

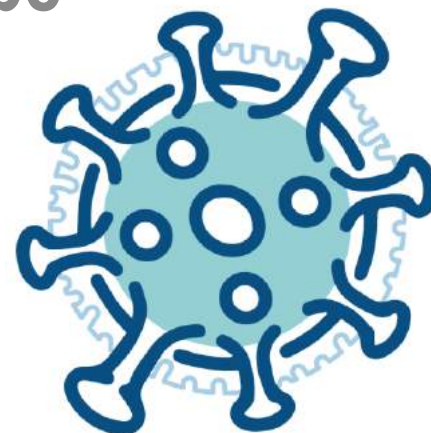


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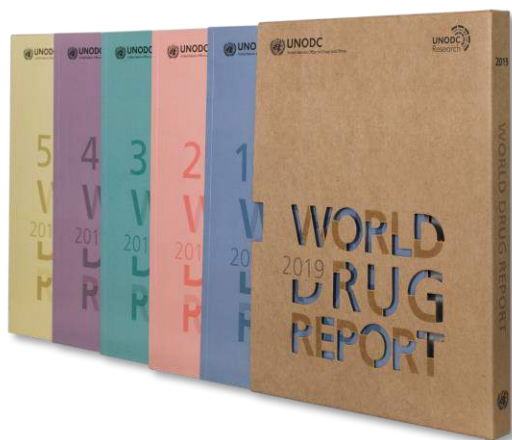
UNODC suggestions on services for people with drug use disorders during #COVID19

Conference on protection of vulnerable
populations in South East Europe





Global situation – drug use



1:7

Access limited

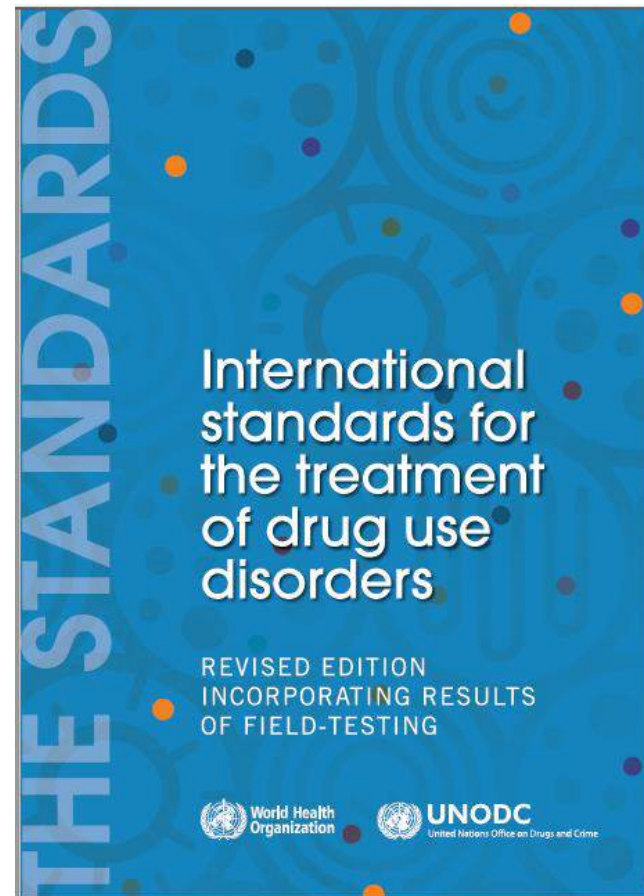
- About **271** million people worldwide (5.5 % of the global population aged 15-64 years) used drugs at least once during 2016 (1:18 persons)
- Some **35** million people who use drugs suffer from drug dependence (13% of people who use drugs)



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International Standards for the Treatment of Drug Use Disorders (2020)





#COVID19 – Increasing challenges for treatment & care services

- Treatment services not everywhere considered as part essential health care - Limited/no access to PPE
- Supply of medications and services for pharmacological treatment of opioid use disorders
- Reduced access/places in residential treatment services
- Unstable internet connection for telemedicine
- PWUD moving to more risky modes of consumption
- Curfews affecting homeless/livelihoods people who use drugs
- People with minor drug related crimes not necessarily included in compassionate prison release/alternative schemes



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SG/SM/20029

31 MARCH 2020

'We Are Only as Strong as the Weakest', Secretary-General Stresses, at Launch of Economic Report on COVID-19 Pandemic

Following are UN Secretary-General António Guterres' remarks at the launch of a report on the socioeconomic impacts of COVID-19, in New York today:



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WHO health system preparedness

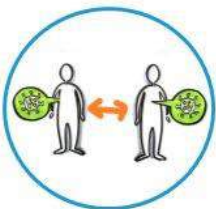
Real-time training for COVID-19
Free online courses from WHO experts



