

Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia

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Acronyms

ART	Antiretroviral Therapy
CDC	United States Centres for Disease Control and Prevention
CEECA	Central and Eastern Europe and Central Asia
CSO	Civil Society Organisation
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FAR	Andrei Rylkov Foundation
GBV	Gender-Based Violence
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning
LUNEST	Estonian Community of People Using Psychoactive Substances
MDMA	3,4-Methylenedioxymethamphetamine, commonly known as ecstasy
NGO	Non-Governmental Organisation
NIHD	National Institute for Health Development (Estonia)
NPS	New Psychoactive Substance
NSP	Needle/Syringe Programme
OST	Opioid Substitution Therapy
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SW	Sex Workers
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Online discussions organised by the Steering Committee of the Eurasian Harm Reduction Association (EHRA) were held between April 14 and April 23, 2020¹, with **51 members of the Association** in seven sub-regional groups concerning the state of harm reduction programmes during the COVID-19 pandemic in 22 countries of the Central and Eastern Europe and Central Asia (CEECA) region. The information and experiences shared among by members are summarised in this report.

Overview of harm reduction implementation during the COVID-19 pandemic in the region

In most countries of the CEECA region, opioid substitution therapy (OST) and sterile needle/syringe programmes (NSP) – key components of an evidence-based and comprehensive harm reduction (HR) programme - continue to operate under COVID-19 quarantine measures. Such work requires flexibility, readiness for mutual partnerships and strong advocacy by community and harm reduction activists. Unfortunately, the practice of amnesty of prisoners for drug-related crimes because of COVID-19 quarantine requirements has not been implemented in the region.

Key changes in harm reduction services include the following:

Provision of take-home OST

For many countries of the region, OST medications have been made available to take home for the first time, for periods of 5 to 14 days and sometimes up to one month. The opportunity to get take-home OST (both buprenorphine and methadone) became available to all clients in every country of the region except for Azerbaijan, Belarus and Kazakhstan. Initially, there were difficulties in some countries in enrolling new clients onto such programmes. Some countries developed partnerships, such as mobile outpatient clinics, to deliver OST medications and, often, together with antiretroviral therapy (ART) drugs to clients in remote locations.

Harm reduction works remotely

In all countries of the region, organisations have managed to deliver a range of commodities such as– sterile needles and syringes, masks, disinfectant, hygiene materials, naloxone, tests, and information materials for people who use drugs (PWUD). As a result of the restriction in movement caused by COVID-19, such service providers have found it necessary to deliver sufficient supplies at one time to cover the needs of an individual for 1-2 weeks. Often, materials are provided by mobile outpatient clinics, including social workers delivering such assistance by use of their own car or through use of a courier. Organisations have arranged online counselling for clients and, wherever possible, HIV testing through self-test kits delivered to clients. In providing such remote services, social workers and psychologists have needed to urgently develop additional skills and the management of organisations have had to introduce a flexible system of monitoring for the new service modalities.

Providing the essentials – food and shelter

¹ Information was also updated as of 19 May 2020.

For a large number of problematic users of psychoactive substances, quarantine restrictions and curfews have restricted access to temporary accommodation and made it impossible for them to earn money to find drugs. Responding to such basic needs, some organisations have re-planned budgets (as has been the case, for example, for EHRA members in Czechia, Kazakhstan, Montenegro, and Slovakia), or organised crowdfunding campaigns to be able to feed those in need (as undertaken by the Pink House in Bulgaria). In some countries, partnerships have been established to make it possible to provide shelter to PWUD and women who are victims of violence. In Azerbaijan and Kazakhstan, harm reduction organisations have helped their clients to receive specific assistance for unemployed people in connection with COVID-19.

Partnership in the integration of services

In most countries, the crisis situation has prompted medical centres and non-governmental organisations (NGOs) of various types to partner in the daily provision and delivery of necessary preventive materials, substitution therapy and ART drugs, and food supplies to clients, especially in remote areas.

Flexibility of services in response to changes in the drug scene

Due to the closure of international borders as a result of COVID-19, the drug scene has changed in many countries, with access to some drugs becoming more difficult, resulting in people having to use everything that they can find, including various prescription drugs mixed with alcohol. Many clients need advice to reduce harm in using new psychoactive substances (NPS), as well as help to prevent overdose. In some countries, such as Kazakhstan, Lithuania, and Serbia, such consultations are already under development. In Prague, because crystal methamphetamine is less available, community organisations have pushed for the introduction of substitution therapy for stimulant users.

Risk of service interruption due to deficiencies in the supply chain

The closure of international borders has also led to a disruption in the supply of substitution therapy medications in Moldova; similar risks exist in other countries. In addition, government authorities responsible for OST and other harm reduction programmes in several countries have not issued a tender for the purchase of medications from public organisations providing harm reduction services; this is particularly critical in Bulgaria and Montenegro.

EHRA regional advocacy agenda to respond to the COVID-19 crisis

As Ala Yatsko, the EHRA Steering Committee member from Moldova, has noted:

"Now we need to transform the harm reduction system. In different countries, the situation is different and depends on many factors, but the pandemic is not only a crisis, but also a chance to move new services forward."

To sustain harm reduction and to keep the achievements gained through the COVID-19 crisis, the following national and regional advocacy tasks are key for the future:

- 1. Maintain the revised approaches to, and increase the duration of, take-home OST medications for clients:** OST service costs will be significantly optimised by allowing clients to take home medication for longer periods than was the case prior to the COVID-19 crisis, as well as facilitating a vastly improved situation for programme clients. To do so, some countries will need to change treatment protocols and other regulations. In order to advocate effectively for the continuation of this regime after the end of quarantine, EHRA plans to collect data on the impact on the incidence of overdose from the increase in duration of take-home OST medication and the impact on obtaining OST medications in the illicit market. The findings from such data collection will, it is hoped, provide sufficient arguments for further advocacy on increasing the availability, and duration, of take-home doses of OST medications throughout the CEECA region.
- 2. Support to, and further development of, the provision of remote harm reduction services:** Skills need to be developed, and monitoring systems adapted, for the effective delivery of remote harm reduction services, including – but not limited to – the transfer of counselling and provision of information online; the delivery of sufficient quantities of consumables through vending machines and/or mail/courier services, including needles, syringes, condoms, and face masks. Cyber security and personal data protection issues will be increasingly relevant in the event of online advice and training. Online counselling and training will require the development of new skills among social workers and psychologists. In addition, the development of such forms of service delivery should be reflected in both public and donor monitoring and evaluation systems to ensure that the services provided are cost-effective and monitored properly.
- 3. Expansion, and improved quality, of harm reduction services:** harm reduction programmes must now include services to ensure the safety of the community and social workers (both in terms of communicable disease prevention and online safety); access to food; access to shelter, or a place for temporary accommodation; shelter for victims of gender-based violence (GBV); employment opportunities; and other social services for people in need who use different psychoactive substances. In the aftermath of the COVID-19 crisis, harm reduction services, social assistance to the unemployed, HIV, hepatitis, and tuberculosis (TB) testing and treatment must be maintained.
- 4. Advocacy for sustainable funding of harm reduction services in the post-COVID-19 environment** will be hampered by the fact that government priorities will shift, not

only to issues of public health promotion for the general population, but also to overcome the socio-economic consequences of quarantine, such as unemployment and economic decline. That is why it is vitally important to now start collecting data on the socio-economic impact of the pandemic on the lives of PWUD and to thereby advocate for sustainable approaches to harm reduction as a comprehensive service to help the most vulnerable.

