INPUD ONLINE SURVEY ON COVID-19 & PEOPLE WHO USE DRUGS (PWUD)
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June 2020

INTRODUCTION

Who is INPUD?
The International Network of People Who Use Drugs (INPUD) is a global, peer-based network that seeks to promote the health and protect the rights and dignity of people who use/have used drugs. *(For more information about INPUD see:* www.inpud.net *)*

Why Conduct Research on COVID-19? (Purpose & Aims)
As a global peer-based network, INPUD is committed to supporting its diverse communities during and beyond the COVID-19 pandemic through the collection and reporting of information on the experiences, needs and aspirations of people who use drugs globally. To this end, INPUD's peer-driven research aims to:

- Understand how people who use drugs experience and emerge from COVID-19 induced change, disruptions and official emergency powers;
- Document and monitor human rights violations, service disruptions and other difficulties experienced by people who use drugs associated with COVID-19 responses; and
- Capture and document the adoption of responses that address the needs of people who use drugs to inform advocacy and to protect these gains in the post-COVID-19 environment.

INPUD will use the information collected for its work at the global level including its advocacy and reporting to UN agencies and other relevant organisations. The information will also be shared in brief regular reports (such as this one) published on the INPUD website and made available to regional networks of people who use drugs to support their work on the ground in these contexts. Given the fast-paced nature of developments in the COVID-19 pandemic environment, this research has been developed in a short timeframe to allow for the timely identification and response of emerging issues for people who use drugs. This research is funded by the International Network of People Who Use Drugs (INPUD).

How the Research was Conducted? (Approach/Methodology)
This research is based on data collected through a global online, self-administered, qualitative survey based on a mixed methods approach. The research approach is entirely peer-based with the key investigator a PWUD peer research consultant and all aspects of the research design, survey development, language translation, data collection/analysis and report writing conducted in consultation with the INPUD COVID-19 Research Working Group and Data Analysis Sub-Committee. The membership of the Working Group/Sub-Committee consists of INPUD staff and self-nominated individuals from the regional and country-based networks of people who use drugs.

The English version of the online survey (using the Survey Monkey platform) was opened to respondents from 8 May 2020. The survey was translated and made available online in Italian, Spanish,

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Russian, Hindi and Portuguese. The data analysed in this report was collected between 8 May – 31 May 2020 across all six language versions of the survey. Data analysis was conducted using automatically generated Survey Monkey data summary reports for the quantitative results and a qualitative thematic analysis approach to identify the key themes within each language version and the collated data set. Data collection is ongoing and further data analysis and reports will be produced in due course.

RESULTS & DISCUSSION

The data presented below is a brief overview and summary of initial data from the first 3 weeks of the online survey. The English survey was available first with surveys in the other languages being uploaded as soon as they were available. The data analysis below reflects this development process. This data report is designed to provide a brief overview of the data collected and some of the key emerging issues. For this reason, not all available data is included in the analysis below.

Country specific data has been provided for some responses to provide context, but this should not be taken to mean that the issues reported have not occurred in other settings.

This brief report includes:

1. **Overview of the total sample** to 31 May 2020;
2. Data on 3 **specific COVID-19 questions** on testing and awareness of cases;
3. **Brief qualitative summary of key themes and issues** from 4 key sections of survey on:
    a. **Health and Harm Reduction;**
    b. **Drug Use and Safe Supply;**
    c. **Drug Laws and Detention; and**
    d. **Protecting Human Rights.**

1. Overview of Sample

A total of 222 respondents from 50 countries completed the online survey between 8 May – 31 May 2020 which includes 104 respondents to English survey, 50 respondents to Spanish survey, 19 respondents to Italian survey, 8 respondents to Hindi survey, 19 respondents to Portuguese survey and 22 respondents to Russian survey.

Of these respondents, a majority 212 (96%) identified as people who use/have used drugs, 7 (3%) respondents to the English survey answered “no” and 3 (1%) respondents skipped the question (from English (2) & Hindi (1) surveys). All 110 (100%) respondents to the Italian, Portuguese, Russian and Spanish surveys answered “yes” to question 1. Table 1 below shows the number of respondents who identified as a person who uses/has used drugs based on the language version completed:

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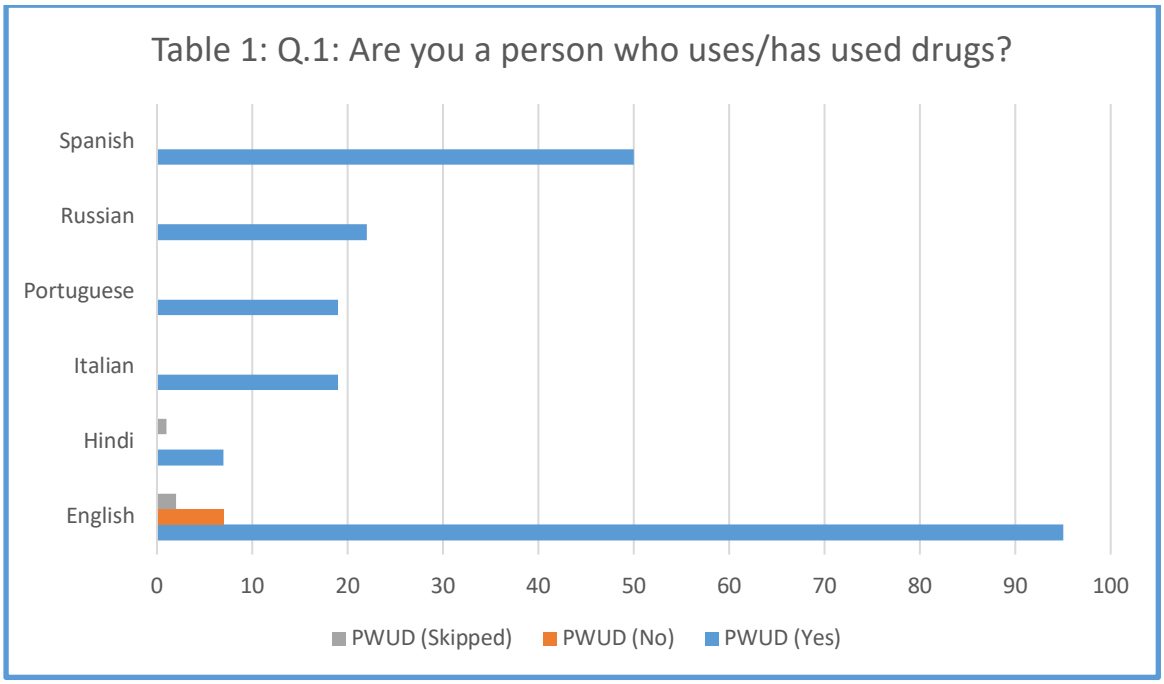

