

## **Overview of the situation with coronavirus COVID-19 in South East Europe**

### **1. What is the coronavirus situation in SEE countries regarding drug policy (especially how the officials treat our key populations)?**

The situation varies from country to country. In general, key populations are side-lined and not enough covered by health care except OST which is provided for three days in some up to three weeks in other countries.

It is very critical in Albania (stock of methadone is not enough to cover the needs and procurement can be done only at the end of June), Bosnia Herzegovina (the only organisation providing material Margina has stock until June and then will most probably close), Bulgaria (services closed, Government not responsive), Romania (where the "ghetto" in Bucharest is an extremely critical) and Montenegro (also in a closed suburb of Podgorica with majority Roma population).

Some countries took measures in time, like Slovenia where OST has been prepared before the outbreak (thanks to good work of Kastelic and his teams) and Croatia where the whole medical system and governmental institutions coordinate well. In North Macedonia, the [Foundation Open Society - Macedonia](#) have donated a large amount of money to support Roma families.

A very specific problem, present all around the region, is lack of food for key populations. For many of them, their traditional income (begging, sexual work, collecting secondary materials for recycling) is cut. Starving, malnutrition and lack of basic hygienic materials can be additional dangers in this situation.

It would be good to undertake a quick survey to collect epidemiological data, a quick screening, to learn about how sensitive and endangered the vulnerable populations are. That could be a strong advocacy tool.

### **2. What happened with the treatment of the key populations and which are their most important problems**

Some countries simply issues orders to close the drop in centres: Bosnia Herzegovina, Bulgaria and Serbia. In other, centres are operating either with reduced working times (usually three hours, at least three days a week), distributing materials through windows or at the door, or distribution is organised by outreach teams. Several organisations provide psychiatric support on-line or by phone, some also counselling, case management of users and social services handling.

Wherever possible, other services are still provided, including HIV testing in North Macedonia and Serbia.

All organisations have done a good job on informing users about the epidemic and on protective measures they should exercise. Throughout the region information from international organisations and especially INPUD was translated into local language and shared, mainly electronically.

In general, except for some cases in Albania and Slovenia, users are behaving well and respecting all advice from organisations and general medical authorities. An interesting case is in Split, Croatia, where users took initiative and helped organising distribution on self-service model in specific neighbourhoods.

As far as we know, situation with coronavirus in prisons is under control.

We heard proposals for regional purchase and storing harm reduction materials for emergency and solidarity purpose.

### **3. What is new with the drug supply and how the people who use drugs are dealing with it?**

Around the region, there are no major disturbance on the drug market. The price of marihuana has raised. Some old and almost forgotten substances appeared again. In some countries, lack of Benzodiazepines is observed.

A solution can be to offer subscribing to OST, but this is not allowed.

We expect that the situation can change but not very soon.

### **4. How are your organisations dealing with the situations, your staff and their protection and other problems?**

The organisations have seriously taken the situation and do their best to protect their staff. Unfortunately, there are not enough protection materials, especially masks and disinfectors. Organisations have introduced shorter working times and organised shifts. There are problems with those who live far from the job due to lack of public transport. Managers are under high pressure and pretty exhausted.

Organisations expect that project budgets planned for regular services will be cut for at least 20 - 30% while some may be cancelled.

In agreement with the staff, some organisations have lowered salaries, either because of cuts of donations or to ensure that at least lower salaries will be paid until the end of the year.

## Geographic distribution of COVID-19

Official data from the [European Centre for Disease Prevention and Control](#)  
Situation at 22 April 2020

	Cases	Deaths
Albania	609	26
Bosnia Herzegovina	1340	50
Bulgaria	975	45
Croatia	1908	48
Greece	2401	121
Kosovo	604	18
Montenegro	313	5
North Macedonia	1231	55
Romania	9242	483
Serbia	6890	125
Slovenia	1340	77

Annexes:

- Annex 1 - Information received from countries of South East Europe
- Annex 2 - DPNSEE activities during the coronavirus outbreak

## Information received from countries of South East Europe



### **Albania**

*Call with Genci Muçollari, Executive Director, Aksion Plus (Tirana) held on 10 April*

Aksion Plus, the only organisation in Albania that distributes methadone as the opioid substitution therapy (OST), now provides take away methadone for 10 to 12 days. They don't have a large stock, and provider can't deliver new shipment by the end of June. To bridge the gap, they decided to lower the doses.

In addition to users which regularly come for treatment, some new clients coming out of prisons are directed to them which make situation even more critical. As prices of substances are slowly raising, they expect more pressure on OST.

They prepared information to inform users.