Overview of the sustainability of harm reduction programmes in countries of the CEECA region

In the following, an overview is provided of the sustainability of harm reduction programmes in 22 countries in the CEECA region based on information provided by EHRA members during recent online discussions.

Table 1. Summary of information from EHRA members on access to harm reduction services in countries of the CEECA region (as of the end of April 2020)

Country	Access to OST (take home)	Harm reduction outreach is available	OST in prisons	Additional support from state to unemployed or homeless
Armenia	Yes, take home for 7 days	Yes	No	No
Azerbaijan	Yes, but no take-home doses	Yes	No	Yes, up to USD115 per month for unemployed
Belarus	Yes, but no take-home doses	Yes; challenge to access masks and sanitisers	No	No; there is no official quarantine at all
Bosnia and Herzegovina	Yes, take home for 7-14 days	Yes, with support from volunteers	No	Unknown
Bulgaria	Yes, but no take-home doses from governmental centres; private clinics allow take home doses for 7-10 days	No; only Pink House support, including food	No	No
Czechia	Yes, longer period of take-home doses	Yes, food provided and shelter arranged	Unknown	Unknown
Estonia	Yes, to all patients up to 7 days, delivery to remote areas	Yes	Yes	Unknown
Georgia	Yes, take home for 5 days	Yes	No	No
Hungary	Yes	Yes	No	Unknown
Kazakhstan	Yes, but no take-home doses	Yes, syringes for one month, distribution of food	No	Yes, up to USD100 to registered unemployed people
Kyrgyzstan	Yes, take home for 5 days	Yes, with monthly delivery	Yes	Grocery packages but not systematic; eligibility is unclear

Country	Access to OST (take home)	Harm reduction outreach is available	OST in prisons	Additional support from state to unemployed or homeless
Latvia	Yes, take home for 7-10 days	Yes	Yes	There are two types: 1) due to downtime by the employer, not more than EUR700 per month; the same for self-employed persons, but under conditions specified by the law; 2) Or, an excess fare up to EUR180 per month to registered unemployed if they receive less than this amount.
Lithuania	Yes, take home for 3-7 days	Yes	Yes	No
Moldova	Yes, take home for 5 days; crises with supply since May 2020	Yes	Yes	No
Montenegro	Yes, take home for 7 days but need to be accompanied	Yes, additionally food is provided	Unknown	Unknown
North Macedonia	Yes, take home only for selected people in quarantine	Yes, distributing materials for 10-14 days	Unknown	Unknown
Poland	Yes, take home for 7-14 days	Yes	Yes	No
Russia	n/a: OST is banned	Yes	n/a	No
Serbia	Yes, take home is possible except in Belgrade	Yes, but not many services exist	Unknown	Yes, EUR100
Slovakia	Yes	Yes, additionally food is provided	No	No
Slovenia	Yes, take home delivered for 10-14 days	Yes, more services for homeless	Yes	Yes, extra one-time payment of EUR150
Ukraine	Yes, take home to all from 10 days up to one month	Yes	Yes	Yes, unemployment benefit increased to EUR37 per month

Armenia

The country is in quarantine, you cannot move from city to city. There are no separate programmes to support vulnerable groups. The Ministry of Health has agreed that partner organisations can provide information materials on prevention under the conditions of COVID-19. There are problems in accessing personal protective

equipment (PPE) (including masks and antiseptics) to give out to beneficiaries of HIV services.

The mental state of people is poor, similar to the situation 10 years ago. It is necessary to revise the prevention programmes or for donors to revise their approaches and introduce those into the tasks and approaches concerning COVID-19.

Source: Sergey Gabrielyan, NGO 'New Generation'.

Azerbaijan

There is a quarantine and people cannot go outside, making life very difficult. Many people have not been paid and everyone who does not work receives USD115 in support from the state, even to those who were unemployed before the pandemic. The EHRA partner in the country has helped people to gain access to such payments.

In addition, the local EHRA partner obtained permission to undertake outreach activities. This includes the distribution of ARV medications to the home of clients by social workers, but there are now only half as many clients as usual. At the beginning of the pandemic, there were problems with masks and gloves (you could buy only two pairs at a pharmacy) but, fortunately, this problem was solved after a while. Flyers about COVID-19 have also been distributed.

Although the OST programme does not give take-home methadone, the service points are working, and clients can go to such sites to get their medication every day.

Sources: Nofal Sharifov and Farid Melikov (Azerbaijan).

Belarus

No quarantine exists in the country, with all services available as previously. However, this is a problem. In Belarus, there have already been 28,000 people infected with COVID-19 and the number has tripled in one week. But many people do not trust such statistics and do not take the problem seriously, as evidenced by people not wearing masks or protective gloves.

Advocacy has been undertaken by the local member of EHRA for take-home methadone to be issued, with such efforts now in their final stage whereby revisions are being made to the protocol so that doctors in an emergency situation can arrange for take-home methadone to be dispensed. But as there is no quarantine, there is no documentation to confirm an emergency situation exists. Recommendations from UNAIDS and UNODC are not being recognised. Some OST sites are beginning to require clients to wear masks to enter, partly thanks to the efforts of the 'Positive Movement' whereby 1,600 masks were made and handed over to such sites in the capital, Minsk. But masks are not available in the regions, holidays are not being cancelled, and, therefore, people are dying from 'chronic diseases'.

Some areas face tremendous challenges. For example, in the city of Vitebsk, no OST sites are currently open, meaning that about 10 people are having to travel around 100 km's every day to Polotsk and back to access OST. Through the assistance of the regional UNODC office (with particular thanks to Zhannat Kosmukhamedova and Lyudmila Trukhan), a driver will take these clients each day to and from the OST site.

Source: *Sergey Gartsev, 'Your Chance'*.

Bosnia and Herzegovina

A curfew is in effect in the country every night from 8pm to 5am as well as limits on the number of people who can gather in one group. People are exposed to the pandemic on the streets and this, it is believed, has an influence on drug dealers on the streets. As a result, only limited actions can be planned. Within the context of the drug market, in the Tuzla region, a mixture of alcohol and traditional medications rather is very popular among those aged around 18; this is a new type of user. Therefore, harm reduction responses need to be prepared. NPS are not a problem at present as international borders are closed. Heroin and cheap cocaine are available on the street, as was the case before the COVID-19 crisis. A quick response is needed to learn how many drugs are now on the market, as well as NPS, their pattern of use, and what kinds of outreach counselling is required. Members of Parliament have spoken of investment in the health sector after the pandemic period. However, the economic situation is very bad, with around 20,000 people having lost their jobs so far. It is anticipated that by the end of the crisis, there will be 100,000 unemployed people in the country.

A new protocol for OST was introduced from 1 March, 2020, as part of the government's attempts to try to protect medical staff, and clients who use drugs. Clients can get medication for 1 or 2 weeks, especially suboxone. Also, OST in prisons is available but medical support requires the use of masks and disinfectants. The situation with methadone remains stable, maybe because the procurement has been conducted by the UN Development Programme (UNDP). They provide methadone to the state health institutions, so it is not in danger as is the case with other HR services. Consultations using hotlines also exist.

In HR programmes, 6 people work in two regions but drop-in centres are closed. The fine for opening of such a centre is up to €5,000; therefore, the centres are only used to prepare materials for distribution. Collaboration with clients in both regions has been very successful, involving 40 volunteers who work in small towns and distribute materials for people in need. In general, there is considerable pressure on the government - which is responsible for key groups - from the media and society, so there is an opportunity for positive developments after the COVID-19 crisis to promote not only HR and the work of the local EHRA partner, but also on prevention of communicable diseases.

