rights of people most affected by HIV by engaging in effective advocacy, generating robust evidence and developing meaningful policy solutions

Endnotes

1. Putri, D. (2021), *Innovation and Resilience in Times of Crisis: Civil society advocacy for drug policy reform under the COVID-19 pandemic* (International Drug Policy Consortium), <https://idpc.net/publications/2021/03/innovation-and-resilience-in-times-of-crisis-civil-society-advocacy-for-drug-policy-reform-under-the-covid-19-pandemic>
2. Chang, J., Agliata, J. & Guarinieri, M. (2020), 'COVID-19 – Enacting a 'new normal' for people who use drugs', *International Journal of Drug Policy*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332951>
3. Rajan, S., Cylus, J. D. & Mckee, M. (2020), 'What do countries need to do to implement effective 'find, test, trace, isolate and support' systems?', *Journal of the Royal Society of Medicine*, <https://journals.sagepub.com/doi/full/10.1177/0141076820939395>
4. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2020), *The implications of COVID-19 for people who use drugs (PWUD) and drug service providers*, https://www.emcdda.europa.eu/publications/topic-overviews/covid-19-and-people-who-use-drugs_en
5. Vasylyeva, T I., Smyrnov, P., Strathdee, S. & Friedman, S. R. (2020), 'Challenges posed by COVID-19 to people who inject drugs and lessons from other outbreaks', *Journal of the International AIDS Society*, <https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25583>
6. International Network People who Use Drugs (2020), *COVID-19 Survey Reports: Health & Rights of People who Use Drugs in a COVID-19 Environment*, <https://www.inpud.net/en/covid-19-survey-reports-health-rights-people-who-use-drugs-pandemic-environment>
7. Freedom House (2020), *NEW REPORT: Democracy under Lockdown – The Impact of COVID-19 on Global Freedom*, <https://freedomhouse.org/article/new-report-democracy-under-lockdown-impact-covid-19-global-freedom>
8. In April 2020, through IDPC's COVID-19 survey, a respondent from the Netherlands reported a scarcity of heroin in local drug markets. Around the same time, a respondent from India stated that due to the decreasing availability of certain drugs of choice, people who use drugs were forced to experience severe withdrawal symptoms, while some faced higher risks of overdose as they began mixing certain substances with pharmaceutical drugs.
9. International Network of People who Use Drugs (2020), *COVID-19 Survey Reports: Health & Rights of People who Use Drugs in a COVID-19 Environment*, <https://www.inpud.net/en/covid-19-survey-reports-health-rights-people-who-use-drugs-pandemic-environment>
10. For an overview of ongoing research projects on this subject, see: Lawn, A. & Skumlien, M. (2020), 'How is the COVID-19 pandemic changing our use of illegal drugs? An overview of ongoing research', *Society for the Study of Addiction*, <https://www.addiction-ssa.org/how-is-the-covid-19-pandemic-changing-our-use-of-illegal-drugs-an-overview-of-ongoing-research/>
11. A 2019 report by CLASP shows that at least 13 states in the United States have policies "requiring those applying for and/or receiving cash assistance under Temporary Assistance for Needy Families (TANF) to undergo screening for the possibility of illicit substance use and, dependent on screening results, chemical drug testing." See: Thompson, D. (2019), 'Drug Testing and Public Assistance', CLASP, https://www.clasp.org/sites/default/files/publications/2019/02/2019_drug%20testing%20and%20public%20_0.pdf. Similar programmes were also introduced in Australia and New Zealand. See, for example: Henriques-Gomes, L. (2019), 'The Coalition want to drug test welfare recipients. Here's why experts think it's a bad idea', *The Guardian*, <https://www.theguardian.com/australia-news/2019/sep/10/the-coalition-want-to-drug-test-welfare-recipients-heres-why-experts-think-its-a-bad-idea>
12. See, for instance: Girelli, G. (2020), *COVID-19, Prisons and Drug Policy* (Harm Reduction International), <https://www.hri.global/covid-19-prison-diversion-measures>
13. Harm Reduction International (2020), *The Global State of Harm Reduction 2020*, <https://www.hri.global/global-state-of-harm-reduction-2020?fbclid=IwAR2grl9b-VUoF9FI5fhLf1MQ9Mczxp1VZ6OLF7jWUEI-3GUBjL-2Chr4L4YA>
14. World Health Organization (11 March 2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020*, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
15. Justice Project Pakistan (2020), *COVID-19 and Prisoners: Facts, figures and responses of Pakistan and other countries towards protecting vulnerable prisoners in the wake of the coronavirus pandemic*, <https://www.jpp.org.pk/covid19-prisoners/>. Data as displayed on 6th July 2021.
16. Transnational Institute, International Drug Policy Consortium, Penal Reform International & Washington Office on Latin America (2020), *Webinar recording: COVID-19 and the global fight against mass incarceration*, <https://youtu.be/PzHvvl0tfB4>
17. Unless otherwise stated, data in this section is from: Harm Reduction International (2020), *The Global State of Harm Reduction 2020*, <https://www.hri.global/global-state-of-harm-reduction-2020>
18. Kishore, K. (2020). Quote in: International Drug Policy Consortium (2020), 'Featured story: A step forward for harm reduction advocacy in India', *COVID-19 Stories of Substance #1: Resilience*, <https://us7.campaign-archive.com/?u=863f370d75cf43192379283b8&id=1887f25a63>
19. Stowe, MJ. (2020), 'No One Should Have to Suffer Through This: COVID-19 Experiences of Street-Based People Who Use Drugs in South Africa', *Talking Drugs*, <https://www.talkingdrugs.org/no-one-should-have-to-suffer-through-this-covid-19-experiences-of-street-based-people-who-use-drugs-in-south-africa/>

suffer-through-this-covid-19-coronavirus-experiences-of-street-based-people-who-use-drugs