People are losing jobs. There is a raising pressure from clients. It is getting more and more difficult. It becomes hard to keep distance when users come. They argue because of smaller doses.

There is not enough support from the Government. Support to people in worse position.

Albania is in a transition period with the Global Fund project. UNFPA tries to coordinate (with them as regular partners): publications, online chats or forums, psychological support. Aksion Plus sent them a project proposal. They also sent an application to Dutch based NGO for grant, related to the Global Fond, to get more Staff to balance the pressure.

It is hard to find protective material. Users don't care about protection - they start to do it recently, but slow. Hopefully they will get coronavirus tests from UNFPA.

They instructed their staff how to be protected. Unfortunately, they had to lower salaries due to lack of resources.

In the Tirana drop-in centre, which serves 200 users, they have only 5 staff. Some live in other distant cities and now can't travel to job like they regularly did.



## **Bosnia Herzegovina**

*Call with Denis Dedajić, Margina (Zenica and Tuzla) and Samir Ibišević, PROI (Sarajevo) held on 2 April*

The civil society organisations cannot access the funds for fighting coronavirus. Even more, the Federation of Bosnia Herzegovina will redirect all funds planned for civil society from lottery. Social media are full of information about plans for economic measures which are actually only speculations.

In Sarajevo and around people don't respect fully protective measures, while situation is much better in Tuzla.

It would be needed to undertake a quick survey to collect epidemiological data, a quick screening, to learn about how sensitive and endangered the vulnerable populations are. That could be a strong advocacy tool.

Drug market is shrinking, while local substances supply is increasing (cannabis from Herzegovina and neighbouring Croatia and local chemical laboratories). Borders are close, so all smuggled goods are more expensive, including drugs. But, just before the borders were closed, a large amount of drugs entered the country, so that cocaine is still very affordable. Heroin is very bad but price is stable. Alternative substances are a possible solution (speed widely used as well as psychotics from eighties combined with alcohol), while danger of overdose is high. Suboxone injection is also present and it is on the black market. It is not possible to start treatment as an answer to the lack of substances.

**PROI** is in a very difficult financial situation. All the plans have collapsed and there is no idea where to get support. They sent a proposal to ViV for drop-in centres they would maintain in Sarajevo and Mostar.

**Margina** has closed both their drop-in centres, in Zenica and Tuzla, following the order of the authorities. Now, they have concentrated efforts on 20 stable users, working 2 - 3 hours a day outreach from vehicle. They communicate with users through social media.

Since 15 March, they have distributed 25.000 needles and syringes and all disinfection material they had. They saved a stock of materials and have paid the rent for the office until July, but there are no indication about potential funding from national sources. An urgent bridging donation from abroad is needed, otherwise they will have to close the only drop-in centre in the country.

They pay special attention on protesting the Staff. They are very much exposed to the virus.

Colleagues from the organisation **Celebrate recovery** maintain their on-line service to those who are in treatment, while **XY** provides psychosocial support 1-to-1 and case management for people in need.

Organisations in Republic of Srpska are in worse situation because health funds are left without money.



## **Bulgaria**

*Call with Anna Lyubenova, Initiative for Health Foundation and Yulia Georgieva, Centre for Humane Policy (both organisations from Sofia) held on 30 March*

In Bulgaria, a state of emergency was declared, not the curfew.

There is no formal position of the Government regarding services for people who use drugs. They will be in a very bad position to obtain drugs or methadone, especially the people from the ghetto. OST works only few days in a week and it is to be paid. One cannot start the treatment. People in the centre for homeless are in quarantine while shelters are closed. Harsher measures are expected.

Hospitals are already full. Alternative hospitals are with low level of service. There are not enough tests so the numbers are low.

There are no information on the drug market and getting drugs is very problematic.

**Centre for Humane Policy** reports that the Pink house, which cares for vulnerable populations, was closed on 13 March. Most of the users are HIV positive and more endangered. Homeless are now on the street. We don't know what is happening with them and are afraid of their health. The organisations is trying to find a way to distribute things, food especially.

They also have case management for people, unfortunately only for 5 - 6 of them. This is a very huge problem.

**Initiative for Health Foundation** also closed on 13 March. They didn't have any protection material and disinfection. A request was sent to the Ministry of Health to at least continue syringe distribution but there were no reply. They now plan to inform the Ministry that they will close until they find protection or the blockage is lifted.

Services also stopped in other two cities. All four harm reduction programmes stopped, also HIV testing. Certain pharmacies agree to sell equipment but they are few and users avoid going there.

Case management continues for people who live with HIV, especially for new cases. They are about to completing few new cases and then will also have to close.

No more than 2 people can be together at the streets which creates problem for outreach. This is an additional problem.