Sources: *Denis Dadajić, 'Margina'* and *Samir Ibišević, 'PROI'*.

Bulgaria

Strict quarantine was imposed in the country on 13 March, 2020, and all outreach programmes were immediately closed. HR outreach services resumed on 22 April². The Pink House was the only drop-in centre in the capital, Sofia, left functioning but only for the provision of COVID-19 information, the distribution of masks, provision of disinfectants and some food for homeless people; activities within the Centre were forbidden. There are, therefore, no specific HR measures for PWUD anywhere in the

² At the beginning of May, Sofia was opened for travel and social assistance programmes were launched.

country. People who work in the city, or around it, are allowed to enter Sofia for a period of only 6 hours per day, from 6-9am and from 6-9pm. Such people must have documents proving that they work in Sofia. Most medical centres are closed, even changing dates for every planned operation.

In Bulgaria, there are government and private methadone centres and private facilities can give medication for between one week to 10 days. But government centres require clients to attend every day. Also, even prior to the COVID-19 pandemic, the government had not issued a public tender for the next allocation of HR services and it has become clear that outreach programmes are going to be closed as a result. It is possible that the government will try to argue that they had to re-allocate expenditure to the COVID-19 pandemic, but the situation for HR service was problematic even prior to the quarantine. Furthermore, homeless facilities were also closed from 13 March, resulting in more people living on the streets even though the authorities do not allow people to live on the street, imposing a fine on such people which was initially €2,500 but then was revised to €150 for the first offence and up to €1,000 for the second offence.

Source: Yuliya Georgieva, 'Centre for humane policy'.

Czechia

Everybody in the country was unprepared for the COVID-19 pandemic. At the beginning, some research was attempted, then flyers were developed, followed by cooperation with the Eurasian Network of People Who Use Drugs (ENPUD), Drug Reporter and other organisations to collect data about the pandemic from other countries, all of which was most helpful. In the capital, Prague, the same challenges developed as elsewhere in the region: a lack of shelters, an increase in the number of homeless people, and quarantine measures. The city was not closed, per se, but shorter-term interventions were implemented.

Clients of the OST programme have been facing a difficult challenge: how to economise on prescription medications that are taken home in larger amounts than prior to the COVID-19 crisis. The government has had a strict message: 'Stay at home with your close relatives!'. But this is impossible to adhere to for those people who have no home, and who often do not even have close relatives. A crisis plan has been developed to create outdoor shelters where homeless people can camp in tents, with access to some hygiene measures and other facilities. However, the ongoing plight of homeless people is alarming.

Drug services that are often the only facilities available for many of these people have had to introduce safety measures in response to the pandemic. These restrictions also apply at HR facilities, such as the SANANIM drop-in centre. Interventions that involve group meetings have been discontinued. Services, such as counselling and therapy, have been switched to phone or online and testing for infectious diseases has had to be suspended. Adjustments have also been made to the needle and syringe programme whereby higher quantities of harm reduction materials have been distributed at one time compared to the pre-COVID-19 situation. In addition, SANANIM now distributes tissues, mask, additional food, and flyers with information about the pandemic and how to prevent infection.

COVID-19 has brought a mixture of opportunities as well as challenges. For example, crystal methamphetamine is less available in Prague and on the black market. Advocacy for substitution treatment for people who use stimulants has resulted in the prescribing of dexamphetamine and other substances, which is a significant achievement. Work is now being undertaken on guidance for clients undertaking this form of substitution treatment.

Source: David Pesek, 'SANANIM'.

Estonia

HIV rapid tests were available during COVID-19 pandemic, although some restrictions were introduced. Harm reduction providers were advised to prefer HIV self-test kits to decrease frequency of person-to-person contact. However, it was possible to also get tested. Only 3 testing sites were closed due to staff being reallocated to COVID-19 units. In addition, appointments at hospitals have been cancelled in favour of online appointments. But it remains possible to access ART for all patients. For people who cannot travel, delivery of ART has been organised sending by post or in cooperation with mobile HR units. Prior to COVID-19, it was possible to receive a one month supply of ARV medications, whereas a supply of three months is now available. In addition, secure packages, masks, and disinfectants, plus other consumables, are available. Mobile HR services still provided by Viljandi Hospital and NGO Convictus Estonia.

As HR programme offices are closed, services have completely moved online, including consultations; clients are only met in person in emergencies. No cuts to services have occurred. The National Institute for Health Development (NIHD) is making some changes to the contracts it has with HR service providers allowing providing services not only through face-to-face meetings, but also on-line. However, such contractual modifications will not affect the work already undertaken. At first, when the pandemic emerged, there was some panic in the drug using community due to concerns that there would be no treatment and that supplies would stop. But the NIHD guaranteed that all services would remain in place. In this crisis situation, everyone in the country has managed to unite - communities, the state, and partner organisations - to minimise losses and overcome the pandemic in Estonia.

As a result, HR services in the country are doing well. With the onset of the pandemic, the NIHD immediately stated that no one would be left behind during the state of emergency. No service has been closed and everybody is following safety rules. For example, delivery of treatment and sterile equipment is undertaken through use of a mobile van in which no clients are allowed inside, and all services are provided through a window. If a client needs counselling, this can be provided from a safe distance and by wearing a mask. HIV testing is not carried out at such mobile vans, but such tests are given to clients for home use. In addition, through the mobile facility, delivery of OST medications is undertaken, even to remote areas. In one city where the OST site was temporarily closed for renovation and clients had to travel 50 km's to access treatment, community suggested that this was dangerous and risky and, therefore, the delivery of medication to those clients once a week with enough supply

to cover the needs of each client for 6 days was organised. Clients are happy with this service and this response has confirmed that no person is being left without methadone if it has been prescribed for them. Clients are happy as they can sit in quarantine and do their own business as they only need to go to the OST site once each week instead of daily visits. OST sites having two nurses plus a security guard were very busy before the crises. Now sites work with one nurse who is able to cope with everything, with clients divided into groups

Prior to the pandemic, in Narva, because it is on the border with Russia, there was an epidemic of 'salts'. Now that the border is closed, there are no 'salts' available. On the black market, there is still amphetamine and heroin, but users have begun to think about their way of life; queues at drug rehabilitation centres have been noted, for example. However, such centres currently only provide help to those who were registered prior to the pandemic, with no new clients yet accepted due to state-wide quarantine rules. The same applies to both state and religious rehabilitation centres. It is now possible to enrol easily onto the OST programme after meeting a psychiatrist. In Tartu, OST is available in prison, even for those not on OST prior to being imprisoned as the prison has a rehabilitation section for those who have been diagnosed as being opioid dependent.

Sources: Elena Antonova and Sergey Sysoev, Estonian Community of People Using Psychoactive Substances (LUNEST).

Georgia

In Georgia, about 9,000 people are currently receiving OST. Due to the COVID-19 pandemic, the government decided to give OST clients a sufficient supply of methadone or buprenorphine for self-administration for a period of 5 days. Prior to COVID-19, take-home OST was only available in exceptional cases. In many ways, this decision by the government is the result of the actions of the PWUD community. Despite this, the community is advocating for a longer period of take-home medication. Also, ART and Pre-Exposure Prophylaxis (PrEP) medications are provided to patients for a 3-month period.