Participants were asked whether they were completing the survey as an individual or on behalf of a peer-led organisation. Of the 222 total respondents, a majority 160 (72%) are individual respondents and 24 (11%) responded on behalf of peer-led organisation. A total of 38 (17%) of respondents skipped this question.

Age Range:
Of the 222 total respondents, most 54 (24%) respondents are in 25-34 y.o. age range, followed by 46 (21%) in 35-44 y.o. age range and 36 (16%) in 45-54 y.o. age range. A slightly smaller number 24 (11%) respondents in 55-64 y.o range and 23 (10%) respondents in 18-24 y.o. age range. There was only 1 respondent in the over 65 y.o. age range in English sample and no respondents under 18 in any of the samples. A total of 38 (17%) respondents skipped this question.

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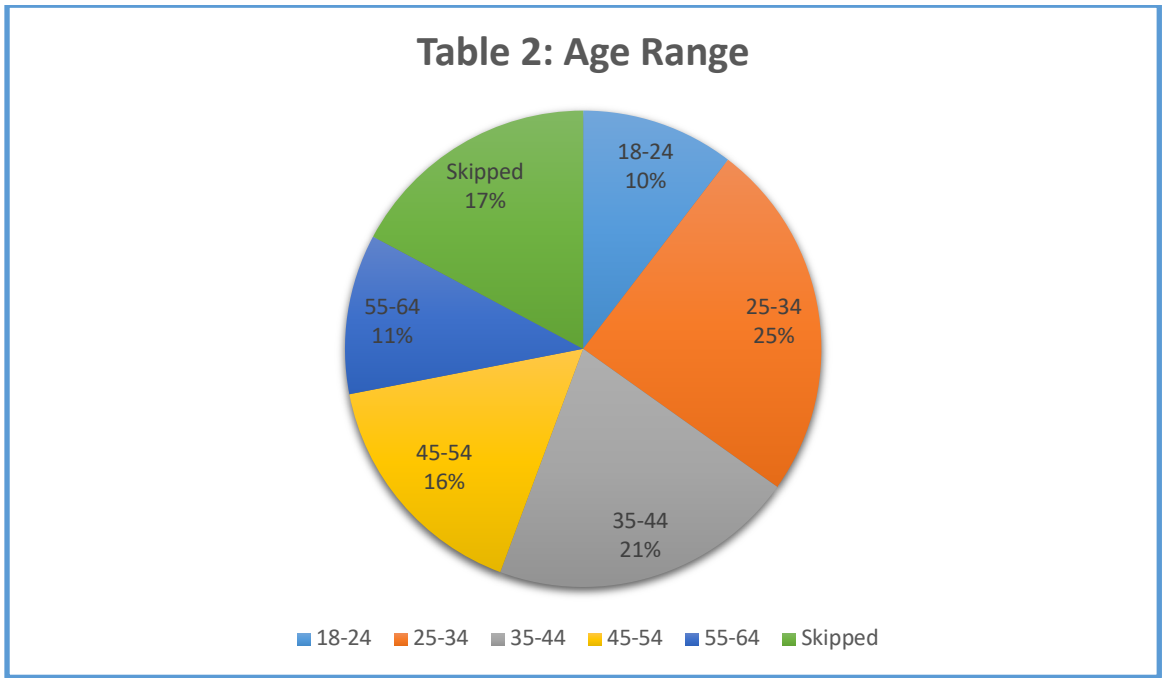

Gender Identity:
Of the 222 total respondents, 92 (41%) of respondents identified as male and 81 (37%) of respondents identified as female. A total of 3 (1%) of respondents identified as Trans, 4 (2%) identified as Non-binary, 2 (1%) as Gender Fluid and 2 (1%) as Other gender identity. A total of 38 (17%) of respondents skipped this question.

Race/Ethnicity:
Of the 222 total respondents, 98 (55%) identified as White/Caucasian, 36 (20%) as Hispanic/Latino, 14 (8%) Russian, 9 (5.5%) Asian, 7 (4%) South Asian, 7 (4%) Black/African American, 4 (2.5%) Sub-Saharan African and 2 (1%) Middle Eastern. A total of 45 (20%) of respondents skipped this question.

Drugs Used Most Often:
Respondents were asked about drugs used most and could select more than one option. Among the respondents to this question, the most used drugs are Cannabis (65%), Opioids (48%), Stimulants (34%) Psychedelics (26%) with smaller number of respondents listing other drugs including: Benzodiazepines, Dissociatives (incl. Ketamine), Fentanyl, MDMA, GHB, Alcohol and Tobacco. Approximately 20% of respondents chose to skip this question which likely relates to potential concerns about answering questions relating to the use of illicit drugs.