## **Croatia**

*Call with Ilinka Serdarević, Udruga Terra (Rijeka) and Nevenka Mardešić, Help (Split) held on 3 April*

A general impression is that Croatia is dealing well with the crisis. There are shortages of alcohol, masks and gloves.

In Split, methadone is given in doses for 3 to 4 days, exceptionally for a week, while in Rijeka (in whole of Primorsko - goranska county) doses are for two weeks because of limitation of movement and traffic.

Testing is only for risky populations and those who had contact with people with confirmed symptoms. Others are advised to stay home.

Organisations have recently received first instalments for projects. They are afraid that remaining amount of 20% may not be transferred due to crisis - this is an option foreseen by the contract. They are used to delays in transferring the grants from the state (they use make stocks from the first instalment and "borrow" funds from other projects), but if part of the grant is cut that will cause problems.

The national Office for supporting civil society invited organisations to send them the civil society needs related to the crisis. So far, the subventions are given to those working in the area of culture who have lost their regular income.

Both organisations have lowered salaries for 10% to ensure that at least lower salaries will be paid until the end of the year.

**Help** have stopped distributes sterile injecting equipment through the window of their drop-in centre, from vehicles and to specific spots organised by drug users on their own initiative (even drug dealers), especially on islands. They also distribute canned food, while soup kitchens are also available. There is a high demand for condoms. Testing services have been cancelled.

Psychical pressure and cases of violence of human rights cause a lot of pressure.

They have distributed an amount of masks which users wear when coming to pick equipment and food, but gloves are missing. They also purchased masks for their staff.

Prices of methadone and cocaine have increased in Split.

Volunteers and staff have passes which allow them free move around the country.

**Terra's** drop-in centre is closed to visitors from March 16 and the injection equipment (needles, syringes, ampoules of distilled water, alcoholic wipes, condoms and lubricants) is distributed through a so-called "window". They have enough material in stock to satisfy the needs until the summer season. Laundry service is also closed. They also give away food both in the drop-in and also around the city to homeless and poor people, even those who haven't been registered recently.

Service users are disciplined and show solidarity passing material and helping with methadone distribution. There seems to be more donations for homeless people than for people who use drugs. Other populations they serve include Roma and people in problem with alcohol.

There are more alcohol and stress than usual and expected.

Terra is preparing and submitting project proposals.



## Greece

*Call with Marios Atzemis, Positive Voice (Athens) held on 9 April*

The situation in Greece is stable, opposite to expectations at the start of the coronavirus outbreak. There is no massive testing, but it seems that public data are lower than real, but it seems that the health system works and in order. This was not expected after all the cuts in the last few years.

There are concerns about how will the virus behave in very hot weather as it is in Greece in summer.

New measures include more limitations in transport during the Easter weekend, especially to/from islands. Greek Church blocked services inside churches. The outbreak of the epidemic in Greece came with the group of old people who went to the Holy Land in Israel and Palestine.

Prices at the drug market are stable, but availability is the problem.

**Positive Voice** announced the suspension of the operation of the prevention and examination centres "Checkpoint" in Athens and Thessaloniki, from 16 March 2020. But, the same day, in the framework of the emergency plan for the care of homeless and psychoactive substance users, the Municipality of Athens held a meeting with organizations active in the field of prevention and harm reduction of vulnerable groups.

Since then, organisations **Positive Voice** and **Prometheus** (after the break of three years) carry out street work actions to support vulnerable groups. Users of psychoactive substances, homeless people, sex workers, immigrants and refugees are the target groups of the initiative and their support is provided through the provision of safe use and protective materials (such as gloves, injectable material and condoms). The action of the street work team takes place three times a week.

**Praxis, Medics du Monde, Steps** and other civil society organisations are also doing street work with sterilised equipment, not state institutions. This is an important point in recognition of the work of civil society organisations with vulnerable populations.

Positive Voice also published advice for Greek citizens that have been stranded abroad and those that are not a Greek citizen and have been stranded in Greece on the procedure for accessing antiretroviral treatment.



## Kosovo\*

*Call with Safet Blakaj, Labyrinth (Prishtina, Gjilan, Prizren) held on 10 April*

Since mid-March, they have temporarily closed the Drop in. Their clients can't stay in premises of Labyrinth, but they continue to take all the services we have, especially the Methadone Maintenance Therapy. Since 23 March, 120 clients that are in programme of Methadone Maintenance Therapy are separated in three groups and they take away methadone for one week.

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\* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence



Clients can take sterile equipment. They give them information how to protect themselves from COVID-19, including IEC materials, gloves, disinfectant. Unfortunately there are not enough masks to give them.

