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Harm reduction service delivery to people who use drugs during a public health emergency:

Examples from the
COVID-19 pandemic
in selected countries

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ACRONYMS AND ABBREVIATIONS

ABD	Asociación Bienestar y Desarrollo (Spanish, meaning Welfare and Development Association)
ADHD	Attention Deficit Hyperactivity Disorder
AfricaNPUD	African Network of People Who Use Drugs
AIDS	Acquired Immune Deficiency Syndrome
AIVL	Australian Injecting and Illicit Drug Users League
ANPASH	Afghanistan National Programme for Control of AIDS, STI and Hepatitis
APH	Alliance for Public Health (Ukraine)
ART	Antiretroviral Therapy
ARV	Antiretroviral
AWP	Avon and Wiltshire Partnership (a geographic area of England)
B&NES	Bath and North East Somerset (a geographic area of England)
BBC	British Broadcasting Corporation
BHHO	Bridge Hope and Health Organisation
CaLD	Culturally and Linguistically Diverse
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CDC	United States Centres for Disease Control and Prevention
COVID	Coronavirus Disease (formerly known as '2019 novel coronavirus' or '2019-nCoV')
CSO	Civil Society Organisation
DCR	Drug Consumption Room

DHI	Developing Health and Independence (a NGO in England)
DIC	Drop-In Centre
EHRA	Eurasian Harm Reduction Association
EJAF	Elton John AIDS Foundation
EuroNPUD	European Network of People who Use Drugs
FOPH	Federal Office of Public Health (Switzerland)
FSE	Foundation for Social Education
FSW	Female Sex Workers
GBV	Gender-Based Violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRI	Harm Reduction International
IEC	Information, Education and Communication
INPUD	International Network of People who Use Drugs
KENPUD	Kenyan Network of People who Use Drugs
LGBTIQ+	Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, non-binary, Queer or questioning
MMT	Methadone Maintenance Therapy (a form of OST)
MoH	Ministry of Health
MSM	Men who have Sex with Men

ACRONYMS AND ABBREVIATIONS

NGO	Non-Governmental Organisation
NOSET	Nairobi Outreach Services Trust
NSEP	Needle/Syringe Exchange Programme
NSP	Needle/Syringe Programme
OSF	Open Society Foundations
OST	Opioid Substitution Therapy
PCR	Polymerase Chain Reaction
PITCH	Partnership to Inspire, Transform and Connect the HIV response
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
PR	Principal Recipient
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RCF	Robert Carr Fund for civil society networks
SFr	Swiss Franc (the currency of Switzerland)
sip züri	Security Intervention Prevention (in Zurich, Switzerland)
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage

UK	United Kingdom of Great Britain and Northern Ireland
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
US\$	United States Dollar
VCT	Voluntary Counselling and Testing
VOCAL	Voices of Community Action and Leadership
WA	Western Australia (a state of Australia)
WHO	World Health Organization
€	Euro (currency)
\$	United States Dollar (currency)
£	British Pounds Sterling (currency)

EXECUTIVE SUMMARY

Virtually every country of the world has been faced with the COVID-19 pandemic. As learning developed as to how to combat transmission of the virus, countries increasingly resorted to national ‘lockdowns’ during the first wave of the pandemic from around March to June 2020. After coming out of the first wave of COVID-19, countries have used local, regional and national ‘lockdowns’ to once again prevent further transmission during the second wave and similar approaches are expected in the future in the event of further waves of the pandemic hitting countries until every country can vaccinate a high proportion of their population.

For those people who are highly drug dependent, with a resulting compromised immune system, COVID-19 presents a serious threat to life regardless of age. Governments, non-governmental (NGOs) and community-based organisations (CBOs) working to support people who use drugs, and other vulnerable and marginalised people in society, have had to react rapidly to the massive increase in COVID-19 transmission across countries and continents.

The ten case studies presented here provide a snapshot of the responses of specific organisations and communities who work with people who use drugs and some other marginalised groups around the world, including Afghanistan, Australia, the Czech Republic, Kenya, Poland, Russia, Spain, Switzerland, Ukraine and the United Kingdom.

The objective of presenting these case studies is to provide details as to how changes in service delivery were implemented in response to COVID-19, and why, together with the impact of such innovative approaches. In so doing, governments, organisations and communities around the world can learn from the experiences presented in these case studies for possible application, and adaptation, to their own context and environment. Contact details for the key individuals involved in the services outlined have been provided at the end of the respective case study.

A comprehensive list of 30 recommendations are presented at the end of this report. Of particular note is the need for government authorities to designate harm reduction services as ‘essential’ in a public health emergency, and for harm reduction service delivery staff as ‘essential / key workers’ as this will allow such services to continue even when there are very tight lockdown regulations in place. It is also essential that such community-led harm reduction interventions are financed through the *domestic budget of each country so that they are sustainable*.

Also, building partnerships and networks **before** any public health emergency occurs – such as with local and national government agencies, including law enforcement – should be established and strengthened during non-emergency times as they play a vital role in facilitating arrangements when an emergency takes place. Similarly, government agencies at all levels need to recognise and accept that CBOs and NGOs can often be very effective partners in the delivery of health, social and economic programmes as part of the response to a public health emergency and should actively seek their involvement. This is particularly the case where flexibility, innovation and motivation to provide services to patients/clients are vital in ensuring that public health regulations in an emergency are adhered to by everyone whilst still delivering vital services to the public, especially those people who are most vulnerable and marginalised.

Crucially, the needs of women and people from the LGBTIQ+ communities must be integrated into innovative service delivery practices in a public health emergency to ensure that no-one is left behind; this should include effective responses to domestic and gender-based violence during public health emergencies. Furthermore, women and members of the LGBTIQ+ communities must be included in the planning and delivery of such emergency services to their respective communities, whether it be the physical or virtual provision of such services.

In some countries, there has been a positive recognition to the needs of people sleeping rough and their vulnerabilities during a public health emergency. It is incumbent upon governments to work with local partners to ensure that rapid responses to the housing of people sleeping rough addresses the often complex needs of such people through an interdisciplinary approach so that their immediate and longer-term medical, psycho-social and economic needs are integrated into the provision of accommodation. This can be accomplished through partnerships built with other stakeholders during normal times and by having multidisciplinary teams, that include mental health staff, working on the streets with people sleeping rough. Such responses to homelessness and rough sleeping during a public health emergency is an opportunity to advocate at all levels of government for a longer-term strategy to comprehensively and holistically address such issues, together with long-term sustainable funding to implement such a plan.

Furthermore, it is vital to ensure that there is a buffer stock of vital medicines already in-country for at least the forthcoming 3–6 months; this applies to all sectors of society and particularly those medications most in need by vulnerable and marginalised individuals and communities – including the treatment of TB and HCV (especially Direct-Acting Antivirals) as well as for HIV (antiretrovirals) and Opioid Substitution Therapy (OST, meaning methadone and/or buprenorphine), as well as naloxone for opioid overdose.

Often neglected during public health emergencies are the needs of people in any form of detention and/or incarceration, including prisoners. Government and NGO agencies should integrate the needs of such individuals and groups within their emergency response strategy and implementation plans.

For low- and medium-income countries, rapid and flexible responses by external donors are needed as soon as a public health emergency occurs. Donors need to be able, and willing, to

rapidly provide emergency funding and to allow the rapid reprogramming of existing funding for use in support of new, innovative approaches to continuing harm reduction service provision. It is noted that the Global Fund to Fight AIDS, TB and Malaria (GFATM), the Open Society Foundations (OSF), the Elton John AIDS Foundation (EJAF), Aidsfonds, the Robert Carr Fund have taken such an approach and are applauded for doing so.

The delivery of comprehensive harm reduction services by communities, organisations and, in some instances, by government agencies, is vital if the national, regional and global objectives of the virtual elimination of HIV, TB, and Hepatitis C are to be achieved in the coming decades, including when public health emergencies occur. If universal health coverage (UHC) is to be realised by 2030, it is also incumbent upon all governments to invest in comprehensive and sustainable harm reduction programmes for all vulnerable and marginalised peoples. The case studies presented here provide a range of learning opportunities together with a comprehensive range of recommendations to help inform the prevention, care and treatment of communicable diseases as well as the implementation of UHC.



Afghanistan:

Balancing the COVID-19 restrictions with the needs of key affected populations in Kabul

Kabul



Afghanistan

BACKGROUND

Current support for harm reduction services in Afghanistan is primarily through a grant of USD 8.7m from the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period 2018 to the end of 2020 with the United Nations Development Programme (UNDP) as the Principal Recipient (PR)¹. *The Afghanistan National Programme for Control of AIDS, STIs and Hepatitis* (ANPASH) plays a key role in managing and coordinating the implementation of services for key affected populations, including people who use drugs, through partner organisations, including the Bridge Hope & Health Organisation (BHHO), amongst others.

COVID-19 RESTRICTIONS

The COVID-19 'lockdown' of the Afghan capital, Kabul, began in late March 2020, and lasted for over 4 months, with residents told to stay at home, avoid all non-essential travel and gatherings, and the closure of all shops, except grocery stores and banks². However, the government announced that all health facilities must remain open, including methadone dosing sites. Between late-March and late-June 2020, most international ground and air travel was suspended due to COVID-19³, severely limiting the import of medicines, including methadone for opioid substitution therapy (OST).

¹ Scaling up HIV interventions among Key Affected Populations in Afghanistan, Grant AFG-H-UNDP, Geneva, Switzerland; Global Fund to Fight AIDS, Tuberculosis and Malaria. <https://data.theglobalfund.org/investments/grant/AFG-H-UNDP/> (accessed 27 September 2020).

² Parsa N, Siddique A. Afghanistan Locks Down Capital To Avoid Coronavirus Tide. Kabul, Afghanistan; Radio Free Europe/Radio Liberty/Gandhara, 27 March 2020. <https://gandhara.rferl.org/a/afghanistan-locks-down-capital-to-avoid-coronavirus-tide/30513293.html> (accessed 27 September 2020); Faiez R. Afghans return to games, parks, weddings despite virus fears. Kabul, Afghanistan; Associated Press, 3 September 2020. <https://apnews.com/article/399dd046ff9c9f5693210d60f58b55ab> (accessed 27 September 2020).

³ Anadolu Agency. Afghanistan resumes international flights amid COVID-19. Lahore, Pakistan; The Nation, 24 June 2020. <https://nation.com.pk/24-Jun-2020/afghanistan-resumes-international-flights-amid-covid-19> (accessed 27 September 2020).

RESPONSES TO COVID-19

As the number of positive cases of COVID-19 began to rapidly increase in Afghanistan, ANPASH called a meeting of the harm reduction technical working group (TWG) that includes all the main stakeholders involved in the implementation of harm reduction services in the country, including representatives from the community of people who use drugs, such as BHHO. As a result of the discussions held at the TWG, a number of measures were agreed upon and rapidly implemented.

Although harm reduction drop-in centres (DICs) had initially closed at the start of the lockdown, the revision of the standard operating procedures (SOP) for the implementation of harm reduction services gave implementing organisations the confidence to re-open, although some staff worked from home. As a result, harm reduction services continued in a safer way within the restrictions imposed by the authorities to reduce the transmission of COVID-19 with partner agencies working with a skeleton staff to maintain basic services, including outreach. Weekly follow-up meetings of the TWG were held to monitor implementation of the revised SOPs and to address any key issues.

Revision to the SOPs facilitated agreement by key staff of hospitals and other health facilities to amend prescriptions and, in so doing, has allowed people who use drugs, and others, to acquire medications for a longer period of time, thereby reducing their need to leave their home – a key requirement in the response to COVID-19.

Initially, when the COVID-19 restrictions were first announced, people taking *methadone* still had to travel to their respective dosing site every day; this continued for about 10 days. However, following the TWG meeting and revision of the SOP for OST, take-home doses of methadone began to be prescribed.

To be eligible for take-home methadone, a client had to be in good health and have a history of complying with dosing regulations. A further key requirement was for the client to have family members at home to provide support to

the individual. To get take-home methadone, a client had to meet with their doctor and make a request. Consequently, the more marginalised opioid dependent people, especially those who are homeless, were unable to qualify for take-home doses of methadone, even those who were in relatively good health and had a track record of compliance with the dosing regulations. Some clients were, therefore, able to receive up to 7 or 14 days of methadone to take home, thereby allowing them to follow the lockdown

Initially, when the COVID-19 restrictions were first announced, people taking methadone still had to travel to their respective dosing site every day; this continued for about 10 days.

instructions to remain at home; follow-up of those receiving larger amounts of methadone was undertaken by implementing partners, including home visits. Staff at methadone dosing sites ensured that 2 metre social distancing was maintained as much as possible between clients as well as staff during opening hours. During the lockdown period, a total of 978 clients continued to receive methadone, and a further 5 individuals were enrolled onto the programme.

Similarly, clients living with HIV were able to access antiretroviral (ARV) medicines for use over a much longer period of time than previously. However, in order to be allowed to travel to the health facility from which the client received ARVs, they had to identify themselves to local law enforcement as living with HIV, thereby breaking confidentiality. For individuals who were already

on a stable regime, they could request their doctor to prescribe ARV's to cover a period of up to 3 months. In addition, for those clients in need of such support, Isoniazid Prophylaxis Therapy was dispensed for a 3-month period to prevent tuberculosis, and Cotrimoxazole Prophylactic Therapy to prevent AIDS-related opportunistic infections. Peer workers used socially-distanced techniques to provide counselling for people on ARVs, including counselling over the phone. A total of 1,063 people identified as being from key affected populations received ARVs during the period of lockdown in Kabul.

The revised national SOP also allowed for an increase in the quantity of commodities provided in *harm reduction kits* so that individuals did not need to leave home on a daily basis to get more supplies. Consequently, additional supplies were made available through implementing partners, including peer workers. Such kits include sterile needles/syringes, condoms, sterile water, alcohol pads, plasters, and – if required by an individual – medicine to treat sexually transmitted infections (STIs). 8,550 harm reduction kits were supplied during the lockdown period.

Information, education and communication (IEC) materials on how to prevent the transmission of COVID-19 were developed and disseminated among clients by implementing partners. For example, guidance published by the International Network of People who Use Drugs (INPUD)⁴ and the United Nations Office on Drugs and Crime (UNODC)⁵, and utilised by the European Network of People Who Use Drugs (EuroNPUD), was translated by BHHO and – with

the technical assistance of Coact-adapted to the Afghan context. A leaflet developed by the Afghan government was also distributed by harm reduction service providers, including BHHO. The additional human and material resources required to undertake such work came from the Global Fund based on a proposal developed by ANPASH and its partners.

In accordance with national infection control guidelines, the flow of clients in DICs was managed in order to maintain a safe environment. Clients were screened for symptoms of COVID-19 upon entry and were provided with medical care and support whilst in isolation if they tested positive. Hand hygiene and physical distancing was maintained in DICs and during outreach activities, as well as at methadone and ARV dispensing sites. However, harm reduction implementing partners have noted that government authorities have not provided them with personal protective equipment (PPE), especially for peer workers delivering harm reduction commodities to clients in the community.

As in many countries, a disproportionate number of people who use drugs are incarcerated in Afghanistan. Of particular note was the release of 10,000 prisoners from late March 2020 as one aspect of the Afghan government's approach to slow the transmission of COVID-19. Those released were mainly aged over 55 years, women, those critically ill, and some young people⁶; however, political prisoners were not released, nor were those convicted of serious crimes including murder and kidnapping.

⁴ <https://www.inpud.net/en/covid-19-advice-people-who-use-drugs-leaflet> (accessed 24 November 2020).

⁵ <https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html> (accessed 24 November 2020).

⁶ AgenceFrance Presse. Afghanistan to release up to 10,000 prisoners to slow coronavirus spread. Kabul, Afghanistan; AgenceFrance Presse, 26 March 2020. <https://news.yahoo.com/afghanistan-release-10-000-prisoners-slow-coronavirus-spread-211850224.html> (accessed 27 September 2020).

CHALLENGES

Although substantive efforts were made by the government and its civil society harm reduction partners to respond to the COVID-19 pandemic in Afghanistan – and in Kabul in particular – all implementing agencies faced a number of challenges during the period of lockdown, including the following:

- 1** People who use drugs were reluctant to leave home during the lockdown and were, thereby, less accessible by harm reduction service providers; this led to fewer interventions to prevent the transmission of communicable diseases such as HIV, TB and viral hepatitis C (HCV).
- 2** Although every client of a harm reduction service has an identification card that was supposed to facilitate their access to health facilities, including DICs, some clients faced problems with local police. To overcome this barrier, ANPASH arranged an official letter of endorsement, signed by the Deputy Minister of Health, for use by harm reduction service providers, with a copy of the letter given to those clients experiencing difficulties in travelling to access health services. Implementing partners found the letter to be particularly helpful in facilitating the implementation of outreach activities by peer staff as well as for the unhindered movement of clients to access health services, including OST and antiretroviral therapy (ART).
- 3** Even with a copy of the letter from the Deputy Minister of Health, some people living with HIV had to declare their status to local law enforcement in order to be allowed to travel to the health facility from where they obtained their ARVs, thereby breaking confidentiality.
- 4** Overall, there was a reduction in the number of HIV tests undertaken by key affected populations and, consequently, a lower HIV detection rate during the lockdown period.
- 5** There was a lack of PPE available for harm reduction service staff and clients due to a lack of funding; although additional funding was eventually mobilised, the cost of PPE was far higher than normal due to supply chain issues caused by road and air transport links being closed for a period of time as part of COVID-19 lockdown measures.
- 6** Although allowing take-home doses of methadone for many clients was an effective approach to the COVID-19 restrictions, providing a supply for 7 or 14 days to many individuals resulted in a low stock of methadone in the country. For quite some time, it was not possible to import additional supplies of methadone due to the closure of Afghanistan's international borders. Fortunately, restrictions were eased with enough time to remedy the low methadone stock.
- 7** There was a relatively high prevalence of COVID-19 among health facility staff, including those delivering harm reduction services. This put additional stress on the remaining staff, with shift-work having to be scheduled to cover for ill staff. Sadly, at least one member of the harm reduction programme died as a result of COVID-19.
- 8** The lack of public transport created problems for peer workers. They responded by using bicycles or walking, sometimes for as much as 90 minutes from their home to outreach sites. Having access to motorbikes/mopeds would give such harm reduction service providers more flexibility in effectively overcoming such transport issues in an emergency situation.

FUTURE POSSIBILITIES / NEXT STEPS

Overall, there has been positive feedback from clients to changes in the SOPs used for harm reduction service delivery. In particular, some individuals receiving take-home methadone have reported that they have managed to secure jobs and no longer take other opioids to supplement the methadone – a claim substantiated through urine tests at methadone dispensing sites. Crucially, as the harm reduction SOPs were revised by, and with the full involvement of, a government authority – ANPASH – local authorities quickly accepted the new working arrangements. This allowed both the harm reduction service providers, and the clients, to operate without any negative impact caused by a lack of understanding or acceptance of the revised SOPs.

