

# VOICES OF FRONTLINE WORKERS

HARM REDUCTION RESPONSES IN THE EUROPEAN  
REGION DURING THE COVID-19 PANDEMIC



# Colophon

This briefing paper was prepared by Victoria Oberzil and Eberhard Schatz and presents a summary of the three webinars organised by the Network.

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# Introduction:

Harm reduction centres are often the only point of access to health and social services for many PWUD. Preliminary research on the effects of the COVID-19 pandemic on drug services and PWUD has noted decreases in available harm reduction services.

European harm reduction services needed to be innovative and adapt very rapidly in response to the fast-changing landscape of the pandemic and its associated national control measures.

Frontline harm reduction workers play a crucial role in public health response during COVID-19 and are instrumental in implementing these rapid-scale changes required to keep vital services operational.

Their experiences during the pandemic provide critical data to understanding the effect of the pandemic on the vulnerable population of PWUD and the health services they depend on.

This Correlation European Harm Reduction Network (C-EHRN) report on the impact of COVID-19 on vital harm reduction services seeks to bring these voices of front-line workers at drug consumption rooms (DCR's), harm reduction outreach teams and PWUD themselves to highlight their experiences during the COVID-19 pandemic.

*Three separate webinars took place hosted by C-EHRN with approximately 30 speakers and 150 participants from various harm reduction organisations across the European region.*

*The first two-hour webinar occurring on 7.5.2020 covered first-hand experiences of PWUD in collaboration with the European Network of People Who Use Drugs (EuroNPUD) with representatives speaking from Portugal, Ireland, UK, Germany, Slovenia, Greece, Spain and Bulgaria.*

*The second two-hour webinar occurring 28.5.2020 covered DCR experiences during the pandemic with DCR managers and workers speaking from Germany, Denmark, Norway, Netherlands, Switzerland, France, Spain, Portugal and Luxembourg.*

*The third two-hour webinar occurring 3.6.2020 covered harm reduction outreach during the pandemic with speakers from Bosnia & Herzegovina, Portugal, Norway, Germany, Estonia, Netherlands, Ireland, Russia, and Italy.*

# Results:

## General Harm Reduction Responses to COVID-19

- Reduced opening hours of drop-in centres, scaled up outreach and home delivery services
- Increased demand from PWUD for OST, for food, water and hygienic supplies
- Shortage of staffing
- New client groups ( e.g. those released from prison)
- Rare to non-existent COVID-19 cases reported among PWUD
- Delay in diagnosis and treatment of HIV and HCV were reported by many sites given the shift in focus to COVID.
- Delays in overdose death reporting and autopsies were also noted in some regions.



***A lot of the municipalities in Norway were capable of turning their services around to adapt them for the COVID situation. For example bringing services to people's homes, like food, medicine, user equipment for a safer use of drugs and so on. And the services offered video or telephone consultation as an example, or just walks and talks."***

Norway



***The necessary protective equipment was very hard to find and it was and still is several times more expensive than the usual price."***

Bosnia & Herzegovina



***It has of course been a very tough time also for the staff. We have been working for eight years by getting people inside doing drugs and suddenly we cannot provide that offer any more. It has been sad to see that users are going back to the streets."***

Denmark



***I think during COVID-19, at the beginning, there was a real sense of - do something. Don't let the best be the enemy of the good. You're going to make mistakes, but do something; and yes, we were allowed to take risks and we were allowed to work differently."***

Ireland



***We've been asking to volunteer to help us cope with the lack of staff. We have a lot of dedicated young professionals who have lost their job, who have no activity at the moment and are fully dedicated to volunteering and helping us."***

Netherlands



***We think that the rights of people who use drugs really were not forgotten in the middle of the crisis. Another positive outcome that we think is that our team was able to train volunteer staff and some clients of the emergency shelters to respond to opioid overdoses with nasal naloxone."***

