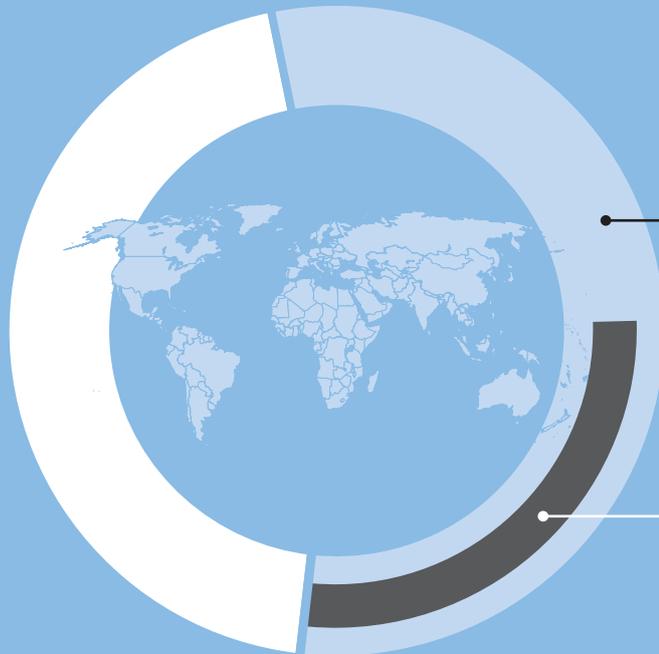


# 1.2 COVID-19



## 1.2 COVID-19

### OPIOID AGONIST THERAPY (OAT)



84 COUNTRIES WORLDWIDE PROVIDE OAT

47 COUNTRIES (WITH AT LEAST ONE COUNTRY IN EVERY REGION) EXPANDED TAKE-HOME CAPACITIES PROVIDING FOR LONGER TAKE-HOME PERIODS

23 COUNTRIES MADE DISTRIBUTION MORE ACCESSIBLE WITH HOME DELIVERY OF OAT MEDICATION, OFFERING DOSING AT COMMUNITY PHARMACIES, OR DISTRIBUTING OAT IN OUTREACH SETTINGS



*People who use drugs faced difficulties accessing services because of lockdown measures, while service providers had to reduce the number of working days or close entirely.*



# 1. Overview

People who use drugs, especially people who smoke or inject drugs, face additional risks and vulnerabilities to COVID-19<sup>1</sup> infection compared to the general population.<sup>[2,3]</sup> Smoking or inhaling particularly increases COVID-related risks, as it is associated with pulmonary and respiratory problems.<sup>[4]</sup> People with a long history of opioid or stimulant use are more likely to have a compromised immune system,<sup>[3]</sup> and people who inject drugs can have underlying medical conditions that make them more vulnerable to certain infectious diseases. For example, HIV, tuberculosis (TB) and hepatitis C prevalence is higher in this population than in the general population.<sup>[5] [2]</sup> Therefore, maintaining services for this population is even more vital during a public health crisis such as the COVID-19 pandemic.

Harm reduction service delivery has been disrupted by the pandemic. In Asia, accessing services due to quarantine and travel restrictions was a challenge, including receiving opioid agonist therapy (OAT) medications and HIV-related services.<sup>[6][7]</sup> Access to OAT during the period of travel restrictions was also challenging in sub-Saharan Africa, where OAT is rarely available on a take-home basis. The closure of international borders caused disruptions to the supply of OAT medication in Eurasia and the COVID-19-related restructuring of government resources negatively impacted harm reduction programmes in countries in the region. Funding for harm reduction services in Latin America and the Caribbean was also negatively impacted,<sup>[8]</sup> with reports highlighting that outreach programmes were especially hindered by the limitation of movement and the introduction of physical distancing rules.<sup>[9]</sup> Harm reduction services in most countries in the Middle East and North Africa faced similar problems. People who use drugs faced difficulties accessing services because of lockdown measures, while service providers had to reduce the number of working days or close entirely. Although the pandemic seriously affected service delivery and the coverage of harm reduction services in North America, Oceania and Western Europe, the impact was less severe compared to other regions. For example, the majority of European Union countries reported a slight decrease or no change in availability of harm reduction services.<sup>[10]</sup>

The COVID-19 pandemic also resulted in some positive changes, with harm reduction services quickly adapting to the altered conditions. The most profound example of this was the change in OAT delivery across all regions. Out of the 84 countries worldwide where OAT is available, 47 countries (with at least one country in every region) expanded take-home capacities providing for longer take-home periods; 23 countries made distribution more accessible with home delivery of OAT medication, offering dosing at community pharmacies, or distributing OAT in outreach settings.<sup>[11]</sup> Innovative measures were introduced to compensate for decreased availability, for example, online consultations replaced some face-to-face meetings in the Middle East and North Africa; service providers set up online shops for injecting equipment in the United Kingdom and New Zealand; and service providers introduced home delivery of harm reduction equipment in Eurasia and Western Europe.



*COVID-19 also resulted in some positive changes, with harm reduction services quickly adapting to altered conditions. The most profound example of this was the change in OAT delivery across all regions.*

<sup>1</sup> Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer, are more likely to develop serious illness.<sup>[1]</sup>

## ASIA

Reports and correspondences in the region point to a number of adverse consequences of the COVID-19 pandemic. Firstly, people who use drugs have faced disproportionate risks of exposure and susceptibility to COVID-19, alongside barriers to care. This is particularly true of those who are in prison or detained.<sup>[12]</sup> In the Philippines, where jail overcrowding is a direct result of President Duterte's drug war and punitive drug laws, hundreds of COVID-19 cases have already been reported.<sup>[13]</sup> The prison-like conditions of compulsory drug detention and rehabilitation centres in the region has prompted UN agencies to call for their permanent closure in light of the pandemic.<sup>[14]</sup>

Secondly, people who use drugs have also been unable to access broader health care services and treatment, with closures of hospitals and medical centres, as well as quarantine and travel restrictions. In Thailand, individuals who regularly travel to receive OAT are unable to do so.<sup>[6]</sup> COVID-19 has also interrupted harm reduction services in Asia,<sup>[15-18]</sup> with a regional survey finding young key populations experiencing delays in accessing HIV and harm reduction services, and 70% reporting anxiety over COVID-19.<sup>[7]</sup>

Thirdly, civil society organisations have expressed concerns that the pandemic might affect donor priorities and lead to programmatic changes, with significant consequences for the health and rights of people who use drugs.<sup>[17,19]</sup>

Finally, the lack of civil society vigilance and media discourse have also deflected attention from the issues which affect people who use drugs. Independent media outlets face a variety of charges, indirectly affecting coverage of drug-related issues.<sup>[20]</sup>

Not all pandemic-related developments have been negative. In India, take-home buprenorphine and methadone have been approved as an emergency measure in some states, and the success of these measures is raising the prospects of the measure being sustained beyond the lockdown, offering greater flexibility for people who are prescribed OAT.<sup>[21]</sup>

Overall, however, the heightened vulnerability of people who use drugs and civil society organisations during the

pandemic further underscores the need for drug policy reform in the region, including drug decriminalisation and strengthening of harm reduction initiatives.