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2. Specific COVID-19 Questions on Testing and Awareness

INPUD is aware of the complexities associated with asking questions about testing and diagnosis associated with COVID-19. Current access to testing is very limited, even where testing is available, questions over reliability remain, and people's understanding of the virus and associated illness is still developing. Despite these issues however, the overwhelming lack of data on the impact of COVID-19 among people who use drugs prompted us to include a small number of initial questions on these issues to help further build our understanding. Respondents were asked 3 questions relating to COVID-19 including whether they had tested positive for COVID-19, whether they suspected they had COVID-19 but had not been tested and whether they had heard about COVID-19 cases among people who use drugs in their local area.

Perhaps unsurprisingly given the lack of access to testing, most respondents (94%) answered that they had not tested positive to COVID-19. When asked a follow-up question about whether they suspected they may have had COVID-19, but had not been tested however, approximately 13% of respondents answered "yes" adding comments such as: *"possibly in February was the sickest I ever been before stuff started shutting down"* and *"wanted to be tested but cannot"*.

Further, approximately 68% of respondents answered "no" when asked if they were hearing about COVID-19 cases among people who use drugs in their area but 20% of respondents answered "yes" to this question with the remaining 12% "unsure". Additional comments included a range of issues such as concerns about *"cases spiking in homeless populations which include PWUD"* and *"hearing that people are testing positive in my neighbourhood without symptoms and hearing about lots of people being treated"*.

Others raised concerns about what they saw as the lack of systematic data collection in relation to COVID-19 and people who use drugs and about the *"very poor involvement of drug users in the COVID-19 fight"*. Linked to this issue, another respondent made the comment that *"it is strange that we haven't heard of any peers with COVID"* although others stated that they *are* hearing about COVID-19 cases among clients using Needle & Syringe Programs (NSPs) in their local areas. Also of note, were comments about dealers trying to ensure social distancing to keep their customers and themselves safe. These issues will require ongoing monitoring to form a clearer picture of what is occurring.

3. Qualitative Summary of Key Themes & Issues

Section 1: Health & Harm Reduction

This section focused on a series of questions about access to harm reduction and other health and social services support for people who use drugs in the COVID-19 pandemic environment. Specific issues include what services PWUD have access to, whether services have been prioritised and/or expanded due to COVID-19 and how PWUD are coping with the challenges associated with the COVID-19 pandemic.

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Access to Harm Reduction Services:
One of the more positive outcomes from this survey is that when asked a general question about whether harm reduction services are available in their area approximately 65% respondents answered "yes". Although it should be said, that 65% still indicates considerable room for improvement in the provision of basic harm reduction services. The only exception to this was in the Spanish language survey where over 50% of respondents answered "no" to this question.

When respondents were asked about whether harm reduction services are *properly* funded in their area however, we see almost the opposite response with close to 80% answering "no" or "unsure" and only around 20% answering "yes". The only exception to this trend is the Hindi survey with approximately 60% of respondents answering "yes" and only 25% answering "no" and 15% "unsure". It is important to note here however that the numbers in the first 3 weeks of the Hindi survey are small (n=8) as it was one of the last surveys to become available. It may also reflect the level of understanding of "harm reduction" services in different regions of the country by the survey respondents. Ongoing monitoring of the above issues will be important as more respondents complete the survey.

Types of Harm Reduction Services Available:
Respondents were also asked about the specific types of harm reduction services available and could choose as many options as applied. While those who had access to harm reduction services indicated they had access to 'core' harm reduction services such as NSP, Opioid Treatment (OST), HIV testing, counselling & ART, HCV prevention, diagnosis and treatment, STI prevention and treatment and harm reduction information, they identified ongoing problems with access to certain types of harm reduction services. These included HBV vaccination, diagnosis and treatment, TB prevention, diagnosis and treatment and comprehensive overdose prevention including naloxone provision. Respondents also identified an ongoing lack of access to safe consumption rooms, drug checking services, heroin assisted treatment and safe supply programs with only small numbers of respondents indicating the availability of these harm reduction services in their area.

It should also be noted that even where harm reduction services are available, some surveys indicated better access to some services than others. For example, the Hindi survey respondents indicated better access to OST than NSP while the Portuguese speaking respondents only indicated moderate access to NSP and no access to OST. The Italian survey respondents were the only participants to indicate a high level of access to comprehensive overdose prevention (including naloxone provisions) at 75% followed by the English survey respondents at 50%. On average however, only 30% of respondents across all surveys indicated access to comprehensive overdose prevention.

Expansion and Prioritisation of Harm Reduction Services & COVID-19:
When asked about additional funding being made available for harm reduction services in their area to respond to COVID-19 over 90% of respondents answered either "no" or "unsure" to this question. Similarly, approximately 70% respondents answered "no" or "unsure" to whether harm reduction

services in their local area have been declared a 'essential service'. Together, these questions highlight at best, that people who use drugs have not been sufficiently made aware of increases to or prioritising of harm reduction services in response to COVID-19 or, at worst, it is a sign that harm reduction services have not been protected and scaled-up in the COVID-19 pandemic. Ultimately, either conclusion is concerning when we consider that some people who use drugs may be living with multiple chronic health conditions, compromised immune systems and other issues such as poor housing, homelessness, poverty, incarceration, etc.

Respondents also overwhelmingly stated that overall, harm reduction services had decreased rather than increased both in relation to opening hours and the types of services offered. Additional comments from respondents included perspectives on service availability issues including that many state-run or government services had closed mostly or entirely sometimes leaving NGO and peer-run services as the only services operating in some areas (countries where this was specifically reported included Greece, Mexico, Belarus). Respondents also identified problems associated with harm reduction programs that are part of a larger mainstream health service having to close when the larger service closed due to the COVID-19 shutdown.

Of the harm reduction services that were operating, respondents identified that some services had worked hard to develop new and modified service models in the COVID-19 environment including more home delivery, postal and mobile services for harm reduction supplies and more outreach, phone-based and minimum contact service delivery approaches. Respondents also mentioned the introduction of strategies such as pre-bagging and doubling/increasing the amount of supplies provided to reduce the need for PWUD to physically attend services. These developments however were tempered by comments about the stress that these additional service models were putting on NGO and peer-based services particularly if they were not receiving additional funding to cope with these changes and the additional demands on their services due to mainstream service closure.