Portugal

## DCRs

- There were significant reductions in the availability of smoking/injecting sites
- The need for social distancing minimised interactions among users
- In Switzerland sex worker garages were converted to safe injection sites and in Zurich the DCR was expanded outdoors into a large tent.
- Copenhagen closed it's mobile DCR unit but kept the injection site of their DCR open as a critical function.
- France as well ceased their mobile DCR but kept their fixed site open.
- In Amsterdam, there was limited access to DCR capacity however like other DCR sites it was slowly expanded with the lifting of restrictions.
- Luxembourg noted good client compliance with regulations and masks.
- In Lisbon the mobile DCR was integrated into emergency response and positioned near the homeless shelters.
- In Barcelona there was a separate lockdown center for PWUD in which all forms of drug consumption were permitted.



***Not only drug consumption rooms worked during the crisis, some of the drug consumption rooms increased their services, their opening hours, to give all people who want to shoot or smoke drugs the chance to do it."***

Germany



***The DCR in Oslo closed on the 12th of March on the recommendation of the health authorities. So people who use drugs have no safe place to inject or take the drugs."***

Norway



***One of the most complex aspect of working with physical distancing in drug consumption room is to make this respected within the drug consumption room. Even with only four users or six users the act of using is somehow an act of sharing and this is extremely complex. We are constantly reminding the people keep distance, keep distance, don't give each other anything, don't share cigarette, don't share a joint and so on and so on."***

Netherlands



**The injection site of the DCR was acknowledged to be a 'critical function' so we could actually still continue using our injection site, but our smoking site was not a part of these critical functions, so we have to close them."**

Denmark



**Closing without replacement was out of the question for us." [...] "Within 24 hours we set up an open-air dcr, former street 'sex boxes' became drug consumption rooms for inhaling and injecting. We now operated one very big facility with a large team, almost all drug users have moved with us overnight from the inner city."**

Switzerland



**Paris was completely empty except for police and drug users." [...] We had two waiting lines outside, one for the DCR and one for the needle exchange program. It was a bit of a problem with the neighbourhood because people were locked down at home. They were looking at our DCR and waiting lines and complaining about why they had to be locked down but drug users were not at home."**

France



**There's another lockdown center especially for people who use drugs only in the city of Barcelona. This one includes all the services: injection room and inhale room for smokers, supervised alcohol consumption programs etc. All the harm reduction services in Barcelona have continued to accept people, in many cases extending hours were implemented to ensure sufficient care and attention coverage to the people in need.."**

Spain



**The DCR was integrated in the emergency response during the crisis."**

Portugal



**We actually got a lot of donations in terms of food, so we gave out food every day. And since the end of April now, we are also getting a daily delivery of lunch packages from the European Parliament."**

Luxembourg

## Outreach services

- Outreach services were noted to be the backbone to ongoing harm reduction during the pandemic.
- Speakers endorsed a substantial scale-up of services with a focus on home delivery and street outreach,
- Norway, Denmark, France, Portugal and Ireland in particular reported major outreach service expansions.
- Strict lockdowns affected outreach teams in France and Russia by limiting the number of days they could go out.
- Other teams in Bosnia and Herzegovina, Netherlands and Portugal reported many volunteers to outreach services. In Copenhagen outreach teams focused on methadone enrollment, with teams of a doctor and social worker going out into the streets. In Paris, outreach teams attending to homeless housed at hotels throughout the city. Porto reported their outreach teams were in the streets daily.
- In Moscow, on the other hand, daily outreach was cancelled. Outreach teams dropped off materials as needed at random drop points for their clients.