HR, and services for all key affected populations, are provided with some safety measures as a result of the pandemic. The National Centre for Disease Control asked all NGOs to develop protocols, taking into account recommendations for COVID-19 prevention. Services have not been stopped, but given that public transport, including the underground, is not currently operational in the country, not all clients can systematically reach service centres without hindrance. The situation is also very difficult for clients who live in rented apartments, who have lost their jobs and thereby their income and are in a difficult socio-economic and mental condition.

Sources: Marina Chokheli, Open Society Georgia Foundation; Nino Tsereteli, Centre for Information and Counseling on Reproductive Health, 'TANADGOMA'.

Hungary

The HR scene in Hungary is not significant anymore, so the COVID-19 crisis has not resulted in many changes. NSPs are working and some shelters have been closed, as has been the case in some other countries. The pandemic is not only a health system

crisis in the country, but also a humanitarian crisis. People need food and water, and COVID-19 outbreaks have occurred among the homeless in shelters, with a recent report of 20 people in one shelter becoming infected. Testing has been targeted. *Rights Reporter Foundation*, the EHRA member in Hungary, has received a small grant from the Open Society Foundations (OSF) to start an outreach programme in the capital, Budapest, to respond to the COVID-19 crisis. It is hoped that COVID-19 will open the door for HR programmes in Budapest again. The outreach team will include doctors, social workers, a psychologist, and an hepatologist with some services delivered through rental of a van to distribute food, water, sterile needles and other necessary consumables. A dialogue has been held with municipal forces in Budapest to seek their support and it seems that they are more ready to support HR than the previous administration. EHRA can help to facilitate NSP and the availability of methadone (due to shortages) in countries, and to conduct rapid situation assessments as well as monitoring of the drug scene situation in Hungary and other countries, including new drugs, access, prices, and quality, for example.

Source: Peter Sarosi, Rights Reporter Foundation.

Kazakhstan

Public transport is not operational, complicating the situation. The state gives \$100 to each unemployed person who is registered in the system, but not everyone is registered.

With OST, the situation is different in every city. Quarantine is "switched-on" at different times in different cities and everyone faces problems. In Temirtau, the OST site has been closed to clients, with different reasons being given: either due to the quarantine rules, or due to repair. Since March 11, 2020, clients have been traveling to Karaganda for OST medication. Initially, they travelled at their own expense, then clients received a lift (thanks to Valentina Mankieva being in constant contact with the site coordinator in Karaganda). Transport was organised for 7 clients with the support of the narcology department, but this remains a significant challenge for them. The *PWUD Forum* sent a letter requesting the handover of methadone for clients under COVID-19 quarantine. It is understood that this mechanism had not previously been working and has its own risks, but efforts continue. Another further quarantine issue relates to documents for clients that allows them to move between cities as the country has introduced a prohibition on relocation. Narcologists have raised this issue, but fear remains at the consequences of being stopped by the police without such paperwork.

Sterile syringe supplies in Almaty have been provided that are sufficient for one month, but this does not happen in every city of Kazakhstan. The Global Fund has allocated PPE (including masks, gloves, and antiseptics) for outreach workers, but such materials were only received at the end of April 2020. Clients have no such protective equipment, so outreach workers have had to distribute materials to them, forcing such staff to continue to buy such PPE themselves.

The USAID 'Flagship' project in Pavlodarskaya region of Eastern Kazakhstan, has allowed the procurement of necessary safety equipment and food packages. But all

other regions are "burning": people wear single-use masks several times because the question is whether to buy 2 masks or a pack of cigarettes.

NGO outreach workers sew masks themselves or buy them at their own expense as they sometimes meet with clients in the community.

Although some NGOs have developed work plans for use in circumstances of quarantine, many have used an ad-hoc approach to the situation: somewhere permission is given for additional funds for communication now that all the work is conducted online or by phone.

In Eastern Kazakhstan, some remedies have been found, but not from the Global Fund (GF). Navigators - meaning case managers - all work in lots of areas. This requires several permits to be acquired for the vehicles used by social workers which allows them to take clients to AIDS Centres. Outreach staff bring sterile syringes, masks, and antiseptics to clients. But the situation is different from project to project. For GF supported projects, mobile phone screenshots are often taken after conversations with clients, to send to the coordinator as evidence that online consultations are taking place.

Sources: Oksana Ibragimova, Union of Legal Entities Kazakhstan Union of People Living with HIV; Natalia Rudokvas, Public Foundation 'Answer'; Natalia Minaeva, 'My Home' Foundation for Women Living with HIV in Kazakhstan.

Kyrgyzstan

The OST programme has been working well during the quarantine measures instituted due to COVID-19. The authorities have thought through the situation in time, relevant orders for the narcology unit were prepared, and as soon as the emergency regime was introduced, all clients were transferred to take-home OST medications with a sufficient supply for 5 days given at one time. This 5-day provision was not available to those cases in which individuals have not had permanent residence, or for those who live near the OST dispensing site and refused to take home 5 days of medication of their own free will. There were problems at first. For example, in cities there are checkpoints and people have sometimes been unable to pass through to the hospital to get the medication on time. A *Whatsapp* group was established by NGOs that included community representatives, project coordinators, and peer-consultants from different regions of the country, who promptly solved emerging problems. Official permission to move around a city was given to clients by medical institutions consisting of all the necessary information, including contact details of doctors from the relevant OST site who can be called and the client can pass through the checkpoint. In situations whereby the client was still unable to pass (or could not get themselves through), a peer consultant or narcologist delivered the methadone to the home of the client.

In the capital, Bishkek, there are 4 sites located in different districts of the city. Previously, some people had moved from using one site to another as it was easier for them. At the time of quarantine, the transfer of a client from one site to another was still possible through the group of NGOs working in the sector and the institutions who delivered services at each site.

There have been difficulties with disinfectants, with a lack of sufficient support at sites and in HR programmes. At UNDP service delivery points, there were sufficient gloves, but not enough masks. This issue was raised with the support of UNODC, and arrangements were made for sufficient quantities of masks and gloves to be procured. However, according to the latest available data, delivery of such materials will only occur in early June 2020. Furthermore, there is no methadone provision in prisons, which is part of a GF project. The situation in the penitentiary system is being monitored by the community who have also reported problems in accessing disinfectant in prison.

HR counselling is now mainly provided online, and sufficient supplies of essential consumables, such as sterile syringes, for one month are distributed. The reporting system has also now been simplified with reporting possible through the transmission of photos, optional scans, and meetings with clients that can be otherwise recorded.

It is clear that the drug using community is more vulnerable as such people do not have any savings, sit constantly at home due to the quarantine and, if they go out, they must wear a mask and protective gloves. Access to drugs has also become more complicated, with the price increasing by 10-15 percent on average. Cases of cheating during the purchase of drugs have also become more frequent.

Source: Sergey Bessonov, Association 'Harm Reduction Network'.

Latvia

There is no requirement to wear masks during the COVID-19 crisis in Latvia. Most people living with HIV who have been infected with the coronavirus are feeling fine but are quarantined. Methadone is supplied for periods of 7-10 days and HIV testing is only taking place by the NGO 'DIA+LOGS' as all other sites are closed. However, HR services are provided at 13 locations, mostly in the Central and Western areas of the country. The programmes in the public health centres run by the Red Cross have been closed. NGOs continue to provide outpatient services delivered by HIV-hepatologists - no such services have been closed. Doctors have reached the understanding that it is not necessary to see a patient in order to give them medication and it is hoped that this practice will continue after the end of the current crisis based on the principle that if a person has good tests then there is no reason to observe them more than once a year. Thus far, there have been no complaints as to the absence of treatment.