Changes to Harm Reduction Services & COVID-19:
Respondents were also asked about changes to harm reduction services in relation to COVID-19 safety and hygiene issues. Participants identified that harm reduction services had made changes in relation to issues such as physical distancing, access to hand sanitisation, good information on preventing Coronavirus, rules for accessing the service if unwell, outreach and home delivery. However, respondents identified less changes in relation to providing separate entry/exits and alternative service options such as dispensing chutes. The positive overall outcome is that less than 10% of respondents said that "no changes had been made" due COVID-19 conditions in the harm reduction services they access.

Take-home Doses of OST and Naloxone (pre-COVID):
Although approximately 25% of respondents stated they had access to take-home doses of OST and naloxone pre-COVID-19, comments by respondents also strongly indicated a highly variable environment depending on the treating doctor, the clinic and the city, region and country. Respondents highlighted that the attitudes of medical professionals such as prescribing doctors to

take-home doses of OST and naloxone are very dependent on where you live and the service you attend as highlighted here: *"Highly dependent on the program whether OST is available take home, and how they perceive your "stability" as a patient"*. Some respondents felt that there was more support from doctors for take-home doses of naloxone than take-home doses of OST. Many respondents also highlighted the ongoing problems with stigma and negative attitudes towards OST (including take-home doses), that the quality of service provision *"runs the gamut"* and that the *"rules are tight and inflexible"*. In addition, respondents from Belarus, Brazil, Bahrain, Nigeria, Cameroon, Russia and Egypt reported that both OST and naloxone continue to be unavailable.

Take-home Doses of OST & Naloxone during COVID-19:

When asked whether attitudes towards take-home doses of OST and naloxone have changed since COVID-19, respondents were split with 30% of respondents answering "yes", 38% answering "no" and 32% "unsure". Comments by respondents however did highlight the fact that some countries/regions/cities had made changes to policy or relaxed guidelines on the amount of take-home and unsupervised doses available to people on OST such as more take-home doses, less supervised dosing and more flexibility in approaches for those at high risk of COVID-19. In some places home delivery is also available to people in self-isolation, quarantine and for those who are immune compromised. Numerous respondents pointed out how the relaxation of guidelines shows that flexibility in the way that OST is delivered is not only possible in relation to government policy but that it can be done safely and effectively, it *"treats people in a less punitive manner"* and *"more like adults"*.

Other respondents pointed out that it *"took time to get there"* particularly health departments and public authorities and that the full extent of flexibilities is still not being made available to people on OST in many places. Numerous comments by respondents also highlighted that although policies and guidelines may have changed, it doesn't mean that people on OST are getting more or any take-home doses. Indeed, some respondents indicated that they were not aware of whether changes to policies on OST take-home doses had been made or not. Respondents also expressed concerns about the *"permanency"* of any changes that have been made and what will happen in the post-COVID-19 environment. Others highlighted that COVID-19 conditions may have resulted in more flexibility for existing clients but that *"no new registration can be done even for those who need it"* due to the reductions in face-to-face service delivery.

Comments were also made about the important role that peer advocates have been undertaking in relation to changes to policies and directives on access to take-home doses both in relation to liaising with OST doctors, other service providers, health department officials, etc., and ensuring that changes are being communicated to people who use drugs and on OST in the community. There were specific comments about problems and delays in the implementation of changes due to *"breakdowns in communication"* and *"a lack of timely co-ordination between administrators and service providers"* making the situation unnecessarily complex for peer advocates/services and service users.

One important issue raised by multiple respondents was that although there may have been improvements and/or greater flexibilities introduced in relation to OST take-home doses, the same

cannot be said for access to take-home naloxone. Respondents spoke about little or no access to take-home naloxone despite also commenting that they believed doctors, on-the-whole, would be more supportive of providing access to take-home naloxone than OST take-homes. But this does not mean that there are no barriers to accessing naloxone as demonstrated by this comment: "*Naloxone is practically unknown even among the drug users while many pharmacists do not encourage drug users to buy it as they are under the impression that the safety it provides would become an incentive for abusing opioids"*. Further monitoring of this issue is important to gain a better understanding of what is occurring in relation to access to take-home naloxone for people who use drugs and to identify and address ongoing access issues including addressing concerns about access to comprehensive overdose prevention as also highlighted above.

Others pointed out that COVID-19 conditions have, in some places, made limited services even less available due to the closure of mainstream services. Issues were raised about cost increases associated with increased access to take-home doses and how people without means are having to pay for take-home doses that they may not have had to pay for previously due to the closure of services associated with COVID-19. Several comments highlighted the increased difficulties for people who use drugs and those on OST who are homeless and have little information, support or means to access any programs that are available particularly when many services can only be contacted via phone or online services. Respondents from the Hindi, Spanish, Russian and English surveys also highlighted that there are many places where OST and naloxone remains unavailable – regardless of COVID-19.

Access to Other Health/Support Services:
When asked about access to other health and support services during COVID-19, on average only 30% of respondents indicated they had access to outreach and free food services, followed by 20-30% of respondents who indicated access to housing, emergency shelters, free legal services, women's services and family & domestic violence services. Over 20% of respondents indicated they had no access to other health and support services.