Looking to the future, discussions will be held with stakeholders on whether to continue with some aspects of the revised SOPs in the longer term. In particular, the supply of ARVs for three months to stable clients is likely to continue. In addition, people who have done well with the revised SOP for methadone should be able to benefit in the future from the greater flexibility

and autonomy provided with take-home doses. However, the nature of stigma and discrimination against people who use drugs means that many of them face family breakdown. Limiting access to take-home doses to only those people with family members limits the potential wider benefits of take-home OST and more flexible responses are required for the benefit of a much wider group.



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BACKGROUND

Peer Based Harm Reduction WA is the only peer-based, not-for-profit, and community-based harm reduction organisation that represents the needs and concerns of people who use or have used drugs in Western Australia (WA). The aim of the organisation is to bring the perspectives of people who use drugs into all harm reduction initiatives as well as to partnerships with other organisations, and these perspectives inform advice and advocacy provided to governments. The organisation is primarily funded by the Department of Health of the state of WA.

Peer Based Harm Reduction WA is run by, and for, people who use or have used drugs, and supports consumer participation at all levels of the organisation. The services provided are focused on ensuring that people who choose to use drugs are informed on how to do so as safely as possible and with minimal harm to themselves and others. *Peer Based Harm Reduction WA* is part of the national network of people who use drugs organisations, facilitated by the Australian Injecting and Illicit Drug Users League (AIVL), the national peak body representing people who use drugs organisations in Australia⁷.

Services are delivered through fixed sites in Perth, close to major roads and public transport access, and in an area where many people living and working on the street are located, and in Bunbury, a city that is a two-hour drive south from Perth. *Peer Based Harm Reduction WA* also operate a mobile needle/syringe exchange programme (NSEP) that covers designated sites throughout the vast geographic area of the South West region, including *Margaret River, Manjimup, and Busselton*.



Perth

Bunbury

Busselton

Margaret River

Australia:

Harm reduction staff as official 'essential/ key workers' in the innovative response to COVID-19 in Western Australia

The geographic area covered by the services of Peer Based Harm Reduction WA

95% of the WA population live in this area. The organisation provides injecting equipment via a postal service for people who live in regional and remote areas of the state

⁷ <https://harmreductionwa.org/our-background/> (accessed 20 November 2020).

Outreach services are also provided, delivered to the home or in the community, in the Perth metropolitan area and throughout the South West region, to those clients unable to access the fixed sites or the mobile unit.

During 2019, *Peer Based Harm Reduction WA* distributed 1,980,000 pieces of sterile injecting equipment in over 20,000 client interactions, of which approximately 60% were male and 40% female; most clients live at home. Outreach services provided 314,234 needles and syringes directly to clients in their homes, with a smaller number to homeless and street-present people through foot-patrols in the inner city. In total, *Peer Based Harm Reduction WA* provides about one-third of all needles and syringes distributed in the state of Western Australia.



Items available to order

In addition, approximately 700 client consultations took place with a Nurse Practitioner in the Perth clinic, with nearly 70% of consultations being with clients returning to the service. Health clinics, which offer free and confidential testing and treatment for STIs and Hepatitis C, operate from the fixed sites in Perth and Bunbury, and via outreach clinics at people's homes in the metropolitan area and in towns throughout the South West region. Peer education and Hepatitis C treatment case management programmes work alongside nurses to successfully engage and retain people in treatment, regardless of their circumstances.

COVID-19 RESTRICTIONS

A public health state of emergency was declared in Western Australia on 16 March 2020 which was subsequently extended to November 2020⁸. From 27 June 2020, the number of people permitted to gather increased and additional businesses could reopen⁹. Restrictions were further eased as from 14 November 2020 but Western Australia remains in a State of Emergency and various restrictions are enforceable by fines of up to AU\$50,000 for individuals and AU\$250,000 for businesses, and police officers also have the power to issue AU\$1,000 on-the-spot fines¹⁰.

The services provided by Peer Based Harm Reduction WA are officially recognised by state authorities as ‘essential’ and the staff of the organisation as ‘essential/key workers’.

- The services provided by Peer Based Harm Reduction WA are officially recognised by state authorities as **‘essential’** and the staff of the organisation as **‘essential/key workers’**. This has allowed the organisation and the staff to continue the provision of most of its services, albeit with revised protocols to adhere to public health regulations to reduce the transmission of COVID-19.
- Initially, the health clinics in Perth and Bunbury were closed due to the inability to adhere to the 4 square metre social distancing regulation; however, the clinics were able to re-open when state regulation reduced the social distancing requirement to 2 square metres, with operational protocols revised to abide by the public health rules so that one-client can enter the clinic after one-client has departed.
- Access to personal protective equipment (PPE) was initially difficult due to the high demand for such materials at the start of the public health emergency in the state.
- Fixed site and outreach NSEPs have continued to operate throughout the pandemic, but all outreach services now provide contactless delivery.

RESPONSES TO COVID-19

Peer Based Harm Reduction WA revised their service delivery models and have used innovative approaches to comply with state-wide public health directives which have had the following impacts:

Due to the large geographic area served by Peer Based Harm Reduction WA, innovative approaches to providing NSEP were already well underway prior to the COVID-19 pandemic. However, as an increasing number of clients were unable to leave home to access NSEP due to COVID-19 restrictions, availability of injecting equipment was increased via outreach delivery

⁸ COVID-19 coronavirus: Western Australia Declaration of State of Emergency and Public Health Emergency declarations. Perth, Western Australia; Government of Western Australia, updated 24 November 2020. <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-western-australia-declaration-of-state-of-emergency-and-public-health-emergency-declarations> (accessed 26 November 2020).

⁹ COVID-19 coronavirus: Health and wellbeing. Perth, Western Australia; Government of Western Australia, updated 19 November 2020. <https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/covid-19-coronavirus-health-and-wellbeing> (accessed 26 November 2020).

¹⁰ COVID-19 coronavirus: What you can and can't do. Perth, Western Australia; Government of Western Australia, updated 19 November 2020. <https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/covid-19-coronavirus-what-you-can-and-cant-do> (accessed 26 November 2020).

and the postal service. The postal service allows people who inject drugs to access injecting equipment even if they live in remote areas.

Clients can get a copy of the items available and their unit cost from the organisation in person, by email, or by downloading it from the organisation's website¹¹. The client can then enter details of what they want on a 'postal order form' and hand it in to the organisation, post it or send it by email, or they can phone the organisation to place their order. Payment for the requested items can be made through online banking/electronic transfer or by making a direct deposit at a bank. Payment only applies to those supplies ordered by mail.

The postal service allows people who inject drugs to access injecting equipment even if they live in remote areas.

Although items available through this service have to be paid for, postage is free to anywhere in the state of Western Australia. If items are required more quickly, express postal fees can be paid by the client. *Peer Based Harm Reduction WA* recommends that clients purchase larger quantities of the items they use than normal in case there are any delays in receiving future orders of NSEP commodities due to delivery issues related to COVID-19 or the weather, for example. Hence, up to 500 sterile syringes can be posted at one time.

- Another method of providing NSEP is through home delivery by outreach staff. Clients in the Perth Metro area, or the South West region of the state, can access the service by phoning, or sending a text message to, *Peer Based Harm Reduction WA*. Details of the injecting equipment available and naloxone kits are provided on the organisations website, or clients can obtain such information by phoning or texting the organisation. Free home deliveries are available from Tuesday to Friday. However, due to COVID-19 restrictions, outreach at present does not involve the usual close interaction with clients.
- An increased quantity of injecting equipment and naloxone kits, disseminated through fixed sites, mobile and outreach, has resulted in an increase in the number of commodities distributed even though the number of clients meeting staff was less frequent than prior to the COVID-19 pandemic.
- Whilst the number of face-to-face interactions dropped significantly during the COVID-19 restrictions, the quantity of injecting equipment and related items distributed increased by approximately 125%.



¹¹ <https://harmreductionwa.org/postal-orders/> (accessed 21 November 2020).

CHALLENGES

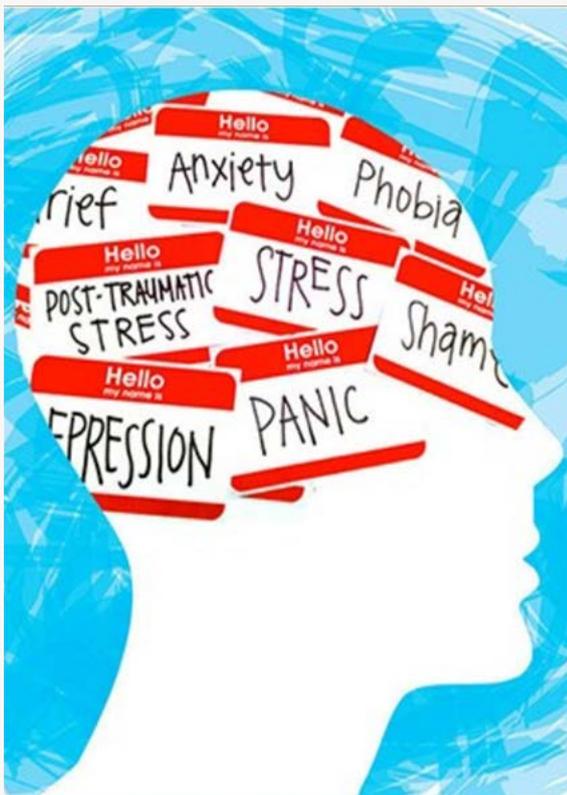
- 1** Harm reduction services operating at fixed sites were unable to allow more than one client to enter the facility at a time due to social distancing regulations. This has reduced the opportunities for education and brief interventions compared to the time prior to mid-March 2020.
- 2** The inability of an increasing number of clients to leave home to access NSEP due to COVID-19 restrictions was addressed through making injecting equipment available through outreach delivery and the postal service. The postal service in particular allows people who inject drugs to access injecting equipment even if they live in remote areas. However, clients who wish to use this service need to have electronic means of payment. Furthermore, whilst postage is free, if items are required urgently, an express postal delivery fee must be paid.
- 3** For clients without an address, such as people living on the street in urban Perth and Bunbury can access NSEP, harm reduction education, and naloxone kits through the respective *Peer Based Harm Reduction WA* fixed site, although entry into each facility is currently limited to one consumer at a time due to social distancing requirements. Each site is located within areas where people sleeping rough congregate. Harm reduction packs (see illustration) were developed specifically for the needs of street-present people.
- 4** Individuals who wished to make use of the non-contact services available through Peer Based Harm Reduction WA need to plan ahead so that they can receive items by mail in time, or to make an appointment to receive medical services at a clinic.
- 5** COVID-19 restrictions have meant that it is no longer possible to transport clients to access health, social welfare, and other services.
- 6** Interactions with clients, such as peer educator recruitment and training sessions, can no longer be conducted in person as usual; consequently, some such work has been undertaken online or in open public spaces that allows adequate social distancing.
- 7** The authorities in Perth, where the majority of street living and working people who use drugs are located, attempted to place people sleeping rough into hotel accommodation as a well-meaning act to protect such people, and the general public, from contracting COVID-19. However, most of the people in need of accommodation/housing also require support services, particularly related to drug and alcohol dependence and chronic mental health issues. Consequently, the provision of accommodation without associated health and social support interventions results in most people rapidly returning to rough sleeping as a preferred option.
- 8** The creation of staff 'bubbles' has meant that staff of the organisation are no longer able to mix freely with all of their colleagues, and service coordinators have no face-to-face contact with half of their workers. This has an impact on social cohesiveness within the organisation, and requires innovation and attention on the part of managers to provide effective support, supervision, and coordination from a distance.

9

With many clients experiencing significant difficulties in coping with the restrictions imposed by the COVID-19 pandemic, *Peer Based Harm Reduction WA* publicised the contact details for 'Lifeline', a non-government organisation (NGO) that helps people considering suicide or experiencing other serious life-crises¹². Details of how to contact the Coronavirus Support Line at 'Beyond Blue', an NGO providing mental health support services, were also made widely available by the organisation¹³.



Contents of a harm reduction pack



COVID-19 WELLBEING

Have you been struggling with the impact of COVID-19?
Feeling lonely or isolated?

CALL:
Beyond Blue Coronavirus Support Line:
1800 512 348

Lifeline Crisis Line:
13 11 14

 peer based
harm reduction wa

¹² <https://www.lifeline.org.au/> (accessed 20 November 2020).

¹³ <https://coronavirus.beyondblue.org.au/> (accessed 20 November 2020).

FUTURE POSSIBILITIES / NEXT STEPS

As with all sectors of society, physical isolation can cause a multitude of negative impacts on the well-being of individuals which can become even more severe for people with drug and alcohol dependence, as well as those with mental health issues. Much of the harm reduction education the organisation delivers normally occurs as part of informal interactions in the needle exchange or on outreach to consumers' homes, and opportunities for this sort of intervention are severely restricted by social distancing measures. Spending time together and having a personal connection and rapport is not only important for assessing the status of clients and for effectively delivering education, it also has a positive impact on the mental health and well-being of clients and staff alike. As restrictions are further reduced in the future, particularly once an effective vaccine is available to the population, reengaging with clients will need to take into consideration the different levels, and types, of trauma that have been experienced during 'lockdown'. Counselling and other forms of mental health support will likely be a priority.

In addition, the attempt to provide accommodation to people sleeping rough in Perth has highlighted the need for a comprehensive range of services that help individuals to transition from street living to the use of safe accommodation as part of a portfolio of interventions that include medical and psychosocial support. Although attempts by the authorities to help people living on the street in the initial instance were not well thought-through, it has raised the issue at a political level, and there appears to be a will to address this issue. All stakeholders should take this opportunities to redouble efforts to develop a comprehensive strategy and cost implementation plan to address the complex issues of people sleeping rough and for the State government to allocate sufficient resources to make the plan a reality.



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Stimulant substitution
maintenance and
COVID-19 testing for
people who use drugs
in Prague

Prague 

Czech
Republic

BACKGROUND

SANANIM has been providing support to people who use drugs and their family members since 1990 based in the Czech capital, Prague. The non-governmental organisation (NGO) provides a range of services designed to mitigate the health and social harms from drug use and preventing the spread of communicable diseases. The staff of *SANANIM* try to motivate clients to make positive changes in their behaviours and provide them with information, advice, sterile injecting materials, condoms and lubricant, basic medical treatment, counselling, crisis interventions, as well as the opportunity to be tested for HIV, tuberculosis, sexually transmitted infections, and hepatitis C. In 2019, there were approximately 4,000 client visits over the year, most finding out about *SANANIM* by word-of-mouth in the community.

A comprehensive system of care is provided by the organisation that includes a contact centre and outreach programmes, together with an outpatient clinic for people experiencing dependence of various types, including a specific service for juveniles. There is also a day hospital that provides outpatient psychotherapeutic services, such as counselling and treatment for people at risk of the consequences of using mainly non-alcoholic drugs and also to support their loved ones, serving around 200 clients each year. The facility seeks to prevent clients from being hospitalised and to avoid long-term isolation from their normal environment and also provides specific services for pregnant women and mothers with children.

SANANIM also runs a centre for comprehensive child and family care, as well as the delivery of specialised outpatient services. Two therapeutic communities are run by the organisation in Karlov and Nĕmčice-Heřmaň. An aftercare centre is also operated by *SANANIM*, including specific services for mothers with children, and also a centre for people in conflict with the law. Transition from treatment to mainstream society is provided to client through a labour and social agency run by

SANANIM that includes, for example, capacity building to solve social situations, or to look for employment or to study.

SANANIM is funded by the Ministry of Social Affairs, the Ministry of Health, the Municipality of Prague and the government office on drug policy, as well as by some private donors; the organisation is also part of various international projects.



The SANANIM Contact Centre in Prague

COVID-19 RESTRICTIONS

The Government declared a state of emergency in the Czech Republic on 12 March 2020, initially for 30 days, due to the widespread transmission of COVID-19; gatherings of more than 30 people were prohibited¹⁴. A national information line about COVID-19 was set up by the Ministry of Health on 15 March 2020, manned by trained operators, ministry employees, and public volunteers¹⁵. Restrictions were further strengthened on 25 March 2020, allowing only 2 people to meet in public spaces, and reemphasising the requirement that people who are not part of the same household must stay 2 metres apart¹⁶. Restrictions were eased gradually from late April 2020, although the state of emergency has continued and will do so until at least 12 December 2020¹⁷.

RESPONSES TO COVID-19

Impact of lockdown on the drug market

When the first wave of COVID-19 hit the Czech Republic, the closure of international borders had an impact on both the cost of drugs on the black market, as well as on the availability of precursor chemicals used in the manufacture of crystal methamphetamine – the main drug of use in the country.

The resultant reduction in the amount, and in the quality, of crystal methamphetamine available in Prague caused some users to switch to other substances, including alcohol, or for those people most dependent on stimulants to increase the quantity used to gain the same effect as prior to the border closures due to COVID-19. Some people simply stopped using crystal methamphetamine entirely.

When the first wave of COVID-19 hit the Czech Republic, the closure of international borders had an impact on both the cost of drugs on the black market, as well as on the availability of precursor chemicals used in the manufacture of crystal methamphetamine – the main drug of use in the country.

¹⁴ V souvislosti s vyhlášením nouzového stavu se zakazují akce s účastí přesahující více než 30 osob, omezuje se také přítomnost veřejnosti ve vybraných zařízeních [In connection with the declaration of a state of emergency, events with the participation of more than 30 people are prohibited, and the presence of the public in selected facilities is also limited]. Prague, Czech Republic; Ministry of Health, 12 March 2020. <https://koronavirus.mzcr.cz/v-souvislosti-s-vyhlasenim-nouzoveho-stavu-se-zakazuji-akce-s-ucasti-presahujici-vice-nez-30-osob-omezuje-se-take-pritomnost-verejnosti-ve-vybranych-zarizenich/> (accessed 26 November 2020).

¹⁵ Spouštíme celostátní informační linku pro občany v souvislosti s koronavirem [We are launching a national information line for citizens related to coronavirus]. Prague, Czech Republic; Ministry of Health, 15 March 2020. <https://koronavirus.mzcr.cz/spoustime-celostatni-informacni-linku-pro-obcany-v-souvislosti-s-koronavirem/> (accessed 26 November 2020).

