

CIVIL SOCIETY MONITORING OF HARM REDUCTION IN EUROPE 2020

COVID-19 – PRELIMINARY RESULTS

EMCDDA DRID – 22-23 October 2020- ONLINE

C-EHRN MONITORING FRAMEWORK

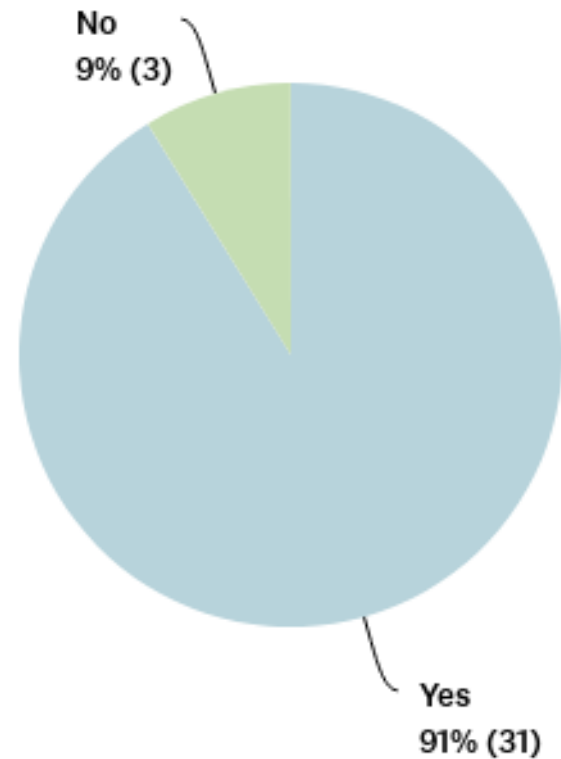
- 35 Focal Points (2020)