***My service (outreach) was rapidly considered a priority service by the administration of the city...this crisis has shown the importance of professional street-based, outreach work as a link between the risk population and services in general and maybe especially in a lockdown situation. I think outreach workers have been Frontline Heroes when everyone else disappeared from the streets except drug users."***

Norway



**Since COVID-19 started in Russia for last two and half months”[...] “we haven’t been able to use any transport without QR codes without personal data encrypted in it, name, last name, current address, destination address, place of work etc. Citizens in Moscow will have legal permission to leave homes only twice a week.”**

Russia



**One of the positive effects about the situation in Copenhagen is that the treatment system started an outreach start up in methadone, so people have could get methadone from the streets. [...] and we have been fighting for that in Copenhagen for many many years, and you know, we had to have a pandemic before it actually was a reality.”**

Denmark



**Then in parallel we called our clients two times a week to check how they feel. A lot of clients lost their informal jobs and their informal incomes. In this process, we faced some troubles too because we have a lot of clients without cell phone or without a way to charge their telephones for example.”**

Portugal

## Opioid Substitution Treatment (OST)

- There was a considerable increase in demand for OST services along with a rapid scale-up in services and increase in length of take-home methadone.
- Some of the most profound rapid changes happened in Germany where national narcotic laws changed to allow prescription of OST with only a positive urine drugs screen, by either phone or videoconference and by a GP.
- Norway also reported new telephone and telemedicine services for OST and in Denmark an outreach team physician was prescribing methadone in the streets.
- The Netherlands increased OST access so that uninsured non-Dutch individuals could obtain methadone.



***Immediately after the emergency situation was announced it was decided that OST centers would be able to provide take-home methadone for a period of three to five days or even seven days."***

Estonia



***We've had more people coming on to OST. We recognise that only 50% of people who are experiencing dependence are in OST. So this was a big push I mean in my area we had ten new people going in the OST in a week."***

UK



***Situation is in fact wonderful regarding OST. Finally everyone is getting OST for at least one week. So today in the newspaper, one of the biggest newspaper, is an article how drug users are looking very good very calm very organised these days. I mean really this is very nice contribution or approach of our medical services they really react very well. And also few of harm reduction organisations even deliver naloxone to the home to some of those who cannot go to the OST site. "***

Slovenia



***We went from the 12-week wait for methadone treatment to a two to three-day wait to get people on to methadone.”***

Ireland



***It took several weeks for the health authorities to organise some form of methadone substitution for the most marginalised users like undocumented persons, but now all of them have access to methadone substitution.”***

Netherlands



***Very good take-home OST, people can take 20-25 days. They say that they don't give a lot of take-home because drug users sell it. I saw also some people selling. But there are not so many. Most of them keep the medicine.”***

Greece



***So we got a little rush into the OST programs[...], because the government changed regulations in three weeks. Normally it takes a year or more to change the narcotic act in Germany. So doctors were able to give out OST for 30 days also without personal consultation. They can do it by phone or video conference.”***

Germany



***Our OST programs work normally, with normal working times. In the first week, we made a meeting with doctors and leaders in the 2 biggest OST government program in Sofia, and they made a decision to give to the most of the users his medicine for a week. “***

Bulgaria

## National government & municipality responses

Evaluations of national government and municipality responses were mixed, with some respondents feeling supported and others having more criticism.

- Speakers from Estonia, Germany, Norway, Ireland, Luxembourg, Barcelona and Portugal felt very supported by their government during the pandemic. They noted a strong commitment from the government to harm reduction services.
- Others reported a more mixed picture from Greece. A speaker from Finland noted minimal response for PWUD from their health department and a speaker from Bosnia & Herzegovina expressed concerns for violation of human rights in treatment of PWUD by their Crisis Staff.



***Through our regular meetings, we realised that probably none of us was satisfied with the measures taken by the Crisis Staff; they largely violated human rights in the large extension. The main reason for these measures is that the system was not ready for such an epidemic with such consequences. We must not forget this and we must keep this in mind in all future planning and reforms of the health and social sector. Marginalised populations were even more marginalised and this must no longer be a pattern of behavior."***

Bosnia & Herzegovina



***I think the state's response was a significant response [...] the provision of housing for people who were homeless was phenomenal". "So we recognised very early on that the public health response to fight the spread of COVID-19 was the priority; and that harm reduction was an important element of the public health response for vulnerable groups of people."***

Ireland



***Is the first time since the HIV outbreak in 2011 - 2013 that civil society along with some state organisations started to work together to support people in the street and to fill in the gap of the drop-in centers."***