Special attention is given to Roma and Ashkali minorities.

Labyrinth have temporarily interrupted the psychosocial services and outreach activities.

From this late March, only necessary staff is working. They face lack of staff for the drop-in centre in Gjilan. Also they have started to disinfect the Labyrinth premises.

Since beginning of April, they started planning and preparing for the period after epidemic because drug use can then escalate.

Coordination with and support from the governmental institutions are well organised.

Price of cannabis have slightly increased. Other substances on the drug market are stable and available.



### **Montenegro**

*Call with Sanja Šišović and Mišo Pejković, Cazas and Ivana Vujović and Jelena Čolaković, Juventus (both organisations from Podgorica) held on 7 April*

Situation in the country is generally stable. What is worrying is that significant percentage of those infected are children and young people. Testing is well organised, with drive through tests.

Methadone and buprenorphine therapies are covered by doses for a week; even longer for some responsible users. An initiative was proposed to improve this routine.

The virus appeared in the suburb with Roma population Ribnička Vrela which poses a challenging scenario. Respecting the isolation measures is opposite to cultural pattern there. There is a problem with people who use drugs whose families are not aware of that. Additional privacy measures and respecting human rights are needed.

There was a lot of omissions and not well defined things in the health system. They got an information that those receiving therapy for HIV or Hepatitis and now not in foresight because their therapy is now stored because of coronavirus.

Patient rights are not respected as they don't enjoy full healthcare.

Family violence has increased as people stay home longer.

It is not easy to work from home. There is no limit of working time, not enough privacy.

There is no information about lack of substances or new substances at the market. New people are applying for treatment, but methadone and buprenorphine are already ordered and there are no space for them.

There are also cases of foreign citizens blocked now in the country who are HIV or Hepatitis positive but don't have needed therapy doses.

**Cazas** organised fieldwork in several quarters of Podgorica where staff brings material and users come to pick them. One or two staff members are on duty in their drop in centre daily. There is a slight problem with masks while disinfection material is obtained.

In smaller municipalities (Bar, Ulcinj and others) there are more problems because of restrictions for moving. This influences organisation of distribution of materials.

Food is also lacking and that is a huge problem. Some users have only one meal a day which Cazas provides. Recently, they had seasonal jobs, but now they don't exist. Most of the users are homeless or those living in very bad conditions.

Not all vulnerable groups are recognised by the protocols so that adequate services and information cannot be provided to them.

**Juventas** adjusted their services to the situation. They still organise swapping of used and sterile materials for two hours in their drop-in centres in Podgorica, while outreach, including city of Bar, is organised once a week. They organised laundry because hygiene is important and some users can't afford it. Food is also provided weekly. For those who don't have access to water and electricity, they cook hot meals. Food packages are different than those provided by the Red Cross - they are fitting the needs of the users. 50 such specific food packages are distributed weekly. The Open Society Foundation authorised partial use of grant for purchasing food.

Mental health is jeopardised so psychologists work extensively responding to the calls from users. The initial phase was very important from the psychological side. Also, work of the social service is of great importance.

Masks and medical alcohol (blocked at the border from Serbia) are lacking. They sent request to donors or producers to help obtain them.

Prisoners sew masks for their system with material they provided.

The whole team is engaged, mostly by phone or online.



### **North Macedonia**

*Call with Silvana Naumova and Vlatko Dekov, HOPS and Natasha Boshkova, Coalition "Margini" (both organisations from Skopje) held on 3 April*

Situation in the country is stable. Numbers of infected and deceased are not high. Only limited number of people are tested. Hotspots of the epidemic are in four cities: Skopje, Debar, Kumanovo and Štip. All borders are locked. The curfew is well organised, with long night hours and weekends closed and population allowed to go out in age groups. There are no specific instructions for people from vulnerable groups.

Social benefits are distributed regularly (pensions, social care), but new cases are not welcome.

Contact with doctors is possible only by phone, except in urgent cases. That is the way the therapy is being prescribed. Other medical services are also available but only by phone contact, wherever possible. Psychiatric hospitals and institutions don't take resident patients any more.

The Foundation Open Society - Macedonia plans to finance food distribution to Roma families, potentially for people who use drugs and sex workers.

Shops are well supplied and all protective materials are available.

Price of cannabis increased significantly: 50 grams was around 100 Euro, now 150 or more. There is not much difference for other substances, including methadone. Media daily report that drug dealers are caught or that police made a raid, but the market is still stable.

There were two cases of overdose, but luckily both persons have recovered.

Services that **HOPS** is providing function in a modified way. There is enough protection material for the staff and their use is obligatory. All their premises are disinfected as well as the vehicles used for outreach.