## EURASIA<sup>2</sup>

As in other regions, the COVID-19 crisis brought both positive and negative changes in the Eastern Europe and Central Asia region. Among positive developments, there is provision of online consultations and take-home OAT, home delivery of harm reduction materials, and introduction of new services such as substitution therapy for amphetamine-type stimulant (ATS) users in Czechia.

The pandemic also highlighted the vulnerability of harm reduction services. The closure of international borders led to disruptions in the supply of OAT medication in Moldova, and the lack of political support and reallocation of government resources to COVID-related activities put harm reduction programmes in Bulgaria and Montenegro at risk of closure. Despite international recommendations<sup>[22]</sup> and community and civil society advocacy efforts<sup>[23]</sup>, there was no progress in lowering the prison population<sup>[24]</sup> and releasing people who were in prison for non-violent offences during the COVID-19 pandemic in the Eurasia region.

The opportunity to receive take-home OAT (both buprenorphine and methadone) for periods of five to 14 days became available to clients in many countries of the region except for Belarus and Kazakhstan. In Azerbaijan, this period was limited to two days and in Ukraine and Czechia, it was extended to up to one month. These changes affected only the clients that were already in the programme. In some countries, such as Lithuania and Latvia, no new clients were accepted during the quarantine.

In Kazakhstan and Ukraine, mobile outpatient units delivered OAT medications, often together with antiretroviral therapy (ART), to clients in remote locations. In Russia, harm reduction kits including masks, disinfectant and other hygiene materials were delivered directly to clients through courier services. Organisations also arranged online counselling for clients and, wherever possible, HIV testing through self-test kits (for example in Russia and Poland).

For many people who use drugs, quarantine measures and curfews restricted access to temporary accommodation and made it impossible for them to earn money. Responding to

<sup>2</sup> All information provided in this section is based on interviews with EHRA members.

such basic needs, some organisations have re-programmed budgets (for example, in Czechia, Kazakhstan, Montenegro, and Slovakia) or organised crowdfunding campaigns to be able to feed those in need (for example in Bulgaria). In some countries, partnerships have been established to make it possible to provide shelter to people who use drugs and women survivors of violence, for example in Kyrgyzstan.<sup>[25]</sup> In Azerbaijan and Kazakhstan, harm reduction organisations have helped their clients receive specific COVID-19-related assistance for unemployed citizens.

In September 2020, AFEW International launched the regional COVID-19 Solidarity Program<sup>[26]</sup> in the Eastern Partnership countries to support community-based organisations respond to the immediate and longer-term impact of the COVID-19 pandemic.

## LATIN AMERICA AND THE CARIBBEAN

The COVID-19 pandemic has had a major impact on the few harm reduction services operating in Latin America and the Caribbean. Physical distancing requirements have reduced the capacity of programmes to carry out their activities. For example, in the Dominican Republic, one NSP was partially suspended for the safety of its staff.<sup>[8]</sup>

The response to COVID-19 in Latin America has not been homogeneous. A majority of the states in the region are in some form of “lockdown” to increase self-isolation in order to flatten the infection curve and forestall health care system breakdown. Argentina, Chile, Colombia, Peru and many of the Central American nations were some of the first to implement such measures<sup>[38–41]</sup>, with Brazil, Bolivia, Ecuador and Mexico implementing them later.<sup>[42,43]</sup> <sup>[44]</sup> In Venezuela, El Salvador, Guatemala and Honduras, the pandemic is happening against the backdrop of pre-existing humanitarian crises.<sup>[41]</sup>

Contact with harm reduction programmes or health care services during this time has been limited due to physical distancing and the already limited number of services available in most of the countries.<sup>[38,39,42,44–47]</sup> For example, coverage has decreased in NSPs in Mexico and Colombia.<sup>[39,42]</sup> Conversely in Uruguay, where no full lockdown has been implemented, services reported that their work was unaffected in comparison with other countries in the region.<sup>[48]</sup>

Outreach programmes have been particularly affected by limitations on movement, and physical distancing requirements have meant that services have fewer opportunities for close interaction with clients, limiting their ability to assess needs and collect feedback.<sup>[9]</sup> While extra funding has been given to health services, for example in the Dominican Republic, this has not been made available to civil society organisations, including those providing harm reduction services.<sup>[8]</sup> El Punto en la Montaña, an organisation operating an NSP in Puerto Rico, has sought funding to provide its staff and clients with personal protective equipment.<sup>[9]</sup>

In most countries, there are no specific state-led COVID-19 services for people who use drugs or other key populations. For this reason, harm reduction organisations including Intercambios in Argentina, RENFA (Anti-Prohibitionist Feminist Network) in Brazil and Verter in Mexico, are providing masks, sanitising gel and other protection equipment to people who use drugs.<sup>[43,46]</sup>

However, COVID-19 has also forced some positive changes. For example, OAT services in Colombia are now able to expand take-home capacities and provide take-home doses for longer periods. Such services have also been able to introduce home delivery of OAT.<sup>[11]</sup> However, such alterations to OAT practices have been rejected by health authorities in Argentina.<sup>[11]</sup>

The Latin American Network of People who Use Drugs released a series of recommendations and principles for governments, service providers and people who use drugs during the COVID-19 pandemic.<sup>[49]</sup> Among the recommendations for governments were calls to strengthen responses to withdrawal (which may increase in prevalence due to lockdown restrictions) and to prioritise key populations in the COVID-19 response, including people experiencing homelessness and people living with HIV. For people who use drugs, recommendations included cleaning surfaces with soap and water before using drugs, taking extra care around people who are immunosuppressed, and preparing the body and mind for a period of abstinence (due to lockdown restrictions and possible supply chain issues for some drugs).

