

# COVID-19 AND PEOPLE WHO USE DRUGS

Essential interventions to save lives  
and protect people



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Correlation - European Harm Reduction Network

is co-funded by the European Union

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With millions of deaths and hundreds of millions infected worldwide, the COVID-19 pandemic is the biggest health crisis of our time. All sectors of society are challenged by the pandemic and are adapting to curb the exponential increase in the number of infections. The shutdown of businesses, schools and kindergartens are severe, but necessary, measures to limit physical contacts that cause the transmission of COVID-19. At the same time, huge efforts have been made to keep essential services running, pushing institutions and health professionals to their limits.

There are many people fighting the COVID-19 pandemic with all their might, but not all of them get much public attention. Among them are the frontline workers who continue to provide much-needed health services to people who use drugs. Every day, they stand up for a group of the most vulnerable people in society: people whose drug dependence often goes hand-in-hand with social and health grievances, such as HIV infection, unemployment or homelessness.

Most people who use drugs recognise the seriousness of the current situation. To minimise the risk of COVID-19 infection for themselves and/or others, they show great awareness of the risks and adhere to infection control measures in places where they use drugs or seek help.

In Europe, the historically well-established communication channels between administrations, public service providers and their clients are the building blocks of the solid response to the pandemic. It allows the drug treatment and harm reduction community to respond quickly to the challenges by flexibly adjusting their services to the new situation. As soon as COVID-19 reached Europe, health care workers and social services improved hygiene standards in drop-in centres, drug consumption rooms and residential drug treatment settings. Physical distancing was made possible by the increased use of telecommunication and by easing access to substitution medication. Those measures helped to keep the service provision afloat.

The pandemic can only be defeated if we work together and use our skills, knowledge and wisdom. With this publication, we make a contribution to this fight in the respect of Human Rights, by giving a voice to people who use drugs and other marginalised and underserved communities, as well as health and social workers delivering services under challenging conditions to bring the COVID-19 outbreak to an end. It gathers valuable experiences and presents responses from which we can draw valuable lessons for our work. The crisis makes our mission all the more urgent: we must stand together, united in a common goal: to save lives and protect people.

## Preface

By João Castel-Branco Goulão, National Drug Coordinator for Portugal and President of the Pompidou Group of the Council of Europe



# Harm Reduction must go on!

Why harm reduction services are essential - and how harm reduction is an essential contribution to effective pandemic responses

By Eberhard Schatz, Coordinator at Correlation - European Harm Reduction Network

Coping with crisis situations can be a matter of life and death. If the cause of a crisis cannot be fully prevented, harm reduction measures can at least reduce the extent of the damage. The idea of harm reduction lies at the heart of many public health measures. It is also a strategy for dealing with COVID-19. If society does not want to radically stop all economic and social activities in order to prevent infections caused by person-to-person contacts, at least an environment can be created which makes it possible to reduce the risk of infection. Harm reduction services for people who use drugs follow the same philosophy: if you cannot prevent drug use, you should reduce the harm caused by drug use to people who use drugs and society! With that in mind, it is possible to compare distributing protective masks, hygiene rules and providing testing for COVID 19 with harm reduction services such as distributing syringes and offering voluntary testing for blood-borne diseases to people who use drugs.

## Low-threshold interventions to fight blood-borne diseases

Originally, harm reduction measures were introduced around the world to mitigate the negative consequences of HIV/AIDS and hepatitis infections. Most harm reduction services started in the 'dark', their low-threshold interventions were grassroots and often illegal under national laws that prohibit not only drug use but also any encouragement to, or support of, drug use. For example, the first European needle exchange programmes (NEP) that provide sterile injection equipment to people who inject drugs (PWID) were implemented by social workers and associations against opposition from public prosecutors, doctors and public authorities. Their argument against this harm reduction intervention: providing drug paraphernalia is an incitement to use illegal drugs. Only when the HIV/AIDS pandemic began to spiral out of control in the 1980s, particularly among PWID, harm reduction interventions

gained wider recognition and acceptance. One of the arguments that convinced policy makers to support these programmes is that helping people who use drugs to stay healthy also means protecting the general population.

The concept of harm reduction encompasses a wide range of programmes and strategies that reduce and mitigate the harms and risks associated with drug use. Today, more established harm reduction services, such as substitution treatment, NEP, and the dissemination of safer use information build on solid evidence and are supported, or at least tolerated, by almost all European governments. Nevertheless, some harm reduction interventions are still controversial in many places and continue operating in legal grey areas, such as drug-checking services that test drugs for impurities and potency, and drug consumption rooms (DCRs) where people can consume drugs under the supervision of trained staff. Despite the recommendations by international organisations such as the WHO, UNAIDS and UNODC, harm reduction does not reach all people who are in need of such services, such as people who live in non-urban areas or are imprisoned.

### **Experience and rapid response of harm reduction organisations**

Most health interventions are only effective when the services are well integrated into the general system of health care provision. That is why most organisations that promote or provide harm reduction have built up broad and consolidated knowledge of the health care system which enables them to react immediately to changing environments and health situations. For decades, frontline workers have been busy creating public awareness of the nexus between drug use and infectious diseases. This wealth of experience, combined with regular contact with the target group, has created a basis of trust that is important for any social and medical intervention.

With the dramatic increase of COVID-19 infections in Europe, harm reduction organisations responded rapidly. They knew best that time matters when tackling infectious diseases. In particular, physical spaces where people who use drugs gather, meet and get in touch with social

workers and medical services – such as drop-ins and DCRs – immediately adapted their premises so that close contacts could be prevented by greater physical distance. Still, during the first wave of the pandemic, many services had to restrict access to their premises or close their doors on the orders of health authorities. Outreach teams tried to close that gap as much as possible.

Health experts in Europe warn that interruptions in access to services may lead to an increased risk of infections with blood-borne diseases and overdose<sup>1</sup>. Consuming drugs alone at home increases the risk of unobserved overdose and delayed interventions by medics<sup>2</sup>. To prevent the increase in drug-related medical accidents, as well as HIV and hepatitis infections, alternative approaches of care had to be put in place.

### **Overdose Prevention Strategies**

From the beginning of the pandemic, technical solutions, such as teleconferences, chats and traditional telephone calls, were increasingly used by harm reduction services to stay in touch with their clients. Another promising and innovative example was the increasing use of special smartphone apps designed to prevent overdose deaths. People who use drugs activate the app immediately before consuming a substance. If the consuming person does not send a confirmation via the app after a few minutes, it will automatically notify contact persons or an emergency service.