Materials are distributed to users. Twice a week they go out to streets and meet with sexual workers, distribute condoms and share information. They keep working with children who use drugs.

They have stock of needles and syringes for two months. Masks for clients are lacking. They hope that the planned procurement process for medical supplies and equipment will not be delayed.

Methadone centres operate regularly, using standard protocols. If a user is in isolation, Red Cross deliver therapy at home.

Information about protection, governmental measures and available support are shared. Counselling and testing are available in drop in centres and at homes, especially if person wants to quit using drugs. Psychiatrists are available by phone. Even help to children with their school tasks is organised.

There are a lot of complains from users for violation of their social rights.

Their financial situation is stable. The portion of the grant from the ministry budget was transferred. The instalment for the second quarter of 2020 may be critical because of potential economic measures the Government must introduce. They sent a letter to the Ministry of Health to advocate for more support to people who use drugs.

**Coalition "Margini"** (Sexual and Health Rights of Marginalized Communities) works almost exclusively from home, less on streets with clients. They provide advice on how to fit into the new measures imposed by the Government to the general population. They haven't observed any specific measure that would imply to the populations they support.

Income of their clients is reduced so they expect basic support with food and hygienic packages which are essential for life.



## Romania

*Call with Nicoleta Dascalu, ARAS and Dragoş Roşca, Romanian Harm Reduction Network (both from Bucharest) held on 8 April*

Situation in the country is critical, with high number of infected and people who died from COVID-19.

UN agencies closed offices in Romania except UNICEF and WHO - but they are not interested in drug issue. Without strong CCM, the voice of civil society is not heard. The drug issue is in the Ministry of Interior and they have a tough approach to it. Maybe we can try with Croatia (EU presidency) to have the medical part of the issue in the Ministry of Health. The Global Fund project expires this year. The grant is small. It is hard to push anything in between the Global Fund and Romania. With GF support the HIV strategy was developed but nothing was done in 2,5 years. Centre for mental health and anti-drug fight exist but no information what they do.

Services operate only in Bucharest. No one works in the rest of the country.

**ARAS** works in two methadone centres, distributing doses for three weeks. They will close during the Easter break, until 4 May. The centres will be crowded before and after that period, so will work longer hours.

They cannot accept new clients. Problems arose with people who come from abroad. They want to continue, have prescriptions from the countries where they currently live, but they cannot accept them because ARAS don't have slots for them. Public services don't welcome them too. They will be accepted in May because they need to come daily for 3 weeks. **RHRN** is preparing a letter to authorities about this issue.

ARAS distributed more syringes when all started. They opened again drop-in, 2 days a week from 11 to 16. They exchange needles outside the centre. It is a quick process, without administration.

For people in the Bucharest ghetto they used to go twice a week. Now it is dangerous, because of high pressure from users. No one can go outside of the ghetto as police and army blocked it. They contacted local authorities and will try to find a solution. As people can't go outside, they can't work. There are not enough drugs so some want to start treatment. They take prescriptions for tramadol from doctors to bridge the Easter period.

ARAS prepared some information materials for the users.

**RHRN** asked about the price for vending machine for syringes because that can be the solution for sterile materials in closed areas like the Bucharest ghetto or the suburb in Podgorica, Montenegro. ARAS tried to find a local producer who would arrange existing machines to provide syringes, but they were not interested because it is not cost effective. DPNSEE can try to launch a campaign internationally to find the machines and donors. This can be a long-term benefit, but now it can be very useful.

CCM is not operating. They sent a letter to the new Minister of Health (7th in 6 years) but there were no reply. They wonder what can we do, regionally, to help make a move? DPNSEE can try to do something through the Romanian anti-drug agency.

During the call, the proposal was defined to call an international conference on sustainability of services in South East Europe.



## **Serbia**

*Calls with Irena Molnar, Re Generacija, Milena Radaković Philanthropy (both organisations from Belgrade), Goran radisavljević, Timok Youth Centre (Zaječar) and Nebojša Đurasović, Prevent (Novi Sad) held on 31 March and Aleksandar Prica, Duga (Šabac) held on 1 April*

The State of emergency was declared throughout Serbia since 16 March 2020, with the curfew lasting for several days over weekends. People older than 65 are forbidden to leave their homes. Restaurants, shopping malls, some handicrafts and small shops are closed.

For the first few weeks it was impossible to buy masks, alcohol, gloves and disinfection material. For some time already, only 2 pharmacies in Novi Sad are willing to sell sterile material to users, but the stigma is big so people avoid them too as much as possible.

Control visits, prescriptions and medicines for users are delayed. Psychiatric support is kind of a "grey zone" in the health system.