Prisons and other custodial settings have higher risks of becoming epicentres for COVID-19, with populations vulnerable to higher levels of infection due to unavoidable close contact, poor ventilation, and low sanitation standards. Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Mexico, Peru, Uruguay and Venezuela have

already taken action, implementing different measures to reduce overcrowding and ensure health, safety and human dignity in prisons, according to international guidance.<sup>[22,40,50,51]</sup> With the exception of Costa Rica, most countries in the region have released people from prison through different modalities: home detention, pardons and amnesties. Visits have been suspended in many countries, which has psychosocial and economic consequences for those in prison. Measures taken have been insufficient to reduce the spread of infection in closed spaces. In addition, in Bolivia and Peru, incarceration has been used to enforce confinement measures, which is counterproductive to reducing overcrowding.<sup>[52]</sup> There is also specific guidance for women in prison.<sup>[53,54]</sup>

## MIDDLE EAST AND NORTH AFRICA

Since the beginning of the COVID-19 pandemic, vulnerable populations have been impacted the most, and a multiplicity of issues have affected harm reduction services and the lives of people who use drugs and people living with HIV, mainly during the lockdown period. Voluntary counselling and treatment centres, drop in centres, dispensing units, outreach services and mobile units reduced the number of working days or closed entirely, while some services struggled to provide appropriate harm reduction workers, as the number of volunteers decreased due to fear of acquiring COVID-19. Furthermore, outreach services still operating found it difficult to reach people who use drugs to provide them with prevention or hygiene kits. On the other hand, people who use drugs found it difficult to access service centres (where they were open) due to lockdown policies and limited travel and movement, and large numbers of people experienced withdrawal syndrome due to unavailability of drugs or OAT in some countries. It was reported that some people who use drugs were reluctant to access services due to fear of getting COVID-19. Moreover, new needs such as food aid, housing support and financial aid emerged as a result of job losses. These were general issues faced in all countries in the region.<sup>[85-106]</sup>

Some governments have taken measures to support harm reduction services during COVID-19. For instance, in Algeria, Iran, Morocco, and Syria, the governments supported the distribution of personal protective equipment and hygiene materials for community and health workers working in harm reduction or for people who use drugs and people living with HIV.<sup>[86,92,97]</sup> In Lebanon, the Ministry of Public Health extended the prescription validity of OAT and patients could receive up to two-week doses; this was

also the case in Morocco, Palestine and Iran where the government issued more flexible OAT protocols.<sup>[86-89,91,92,103]</sup> In Palestine and Morocco, outreach workers were provided with permits for travel movements.<sup>[91,97]</sup>

Organisations working in harm reduction have been creative in adapting the service delivery to the context of COVID-19 and have introduced many interventions to ensure the continuity of services. In almost every country, face-to-face consultations, follow-ups and support groups have been switched to online services. Even coordination and monitoring meetings were held on online platforms. Virtual trainings on COVID-19 and preventive measures to be taken were also conducted for the intervention teams. Home delivery of methadone was provided in Palestine and Morocco, while take-home doses of OAT were permitted in Iran and Morocco.<sup>[85-88,92,93,102,105,107]</sup> In Algeria, Bahrain, Iran, Morocco and Palestine, a larger supply of syringes was sometimes ensured.<sup>[85-88,92,93,102,105,107]</sup> Peer support and peer distribution of injection kits was reactivated and enforced. In Algeria and Morocco, centres extended their working hours to minimise crowding and be able to receive people while complying with the preventive measures.<sup>[86,97,102]</sup> Iran expanded mobile units and outreach work.<sup>[87]</sup>

Organisations are trying their best to adapt to the situation with available funds. Minimal governmental funding to support services during COVID-19 was reported from partners in countries who participated in the drafting of this chapter. Organisations are mobilising funds internally or from partners to purchase prevention tools, ensure uninterrupted service delivery and respond to the new emerging needs of their targeted population. One organisation in Algeria established a mask manufacturing unit managed and staffed by women living with HIV. Masks manufactured are distributed to key populations including people living with HIV and people who inject drugs.<sup>[85]</sup> In March 2020, an NGO in Iran created a COVID-19 prevention and control working group, bringing together a diverse range of representatives, including NGO managers and project coordinators, peer support workers, social workers, psychologists, clinicians, health policymakers, and academic researchers. The aim of this working group was to enable greater collaboration between government and non-government sectors and develop an equitable COVID-19 response among people who use drugs.<sup>[87,106]</sup>

## NORTH AMERICA

As in all other areas of life, the COVID-19 pandemic has had a major effect on harm reduction services in North America. The need to obey physical distancing regulations and to protect medically vulnerable people has led to significant changes in the way harm reduction services operate.

Among the most widespread issues is the need for services to reduce capacity and opening hours, close temporarily or permanently, or operate on an appointment-only basis.<sup>[55,56]</sup> This has reportedly affected the vast majority of harm reduction services in Canada at least temporarily, including NSPs (and the promised expansion of prison NSPs), drug checking and DCRs.<sup>[55,56]</sup> In the medium to long term, civil society actors in Canada do not rule out the possibility of private foundations scaling down their commitments to harm reduction as a result of the pandemic, which is likely to result in the permanent closure of some harm reduction programmes.<sup>[56]</sup> In light of this, local fundraising will take on greater importance.<sup>[56]</sup>

In some cases, the pandemic has forced positive innovations in the implementation of harm reduction services. To facilitate self-isolation and physical distancing in Canada, an exemption to the Controlled Drug and Substances Act increased the role of pharmacists in the prescription of OAT and made take-home OAT considerably more available.<sup>[55-57]</sup> In British Columbia, detailed guidelines were published to address the twin crises of overdose deaths and COVID-19, which later fed into national level guidance.<sup>[58,59]</sup> These guidelines facilitate take-home OAT, including hydromorphone, as well as the prescription of methylphenidate and dexamphetamine for people who use stimulants.<sup>[58]</sup> They also recommended that people continue to avoid using drugs alone due to the risk of overdose.<sup>[58]</sup> The COVID-19-related exemption to federal drug laws was initially due to expire on 30<sup>th</sup> September 2020, but was extended to 30<sup>th</sup> September 2021 in August 2020.<sup>[57]</sup>

In the United States, federal restrictions on OAT have been loosened in order to increase access while also reducing risk of COVID-19 exposure.<sup>[60]</sup> Opioid Treatment Programmes were given flexibility to provide up to 28-day take-home doses and to waive urine drug testing requirements during that time, and there has been expanded use of online consultations (though these are not permitted to replace medical evaluation for new methadone clients). Despite these new guidelines, challenges still remain, namely that some state guidelines remain more restrictive than the

federal guidelines and individual programmes may choose to continue more restrictive dispensing practices that still require frequent programme attendance.<sup>[61,62]</sup>