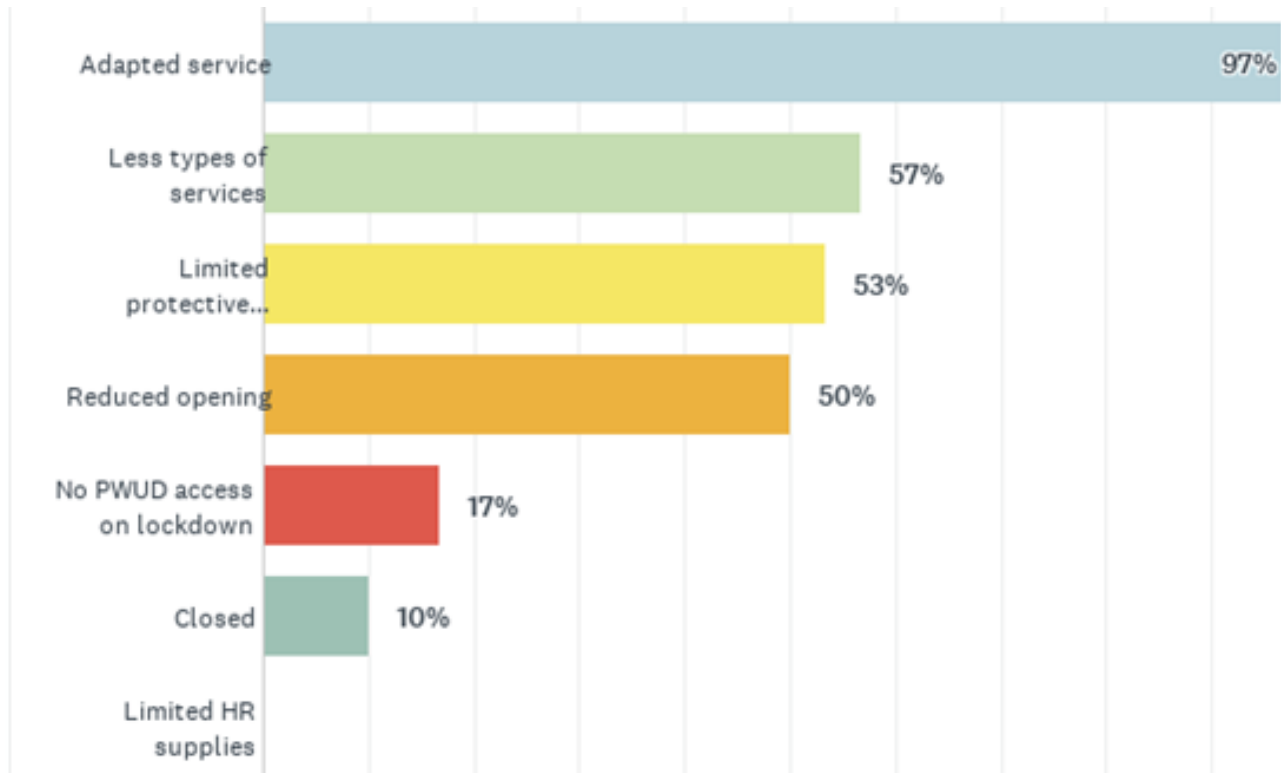


PRELIMINARY RESULTS

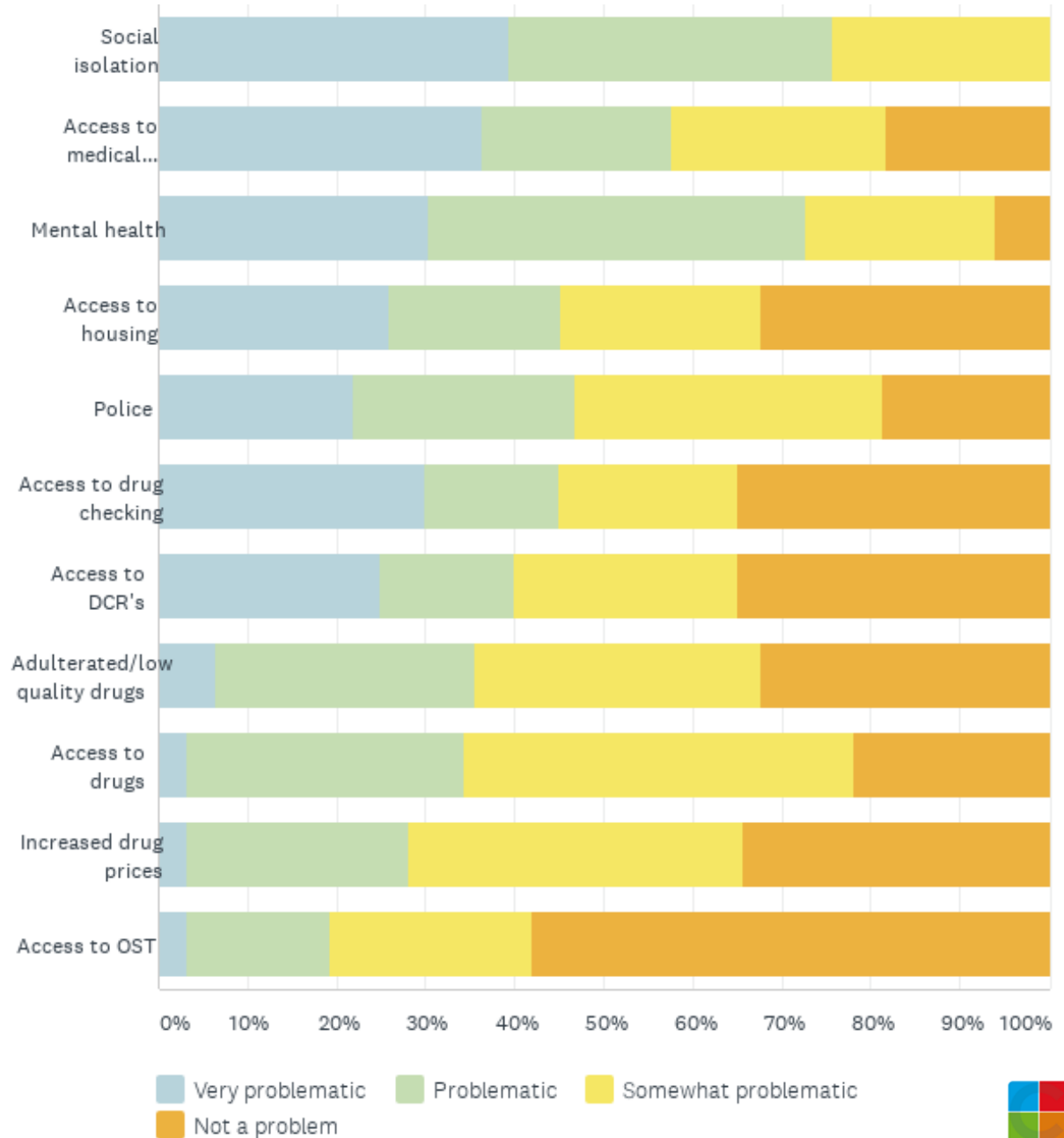
Has the Pandemic affected daily practices in your program/service?