¹⁶ Za účelem ochrany veřejného zdraví nařídilo Ministerstvo zdravotnictví pobývat na veřejně dostupných místech nejvýše v počtu dvou osob [In order to protect public health, the Ministry of Health ordered a maximum of two persons to stay in publicly accessible places]. Prague, Czech Republic; Ministry of Health, 25 March 2020. <https://koronavirus.mzcr.cz/za-ucelem-ochrany-verejneho-zdravi-naridilo-ministerstvo-zdravotnictvi-pobyvat-na-verejne-dostupnych-mistech-nejvyse-v-poctu-dvou-osob/> (accessed 26 November 2020).

¹⁷ Vláda rozhodla o prodloužení nouzového stavu do 12. prosince, od pondělí dojde k dílčímu zmírnění některých opatření [The government has decided to extend the state of emergency until December 12, some measures will be partially relaxed from Monday]. Prague, Czech Republic; Government of the Czech Republic, 20 November 2020. <https://www.vlada.cz/cz/media-centrum/aktualne/vlada-rozhodla-o-prodlouzeni-nouzoveho-stavu-do-12-prosince-od-pondeli-dojde-k-dilcimu-zmirneni-nekterych-opatreni-184975/> (accessed 26 November 2020).

The response by law enforcement

Initially, organisations working in the harm reduction sector were afraid that the police would use very strict measures to enforce the COVID-19 lockdown on the community of people who use drugs, especially people sleeping rough. Attempts were made to advocate for a more considerate and humane approach.

It was, therefore, a welcome surprise that the police issued a press statement saying that they respected the difficulties faced by people who use drugs and the homeless during the public health emergency caused by COVID-19.

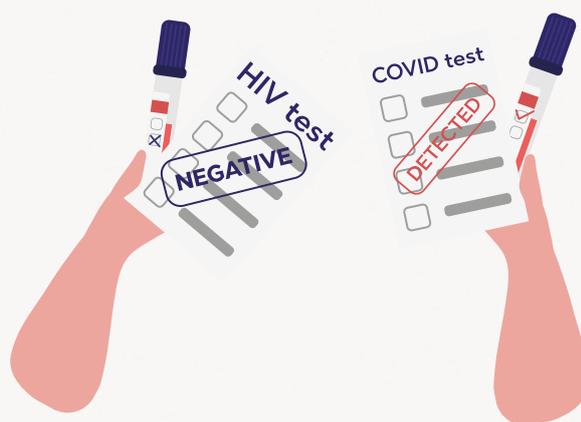
It was, therefore, a welcome surprise that the police issued a press statement saying that they respected the difficulties faced by people who use drugs and the homeless during the public health emergency caused by COVID-19. This allowed shelters to have the confidence to be open and to provide a range of support services for such people without fear of reprisals from law enforcement agencies. This also led to more harm reduction commodities being distributed

than normal so that clients did not need to travel to collect such supplies as often as they did prior to the lockdown.

Test, test, test

SANANIM has many years experience in providing a range of tests for its clients. Tests can be undertaken on-site for HIV, STIs, TB, and HCV. As *SANANIM* have GeneXpert diagnostic equipment within the organisation, it has been possible to provide clients with COVID-19 tests¹⁸. This is particularly useful as people who use drugs have considerable difficulty in accessing public health services in general due to endemic discrimination and stigmatisation; this is also the case with regards to accessing COVID-19 tests in the public health sector. Consequently, the opportunity exists – on a voluntary basis – for people who use drugs to be tested for COVID-19 in addition to undertaking other tests available at the same time, in the same location.

This approach by *SANANIM* is in keeping with the mantra of the Director-General of the World Health Organisation, Dr Tedros Adhanom Ghebreyesus, when he addressed a media briefing on COVID-19 on March 16th 2020, and stated,



¹⁸ See, for example, WHO Emergency Use Assessment Coronavirus disease (COVID-19) IVDs. Product: Xpert Xpress SARS-CoV-2. Public Report. Geneva, Switzerland; World Health Organisation, July 2020, Version 1.0. https://www.who.int/diagnostics_laboratory/eual/200724_final_pqpr_eul_0511_070_00_xpert_xpress.pdf (accessed 24 November 2020); and, Rakotosamimanana N, Randrianirina F, Randremanana R, Raheison MS, Rasolofo V, et al. GeneXpert for the diagnosis of COVID-19 in LMICs. *The Lancet Global Health*, Vol. 8, Issue 12, E1457-E1458, December 1, 2020. [https://doi.org/10.1016/S2214-109X\(20\)30428-9](https://doi.org/10.1016/S2214-109X(20)30428-9) (accessed 24 November 2020).

“ the most effective way to prevent infections and save lives is breaking the chains of transmission. And to do that, you must test and isolate. You cannot fight a fire blindfolded. And we cannot stop this pandemic if we don't know who is infected. We have a simple message for all countries: test, test, test.”¹⁹

Outreach Services

Although social distancing measure have been in place throughout the Czech Republic, *SANANIM* have continued to carry out all of their normal services through the tweaking of protocols in order to avoid close contact between clients and with staff, and through the use of personal protective equipment (PPE).

Outreach staff have continued to visit squats where people who use drugs are provided with food, medicines, and stimulant substitution services (if they are already enrolled in the

programme); this also applies to clients that have contracted COVID-19. Such COVID-19-positive clients remain in their squat to avoid further transmission of the virus to others in the community and beyond. *SANANIM* also provides harm reduction and social support services to street-based sex workers, with perhaps a quarter of all sex workers using drugs. The organisation links with other agencies who have a range of specific services for women, including a hostel and community centres. As with other clients, female sex workers have the opportunity to be tested for a range of communicable diseases and to access counselling and the stimulant substitution programme run by *SANANIM* (see below).

Emergency accommodation

SANANIM erected tents in the park in front of their main office in Prague. This was undertaken in collaboration with Municipal authorities to initially provide all people sleeping rough with emergency shelter. Since the first wave, such tents have been designated by the municipality for use by people who have COVID-19. In addition, with the lack of tourists due to the pandemic and the lockdown measures, the Prague municipal authorities have provided funding to some hotels, such as those of the BOHO CO hotel chain, to provide accommodation to people sleeping rough.

The stimulant substitution programme

SANANIM, and other organisations, have been advocating for many years for pharmacotherapy treatment for stimulant users, the formal term for substitution treatment for people dependent on stimulants, owing to the drug being the population substance of use in the country. However, no formalised agreement has yet been achieved with the Ministry of Health. The increase in the number of people diagnosed with, and treated for, Attention Deficit Deficit

¹⁹ World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 - 16 March 2020. Geneva, Switzerland; World Health Organization, 16 March 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---16-march-2020> (accessed 24 November 2020).

Hyperactivity Disorder (ADHD) has made various medications more readily available that can also be used for methamphetamine substitution.

Progress has been made, however, by the Society for Dependence Diseases, part of the Association for Dependence Diseases of the *Czech Medical Association of J. E. Purkyně* (SNN ČLS JEP)²⁰, which has published guidance on the off-label use of prescribed stimulants for the purpose of substitution treatment. Whilst not official policy of the Ministry of Health, the SNN ČLS JEP has considerable influence within the Ministry which allows NGOs some confidence that they can implement the guidance without undue concern.

There are many different approaches by NGOs that are using the guidance from the Society for Dependence Diseases, many of which do not consider the practical reality of life for each client.

There are many different approaches by NGOs that are using the guidance from the Society for Dependence Diseases, many of which do not consider the practical reality of life for each client. Some organisations make it difficult for clients to remain in their programme due to strict rules

and the rigid use of the guidance. *SANANIM*, however, uses a people-centred approach in which pragmatic decisions are made by the client in collaboration with staff. *Methylphenidate*, previously only prescribed for ADHD, is used by *SANANIM* although the organisation would much prefer to use *Dexamphetamine* owing to its greater level of adherence by clients as shown in other countries, such as Australia and the UK, but it has not been approved for use in the Czech Republic. The number of clients supported by *SANANIM* in the stimulant maintenance programme is relatively small, less than 100 people.

The procedure to enter the stimulant substitution programme is relatively simple. Those clients who are most dependent on stimulants and who appear to be able to adhere to the programme, as well as expressing a wish to enter the programme, are selected. In addition, the organisation must have the necessary human and financial resources to provide the necessary support to the client as it is a maintenance service rather than seeking abstinence as its objective.

A case manager works with each client in addressing the range of support needs in addition to the stimulant substitution medication. Psychiatric support is provided every 1-2 weeks to each client in which issues of adherence and compliance can be addressed, as needed, as well as other matters affecting the well-being of the individual. All of the other *SANANIM* services, as outlined above, are also available on a voluntary basis to each client based on need. All such services, including the stimulant substitution programme, are provided free of charge by the organisation.

²⁰ <https://snncls.cz/> (accessed 24 November 2020).

²¹ Minařík J. Pharmacologically assisted treatment of meth dependence. SNN ČLS JEP recommendation for off-label use of central stimulants in those dependent on methamphetamine. Prague, Czech Republic; Society for Dependence Diseases, 15 April 2020. <https://snncls.cz/2020/04/15/farmakologicky-asistovana-lecba-zavislosti-na-pervitinu/>, and, <https://snncls.cz/wp/wp-content/2020/04/SSL-pervitin-fin.pdf> (accessed 24 November 2020).

A case manager works with each client in addressing the range of support needs in addition to the stimulant substitution medication.

CHALLENGES

It should not be underestimated the difficulty that people who use drugs, and other marginalised populations, have in accessing COVID-19 tests through public health services. Consequently, SANANIM provides one of extremely few opportunities for such people to easily take a COVID-19 test.

Also, the lack of tourists due to the pandemic and the lockdown measures has resulted in virtually all hotels being empty, especially in Prague, with many of them closed. Prague municipal authorities have provided funding to some hotels, such as those of the BOHO CO hotel chain, to provide accommodation to people sleeping rough and plans to continue with this approach into the first half of 2021.



FUTURE POSSIBILITIES/NEXT STEPS

The issue of homelessness has begun to be recognised as an issue requiring more attention beyond the COVID-19 pandemic. Adam Zábanský, Councilor for Housing and Transparency with the Prague municipal authority, noted that,

“ **Originally, it was a crisis measure to prevent infection among the homeless. But it occurs to me that we can use this as an opportunity and help people solve long-term problems and get them off the streets.** ²² ”

It was also noted that the health condition of homeless people who had been provided with accommodation had significantly improved. Consequently, Prague municipality has decided to continue the project of ‘stabilisation of accommodated persons’ until March 2021.

It is also hoped that the *Society for Dependence Diseases* will be able to persuade the Ministry of Health to formally adopt the guidance for stimulant maintenance and treatment at some time in the near future as this would help to strengthen the response to this issue and potentially expand the availability of such services. In addition, to improve its stimulant maintenance programme, *SANANIM* is advocating for *Dexamphetamine* to be registered by the Ministry of Health for use in the Czech Republic owing to its greater level of adherence by clients as shown in other countries, such as Australia and the UK.

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²² Tesárková A. Prague hotels to continue housing hundreds of homeless people until 2021. Prague, Czech Republic; Remix News, June 27, 2020. <https://rmx.news/article/article/prague-hotels-to-continue-housing-hundreds-of-homeless-people-until-2021> (accessed 24 November 2020).

Kenya:

New models of good practice to support marginalised people during the COVID-19 emergency in the suburbs of Nairobi

 Nairobi

BACKGROUND

Voices of Community Action and Leadership (VOCAL) is a Kenyan-based harm reduction and human rights organisation committed to reducing the health, social and economic harms associated with drug use and the harms caused by stringent drug policies in East Africa.

VOCAL raises awareness of the challenges faced by low-income people affected by drug use and related harms, including communicable diseases, particularly HIV and the Hepatitis C virus (HCV), as well as the impact of ineffectual drug policies and laws on the health and human rights of people. VOCAL engages with concerned individuals, family members, students and institutions who are eager to advocate for the expansion of harm reduction policies and practices in East Africa.

COVID-19 RESTRICTIONS

A directive was issued by the President of Kenya on 15 March 2020 instructing all public and private sector workers to stay home to prevent the further increase in COVID-19 infections. The government also ordered the closure of entertainment venues, such as pubs and clubs on 22 March 2020, although most appear to have remained open. A night time curfew was introduced on 27 March 2020 in which everyone must stay at home or indoors, except for essential service workers; the night time curfew remained in place as of September 2020. Face masks became compulsory outside of the home from 4 April 2020²³. Unemployment is believed to have risen dramatically from 49.9% to 61.9% over the period of May to June 2020, equating to over 13 million people, as a result of the lockdown²⁴.

RESPONSES TO COVID-19

Restrictions on the movement of people made it impossible for normal harm reduction outreach and drop-in centre activities to continue. Therefore, VOCAL responded to this emergency situation in a number of ways.

The community-based support provided by VOCAL utilises a type of ‘neighbourhood watch’ initiative, called ‘*Nyumba kumi*’, comprising 10 houses that acts as the grassroots organisational structure established by the government at the village level.

Nyumba kumi enables the delivery of information as well as the mobilisation of people. VOCAL has worked with leaders of many *Nyumba kumi* in the most deprived suburbs of the Kenyan capital, Nairobi, to sensitise them to a range of issues, including HIV, tuberculosis, and harm reduction, and how support can be accessed through contacting the organisation.

In response to the COVID-19 pandemic, VOCAL trained 20 volunteers, comprising a mix of people who use drugs and non-users, in a range of skills (see adjacent box for details of the training provided). These 20 *community health/outreach volunteers* provide support to people in a number of *Nyumba kumi*, including people who use drugs, to access health care facilities and services. A form was developed by VOCAL to list the support services available through the organisation. Twice each week, *outreach volunteers* – who receive a daily stipend of US\$5.00 – walk through local communities and give the form to people who approach them for help, or are given to people who appear to be in need of assistance.

²³ Mbae N. COVID-19 in Kenya. *Electron J Gen Med.* 2020;17(6):em231. <https://doi.org/10.29333/ejgm/7896> (accessed 3 September 2020).

²⁴ Kenya National Bureau of Statistics as reported in, Wafula P. 13 Million Out of Work as Covid-19 Worsens Crisis. Nairobi, Kenya; Daily Nation, 2 September 2020. <https://nation.africa/kenya/news/covid-19-worsens-kenya-s-job-crisis-1930340> (accessed 3 September 2020).

Training provided to community health volunteers:

- The benefits of harm reduction
- Prevention of, and response to, overdose
- Identification of situations in which abuse is likely taking place
- How to document and report human rights violations
- Negotiation skills
- Problem solving
- How to provide accurate information
- Identification of harm reduction champions in the community
- Raising awareness of stigma and discrimination
- How to refer individuals to health care facilities
- Advocacy skills

Rita, a female university student, has received support from the community health/outreach volunteers and says,

“It has enabled me to understand myself, and the community better, I have understood addiction and related behaviour and I can be able now to counsel community members on issues that were previously difficult to handle. It has increased my confidence and assisted in my self-esteem and recovery.”

Leaders of *Nyumba kumi* may also contact VOCAL to request help for an individual. Based on the information provided on the form, and from discussions with the individual requesting help, the *outreach volunteer* facilitates referral to a suitable health facility that can include payment for local transportation, such as through a taxi service contracted by VOCAL for this purpose. *Outreach volunteers* have, for example, been able to help one male client to be referred back to mainstream HIV treatment following a gap in accessing antiretroviral (ARV) medicines. They achieved this by taking him to a hospital using a taxi paid for by VOCAL and in helping the client to successfully negotiate with doctors to re-enrol him onto ARVs. Through similar assistance, the client was also able to re-enrol onto methadone maintenance therapy (MMT).

Another recipient of the VOCAL outreach work is Sly, a male, who says,

“It has improved my relationship with people, improved my confidence, self-esteem, ability to talk in public; I am able to face different people in the community, and self-acceptance as a drug user. The counselling theories have helped me see myself in the scene, talk to myself and solve my issues.”

The health facilities – including government, private and NGO-run – that are most often utilised by VOCAL are in the Nairobi suburbs of *Kawangware* (to the west) and *Kibera* (to the south-west). In addition to the referrals to health facilities, *outreach volunteers* provide masks, information about harm reduction and COVID-19, condoms, sterile needles and syringes, and other health commodities in each *Nyumba kumi*, with 2,200 people having receiving such items over a period of 3 months. This has meant that key harm reduction interventions have continued during the ‘*lockdown*’ without the need of individual people who use drugs having to travel to collect commodities from health facilities or the VOCAL drop-in centre; this avoids the risk of detention by law enforcement as the *outreach volunteers* are travelling with the authorisation of the local



government and are, therefore, not detained by police when on the street.

Funding to provide such support came from the *Open Society Foundations - East Africa (OSF)* and the *Elton John AIDS Foundation (EJAF)* in collaboration with *Harm Reduction International (HRI)*.

Another approach used by members of the VOCAL team has been *art therapy* to help some people who use drugs. They identified locations near to dens used by people who use drugs to produce *COVID-19 awareness and harm reduction advocacy messages using graffiti* on roadside walls.

A major undertaking by VOCAL was in *mediating with police to use diversionary tactics* to reduce the number of arrests of people who use drugs, an issue of even greater concern than usual due to the presence of far fewer people on the street – where most drugs are purchased – due to the

‘lockdown’ caused by COVID-19, thereby making people who use drugs more visible to the police.

Another approach used by members of the VOCAL team has been art therapy to help some people who use drugs.

A range of approaches were negotiated by the staff of VOCAL with six commanding officers of police divisions in the suburbs of the Kenyan capital, Nairobi. This work coincided with the annual ‘*Support, Don’t Punish*’ advocacy events in June 2020. The new approaches included the use of community sentencing in which those individuals who had, in the view of the police, transgressed the law did not enter the formal

judicial system of punishment but, rather, were ordered to undertake manual labour in community settings. A total of 32 people who use drugs were released from police custody between April and August 2020 as a result of this approach. Consequently, this helped to reduce the number of people in police cells and to thereby reduce the potential for overcrowding in which social distancing is impossible and the risk of COVID-19 transmission is heightened. These diversionary efforts were funded by EJAF and OSF.

'Lockdown' in Nairobi has also resulted in a major increase in *gender-based violence (GBV)*. Staff of other community-based organisations (CBOs) and non-governmental organisations (NGOs), such as the Kenyan Network of People who Use Drugs (KENPUD) and the Nairobi Outreach Services Trust (NOSET), were reporting an increase in the number of cases of GBV. However, there was an insufficient number of counsellors available to respond to this urgent situation resulting from the COVID-19 restrictions. Therefore, the VOCAL team, through funding

provided by OSF and Aidsfonds/PITCH through *Frontline AIDS*, trained 30 people who use drugs in basic counselling and mediation skills, together with the ability to document, report and monitor cases, including referrals, as they progress. Such community counsellors, who are unpaid, work as part of a GBV team that comprises local police, village chiefs, paralegals, lawyers and representatives of health facilities in Nairobi and nearby locations.