Preliminary evidence from Canada and the United States also indicates that overdose deaths have increased over the course of the pandemic.<sup>[62,63]</sup> According to the American Medical Association, 35 states had reported an increase in opioid-related mortality by July 2020.<sup>[64]</sup> Posited explanations for the variation include disruptions to global drug supplies which may have changed the composition of available drugs, increased likelihood of using alone under physical distancing restrictions, and the way in which COVID-19 has overwhelmed health and emergency services.<sup>[62]</sup> Increased overdose deaths may also be associated with the release of individuals from jails and prisons during the pandemic.<sup>[65]</sup>

A particular concern in the United States is the impact of the pandemic in jails and prisons. Correctional settings, particularly those as heavily populated as in the United States, face serious challenges with physical distancing, patient quarantine and health service capacity.<sup>[66-68]</sup> Several jails and prisons have experienced large outbreaks of COVID-19, including Rikers Island in New York, Cook County jail in Illinois, and San Quentin in California.<sup>[65,67,68]</sup> As of July 2020, more than 26,000 people had been released from jails and prisons across the United States to relieve this pressure.<sup>[68,69]</sup> While these early releases are welcome, they also pose new challenges which must be addressed, including increased risk of overdose and homelessness.<sup>[68]</sup> Given the racialised nature of drug law enforcement in the United States, COVID-19 in correctional settings has disproportionately impacted Black and Hispanic individuals.<sup>[65]</sup>

In many states across the United States that implemented lockdown restrictions, NSPs were deemed “essential services” so that they could continue to operate and provide services. Two rapid response research studies on NSP access in the US found that most NSPs had to restrict their days and hours of operation, but that they tried to pre-package supplies and provide extra syringes, equipment, and naloxone for distribution.<sup>[70,71]</sup> Some services have also shifted to mobile delivery or mail order models in order to ensure people have access during the pandemic.<sup>[65]</sup> Testing for HIV and hepatitis C has been reduced in many settings and concerns remain that there may be outbreaks if people experience shortages and are forced to reuse or share supplies.<sup>[70,71]</sup> Harm reduction providers are also educating participants to stay safe when using or buying drugs during

COVID-19, including using sanitiser, washing hands, and maintaining distance when using drugs with others.<sup>[62,72–74]</sup>

## OCEANIA

Compared to the general population, people who use drugs in Oceania are more exposed to the risks of COVID-19 infection, as they are more likely to have poor health conditions, and to experience stigma, social and economic disadvantage, homelessness and imprisonment.<sup>[75]</sup> Recognising the vulnerability of people who use drugs, Australian experts summarised the challenges in maintaining treatment services during the COVID-19 pandemic, and concluded that OAT should be considered an essential treatment and called for scaling up of long-lasting buprenorphine provision, increased take-home doses of OAT with the rapid expansion of take-home naloxone programmes, and also suggested that NSPs should provide bulk numbers of injecting equipment to ensure availability.<sup>[75]</sup>

A survey among people who inject drugs in Melbourne, Australia, examined the effect of the pandemic in April 2020, and most participants reported that there had been little impact of COVID-19 restrictions on their drug purchase and use patterns at that early stage.<sup>[76]</sup> The impact on harm reduction service delivery, on the other hand, was profound. Some services closed operations, ceased accepting new clients or moved to electronic systems of service provision.<sup>[77]</sup> To minimise disruptions in service delivery, such as access to general practitioners and pharmacists, OAT policies were relaxed: more unsupervised dosing, longer take-home periods and third party collection of OAT medications became available.<sup>[77–79]</sup> However, policy changes in OAT delivery differed between Australian jurisdictions.<sup>[77]</sup> Peer organisations released guidance to people who are on OAT to get accurate information from the service provider, and prepare for larger take-home doses.<sup>[80]</sup> To accompany the increased availability of take-home OAT, naloxone was made widely available, though the initiative had unintended consequences: a major shortage of naloxone supply in the country.<sup>[77]</sup> Altogether, COVID-19-related changes in service delivery brought positive changes. In July 2020, Australian organisations working in the field of alcohol and other drugs called on federal, state and territory governments to make permanent or expand on reforms introduced during the pandemic to better support people who use drugs.<sup>[81]</sup>

In New Zealand, NSPs were included among essential health services available during the most strict lockdown

measures and the government provided personal protective equipment to NSPs.<sup>[82,83]</sup> However, service delivery was modified to comply with physical distancing rules, which resulted in restrictions on the number of clients on the premises at one time and, in some cases, restricted opening hours due to staff capacity.<sup>[82]</sup> To compensate for the decrease in access and reduce the need for in-person visits, the New Zealand Needle Exchange Programme developed an online shop for clients unable or unwilling to access services.<sup>[82,84]</sup> There were concerns that people who inject drugs could be at greater risk of overdose during the lockdown period, which created an opportunity for government-funded access to naloxone kits at NSPs.

## SUB-SAHARAN AFRICA

Disruption in harm reduction service availability due to the pandemic could cause long term consequences beyond those from COVID-19 itself,<sup>[108]</sup> with people who use drugs having to deal with interruptions in their treatment, counselling services or rehabilitation.<sup>[109]</sup> Where OAT services exist, access to OAT has been hampered by the COVID-19 pandemic. Most countries in sub-Saharan Africa still use directly observed therapy to deliver OAT, which meant that services were suspended in some countries during COVID-19 as the ability to travel to health facilities was restricted. The impact of these restrictions is as yet unclear. However, civil society actors in many places expect to see an increase in the use of illegal opioids and an increase in people experiencing opioid withdrawal as a result of COVID-19-related measures. The only countries where OAT is not exclusively provided through directly observed therapy are South Africa and Tanzania.<sup>[110]</sup> In Senegal, the drop-in clinic CEPIAD has increased the prescription period for OAT for some patients and set up a delivery service for specific cases. Staff also delivered sterile injection equipment and picked up used equipment from specific locations to cater to communities of people who inject drugs to minimise the risk of transmission.<sup>[111]</sup>