Greece



***But the situation all over Germany, I would like to call it, the situation is still ok. Because the service system, the government, and the medical system reacts very fast and in the best way they could do it at this moment. And we are ok with what they did."***

Germany



***We began together with other Portuguese organisations a very close dialogue with the National Services for dependencies in Portugal called SICAD. This was a really good experience, because sometimes it's hard to dialogue with the National Services. But in the last weeks we had a lot of meetings to discuss and try to improve the services."***

Portugal

## Drug Supply

- Drug supply was reported as inconsistent in some locales with new trends emerging in some places and disruption to the drug markets in other places.
- Prices were reported as fairly stable with the exception of Ireland, Norway and Denmark, who reported increases.
- Cannabis was reported to be in short supply in Ireland, Greece and Portugal with sites reporting poor and adulterated quality.
- Finland reported a shortage of benzodiazepines.
- Germany noted an increase in new alcohol dependency among their clients.
- Estonia noted a shortage of isotonicity which lead to many dependent users taking over-the-counter codeine and morphine in order to have a positive urine drug screen to enrol in OST.



*There was clear disruption in the availability of some substances and as many of us know, substance use disorder is not about substances. So it's not really weird to see people addicted to fentanyl go over to..I don't know for example methamphetamine if the supply of opioids is disrupted."*

Estonia



*In the beginning, some of the users said that the drugs had become maybe 20% more expensive, but it's still possible to get heroin and still possible to get cocaine in the drug environment in Copenhagen. We can also check drugs in Copenhagen and our conclusion doesn't seem to support that the quality of the drugs has been lower during the crisis."*

Denmark



*Lately, last two weeks we had some complaints or concerns from some of our clients who said that they had tried something which put them into a really bad condition afterwards. So they really had bad effects. We are working closely with the National Laboratory in Luxembourg, so we participate in their drug check project as well since October, so we ask our clients if they can give out a sample of their substance and we have them checked. Now we will probably go on with this, especially because of the situation and because it seems like we have other types of substances on the market."*

Luxembourg



*Definitely the drug markets have changed in Finland. In Helsinki, I work mainly on the dark web and there has been like for the past three weeks approximately plenty of discussions about the increased violence and robberies. One of the reasons is that benzodiazepines mainly coming from Romania have been for a while here. People from Romania come and bring them and then they sell them here and then they go home. And when this all started, the situation changed, so that people who were selling here the benzos went back home. So the people are a bit in trouble on the street and that causes violence. "*

Finland



*In fact regarding heroin and cocaine the market functions as usual. And sometimes the quality has gone higher, and I cannot explain this. The perceive quality of heroin and other drugs has gone up, maybe because dealers want to sell out the drugs they still have. Maybe there is a flatten in the hierarchy of the dealers, we don't know yet. "*

Portugal



*Cannabis was starting to going to short of supply pre-pandemic and has only gotten worse. The prices have tripled here on the streets and also the quality of some of these cannabis products that are now available is very dubious. They are melting sugar in hot water and spraying the plants before they cut them. This adds weight to the buds but you are smoking sugar and it tastes like lemon. Then they put a fancy name on it like "lemon haze" and it fools the younger more naive drug users who are thinking that they have a new strain of cannabis called "lemon haze", but is really an adulterated version of cannabis."*

Ireland

## Digital and other Innovations

Nearly all sites reported the importance of technology in creating innovative access to harm reduction services during the pandemic.

- Norway, Germany and Estonia reported new video consults which speed up the process. Most sites also reported an increase in phone services.
- Germany, specifically, reported a major law change to OST to allow for digital services for up to 30 days without an in-person visit.
- Estonia transitioned programs to online platforms and reported as a learning point that the new system was faster and more streamlined than the prior in-person system.
- In the Netherlands the digitalisation of groups and services has been reported to make services more enticing, such as online chem-sex groups.
- In Russia new online chats and “voice of the streets” for PWUD were reported along with new original podcasts about harm reduction.