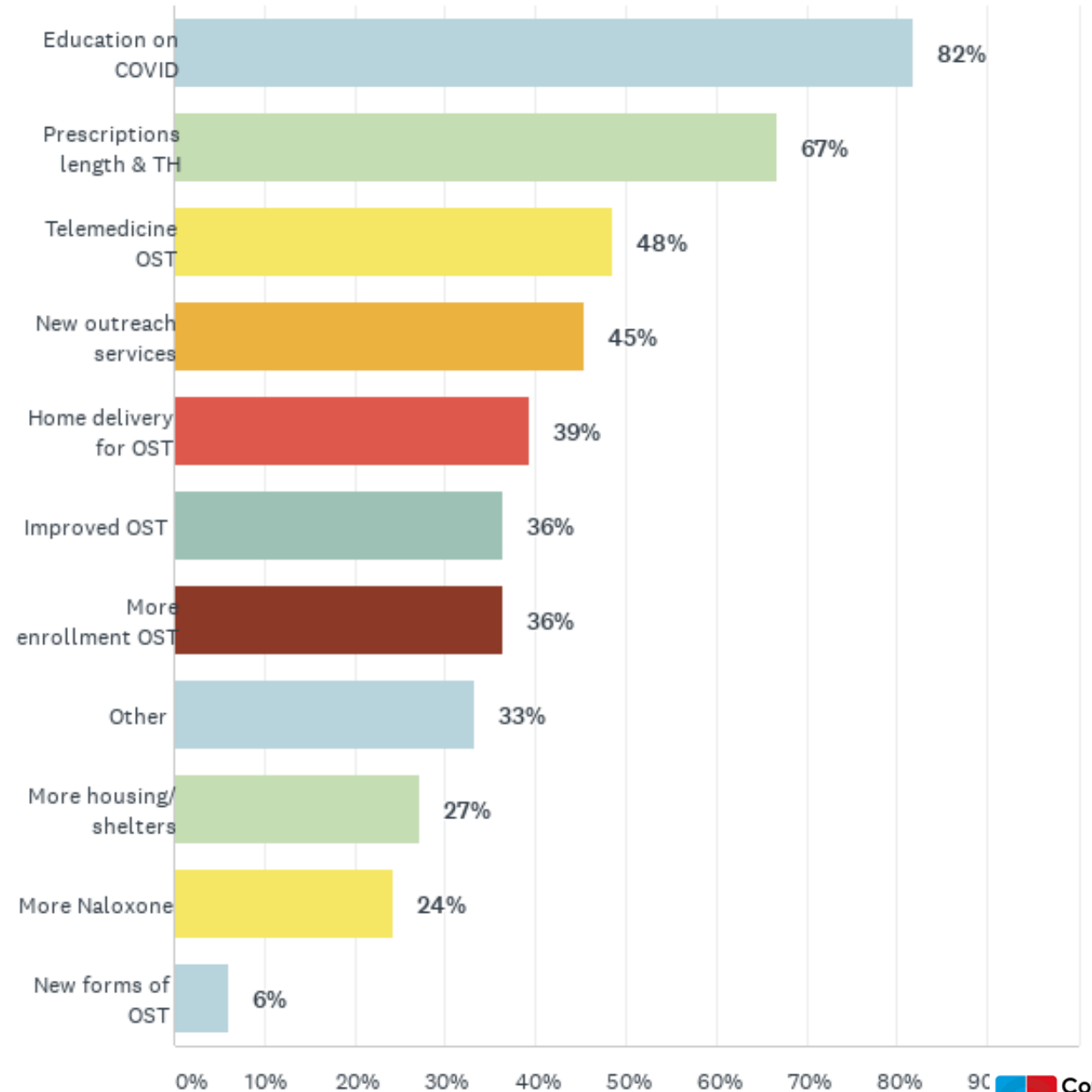
What challenges did your HR service face?