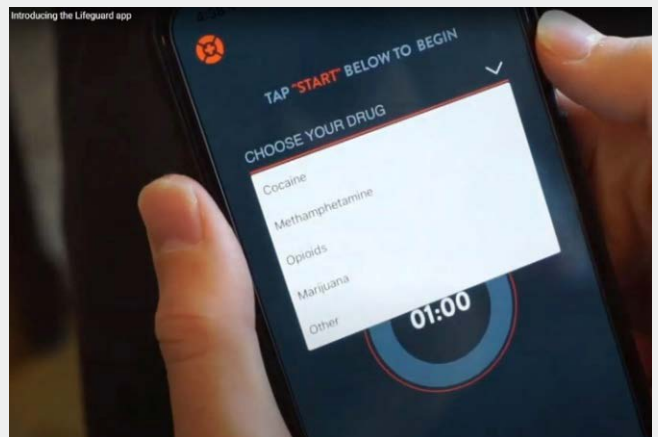
Telehealth and virtual healthcare are of great help and can be lifesaving for some people who use drugs. But they do not reach everyone as they require a stable broadband internet connection in combination with access to modern communication devices, as well as the necessary digital skills to use them. To prevent lethal overdoses, harm reduction and drug user organisations are increasingly training peers, friends and family members to use naloxone, a highly effective drug that can reverse opioid overdoses. Nowadays, it is very easy to use since it is available and applicable as a nasal spray. Harm reduction organisations<sup>3</sup> are calling on policy makers to increase access to the opioid antagonist that is listed as an essential drug by the World Health Organisation (WHO).



## Substitution treatment remains an important pillar

The COVID-19 pandemic also showed the systemic relevance of substitution treatment: it can create stability in the life of people who are dependent on opioids while experiencing fewer symptoms of drug withdrawal and less craving for drugs. Reducing the urge to buy drugs, and the necessity to find money to pay for them, also means reducing the range of movement and the contact density of people who use drugs. Frequent visits to a doctor, substitution clinic or pharmacy pose an increased risk of COVID 19 infection through physical contacts in public transport, or in places where the substitution medication is dispensed. For this reason, some European countries, such as Germany and Norway, introduced a simplification of prescription requirements. This makes it possible for substitution patients to receive methadone or buprenorphine in sufficient quantities, thus allowing them to medicate themselves for longer periods of time. Hence, the current state of emergency provides easier access to necessary treatment. There is hope that these advancements are not only a temporary measure but will become the new standard, providing people in need with the care they deserve.

Harm reduction plays a central role in responding to the pandemic - just as the COVID-19 response can benefit from the experience of harm reduction organisations in controlling infectious diseases.





## Voices of Europe: Surviving on the streets

We accompany Janne from Oslo through her day as a street newspaper seller. She talks about her situation and the hopes of people who are homeless and use drugs during the pandemic.

Every morning Janne takes a tablet of morphine prescribed by a substitution doctor before she heads off to the headquarters of the street magazine "Erlík Oslo"<sup>4</sup>. There she picks up the journals that she sells during the day. "I am not taking it to get high like other drug users. My body needs it so that I don't feel sick. I just feel stronger and I am able to work and sell the magazine on the streets of Oslo".

The morphine medication contains a formula that releases the opioid slowly enough to bring her through the day without experiencing any withdrawal symptoms. Each day Janne sells between 10-13 magazines for 100 Norwegian Crowns (kr) per copy, which she buys for Kr 50. That accounts to Kr1,150 on average, approximately €100 – not a lot in an expensive city like Oslo, but still enough so that she can survive.



All that matters for us is not to get sick

With the beginning of the COVID 19 pandemic in March 2019, the situation on the streets of Oslo changed dramatically. Many people who are dependent on drugs moved to Oslo from the outside districts where they cannot buy drugs anymore, or only for a price that they could not afford. Now the new demand for drugs makes the price of drugs like heroin, cocaine or cannabis increase, also in the Norwegian capital.

What makes the situation worse is that the places where people who use drugs can get medical or social services closed, or are suddenly very crowded. "The drug consumption rooms shut their doors! That was a big problem because people couldn't inject heroin in a safe and secure environment anymore," she explains, "and all that matters for us is not to get sick!". Without the DCR, people start injecting again on the streets, or at home – the risk of infection with blood-borne diseases is again much higher. And if drug overdoses happen in solitude, its more likely that people die because nobody can help.

"It was quite a release for everybody when the restrictions were eased during the summer and services reopened again." She continues, "Unfortunately, soon the second wave of Corona hit the city of Oslo with higher rates of new infections - also among people who use drugs." And what happened to people who caught the new virus and had no home to stay in quarantine? "Some were sheltered in hotels that were not used by tourists due to the restrictions on travel", Janne replied, "but many stayed on the streets in increasingly freezing temperatures. At least this time the drug consumption room remains open. And more people who use drugs receive substitution treatment, even younger ones." She praises the social workers and volunteers of the "Street Team" who continue providing harm reduction materials and basic services. "Such wonderful people. They give us warm cloths and meals and free masks to protect us from infection".

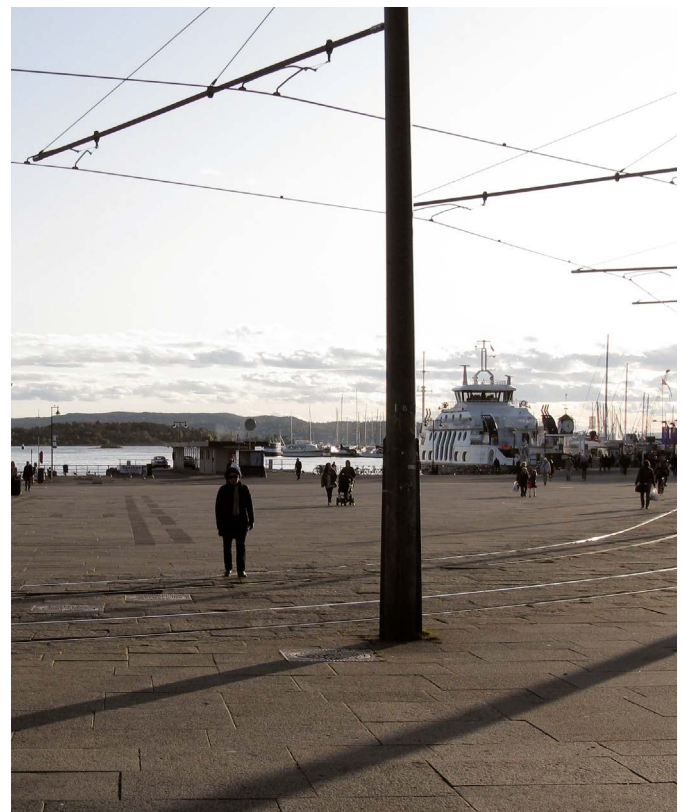


People using drugs in Norway became more politically aware

Janne, who is also a member of the "The Association for Humane Drug Policy"<sup>5</sup>, is quite satisfied with the direction Norwegian drug policies took:

"They moved away from a rather restrictive approach to drug use towards a health-oriented approach with more harm reduction services available. While some Norwegians still discriminate against people living on the street, and make a wide circle around us when we try selling the magazine - also because they are afraid of catching Corona from us - many became more understanding of our situation and are quite helpful. The new approach also led to a new positive development: people using drugs in Norway became more politically aware and are more active in programmes like the street magazine that I sell."

When asking Janne about her weekend plans she says, "I will celebrate my birthday, it's today." We say goodbye and happy birthday!



## Dirk Schäffer: Solutions must be sustainable

Dirk Schäffer, Head of Division at the German AIDS Organisation<sup>6</sup>, on the increased importance of substitution treatment and the sustainability of changes implemented to improve access to medication.