***At first it seemed that this would be difficult and certainly it was for some of the most vulnerable clients who had no access to phones or internet. But all-in-all this approach seems to have paid off very well in the situation. All government agencies operated remotely, officials and service workers were available by telephone or internet. We had more than the usual opportunities to help customers. And in many cases this telecommunication format seems to have sped up this process, which is a learning moment.”***

Estonia



*For Men who have sex with men and practice chem sex we now offer an online support group rather than a group in our office and its quite well attended. We also see a bit more men coming to our chat. So there we see that the digitalisation is having an effect and making online services more interesting for people who use drugs as well."*

Netherlands



*Since we have problems with outreach work, we got into more online practices. We made a poll for people who use drugs and we asked them several questions about problems connected to quarantine and tried to transform our methods of work depending on their answers. Also, we've created a chat in the telegram messenger where our followers most of them who use drugs can escape from their solitude during the quarantine and support each other. And we got into making more original content about harm reduction and began to make podcasts about Russian drug policy. Because as you know, it's rather repressive and we have a lot of things to discuss. We also have a very small but important online project, which is called voice of the streets, where we publish quotes of people who use drugs and who use our harm reduction services and in some way we give them voice."*

Russia

## User experiences in the streets

PWUD consistently reported multiple challenges:

- The loss of income was felt to be most profound by those providing feedback. In many locations PWUD are dependent on income from tourists and this has since disappeared, creating an inability to purchase drugs. Sex work has also ceased in many locations such as the Netherlands, Switzerland and Germany by government regulations.
- Increased police presence was reported in many areas and some degree of unrest in the streets was reported by speakers in Paris, Oslo, Berlin, Helsinki as well as increased theft among PWUD in the UK.
- The situation in Athens was noted to be particularly dire with people in the streets needing food and water and not receiving it.
- Female PWUD in Portugal and Spain reported some concerns for increased risk of violence. Barcelona also noted that some neighborhoods took a supportive approach of PWUD in the streets, offering masks, food and community support of increased naloxone training.

“

*I have to say that police are kind of brutal with the community these days. Impact on the daily life of drug users who are on the streets was very high, because people had no access to food and water. Organisations who spot that were distributing food every day and water but stopped that during the lockdown. So people were literally starving on the street. So they did not even have water. Street workers like from my organisation and others started to bring water and food supply on the side of the harm reduction services. And also I saw some people I knew before on the street in a very bad shape. I mean much worse than before the lockdown. So the community in the streets is also in the need of basic necessities not only sterile equipment.”*

Greece



*At the same time, we find a lot of support from the neighborhoods (for PWUD in the streets). They are offering food, clothes, masks. Also coming for voluntary work. In general, they were very supportive, which improved the relation within the community, because the community became more involved. More awareness of the mass media and the police in general. They came and asked for advice, they have more interest about the problems faced by people on the street, and especially with the drug supply. Community and the neighborhood asked us to do overdose prevention training and naloxone, because they saw more people using on the streets, and they wanted to learn what to do if they face some problems.”*

Spain



*The homeless marginalised group of drug users they just can't afford to raise the money to buy drugs. That is the problem. Not access to drugs, but affording to buy them. You can't shoplift, you can't beg, sex work is very difficult, burglary is very difficult so some people are switching to commercial burglary, robing commercial property. We are also hearing of drug users being thrown out of a supermarket coated in blood having being beaten up by the security guards. Things are much tougher.”*

UK



*In order to keep clients (in the streets) hydrated, we had to buy more than 100 bottles of water in order to give each of them their own one, not to share. There has been also a lot of homelessness in the park. This is what I realised during this Corona crisis. I mean, I don't know maybe there have been closed shelters for the homeless and so on and many people have to flee and come into the park.”*

Germany



*We have free drug users (in the streets) which are maybe they are wounded, or they smell bad, so they are still not accepted into these programs. Because in Slovenia we really don't have these permanent shelters for drug users which are really disabled or in a really bad condition. Hospitals maybe they accept them for 2 days and then release them. So they are now living in the streets.”*

Slovenia

# Homelessness

In general during the pandemic shelters were more open to PWUD and in some cases mobile consumption sites were moved closer.