An increase of the family violence is observed.

Some municipalities issued order on "obligatory volunteering" of civil society organisations staff during the state of emergency. As many organisations protested, this practice was abandoned. The National Youth Council requested from the Government data on number of people who volunteer, number of those who were infected during volunteering and information on respecting protective measures among volunteers.

On the initiative from civil society organisations, following the DPNSEE Public appeal to protect vulnerable groups from coronavirus COVID-19, a meeting was called by the Office for Combating Drugs of the Government of Republic of Serbia to discuss the measures to protect people who use drugs and other connected vulnerable groups. The meeting was held on 13 March with representatives of the Office, Ministry of Health, Special Hospital for Addictions and four civil society organisations.

Prevent, Re Generation and DPNSEE have prepared information and instructions for protection against coronavirus in Serbian for people in risk from vulnerable populations we support. Several sources were used: INPUD, Leafly, Crew and BesD. These instructions will be available in various institutions and civil society organisations in Serbia.

Cannabis is becoming hardly accessible while skank is available but prices are high. Purity of cocaine is questionable and flex (synthetic cocaine) appeared. Party drugs are off the market. Suddenly, fentanyl plasters appeared at the market, most probably from some medical sources. That can cause overdoses. Buprenorphine is misused largely. Chemsex has almost disappeared, but it still happens.

NGO **Re Generacija** currently implements two projects, both internationally supported and will not be interrupted. In addition, they sent seven project proposal and hope to have some of them supported. They are doing a research for EHRA on new psychoactive substances in Serbia.

In April, they start two new surveys on drugs and clubbing and innovative approaches to drugs. They launched the new webpage. Once the state of emergency end, they will continue the campaign with the Exit festival.

**Timok Youth Centre** implements three big projects. One of them is the large SOS project for South East Europe managed by the Alliance for Public Health where they prepare an overview of civil society organisations in Serbia and explore legal barriers for work with the key populations. The Ministry of Health started signing new contracts for projects supported by the Global Fund and Republic of Serbia. UNAIDS and UNODS documents on COVID-19 have been translated and published in partnership with DPNSEE. They are active on the local level, volunteer in the city of Zaječar, deliver food and other materials to elderly people and run an Instagram campaign "Stay at home".

**Philanthropy** have prepared and distributed food and hygienic packages in Belgrade. Volunteers have delivered them by homes because people are very afraid. They receive around 20 calls for help daily. They provide psychotherapy 1-to-1 via Skype. The programme of support to prisoners and their families goes on, but all activities in prisons and detention homes for under aged have stopped. Only case management is provided for them, especially when they are set free. All social events and group work have stopped, except home support in Kragujevac for up to 30 minutes. They have installed a shelter for homeless people in that city and just licenced it. The city council decided to host here elderly people from some pension homes where coronavirus was detected. They will now help with furniture and staff. DPNSEE supported the shelter with some hygienic materials and clothes.

**Prevent** implements two projects with the support from the Ministry of Health: one for people who use drugs in Belgrade and Novi Sad and other for sex workers in Novi Sad. In scope of the SOS project, they work on standardising services. They had to close the drop-in in Novi Sad and outreach services in Belgrade because of lack of protection equipment. Before that, they gave away larger supplies to users. They maintain contacts with some of them. Four young volunteers from Prevent returned from the voluntary service in Cyprus by a special flight organised by the Government of Serbia. They were sent to a quarantine in a pupil's campus where 11 people were diagnosed with the coronavirus - luckily, no one from the four Prevent volunteers. In Novi Sad one drug user died, supposedly from overdose.

**Duga** has a focus on visiting and supporting vulnerable populations in the municipality of Šabac: people who use drugs, homeless, sex workers, Roma, poor people, people living with HIV and others - all together over 170 people. They share information on protective measures and educate people. They deliver food and hygienic packages. On a daily basis they have to make decisions to whom scarce support will be given. They use only funds from the local budget because Šabac is opposition led municipality and it doesn't get any support from the national level - no food, equipment, accommodation for the temporary COVID hospital, respirators... DPNSEE provided Duga with an amount of hygienic material, masks and food for vulnerable populations in their municipality.



## Slovenia

*Call with Aandrej Kastelic, SEEANet and Tomaž Koren, Alliance of Non Governmental Organisations for Drugs and Addictions held on 10 April*

The situation in the country is stable. People are disciplined and keep the distance. Homeless people and those whose health and/or social insurance expired are in a problem. National budget is well managed, except the budget lines for homeless and migrant which are shrinking.

The situation with the virus is correct. Civil society has a significant role in providing services. They don't receive materials and equipment from state institutions but have to purchase it from companies.