The work of the NGO 'DIA+LOGS' continues, but with many more clients than before the crisis (rising from 12-15 people per day at the centre prior to the pandemic to more than 20 clients currently). Services are being delivered as safely as possible. Packages are prepared that contain 50 sterile syringes and 50 napkins which are distributed through a window when a client rings the doorbell of the NGO. For testing, the client needs to call, and then blood is taken from the individual through the doorway and then the client waits on the street for their result. If the result is positive, the client receives a consultation by phone. The NGO's mobile HR van continues providing the same services as before but through the window of the van. Clients are very grateful for having access to such services. By the number of clients accessing such services, it is understood that there is less heroin available now but more fentanyl.

In addition, street living and working people are provided with support without needing to go to the NGO centre. Such clients can phone the NGO to ask for specific amounts of consumables such as sterile syringes. A package is then compiled and delivered to the client in the street. Up to 1,000 sterile syringes are being distributed through this mechanism, with a further 2,000 via the NGO's mobile van.

In the capital, Riga, the NGO 'DIA+LOGS' is the only organisation that is providing express tests, financed by the Riga Duma (City Council). The Centre for Prevention and Control of Diseases in Latvia has provided instructions and recommendations on the conduct of such tests in the current situation. The psychologist and social worker of this NGO undertake their work by phone, Skype or online with each client.

Sources: Alexandrs Molokovskis, Society Association HIV.LV; Agita Seya and Ruta Kaupe, NGO 'DIA+LOGS', support centre for those affected by HIV/AIDS.

Lithuania

It is understood that there are seven low-threshold harm reduction centres currently operating in Lithuania, although some are not working every day, or are working fewer hours. Such centres continue to distribute sterile syringes, but testing does not occur. The number of clients accessing such services has decreased, however. For example, in the capital, Vilnius, the number of clients accessing services at the 'DEMETRA' centre has gone down from 1,300 before the COVID-19 quarantine was introduced, to the current 800 visitors per month. When handing out sterile syringes, a larger quantity is provided at one time than previously so that clients do not need to visit service centres as often. As for methadone, drug treatment centres continue to operate and provide take-home medication for all clients for a greater period of time - from 3 to 7 days - than previously. In Klaipeda, since the announcement of quarantine measures, all HR activities have been suspended as a result, with such service providers unable to protect their employees involved in two projects, one at a hospital, and the other a mobile facility.

Sources: Jurgita Poškevičiūtė, 'I Can Live' Coalition; Aleksandras Slatvickis.

Moldova

HR services continue to operate but in a different mode through more materials being provided for use over a longer timeframe. Employees are provided with PPE, but such materials are not always available for clients. In the prevention package of services, testing has suffered the most, with fewer being conducted because they involve people congregating together. Self-testing is, however, recommended and applied. A special instruction has been issued for the organisation of HR programme services to ensure the safety of both employees and clients. Service delivery has used innovative approaches, such as the use of couriers and mobile vans for the delivery of ARV medications to clients in distant regions or in areas in quarantine. To ensure movement during the period of quarantine and the involvement of civil society organisations in couriating of ARV medications to clients, a special order was approved by the Ministry of Health with relevant instructions for organising such activities. ARV medications are now provided to clients for use over a period of 4-6 months with full state approval.

The criteria for client coverage validation has also been revised due to the pandemic, with rules no longer being so strict. There is good methodological support for organisations providing services developed by the Ministry of Health, such as the unit for coordinating the National HIV/AIDS and Tuberculosis Programmes within the context of COVID-19 that includes the participation of UNAIDS, UNODC, the Union for HIV prevention and Harm Reduction and other civil society organisations (CSOs). This includes documents addressing risk management plans and instructions. Remote outreach - through use of the Internet and phone - has been established. UNODC and UNAIDS in Moldova have allowed organisations to use savings from some of their projects to purchase PPE, including masks and sanitisers. It was recently reported that the UNAIDS office in Moldova has allowed 50 percent of its 2020 budget to be used for prevention and control measures within the context of COVID-19 as part of the HIV/AIDS response.

Access to OST has been adjusted to take into account the quarantine measures. In cities such as Chisinau, Balti, Falesti and Ungheni, methadone is now given out for one week to every client without exception. In the capital, Chisinau, take-home buprenorphine is provided for 5 days or more. OST clinics have been working for 2 days per week in Chisinau and Balti since March 23, 2020. Clients have been divided into 2 groups to avoid overcrowding. The PWUD community continues to work with medical staff at such facilities.

However, since May 2020, access to OST has been at great risk due to delays in the arrival of a batch of medication in Italy, resulting in a serious threat to programme continuity. A contract has been urgently signed with a new supplier from Ukraine, and OST medication is already³ in Moldova and has been distributed to sites in the hope that there will be no interruption in dosing. In communication with community leaders (V. Rabinchuk), Dr. Klimashevsky, coordinator of the national programme has also given assurance to this effect. New clients are not included into the programme in Chisinau. However, assurances have been given that new patients in Beltsy will be included into the OST programme.

Many instructions have been developed in order to ensure the continuity of treatment in prisons. In two prisons, the provision of methadone has ceased, i.e. prison authorities have redistributed the medication among themselves. It has been observed that the prison system should have been providing standard doses of methadone – there have been a limited number of clients, but each has been provided with high doses. Civil society doctors have prescribed to inmates the same amount of medication as for everyone - a trimester, but it would appear that the availability of medication will soon cease for all clients. Breaks in the availability of ARV medications have also been experienced in prisons, with not a single doctor available in 7 out of 17 prisons.

Only by monitoring and in strengthening the role of NGOs can the provision of ART medications in prisons be saved. Almost all prisons have been quarantined and NGOs do not provide any services inside of prisons. In Moldova, support services were

³ Information as of 16 May 2020.

established by prison psychologists, but it is hoped that NGOs will be able to access information related to prisoner health through online communication.

It is important to make available self-testing for PWUD and to cut pre-test counseling, as was recommended by the World Health Organization (WHO) in 2016. Positive progress to note is the example of a hotline for the community to use to raise problems, as is the case in Ukraine. Darknet activities have intensified, and there appears to be a wave of NPS for which new harm reduction tools and testing are needed.

Sources: Ala Yatsko, Union of HIV Prevention and Harm Reduction Organizations; Vitaly Rabinchuk, leader of the PULS initiative group; Svetlana Doltu, independent expert.

Montenegro

Montenegro resisted responding to the new coronavirus for a while, but in March, 2020, the first cases of infection were reported. During March and April, the government introduced new measures, including a ban on the movement of people between cities with various exceptions, such as in the case of going to work, for which individuals must have a special employer certificate, and delivery vehicles. A ban was also introduced on all bus and train transportation; working hours had to cease at 18:00 hours each day; and a ban on leaving a property after 19:00 hours on work days, 13:00 hours on Saturdays and 11:00 hours on Sundays. As of 12 April, 2020, Montenegro had reported 313 cases of COVID-19, with 5 deaths and 90 recovered. Consequently, the response is viewed as having been good and that the pandemic will remain under control. The NGO 'Juventas' has continued to provide services for PWUD and people who inject drugs (PWID), sex workers (SW), and for lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) persons and former prisoners, including the following:

1. Distribution and exchange of sterile injecting equipment (needles, syringes, cookers, alcohol, tourniquets, distilled water) every day from 14:00 to 18:00 hours except at weekends, and outreach at least once a week but only in the capital, Podgorica, and in Bar.
2. Distribution of condoms and lubricants during the above-mentioned working hours.
3. Washing and drying clothes service, every working day from 14:00 to 18:00 hours.
4. Online and phone consultations by peer workers, social workers, a doctor and a psychologist.
5. Lunch packages with essential groceries, once a week, for clients who are most at risk, currently 50 people, and this number may increase if additional funding can be secured.