- The Netherlands, Switzerland, Ireland Slovenia and France all reported new accommodations for people experiencing homelessness in hotels or sports stadiums.
- Portugal initially reported some difficulties with their government recognising the needs of people experiencing homelessness, however later on reported the shelters were accommodating of PWUD and allowing people to inject at the shelters.
- Germany reported some shelters closed and people sleeping in the parks. The UK reported a struggle in some of their hostels to manage homeless PWUD as the staff reported minimal experience in this realm. The Netherlands had planned to open a new 250-bed homeless shelter prior to the pandemic but with the crisis they opened three 50-person sport halls to the homeless during the state of emergency.



***Lisbon in general had a very quick and adequate response towards the most vulnerable, homeless, finding shelters with different level of safety, and not obliging everyone to quarantine and so on. And Porto was a little bit later with this kind of more open approach and the inclusive approach."***

Portugal



***Around 400 drug user have found a shelter in a hotel. Additionally we build a team to visit them every day at the hotel. It was quite easy because there was no traffic at all in Paris so we could go from one another very quickly. [...]The government decided to continue the hotel shelter hopefully till the end of the year. This is a good opportunity, because we really see the results. The clients are in better health, and they want to improve their social status."***

France



*The situation is quite interesting because we working in the homeless field have been asking for a permanent increase of the amount of beds in shelters. And there was a plan already starting at the end of last year to have 250 permanent beds to cover the yearly need of people who are every night sleeping in the street. But now the corona crisis brought us to open like I said before those three extra sport halls temporary during the covid-19. Unfortunately, we were hoping that this would remain for at least this year, but we might have to close it because in the Netherlands from the first of July the emergency funding of those kind of project will stop. We will stick to the 1.5 meter physical distancing only, and we have to adapt around this.”*

Netherlands



*In the shelters, you can do everything, you can inject, which has been nice. Also, they're allowing to some people to inject methadone, which is important”[...] People who run the shelters, are also running the biggest DCRs in Barcelona. In the consumption rooms you cannot inject methadone or other drugs. It is more like heroin, cocaine and now methamphetamine. In the shelter you can do everything, you can do all the drugs. They have to be more flexible in the shelter than before.”*

Spain



*The other last thing is these homeless hostels. People are really struggling to manage active drug users. A lot of homeless hostels don't really have experience in managing active drug users in a hostel setting. So you got those security guards at these improvised hotels and 50% of the clients have already fallen out. So I think we have still the majority of homeless people on the street. We are trying to offer some training to people running these hostels to say, look we understand how challenging it is, can we offer you some technical support rather than just criticising you for not doing it right, is there a way that we can help you doing it better? So, for example in my area I have to deliver needles and syringes to the hostel residents around the corner so the security guards don't see it. But this is just no social policy. “*

UK

## Social Isolation for PWUD

- Social isolation for PWUD was reported to be a major concern by harm reduction providers in most areas and was noted in their interactions with clients. The importance of continued safe social contact was emphasised by many speakers.
- It was noted that despite all the new technological advances face-to-face contact was still felt to be important.
- Oslo reported new socially-distanced “walk and talks” and the Netherlands noted the importance of face-to-face contact as safely as possible.
- Solidarity and connection between harm reduction teams and clients was noted to be a major positive outcome during the pandemic.