However, there was an insufficient number of counsellors available to respond to this urgent situation resulting from the COVID-19 restrictions.



In the local street language of the Nairobi slums, JIKINGE means, 'Protect Yourself'

One of those who have been trained by VOCAL is *Ann*, who notes that,

“ This work has changed my behaviour, I can now listen to my fellow users and offer support. I am able to reflect within myself and solve personal issues before I can go to help other women in the slums. ”

A total of 45 people have been helped as of the third quarter of 2020, including 2 rape cases involving women who use drugs who are sex workers.

This is the very first community-led approach to addressing GBV in Kenya and the first attempt to document violence against women who use drugs or violence against women who are partners of men who use drugs.

Targeted support for women

Income generating initiatives for women who use drugs were repurposed to manufacture soap for sale and for use at handwashing stations as part of the response to COVID-19 in communities. The sale of soap, for example, helped four women to make an income rather than through selling small quantities of heroin whilst also supporting community efforts to reduce the transmission of COVID-19 through handwashing.

CHALLENGES

As with most harm reduction organisations, funding is the greatest challenge faced by VOCAL. The team at VOCAL are also faced with the slow response in the community to the efforts being made to help the victims of GBV and the stigma experienced by men that makes them unwilling to report GBV for fear of being ridiculed by their peers in the community, together with the slow pace of collaboration with the police. A further challenge is the limited availability of training materials for people who use drugs to become effective community-based health facilitators and the time it takes for them to operationalise their learning and gain experience to be effective.



A handwashing station in den used by people who use drugs in the Eastland's area of Nairobi

FUTURE POSSIBILITIES / NEXT STEPS

VOCAL plans to partner with the Ministry of Health to include *community health/outreach volunteers* into mainstream government health activities and to support such volunteers in their efforts to increase access by people who use drugs to various kinds of national health programmes that are likely to be more sustainable than interventions supported in the short term by external donors.

Initiatives to provide greater income generating opportunities for women who use drugs and those who are also sex workers, such as training to become a hairdresser and beauty skills, are being considered as the impact of the COVID-19 restrictions continue to negatively impact such people. It is hoped that the provision of training to women to develop new income generation opportunities will reduce the incidence of GBV, as the reasons for such violence are often based on financial issues.



Acknowledgements:

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BACKGROUND

The largest nationwide campaign promoting HIV testing in Poland is *'Project Test'*²⁵ which has been running since 2009 and is currently implemented by the *Foundation for Social Education* (FSE). The campaign promotes HIV voluntary counselling and testing (VCT) for all and is primarily financed by international donors, such as *MAC AIDS Fund*.

COVID-19 RESTRICTIONS

Extraordinary measures aimed at preventing and combating COVID-19 were introduced by the Government of Poland on 2 March 2020 and, from 15 March 2020, all foreign nationals were barred from entering the country²⁶. From 25 March 2020, people were barred from leaving their home except to do essential activities as were gatherings of more than two people in public spaces, except for people from the same household. Restrictions began to be eased from 19 April 2020 when certain shops were allowed to reopen²⁷. Poland's international borders reopened on 13 June 2020. However, some restrictions have remained, with gatherings of more than 5 people in public areas banned until at least 29 November 2020; the mandatory wearing of face coverings outside, and the requirement for individuals to maintain a distance of 1.5 metres from each other remaining in force. However, parties and meetings organised at private homes and attended by up to 20 people are allowed²⁸.

²⁵ <http://www.projekttest.pl>

²⁶ <https://www.worldnomads.com/travel-safety/eastern-europe/poland/alerts> (accessed 26 November 2020).

²⁷ <https://www.dw.com/en/coronavirus-what-are-the-lockdown-measures-across-europe/a-52905137> (accessed 26 November 2020).

²⁸ Temporary limitations. Warsaw, Poland; Government of Poland. <https://www.gov.pl/web/coronavirus/temporary-limitations> (accessed 26 November 2020).

Poland:

Initiating home delivery
of HIV self-test kits
in response to the
COVID-19 'lockdown'
throughout Poland

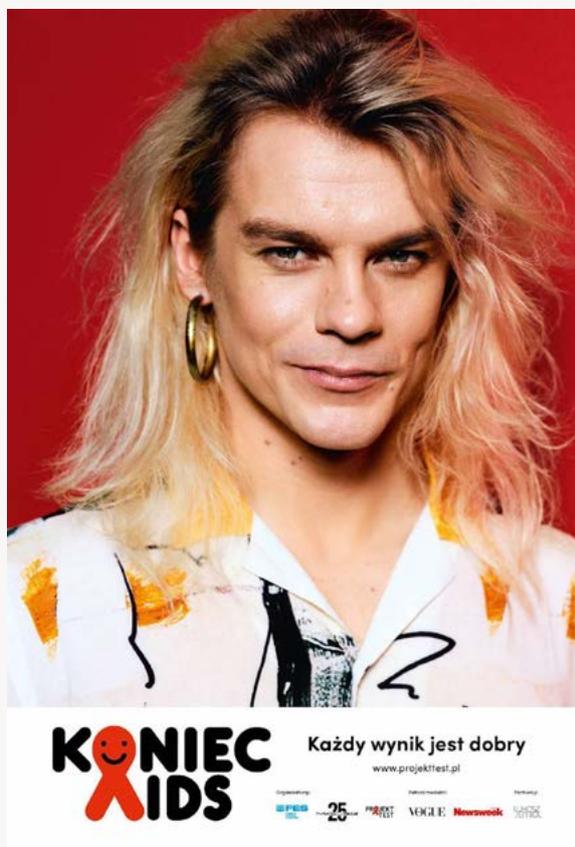
RESPONSES TO COVID-19

Due to the COVID-19 pandemic and the resultant mandatory lockdown, all 30 VCTs in Poland were closed in April 2020. In response, 'Project Test' introduced a new web-based service entitled, 'End of AIDS. Every result is good', in which individuals can order a free HIV self-test – funded by Warsaw City Hall, MAC AIDS Fund, and private companies – which are delivered to the individual's address. The two HIV self-test kits made available for this purpose – *HIV Simplitude™* and *ByMe™* – are recognised by the World Health Organization (WHO)²⁹ and are intended for use by people who have no training or medical background.

Individuals wishing to receive a HIV self-test kit must phone the FSE helpline and talk with a HIV counsellor who will provide a password that allows the individual to order a HIV test kit which is delivered to them by post. This approach ensures that an individual has the opportunity to speak with a HIV counsellor prior to conducting the self-test.

In the first six weeks of 'lockdown', 600 HIV self-test kits were distributed by FSE, with more than half ordered by women; this compares with an average of 1-in-6 VCT visits being by women. Furthermore, based on feedback sent to FSE by around 10% of kit recipients, over half of individuals who ordered a HIV self-test were undergoing HIV testing

In the first six weeks of 'lockdown', 600 HIV self-test kits were distributed by FSE, with more than half ordered by women.



'Every result is good'

for the first time in their life. For those who reported a positive HIV test result, comprehensive support is made available for a confirmatory test to be made at a laboratory and access to antiretroviral therapy (ART).

To-date, the provision of self-test HIV kits by post has been a great success and considerable interest has been shown in this initiative through articles and video clips on social media. After tight COVID-19 lockdown restrictions are eased in Poland, FSE will continue providing such kits by post in addition to VCT sites and other mobile and outdoor testing opportunities.

²⁹ Unitaid, World Health Organization. Market and technology landscape: HIV rapid diagnostic tests for self-testing, 4th edition. Geneva, Switzerland; Unitaid, July 2018. <https://unitaid.org/assets/HIVST-landscape-report.pdf> (accessed 31 October 2020).

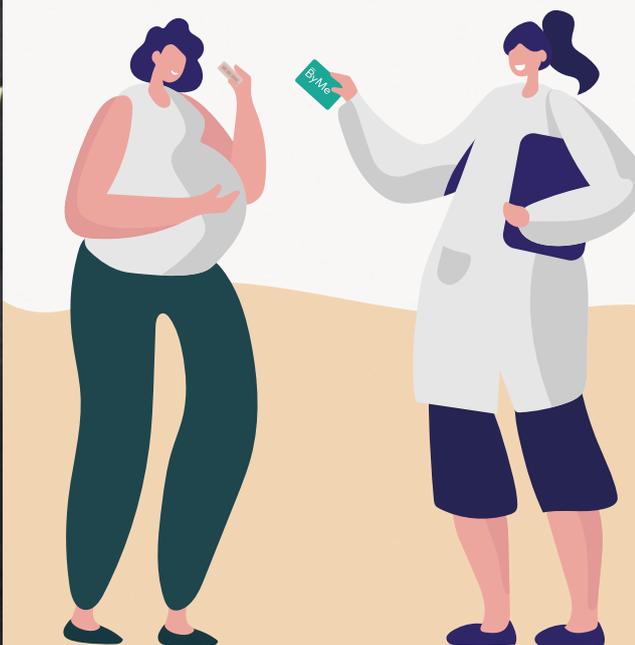
CHALLENGES

Unfortunately, the service is not available to those people who do not have an address to which a HIV self-test can be posted. Challenges also exist with regards to the sustainability of this approach as the HIV self-test kits currently provided are free-of-charge to the recipient, with the costs covered partly by the Government and the rest by external donors.



FUTURE POSSIBILITIES / NEXT STEPS

The availability of self-test kits is changing the situation of many Polish women living outside of large cities. Many women have expressed their gratitude to the project for making it possible for them to access HIV testing during pregnancy. This is particularly the case for women who have no health insurance, or for those who do not have access to medical care and testing during pregnancy. Being able to get the self-test kits for free not only allows such women to check for HIV, but it also improves their mental health and well-being during pregnancy owing to the support provided by FSE in terms of treatment and psychological assistance.



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Russia:

Responding to the
needs of people who
use drugs during the
COVID-19 restrictions
in St. Petersburg

● St. Petersburg

BACKGROUND

Humanitarian Action (Гуманитарное действие)³⁰ is a non-governmental charitable organisation that has been working in St. Petersburg since 1997 and is the oldest harm reduction programme in Russia. The organisation supports people who use drugs (PWUD) including people who inject drugs (PWID), female sex workers (FSW), men who have sex with men (MSM) including chemsexers, as well as people living with HIV, viral hepatitis, and tuberculosis (TB).

COVID-19 RESTRICTIONS

Initial guidelines for the prevention, diagnosis and treatment of the new coronavirus infection 2019-nCoV were published by the Ministry of Health on 3 February 2020³¹, with the Government closing all of Russia's international borders on 18 March 2020³². An order was issued the President that all non-essential work places close from 28 March 2020, with only the government, hospitals, protective equipment manufacturers, the defence sector, grocery stores and pharmacies allowed to continue working; this order was further extended to 30 April 2020³³. Different levels of restriction were imposed thereafter and varied depending on the location across Russia. Restrictions in St. Petersburg gradually eased from October 2020³⁴.

³⁰ <http://haf-spb.org/> (accessed 12 September 2020).

³¹ Минздрав России обновил временные методические рекомендации по профилактике, диагностике и лечению новой коронавирусной инфекции 2019-nCoV [The Ministry of Health of Russia has updated the temporary guidelines for the prevention, diagnosis and treatment of new coronavirus infection 2019-nCoV]. Moscow, Russia; Ministry of Health, 3 February 2020. <https://minzdrav.gov.ru/news/2020/02/03/13264-minzdrav-rossii-obnovil-vremennyye-metodicheskie-rekomendatsii-po-profilaktike-diagnostike-i-lecheniyu-novoy-koronavirusnoy-infektsii-2019-ncov> (accessed 26 November 2020).

³² Михаил Мишустин провёл телефонные разговоры с премьер-министрами ряда иностранных государств [Mikhail Mishustin held telephone conversations with the prime ministers of a number of foreign states]. Moscow, Russia; Government of the Russian Federation, 16 March 2020. <http://government.ru/news/39172/> (accessed 26 November 2020).

³³ Stone R. The new coronavirus is finally slamming Russia. Is the country ready? *Science Magazine*, Washington, DC, USA; American Association for the Advancement Of Science, 26 March 2020. <https://www.sciencemag.org/news/2020/03/new-coronavirus-finally-slamming-russia-country-ready> (accessed 26 November 2020).

³⁴ Actual Situation on Coronavirus (COVID-19) in St. Petersburg. St. Petersburg, Russia; MOST Petersburg DMO, undated. <https://mostpetersburg.com/coronavirus-in-st-petersburg-russia> (accessed 26 November 2020).

RESPONSES TO COVID-19

All services provided by *Humanitarian Action* were suspended during the initial COVID-19 'lockdown' in late March 2020, including its mobile harm reduction units.

In response, a courier delivery service was created through the efforts of volunteer staff, in teams of 2 people, who used their own vehicles.

In response, a *courier delivery service* was created through the efforts of volunteer staff, in teams of 2 people, who used their own vehicles; unlike some other cities in Russia, such as Moscow, travel permits, or other forms of local authorisation, were not required for local travel. Existing as well as new clients made contact with *Humanitarian Action* via the *Telegram* or *Vkontakte* messaging apps or by phone. New clients were asked to provide basic information, including a delivery address, and were issued with a unique code using the first three letters of their first name, their date of birth, and the first three letters of their mothers' name. The contents of a standard harm reduction kit was based on the items that are most popular among existing

Between April 23 to June 15, 2020, a total of 1,410 people received harm reduction kits through this courier delivery system.

clients and such information made available through the chats and channels of the *Telegram* app as well as over the phone. Clients could also request specific items that they needed to be included in the kit, such as a cream to help with post-injection complications, or to change the gauge of syringe to one that the client prefers to use. Between April 23 to June 15, 2020, a total of 1,410 people received harm reduction kits through this courier delivery system which represents approximately 30% of the average number of clients of *Humanitarian Action*. Secondary distribution of kits also took place through the provision to *Humanitarian Action* of the client unique codes for those individuals who subsequently received the harm reduction kits from a fellow client of the organisation.

Building on existing formal agreements between *Humanitarian Action* and *AIDS Centres* in St. Petersburg and the neighbouring Leningrad region and other health care institutions, the courier service was extended to include the *delivery of antiretroviral (ARV) medicines* to the homes or places of work of clients living with HIV. This arrangement was made possible through medical and social support agreements in which individual clients agree to allow staff of *Humanitarian Action* to identify them when collecting medications on behalf of the client. Personal identification included in such agreements includes the dispensary number issued by an *AIDS Centre* to a client upon registration and is required when ordering and receiving ARV's and other medical services free of charge. This arrangement has effectively dealt with the issue of client/patient confidentiality, both for the client and for the health care facility.

To make use of this service, a client of *Humanitarian Action* phones the hotline to contact the case management service and place an order for ARVs. A case manager then contacts the *AIDS Centre* of the client and place the order. The quantity of ARVs prescribed to a client is decided by the respective *AIDS Centre* doctor. Therefore, if there is a change in the quantity of ARVs was being sought by a client, then it is

the responsibility of the client to directly phone their doctor to make such a request. The ARVs are then picked up from the pharmacy of the AIDS Centre by staff of Humanitarian Action. To save time and money, the prescriptions for several clients are collected at one time from the respective AIDS Centre. From March 30 to April 30, 2020, ARV's were delivered to 133 clients, 61% of them male and 39% female; of the total, 87% were people who use drugs, with the remainder being members of the general population in need of help.

From March 30 to April 30, 2020, ARV's were delivered to 133 clients:

61% male

39% female

The standard harm reduction kit for delivery during the COVID-19 'lockdown':

- Insulin syringes x 15
- 2ml needle x 15
- 5ml needle x 15
- 50 alcohol wipe x 50
- Condom x 12
- Naloxone x 1 ampule
- Sterile water x 1 pack
- One pair of medical gloves
- One mask

The story of Nikolai

An example of the support provided by *Humanitarian Action* is the case of Nikolai, 39 years old, who lives alone. Nikolai first injected heroin as a student at the age of 19 and has experienced several occasions in correctional facilities. After his wife died, Nikolai's only daughter was put under guardianship because – as a person who was drug dependent – he was deprived of his parental rights. Nikolai has been on ARV's since 2007 and has also had a disability since 2011 when he began experiencing problems with his memory as a result of meningitis. Prior to the onset of the COVID-19 pandemic, Nikolai had been an unregistered worker at a spare parts store. When the lockdown started, Nikolai was simply told that he was no longer needed and found himself unemployed.

Fortunately, Nikolai knew about *Humanitarian Action* from having seen 'the Blue Bus' that is a mobile harm reduction drop-in centre, although he had never made use of its services. Using the internet, he found the phone number for *Humanitarian Action* and spoke to the coordinator of the programme that assists PWUD.

Owing to his poor health and a lack of money for transport resulting from unemployment due to COVID-19, Nikolai was unable to continue accessing ARV's from the designated *AIDS Centre*. The staff of *Humanitarian Action* came to his rescue and collected a three-month supply of ARV's from the designated *AIDS Centre* and delivered them to Nikolai at home.

The *Humanitarian Action* team also brought him food and personal hygiene products to help him avoid becoming infected with COVID-19. As Nikolai says,

“ **I just survive, all alone... I would go to work but I don't have the strength to even work as a watchman, even a simple job... Now drugs have faded into the background, it's easier to drink if you have at least some money. Drink and go to bed when the soul is hurting.** ³⁵ ”

Such supportive actions by *Humanitarian Action* show how quickly a harm reduction organisation can respond to the specific needs of individuals in distress due to an emergency such as the COVID-19 pandemic. These innovative approaches by *Humanitarian Action* were implemented within the existing *Lighthouse programme* supported by the Elton John AIDS Foundation, with additional funding from the French association, *Sidaction*.