In addition, the Juventas drop-in centre continues to operate but clients are not allowed to enter the building, with commodities distributed outside. From the very beginning of the crisis, the NGO has been distributing food through a project supported by the Open Society Foundations for sustainability of services in which they gave permission to reallocate money for food distribution. Many people have lost their

jobs as a result of the pandemic and poverty can be seen, which will be the focus of the NGO moving forward.

The OST programme continues working and clients can get methadone or buprenorphine once a week provided that they are accompanied by a member of their family, which can sometimes be problematic. However, the main problem with OST is that admission of new patient is not possible during the COVID crisis.

Sources: *Ivana Vujovic, Marija Mijovic, 'Juventas'*.

North Macedonia

All HR services are open but mostly through outreach. Drop-in centres are also open for clients, but only a few services are available, such as HIV testing. Consultations with medical staff are available online, by phone, or through social media and e-mail. Sterile needles and syringes and related commodities are provided for a period of 10 days up to 2 weeks. Due to COVID-19 and the resulting government recommendations, it is only possible to provide advice to clients concerning medical services and treatment during the quarantine period. The government has given some recommendations for people who live in poverty and this enables NGOs to act in the name of such people, such as in applying to institutions for help. Donors, including the Ministry of Health and the City of Skopje, have stated that they will not cut funding for harm reduction during the COVID-19 crisis. The Roma community is faced with specific difficulties because of their way of life (specific homes, and the need of food and medical supplies); in response, NGOs have applied for ad-hoc grants to assist them. For teenagers who use drugs during this period, there are no places in which to refer them to address their problematic drug use issues, although they can access the ongoing outreach services. Sex Workers can continue to access services through outreach and the distribution of condoms, lubricant, and NSP for those who are injecting drugs. Curfew begins daily at 5pm, meaning it is inadvisable for clients or staff to venture outside as a fine can be levied of €10,000. A problem has recently arisen as clients are unable to access a NGO-run medical centre to receive methadone because of the lack of public transport, with some clients having to travel a significant distance, up to around 12 km's. Take-home methadone is only for those clients who are self-isolating or in quarantine. There are no changes in the naloxone programme. The coordinator of the methadone centre has been regularly contacted but they have more than 500 clients in their hospital each day, meaning that they have no capacity to deliver methadone to the home of each client every day as there is a lack of staff. Recently, there were various cases of overdose, including two clients who take buprenorphine who consumed a weekly dose. Therefore, some medical staff consider take-home medication to be too risky. However, advocacy for take-home doses continues. Besides the Centre in Skopje, there are 5 NGO-supported community centres but clients attending face considerable stigma and discrimination from local communities. In addition, many medical staff have been infected by COVID-19 and doctors are being shared across many hospitals to help their colleagues.

Source: *Silvana Naumova, 'HOPS'*.

Poland

Due to the COVID-19 restrictions all static services have had to be suspended, such as the provision of outpatient services such as psychiatric care, dependence treatment, social care, and other HR services. However, some services have continued online. HR staff are constantly in contact with clients who are experiencing even greater discrimination in the health and social care system than prior to the pandemic. While the Foundation's drop-in centre (the only one in the capital, Warsaw) has been temporarily closed, all services continue to be delivered every day through outreach and by phone. Peers are part of the team, helping to maintain contact with PWUD and to reach new clients. During the first 2 weeks of the quarantine measures, such staff have responded to the basic, priority needs of clients that include access to food, medical materials, injecting equipment, and disinfectant. At the very beginning of the quarantine, PWUD received sufficient sterile needles and syringes for 4 weeks. As outreach work has become the core activity of the Foundation, clients can regularly access sterile injecting equipment. Apart from running NSPs, teams support clients experiencing violence (physical, mental, sexual or economic), mental health crises, and now the threat and fear of coronavirus.

The OST programme is operating with clients receiving a sufficient quantity of methadone for a 1- or 2-week period rather than daily dosing prior to COVID-19, although some clients continue to have to collect their medication every day. Individual consultations and support groups have been suspended. Medical, psychiatric help and referral to other health services have been limited with a minimum level of staff involved due to implementation of strict safety measures. However, there is one OST site in Warsaw where admission remains open and where clients can be included in services on an outpatient basis.

Drug consumption rooms, naloxone distribution and drug checking are non-existent in Poland. HIV and viral Hepatitis C (HCV) testing among PWUD has been suspended. Moving activities to online platforms has been challenging, especially as the harm reduction approach has traditionally been based on direct contact with clients to enable the building of relations and trust.

There is a group of lawyers who can help PWUD. A survey by the Foundation of local authorities is currently collecting data on how they can work together during the COVID-19 crisis. The survey is based on a format used by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) which is very detailed. The Foundation has also been working with the Psychedelic Society during the quarantine period, such as the production of webinars about HR, Ecstasy (MDMA), and drug dependence treatment, and in using drugs in a safer way during the pandemic. A further positive development has been that the police are not focused on PWUD during the pandemic. All of the positive developments resulting from the COVID-19 crisis can be used in ongoing advocacy activities.

Magda Bartnik, Prekursor Foundation⁴, Agnieszka Sieniawska, Foundation of Polish Drug Policy Network

⁴ Available at, <https://drogriporter.hu/en/how-harm-reducers-cope-with-the-corona-pandemic-in-europe/>

Russia

The *Andrei Rylkov Foundation (FAR)* in Moscow has decided not to continue to fully implement its programme as the organisation wants to protect its participants and employees from COVID-19. FAR is concerned that staff could, for example, be potential virus carriers. They also wish to protect the organisation from repressive sanctions, such as fines, for breaking regulations brought in by the authorities to control the pandemic. Since March 30, 2020, FAR has had to cancel all outreach activities and has closed its office. However, the organisation continues to distribute HR materials in packages to district community leaders who have gathered information as to the needs of clients in advance. When delivering such packages, a safe distance is maintained from the respective community leader. There are many requests for sterile syringes, naloxone, and for wound dressings, resulting in outreach deliveries taking place every day. Social support continues through case management but at a minimal scale. For example, some clients have needed help to go to hospital, or to an AIDS Centre. If requests are not urgent, then the response is more delayed. Consultations with psychologists are undertaken online. The *Telegram* app has been used so that clients can communicate and relieve their stress.

Our organisation in Orenburg has ceased traditional and regular outreach. Rather, one outreach worker talks with a client from a distance, such as with the outreach worker in the street and a client on their balcony and using a rope to deliver harm reduction commodities in a basket. Other outreach workers deliver materials through a fence, or in the street but at a safe distance with a known client whereby the materials requested by the client are already known. A positive development is that the AIDS Centre now gives therapy without tests and, therefore, it has been used as much as possible, although it is very difficult to take a client for testing early in the morning in order to obtain another allocation of ARV medication. However, there continue to be challenges with the drug and mental health treatment centres as they have stopped accepting people who have overdosed from 'salts'. Due to the quarantine measures in response to COVID-19, only people with mental disorders are now accepted. Previously, it was possible to call an ambulance for an individual and they would be held in such a facility for 3-4 days and then the person could either go home or continue treatment in a drug dependence treatment centre. Currently, only the narcology service is open. The consequences of self-isolation on individuals is a new issue that is being addressed through the provision of online consultations with psychotherapists.