***We have some clients asking for help every day. In the past time they were dreaming to have methadone at home seven days a week, but now they can realise that they need us. They need to talk with us every day and they need to go to the mobile unit every day because they wanted to see us.”***

Portugal



***You know social distancing and other rules have affected a walk [and talk] because working with our clients without social interaction and intimacy is less valuable.”***

Germany



***Connection and trust that our clients have in us, our staff, and their joy of being involved and helping each other.”***

Bosnia & Herzegovina



***More and more outreach workers picking “face to face” up again. They really made an effort, you know, just to see the people, go to their house and just meet them outside their house, go for a walk with them. I heard a beautiful story of a person, a client, who had found a plexiglass screen in the trash and had it installed it himself in his house so that he can have face-to-face contact with people. So that was I think a very important change and also major change in our work.”***

Netherlands

# Discussion:

## Positive changes and impact:

- In general harm reduction services were able to respond rapidly and effectively to the pandemic.
  - COVID-19 cases among PWUD were minimal to non-existent according to all speakers reporting in the three webinars.
  - People were generally positive about their ability to innovate and impressive scale-ups and roll-outs of new systems were reported in many regions.
  - Strong solidarity among harm reduction staff and PWUD also was reported by the majority of speakers.
  - Overall positive impact includes increased use of e-health/phone services for harm reduction with more rapid enrollment of clients.
  - Massive expansion of OST reported in many regions with a decrease in wait-times for enrollment. Nearly all sites reported an increase in length of take-home OST medications and some reported bundling of HIV medications into prolonged take-homes to avoid the infectious disease clinics inundated with COVID cases.
  - New homeless beds were available in most cities as well as increased collaboration between harm reduction centers and homeless shelters.
- Increased solidarity and positive relations between harm reduction staff and clients was noted by many.
  - There was a strong influx of volunteers and concern by the community for vulnerable PWUD.

## Negative impact:

- Negative impacts were most often related to service closures and shortages of staff.
- Earnings for PWUD were also globally affected and speakers noted the chain reaction of marginalised populations becoming even more marginalised by the loss of income, increased violence in some communities and additional stigmatisation.
- Drug and hygiene supply chains were not universally impacted but in some locales there were shortages and cost fluctuations.
- Increased police presence in some areas contributed to distress and tensions felt by those on the streets.

# Conclusions:

Important lessons learned from this first wave of the pandemic are the value of solidarity, innovation and connection for harm reduction services. The lack of COVID cases among PWUD speaks to the strength of harm reduction center's rapid commitment to effective sanitising and hygiene protocols. PWUD benefit from the human aspect of the service contact, as evidenced by the continued interface despite longer take-homes for OST and new home delivery systems. Social isolation remained a major concern by harm reduction staff yet services responded to innovate safer connections for PWUD (such as walk-and-talks or digital meetings). Another important point is that several services are able to adapt to better fulfill PWUD needs. OST systems are not as rigid as they might appear to be and can have profound flexibility and removal of restrictions in times of crisis. Shelters can also be flexible to allow for PWUD and drug consumption in the premises.

Future preparation by harm reduction services for second waves of the pandemic should focus on the need for rapid scale-up of OST, shelters and outreach services. Areas of future advocacy on a local and national level should note that demand for harm reduction services increases during a pandemic and adequate funding and support is needed from the government for the vulnerable population of PWUD to make such support sustainable. Future research is needed as to which innovations and changes to harm reduction

services are maintained going forward in the short and long-term following the COVID-19 pandemic.

## Further reading:

1. EMCDDA. Impact of COVID-19 on patterns of drug use and drug-related harms in Europe. (2020).
2. EMCDDA. EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers. (2020).
3. Position Statement of the EU Civil Society Forum on Drugs on COVID-19 | Correlation European Harm Reduction Network. <https://www.correlation-net.org/position-statement-of-the-eu-civil-society-forum-on-drugs-on-covid-19/>.
4. EMCDDA. Impact of COVID-19 on drug services and help-seeking in Europe. (2020).
5. LSE. Saving Lives in the time of COVID-19 (2020). <https://www.lse.ac.uk/united-states/Assets/Documents/Harm-Reduction-in-the-time-of-COVID19.pdf>
6. COVID-19 survey among people who use drugs in three cities in Norway. (2020). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7500397/>

[www.correlation-net.org/harm-reduction-must-go-on](http://www.correlation-net.org/harm-reduction-must-go-on)