### **Did the COVID-19 pandemic disrupt the drug market in Germany?**

Not really. There are so many drugs in Germany that dealers can supply their costumers over a long period of time. A lockdown of four to eight weeks, therefore, has no influence on the market. We could not observe a reduction of quantity or purity of illicit drugs.

### **How does the lockdown impact the situation of people who use drugs?**

In many ways. For example, people who use drugs have less money since the crisis started - important sources of money, like collecting bottles or selling street newspapers, are drying up. You know, in Germany, you can get up to €0.25 per bottle [returned] in any supermarket. The sales of street magazines have also gone down because there are simply fewer people out. And those who are out on the streets often hold back. As a result, people have switched from heroin to substitutes, or from cocaine to amphetamines - simply because it's cheaper.

## How did frontline organisations for people who use drugs react to the COVID-19 pandemic?

The low-threshold services for people who use drugs, and those enrolled in substitution treatment, reacted very flexibly to the situation. There were hardly any facilities that had to close for a longer period of time. They also reacted quickly and maintained the most relevant services, such as providing food and handing out sterile syringes and other drug use equipment that prevents harm. Apart from two, all drug consumption rooms (DCRs) in Germany kept their doors open. Opening hours were extended in many DCRs to reduce physical contact. Now, in the wintertime, many drop-in centres that provide essential services have moved outside; for example, into courtyards or gardens, depending on local conditions. These so-called “winter cells” are normally tents with heating.



The low-threshold services reacted very flexibly to the situation

## What about other services?

Most of the traditional counselling centres closed in the first weeks and months of the pandemic in Germany. It took a while until they switched to telephone or skype counselling, but here, too, routine sets in surprisingly quickly. And now in December, we are back at a point where – due to the high COVID-19 incidence – many facilities have closed again.

**1 ABSTAND HALTEN UND HÄNDE WASCHEN!** (Icon: 1.5m distance, hand washing)

**2 „KUGELN“ NICHT IN MUND, VAGINA UND PO TRANSPORTIEREN!** (Icon: Corona virus)

**CORONA UND DROGENGEBRAUCH SCHÜTZ DICH!**

**3 IN SUBSTITUTION? FRAG NACH EINER TAKE-HOME-VERSCHREIBUNG!**

**4 KONSUMUTENSILIEN, ZIGARETTEN, JOINTS UND FLASCHEN NICHT TEILEN.** (Icon: Syringe, key, bottle)

**5 KEIN GELD, KEINE SUBSTANZEN? SUBSTITUTION KANN EINE ALTERNATIVE SEIN.**

**IGES** leben mit drogen **AUCH ÜBER FACEBOOK IST KONTAKT MÖGLICH!** **Deutsche Aidshilfe**

## What is the added value of the German AIDS Organisation in such a crisis?

Our network. Over the last 10-15 years of working in the field of HIV and hepatitis, we have built up structures that are particularly useful in such a situation. We are well integrated into the general health care system and can build on a solid network of people that we use to spread information about the new disease.

## INFOBOX:

### Facilitation of substitution treatment in Germany

Substitution doctors without specialist qualifications are now allowed to treat more than ten patients and for a longer period of time than before.

#### ➔ MORE DOCTORS CAN PRESCRIBE SUBSTITUTION MEDICATIONS.

Patients who previously were only allowed to take the substitution medication home for a maximum of two days per week (take-home provision) can now do so for up to four times two days per week.

#### ➔ CREATES CAPACITY FOR NEW PATIENTS AND REDUCES THE RISK OF COVID-19 TRANSMISSION.

Drug substitution doctors can prescribe substitution substances to a larger group of people for up to seven days, and in certain cases up to 30 days, even without a personal consultation.

#### ➔ PATIENTS NO LONGER MUST GO TO THE DOCTOR'S OFFICE, RELIEVING BOTH SIDES OF TIME AND REDUCING THE RISK OF TRANSMISSION.

Pharmacies can use couriers to deliver to patients their substitution medication to their homes, where it is then taken under supervision by the courier.

#### ➔ PEOPLE IN HOME ISOLATION OR QUARANTINE CAN BE CARED FOR.

Pharmacies can now also dispense substitution drugs of other companies with the same active ingredient.

#### ➔ TO ENSURE SUFFICIENT SUPPLY IN CASE OF SHORTAGES.

For more information:

Amendments to the BtMVV in accordance with §6 of the SARS-CoV-2 Medicinal Products Supply Regulation of 20.04.2020, [https://www.gesetze-im-internet.de/sarscov2amvv/\\_6.html](https://www.gesetze-im-internet.de/sarscov2amvv/_6.html), accessed on 04.01.2021.

<https://www.aidshilfe.de/meldung/verschreibung-abgabe-substitutionsmitteln-voruebergehend-erleichtert>, accessed on 04.01.2021.



### How did your organisation react when the pandemic hit Germany in spring 2020?

We immediately went on the information offensive: As soon as COVID-19 reached Europe, we produced and distributed 40,000 flyers through partners in different regions of Germany. On these flyers, we recommend that people who use opioids switch to substitutes. That became even more relevant as many of them lost their regular income; because without money, they can't buy drugs. And without drugs, people who use heroin and other opioid drugs experience strong and dangerous withdrawal symptoms. That's a reason why we recommend that people get enrolled in opioid substitution treatment. Evidence proved that it reduces crime and mitigates the risks related to illicit drug use. In addition to this recommendation, the flyer provides information to prevent COVID-19 infection when people buy, store and use drugs.



We immediately went on the information offensive

### What else did you do?

We asked our colleagues working on the frontline to hand out larger supplies of consumption equipment. And we equipped the drop-ins, DCRs, and other harm reduction organisations with a large harm reduction poster that we adapted specifically to COVID-19 situations. It outlines the most important consumption-related rules, for example to avoid pipe sharing.

### Was the German Aids Organisation involved in the policy changes on substitution treatment?

On 20th March 2020, we published, together with akzept e.V<sup>7</sup> and the JES Federal Association<sup>8</sup> – two organisations that advocate for the interests and needs of people who use drugs - an open letter in which we demanded immediate support for people who use drugs and those who are homeless. The Federal Ministry of Health reacted quickly and arranged a meeting with us. Shortly after the meeting, they changed the policy in an uncomplicated and pragmatic way. It was good to see that our recommendations were taken seriously.



**It makes no sense that people stabilised on substitution treatment travel many kilometres in all weathers, 365 days a year, to see their doctor every day**

### Will this law last?

Hopefully. We are campaigning for an extension of the transitional laws on substitution treatment that are valid until March 2021. We are convinced that what has worked well now should become standard care. Our new campaign, “Time for a new normality”<sup>9</sup>, lobbies for substitution treatment that would allow patients to stay and work from home. It makes no sense that people stabilised on substitution treatment travel many kilometres in all weathers, 365 days a year, to see their doctor every day. In the future, better use must be made of existing legal avenues. Drug help services, pharmacies, and other nursing services should be enabled to provide care close to the homes of patients. These solutions must be sustainable – also beyond the pandemic.