Online activities were also increased at this time through the use of *Telegram* – a cloud-based mobile and desktop video and text messaging app with a focus on security and speed – and *ВКонтакте* (*Vkontakte*, *VK*, meaning 'In Contact'), a popular online social media and social networking service based in St. Petersburg. For example, *HIV counselling* was provided by a

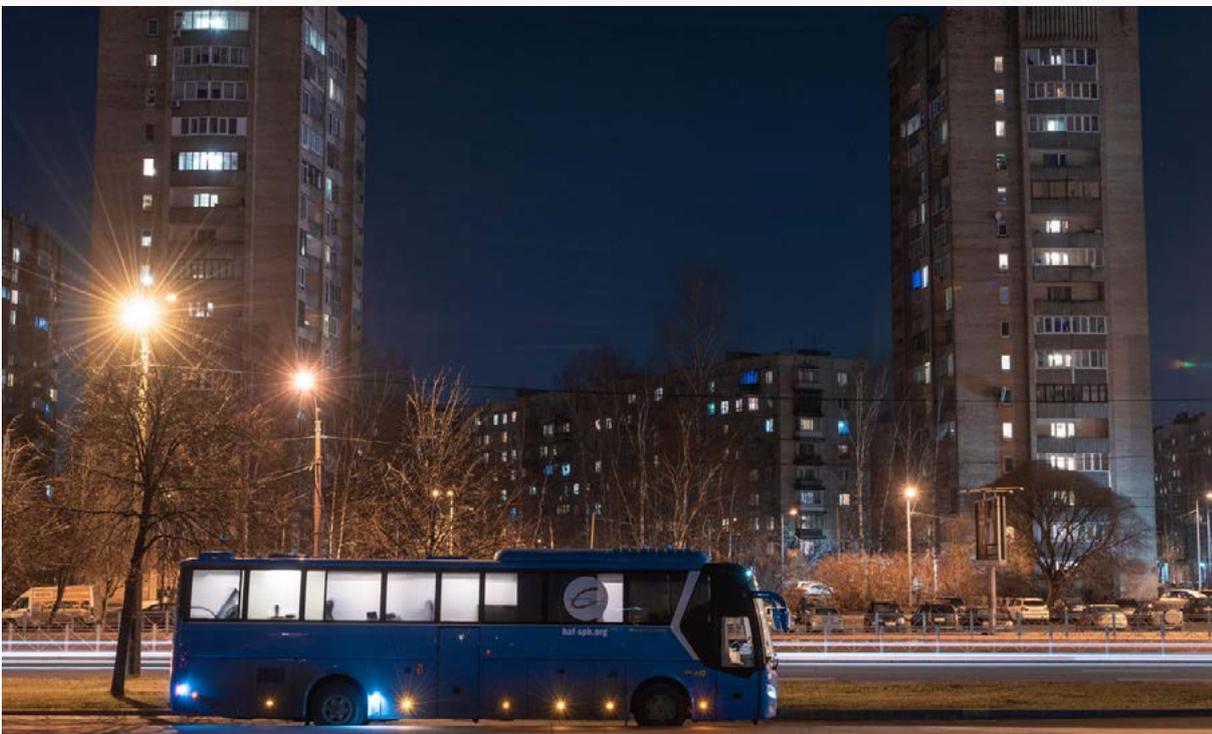
³⁵ Artemenko G. Door ajar. St. Petersburg, Russia; Humanitarian Action Foundation. https://haf-spb.org/living_history/priotkrytaya-dver/ (accessed 14 September 2020).

peer counsellor using Telegram as well as *online psychological consultations*, with such services likely to be continued beyond the restrictions brought about by the COVID-19 pandemic.

Community Feedback

Clients of *Humanitarian Action* have been very positive about the efforts of the organisation to regroup and innovate key harm reduction interventions within the context of COVID-19. To provide such feedback, clients have used the same *Telegram* messenger service as well as the *Humanitarian Action* hotline for social and medical support as used for psychological consultations and HIV counselling, or via online outreach workers; personal accounts have also been provided to peer counsellors on social media platforms such as *Vkontakte*.

Clients of Humanitarian Action have been very positive about the efforts of the organisation to regroup and innovate key harm reduction interventions within the context of COVID-19.



'The Blue Bus' run by Humanitarian Action as a mobile harm reduction drop-in centre
(Source: Artem Leshko. https://haf-spb.org/living_history/stirat-graniczy-vozmozhno-tolko-togda-kogda-vidish-glaza-drugogo-cheloveka/)

CHALLENGES

The rapid changes in the operating environment in communities, particularly restrictions of movement, and the uncertainties of how long the ‘lockdown’ will last, together with how strict the regulations may become in the future, have all been serious challenges to the functioning of the Humanitarian Action harm reduction programme.

The organisation has taken a pragmatic approach to its work with local authorities in the provision of innovative approaches to harm reduction service delivery due to COVID-19.

The organisation has taken a pragmatic approach to its work with local authorities in the provision of innovative approaches to harm reduction service delivery due to COVID-19. Initially, Humanitarian Action wrote to the Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor)³⁶ requesting official authorisation to provide its normal services during the COVID-19 pandemic with due consideration to the safety measures necessary to protect clients and staff. Rospotrebnadzor referred Humanitarian Action to the St. Petersburg city administration (Администрация Санкт-

Петербург)³⁷. However, as the COVID-19 situation deteriorated, Humanitarian Action decided not to pursue official authorisation as, based on experience, it appeared unlikely that the organisation would receive a positive, official response.

An alternative approach was thereby adopted by Humanitarian Action that included negotiations with specific, local Government agencies, such as AIDS Centres for the provision of ARVs, which allowed for operational agreements to be established that were supportive of clients. Furthermore, in order to keep track of the real situation concerning COVID-19, staff of Humanitarian Action took a proactive, rather than a reactive, approach by keeping in regular contact with infectious disease doctors working in hospitals dealing with the pandemic.

Humanitarian Action took a proactive, rather than a reactive, approach by keeping in regular contact with infectious disease doctors working in hospitals dealing with the pandemic.

³⁶ Further details are available at <https://www.rospotrebnadzor.ru/en/> (accessed 12 September 2020).

³⁷ <https://www.gov.spb.ru/> (accessed 12 September 2020).

FUTURE POSSIBILITIES/NEXT STEPS

Based on actions to-date, it is evident that Humanitarian Action is willing and able to rapidly innovate its service delivery and support mechanisms to effectively address the needs of its clients regardless of the challenges faced, such as a potential resurgence of COVID-19 in the near future.



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and the Elton John AIDS Foundation: <https://www.eltonjohnaidsfoundation.org/>

Spain:

Supporting womxn and gender non-conforming people who use drugs who are survivors of violence to cope with the impact of the COVID-19 pandemic in Barcelona

Barcelona 

BACKGROUND

Metzineres is a non-profit organisation based in the Raval District of Barcelona and is the first integrated harm reduction programme in Catalonia focused on reaching women and gender non-conforming people with multiple, simultaneous and intertwined physical and psychosocial characteristics that have an impact upon their physical and mental health and well-being. The organisation regularly provides support at their drop-in centre to 250 individuals who are experiencing multiple vulnerabilities, with many more helped through outreach services. 90% of clients have survived, or are surviving, violence by partners and more than 70% have problems related to licit and/or illicit drug use. 58% of clients do not have a safe home, 51% do not have a roof over their head, and 45% suffer from mental illnesses. Clients also experience imprisonment and sex work and/or survival sex and whilst the focus is on womxn and gender non-conforming people, *Metzineres* also provides assistance to LGBTIQ+ and migrants of any age.

The *Environments of Shelter* provides grassroots, community-based strategies anchored in human rights and gender mainstreaming that ensures reliable, pragmatic, and cost effective shelter and associated services that seek to mitigate the possibilities of individual failure so as to avoid revictimisation or secondary traumatisation.

COVID-19 RESTRICTIONS

A nationwide lockdown to reduce the spread of COVID-19 was imposed in Spain on 15 March 2020 and all non-essential workers were ordered to remain at home for 14 days as from 30 March 2020. The initial lockdown ceased on 21 June 2020 in Barcelona, but due to an increase in the number of cases of COVID-19, additional restrictions were put in place on 25 July 2020³⁸. A further full lockdown began on 14 October 2020 that includes a night-time curfew from 10pm to 6am and restrictions on travel at weekends.

RESPONSE TO COVID-19

The precarious existence and insecurity experienced by clients of *Metzineres* have been increasing due to the pandemic. Restrictions in movement have immeasurably increased the dangers of women, gender non-conforming people, and LGBTIQ+ of being abused, to the point of fearing for their individual physical and emotional integrity. Most clients of *Metzineres* work in precarious conditions in the informal sector with no job guarantee and no right to annual leave or legal unemployment provisions, meaning no guaranteed income if they do not work.

COVID-19 restrictions have resulted in a general decrease in the quality of street-purchased drugs, with fewer sellers, a doubling in cost and increased adulteration of substances. As a result, substance use has become more dangerous, including increased incidence of overdose and, for some, having to deal with problematic withdrawal without medical supervision. The lack of access to health facilities during lockdown has made it difficult for the clients of *Metzineres* to meet with trusted doctors to adjust medication

and has undermined adherence to treatment; it has also been impossible to enter detoxification centres and outpatient treatment as such services have closed. Alternatives, such as safe consumption areas, are often far from the support networks used by clients of *Metzineres* and have unacceptable restrictions on access.

The lack of specialised staff at other drop-in facilities has meant that many women and gender non-conforming people have had no support in dealing with the frustrations and anxieties that have arisen due to the COVID-19 restrictions, resulting in increased insecurity, loneliness, self-harm, problematic sleep patterns, and paranoia, some of which can lead to suicide. Added to this is the depressed immune system of many substance users due to their drug use and chronic diseases, all of which increases the risk of serious complications if infected with COVID-19.

The precarious existence and insecurity experienced by clients of Metzineres have been increasing due to the pandemic.

A further vulnerability is through the purchase of drugs in apartments, known as '*narco rooms*' or '*narcopisos*' (drug flats)³⁹ due to the fear of being identified by police when purchasing drugs on the street. Using *narcopisos* often forces women and gender non-conforming people to consume drugs on-site and to sometimes stay overnight, putting them at very high risk of being subjected to abuse, violence and sexual assault.

³⁸ Barcelona City Council. Measures for the new normality. <https://www.barcelona.cat/covid19/en/lockdown-exit-strategy-city> (accessed 2 September 2020).

³⁹ Gross M. Narcopisos: Barcelona's neighbourhood of El Raval, Housing Emergencies and Hard Drugs. February 2019. https://www.researchgate.net/publication/331639103_Narcopisos_Barcelona's_neighbourhood_of_El_Raval_Housing_Emergencies_and_Hard_Drugs (accessed 3 September 2020).

Metzineres invested in greater efforts to provide hot meals, increasing from an average of 20 meals per day before COVID-19 to upwards of 30-40 meals per day. They also extended the opening hours of its *VidAlegre* drop-in centre to include weekends, resulting in a higher number of women and gender non-conforming people accessing the facilities. Service provision has also increased as a result of the many challenges faced by the clients of *Metzineres* as well as for those living in the nearby communities and has included:

- training;
- occupational, cultural and leisure activities;
- social health care;
- deployment of a wide range of support initiatives for self-healing, bonding, wisdom sharing, self-defence, solidarity and mutual support;
- enhanced technical proficiency and political advocacy;
- production of hand sanitiser as well as face masks, including their design, sewing, and silkscreen printing;
- workshops to prevent overdose deaths, including the provision of Naloxone to participants and to neighbours in the community.

During the COVID-19 lockdown, clients sought counselling for different reasons than before the pandemic, with emotional and mental breakdowns more evident than previously.

Although *Metzineres* does not have sufficient space to provide shelter, the organisation has

Metzineres has its own doctor on-site to assist clients and to refer individuals to the public health network, as needed.

supported around 20 members to access a new shelter for people who use drugs, founded by the Barcelona Municipality and the non-governmental organisation, Asociación Bienestar y Desarrollo (ABD)⁴⁰, that includes a supervised consumption space. Whilst other shelters were opened by the Municipality, it is only those run by ABD that allow access by people under the influence of drugs.

The alliance between *Metzineres* and Energy Control has been reinforced to provide drug checking services that enables changes, and adulterations, to drugs to be analysed, thereby allowing individuals to make more informed decisions with regards to their health and wellbeing; this service has proven popular with clients of *Metzineres* with around 70 people each week, on average, making use of this service, of which 2-4 samples each week are sent to the Energy Control laboratory when unexpected effects of taking certain drugs have been experienced. *Metzineres* has its own doctor on-site to assist clients and to refer individuals to the public health network, as needed.

There has been considerable support from neighbours and the broader community in favour of the work of *Metzineres* in its response to COVID-19, including from local authorities, although no funding from the city council of Barcelona has yet been forthcoming.

⁴⁰ <https://abd.org/> (accessed 3 September 2020).

CHALLENGES

The measures taken by the national government and Barcelona city council did not take into account the complex economic, social and health realities of *Metzineres*' clients. National and local authorities made no effort to include clients, or organisations such as *Metzineres*, in the design and implementation of the COVID-19 confinement and, as a result, the lockdown took no account of the multiple vulnerabilities, heterogeneity and specific needs of women and gender non-conforming people using drugs who are survivors of violence. Many clients of *Metzineres* have no support networks, no family, nor a safe space to spend time.

The measures taken by the national government and Barcelona city council did not take into account the complex economic, social and health realities of Metzineres' clients.

In response to the confinement measures due to COVID-19, most harm reduction services reduced, or restricted, their programmes, and this impacted upon the places where women and gender non-conforming people in multiple situations of vulnerability could go for food, shelter and various forms of psychosocial and economic support.

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FUTURE POSSIBILITIES / NEXT STEPS

The environment arising as a result of COVID-19 has given further impetus to the advocacy work of Metzineres and other harm reduction organisations in the region. This includes the need for low threshold opioid substitution therapy (OST) services and in pushing forward with a six-point petition to address the multiple dangers faced by women and gender non-conforming people in multiple situations of vulnerability, that includes:

- 1 Guaranteed safe housing options adapted to the needs of different people and circumstances.
- 2 Ensured access to food, hygiene and protection.
- 3 Provision of care services to people with drug related problems as part of an integrated and holistic approach.
- 4 Activation of services for the detection, care and monitoring of situations of sexual violence against women and gender non-conforming people in multiple situations of vulnerability.
- 5 Deployment of economic measures aimed at supporting people working in the informal economy.
- 6 Caring for caregivers.

BACKGROUND

The very public injecting of drugs in Zurich from the mid-1980s to the mid-1990s, resulted in over 80 drug-related deaths, 600 cases of HIV, 400-500 cases of hepatitis B, and around 600 cases of hepatitis C infection per year, with an average of 5-10 people per day being resuscitated from a drug overdose and 6,000 sterile needles and syringes distributed each day⁴¹.

Evidence-based policies to address these issues began in 1991⁴² and, through changes to the drug control laws of Switzerland in late 2008⁴³, gave legislative backing to the national *4-pillar drug policy* which includes harm reduction and the promotion of low-threshold assistance. Within this legislative and policy framework, drug consumption rooms (DCRs) were established to provide a space for adults who use drugs and reside in the city of Zurich to consume pre-obtained drugs in a supervised and hygienic facility. DCRs also provide medical counselling and health promotion, first aid, the exchange of needles/syringes, and the opportunity for people who use drugs to consult with a doctor on-site. Some facilities also provide access to a laundry, showers, the exchange of clothes and shoes, the purchase of inexpensive food and drinks; and the possibility of work opportunities; three such sites exist in Zurich⁴⁴.

Zurich



Switzerland:

The response by drug
consumption rooms to
COVID-19 in Zurich

⁴¹ Weis S, Meyer F. Implementation of a drug consumption room: conflict management - case analysis and success factors. Oral presentation. Lisbon, Portugal; 3rd European Conference on Addictive Behaviours and Dependencies, 23 October 2019. <https://www.lisbonaddictions.eu/lisbon-addictions-2019/sites/lisbonaddictions.eu.lisbon-addictions-2019/files/23%2010%201500%20Florian%20Meyer%20C2%A0.pdf> (accessed 24 September 2020).

⁴² Known as MaPaDro I. See, Switzerland's National Drugs Policy The federal government's third package of measures to reduce drug-related problems (MaPaDro III) 2006-2011. Bern, Switzerland; Federal Office of Public Health, November 2006, p11. https://drugwarfacts.org/sites/default/files/MaPaDro_3_en.pdf (accessed 24 September 2020).

⁴³ Savary J-F, Hallam C, Bewley-Taylor D. The Swiss Four Pillars Policy: An Evolution From Local Experimentation to Federal Law. The Beckley Foundation Drug Policy Foundation, Briefing Paper 18, May 2009. https://beckleyfoundation.org/wp-content/uploads/2016/04/paper_18.pdf (accessed 24 September 2020).

⁴⁴ Weis S, Meyer F, Ibid.

DCR Key Facts in Zurich (pre-COVID-19):

- 3 DCR sites
- Approx. 870 individuals use DCRs each year
- Approx. 22,000 injections per month
- Average client age: 48 years
- Total of 70 staff, including 32 full-time
- 200,000 sterile needles/syringes distribution per year
- Mandatory internship with the Drug Investigation Police for new DCR staff
- Mandatory internship at a DCR by new Drug Investigation Police
- DCR Coordinators teach mandatory classes at the School of Police

An important part of maintaining order in public spaces, including the streets, is the provision low-threshold social support to all people in need of social counselling in the city of Zurich, particularly in the vicinity of each DCR. Such work is undertaken by local government social workers, known as *sip züri* which stands for *Sicherheit, Intervention, Prävention – Zürich* (Security, Intervention, Prevention). *Sip züri* was founded in 2002 and is part of the Department of Social Welfare of Zurich's local government, with over 50 staff. Unofficially, *Sip* is also called "walking in the park" by clients⁴⁵. Those mainly in need of social counselling include people who are homeless, people with drug dependence, individuals who are mentally ill, and people without money, such as migrant workers looking for jobs, as well as young and old people.

An important part of maintaining order in public spaces, including the streets, is the provision low-threshold social support to all people in need of social counselling in the city of Zurich, particularly in the vicinity of each DCR.

The key role of *sip züri* is to cooperate and coordinate with local social, medical and police services to address the needs of the local community, including people who use drugs and other marginalised people, including sex workers and the homeless, on the streets of Zurich. The particular skills brought by staff of *sip züri* include communication, mediation, conflict management, and networking. Staff work in teams of two and help to refer people in distress to medical and psychiatric support, social welfare and benefit services, as well as to services that provide shelter and associated assistance. *Sip züri* is often referred to as a 'social ambulance' because staff take care of people in social emergency situations, providing unbiased advice, mediation and crisis management services. They are also trained to provide information on various topics such as drug dependence, homelessness, work/social assistance and youth-specific problems, and support and provide, direct help to individuals where they are, on the street or in other public areas of the city⁴⁶.

Staff of *sip züri* can be contacted by phone and are easily identified by their uniform; they are available from Sunday to Wednesday, 8am-11pm and from Thursday to Saturday, 8am-2am. They also maintain dialogue with neighbours in the areas around each DCR and ensure that nearby streets are kept clean and free of drug-related paraphernalia, such as used needles/syringes⁴⁷. Staff of *Sip* meet clients on the street to check their credentials to ensure that they have authorisation to enter a nearby DCR; such staff may refer an individual to an alternative institution for assistance if they are not authorised to enter a DCR⁴⁸.