20. Frontline AIDS (2020), *First Responders: The Peers Providing Psychological First Aid for Women who use Drugs*, <https://frontlineaids.org/first-responders-the-peers-providing-psychological-first-aid-for-women-who-use-drugs/>
21. UNAIDS (2020), *Tanzanian community-based organizations support women who use drugs*, https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201005_tanzania-women-who-use-drugs
22. United Nations Office on Drugs and Crime (UNODC) (2020), *World drug Report 2020*, <https://wdr.unodc.org/wdr2020/index.html>
23. Girelli, G. (2020), *COVID-19, Prisons and Drug Policy* (Harm Reduction International), <https://www.hri.global/covid-19-prison-diversion-measures>
24. Ibid.
25. International Drug Policy Consortium (2020), *COVID-19 Stories of Substance – Featured story: COVID-19 and drug policy in Nigeria*, <https://us7.campaign-archive.com/?u=863f370d75cf43192379283b8&id=b0adc7684d>
26. Cruz, A. (2020), *This group is fighting for incarcerated women and a kinder drug policy*, 'Preen.Ph', <https://preen.ph/113062/nobox-philippines-war-on-drugs-policy-and-programs>
27. Soderholm, A. (2021), *Prisons & Covid-19: Lessons from an ongoing crisis* (International Drug Policy Consortium, Harm Reduction International, Penal Reform International & Reprieve), http://files.server.idpc.net/library/Prisons_COVID_Lessons.pdf
28. Ibid.
29. UNODC (2020), *Nelson Mandela International Day: Spotlight on Kenya's first methadone dispensing clinic in prison compound*, <https://www.unodc.org/easternafrika/en/Stories/nelson-mandela-day-2020-spotlight.html>
30. Harm Reduction International & International Drug Policy Consortium (2021), *Report to OHCHR on 'human rights in the administration of justice pursuant to resolution 42/11*, https://www.hri.global/files/2021/01/18/OHCHR_Submission_HRI+IDPC_FINAL.pdf
31. Based on research conducted in the MENA region for the Global State of Harm Reduction 2020.
32. Alavi, M., et al (2020), 'Coordination, cooperation, and creativity within harm reduction networks in Iran: COVID-19 prevention and control among people who use drugs', *International Journal of Drug Policy*, https://www.sciencedirect.com/science/article/pii/S0955395920302474?dgcid=rss_sd_all
33. See, for instance, West Africa Drug Policy Network – WAPDN (2020), Facebook post, <https://www.facebook.com/wadpn/posts/2628780677382072>
34. Fernandez Ochoa, J. (2020), *2020 Global Day of Action: Solidarity that can't be confined* (Support Don't Punish), <https://supportdontpunish.org/2020-global-day-of-action-solidarity-that-cant-be-confined/>
35. According to Anton Basenko (of Alliance for Public Health and Country Focal Point of PITCH in Ukraine) in an email interview.
36. #SOS Project & Alliance for Public Health (2020), *Lessons from COVID-19 to reshape a sustainable response to HIV, TB and HCV among inadequately served populations in the countries of Eastern Europe and Central Asia*, p. 6, http://cvccoalition.org/sites/default/files/EN_Lessons%20from%20COVID%2019.pdf
37. Ibid.
38. Ibid, and Eurasian Harm Reduction Network (2020), *Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia*, https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_-FINAL_ENG.pdf
39. International Network of People who Use Drugs (2020), *Don't roll back #TakeHomeOAT: Anton Basenko of Ukrainian Network of People who Use Drugs*, <https://www.facebook.com/watch/?v=3758893344123336>

About this briefing paper

This briefing paper aims to provide a non-comprehensive review of some of the challenges posed by the COVID-19 pandemic to harm reduction services, and the responses that have been applied to best protect the health and rights of people who use drugs.

This paper has been written to sit alongside a sister report focused on civil society advocacy during the pandemic: *Innovation and Resilience in Times of Crisis: Civil society advocacy for drug policy reform under the COVID-19 pandemic* (IDPC 2021).

International Drug Policy Consortium

61 Mansell Street, 1st floor
London E18AN, United Kingdom

Email: contact@idpc.net

Website: www.idpc.net

About IDPC

The International Drug Policy Consortium is a global network of 191 non-government organisations that advocate for drug policy reform to advance social justice and human rights. IDPC produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

About HRI

Harm Reduction International is a leading NGO dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. We promote the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.

© International Drug Policy Consortium Publication
& Harm Reduction International 2021

Template design by Mathew Birch - mathew@mathewbirch.com

Funded, in part, by:



OPEN SOCIETY
FOUNDATIONS



**ROBERT
CARR
FUND**

for civil society
networks



PITCH Partnership to Inspire, Transform
and Connect the HIV response