### What’s next?

We are currently creating a progressive web app that should be ready in March 2021. Accessible on all devices, also in an offline version, it provides important information to prevent overdoses and HIV and hepatitis infections for people who use drugs. A highlight is that it will also include an e-learning tool on the use of naloxone – the opioid overdose reversal drug. People who use opioids can answer 10 short questions, and at the end they will receive a certificate that a doctor can use to prescribe naloxone to them. The tool also provides short videos that explain how to react in case of an overdose. The app also allows aid organisations to train their staff and clients remotely through the app - that is especially useful in times of COVID-19.



## Voices of Europe: Double Crisis

The Corona crisis is particularly hard on Greece, which is already weakened by an economic crisis. The most vulnerable are suffering the most, as Babis tells us from Athens.

Babis is 50 years old and originally comes from Turkey. He has been living on the streets of Athens for many years and is HIV- and HCV positive - probably caused by a syringe which he shared with somebody when shooting-up heroin. Unfortunately, harm reduction organisations providing sterile injection equipment can't reach every person who injects drugs.

### Reaching out becomes even more difficult.

Now in winter during the second COVID-19 lockdown, imposed by the Greek government to avoid a breakdown of the health care system, it has become even more difficult to reach out to people living in conditions like that of Babis. "What causes a huge unrest to people who use drugs is the police", he explains. "The entire open drug scene is constantly moving from one place to another, which makes it more difficult for us to find the guys of the 'Streetwork Project' when we need help".





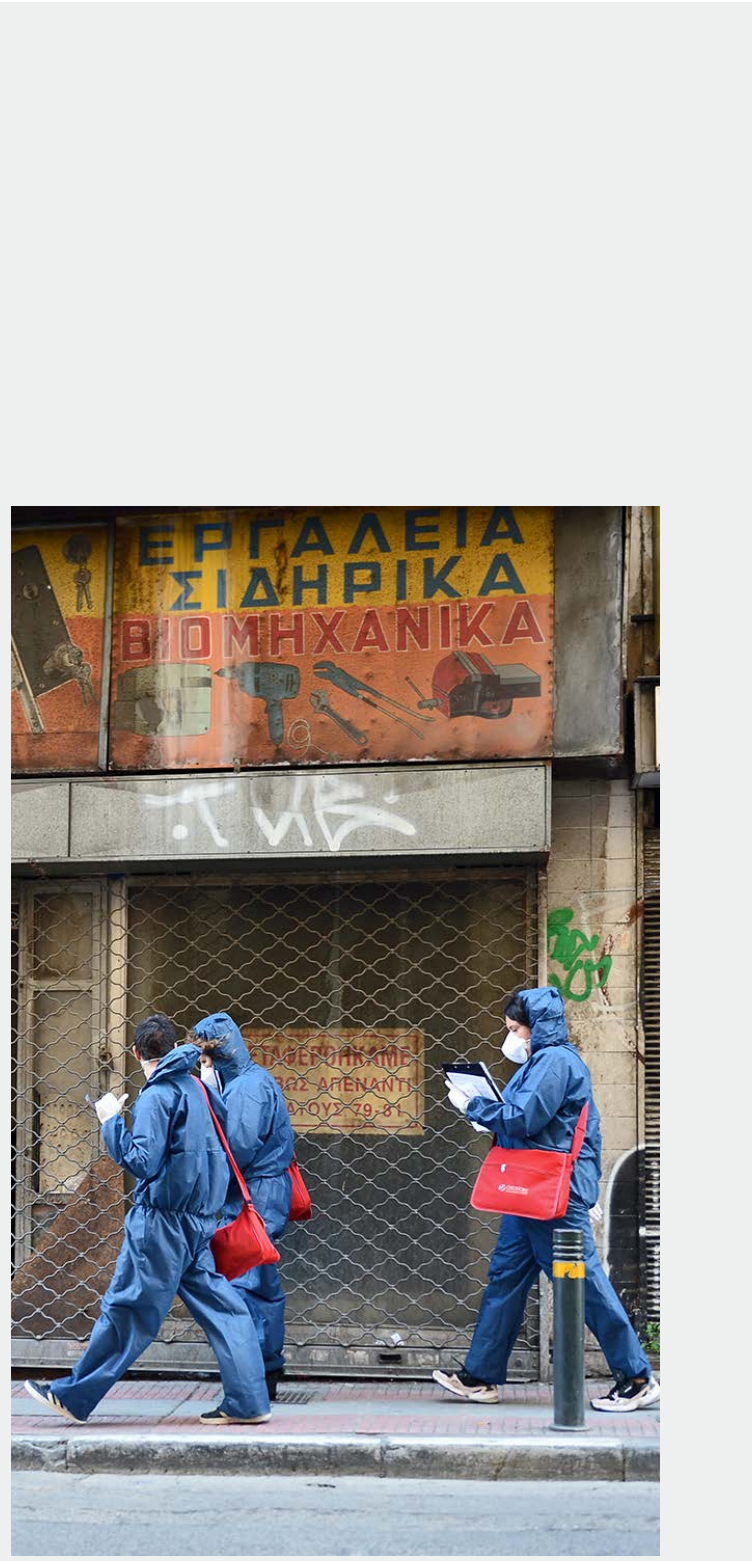
He refers to the initiative of 'Positive Voice', a Greek Association of People who live with HIV, and 'Prometheus', the Greek Liver Patient Association. Their social workers patrol the streets four times per week - also during the night - to meet and talk to people who are homeless. In December 2020, they distributed 439 kits of sterile injecting equipment, protective masks, food and water, and they inform their clients about infection risks with COVID-19 and blood borne infections.



They fined me for staying outside – it's ridiculous: I am homeless!

"I cannot really understand why the police are behaving like they want to make our life even more difficult than it already is. Being aggressive towards the vulnerable only creates more vulnerability", Babis continues. He is angry because he has just been fined €600 for staying outside despite the lockdown. "It is ridiculous man, I am homeless, where I am supposed to go?"

Babis will not be able to pay the fine. He uses all the money he gets for food and drugs. And the change he receives from people who pass by has gotten less and less. A decade ago, the country suffered from a financial recession, widely known in the country as "the crisis", from which it has since not recovered. And now there is the pandemic, bringing economic decline in many sectors, including tourism, plunging many Greeks into unemployment and poverty. "I can understand why people do not spare some change for us in the streets and in the subway. Why should they give money to someone like me, if they don't have enough money for their own basic needs."





## Metzineres: A strong community for women and gender non-binary people

Aura Roig, Founder and Director of Metzineres<sup>10</sup> in Barcelona, goes her own way and offers support to people who inject drugs in a safe neighbourhood.

Aura Roig is on her way to work. It's early in the morning in the historic Raval neighbourhood in Barcelona. The famous Rambla pedestrian street, a tourist hotspot, is close by. The neighbourhood in the centre is still one of Barcelona's poorest areas. The income level is over a quarter less than the city's average, and the districts' population is diverse. In the small streets, there are many buzzing bars, restaurants, small shops, and also visible sex work, homelessness and drug use. Although health-oriented drug policies and harm reduction have brought down the prevalence of HIV among people who inject drugs, many problems connected to drug use still continue to exist.