Which main difficulties PWUD had to face (according to FPs)?



What positive changes or innovations occurred?



VOICES OF FRONTLINE WORKERS

HARM REDUCTION RESPONSES IN THE EUROPEAN
REGION DURING THE COVID-19 PANDEMIC

Results from
three webinars



Clusters

- General harm reduction response
- DCR's
- Outreach
- Opioid Substitution Treatment
- Government and & municipality response
- Drug Supply
- User perspective
- Homelessness
- Conclusions

General HR response

“It has of course been a very tough time also for the staff and we have been working for eight years by getting people inside doing drugs and suddenly we cannot provide that offer any more and it has been sad to see that users are going back to the streets.”

-Denmark

“I think during COVID-19 at the beginning there was a real sense that you know, do something, don't be like the best enemy of the good, you're going to make mistakes but do something and yeah, we were allowed to take risks and we were allowed to work differently.”

-Ireland

We think that the rights of people who use drugs really were not forgotten in the middle of the crisis. Another positive outcome that we think is that our team was able to train staff volunteers and some clients of these emergency shelters to respond to opioid overdoses with nasal naloxone.”

-Portugal

Opioid Substitution Treatment

“Very good take home OST, people can take 20-25 days. They say that they don't give a lot of take home because drug users sell it. I saw also some people selling. But there are not so many. Most of them keep the medicine.”

-Greece

“So we got a rush into the OST programs[...]. And they did that change in 3 weeks which is very quick for Germany. Normally its a year to change the narcotic act in Germany. So doctors were able to give out OST for 30 days also without personal view of people. They can do it by phone or video conference.”

-Germany

*“**Our OST programs work normally, with normal working times.** In the first week, we made a meeting with doctors and leaders in the 2 biggest OST government program in Sofia, and they made a decision to give to the most of the users his medicine for a week. “*

-Bulgaria

“We've had more people coming on to OST. We recognize that only 50% of people who are experiencing dependence are in OST. So this was a big push I mean in my area we had 10 new people going in the OST in a week.”

-UK

Government & municipality response

*“Through our regular meetings, we realized that probably none of us was satisfied with the measures taken by the Crisis Staffs and violated human rights in the large extension. **The main reason for these measures is that the system was not ready for such an epidemic with such consequences.** We must not forget this and we must keep this in mind in all future planning and reforms of the health and social sector. Marginalized populations are even more marginalized and this must no longer be a pattern of behavior.” -Bosnia & Herzegovina*

*“**I think the state's response, a quite significant response of providing housing for people homeless was phenomenal**” [...] “So we recognized very early on that actually the public health response to covid was a priority and to stop the spread of it. And actually harm reduction was now secondary to the public health response. But obviously those two things work well together” -Ireland*

*“**Is the first time since the HIV outbreak in 2011 - 2013 that civil society along with some state organisations started to work together to support people in the street and to fill in the gap of the drop-in centres.**” -Greece*

*“**We began together with other Portuguese organisations a very close dialogue with the National Services for dependencies in Portugal called CICAD and this was a really good experience,** because sometimes it's hard to dialogue with the National Services. But in the last weeks we had a lot of meetings to discuss and try to improve the services.” -Portugal*

User experiences in the streets

PWUD consistently reported multiple challenges:

- the **loss of income** was felt to be most profound by reporting speakers. Many locations people are dependent on income from tourists and this has since disappeared, creating an inability to purchase drugs. Sex work has ceased in many locations such as the Netherlands, Switzerland and Germany by government regulations.
- **Increased police presence** was reported in many areas and some degree of unrest in the streets was reported by speakers in Paris, Oslo, Berlin, Helsinki as well as increased theft among PWUD in the UK.
- The situation in Athens was noted to be particularly dire with people in the streets needing food and water and not receiving it.
- Female PWUD in Portugal and Barcelona reported some concerns **for increased risk of violence**. Barcelona also noted that some **neighborhoods took a supportive approach of PWUD in the streets**, offering masks, food and community support of increased naloxone training.

SOME LESSONS

In general harm reduction services were able to respond rapidly and effectively to the pandemic:

- Flexibility: services adapted rapidly; rules can be flexible
- Vital services during pandemic: expansion of OST, outreach services and home delivery
- Important concerns: social isolation, mental health and stigma against PWUD
- Need to monitor the longer-term influence of the pandemic