In Kaliningrad has been conducting outreach to trusted clients in hospitals with whom they remain in contact, providing them with packages containing harm reduction commodities and information materials. However, such work is difficult due to restrictions in movement and entry to hospitals due to the pandemic. Hospitals addressing infectious diseases have been closed and visits are prohibited. Support is also provided through outreach by car and through provision of food to the homeless. I have a certificate stating that the outreach worker is providing urgent social assistance, and this approach has helped. From 14 April, 2020, entry passes have been introduced in various areas. Although planned procedures and hospitalisations have been cancelled, if necessary, there are some shortcuts and opportunities so that such

situations become an emergency, for which hospital support is provided. Every day, information has been collected through Google forms as to which clients are faced with particular difficulties. Currently, the main challenge is how to be mobile and to access health services.

The initiative group of PWUD in Yekaterinburg, '*Just Forward*', has been unable to implement its usual HR project and visits to support PWUD have had to stop. But the organisation continues its work with the community, such as in helping the AIDS Centre to deliver ART medication to clients at home and in consulting with clients about the work of the AIDS Centre. As there are a huge number of people registered with HIV, many volunteers have been involved in the delivery of such medications. In general, the PWUD community is in a difficult situation as many of them are not even aware of changes in the work of the AIDS Centre and their medications have either run out or will shortly be expended. Due to their peculiarities, some PWUD always ask for help at the last moment and very often simply do not possess the necessary information that is required. In the current difficult times of the pandemic, the PWUD community requires special attention. Recently, the '*Just Forward*' initiative and the self-regulatory organisation, '*Malakhit*', applied to an emergency fund and, in May 2020, began to implement the project, '*Socio-psychological support of PWUD living with HIV during the COVID-19 pandemic*'. The project includes a range of activities including visits to each district of Yekaterinburg to inform communities about the situation; to distribute PPE; deliver ART medications; support for families in difficult situations; and the provision of medical and social assistance. The current situation is complex as the detoxification and state rehabilitation centres are still in quarantine, which further complicates the lives of those people who have decided to abandon problematic drug use and to start treatment. There have also been instances in which PWUD have been refused medical assistance in other medical institutions. But we keep working and staying in touch with community.

Sources: Maxim Malyshev, '*Andrei Rylkov Foundation*' (FAR), Moscow; Elena Shastina, '*New Life*' organisation, Orenburg; Herman, Kaliningrad; Ivan Jaworonkow, initiative group '*Just Forward*', Yekaterinburg.

Serbia

Quarantine was introduced in Serbia on 12 March, 2020, including a nightly curfew from 7pm to 5am; from 21 April, this was changed to 6pm to 5am. Recently, a 60-hour curfew covered an entire weekend, including the period over Easter from the Friday to the Tuesday. The government has said that the measures will be reduced as elections are scheduled for April 2020 but, due to COVID-19, this date has changed to 21 June, 2020.

The Government started with payment of additional help to citizens, with €100 provided to all pensioners and people who receive social welfare. Private entities (companies, firms, NGOs, and enterprises with employees on contracts) can apply for financial help that equates to three months of a minimum wage for each employee as long as the private entity does not fire more than 10% of the workforce by 14 March, 2020. In addition, the Government will provide €100 to every adult aged 18 years and over who is a Serbian citizen and has a bank account by applying for such assistance

through a phone call or via an internet platform; unfortunately, this will exclude those who need that help the most, including those who are legally invisible, the homeless and poor and those with no access to such information, nor the means to apply for the assistance.

The 'Re-Generation' NGO continues implementing its work, including research and following-up on project activities. They have distributed some flyers on the prevention of the COVID-infection to key target populations in Serbia and have held a meeting with officials with regards to the situation. The NGO has advocated for clients to receive sufficient take-home OST medications for several days, but this has not been accepted in Belgrade, where people still have to go daily for their dose. It was only during the long Easter curfew that the authorities agreed to provide take-home doses. The only positive development has been that OST programme clients do not need to renew their prescriptions to continue to access OST medication each month. This means that the OST prescription of the previous month will be valid for the forthcoming month. Regarding HR services, no outreach services are currently operating in Belgrade, and there is no indication as to when they may be able to resume. Work with young people and risk groups does occur through some meetings held together with organisations who work with mental health and suicide prevention. This provides channels of communications with some groups through a network of psychologists who offer their services for free. In terms of the current drug market, it appears that the synthetic type (flex) of cocaine in Bosnia is also present in Serbia and is cheaper than regular cocaine but there has been no opportunity to test the substance. Amphetamines remain available even under curfew, from people walking their dogs (from 11am to 1pm) and people are finding ways to access it. Alcohol is now the biggest problem as well as different types of pills that people can find at home, especially in more rural areas of Serbia where young people live with their parents who are receiving medication; every house has alcohol as well as pills.

Source: Irena Molnar, 'Re-Generation'.

Slovakia

The COVID-19 crisis has been present for two months, with 1,494 people in the country diagnosed with this virus so far. Positive actions by the government, especially municipal authorities, have tried to solve the problems experienced by homeless people from drug using communities. On 23 April, 2020, a new bill was introduced which allows people who rent rooms, flats, and hostels, etc., to remain – landlords cannot evict such people for a period of 3 months; non-payment of the 3 month period is also allowed under the new Bill if rental payments are then continued until the end of the year. This is a positive step to prevent clients from losing their homes. The main problem in drug using communities is access to food rather than to drugs or HR supplies. This is especially the case in the capital, Bratislava. Everything has been closed and people are unable to earn any income. Therefore, the NGO, 'Odyssey' now focuses on the provision of food and the distribution of masks and disinfectant. Their HR programmes have remained the same and all services are covered, with their drop-in centre open but with limited capacity due social distancing safety measures in place. The city of Bratislava has started its own outreach programme. They have created a main point for the distribution of masks and food to people who live on the

street (both drug users and non-users). Brochures with information about other services provided by NGOs are also distributed among clients.

Source: *Dominika Jasekova, 'Odyssey'*.

Slovenia

From 16 March, 2020, all drop-in centres were closed, but the NGO '*Stigma*' has been able to continue providing NSP in front of their centres. The NGO also has a safe house for women who are victims of violence and it remains open. A mobile van continues its work using PPE provided by the National Institute for Public Health. Whilst PWID continue to have access to sterile injecting equipment, safety measures have been introduced in which clients and staff must keep a 1.5 metre distance from each other. All other information and counseling services are available via telephone or online. In Ljubljana, all night shelters continue to operate. Homeless people – one of the biggest issues in the country – are now able to access a new shelter supported by the City of Ljubljana which operates 24/7 for 20-25 persons for those who are at-risk of contracting COVID-19. Prior to the pandemic, unemployed people were able to get social welfare of around €400 per month; during the COVID-19 crisis, a one-time additional amount of €150 has been paid.

OST services are open but as public transport is not working it means many clients cannot access their medication. Some NGOs have been able to organise supplies of OST medications for around 1- or 2-weeks duration and to have it delivered to the home of the client. However, those not already enrolled into the OST programme prior to the pandemic cannot now gain access to this service. A campaign is needed for a more humane drug policy that includes the provision of OST medication sufficient for a period of 10-14 days per client.