While walking through the still empty morning streets of Raval, Aura gets a call from social worker Marta, one of her 10 colleagues working at Metzineres, a low-threshold cooperative that she created in 2017 for women and gender non-binary people<sup>11</sup>. It is a place where the women can meet and consume drugs in a safe environment. 30-40 people visit every day, around a 100 different people per week. Aura is excited as Marta tells her that Mar, a woman that also goes to Metzineres, was released from the hospital where she has stayed for three months due to various medical complications – including a COVID-19 infection. Mar is now at a newly built shelter that was created to support people living on the streets during the COVID-19 lockdown situation. “She survived! Let's go and meet her today!”, Aura tells her colleague and shifts up a gear.



## We are more transparent and inclusive. That is also the reason why the neighbourhood supports us

It's a long ride to the shelter, but the news about Mar's recovery drives Aura to amend her already busy schedule. Aura is full of energy, even though she has just recovered herself from a mild COVID-19 infection. For two weeks she was in quarantine. "That was not too bad", she laughs. "Finally, I had time to do some of the administrative work that piles up in a crazy year like this one." Aura never stops working, creating, planning. Her home office is her apartment's roof top where she also worked during quarantine. From there she can see over the city of Barcelona that was hit so hard by COVID-19, with officially 71,000 infected people and 5,237 people who died of COVID-19 until the beginning of December 2020.

When she arrives, some women are already there. As every Friday, they cook Paella – the famous rice dish that was invented on the Mediterranean coast of Spain. Everybody is invited: the women, colleagues, and the neighbours. "Many regular harm reduction services are often really closed off. You cannot see what is going on behind the doors. Our cooperative functions rather as a community centre than a "service". We are more transparent and inclusive. It's a way to show all the things that we offer. That is also the reason why the neighbourhood supports us", Aura explains.

Neighbours also alerted Metzineres that more people were injecting on the streets during the lockdown. To be ready to help people who overdose in the streets, they wanted to learn from Aura and her team how to administer Naloxone, the overdose reversal drug that has saved so many lives around the world. "We conducted workshops, and many neighbours attended". One of Metzineres' principles is that criticism is welcome. Neighbours are invited to come and complain. "If there are any issues, people talk to us and we will find a solution together."





## If there are issues, people talk to us

The women also often confront Aura about issues that could be improved at Metzineres. “We are not designing services for them, but with them. They are the experts”, Aura emphasises. “Metzineres is a result of collaboration. It started with weekly meetings and developed into the NGO it is today through grassroot work from day one. It is important to involve the community into everything: the design, implementation, monitoring and evaluation”.

Aura also talks with the women while they inject in the so called “Powder Room”, the space for supervised consumption. It is quite an intimate moment, where there is space to talk about their problems. “This is the time where they really can rest for a moment, get calm and come to themselves.” Here they talk about problems regarding their relationships, trouble with the police, issues with housing – and the COVID-19 situation. The rest of the day they are too occupied and thus cannot think about anything else. Finding money, as well as buying drugs, takes most of their energy.

The social workers at Metzineres use this situation to inform the women about risks of infection, not only with blood-borne diseases but also with the new airborne coronavirus. Also, Metzineres has developed online materials and posters to inform their clients about how to protect themselves. They also produce their own protective masks. “It is important to understand that COVID-19 is just one of the problems the women are facing. Our cooperative aims to address all problems in a holistic and balanced way. The solution to those problems does not begin with the drugs, but with social inclusion and connection. Harm reduction is not just a service, it’s a perspective. Those are political issues and not just health issues.”



## They also produce their own protective masks

When Aura leaves Metzineres, the preparations not only for the Paella are in full swing but also for Metziradio<sup>12</sup> the online radio programme that the women record each week together with another NGO, Raval-Tep, and with the support of the Theatre Arnau Itinerant<sup>13</sup>. On air, they will talk about the violence women experience every day, the COVID-19 situation, and developments that affect the neighbourhood that they live in, like the increasing gentrification of Raval.

At the shelter, Aura meets Mar together with a young social worker who is explaining to her the house rules of the shelter. Mar is now one of 70 people at the municipal shelter that is run by Bienestar y Desarrollo Association<sup>14</sup> (ABD) and the Public Health Agency of Barcelona. Aura coordinates with the staff of the shelter on how to provide care for the women. She developed her philosophy of gender-sensitive harm reduction during her studies and work abroad in Vancouver, Colombia and Costa Rica. First, every intervention and service that provides harm reduction should include low-threshold elements to avoid the exclusion of people who need help. Second, nothing is impossible. Even the most complicated administrative obstacles can be overcome. The cooperation with the shelter is a good example for her third principal: health and social services should be closely interlinked. Together with the staff at the shelter, she discusses referrals of women from one service to another.

At the shelter, Aura also meets other women who now live there – everybody is happy that Mar is well again. “You are a real survivor, Mar!”. On Friday, Aura works shorter hours, but instead of going back home after her visit at the shelter, she passes by Metzineres again. Now there is time to grab a plate of paella with the women, as well as with people from the neighbourhood, listen to the live podcast recording, and wish everybody a good weekend.



# Information sharing is caring: Three examples of online resources on COVID-19 and PWUD

by Drug Policy Expert Robert Teltzrow

In a health crisis like the COVID-19 pandemic, reliable information is needed. Decision-makers and professionals in the drugs field need to know what to do to protect the health and wellbeing of all people, including vulnerable groups such as people who use drugs. Due to the novelty of the SARS-CoV-2 virus, it is necessary that potentially life-saving information is made available quickly and globally so that decision-makers can make use of them.

Many international organisations reacted by building up online resources on which they gather, structure and share important materials related to COVID-19 and drugs, such as guidelines, research papers, and practical examples. Here we present three organisations and their webpages.

## HARM REDUCTION MUST GO ON

### COVID-19 resource centre

#### **"Harm Reduction Must Go On"** <sup>15</sup>

Correlation – European Harm  
Reduction Network



- Experiences from harm reduction organisations from all over Europe.
- Statements, position papers, guidelines, and protocols on issues related to drug use, sex work, homelessness, prisons, gender & sexual orientation, HIV/Hep C/ tuberculosis, etc.
- Links to online trainings, discussions and podcasts.

[WEBSITE](#)



## Save lives and protect people

#### **"Save Lives - Protect People"** <sup>16</sup>

Pompidou Group  
of the Council of Europe



- First-hand examples by frontline workers for use by decision-makers and practitioners.
- Available in 6 languages.
- Professionals are invited to share and publish their experiences on the platform.
- Collaboration of Pompidou Group together with Correlation - European Harm Reduction Network and the European Federation of Therapeutic Communities (EFTC)

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## COVID-19 and drugs

#### **"Covid-19 and Drugs" and "Covid-19 Resource Page"** <sup>17</sup>

European Monitoring Centre on Drugs  
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- Recent news and events.
- A media library with videos and infographics.
- Useful links selected specifically for drug service providers, PWUD, and prison services.

[WEBSITE](#)



# Interview

## Stronger together by learning from crises

Eberhard Schatz, Coordinator at Correlation - European Harm Reduction Network, and Thomas Kattau of the Pompidou Group of the Council of Europe, discuss the response of harm reduction organisations and national administrations to the COVID-19 crisis.