The prevailing unfavourable legal environment still exposes people who use and inject drugs to arrests, including for minor infractions. COVID-19 confinement measures and the enforcement of those measures by police exacerbate this punitive environment. Men who have sex with men, people who use drugs and people who inject drugs experiencing homelessness have been subject to arrests and detention in Uganda, with physical abuse and longer detention periods due to the lack of access to legal services

during the first phase of the lockdown.<sup>[112-114]</sup> The Human Rights Awareness and Promotion Forum, a civil society organisation that offers access to justice and legal aid services, reached detainees both virtually and physically. The Forum was able to access clients in detention by help of travel waivers, and contacted judges and attended court sessions virtually. As a result of COVID-19, people who use drugs reported food insecurity and a lack of access to ART and other harm reduction services. To respond to meeting the needs of the community, the Forum brought together organisations working with key populations, including people who inject drugs, to discuss the needs of the community. Consequently, a consolidated proposal of needs was developed and a reallocation of funds was approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria.<sup>[115]</sup>

Despite this disruption, harm reduction organisations have made some strides in ensuring that the needs of people who use and inject drugs are addressed. The West Africa Drug Policy Network is a budding coalition of more than 600 civil society organisations from 17 countries which support drug policy reform. The coalition has been able to facilitate the continuity of harm reduction services, to design and disseminate user-friendly messages on COVID-19 prevention for people who inject drugs, and to supply food to people who inject drugs who are unemployed or experiencing homelessness.<sup>[116]</sup>

The West Africa Drug Policy Network released an emergency response to COVID-19 prevention and control among people who use drugs, focusing on the additional risks and challenges faced during the pandemic. The response emphasised the particular vulnerability of people who use drugs to COVID-19 due to underlying health conditions associated with their drug use, stigma, social marginalisation and higher economic and social vulnerabilities, including a lack of access to housing and health care. It also highlighted the difficulty for people who use drugs, particularly those with dependence and experiencing homelessness, to protect themselves from COVID-19 with the current protective measures in place, including physical distancing and periodic lockdowns.<sup>[109]</sup>

## WESTERN EUROPE

The COVID-19 crisis catalysed the establishment of regular consulting or monitoring networks of professionals working in the fields of drug policy and harm reduction, and

strengthened cooperation between organisations in many countries (e.g. Italy, Ireland, Netherlands, Norway, Portugal, United Kingdom).<sup>[27-32]</sup> In the United Kingdom, for example, a national network monitoring group with biweekly online meetings has been established to monitor the drugs market and harm reduction during the crisis, involving a wide range of stakeholders from service providers, networks of people who use drugs, law enforcement, advocacy groups and researchers.<sup>[29]</sup>

The availability and coverage of harm reduction services decreased after the COVID-19 measures were introduced in the region, but the majority of EU countries (14 out of 25) reported only a slight decrease and six countries reported no change in availability.<sup>[10]</sup> Reports to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) showed that the services were affected differently - NSPs and OAT programmes experienced serious decreases or closure in less than half of the countries, while drop-in-centres were seriously disrupted in almost 80% of EU countries.<sup>[10]</sup>

Most of the drug consumption rooms (DCRs) in the region have remained open during the crisis. Norway was the only country where DCRs were closed following the recommendations of the country's health authority.<sup>[10,33,34]</sup> DCRs in the region had to change service delivery modes to comply with the physical distancing rules. The number of clients using the facilities was limited, and many introduced additional preventive measures like fever checks for clients entering the DCR, mandatory hand washing and masks. To compensate for the decrease in capacity, temporary DCRs were opened in Barcelona, another mobile DCR was implemented in Lisbon, and DCR opening hours were increased in Germany. The DCR in Zurich have set up tents to ensure physical distancing can be observed.<sup>[10,33,35]</sup>

To compensate for the decreased access and coverage, harm reduction services adjusted their service delivery to the lockdown environment. Across Western Europe, NSPs increased the number of syringes one client could receive,<sup>[10]</sup> allowing secondary syringe exchange and safe injection practices during the lockdown period. Outreach was used to maintain the coverage of NSPs and take-home naloxone programmes in Italy;<sup>[28]</sup> and innovative ways of service delivery were introduced, for example click and collect schemes for harm reduction equipment in the United Kingdom, the mail delivery of syringes and other commodities in France.<sup>[10,29]</sup> Peer involvement became

more pronounced in many countries; peer networks provided secondary syringe exchange and outreach services, and disseminated information on lockdown measures and COVID-19.<sup>[32,36]</sup> OAT practices were reformed in many countries, for example, distribution of OAT medications and naloxone in low-threshold outreach settings in Luxembourg, Spain and Portugal,<sup>[10,32]</sup> and less restrictive prescribing practices across the region (longer take-home periods and significantly shorter initiation time).<sup>[10,27-30,37]</sup>

As a result of the pandemic and subsequent lockdown restrictions, the income of certain subpopulations of people who use drugs decreased substantially, for example sex workers and people who are homeless.<sup>[29,33,35,37]</sup> In response to this, a temporary OAT service was installed in Hamburg, Germany, where anyone could initiate OAT and access OAT medication without any costs, regardless of health insurance status.<sup>[35]</sup>



Photo by Voices of Community Action and Leadership, Kenya (VOCAL-KE)

## Recommendations

### HARM REDUCTION SERVICES ARE ESSENTIAL PUBLIC HEALTH INTERVENTIONS, PIVOTAL IN REACHING KEY POPULATIONS.

The pandemic showed that many harm reduction services are innovative and quick to adapt, and can maintain the best possible coverage, linking otherwise hidden key populations to other social and health care services. Harm reduction should thus be included in public health policies accordingly, and appropriate funding should be provided to ensure service delivery.

### COVID-19 ADAPTATIONS IN OAT, NSP AND TREATMENT DELIVERY CAN INCREASE ACCESS TO SERVICES AND SHOULD REMAIN IN PLACE.

Long-awaited changes in harm reduction service delivery took place during the pandemic. Longer take-home periods for OAT and less restrictive initiation procedures were set up in many countries, providing evidence that these are feasible and beneficial. Greater emphasis should be given to low threshold community settings in the distribution of harm reduction commodities, as well as testing and treatment for HIV, viral hepatitis and TB.

### GREATER COMMUNITY INVOLVEMENT IS CRUCIAL TO INCREASE COVERAGE AND ACCESSIBILITY OF SERVICES.

Networks of people who use drugs played an important role during the pandemic, contributing to service delivery with secondary syringe exchange, while providing input for professionals working in harm reduction, and disseminating crucial information among the drug user community. Peer involvement should be extended to provide more accessible services tailored for the needs of the community.