Some of the comments provided by respondents give a sense of the confusion, frustration and hardship many people who use drugs are experiencing in relation to accessing broader health and support services, not only in the time of COVID including: *"the landscape of services has dramatically changed and I'm unsure of what is no longer available at this time"* and this comment, that highlights the discriminatory rules conditions imposed on people who use drugs that limit their ability to freely access existing social services. *"Only the newly opened one Shelter for Homeless Drug Users. Nothing else and sadly nothing for women. Nothing provided for abused women who use drugs. They are usually asked to 'get clean' and then come back to a safe place/shelter to sleep or be treated for the abuse. The results are horrendous as they are practically left to suffer, unable to brake [sic] free of their abusers"* (Greece) and *"Drug-using sex workers in my area - my peers - hardly have access to any of the above even outside the context of a pandemic"* (United States).

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Impact of COVID-19 on PWUD:
The final question in the section on health and harm reduction related to how respondents are coping in relation to the impact of COVID-19 on how they are feeling. Respondents could select as many options as applied. Between 40-50% of respondents reported feelings of loneliness, anxiety, social isolation and feeling uncertain and scared about the future. A further 35% of respondents reported feeling anger and frustration and while 30% of respondents reported feeling depressed another 30% stated they were feeling OK and coping OK. While approximately 25% of respondents said they were unsure about the impact that COVID is having for them, almost 20% reported having suicidal thoughts.

While these issues are difficult to measure in a qualitative survey, and of course, different issues will affect different people in different ways depending on many other factors including their background/context/country, etc., it does provide some insight into the impact COVID is having on an already highly marginalised community.

Section 2: Drug Use & Safe Supply
This section focused on a series of questions about changes to the illicit drug market, drug use practices, drug-related overdose and disruptions to OST medications for people who use drugs in the COVID-19 pandemic environment.

Changes to the Illicit Drug Market:
Between 50-70% of respondents reported that prices have increased, quality has decreased and deals have become smaller. Over 40% of respondents also reported that people are switching drugs because they cannot get access to their preferred drugs/s but others highlight that lockdown and lack of contact with people makes it difficult to know what is really happening: *"It's a mixed reality and depends on the drug of choice. People seem to be using more cannabis and less cocaine... but again difficult to tell with little access to the outdoors."*

A further 30% of respondents reported problems with adulterants. Just over 10% of respondents reported new drugs appearing on the market and comments referred to increases in people buying drugs online and a decrease in street dealing due to increased visibility, police presence and large fines for breaching lockdown directives including this comment: *"Police make more controls than before. It's difficult buy and sell in streets"* and *"Meeting with people is risky from both the virus and police".*

Approximately 5% of respondents reported no change in the market but, additional comments from respondents indicated that people are expecting this situation to change as the COVID-19 lockdown continues including the following comments: *"no change yet but we expect it to come soon"* and *"We expected substantial shortages but no dramatic changes have been noticed yet in the market"* and *"Heard varying reports" and" Talk of potential shortages"* and *"…there have been scattered reports of reduced availability and purity, and higher prices - mainly for heroin and cannabis"* (United Kingdom).

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Involuntary Withdrawal Due to Changes in Drug Market:
When asked if they have been forced into involuntary withdrawal due to changes in the drug market or have heard about other people experiencing this almost 60% of respondents answered "yes" with a further 30% answering "no" and 10% unsure. The additional comments provided by respondents also spoke to this issue including: *"People are trying any sorts of drugs to manage their withdrawals"* and *"isolation has increased alcohol use to offset difficulties in acquiring drug of choice"*.

Increased Risk of Overdose During COVID-19:
When asked if they have heard of more people using alone because of physical distancing requirements, 50% of respondents answered "yes" with a further 29% answered "no" and 21% answering "unsure". The fact that half of the respondents answered "yes" indicates that increased risk of overdose is a significant issue for people who use drugs during COVID-19 lockdown/isolation. Comments from respondents highlight the impact that social isolation is having on people who use drugs: "*People who live alone are the main ones affected - I know of several singletons who are using a variety of drugs alone because of the lockdown - including heroin users"* and another respondent simply added *"I'm using alone more".*

We asked if people have seen/heard of increases in overdoses during COVID-19 and 14% of respondents answered "yes" with comments including: *"I've known 3 people who have died since the pandemic started. OD rates have skyrocketed in my county. Last year we had 96 OD's, we've had 76 in 3 months during the pandemic"* (United States) *and "Multiple overdoses in the park. Less services mean people are more at risk"* (United States). Others highlighted issues such as tolerance including *"new users with no tolerance" and "return to use with no tolerance"* (United States). Others spoke on a more personal level: *"Personally I lost (OD result in Death) 2 friends - 1 very close and one estranged - within a week of each other and have heard of at least 2 other revived ODs in same month. Shits crazy"* (Australia) and this comment *"A friend died from an overdose of drugs and alcohol"* (Bolivia). Reports of increases in overdose have also been heard anecdotally through our networks.

Although 60% answered "no" to whether they have seen/heard of increases in overdoses during COVID-19, the remaining 26% of respondents answered "unsure" to this question. Indeed, in additional comments multiple respondents explained that although they may have answered "no" or "unsure" this did not mean that overdoses were not happening in their local area or networks but rather, that people feel very disconnected from what is happening around them due to social isolation and that the lockdown requirements make it very difficult to confirm anything that one does hear. Comments were also made about people not reporting on this issue due to fear.

This issue highlights the need to develop COVID-specific harm reduction/overdose prevention messaging by and for people who use drugs that does not simply reproduce existing messaging such as "don't use alone" but understands the complex situations that people who use drugs are managing and provides credible and realistic information for COVID conditions. Furthermore, when taken together with the data above on the ongoing lack of adequate access to take-home naloxone and

comprehensive overdose prevention, INPUD would suggest this entire area of harm reduction for people who use drugs requires urgent attention during COVID and beyond.

Disruptions to OST Medications During COVID-19:
When asked if changes had been made to OST to make it easier and faster to get onto the program during COVID-19 some respondents reported services introducing specific measures with 26% reporting introducing take-home doses for OST, 41% reporting increases in the number of take-home doses for OST, 13% reported an easing of entry procedures, 18% reported removal of requirements for supervised consumption and 19% reported removal of requirements for compulsory urine analysis testing.