### How did the harm reduction community react to the COVID-19 pandemic?

Eberhard: It was impressive to see how good the members of our European network, and most local harm reduction services, reacted to the challenges of the new situation. It worked because harm reduction and grassroots organisations have the experience to operate under difficult circumstances. That makes them flexible and enables them to be innovative. These are two qualities that are particularly valuable in times of crisis.



Grassroot organisations have the experience to work under difficult circumstances

### How did European countries react?

Thomas: Also administrations and public service providers reacted in most European countries with a high degree of flexibility. Perhaps they learned from the financial crisis in 2008. Shutting down low-threshold services for people who inject drugs with the aim to reduce public spending was a mistake resulting in an outbreak of HIV/AIDS. This negative experience led to an understanding that the most vulnerable are also a high-risk group. Let us be clear, today, there are fears that people who use drugs become super spreaders, putting those who work with them and others at great risk.



There are fears that people who use drugs become super spreaders

### Who did what, well?

Thomas: One can say that in several places the pandemic brought about change that had been blocked by political controversies. The common goal to save lives and protect people won over ideology. For example, during the crisis, European administrations proved their ability to flexibly adjust regulations for the benefit of individuals and in the interest of public health. This flexibility made possible long-demanded changes. The increase of take-home dosages, and new forms of distribution, of medication used for opioid substitution are only some examples.



Harm reduction workers are hygiene experts

Eberhard: And there was also incredibly good cooperation at the local level: municipalities, health services, drop-ins, shelters and housing facilities set up projects to avoid increased suffering and risks for the most vulnerable. Thanks to this cooperation, fewer users of these services were at risk. And you know, harm reduction workers are hygiene experts. This explains why not more of the users of these services were infected with COVID-19.

### What could have been done differently?

Eberhard: Looking back, you are always smarter. At the time COVID-19 hit Europe, it was urgent to react and implement protective measures. Some places where people who use drugs had services closed because they were afraid to create hotbeds for infection. That was counter-productive because people using harm reduction services didn't know where to go to get information and help. Another mistake was that some of the successful and effective programmes were stopped in the summer of 2019, such as housing projects for people who are homeless, and even methadone provision.



In international affairs, we sometimes struggle in cooperating with each other



Thomas: There were also shortcomings at the international level. Some International Organisations should develop a clearer understanding of who-does-what to produce real synergies through co-creating responses. But, as is often the case in international affairs, we sometimes struggle in cooperating with each other.

### **What is the main lesson for the future from the pandemic response?**

Eberhard: Despite all the positive reactions mentioned earlier, the COVID-19 crisis shows us that existing drug policies in most European countries are not flexible enough. Some frontline workers had to bend existing laws to continue providing adequate support to their clients. Just one example is the provision of more substitution medication than allowed to patients enrolled in Opioid Substitution Treatment so that they can stay at home for longer periods. We should not eliminate something good when trying to get rid of something bad: European policymakers must react now and create a legal framework to prevent the resurgence of the still ongoing epidemics: HIV, HCV and drug overdose.



**New ideas functioned in practice because they were developed together with the beneficiaries**

Thomas: Policymakers need to react, but at the beginning of the pandemic, it was a no-go, because changing policies is normally a cumbersome and lengthy process. In times of crisis, it is important that changes to regulations are made more quickly at an administrative level. Coming back to the question, my first lesson from the pandemic is that the COVID-19 crisis can bring about change by showing what can function differently and better. An example are low-threshold services which have proved their value over many years but only became politically accepted as a result of the HIV/AIDS crisis in the 1990s. The second lesson is that the beneficiaries of drug services must be made partners. Many of the flexible responses and new ideas functioned in practice so well because they were developed together with the beneficiaries. In impressive ways, we have seen how this has worked effectively in the area of harm reduction, OST treatment and other low-threshold services.

### **What are the upcoming challenges?**

Thomas: The COVID-19 pandemic will affect all determinants of health, further exacerbating existing inequalities and leading to the deterioration of physical and mental health. Such effects have been shown to predominantly impact vulnerable groups, including people who use drugs. Times of crises often lead to an increase in drug use. In addition, discriminatory behaviours towards drug users tend to emerge. In this context, it needs to be recalled that all member states of the Council of Europe have obligations under international and national legal instruments to safeguard the fundamental standards of human rights and the rule of law. Governments should, therefore, as a matter of policy-priority, identify and provide equitable medical care and social assistance to all in need, which includes the provision of harm reduction services.



## We must end the criminalisation of drug use as the source of stigma, discrimination and marginalisation

Eberhard: Exactly! And that's why we need to achieve full coverage of harm reduction services – including drug consumption rooms, naloxone distribution, harm reduction in prison, the elimination of HCV, and strategies to react to the risks of new psychoactive substances. On the way to achieving this, we must advocate for ending the criminalisation of drug use as it is the source of stigma, discrimination and marginalisation of people who use drugs.

### **What do you get out of a collaboration like this publication?**

Eberhard: Collaboration is the magic potion that we need to effectively tackle a crisis like the COVID-19 pandemic. Correlation cooperates with the Pompidou Group because their network helps us to reach out to stakeholders and policymakers all over Europe.

Thomas: The same is true for us. Cooperation is key. Correlation helps the Pompidou Group to better reach out to, and understand the needs of, people with whom we mostly have only indirect contact: frontline workers and also people who use drugs. Also, working together with civil society organisations is lived democracy and, therefore, an imperative for the Council of Europe.





## Voices of Europe: Kamila's fight for legal custody

Kamila from Krakow, Poland, is on the road to recovery from drug dependence to regain legal custody of her son. She receives support through a drop-in centre.

When the COVID-19 pandemic reached Krakow, Kamila was in the process of putting her life in order. Krakow, the "Paris on the Vistula", is one of the most popular destinations for foreign tourists in Poland. Or rather it was. Because of the travel restrictions everywhere in Europe, tourists stopped visiting Krakow and many people who use drugs now lack the income opportunities that tourism provided.

Kamila started using drugs in her school days and, hence, developed a strong opioid dependence. She committed petty crimes to finance her dependence, and does not have a home. But Kamila has a goal that drives her: to regain legal custody of her son whom she lost because of her drug dependence and unsteady lifestyle.

To achieve this, she is prepared to change her life. This includes reducing, or stopping, illicit drug consumption. And keeping her hands off cheap and highly dangerous drug mixtures which have been increasingly offered in

Poland since the beginning of the pandemic. Some of the drugs sold on the streets now contain fentanyl, a synthetic opioid, which can quickly lead to fatal overdoses due to its potency and unpredictability. "Even I wouldn't touch that", says Kamila, with a slightly sarcastic smile on her face; "I, who has tried almost every drug that was offered to me". The temptation to buy cheaper synthetic opiates is considerable for many people with opioid dependence.



My next step will be to find a therapist and get personal counselling



To regain custody of her son, Kamila must prove to the social services that she is on the road to recovery. And, indeed, she is making progress. Despite the crisis in the labour market, she got a remote job at “Mystery Shoppers”, a market research company that collects and analyses the quality of products or services of shops. And although the Polish health services are under great pressure due to the pandemic, she found a psychiatrist who helped her to get enrolled in an opioid substitution programme. The doctor electronically prescribes buprenorphine to her. Every day, she takes this long-acting opioid which reduces her craving for illicit drugs. “My next step will be to find a therapist and get personal counselling”, Kamila explains, while checking messages on her phone. Most services in Poland, including the Polish Social Welfare Centre (MOPS), switched to telecommunication and correspondence by mail. For Kamila, surviving means mastering bureaucracy.



