HARM REDUCTION
INTERNATIONAL

# The impact of COVID-19 on harm reduction in seven Asian countries

The COVID-19 pandemic and the actions taken by governments to contain it have had a profound impact on health and harm reduction services around the world. The World Health Organization has warned of significant disruptions to medical supply chains, especially given the unprecedented global recession underway. This could lead to increased deaths among people living with HIV and reverse the hard-fought gains of the global HIV response.[1]

People who use drugs, especially people who smoke or inject drugs, face additional risks and vulnerabilities to COVID-19 infection compared to the general population. Maintaining services for this population and safeguarding funding for harm reduction is therefore crucial.[2] The pandemic and related responses have affected harm reduction service provision and the lives of people who use drugs worldwide.[3]

> **Understanding the impact of COVID-19 on harm reduction funding and service provision is essential for informing donor and government action as well as civil society advocacy.**

This briefing summarises evidence from civil society in seven Asian countries (Cambodia, India, Indonesia, Nepal, Thailand, the Philippines and Vietnam) and provides recommendations to donors and governments on protecting harm reduction in the COVID-19 era.

## Ten key findings

1 **Harm reduction services, such as needle and syringe programmes (NSP), counselling, condom distribution and screening for sexually transmitted infections (STIs), were severely affected during the peak of social distancing measures.** However, the impact of COVID-19 on harm reduction has not been uniform across the seven countries. The methods for delivering harm reduction services have changed more in countries with more severe physical distancing measures, like India and Nepal.

2 **People who use drugs have faced disproportionate risks of exposure and susceptibility to COVID-19, alongside barriers to healthcare.** This is particularly true of those who are in prison or detained. People who use drugs have also been unable to access broader healthcare services and treatment, with the closures of hospitals and medical centres as well as quarantine and travel restrictions. However, due to limited data, it remains unclear whether disruptions to services have increased adverse health outcomes such as fatal overdoses or AIDS-related deaths.

3 **COVID-related containment measures in most countries have led to difficulties in accessing illegal drugs, which has increased the number of people initiating opioid agonist therapy (OAT) such as methadone and buprenorphine.** But this may be a short-term reality for some. If a significant proportion of people resume earlier patterns of drug use once alternative drugs are available, there is a risk of increased harms, including overdose.

4 **The COVID-19 pandemic has resulted in some positive changes, with harm reduction services quickly adapting and innovating in response to the altered conditions.** The most profound example of this is the change in OAT administration. In the majority of countries analysed, the criteria for take-home doses of OAT have been relaxed.

5 **In some settings, OAT will benefit only a fraction of people who use drugs or none at all.** This is because many people who use drugs in the countries analysed use amphetamines or other non-opioid injecting drugs. It is unclear how the harm reduction needs of non-opioid users are being met other than through existing health systems, which are hampered by physical distancing measures.

6 **The need for comprehensive, quality harm reduction services has increased.** At the same time, the needs of people who use drugs now also include more basic things, such as food and shelter. Contributions from the community of people who use drugs and individual donors, alongside support from local NGOs, is temporarily meeting the need for food and shelter in some places to a limited extent.

7 **Networks of people who use drugs have played an important role during the pandemic.** Increased leadership, engagement and participation from drug user communities in advocating for flexible services, appropriate government responses, and enhanced participation of peers in providing critical harm reduction interventions have all helped to ensure continuity of services.

8 **Ground-level operations to deliver harm reduction services, and thus spending, has changed.** Peers and outreach workers are doing a greater share of work to fill in for healthcare workers. But despite their efforts, peers and outreach workers are not being given 'frontline worker' status, meaning they lack personal protection equipment (PPE) and in some instances face travel restrictions.

9 **Most of the funding requirements have been met locally by bringing flexibility to allocated budgets and through support from the broader social ecosystem.** New donor funds were not made available to meet the needs of people who use drugs during this study period (January to July 2020). 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.

10 **Information technology, particularly online video and audio calls, are been used extensively to bridge the communication gaps in service provision.** This innovation has shown positive results in reaching people who use drugs effectively, but it is not a catch-all solution.

## Recommendations

- **Donors and governments must support harm reduction service providers to adapt to the 'new normal' of the COVID-19 era.** Enough evidence is now available to indicate what is working and what is not when it comes to delivering harm reduction in the present context. Donors and funders need to respond by systematically funding community level solutions which address challenges such as the poor distribution of sterile needles and syringes and declining rates of HIV testing and STI screening. Donors must also support successful innovations, such as information technology systems, to ensure continued quality counselling services. Donors need to prioritise response and recovery over mitigation.

- **Some COVID-19 adaptations to opioid agonist therapy (OAT) administration 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 have been set up in some countries and provide evidence that these are feasible and beneficial.

- **Immediate attention must be given to improve the quality and content of harm reduction services, to reduce the risk of HIV transmission.** There is an urgent need to analyse the needs of people who use drugs and ensure harm reduction coverage is back to pre-COVID-19 levels, at the very least. Strategies to provide comprehensive, high quality harm reduction services in the COVID-19 era are needed, as is capacity building support for those delivering services to meet these new challenges. 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 tuberculosis.

- **Changes in capacity building, mentoring and follow-up are already underway and should be incorporated into harm reduction approaches with the help of user-specific information technology platforms.** Considerable investment in information technology platforms is needed to improve their design, content, protocols and evaluation so that quality care, which is safe and confidential, can be provided.

- **There is now a need to recognise the task shifting that has occurred in the context of COVID-19 and to formalise peer involvement in harm reduction service provision.** This will ensure services provided are more accessible and better tailored to the needs of people who use drugs. This can be done by investing in short-duration, high-frequency trainings to improve knowledge and practices among peers and outreach workers. Both groups should be given frontline worker status and provided with additional travel costs, plus travel exemptions, adequate personal protective equipment (PPE) kits and COVID-19 tests as required.

- **More flexible approaches should be introduced to improve local supply chains in relation to NSP, HIV testing, STI screening and treatment and OAT.** Governments need to ensure medication and commodity stock outs caused by COVID-19-related disruptions do not happen again. Greater flexibility is required at all levels, including within procurement guidelines to enable local procurement solutions.

For the full report on the impact of COVID-19 on harm reduction in seven Asian countries, please visit **www.hri.global/covid-impact-report**

## References


1. World Health Organisation, *The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV*, 2020.
2. Harm Reduction International & International Network of People who Inject Drugs (2020) *We can't stop now: safeguarding funding for harm reduction during COVID-19.* Briefing for 43rd Global Fund Board Meeting 14-15 May 2020 https://www.hri.global/contents/2028
3. Harm Reduction International (2020) *Global State of Harm Reduction 2020*. London: Harm Reduction International.



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