# References

- WHO. Coronavirus [Internet]. 2020 [cited 2020 Sep 24]. Available from: <https://www.who.int/health-topics/coronavirus>
- Vasylyeva TI, Smyrnov P, Strathdee S, Friedman SR. Challenges posed by COVID-19 to people who inject drugs and lessons from other outbreaks. *J Intern AIDS Soc* [Internet] 2020 [cited 2020 Sep 13];23(7). Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jia2.25583>
- EMCDDA. European Drug Report 2020: Trends and Developments. Luxembourg: Publications Office of the European Union; 2020.
- Harris M. An urgent impetus for action: safe inhalation interventions to reduce COVID-19 transmission and fatality risk among people who smoke crack cocaine in the United Kingdom. *Int J Drug Policy* [Internet] 2020 [cited 2020 Jun 24]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306748/>
- UNODC. World Drug Report 2020 - Estimates of people who inject drugs, living with HIV, HCV & HBV, downloadable spreadsheet [Internet]. Vienna: UNODC; 2020. Available from: <https://wdr.unodc.org/wdr2020/en/maps-and-tables.html>
- Poonkasettawattana M. Personal communication with APCOM. 2020.
- APCASO. Rapid survey on the needs of young key populations and young people living with HIV in Asia and the Pacific in the context of COVID-19 [Internet]. 2020. Available from: [https://www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe\\_en](https://www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe_en)
- Martin Ortiz A. Global State of Harm Reduction 2020 survey response. 2020.
- Rodríguez A. Global State of Harm Reduction 2020 survey response. 2020.
- EMCDDA. EMCDDA trendspotter briefing - Impact of COVID-19 on drug services and help-seeking in Europe | www.emcdda.europa.eu [Internet]. 2020 [cited 2020 May 16]. Available from: [https://www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe\\_en](https://www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe_en)
- Edelman McHenry A. Mapping expanded access to opioid agonist treatments during COVID-19. London: Harm Reduction International; 2020.
- International Drug Policy Consortium. COVID-19: Prisons and Detentions in Southeast Asia [Internet]. London: International Drug Policy Consortium. Available from: <https://idpc.net/publications/2020/04/covid-19-prisons-and-detentions-in-southeast-asia>
- Talabong R. 745 prisoners, 125 personnel in Philippine jails test positive for coronavirus [Internet]. Rappler. Available from: <https://r3.rappler.com/nation/263519-coronavirus-cases-jails-philippines-june-11-2020>
- Office of the United Nations High Commissioner for Human Rights, International Organization for Migration, UN Office on Drugs and Crime, UNAIDS, International Labor Organization, UNHCR, et al. Joint Statement: Compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19. [Internet]. Available from: <https://unaids-ap.org/2020/06/01/compulsory-drug-detention-and-rehabilitation-centres-in-asia-and-the-pacific-in-the-context-of-covid-19/>
- Ziaurahman Z. Global State of Harm Reduction 2020 survey response. 2020.
- Norgin T. Global State of Harm Reduction 2020 survey response. 2020.
- Bijl M. Global State of Harm Reduction 2020 survey response. 2020.
- Alvarez MCA. Personal communication with StreetLawPH. 2020.
- Angeles P. Global State of Harm Reduction 2020 survey response. 2020.
- Regencia T. Maria Ressa found guilty in blow to Philippines' press freedom. [Internet]. Al Jazeera 2020. Available from: <https://www.aljazeera.com/news/2020/06/philippine-court-rappler-maria-ressa-guilty-cyberlibel-200614210221502.html>
- Alliance India. People who use drugs - somewhere between lockdown and unlockdown [Internet]. 2020. Available from: <http://www.allianceindia.org/people-use-drugs-somewhere-lockdown-unlockdown/>
- UNODC, World Health Organization, UNODC, WHO, UNAIDS and OHCHR joint statement on covid-19 in prisons and other closed settings [Internet]. Available from: [https://www.unodc.org/documents/Advocacy-Section/20200513\\_PS\\_covid-prisons\\_en.pdf](https://www.unodc.org/documents/Advocacy-Section/20200513_PS_covid-prisons_en.pdf)
- Free Zone, Global Fund to Fight AIDS Tuberculosis and Malaria, Open Society Foundations. Online conference: "Prisons in COVID-19 context" [Internet]. Prison-Off [cited 2020 Sep 23]. Available from: <http://prison-off.com/online-conference-prisons-in-covid-19-context/?lang=en>
- HRI. COVID-19, Prisons and Drug Policy: Global Scan March-June 2020 [Internet]. London: HRI; 2020. Available from: <https://www.hri.global/covid-19-prison-diversion-measures>
- UNDP. Safe spaces to protect women and girls from violence arranged as part of the EU-UN Spotlight Initiative in Kyrgyzstan | UNDP in Kyrgyz Republic [Internet]. UNDP2020 [cited 2020 Sep 28]. Available from: <https://www.kg.undp.org/content/kyrgyzstan/en/home/presscenter/pressreleases/2020/04/safe-spaces-to-protect-women-and-girls-from-violence-arranged-as.html>
- AFEW. The COVID-19 Solidarity Program for Key Populations in Eastern Partnership countries is launched! Please, apply! [Internet]. AFEW International2020 [cited 2020 Sep 23]. Available from: <http://afew.org/headlines/the-covid-19-solidarity-program-for-key-populations-in-eastern-partnership-countries-is-launched-please-apply/>