⁴⁵ Simon S. Drug policy in Zurich: Social workers in uniform. Frankfurt am Main, Germany; Frankfurter Rundschau, 14 August 2020. <https://www.fr.de/frankfurt/drogenpolitik-in-zuerich-sozialarbeiter-in-uniform-90022549.html> (accessed 24 September 2020).

⁴⁶ <https://www.stadt-zuerich.ch/sd/de/index/stadtleben/sip.html> (accessed 24 September 2020).

⁴⁷ Ibid.

⁴⁸ Op.cit.

In 2018, staff of *sip züri* delivered around 14,000 interventions, including 10,563 hours patrolling the entry to DCRs and 6,587 hours patrolling sex workers in the city. The police called *sip züri* on 215 occasions over the year to deal with marginalised people, or to request and 2,500 calls were made to *sip züri* by people, or because of people, in distress in public spaces of Zurich⁴⁹.

A further opportunity provided to people finding it difficult to reintegrate into mainstream society and the formal employment market is the ‘*job card*’ which promotes social integration through enabling access to low-threshold employment. Such employment, that is based around the resources and skills of the individual, can help to structure the everyday life of a person and stabilise them, which may lead to greater opportunities as they progress. A wage of SFr6 (€5.50, US\$6.50) per hour is paid for a maximum of 50 hours per month; a free lunch is included for assignments of 4 hours or more, with assignments lasting from 1 to 6 hours per day. This low-

threshold employment includes, for example, work in nature conservation, landscaping, gardening, recycling, wood and textile workshops, courier services, housekeeping, laundry, and work in a kitchen⁵⁰.

Evidence has shown that up to the end of 2015, the work of DCRs in collaboration with partner agencies in Switzerland have *prevented* 15,903 (range, 15,359-16,448) HIV infections among people who use drugs; 5,446 (range, 5,142-5,752) deaths through AIDS; and a peak HIV prevalence of 50.7%. Without such harm reduction services, an additional 2,540 (range, 2,453-2,627) heterosexuals would have been infected by HIV-positive drug users, which is equivalent to the total national reported incidence of HIV among heterosexuals between 2007 and 2015. In total, it is estimated that DCRs save the government 340 million Swiss Francs (approximately €310m, US\$360m) per year⁵¹.

Evidence has shown that up to the end of 2015, the work of DCRs in collaboration with partner agencies in Switzerland have prevented 15,903 HIV infections among people who use drugs.



⁴⁹ Weis S, Meyer F, Op.cit.

⁵⁰ <https://www.stadt-zuerich.ch/sd/de/index/unterstuetzung/ai/arbeitsintegrationsozialhilfe/jobkarte.html> (accessed 24 September 2020).

⁵¹ Marzel A, Kusejko K, Weber R, Bruggmann P, Rauch A, et al. The Cumulative Impact of Harm Reduction on the Swiss HIV Epidemic: Cohort Study, Mathematical Model, and Phylogenetic Analysis. *Open Forum Infectious Diseases*, Volume 5, Issue 5, May 2018, ofy078, <https://doi.org/10.1093/ofid/ofy078> (accessed 24 September 2020).

COVID-19 RESTRICTIONS

Measures vary from region to region as the 26 cantons of Switzerland have autonomy on health matters. However, the Federal Council of Switzerland imposed a ban on all events with more than 1,000 participants on 28 February 2020, and all schools and most shops were closed nationwide from 16 March 2020. Gatherings of more than 5 people in public spaces were also banned from 20 March 2020. Measures were gradually removed in phases from late April 2020 until June 2020 as cases of COVID-19 dropped. However, in mid-June 2020, cases began to increase again and then rose sharply in October and November 2020, thought to be due to people returning from at-risk countries, but mainly due to contacts among family members, at the workplace, and at private parties. New national measures were introduced in late October 2020, including the mandatory use of face coverings in all enclosed public spaces and the banning of public gatherings of more than 15 people and private gatherings limited to 10 people. Such measures will continue until cases drop once again⁵².

RESPONSE TO COVID-19

Guidance issued by the Federal Office of Public Health (FOPH)⁵³ has provided the parameters by which harm reduction interventions have had to adapt in response to the COVID-19 pandemic across Switzerland, including the activities of the three DCR teams.

Due to the requirement to adhere to social distancing since mid-March 2020, the DCRs were not allowed to operate as before in order to safeguard both the clients and staff.

For this reason, an open air emergency facility at *Depotweg* was rapidly put into operation, funded by the city of Zurich authorities, that allowed for social distancing of clients. The DCR team from each of the three sites, totalling 60 employees, were merged into one team and all provided support to the one large emergency site. One initial challenge was the lack of personal protective equipment (PPE), including disinfectants being in very short supply, but this was resolved over time.

The DCR team from each of the three sites, totalling 60 employees, were merged into one team and all provided support to the one large emergency site.

The DCRs at *Selnau*⁵⁴ and *Kaserne*⁵⁵ were remodelled following receipt of special permits, resulting in a doubling of the physical size of the facilities to make them safe for operations under the COVID-19 regulations of the FOPH; however, they are not yet able to cover evening hours, causing some difficulties on the streets. Due to the increased size of both sites – with the *Kaserne* DCR having capacity for 70 clients and the *Selnau* DCR for 45 clients – additional staff are required. However, the DCR at *Oerlikon*⁵⁶ remains closed due to a lack of personnel as well

⁵² Coronavirus: the situation in Switzerland. Bern, Switzerland; Swiss Broadcasting Corporation, November 27, 2020. https://www.swissinfo.ch/eng/covid-19_coronavirus--the-situation-in-switzerland/45592192 (accessed 27 November 2020).

⁵³ <https://bag-coronavirus.ch/> (accessed 24 September 2020).

⁵⁴ Selnau facility, Selnaustrasse 27, 8001 Zurich, Switzerland, Tel.: +41 44 412 72 50

⁵⁵ Kaserne facility, Military Road 3, 8004 Zurich, Switzerland, Tel.: +41 44 415 56 90

⁵⁶ Oerlikon facility, Wallisellenstrasse 10, 8050 Zurich, Switzerland, Tel.: +41 44 415 35 34

as the need to rebuild the facility so as to expand its space to cater for clients with enough room to inhibit the transmission of COVID-19⁵⁷.

The operational protocol used at the *Selnau* and *Kaserne* DCRs have had to be revised to comply with FOPH requirements, as follows⁵⁸:

- Before entering the DCR, each client must have their body temperature measured using a contactless digital thermometer. If the temperature recorded is above 38° Celsius, the client is not allowed to enter the DCR and is given a flyer that provides instructions on where to go for assistance; the client will only be allowed access to the DCR in the future if they are able to present a negative COVID-19 test result.
- Standards of hand hygiene are strictly implemented for every client during their visit to the DCR; after having their body temperature measured, each client must wash and disinfect their hands.
- Each client is then informed, through the provision of a flyer, of the COVID-19 requirements of the FOPH.
- If a DCR has reached its maximum capacity of clients, new entrants into the DCR are strictly controlled: 1 client can enter only after 1 other client has exited the facility.
- Due to the reduction in the capacity of the DCRs at any one time, a 200 square metre tent with heating has been installed next to the *Kaserne* DCR with clients having to observe the requirements of social distancing as laid down by the FOPH while waiting. In addition, the basement of the *Selnau* DCR has been converted from meeting rooms into drug consumption rooms.

→ The situation is continuously under review and may change based on the requirements of the FOPH.

→ To-date, two clients have tested positive for COVID-19 as well as two DCR staff.



Emergency outdoor facility catering to clients during the COVID-19 pandemic restrictions

Prior to the pandemic, around 350 individuals (out of an estimated 900 people who use drugs in the city of Zurich) used the DCR facilities every day, but during the initial two months of emergency operations this reduced to about 250 people, of which approximately one-quarter were women.

As the DCRs are part of the Zurich city administration, they have been able to coordinate measures thanks to good relations with other departments of the city, particularly the police – with whom the existing good relationship continues to be vital – who were made aware of the changes undertaken to the DCR service. The result of these emergency efforts was that no open drug scene formed in Zurich, to the relief

⁵⁷ Information as of 24 September 2020; Social Department, City of Zurich, Switzerland. <https://www.stadt-zuerich.ch/sd/de/index/unterstuetzung/drogen/kontaktundanlaufstellen.html> (accessed 24 September 2020).

⁵⁸ Adapted from Zurich Drug Consumption Rooms COVID-19 Protocol. <https://drive.google.com/file/d/1A1nLpf-yAIYR-gkz3GLoXluPkZ7gRoh/view> (accessed 24 September 2020).

of the city administration, the police, service providers and local communities.

For *sip züri*, the COVID-19 pandemic required them to adapt to the needs of vulnerable people. They developed a social-medical leaflet which lists the revised services available to clients and the modified opening hours of specialised institutions. Together with the DCRs in Zurich, *sip züri* supported the open air emergency safe injecting facility at *Depotweg*, as well as an emergency dormitory that was open during the day for use by homeless people so that they did not have to be on the street, and an emergency shelter for other vulnerable people in which staff triaged people to identify their specific needs, a task that is very challenging due the complex needs of such individuals. Specific support for

sex workers is also available through *Flora Dora*, a low-threshold counselling centre for women, men and trans people who are involved in street sex work or in the escort sector in Zurich and provides preventive measures and crisis interventions as well as targeted support in legal, social and medical issues⁵⁹.

As a result of the efforts of *sip züri*, in partnership with other government and NGO service providers, including DCRs, the delivery of vital services to clients have been guaranteed at all times. This means that clients have the assurance of being able to access a range of services and support that includes emergency aid, accommodation, food, clothing, basic medical care, counselling and psychiatric crisis interventions, as well as the use of DCRs.

Prior to the pandemic, around 350 individuals (out of an estimated 900 people who use drugs in the city of Zurich) used the DCR facilities every day, but during the initial two months of emergency operations this reduced to about 250 people, of which approximately one-quarter were women.



Staff of *sip züri* providing support on the streets of Zurich during the COVID-19 restrictions

⁵⁹ <https://www.stadt-zuerich.ch/sd/de/index/unterstuetzung/beratung/sexwork.html> (accessed 24 September 2020).

CHALLENGES

With the national restrictions on travel imposed by the Swiss Government, *sip züri* became involved in helping a significant number of people who could no longer leave the country, and also with people who had returned to Switzerland from abroad without the financial means, or family/friend networks, to support themselves.

Sip züri became involved in helping a significant number of people.

FUTURE POSSIBILITIES / NEXT STEPS

The experience of the Zurich city authorities in responding to illicit drug use during the COVID-19 pandemic has confirmed the hypothesis that it is possible to control the drug scene based on the principle of supply and demand. Where drugs are available, there are also people who suffer severe dependence on those drugs. This is why micro-dealing – the exchange of small quantities of drugs between severely dependent users and undertaken in a discrete manner - in the DCRs is so important, otherwise the drug scene shifts to the streets. This pragmatic approach is used throughout Switzerland as the police recognise that if such micro-dealing within DCRs did not occur then the drug scene would shift to public spaces, a situation that local communities and authorities want to avoid.

Where drugs are available, there are also people who suffer severe dependence on those drugs.

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BACKGROUND

Ukraine has made considerable progress in developing its response to communicable diseases, including harm reduction interventions. However, most harm reduction organisations have entered a transitional period of financing, with a basic package of 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. Organisations located in the regions of Ukraine have stated that they do not have sufficient funds to cover even the basic needs of their respective harm reduction programmes at the same level of quality as previously. However, most organisations have been continuing their work as they have support from external donors including the Global Fund, the US Centres for Disease Control and Prevention (CDC), Aidsfonds PITCH (Partnership to Inspire, Transform and Connect the HIV response amongst others), and others⁶⁰.

COVID-19 RESTRICTIONS

A government mandated nationwide lockdown took place from 12 March to 21 May, 2020. Following the national lockdown, so-called *'adaptive quarantine'* was introduced, meaning that the most restrictive measures were lifted except for areas with high COVID-19 infection rates where confinement measures were taken by local authorities. Rates of COVID-19 transmission are designed by risk level - red, orange, yellow, and green – that are assigned at the regional level based on data from the Ministry of Health; such measures continued until 31 October 2020⁶¹. As a second wave of COVID-19 begins to affect Ukraine, the government has implemented *'weekend quarantine'*, beginning on 14 November 2020, and due to last until 30 November 2020 whereby there are additional restrictions imposed on Saturdays and Sundays nationwide regardless of the rate of COVID-19 in each region⁶².

Ukraine:

Use of innovative approaches to maintaining the delivery of harm reduction services nationwide during the COVID-19 pandemic

⁶⁰ Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. Vilnius, Lithuania; Eurasian Harm Reduction Association, May 2020. https://harmreductioneurasia.org/wp-content/uploads/2020/06/regional-review_FINAL_ENG_1.pdf

⁶¹ COVID-19 cases in Ukraine 2020, by region. New York, NY, USA; Statista, Inc., November 17, 2020. <https://www.statista.com/statistics/1104580/coronavirus-cases-by-region-in-ukraine/> (accessed 22 November 2020).

⁶² Tymotsko R. Amid surge in Ukraine's coronavirus cases, opposition to 'weekend quarantine' grows. Parsippany, NJ, USA; The Ukrainian Weekly, November 20, 2020. <http://www.ukrweekly.com/uwvp/amid-surge-in-ukraines-coronavirus-cases-opposition-to-weekend-quarantine-grows/> (accessed 22 November 2020).

RESPONSES TO COVID-19

From fixed-site to mobile service delivery

To address the lockdown restrictions whilst still providing core harm reduction services, organisations have developed a range of innovative approaches. In general, there has been a move away from fixed site service delivery to the use of mobile units, often converted vans, that are able to reach many locations each day and provide various interventions; this has now become a very popular service delivery modality with clients as support is now available to them much closer to their residence whilst avoid the need to travel or to be in enclosed areas with many people. Organisations have used details of their client base to identify strategic locations that are easy to access by as many clients in a geographic area as possible. Emails, texts, phone calls and web-based information is then made available to inform existing, and new, clients as to the location, day, time and duration that a mobile harm reduction van will be available to them. In addition, collaboration with other harm reduction organisations has helped to spread the cost and logistics of providing an ongoing service to as many areas and clients as possible.

There has been a move away from fixed site service delivery to the use of mobile units, often converted vans, that are able to reach many locations each day and provide various interventions.

Whilst fixed site services do continue to a limited extent, the number of clients who can be assisted has fallen dramatically from the pre-COVID-19 levels due to regulations on social distancing and travel restrictions for clients.

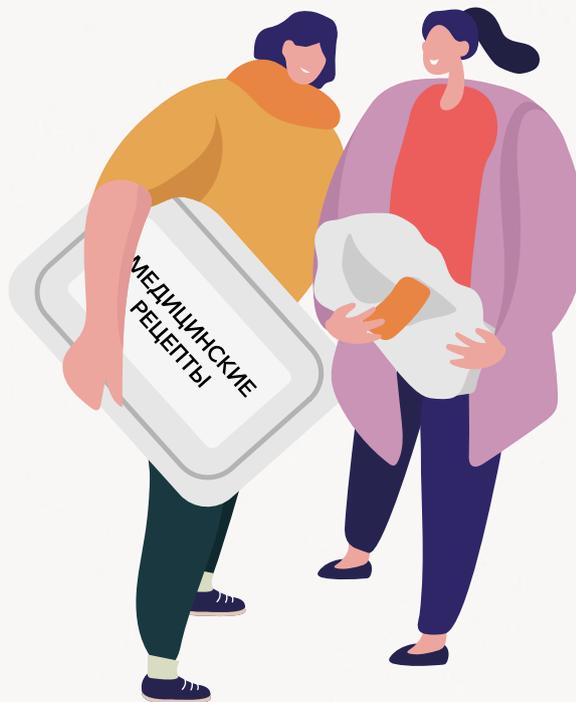
From in-person to online services

A further major development has been the move to online service delivery. For example, local organizations now provide counseling services online. Clients can phone to make an appointment, or send an email. The drawback to such an approach is the need of clients to have access to a smartphone or to a computer and internet access, all of which can be costly, especially for people with no income and who are reliant upon state benefits. To overcome such technological hurdles experienced by some people, counselling by telephone is also available.



Personal Protective Equipment (PPE)

As in many countries, availability of personal protective equipment (PPE), such as disposable masks, gloves and aprons, was limited in the initial stages of the COVID-19 pandemic, or were costly to procure. NGOs and Community-Based Organisations (CBOs) were able to access PPE, as well as disinfectant, procured by the Alliance for Public Health (APH) in Ukraine, who were able to deliver such supplies to organisations in the regions for use by both clients and harm reduction staff. This was made possible through the reallocation of Global Fund 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 Global Fund⁶³.



Needle/Syringe Programmes (NSP)

Prior to the COVID-19 pandemic, innovative approaches to providing needle/syringe and other forms of harm reduction kits, were well under way, especially in the Ukrainian capital, Kiev. Such new approaches became vital in the ongoing provision of NSP during lockdown. A system called '*Harm Reduction 2.0*' was operating before the lockdown in Kiev and has become a useful option for clients to receive harm reduction commodities⁶⁴. It involves use of the '*dark net*' where clients often purchase drugs for personal use, with such substances being left hidden at specific locations with a pre-arranged indicator, such as a chalk cross on a stone, to indicate the item is available for pick-up. Some harm reduction organisations have used this same approach but for the provision of NSP and other harm reduction commodities, as well as information and education, and has become quite a popular service.

A system called 'Harm Reduction 2.0' was operating before the lockdown in Kiev and has become a useful option for clients to receive harm reduction commodities.

⁶³ Harm reduction programmes, EHRA, Ibid.

⁶⁴ Drug User News Channel. Harm Reduction 2.0. Kiev, Ukraine; Alliance for Public Health (subtitles in English). <http://hivtb.city/en/film-harm-reduction-2-0/> (accessed 22 November 2020).

Other service modalities include the sending of NSP kits to clients by post, or through the use of courier services. Such kits usually included sterile needles, antiseptic wipes, condoms, and lubricant. HIV self-test kits are also provided in a similar manner to NSP supplies, sometimes as an integrated bundle. Clients request such kits by phone, email or online and are encouraged by service providers to request larger quantities than usual that will be sufficient for at least one week and up to one month; this reduces the number of transactions required in processing requests by staff.

Other service modalities include the sending of NSP kits to clients by post, or through the use of courier services. Such kits usually included sterile needles, antiseptic wipes, condoms, and lubricant.

In some locations, vending machines for dispensing tests for HIV and condoms have been installed that provide a further method of accessing commodities without coming into contact with people. In 2021 NSP dispensing machines are planned to be installed. However, much planning is required so that the site of the dispensing machine is convenient for users whilst not being prominent in the community setting. In addition, the initial cost of such machines, and their maintenance/upkeep over time, as well as the regular restocking of supplies, requires budgeting and staff availability.