Prices of substances haven't changed and it is easy to buy them, but the problem is in the lack of income. Lack of Benzodiazepines is observed because they were imported from Bosnia Herzegovina and Croatia and people now use them much more than before. Methadone market is stable because drugs are available so people don't turn to opioid substitution. Everyone can start the therapy. There are no information that any user which is on evidence in the 21 methadone centres has been infected.

Because of pressure, a lot of people turned back to drugs and alcohol, even those who were in recovery or terminated use. There is more and more stress.

People who use drugs behave responsibly. They have proven that if the state respects them and care for them they are responsible persons.

**Kastelic** (SEEAN), the head of the National Centre for the Treatment of Drug Addiction, has already on 27 February informed methadone centres to change the protocols. Some have opposed that opinion - and those are the municipalities which currently have most of the problems. No new clients have been accepted in Ljubljana, but the work was organised normally improvising therapy distribution: by van, in ambulances, through the window, etc. We have ensured permits for those who deliver therapy. In some cases, those are volunteers from the organisation **Stigma**. We have kept all the users in the Centre. They don't have physical contacts with the outer world - only through Internet. They feel closed, but are in a good condition.

Therapeutic communities accept those which are not virus positive so they have to be tested. No staff in the centres is infected. We split them in teams so that a few of them work in one shift. Disinfection material is available. The Centre receives 10 to 70m calls a day from people who have issue with drugs. They need various kinds of support, from health to legal.

Cooperation with civil society is excellent.

Tomaž informed us that Services for homeless and people who use drugs operate in Celje, Ptuj, Žale and Ljubljana. **Krali ulice** (Street kings) have got a new apartment in Ljubljana with a section only for homeless people who may be infected by the coronavirus. So far, no one has symptoms, and a few homeless people are already accommodated there. Some people are blocked in cities different of those where they inhabit due to closure of public transport so they can't get their therapy. They try to help them solve that problem.

The civil society staff lacks protective equipment: overalls, glasses and disinfectants.

Organisations work, there are no panic among users and those on methadone therapy because of organised approach taken by the state.

Tomaž proposed an initiative to make an extraordinary round of wastewater analysis, like those EMCDDA have initiated through the 'Wastewater analysis and drugs — a European multi-city study'. Besides comparison between situations before and during the epidemic, this round may be interesting because if certain areas of a city are examined, it would give results related to places where people live, rather than where people use drugs (which may be different if they consume drugs in certain areas like traditionally around railway stations, in "red light" streets, etc.



## DPNSEE activities during the coronavirus outbreak

Already on 25 and 26 February 2020, following the outbreak of COVID-19 in neighbouring Italy and the first case of the virus also reported in Croatia, the DPNSEE Board had on-line communications, including a few experts from inside the Network, on the threat of coronavirus outbreak in South East Europe. The Board expressed concern that the health systems may not have fully in their sight the key populations we are supporting (and people with substance use disorder, especially heroin users, are usually in a weak health conditions), that these populations, being side-lined in the community, may not be well informed about the threat and measures they should take to protect themselves and that our organisations, especially those who provide services to people who use drugs and other connected vulnerable groups should also play their role in overall efforts to fight the problems caused by this epidemic.

DPNSEE immediately sent a [Letter to member organisations](#) on 26 February to mobilise them to prepare for the coronavirus outbreak with brief instructions. This included advice to act in three directions:

1. **While the coronavirus is still a threat**, participate in calming the situation and avoiding panic which may occur, inform people we are supporting about the protective measures against the coronavirus and make all necessary steps internally to be prepared for possible dark scenarios.
2. **If COVID-19 cases appear in the country**, intensify communication and advising the key populations, activate full spectrum of protection measures for staff and establish close cooperation with authorities, especially national and local public health authority to advice on necessary steps.
3. **If we find ourselves locked in a quarantine area**, fully respect all necessary advices and make sure that our people are safe, but also offer services other than ordinary actions to support overall efforts of overcoming the critical situation.

As a regional network with a wealth of experience from around the region, we invited member organisations to share experiences, actions and results they achieve. We decided to actively communicate with our member organisations and publish news.

On 2 March 2020, DPNSEE published the [Public appeal to protect vulnerable groups from coronavirus COVID-19](#) in countries of the region to invite them to pay specific attention to vulnerable populations, which may remain invisible in situations when major efforts are needed for an effective response to the crisis. We invited governments to *"ensure that all individuals have the opportunity to remain healthy and educated. Alongside preparedness measures, countries must ensure efforts to achieve a truly inclusive universal health coverage grounded on rights-based laws, policies and procedures by prioritizing and protecting vulnerable groups"*.