Despite the above changes, 40% of respondents reported "no change" to make access to OST easier or faster during COVID-19 with comments about continuing barriers to access despite policy changes such as people not being given as much flexibility with take-home doses, unsupervised consumption, etc., as the policy allows as well as arbitrary rules, onerous requirements such as 'locked-boxes' for storage of take-home doses. As also identified above, respondents also commented on difficulties associated with restrictions on new OST clients during COVID-19. Having said this however, some other respondents commented on how services had worked to implement the relaxation of guidelines including increases to take-home doses, longer scripts, simpler processes, 3rd party pick-up for people in quarantine or isolation and one respondent spoke about the introduction of a hydromorphone prescribing service for people in 'active addiction' as a new service during COVID-19.

When asked specifically about disruptions to OST medications during COVID-19, while most respondents (44%) answered "no", this was closely followed by 36% of respondents answering "unsure" and 20% of respondents answering "yes". The lack of access to information about what is happening and what other people are experiencing due to lockdowns is likely to explain the high level of respondents answering "unsure" to this question. Nevertheless, respondent's comments did indicate disruptions, particularly for new clients to the program due to service closures and restrictions and for people on post-release from prison. Respondents also raised some issues with people already on programs in relation to the effect of lockdown on getting to clinics and chemists for dosing/pick-up including difficulties getting through check-points in some places and miscommunications in relation to the new arrangements such as scripts not sent to pharmacy, confusion over service hours and contacting services in shutdown.

Planned Decreases in Policing of Drugs During COVID-19:
When asked whether they were aware of any plans to decrease policing of drugs for personal possession and small scale supply to keep drug markets stable during COVID-19 and prevent overdose and other harms, most respondents answered "no" (73%) or "unsure" (20%) with only 7% answering "yes". Despite the lack of formal or "planned" changes, respondents made comments about changes to policing *"local police have stated that they are being "reactive" instead of "proactive" and making fewer arrests - not for our safety's sake, however, but theirs"* (United States). Other respondents stated

that policing of people who use drugs for non-violent small-scale supply offences continues unchanged, but now police have increased powers (India, Australia, Bahrain).

Other respondents spoke about homeless people who use drugs being the main targets of policing partly due because with lockdown, people on the streets *"standout more"* which some highlighted is made worse by the lack of safe consumption rooms: "*We have rather been the main target of police and gendarmeries since the crisis started since there are many homeless drug users and no consumption room existing"* (Cameroon). Some other respondents reported an increase in policing and in fines for people who use drugs breaching the isolation rules. While other respondents reported noticing a decrease in *"stop and search"* of people who use drugs in their areas (such as the United Kingdom), however some felt this had more to do with police not wanting contact due to fears of the virus.

Section 3: Drug Laws & Detention

This section focused on a series of questions about drug laws and detention including developments in relation to decriminalisation and small-scale drug possession, policing practices, courts and alternatives to prison sentences, use of early-release and pardons and compulsory detention issues during COVID-19.

Decriminalisation of Personal Possession & Use During COVID-19:

We asked respondents about whether personal possession and use of drugs are decriminalised in their city/state/country and whether this has changed during COVID-19. Perhaps unsurprisingly, most respondents 75 – 80% answered "no" to both questions. While 20% answered "yes" to decriminalisation prior to COVID-19, only 3% of those who responded reported any change to drug laws towards decriminalisation for personal possession and use of drugs during COVID-19. Although respondents did not provide specific details on laws that had changed, respondents did highlight that it is only certain drugs, under certain circumstances but people who are engaged in *"more stigmatised drug possession"* are still being charged. Others stated that it is really only cannabis that has been decriminalised or de-penalised to any significant degree rather than other illicit drugs. It was also noted that even where laws have changed, sometimes *"people who use drugs are not aware of the changes to provisions"* or the new rights associated with the changes.

Respondents also reported that in some environments, police *"turn their eyes elsewhere"* for cannabis use and sometimes for *"recreational", "tourist"* and *"club scene use"* but still prosecute local people who use drugs. Some respondents highlighted that sometimes there is decriminalisation at a city or state/provincial level but not country-wide which can cause major problems for people who use drugs who move around or travel. Even if small amounts for personal use are decriminalised, other respondents highlighted that police can still arrest and interrogate the person for cultivation or manufacturer which still carry a prison term. Respondents also highlighted that: "*many arrests were made and put people into prison during the lockdown. One died in prison from suicide after 4 days from the arrest"* (India). Other respondents wished to draw attention to the fact that most countries

have seen no reform and indeed, have extremely harsh drug laws that have sometimes become more severe rather than more relaxed during COVID-19.

Increases in Policing for Drug Possession & Small-Scale Supply During COVID-19:
Respondents were asked about increases in policing for possession and small-scale supply of drugs during COVID-19 and while 38% answered "no" and a further 32% answered "unsure", 30% of respondents answered "yes" this question. Some of the key issues highlighted by respondents included the fact that people who use drugs and homeless people who use drugs are *"standing out more"* and *"get noticed more"* due to lockdowns and coming to police attention more easily due to the lack of other public activity. Respondents also stated that people who use drugs are being *"caught up"* in routine policing such as stopping people to check if they have *"a valid reason for being out"* and people being arrested and charged as a result for possession and dealing. One respondent stated that *"people who use drugs are being charged twice if they leave home to buy drugs. Buying drugs is considered 'non-essential' so people get massive fines for 'non-essential' travel and then also charged for drug possession*" (Australia). Respondents also added that *"police have been alerted in some places to be more vigilant about people who use drugs coming out to buy drugs"*. Countries where this is reported as occurring include India, Australia, Mauritius, Malta, United States, Italy, Paraguay, Russia, and Ukraine.