## The drop-in is also my home office

Kamila is careful whenever she interacts with others. She understands that people must keep physical distance during the pandemic. She is afraid of catching COVID-19 as she has asthma. That is why she takes personal protection very seriously, and regularly exchanges old masks with new ones. “I am happy that the Drop-in Krakowska 19<sup>18</sup> provides them for free. And what’s cool about it, the volunteers working there sew them by themselves.” Since October 2020, she goes there almost every day to sleep, wash her clothes, and to get something warm to eat and drink. “The drop-in is also my home office”, Kamila laughs. “Really, I come here to work. And most importantly, here I can discuss my legal case with the social workers to get my son back.”



## Hans Wolff: We definitely have an emergency

Prof. Hans Wolff, member of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)<sup>19</sup> about the impact of COVID-19 on drug treatment activities in European prisons.

### **What services do European prisons offer for people with substance use disorders?**

In most of the 47 member states of the Council of Europe, there are programmes for people who use drugs, but these are mainly limited to opioid agonist treatment (OAT). What lacks is awareness about the importance of harm reduction programmes, such as needle and syringe exchange programmes, which are crucial to prevent HIV and Hep C transmissions. Unfortunately, they are not accessible for most people in prison.



European prisons lack awareness about the importance of harm reduction programmes

### **What can external support achieve?**

A lot! Most programmes for drug dependent people in prison are run by the health care services who collaborate with external organisations. NGO involvement is, per se, good because it opens prisons to the outside world and helps with continuity of care. Nevertheless, it's important that these essential health services are further expanded, institutionalised by the state, and linked to the general health care system.

### **What difficulties do prisons face in regard to the COVID-19 pandemic? Do we have a health emergency?**

We definitely have! In many ways, prisons are a high-risk environment. From a health perspective, people in prison show a higher prevalence of physical and mental illnesses, as well as substance use disorders, than the general population. This prevalence is even higher in the population of people who use drugs in, or have been using before, prison. These comorbidities increase the risk of more severe COVID-19 infections. In addition, some European prisons have low hygiene standards and are overcrowded, which makes physical distancing more difficult. Efficient COVID-19 management requires close cooperation between the health services in prisons, the prison administration, and public health authorities. This cooperation is underdeveloped in most countries, which further complicates current crisis management.

### **How have European prisons reacted so far to the pandemic?**

We can draw a mixed, interim balance: In most prisons, rapid and far-reaching actions have been taken to contain the spread of the virus. During the first wave, there were only a few local outbreaks. The containment measures had some side-effects: inmates were severely affected by contact restrictions that limited any external visits. In reaction, riots took place in some European prisons. To maintain communication with the outside world, most prisons

allowed inmates to communicate via video-conferencing and subsidised telephone calls. Many countries tackled overcrowding in prisons to prevent infections caused by too close contact. For example, France reduced the prison population by 13,500 people. Unfortunately, after the first wave, the number of inmates increased again and has remained high during the second wave.

### **How did the containment measures affect the situation of people who use drugs?**

Health and drug services in prisons across Europe were affected by the implementation of containment measures. Most countries continued providing opioid substitution treatment, but many drug-related services were reduced, particularly group activities and face-to-face therapy.



## **Most countries continued providing opioid substitution treatment**

These measures were necessary, but in the long run, solutions must be found to limit the side-effects. Contact restriction and cessation of any group activities can lead to increased stress for the inmates that can exacerbate all kinds of mental and physical disorders, including the craving for drugs. Therefore, setbacks in previous treatment successes can be expected.

### **Did you observe any neglect of the needs of people with substance use disorders in prisons because of the pandemic?**

Shortcomings that already existed before the pandemic were made more visible and were aggravated. One of the main problems are COVID-related staff shortages among



health care workers and prison staff, which reduces treatment provision. This affects a vulnerable population with poor mental health. Prison inmates already suffer from an increased suicide rate. An extended amount of stress, plus reduced mental health care, are a dangerous combination. It is important that we don't reject the favourable along with the unfavourable: the containment of other infectious diseases, such as HIV or hepatitis, as well as psychological support must also be maintained during the pandemic, if not expanded. People using drugs who are released from prison must be taken care of by after-care providers to allow for social reintegration and rehabilitation.

### **What can we learn from the COVID 19 pandemic?**

The pandemic underlines the need for robust and high-quality health care in prisons. Health care teams should not "only" be competent to provide care, but also be able to manage epidemics and implement effective prevention programmes. All containment measures that exist in the general population should also be implemented in prisons in an appropriate and proportionate manner, which is in line with the principle of equivalence. At the same time, these measures should never lead to inhuman or degrading treatment.

### **So the pandemic can also bring about a change for the better?**

We don't know yet, but the pandemic should be used to call into question the general approach to crime, the system of punishment, and the institution of prison. Such considerations are already well advanced in some countries because of the inefficiency of the "war on drugs".



## **The pandemic might help to inspire and rethink the use of imprisonment as a sanction**

Perhaps the pandemic might help to inspire and rethink the use of imprisonment as a sanction. Alternatives to imprisonment can help to reduce the number of people in prison by providing high quality rehabilitation programmes to prevent relapse and recidivism.

### **What should be done now?**

It is important to evaluate and analyse the first year with COVID-19. Especially the fact that prisons have pursued different strategies can be used to find, and compare, effective strategies. Conversely, this means identifying unsuccessful strategies that increased the already high levels of stress in prisons. For that, we need cooperation and exchange of experience between prisons at a local, national, and international level.

But this also points to a major weakness of the prison world: scientific activity, and especially evaluation of measures, is rarely implemented. Data is usually not collected and, if it is, it is not published or shared with other agencies. The pandemic clearly shows how important it also is to have evaluation, transparency, and scientific exchange in prisons.



## Voices of Europe: The Women's Club

Not many countries in Europe responded as radically to the COVID 19 pandemic as Georgia. The efforts to control the disease resulted in difficulties for Marina to continue her drug treatment.

On 26 February 2020, Georgia reported its first case of COVID-19 and its government promptly responded with a radical lockdown: Schools, most stores and public transport were closed. The country introduced a night curfew, blocked intercity traffic and, at times, even kept almost all cars off the roads. "I had to walk two hours - back and forth - to the methadone programme when the first lockdown was announced", Marina recounts. "Every week. You know, they give us medication that lasts for five days." The substitution treatment had stabilised Marina's life.

She had found a job at a project of the NGO, "Tanadgoma"<sup>20</sup>, which provides essential health services to people who use drugs (PWUD).