The NGO, '*Društvo AREAL*' continues with a few community activities in support of immigrants and refugees, such as the provision of food. The organisation also provides naloxone in the Ljubljana area and provides help to clients who overdose. Since February 2020, the NGO has experimented with the use of an Android application with the intent to prevent fatal overdoses. The application shows the location of the nearest client that has naloxone at home and is a qualified volunteer to help in the case of an overdose. In such an event, an alarm activates automatically if an opioid user does not push a deactivation button. It is always recommended that an ambulance be called to respond to an overdose but many clients have regular jobs and they just do not want their habit to be recognised and thereby to fall under the radar of the authorities and into the trap of social control. The organisation considers drug use as something pleasurable, not at all bad; what is bad, is prohibition. Slovenia is a small country and the drug policy is constantly promoting bad aspects of drug use such as a homeless drug users as a stereotypical model of a drug user which is also supported by a Christian right-wing narrative of drug users being 'sinners'. However, *Društvo AREAL* view the situation much differently.

Društvo AREAL has organised two workshops for future volunteers on how to use naloxone. The next workshop is on the 27 May, 2020, for hidden groups of migrants/refugees who use drugs.

Covid-19 has demonstrated how very easy it is to give clients drug substitution medication for a longer period of time. Many people complain that they have to walk around an OST site to get methadone every day and they accept this as part of the punishment and humiliation for requiring such a service.

Source: Borut Bah, Association for harm reduction, Stigma; Janko Belin, Društvo AREAL.

Ukraine

Ukraine has entered a transitional period of financing, with a basic package of prevention services covered by the state budget within a framework of open tenders. Since October 2019, 74 organisations have signed contracts with the Centre for Public Health, and in April 2020, a second round of call for proposals to select implementers for 2020 has been held with *Convictus-Ukraine* receiving such a contract. However, although the first tranche of state funding has been received, there is a huge challenge in the cost of the services themselves. Organisations located in the regions have stated that they do not have sufficient funds to cover even the basic HR programme needs at the same level of quality as previously. A draft letter is necessary on the package of services of the HR programme, at least for Ukraine. *Convictus-Ukraine* is ready to invest in the HR programme with a focus on those people who are especially vulnerable now.

Organisations working in the regions are experiencing a crisis, especially those that have switched to the financing of their HR programmes from public money. In particular, they lack PPE for their personal security, including masks and gloves. However, most organisations have been continuing their work as they have the support of GF, and the US Centres for Disease Control and Prevention (CDC), amongst others. The main operational challenges faced include limited space to provide services, the cessation of transport in the capital, Kiev, and in the regions, and the difficulty in people accessing ART. Prior to the pandemic, a client could be put on the HIV-positive register in 1-2 days, whereas it now takes much longer. As a result, clients are being lost to the organisation. During 2019, *Convictus-Ukraine* was able to get the issuance of ART on the basis of community organisation in which it was possible to register and receive therapy on the basis of its NGO status. From the NGO's centre in Kiev, 94 people from the PWUD community have received ART. The same services have also been developed in the Kiev region. However, there now appears to be ART delivery issues and access to medications may be a problem by mid-May, 2020. Furthermore, there are fewer clients, fewer sex workers, and fewer people on the street.

There are also problems with the OST programme, particularly with transportation to receive a supply of the medication for use over a period of 10 days. In the regions, there are even greater problems. For example, one head doctor has made a decision on their own to not give medication to relatives of a client if the client is unable to be present at the OST site. In Kiev, cooperation between head doctors and the community is far easier.

The NGO, 'VOLNA', has also noted that HR programmes have not stopped but, rather, they have taken specific actions to be compliant with the quarantine conditions, such

as the provision of counselling online; dealing with only one client at a time if on the street; and in using masks and providing clinics from mobile vans. Furthermore, close to 100 percent of OST clients are receiving take-home medication. OST services in Kiev responded rapidly with the provision of a 10-day supply on average. In Vinnitsa, even non-residents were provided sufficient supplies of OST medication for 15 days, and for one month in Khmelnytsky. There are some clients who are afraid that they will not be able to stretch out their OST dose and those who ask not to be given several days' supply of medication at one time. The actual dispensing of the OST medication can also be problematic, often with long queues developing at OST sites between 09:00 and 12:00 to pick up the medication. The Alliance for Public Health (APH) in Ukraine has purchased PPE, including masks and disinfectant, and have had them delivered to regions for use by both clients and employees. This has been achieved through the reallocation of GF resources in response to the COVID-19 pandemic. Polymerase Chain Reaction (PCR) tests and other specific equipment have also been purchased, making the most of the reallocation of support from the GF.

For the community, the main problem is transport: it has either been stopped or a special pass is required, and each city has its own system; a number of cities have provided such passes to members of the drug using community.

The OST patient hotline⁵ run by 'VOLNA' has been valuable because it is provided by the community for the community and they are ready to share their experience. Support has also come from others, such as by Zhannat Kosmukhamedova of UNODC who quite unexpectedly made fuel coupons available through 'VOLNA' for use by OST clients in Kryvyi Rih so that key groups could drive by car to access services. Such support is very important.

The Cabinet of Ministers allocated UAH 6 billion from the *Coronavirus Foundation* to pay people who have lost their jobs, and the minimum unemployment benefit has also been increased to UAH 1,000.

Other organisations have noted that there are a number of risks associated with the system of state order for the provision of HR services. All activities are tied to indicators with an organisation financed based on the number of contacts with clients. As a result of the quarantine measure, the current number of contacts has dropped dramatically. Hence, monitoring reports that count clients at each site will be far lower than the expected number. Efforts are underway to advise clients by phone and for clients not to gather in large numbers on the street or in yards because their presence may result in a call to the police that violations of the quarantine regime are taking place. It is important that changes be made to the monitoring of site activities, such as for the exchange of needles and syringes. Changes could be introduced, for example, to allow a larger secondary exchange approach in which handouts for a group are given to their representative. However, funding is based strictly on the number of consultations, needle/syringe exchanges and number of clients tested, i.e. if the client is not seen, the service has not been provided. In some regions, clients

⁵ National Hotline on Drug Dependence and SMT:

<https://www.facebook.com/osthotline/?eid=ARDbUjklY3pDWSZUH1t8GXmjQ1y5P6LAIIn9TakR22GEKJP4ESRjCaaFnGfRtmm697J-ID1dCD6clBT0g>

have stopped accessing OST because they have to walk a considerable distance in order to pick up a dose. A further risk is overdose. People have received a very large quantity of methadone that can lead to negative consequences. Therefore, access to naloxone is extremely relevant.

In addition, 'Club Svitanok' in the Donetsk region has not stopped its outreach work.

Sources: Evgenia Kuvshinova, Convictus-Ukraine, Kiev; Anton Basenko, VOLNA, Kiev; Leonid Vlasenko, Dnipro; Svetlana Moroz, Club Svitanok, Donetsk region.

Useful links

Drug Reporter provides updates and videos on the state of harm reduction services in European countries: <https://drogriporter.hu/en/how-harm-reducers-cope-with-the-corona-pandemic-in-europe/>

The Position of Correlation-European Harm Reduction Network and EHRA on the Continuity of Harm Reduction Services During the COVID-19 Crisis is available at, <https://harmreductioneurasia.org/the-position-during-the-covid-19/>