The Appeal was translated into [Croatian](#), [Montenegrin](#) and [Serbian](#) and circulated across the region.

On 9 March DPNSSE sent a new letter encouraging member organisations to continue their work and three leaflets we prepared that may be of use when working with key populations and staff:

- Basic protective measures against the new coronavirus
- Basic protective measures against the new coronavirus for drug users and
- Basic protective measures against the new coronavirus for cannabis users

We offered support in translating and publishing the leaflets. Together with our member organisations Prevent and Re Generation, DPNSSE have prepared these [information in Serbian](#). We added *General harm reduction tips for people who use drugs* prepared by INPUD, *Instructions for people who take drugs snorting* and *people who go clubbing* prepared by Crew and *Instructions for sex workers* prepared by BesD. These leaflets were published both electronically and in paper and distributed to organisations across the country. The leaflets were also used in other countries of the region and later translated and published by Juventas and Cazas [in Montenegrin](#).

In Serbia, where the Network is formally registered and contributes to the civil society activities, we initiated a meeting that the Office for Combating Drugs of the Government of Serbia organised with institutions and civil society organisations. The [meeting was held on 13 March](#) with representatives of the Office, Ministry of Health, Special Hospital for Addictions and four civil society organisations.

We joined our member organisation Timok Youth Centre from Serbia in translating and publishing in Serbian the UNODC document [Predlozi u vezi sa lečenjem, negom i rehabilitacijom ljudi, korisnika droga u kontekstu pandemije COVID-19](#) (originally: [Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic](#))" and three infographics on COVID-19 - HIV prevention, treatment, care and support for people who use drugs: [Uloga zajednice](#) (originally: [The role of the communities](#), pdf 612KB), [Saveti za korisnike](#) ([Active tips to share with clients](#), pdf 632KB) and [Saveti za pružaoce usluga](#) ([Advice for service providers](#), pdf 632KB).

Two **Board meetings** were held on-line since the outbreak of the epidemic. At the first meeting held on [26 March](#), the Board members shared information about the situation in their countries. The decision was taken to have voice calls with member organisations by countries to get a better insight into situation, problems and solutions to them. The Board supported installing of the DPNSSE Forum serving exchange between member organisations and invited to share information with our partners in Correlation Network and EHRA.

The **video calls** with member organisations were held in the next two weeks, to discuss with them about:

1. What is the coronavirus situation in your country regarding drug policy (especially how the officials treat our key populations)?
2. What happens with the treatment of the key populations and which are their most important problems
3. What is new with the drug supply and how the people who use drugs are dealing with it?
4. How are your organisations dealing with the situations, your staff and their protection and other problems?

The meeting held on 13 April was scheduled to discuss the current situation related to outbreak of the coronavirus in South East Europe and plan future steps. Based on the information we got through calls with member organisations, the Board concluded that it is time to make some conclusions and decisions about what we can do in the forthcoming period to help member organisations and ensure their sustainability after the crisis.

The Board decided to call an on-line **Conference on protection of vulnerable populations in South East Europe** for Thursday 23 April. Besides our members and other civil society organisations from the region and wider, we shall invite to the conference national drug agencies and health institutions, international organisations partners and donors. The conference would, if possible, be organised in partnership with UNODC, EMCDDA and The Office for Combating Drugs from Croatia (which is currently holding the EU presidency).

The agenda will include two items:

1. Overview of situation with coronavirus among vulnerable populations in South East Europe. For this agenda item, we shall prepare a comprehensive information about the situation and our work.
2. Proposed actions to ensure sustainability of services for key populations during and after the coronavirus epidemic. For this agenda item, we shall propose a draft list of actions and measures to discuss.

DPNSEE provided member organisations from Serbia Duga and Philanthropy with an amount of hygienic material and masks. Philanthropy opened the urgent [shelter for socially vulnerable homeless people](#) in Kragujevac for which we provided some clothes for users. To Duga, who Roma and other various vulnerable populations in the municipality of Šabac, we provided food which was distributed in 122 packages to 251 people.

The Belgrade Centre for Security Policy published a report on criminal activities in the Western Balkans during the COVID-19 outbreak - [Crime in the Western Balkans during the coronavirus - early findings](#). With information we received from our member organisations from around the region, DPNSEE provided significant contribution to the report section that deals with Narcotics, but also general comments and proposals for recommendations.

More about the activities of our member organisations is available from the [news we regularly update at our website](#) and on social media ([Facebook](#), [Instagram](#), [Twitter](#)).

The DPNSEE Office operates regularly, but a bit slower due to restrictions and regulations imposed by the Government of Serbia. Our administration and financial officer, who lives in Pančevo which is 25 km away, works from home.