Courts and Alternatives to Prison Sentences During COVID-19:
When asked about whether courts are using alternatives to custodial sentencing for minor drug offences during COVID-19, most respondent (48%) answered "no", with a smaller number of respondents answering "yes" (24%) and "unsure" (28%). Of those who answered "yes" a small number of respondents reported some judges using discretion available to them to avoid the use of custodial sentencing but the majority of comments related to a lack of change. It should be noted however, that the 28% of respondents answering "unsure" likely reflects the fact that many people will not have a full understanding of (or access to information on) how magistrates, justices, etc., are responding under the COVID-19 conditions.

Early Release or Pardons During COVID-19:
When asked about whether people who use drugs are being released early or pardoned for non-violent, minor drug offences and/or for those who have less than six months to serve, 42% of respondents answered "no", 27% answered "yes" and 30% answered "unsure". The higher number of respondents answering "unsure" probably relates to the lack of information on actual numbers of people being released despite public announcements that people would be released in some cities/regions/countries as supported by this comment: *"I'm pretty sure that is a no, but I could be wrong. I haven't heard of any cases but that doesn't mean that it's not happening".*

Some respondents commented that despite public announcements about early releases for people with non-violent offences and good behaviour records, there appears to have been very little action in reality: *"the UK government promised to release more low-risk prisoners and those nearing end of sentence, but the statistics show only a few hundred have been released. Dreadful situation"* and this

comment *"Pick and choose, not all the prisoners who were release for non-violence criminal charges from prison*". One respondent also reported: *"People are getting out early individually b/c of medical reasons, but that's it. There are local legal efforts to #freethemall, but our supposedly progressive prosecutors resist them*" and *"I read that people with lighter prison terms or good behaviour records would be released during the pandemic but I have not seen any changes. There is talk of it but no action so far"*.

A small number of respondents made comments however about prisoners being released during COVID-19 including this comment: *"500 people released from prison .... most of them were arrested for drug consumption"*. Along with several other issues identified in this survey, developments in relation to early-release and pardons should be monitored further to confirm whether policy commitments in this space are being implemented.

Released from Compulsory Detention/Private Centres with Coercive Measures During COVID-19:
While at least half of respondents skipped this question because they did not view a question about compulsory treatment centres and/or private treatment centres using coercive measures as relevant to their setting. Of those who responded, 41% stated "no", 50% were "unsure" and 4% answered "yes" in relation to compulsory detention centres and 5% answered "yes" in relation to private treatment centres with coercive measures. Although there were limited additional comments in relation to this question, INPUD would suggest that over 90% of respondents either answering "no" or "unsure" about whether people who use drugs have been released from compulsory detention and private treatment centres during COVID-19 is a 'red-flag' issue that requires urgent attention both in COVID and non-COVID conditions.

Forced into Compulsory Detention, Rapid Detox, Quarantine Camps & Homeless Shelters During COVID-19:
When asked whether people who use drugs are being harassed or forced into compulsory detention centres, rapid detox in incarceration, quarantine camps & homeless shelters during COVID-19 11% respondents answered "yes" in relation to compulsory detention, 6% in homeless shelters, 30% answered "no" and 53% answered "unsure". Respondents also commented that in some cities, people who use drugs who are homeless are being offered hotel rooms (many of which are vacant) which most people accept due to extra comfort and safety.

Section 4: Protecting Human Rights
This section focused on a series of questions about the effect of emergency powers on specific communities including increased police violence, housing eviction, social protection measures, drug-related stigma, race-based discrimination and the role of peer-based support during COVID-19.

Emergency Powers Being Used to Target Specific Communities:
Of concern is that when asked about whether emergency powers are being used to target specific communities on average, 37% of respondents answered "yes", 35% "no" and 26% answered "unsure". The issues associated with this 'targeting' is highlighted further in the question asked about which

communities respondents believe are being targeted where respondents identify people who spend a lot of time on the streets (59%), homeless people (52%), people who use drugs (44%), people of colour (33%), sex workers (30%), women who use drugs (26%), people with mental health issues (26%), first nations (19%) and trans communities (11%).

When asked whether people who use drugs are being fined for breaches of distancing or lockdown laws, approximately 40% of respondents answered "yes", 24% answered "no" and 37% answered "unsure". In addition, comments by respondents highlighted that although people might hear about *"crackdowns"* and fining of certain communities, these actions are often *"out of the public view"* and therefore, can make it difficult to prove and/or quantify about what is happening. Others highlighted just how difficult it can be to achieve social distancing in lockdown particularly in communities experiencing poverty where overcrowding is an everyday reality. Respondents also raised issues about the reality of *"being a drug user and needing to leave home to get drugs".* Participants also discussed issues about people who have nowhere else to go and are often in parks and other public places and are therefore *"constantly harassed/facing fines that they can't pay"*.

Violence Against People Who Use Drugs During COVID-19:
When asked if they had heard about more violence towards people who use drugs during COVID-19, while the majority on average answered either "no" (30%) or "unsure" (27), it is concerning that the remaining 43% of respondents answered "yes" either in relation to law enforcement (23%), the general community (8%) or both (12%). Comments included statements about *"homeless and roofless people who use drugs always being a target for violence but that COVID has made them more at risk".* Another respondent spoke about *"tons of stabbings and assaults against people who use drugs and homeless people*". Other respondents made comments about both *"direct violence from law enforcement"* and *"more racism and risk of being attacked"* during COVID-19. Another respondent commented on the fact that while people who use drugs may not be being targeted specifically, *"they end up being targeted because they come out to source drugs and in the current context are more obvious and become a focus".*

Violence Towards Women Who Use Drugs Incl. Intimate Partner Violence During COVID-19:
Response to the question about violence towards women who use drugs including intimate partner violence was mixed with 37% answering "yes", 37% answering "no" and the remaining 26% "unsure". In the additional comments, one respondent raised issues about female sex workers who are drug users experiencing increased threats of violence during COVID including *"demands of quick sex"* and being *"forced to beg for money by partners due to less sex work or face beatings"* (United Kingdom).