**Georgian culture is a patriarchal one. We want to change that!**

Marina is one of the founders and members of the Women's Club – an initiative by the NGO that empowers women with a history of drug dependence to talk about the stigma women with substance use disorders experience. Together with others in the Club, she is advocating for increased access to gender-sensitive health care services. Once a week, they discuss critical questions, such as, "How



do women who are stigmatised because of their drug dependence maintain self-esteem?”, or, “How does recovering from drug dependence affect the role as a mother for those who have children?” “Georgia can still learn a lot when it comes to gender-mainstreaming because Georgian culture is a patriarchal one”, she explains, “but we want to change that!”

A lot has happened since the first days of lockdown. At first, Marina was optimistic. She and her husband had jobs to cover the costs of their rent and commodities. Even the Women’s Club continued to take place, although only online. But then the problems started.

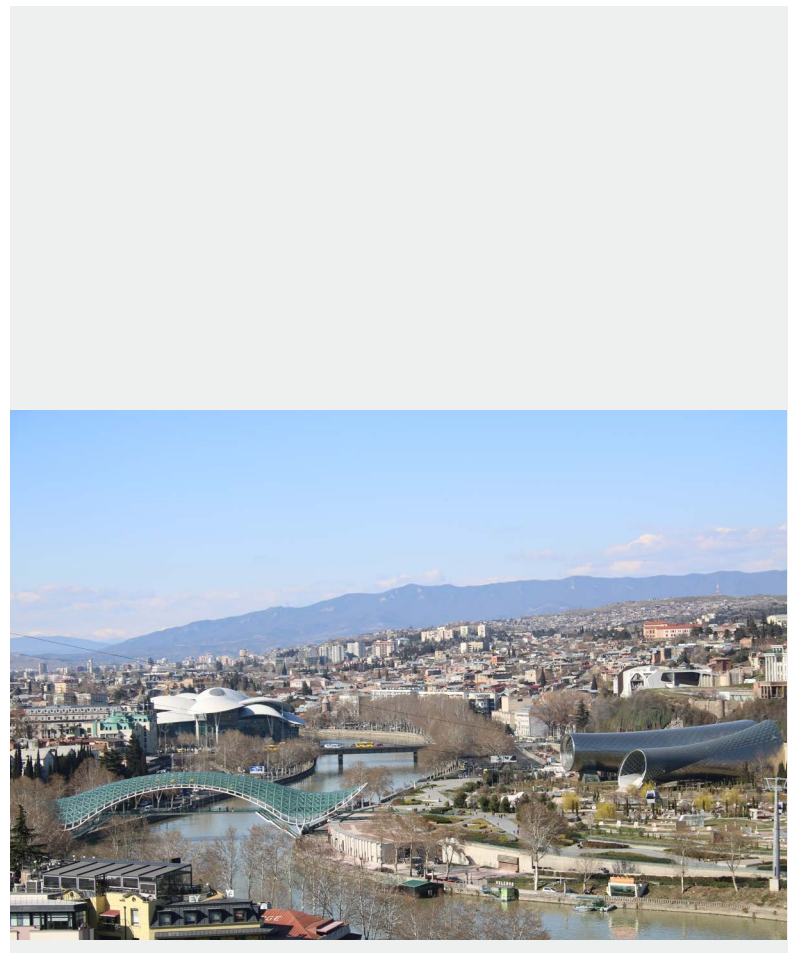


## We are so grateful for the support from the Tamadgoma project

The longer the crisis lasted, the less Marina’s husband could sell the handicrafts that he produced. They could no longer afford their apartment and had to move into a less expensive place. And then yet again. Their third apartment, into which they moved since the pandemic started, is no longer located in the city centre. That’s why they can only reach the drug treatment centre by taxi. But they usually don’t have the money for that.

“So there are now days when I am without methadone and I experience abstinence symptoms”, Marina says with a worried look. That’s a critical medical condition to be in: Typical symptoms of withdrawal include anxiety, vomiting, diarrhoea, sweating, and an increased heart rate. And - as if that were not enough - there comes the strong urge to use heroin or any other illicit drug, with all the negative health, economic and social problems that substitution therapy aims to reduce.

Anyone caught with illicit drugs in Georgia must expect heavy penalties, even for small amounts. Marina has already experienced this in the past. To avoid going to prison, Mariana must continue her therapy. But her suspended sentence has also brought something good with it: the probation service is helping Mariana during the crisis by providing her with food. Many of the women in the Women’s Club are in a similar situation as Marina. They rely on the support provided by social workers. “That is also why we are so grateful for the support from the Tamadgoma project”, Mariana tells Vazha Kasrelishvili, one of the coordinators of the NGO. “Without the medicines and hygiene materials that they distribute to us, the situation would be much more difficult for us women.”





## Outlook

By Denis Huber, Executive Secretary of the Pompidou Group of the Council of Europe

Frontline workers, experts and drug users agree: drug treatment services and harm reduction are essential services that save lives and protect people. They are particularly important in these times as the pandemic hits the most vulnerable the hardest. The virus itself does not discriminate between people, everyone is threatened by it. But its effects can be the most devastating for the ones that are already in a vulnerable position. It is, therefore, necessary to make health care and social support as easily available as possible. Low-threshold services for people who use drugs are a crucial part of it.

There is a risk that in the wake of the pandemic, emptied public coffers and high national debt will lead to a reduction in social and health services. More than ever during the pandemic, those services are essential, giving people the right to human dignity. This publication is a plea for them. We not only want to give a reminder that human rights must also be strengthened during the pandemic, but to provide proof in the format of reports from lived experiences.

In every crisis there lies an opportunity for change and improvement. These are not just any improvements, but ones that ensure the respect for human rights. Progress can only be made in small steps. One step in that direction is to identify examples of promising practice and to evaluate innovations made during the pandemic. This includes policy changes aimed at improving and simplifying accessibility to services for people who use drugs, including re-thinking dispensing rules for substitution medications.

With the promising vaccines against COVID-19, it seems that the pandemic can be controlled in the medium term. But it cannot be ruled out that new infectious diseases, or new variants of COVID-19, will emerge that circumvent immunisation. In order to be prepared for the future, the stage must be set now for continued support of systemic interventions for people who use drugs. That means that all countries must do their utmost to ensure that health care and social support is accessible for all people, and that grassroots innovations and all necessary means are used to implement live-saving and harm reducing interventions based on the concept of human dignity. That is what we all need to fight for. Together. Now and tomorrow.

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There are many people fighting the COVID-19 pandemic with all their might, but not all of them get much public attention. Among them are the frontline workers who continue to provide much-needed health services to people who use drugs. Every day, they stand up for a group of the most vulnerable people in society: people whose drug dependence often goes hand in hand with social and health grievances: such as HIV infection, unemployment or homelessness. With this publication, the Pompidou Group of the Council of Europe and Correlation – European Harm Reduction Network give a voice to people who use drugs and other marginalised and underserved communities, as well as health and social workers delivering services under challenging conditions to bring the COVID-19 outbreak to an end. It gathers valuable experiences and presents responses from which we can draw valuable lessons for our work.

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**Correlation – European Harm Reduction Network (C-EHRN)** works on capacity building, research and advocacy and connects harm reduction services, grassroots organisations, community-based services, research institutes, and health facilities from all over Europe. The network is hosted by De Regenboog Groep – a NGO in Amsterdam that provides services for marginalized groups in the city.

**The Council of Europe** is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