- Woods S. Global State of Harm Reduction 2020 survey response. 2020.
- Ronconi S. Global State of Harm Reduction 2020 survey response. 2020.
- Eastwood N. Global State of Harm Reduction 2020 survey response. 2020.
- Duffin T. Outreach Work during the COVID19 epidemic | Exchange of Experiences & Paths Forward. Webinar presentation. Correlation Network Webinar: 2020.
- Erdal B, Soggiu AS. Outreach Work during the COVID19 epidemic | Exchange of Experiences & Paths Forward. Webinar presentation. Correlation Network Webinar: 2020.
- Sousa T. Outreach Work during the COVID19 epidemic | Exchange of Experiences & Paths Forward. Webinar presentation. Correlation Network Webinar: 2020.
- Schori D. Global State of Harm Reduction 2020 survey response. 2020.
- Langaas H. Drug Consumption Rooms during COVID19 | Exchange of Experiences & Paths Forward, webinar presentation. Correlation Network Webinar: 2020.
- Schaeffer D. Drug Consumption Rooms during COVID19 | Exchange of Experiences & Paths Forward, webinar presentation. Correlation Network Webinar: 2020.
- Southwell M. How is COVID-19 shaping the future of drug services in Europe? webinar presentation. EMCDDA webinar: 2020.
- Horsburgh K. Global State of Harm Reduction 2020 survey response. 2020.
- Rotondo H. Global State of Harm Reduction 2020 survey response. 2020.
- Quintero J. Global State of Harm Reduction 2020 survey response. 2020.
- Vila M. Global State of Harm Reduction 2020 survey response. 2020.
- Angelo P, O'Neil S. Latin America's Response to COVID-19 [Internet]. 2020. Available from: <https://www.cfr.org/conference-calls/latin-americas-response-covid-19>
- Pasaran SS. Global State of Harm Reduction 2020 survey response. 2020.
- Da Silva Petuco DR. Global State of Harm Reduction 2020 survey response. 2020.
- Paladines J. Global State of Harm Reduction 2020 survey response. 2020.
- Comis A. Global State of Harm Reduction 2020 survey response. 2020.
- Touzé G. Global State of Harm Reduction 2020 survey response. 2020.
- Cortés E. Global State of Harm Reduction 2020 survey response. 2020.
- Olivera D. Global State of Harm Reduction 2020 survey response. 2020.
- Reducción de daños, drogas y COVID-19 para Latinoamérica y el Caribe. 2020 [cited 2020 Aug 6]. Available from: <http://www.redlanpud.net/politicas-de-drogas/reduccion-de-danos-drogas-y-covid-para-latinoamerica/>
- UNODC. Covid-19: HIV Prevention, Treatment, Care and Support for people who use Drugs and People in Prisons [Internet]. Available from: <https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>
- Guerrero A, Centro de Estudios y Acción por la Justicia (CEA Mexico), Villagra C. Mujeres encarceladas en Latinoamérica y COVID19 [Internet]. Available from: <https://es.scribd.com/document/454668189/Mujeres-Encarceladas-y-COVID>
- Centro de Estudios de Derecho, Justicia y Sociedad (DeJusTicia), Colectivo de Estudios Drogas y Derecho (CEDD). Del Miedo a la Acción. Aliviar el hacinamiento carcelario: Salvavidas en tiempos de covid [Internet]. 2020 [cited 2020 Jun 27]. Available from: <http://www.drogasyderecho.org/cedd-en-los-medios/prensa/aliviar-el-hacinamiento-carcelario-salvavidas-en-tiempos-de-covid/>
- WOLA. Advocacy for Human Rights in the Americas. Mujeres, políticas de drogas y encarcelamiento. Una guía para la reforma de políticas en América Latina [Internet]. Available from: <https://www.wola.org/sites/default/files/Guia.FINAL.pdf>
- United Nation Women. Covid-19, Women, and Prisons: Early Release and Non-Custodial Sentences for Women as an Effective Means to Reduce Covid-19 in Prison Populations [Internet]. 2020. Available from: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/in-brief-covid-19-women-and-prisons-early-release-and-non-custodial-sentences-for-women>
- Maghsoudi N. Global State of Harm Reduction 2020 survey response. 2020.
- Ka Hon Chu S. Global State of Harm Reduction 2020 survey response. 2020.
- Health Canada. Frequently asked questions: Exemptions for practitioners and pharmacists prescribing and providing controlled substances, and for patients, during the coronavirus pandemic [Internet]. aem2020 [cited 2020 May 12]. Available from: <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic/frequently-asked-questions.html>
- BCCSU. Risk mitigation in the context of dual public health emergencies. Vancouver: British Columbia Centre on Substance Use; 2020.
- CRISM. Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic: National Rapid Guidance Document. Vancouver: Canadian Research Initiative in Substance Misuse; 2020.
- Substance Abuse and Mental Health Services Administration. FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency. Rockville: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2020.
- Chen M. Will the Pandemic Lead to Better Treatment for Drug Users? The Nation [Internet] 2020 [cited 2020 Jul 3]. Available from: <https://www.thenation.com/article/society/coronavirus-harm-reduction/>
- Vakharia S. Global State of Harm Reduction reviewer response. 2020.