Accessing vital medications

Antiretroviral (ARV) medications

Prior to the restrictions imposed in response to the COVID-19 pandemic, people living with HIV (PLHIV) received antiretroviral (ARV) medication from their respective AIDS Centre in person. Due to the travel restrictions, and social distancing required within AIDS Centres, new approaches have been developed by organisations and networks who support PLHIV across Ukraine. The largest group providing such support is the *All-Ukrainian Network of People Living with HIV*, recently renamed '100% Life'⁶⁵.



Vending machine for dispensing tests for HIV and condoms

⁶⁵ <https://network.org.ua/> (accessed 22 November 2020).



To receive ARVs by post or through a courier service, the individual must be registered with a NGO, or CBO and to then phone their HIV doctor and provide authorisation for their ARV prescription to be given to a particular support agency, such as a representative of *100% Life*. The medications are then packaged and sent by post or delivered through a network of staff and volunteers through each region of Ukraine. Prior to COVID-19, ARVs were prescribed for between one and three months at a time. However, the volume of such medications has increased to between four and six months, with some regions of the country prescribing ART for up to nine months⁶⁶. This approach is also useful for staff

of AIDS Centres who are part of the national infrastructure dealing with infectious diseases, including COVID-19, for which most staff continue to be focused.

To receive ARVs by post or through a courier service, the individual must be registered with a NGO, or CBO and to then phone their HIV doctor and provide authorisation for their ARV prescription to be given to a particular support agency.

Tuberculosis (TB) medications

A similar approach as used for ARVs is also available for dispensing of tuberculosis (TB) medications, with up to two weeks supply provided at one time.

Direct-Acting Antivirals (DAAs) for treatment of Hepatitis C

The quantity of direct-acting antivirals (DAAs) dispensed at one time for an individual to treat Hepatitis C Virus (HCV) is dependent upon the individuals adherence and stability. Consequently, dosing can begin with enough for one week, and then this can be extended to one month based on the individual's performance.

⁶⁶ 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. Kiev, Ukraine; Alliance for Public Health, May 2020. English: http://aph.org.ua/wp-content/uploads/2020/05/EN_Lessons20from20COVID2019.pdf; Russian: http://aph.org.ua/wp-content/uploads/2020/05/RU_d0a3d180d0bed0bad0b820COVID-19.pdf

In some cases, the full three month course of treatment can be prescribed at one time. A key step, however, is for full diagnostics to be undertaken at the completion of the course of treatment to ascertain the viral load of the individual. Delivery of DAAs to individuals at home is undertaken in much the same way as for ARVs and TB medication.

Opioid Substitution Therapy (OST)

Take-home doses of OST medications were already available in Ukraine for up to half of all clients prior to the COVID-19 lockdowns. As of 1 April 2020, there were 13,000 OST clients, with up to half receiving take-home medication for up to 10 days.

As of 1 April 2020, there were 13,000 OST clients, with up to half receiving take-home medication for up to 10 days.



OST services in Kiev responded rapidly with the provision of a 10-day supply of OST medication 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 also 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 medication⁶⁷, although more recently the working hours of OST sites have been optimised to comply with social distancing requirements due to COVID-19⁶⁸. By the end of April 2020, around 90% of all OST clients in the country were receiving between 10 and 15 days of take-home medication, with one region prescribing a supply for up to 30 days. In addition, OST clients can access counselling remotely⁶⁹.

With the easing of lockdown measures after the first wave of COVID-19, some OST clients moved back to daily dosing. However, now with the second wave and the weekend lockdowns, such clients have moved back to take home doses. However, most clients have continued with 10, 14, or 21 days of take home OST medication since the first wave. Crucially, however, is that OST doctors follow guidance issued by the government concerning lockdown measures and this is then applied to OST prescribing.

The COVID-19 pandemic has also contributed to the advocacy for mobile OST facilities to be made available in Ukraine. As OST medications are internationally controlled substances, various legal steps have had to be taken in collaboration between NGOs, CBOs and the Ministry of Health (MoH). A consensus has now been reached and the MoH is supporting the development of a

⁶⁷ Harm reduction programmes, EHRA, Op.cit.

⁶⁸ Basenko A. Simplification of service provision models for KPs in the region – which of the improved practices should be maintained after COVID-19? Presentation to the online discussion, COVID-19 lessons: what can make the HIV programmes in the EECA countries more sustainable? Kiev, Ukraine; Alliance for Public Health, 5 May 2020, 08:00-11:00 UTC. <https://www.youtube.com/watch?v=D3wsgsTgXGU>

⁶⁹ Ibid.

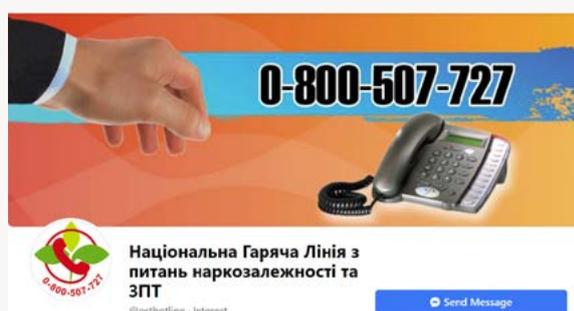


mobile van to provide OST doses on a trial basis, starting in Dnipro and Kryvyi Rih due to the high prevalence of HIV in that area. It is hoped that mobile OST will become a reality as from January 2021.

National Hotline

A national hotline on Opioid Substitution Therapy (OST) and drug dependence was established by NGO "Hope and Trust" in 2009.⁷⁰ Staff of the hotline are current or former drug users. However, during the periods of COVID-19 lockdown, the number of calls to the hotline have increased by at least 50%. Through additional funding made available through programme PITCH, funded by the Ministry of Foreign Affairs of the Netherlands, Frontline AIDS and Aidsfonds, the hotline has extended its working hours by an additional seven hours every

day, now operating from 6am to 11pm daily, with the number of callers increasing from around 4,000 per year to an estimated 5,000 in 2020. The hotline has become a form of community monitoring, a place where people can provide fresh news of what is happening at the moment, report issues, share their experiences, as well as request assistance and guidance.



⁷⁰ <https://www.facebook.com/osthotline/> (accessed 22 November 2020).

CHALLENGES

The main operational challenges faced by harm reduction service providers in Ukraine include limited space to provide services at fixed sites, such as drop-in centres, and the cessation of transport in the capital, Kiev, and in the regions, during the initial lockdown and, more recently, during the weekend quarantine, and the resulting difficulty in people accessing vital medications as well as harm reduction commodities, including sterile needles/syringes and associated paraphernalia.

For the community, the main problem during lockdowns is transport. Public transport 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. Support has also come from others, such as UNODC which unexpectedly made fuel coupons available through the local NGO, 'VOLNA', for use by OST clients, such as in Kryvyi Rih and Mariupol, so that they could travel by taxi to access services.

A further risk is drug overdose. Some people have received a very large quantity of methadone that can lead to negative consequences. Therefore, access to naloxone continues to be extremely relevant and is supported by various NGOs and CBOs, together with training on how to use it.

Although OST is available in Ukrainian prisons, access by NGOs to the prison population has been suspended due to COVID-19 regulations. Consequently, there are concerns that prisoners are not receiving the level of health and related care for which they have a right.



The main operational challenges faced by harm reduction service providers in Ukraine include limited space to provide services at fixed sites, such as drop-in centres, and the cessation of transport in the capital, Kiev, and in the regions, during the initial lockdown.

FUTURE POSSIBILITIES/NEXT STEPS

Communities, CBOs and NGOs need to network on-the-ground at the community level as well as at the regional and national levels to address issues through coordinated advocacy, as has been seen in the agreement by the MoH to support OST services through mobile vans. Even if there is political will for something, there will be no access to people and no local health infrastructure due to the government system being focused on COVID-19. Consequently, CBOs and NGOs, and civil society more broadly, can play a vital role in supporting vulnerable and marginalised people during a public health emergency.

CBOs and NGOs, and civil society more broadly, can play a vital role in supporting vulnerable and marginalised people during a public health emergency.

LGBTIQ+, PWUD, PWID, sex workers, and others, have their own networks that can work from the community to the national level, with human resources active in all regions. Communities through Ukraine are organised and structured. Representation of such groups is also vital in advocating for, and the development of, key interventions. For example, representatives of PWUD, sex workers, MSM, transgender people, prisoners, women living with HIV are members of the Country Coordinating Mechanism (CCM) in Ukraine, a body with very high level decision-making abilities within the government system and this can be utilised to advocate for further developments, especially during public health emergencies such as COVID-19. Advocacy continues to allow a representative of women who use drugs to be given seat at the CCM.

Advocacy by patient and civil society groups, and by those delivery services outside of the government system, need to recognise that programmes receiving funds from the state budget in Ukraine require special control over the procurement and distribution of medication and related goods and services. Such civil society stakeholders need to consider the legal aspects to improving service delivery in order to be more effective in their advocacy with government agencies in order to change guidelines, protocols and practices at the community level.

Acknowledgement:

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United Kingdom:

Working within a partnership based response to the needs of people sleeping rough during the COVID-19 lockdown in Western England

● Bath

● Somerset

BACKGROUND

Developing Health & Independence (DHI) started to run innovative services to help disadvantaged people, and those living on the margins of society, in 1999. Services include supported housing, drug treatment and social prescribing in the cities of Bath and Bristol and in the counties of Wiltshire, South Gloucestershire and Somerset in western England. Embedded throughout DHI services is the concept that the problems people face do not exist in a vacuum and that the help provided to individuals should be holistic⁷¹.

DHI operates two supported houses: *Burlington House* is home to people who want to recover in a stable environment with workers available to support them, and includes two community detoxification suites with medical support at-hand. *Barton House* helps people to work towards moving into their own permanent accommodation and to become more independent⁷². DHI works in Partnership with *Julian House*⁷³ and the *Avon and Wiltshire Partnership* (AWP) to provide an *Assertive Outreach Team* through which a range of support, including drug and alcohol engagement, harm minimisation advice and housing advice, is provided. Many people supported by this service

move into traditional supported housing. DHI also works with *Julian House* and *Curo*⁷⁴, to provide a *Housing First* model in which accommodation that is made available to the individual is *not* dependent upon the engagement by the client with health and social services, although efforts are made to encourage people with complex needs to take advantage of all the services available to them. In addition, the *Homeless in Hospital* service, based at the Bath Royal United Hospital, ensures that people sleeping rough are not discharged back to the street⁷⁵.

The cornerstone of the work undertaken to provide assistance to people sleeping rough in the area of Bath and North East Somerset (B&NES) is the *'Homeless Partnership'*, as shown in Figure 1, and their weekly meetings. Chaired by a Director from Julian House, this group supports the local government council to deliver its homeless strategy. This ensures a coordinated response and the regular meetings – which moved online due to COVID-19 – have allowed individuals and their organisations to bond as a team with the roles and responsibilities of each stakeholder clearly understood by every partner.

⁷¹ <https://www.dhi-online.org.uk/about-us/what-we-do> (accessed 7 September 2020).

⁷² <https://www.dhi-online.org.uk/get-help/housing-provision/bath-north-east-somerset-supported-housing> (accessed 7 September 2020).

⁷³ <https://www.julianhouse.org.uk/> (accessed 7 September 2020).

⁷⁴ <https://www.curo-group.co.uk/> (accessed 7 September 2020).

⁷⁵ <https://www.ruh.nhs.uk/> (accessed 7 September 2020).

COVID-19 RESTRICTIONS

On 23 March 2020, the UK Prime Minister announced the first national ‘lockdown’ that required people to stay at home, except for very limited purposes, the closure of certain businesses and venues, and banning of all gatherings of more than two people in public⁷⁶. Modified ‘lockdown’ measures were announced on 10 May 2020 that comprised 3 stages beginning with the reopening of some shops on 1 June 2020, as well as a 5-level COVID-19 alert system. Stricter ‘lockdown’ measures began to be reintroduced for specific geographic areas, such as cities, from 29 June 2020. The wearing of face coverings became compulsory in shops

and supermarkets in England on 24 July 2020⁷⁷. Whilst some restrictions were eased in part of the UK from 1 August 2020, tighter restrictions came into force in late July 2020 in some urban areas⁷⁸ and local government councils were given more powers to force owners of various establishments to close if they were in violation of the COVID-19 measures⁷⁹. From September 2020 onwards, restrictions became tighter, and a new three-tier system of restrictions for England took effect from 14 October 2020. A second national ‘lockdown’ began for one month starting from 5 November 2020.



⁷⁶ Guidance: Staying at home and away from others (social distancing). London, UK; Cabinet Office, 23 March 2020. <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others> (accessed 27 November 2020).

⁷⁷ Coronavirus: Face masks and coverings to be compulsory in England's shops. London, UK; British Broadcasting Corporation (BBC), 14 July 2020. <https://www.bbc.co.uk/news/uk-politics-53397617> (accessed 27 November 2020).

⁷⁸ Coronavirus: Visiting people at home banned in parts of northern England. London, UK; British Broadcasting Corporation (BBC), 31 July 2020. <https://www.bbc.co.uk/news/uk-53602362> (accessed 21 November 2020).

⁷⁹ Coronavirus: Councils to get new shutdown powers. London, UK; British Broadcasting Corporation (BBC), 17 July 2020. <https://www.bbc.co.uk/news/uk-politics-53444290> (accessed 27 November 2020).

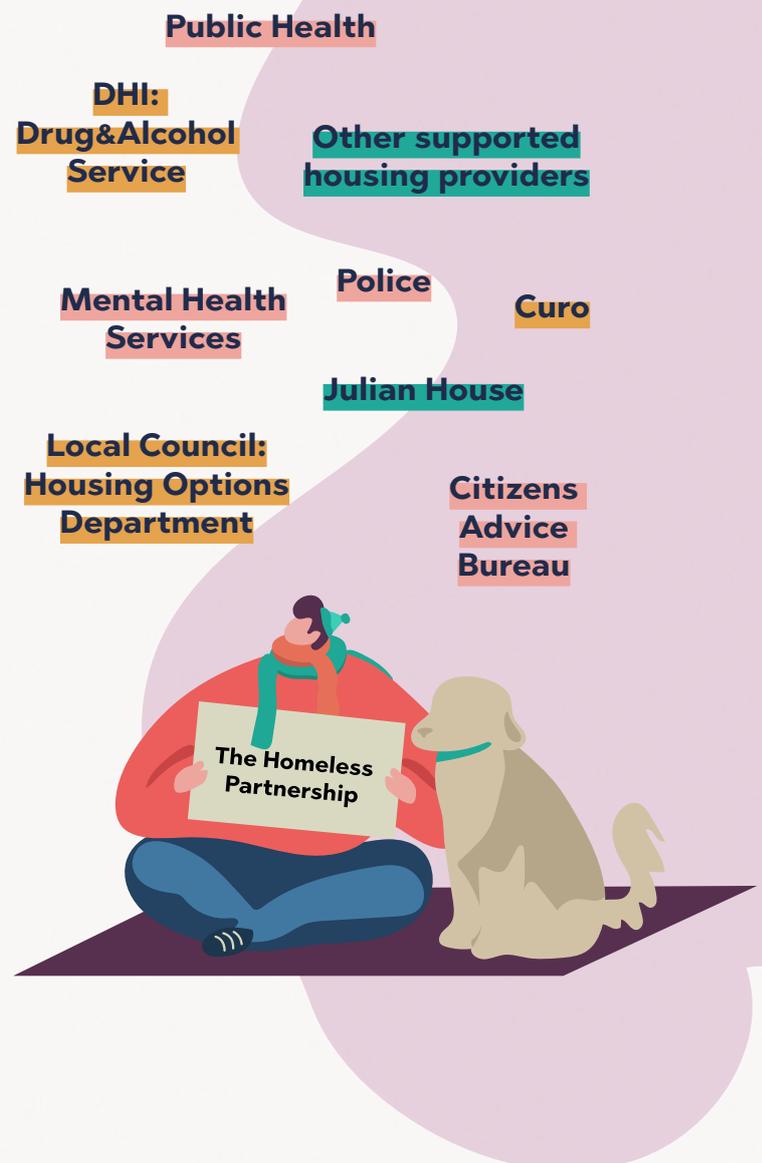
RESPONSE TO COVID-19

Just prior to the nationwide UK lockdown in late March 2020, the government made available emergency funding to frontline charitable organisations to help alleviate the financial impact of COVID-19 and to provide new, or adapted, services to homeless people affected by COVID-19⁸⁰.

The central government order, called the ‘Everyone In’ initiative, was issued on Thursday, 26 March 2020 and organisations were required to take people who sleep rough to accommodation within a few days. With such a tight timeframe to respond, many local authorities in the UK rapidly put people sleeping rough into commercial hotels. However, in B&NES, the multidisciplinary and multi-agency composition of the *Homeless Partnership*, and its proven operational experience, allowed it to consider what actions would be in the best interests of the people sleeping rough in their geographic catchment area.

The partners looked at learning from various assessments including, for example, reviews of drug-related deaths, and concluded that rushing people sleeping rough into commercial accommodation would not be suitable due to the often complex needs of people with complex needs. Some of the people sleeping rough may not have been in safe accommodation for many years and the transition for people with complex needs could be very traumatic, requiring significant support from different sectors and services. Past experience had shown that rushing the process resulted either in the individual not using the housing unit allocated to them, or the risk factors in the person’s life increasing. Before being offered any form of self-contained

accommodation, the *Assertive Outreach Team* and the drug and alcohol team worked with individuals on the street. This is the environment in which most people sleeping rough are familiar with and support services could be taken to the client – a proven methodology for successful engagement.



⁸⁰ Guidance: Coronavirus (COVID-19): Homelessness response fund. London, UK; Ministry of Housing, Communities and Local Government, 14 May 2020. <https://www.gov.uk/guidance/coronavirus-covid-19-homelessness-response-fund> (accessed 7 September 2020).

A number of key actions were taken by the Homeless Partnership, including:

Multi-disciplinary drug and alcohol outreach team

Before being offered any form of self-contained accommodation, the Assertive Outreach Team and the drug and alcohol team worked with individuals on the street as this is the environment in which most people sleeping rough are familiar and within which initial support services can be conducted with the least amount of stress to the client. The Assertive Outreach Team includes a number of key skill sets, including a mental health nurse and a dual diagnosis worker, and its members are drawn from various different organisations but work as an integrated outreach team throughout. With the onset of the COVID-19 pandemic, many people sleeping rough were already known to the drug and alcohol outreach team and rapid assistance was provided to such clients in their transition into self-contained accommodation. For those people sleeping rough unfamiliar to the outreach team, their multi-disciplined skills allowed for rapid assessments that informed an holistic appraisal of the needs of the individual so that key interventions could be rapidly provided to that person as they moved into appropriate housing.