Respondents also made comments about their own experience of violence and those they have heard about including increasing intimate partner violence and family and domestic violence during COVID due to being in lockdown often in very small spaces in poor circumstances. One respondent described the situation as *"nowhere to run"*. Other respondents spoke about *"couples fighting even more in lockdown"*.

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Housing Eviction During to COVID-19:
Respondents were asked whether they have or know about people who use drugs who have been evicted due to inability to pay rent during COVID-19. In response, on average 23% of respondents answered "yes", 59% answered "no" and 18% answered "unsure" to this question. In additional comments, respondents added that *"supposed bans and stays on evictions but only for some – people who use drugs still being told, threatened to leave, getting notices and being evicted"*. Respondents also spoke about direct and close personal knowledge of evictions due to COVID-19 and not being able to pay full market rent and job losses (particularly casual workers).

Access to Social Protection Measures without Official ID Papers During COVID-19:
When respondents were asked about whether they have experienced less access to social protection measures during COVID-19 due to not having official identification (ID) papers, most respondents (44%) answered "yes", with 33% answering "no" and 23% answering "unsure". Additional comments by respondents focused on the fact that services are not able to provide support to people without official ID cards/papers such as *"Peers without ID can't access relief and social benefits"* (India). Other respondents stressed the current difficulties for people post-release who have *"no phone, get released without support, services are closed, departments are closed and there is no way to even get an ID card"* (United States) and *"If you don't have a phone and get released from incarceration there's no support to manage your health insurance, benefits, or get an ID"*. Respondents also commented that people without ID cards cannot get any work or other support and are living very hard lives: *"many people are receiving emergency food stamps"*.

Stigma and Discrimination Towards People Who Use Drugs During COVID-19:
Respondents were asked about whether drug-related stigma and discrimination had increased during COVID-19 and while 44% answered "no", 38% answered "yes" and a further 18% answered "unsure". One of the key issues to highlight in relation to the above responses is that research has shown that stigma and discrimination for people who use drugs is so ubiquitous that it is virtually a universal experience. In this context, it is possible that those who answered "no" were acknowledging that although stigma and discrimination may not have increased during COVID-19, existing high levels of stigma and discrimination continues. This is further supported by the comments by respondents that state that people who use drugs *"always experience a lot of stigma and discrimination and this hasn't changed due to COVID-19"*. It has just been exacerbated by COVID conditions in some contexts and for some people who use drugs who are after all a very heterogeneous group.

Race-Based Discrimination Towards People Who Use Drugs During COVID-19:
When asked about whether they had seen or experienced increases in race-based discrimination against people who use drugs during COVID-19 most respondents (48%) answered "no" although 26% of respondents answered "yes" and a further 26% answered "not sure". When taken together, a majority of respondents answered either "yes" or "unsure" which makes this issue an important area of ongoing monitoring for this survey. Respondents who provided comments identified race-based discrimination against people of African American Creole decent, Chinese and other Asian

backgrounds and migrant communities who are experiencing homelessness and the fact that COVID-19 has created even more race-based discrimination due to increased fears in the community.

Support & Solidarity Among People Who Use Drugs During COVID-19:
When respondents were asked about support they have received and provided among the community of people who use drugs during COVID-19 (respondents could choose as many options as applied), on average the main types of support included: harm reduction equipment deliveries and buying food for others (over 50%). This was followed by help with advocacy, getting together to look after each other, mobilising around a specific issue, cooking meals for each other, financial support and providing safe places to stay (30-49%). The final area included use of phone data/internet (30%), help with transport to health and other services (28%) and buying food together and helping with children (17%). Several respondents made comments along the lines of the following comment about solidarity between peers which has made them *"feel proud of the ideas and attitudes of people who use drugs and the way that people take care of each other's needs"* (United States).

Role of Peer-Based PWUD Networks During COVID-19:
When asked about the role of peer-based PWUD networks during COVID-19 respondents were asked to identify what services and supports people had access to and/or found helpful. Respondents identified a large range of service and supports including: advocacy on rights and needs including housing/homelessness, OST advocacy, NSP and harm reduction services, distributing OST, ART and HCV medications, drug checking services, connection to emergency supports, hygiene supplies, food & cash, COVID information, monitoring services, outreach, overdose prevention and naloxone, rights and policing, transport to services, suicide prevention and mental health support.

When asked whether peer-led services had been 'more' or 'less' active during COVID-19 respondents said that peer-led services (where they are available) have been very active and sometimes the only services available when other mainstream service have gone into lockdown. Respondents however did also identify that peer-based organising and services have been challenged by the lockdown measures and policies with many peers and some peer-based organisations having to focus on survival as well as trying to support their local communities of people who use drugs.

Nevertheless, respondents highlighted that peer-led services and organisations have been motivated thorough a heightened sense of urgency, peer motivation and a sense of solidarity. While some organisations may have received some increase in funding to address the demands of the COVID-19 pandemic, most have been motivated through initiative and making the most of peers wanting to support their community through the COVID-19 pandemic.

CONCLUSION

This ground-breaking survey by the International Network of People Who Use Drugs (INPUD) provides a unique perspective on the impact of the COVID-19 pandemic on the lives of people who use drugs

globally. The survey identifies a range of issues that require ongoing monitoring and response including problems with access to health and harm reduction services (including OST and naloxone provision, safe consumption rooms, etc), the ongoing negative impact of criminalisation, stigma and discrimination on the lives of people who use drugs, the need to improve access to basic social services support and the need to increase human rights protections for people who use drugs. As data collection is ongoing, future reports from this survey will build an ongoing picture of these and other emerging issues and developments in relation to COVID-19 and people who use drugs.

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