63. Canadian Community Epidemiology Network on Drug Use. Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms. Ottawa: Canadian Centre on Substance Use and Addiction; 2020.
64. Advocacy Resource Center. Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic. Chicago: American Medical Association; 2020.
65. Hurliaux E. Global State of Harm Reduction 2020 reviewer response. 2020.
66. Akiyama MJ, Spaulding AC, Rich JD. Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons. *New England Journal of Medicine* 2020;382(22):2075–7.
67. Hawks L, Woolhandler S, McCormick D. COVID-19 in Prisons and Jails in the United States. *JAMA Intern Med* [Internet] 2020 [cited 2020 Aug 3]. Available from: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2765271>
68. Franco-Paredes C, Jankousky K, Schultz J, Bernfeld J, Cullen K, Quan NG, et al. COVID-19 in jails and prisons: A neglected infection in a marginalized population. *PLOS Neglected Tropical Diseases* 2020;14(6):e0008409.
69. Harm Reduction International. COVID-19, Prisons and Drug Policy [Internet]. London: Harm Reduction International; 2020. Available from: <https://www.hri.global/covid-19-prison-diversion-measures>
70. Glick SN, Prohaska SM, LaKosky PA, Juarez AM, Corcoran MA, Des Jarlais DC. The Impact of COVID-19 on Syringe Services Programs in the United States. *AIDS Behav* [Internet] 2020 [cited 2020 Jul 3]. Available from: <https://doi.org/10.1007/s10461-020-02886-2>
71. Bartholomew TS, Nakamura N, Metsch LR, Tookes HE. Syringe services program (SSP) operational changes during the COVID-19 global outbreak. *Int J Drug Policy* [Internet] 2020 [cited 2020 Jul 3]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7290194/>
72. Yale Program in Addiction Medicine, Global Health Justice Partnership, Crackdown. Guidance for People who use Substances on COVID-19 (Novel Coronavirus) [Internet]. New Haven: Yale University; 2020 [cited 2020 Jul 3]. Available from: <https://yale.app.box.com/v/COVID19HarmReductionGuidance>
73. Harm Reduction Coalition. COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs [Internet]. Harm Reduction Coalition 2020 [cited 2020 Jul 3]. Available from: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>
74. Vital Strategies. COVID-19 Resources for people who use drugs and other vulnerable communities [Internet]. Vital Strategies 2020 [cited 2020 Jul 3]. Available from: <https://www.vitalstrategies.org/drug-use-covid-resources/>
75. Dunlop A, Lokuge B, Masters D, Sequeira M, Saul P, Dunlop G, et al. Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic. *Harm Reduction Journal* 2020;17(1):26.
76. Dietze P, Maher L, Stoové M. Impact of COVID-19 on people who inject drugs in Melbourne: first/preliminary analyses - A policy, health and implementation response to COVID-19 [Internet]. Melbourne: Burnet Institute Fieldwork Team; 2020. Available from: <https://www.burnet.edu.au/system/asset/file/3885/SuperMIX-COVID-19-Bulletin-200505.pdf>
77. Dietze PM, Peacock A. Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: Anticipated consequences and initial responses. *Drug and Alcohol Review* 2020;39(4):297–300.
78. Ritter A. Global State of Harm Reduction 2020 survey response. 2020.
79. Victorian Department of Health and Human Services. COVID-19 Response - Pharmacotherapy services: information for prescribers and dispensers [Internet]. Melbourne: Victorian Department of Health and Human Services; 2020. Available from: [https://de4e0707-9881-41c5-b4b5-79de5c5c6366.filesusr.com/ugd/ebb8bf\\_8710dc68993b4d839509ebd8115389f9.pdf?index=true](https://de4e0707-9881-41c5-b4b5-79de5c5c6366.filesusr.com/ugd/ebb8bf_8710dc68993b4d839509ebd8115389f9.pdf?index=true)
80. NUA. COVID-19 and OTP [Internet]. NUA2020 [cited 2020 Jul 29]. Available from: <https://www.nuaa.org.au/nuaa-blog/covid-19-and-otp?rq=otp>
81. AIVL. Alcohol and other drug sector urges governments to seize opportunity created by pandemic to make long-lasting reforms [Internet]. AIVL2020 [cited 2020 Jul 29]. Available from: <http://aivl.org.au/alcohol-and-other-drug-sector-urges-governments-to-seize-opportunity-created-by-pandemic-to-make-long-lasting-reforms/>
82. Collis A. Global State of Harm Reduction 2020 survey response. 2020.
83. COVID-19 – Essential services in the health and disability system [Internet]. Ministry of Health NZ [cited 2020 Jul 14]. Available from: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-essential-services-health-and-disability-system>
84. NZNEP. New Zealand Needle Exchange Trials Online Distribution [Internet]. 2020 [cited 2020 Jul 31]. Available from: <https://www.nznep.org.nz/news/new-zealand-needle-exchange-trials-online-distribution>
85. L'Association de la Protection Contre le Sida (APCS), Algeria S. Global State of Harm Reduction 2020 survey response. 2020.
86. L'Association de Lutte Contre le Sida (ALCS), Morocco S. Global State of Harm Reduction 2020 survey response. 2020.
87. Rebirth Charity Society. Global State of Harm Reduction 2020 survey response. 2020.
88. Iranian National Center for Addiction Studies. Global State of Harm Reduction 2020 survey response. 2020.
89. Soins Infirmiers et Développement Communautaire. Global State of Harm Reduction 2020 survey response. 2020.
90. Forearms of Change Center to Enable Community. Global State of Harm Reduction 2020 survey response. 2020.
91. Al Makedessi Association. Global State of Harm Reduction 2020 survey response. 2020.
92. World Health Organization - Eastern Mediterranean Regional Office. Global State of Harm Reduction 2020 survey response. 2020.
93. Anonymous (Bahrain). Global State of Harm Reduction 2020 survey response. 2020.
94. Ministry of Health (Syria). Global State of Harm Reduction 2020 survey response. 2020.
95. UNODC Regional Office Middle East and North Africa. Global State of Harm Reduction 2020 survey response. 2020.
96. Ministry of Public Health (Lebanon). Global State of Harm Reduction 2020 survey response. 2020.
97. Asouab F, Bouzittoun F, Bentaouite M. Global State of Harm Reduction 2020 survey response. 2020.
98. Ministry of Public Health, Ministry of Education and Higher Education, Ministry of Interior and Municipalities. Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021. Beirut: Ministry of Public Health (Lebanon); 2016.
99. Caritas Egypt-Alexandria. Global State of Harm Reduction 2020 survey response. 2020.
100. Social Services Association (Yemen). Global State of Harm Reduction 2020 survey response. 2020.
101. National AIDS Programme (Lebanon), Ministry of Public Health (Lebanon), World Health Organization. Global State of Harm Reduction 2020 survey response. 2020.
102. AIDS Algeria. Global State of Harm Reduction 2020 survey response. 2020.
103. Middle East and North Africa Harm Reduction Association. Global State of Harm Reduction 2020 survey response. 2020.
104. Chakroun M. Global State of Harm Reduction 2020 survey response. 2020.
105. Ministry of Public Health (Palestine). Global State of Harm Reduction 2020 survey response. 2020.
106. UNODC Iran Country Office. Global State of Harm Reduction 2020 survey response. 2020.
107. Anonymous (Algeria). Global State of Harm Reduction 2020 survey response. 2020.
108. Jewell BL, Mudimu E, Stover J, Brink D ten, Phillips AN, Smith JA, et al. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple mathematical models. *The Lancet HIV* 2020;7(9):e629–40.
109. WADPN Emergency Response to COVID-19 Prevention & Control Among People Who Use Drugs in West Africa [Internet]. WADPN2020 [cited 2020 Jun 18]. Available from: <https://www.wadpn.org/post/wadpn-emergency-response-to-covid-19-prevention-and-control-among-people-who-use-drugs-in-west-africa>
110. Providing medical care to people who use drugs amid COVID-19 crisis in Kenya [Internet]. MSF East Africa2020 [cited 2020 Aug 2]. Available from: <https://msf.or.ke/en/magazine/providing-medical-care-people-who-use-drugs-amid-covid-19-crisis-kenya>
111. Deme PA. Global State of Harm Reduction 2020 survey response. 2020.
112. Human Rights Watch. Uganda: Respect Rights in COVID-19 Response [Internet]. Human Rights Watch 2020 [cited 2020 Sep 11]. Available from: <https://www.hrw.org/news/2020/04/02/uganda-respect-rights-covid-19-response>
113. Human Rights Watch. Uganda LGBT Shelter Residents Arrested on COVID-19 Pretext [Internet]. Human Rights Watch 2020 [cited 2020 Sep 11]. Available from: <https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>
114. UHRN. COVID-19 Situation analysis report for people who use drugs in Uganda [Internet]. Uganda: UHRN; 2020. Available from: <https://ugandaharmreduction.files.wordpress.com/2020/06/covid-19-situation-analysis-report-for-pwuds.pdf>
115. Baguma C. Global State of Harm Reduction 2020 survey response. 2020.
116. COVID-19 Harm Reduction for People Who Use Drugs [Internet]. TalkingDrugs [cited 2020 Jul 4]. Available from: <https://www.talkingdrugs.org/covid19-harm-reduction-for-people-who-use-drugs>