Intensive wrap-around support for people in self-contained accommodation

Based on experience, the *Homeless Partnership* knew that people sleeping rough moving into housing required a wide range of support to help them to cope with such transition. Due the restrictions in movement of people due to the COVID-19 lockdown, the work of the outreach team shifted to focus on supporting people in accommodation. Food was provided to clients and relevant agencies of the *Homeless Partnership* addressed issues around building safety. To support the mental health of clients, as well as to ease communication with support providers, wi-fi was provided in supported accommodation to the extent possible. Abandonment of housing units is a significant risk when working with former people sleeping rough as it is a major step for them to take and different types of support are needed by the individual to help them cope. Thus far, the approach taken since the initial COVID-19 lockdown has been successful in that a high percentage of clients have remained with their housing unit.

Identification of self-contained accommodation

The *local council* had recently had a building returned to them that they were able to put to use in support of people sleeping rough. The council also commissioned the local youth hostel to make dormitory rooms available for single occupancy. Additionally, the local youth hostel halved the capacity of the local shared hostel by 50%, providing a safer environment for people who had formerly been sleeping rough. The large social housing organisation, *Curo*, provided extensive assistance in finding suitable accommodation through its existing networks. As each of these stakeholders were part of the *Homeless Partnership*, it was far easier to coordinate and collaborate than might otherwise have been the case. As a result, sufficient self-contained housing units were identified for all known people sleeping rough in the B&NES area.

Street-based mental health outreach as a doorway to other support services

A relatively new role embedded within the Assertive Outreach Team is that of the mental health nurse. This key role is considered a '*game changer*' by DHI as the immediate findings of a rapid mental health assessment of a client in the street environment acts as a doorway for the provision of further immediate help, as well as informing plans for the wrap-around support services for the client. Such rapid mental health assessment findings guide members of the outreach team in how to interact with, and provide initial support to, the client within the street environment. More broadly, the mental health nurse is able to facilitate access by the client to other interventions not available in a street-based environment without the need for more formalised re-assessments for referral to different services or organisations.

Rapid prescribing of OST medication

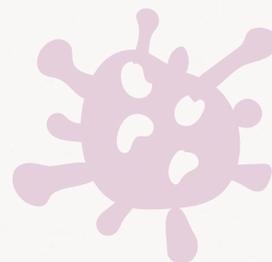
Prior to the COVID-19 pandemic, there was no quick process for a rough sleeper dependent on opioids to be inducted onto opioid substitution therapy (OST). Of particular concern to the *Homeless Partnership* was the provision of OST prescriptions as an integral part of providing accommodation and helping individuals to adapt, especially if they develop symptoms of, or tested positive for, COVID-19 that would require them to self-isolate for at least 10 days. Due to the urgency by which the government required all people sleeping rough to be off the streets, the *Homeless Partnership* introduced a rapid induction programme that involves a rapid assessment by the drug and alcohol outreach team from which a prescription is immediately issued to the client. As a result, the client is able to move into self-contained accommodation with OST medication already prescribed, rather than receiving such medication later. This is helping to stabilise clients and, thereby, make their transition into housing much smoother than in pre-COVID times. The same rapid assessment takes place regardless as to whether the client has been on OST in the past or not. Consequently, there are no barriers to accessing OST rapidly through this approach. The challenge is helping clients to be maintained on OST in the medium to long term through support provided by the wrap-around services.

During this first lockdown, a total of 79 people were assisted, including people sleeping rough moving into accommodation, being reconnected to areas where they had a local connection, and people moving from communal night shelter-type accommodation into COVID-19 compliant housing.

CHALLENGES

Local government councils and their partners were given only a 2-3 days to reverse 30-or-more years of central government practice in late March 2020. This was the result of the following process:

- On 14 May 2020, one week before the nationwide ‘lockdown’, the Ministry of Housing, Communities and Local Government announced emergency funding of £6 million (US\$7.8m; €6.6m), called The COVID-19 *Homelessness Response Fund*, to frontline charitable organisations to help alleviate the financial impact of COVID-19 and to provide new or adapted services to homeless people affected by COVID-19⁸¹. On 24 May 2020, the Government announced plans to provide 6,000 long-term, safe housing units, of which 3,300 would be available within 12 months, for vulnerable people sleeping rough who are taken off the streets during the pandemic⁸².
- A *Rough Sleeping COVID19 Taskforce* was also established in May 2020 by the Government with the objective of bringing local government, charities, businesses, faith and community groups, and other public sector partners together to make plans “to ensure that rough sleepers can move into safe accommodation once the immediate COVID-19 crisis is over”⁸³.
- In late June 2020, the government announced an additional £105m (US\$137m; €116m) in funding – although only £85m (US\$111m; €94m) was ‘new’ money – to support people who sleep rough and those at risk of homelessness into tenancies of their own, including help with deposits for accommodation, and securing thousands of alternative rooms already available and ready for use, such as student accommodation⁸⁴.
- Linked to the national lockdown, the central government announced that local councils must provide all people sleeping rough with a safe place to self-isolate, called the ‘*Everyone In*’ initiative. However, the central government order was issued on Thursday, 26 March 2020, with the instruction that all people sleeping rough must be in self-contained accommodation by that weekend, giving councils and their partners only a 2-3 days to reverse 30-or-more years of government practice.



⁸¹ Guidance: Coronavirus (COVID-19): Homelessness response fund, Ibid.

⁸² Ministry of Housing, Communities and Local Government. Press Release: 6,000 new supported homes as part of landmark commitment to end rough sleeping. London, England; Ministry of Housing, Communities and Local Government, 24 May 2020. <https://www.gov.uk/government/news/6-000-new-supported-homes-as-part-of-landmark-commitment-to-end-rough-sleeping> (accessed 7 September 2020).

⁸³ Ministry of Housing, Communities and Local Government. Press Release: Dame Louise Casey calls on community partners to help with COVID-19 rough sleeping crisis. London, England; Ministry of Housing, Communities and Local Government, 26 May 2020. <https://www.gov.uk/government/news/dame-louise-casey-calls-on-community-partners-to-help-with-covid-19-rough-sleeping-crisis> (accessed 7 September 2020).

⁸⁴ Ministry of Housing, Communities and Local Government. £105 million to keep rough sleepers safe and off the streets during coronavirus pandemic. London, England; Ministry of Housing, Communities and Local Government, 24 June 2020. <https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic> (accessed 7 September 2020).

FUTURE POSSIBILITIES/NEXT STEPS

Questions remain as to how sustainable this approach can be owing to funding constraints and the existing local council housing allocation policy which is a legal requirement to ensure that the provision of social housing is fair and equitable, based on the needs of all members of the community. The allocation policy was suspended by order of central government in late March 2020 through its 'Everybody In' requirement. This requirement benefited people sleeping rough and can be seen as a positive result of the COVID-19 situation, but is not possible in the long term as allocations policies must meet the needs of the whole community.



Counsellor Tim Ball, a cabinet member for Housing, Planning and Economic Development with the local council, noted that,

“ **What we have learned through this experience is that accommodation can very rapidly provide opportunities to make real and lasting changes, especially in the aspirations of the people we have been able to engage with which is why we have made a bid for additional funding to keep these new avenues open and rough sleeping levels as low as possible in the future.**⁸⁵ ”

⁸⁵ Bath Echo. Council helps accommodate 42 rough sleepers during COVID-19 lockdown. Bath, England; Bath Echo, 28 August 2020. <https://www.bathecho.co.uk/news/community/council-accommodate-rough-sleepers-covid-lockdown-91464/> (accessed 7 September 2020).

However, access to accommodation has not been easy for all people sleeping rough. Caroline Bernard, the head of policy and communications at Homeless Link⁸⁶ – a national membership charity for organisations working directly with people who become homeless in England – highlights that,

“ Many of these individuals struggled with isolation, social distancing and disruption to their support network and access to treatment, and returned to rough sleeping. However, services continue to support them and look for more sustainable housing solutions.⁸⁷ ”

In late-May 2020, the government announced plans to provide 3,300 long-term, safe homes for vulnerable people sleeping rough⁸⁸ and has released further funding to support local authorities to sustain the progress that has been made, and this is fortunate as every client needs tailored support to help them on their journey of reintegration.

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⁸⁶ <https://www.homeless.org.uk/> (accessed 7 September 2020).

⁸⁷ Marsh S, McIntyre N. Reports of rough sleeping in UK rose sharply during lockdown. London, England; The Guardian, 18 August 2020. <https://www.theguardian.com/society/2020/aug/18/reports-of-rough-sleeping-in-uk-rose-sharply-during-lockdown> (accessed 7 September 2020).

⁸⁸ Ministry of Housing, Communities and Local Government. Press Release: 6,000 new supported homes as part of landmark commitment to end rough sleeping. London, England; Ministry of Housing, Communities and Local Government, 24 May 2020. <https://www.gov.uk/government/news/6-000-new-supported-homes-as-part-of-landmark-commitment-to-end-rough-sleeping> (accessed 7 September 2020).

Recommendations

on how to provide harm reduction and related services for people who use drugs in public health emergencies

1 Authorities must legally designate harm reduction services as 'essential' and harm reduction service delivery staff as 'essential/key workers'

This will allow services to continue even when there are very tight lockdown regulations in place, allowing harm reduction staff the freedom of movement required to support vulnerable and marginalised people who are unable to access vital harm reduction services at fixed sites or through mobile units. It is also essential that such community-led harm reduction interventions are financed through the *domestic budget* of each country so that they are *sustainable*.

2 Build partnerships and networks before any emergency occurs

Partnerships between, and networking with, harm reduction organisations and other agencies, especially those of the government including law enforcement, at the community, district, sub-national and national levels should be established and strengthened during non-emergency times as they play a vital role in facilitating arrangements for the continuation of harm reduction service delivery. When emergencies occur, such partnerships should be able to respond rapidly and effectively to the new environment facing harm reduction service delivery as all key stakeholders will know each other and have already developed a certain level of trust and rapport.

3 Government agencies should actively seek the involvement of community and non-governmental organisations in the response

Government agencies at local, sub-national and national levels need to recognise and accept that CSOs, CBOs and NGOs can often be very effective partners in the delivery of health, social and economic programmes as part of a national response. This is particularly the case during a public health emergency where flexibility, innovation and motivation to provide services to patients/clients are vital in ensuring that public health regulations in an emergency are adhered to by everyone whilst still delivering vital services to the public.

4 Integrate the needs of women and LGBTIQ+ into innovative service delivery practices in a public health emergency

It is vital that innovative responses to harm reduction service delivery in public health emergencies integrate the specific needs of women and LGBTIQ+ into their operationalisation and that women and LGBTIQ+ are utilised in the delivery of such services to their community, whether physical or virtual in nature. For example, the home delivery of HIV self-test kits can be targeted at women and LGBTIQ+, particularly in countries with a very conservative approach to the rights of women and LGBTIQ+.

5 Ensure that people who use drugs, including women and LGBTIQ+, have equitable access to testing/diagnostics services

As part of the public health response to an emergency, including the provision of their full, prior consent to such tests.

6 Ensure that people who use drugs, including women and LGBTIQ+, have equitable access to treatment services

Established in response to a public health emergency, including the provision of their full, prior consent to such treatment.

7 Ensure that people who use drugs, including women and LGBTIQ+, have equitable access to vaccinations

Become available to the public in response to a public health emergency, such as COVID-19, including the provision of their full, prior consent to receiving such vaccination.

8 Ensure that rapid responses to the housing of people sleeping rough address their often complex needs through an interdisciplinary approach

When seeking to rapidly house people sleeping rough, build individual responses that address the often complex needs of the individual and ensure that their immediate and longer-term medical, psycho-social and economic needs are integrated into the provision of accommodation. This can be accomplished through partnerships built with other stakeholders during normal times and by having multidisciplinary teams, that include mental health staff, working on the streets with people sleeping rough.

9 Use the rapid response to people sleeping rough in a public health emergency as an opportunity to advocate at all levels of government for a longer-term strategy

Comprehensively and holistically address homelessness, together with long-term sustainable funding to implement such a plan.

10 For low- and middle-income countries, rapid and flexible responses by external donors are needed as soon as an emergency occurs

Donors need to be able, and willing, to rapidly provide emergency funding and to allow the immediate reprogramming of existing funding for use in support of new, innovative approaches to continuing harm reduction service provision. It is noted that the Global Fund, the Open Society Foundations (OSF), the Elton John AIDS Foundation (EJAF), Aidsfonds, the Robert Carr Fund, and have taken such an approach.

11 Ensure there is a buffer stock of vital medicines already in-country for at least the forthcoming 3-6 months

Planning for the procurement, purchase and – if required – the importation of vital medicines used as part of a comprehensive programme of harm reduction must always take into account the possible impact of borders being closed for a period of time, or the suspension of manufacturing and/or transportation of such medications. Standard operating procedures for the acquisition of such vital medicines – including medications for the treatment of TB, ARVs, DAAs for the treatment of hepatitis C, methadone

and buprenorphine (for OST), as well as naloxone for opioid overdose – must (a) ensure a continuous supply without interruption under normal circumstances; and, (b) ensure there is always a buffer stock in-country of vital harm reduction medications for at least the forthcoming 3–6 months.

12 Rapid deployment of take-home OST doses

When the movement of people is restricted due to a public health emergency, it is vital that OST services rapidly adapt to provide their clients with take-home doses of a long enough duration to be safe for the consumer as well as being practical within the context of a lockdown scenario. Once implemented, OST service providers should take the opportunity to consider regularising take-home doses of OST medications for various lengths of time dependent on the wishes and context of individual clients and to thereby normalise the provision of such medication for a longer duration.

13 Identify and utilise a range of innovative approaches to the delivery of HIV, TB and HCV medications to people who use drugs

When it is impractical for individuals to collect their prescribed medication from a health facility, CBOs, NGOs and community networks should rapidly identify mechanisms for the delivery of key medications to people who use drugs and establish operational procedures with the respective dispensing facility

and each client for the smooth collection of medication. Where available and operational, use existing delivery mechanisms, such as the postal service and/or other forms of courier service. For those people with no home, consider the use of mobile harm reduction facilities and arrange with each client on a set place, date and time for them to receive their medication from such cars or vans.

14 Government and non-governmental agencies should consider the needs of prisoners, including LGBTIQ+, during a public health emergency

Seek opportunities to assist the provision of preventive, diagnostic, care and treatment services for those individuals in any form of detention and/or incarceration.

15 Communicate evidence-based information to the public on the prevention of transmission of communicable diseases using innovative approaches

Immediately implement innovative communication approaches for the delivery of evidence-based information and education to the public, including vulnerable and marginalised people, on how to prevent the transmission of a communicable disease in a public health emergency, such as through social media, websites, text messages, tv and radio broadcasts. Where available, use existing community mechanisms to disseminate evidence-based information, including the use of street art and local music.

16 Ensure that harm reduction staff and clients are adequately protected

When delivering services in the community, or when clients are receiving services, including easy access to, and use of, personal protective protective equipment (PPE). Also make PPE available to those clients least able to afford the purchase of such commodities.

17 Recognise that for some clients of harm reduction services, social interaction with service delivery staff is vitally important and cannot adequately be undertaken through virtual or telephone interaction

Spending time together and having a personal connection and rapport is not only important for assessing the status of clients, but also has a positive impact on the mental health and well-being of clients and staff alike. Consequently, the lack of such interaction can have a detrimental impact on the well-being of some clients and staff and should be recognised by managers of harm reduction services. Once the public health emergency has passed, concerted efforts should immediately be made to reconnect with such clients and staff.

18 Consider forming small groups, or 'bubbles', of harm reduction service delivery staff

For staff of each bubble to strictly avoid physical interaction with staff of another bubble. Consequently, if one member of staff contracts the virus, only a limited

number of staff within the same bubble will need to self-isolate rather than all the staff of the organisation; this will allow service delivery to continue rather than having all services stopped.

19 Make clients aware of suicide prevention helplines and emergency mental health services Available by phone or online and encourage clients to make use of such services if needed.

20 Requiring people to remain at home for long periods of time has resulted in an increase in gender-based violence (GBV) and other forms of domestic abuse

Where resources allow, harm reduction service providers should seek to work in collaboration with other community stakeholders, including law enforcement and the judicial sector, to develop basic skills to identify cases of GBV and other forms of domestic abuse and to deliver basic counselling and the reporting of such situations for further action.

21 Encourage small-scale entrepreneurship to address some of the needs of the local community to respond to a public health emergency

For example, the making and selling of soap can both provide a small income as well as serving the needs of public hygiene in the community through the frequent washing of hands. For people

who buy and sell small quantities of drugs, this can provide an alternative income.

22 Drug user helplines can act as a form of community monitoring

Providing fresh news on what is happening in communities as well as informing organisations as to the needs and expectations of individuals and groups.

23 Identify those new, or revised, service delivery modalities that can be continued after the end of the public health emergency

For example, take-home methadone, the posting of medications and HIV self-test kits, and the meeting with doctors, nurses and counsellors online or by phone.

24 'Lockdowns' during a public health emergency may result in a general decrease in the quality of street-purchased drugs

With fewer sellers, an increase in the purchase price and the increased adulteration of substances. Efforts are needed to rapidly establish drug testing facilities, or to make existing facilities more easily accessible and widely known by communities of people who use drugs.

25 Food is an essential component of harm reduction and should be prioritised during a public health emergency

Take-away hot meals can provide vital nutrition to people who use drugs, especially those people sleeping rough. Food is also an effective method of attracting hard-to-reach people to a service delivery site, or mobile unit, from which such people can be engaged, even if only very briefly, as part of a process of developing a rapport and trust over time.

26 Making drug consumption rooms / safe injecting facilities available and easily accessible, even during public health emergencies, has proven the hypothesis that it is possible to control the drug scene in public areas

As well as in preventing the transmission of blood borne viruses and overdose.

27 Document and disseminate good practices developed in response to a public health emergency

So that other agencies, including government and donors, can learn from the experience of others and adapt such learning for use in other countries and/or environments.

28 Systematically document violations of the rights of people who use drugs during a public health emergency

Including their right to equitable access to testing, treatment and vaccination programmes.

29 Advocate for improved, evidence-based service delivery modalities to continue

As public health emergencies can sometimes provide the opportunity for the rapid adoption of proposed alternative approaches by government.

30 Civil society stakeholders need to consider the legal aspects of government-funded procurement and distribution of goods and services, even in public health emergencies

Advocacy by civil society organisations for improved approaches by government will gain greater traction if such legal considerations are incorporated into advocacy activities.

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More information is available on the website – <https://harmreductioneurasia.org>

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