Intro to
COVID-19



Health
and safety



Prevention
and control



Clinical
care



Country
capacitation



Treatment
facilities



Field data
tool

Open**WHO**.org 



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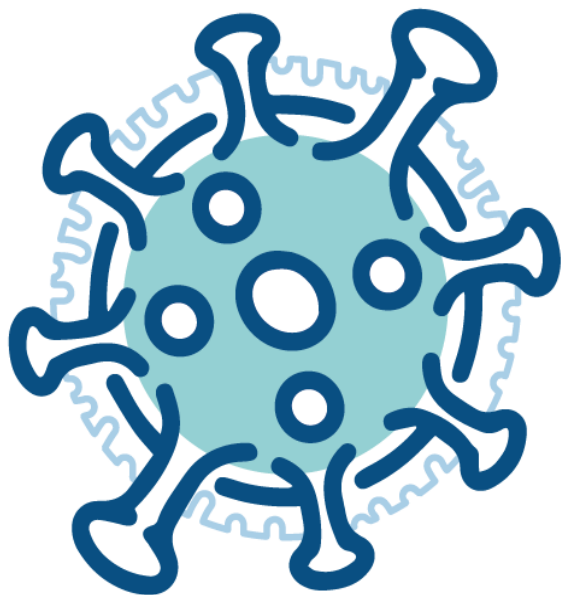
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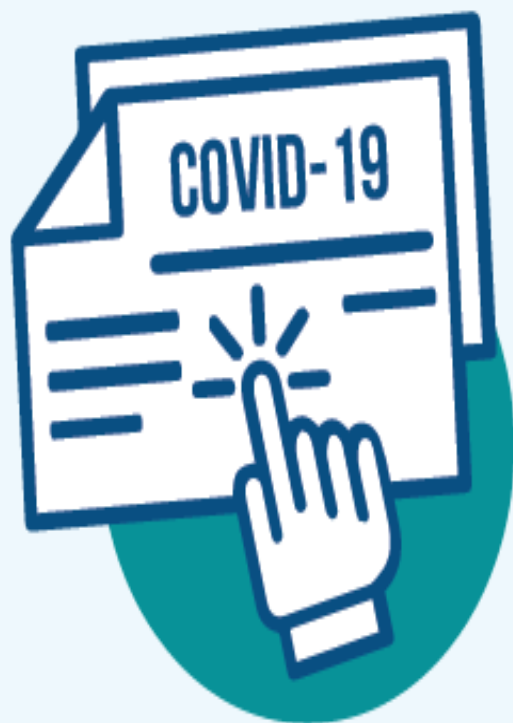
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SUGGESTIONS ABOUT TREATMENT, CARE AND REHABILITATION OF PEOPLE WITH DRUG USE DISORDER IN THE CONTEXT OF THE COVID-19 PANDEMIC

A contribution to the health security of countries and communities



Address continued access to the services

Consider the continued access of people to the services even and especially in times of crisis; prepare service continuation plans, make sure overall recommendations for infectious respiratory diseases are followed and special guidelines for **COVID-19** patients are in place.



Address the safety of the staff and the patients at the services

Consider the need to organize the delivery of services so that the risks associated with close contact with people or any other form of social gathering are minimized; for example, waiting rooms and queues in outpatient settings might need to be reorganized, whilst in residential settings, measures to reduce the spread of the virus amongst people already in treatment, whilst ensuring continuity of care will need to be applied. Train staff, including outreach workers, on **COVID-19** prevention and provide them with protection equipment.



Make sure the premises of the services are clean and hygienic

Refer to WHO guidance including: surfaces and objects wiped with disinfectant regularly; regular and thorough hand-washing by staff and people that visit the services promoted; sanitizing hand rub dispensers are made available in prominent places around the premises; dispensers are regularly refilled; posters promoting hand-washing are displayed; ensuring that that staff and people visiting the services have access to places where they can wash their hands with soap and water.



Continuity of low-threshold services

Distribute naloxone to people likely to witness an opioid overdose including those who use opioids, outreach workers, and first responders for emergency responses to opioid overdose; maximize efforts to distribute clean needles to people who inject drugs to avoid sharing of needles; consider the continuation of peer support even through remote means of communication.



Continuity of psycho-social therapies

If therapies, including group therapy, need or will need to be suspended, consider the possibility of providing contact remotely³ (e.g. by phone or internet)^{4,5} and/or on an individual basis to provide patients with the care and support required.



Provide people with information on and means to protect themselves at every possible occasion

Refer to WHO guidance to provide information to people about how to protect themselves and provide people in contact with the services with basic hygienic necessities to protect themselves from the virus, such as soap². Encourage people not to gather together to the extent possible, highlighting dangers for themselves and others. Brief staff and people in contact with the services that, if **COVID-19** starts spreading in their community, anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home.



Continuity of pharmacological therapy



- Continued access of all medications, including: restocking, providing delivery at home, take-home medication, extended prescriptions, and extended-release formulations.
- Naloxone for those likely to witness an opioid overdose.
- Opioid agonist maintenance therapy with methadone and buprenorphine (including extended release buprenorphine where available): increase the number of patients which are eligible for take-home doses
- If withdrawal is a concern, ensure people have access to supportive medication.
- Consider continued access to symptomatic medications and medication for the treatment of co-occurring disorders.
- For some highly motivated people with opioid use disorders or in places where maintenance treatment with opioid agonists is not available, access to naltrexone for relapse prevention might be an option.



Support homeless people, including people with drug use disorders

Provide shelter keeping in mind social distancing guidance, as possible; distribute safety and hygiene equipment when possible and ensure access to the basic WHO recommended prevention measures.



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Under no condition should a person be denied access to health care based on the fact that they use drugs!

Ensure access to respiratory assistance, including intensive care when required, to people who use drugs and with drug use disorders without discrimination. Consider the fact that people with drug use disorders who are not yet in treatment, might be interested to start in this time of crisis: it is crucial to be ready to provide support as soon as possible. For this purpose, drug treatment centers can establish separate triage services to address **COVID-19** related queries and drug treatment demand without delays.



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COVID-19 HIV Prevention

A photograph showing a person with long dark hair, wearing a green shirt, focused on organizing or dispensing various medical supplies. The supplies include numerous boxes of pills, some labeled 'COVADO', and several small vials. The background is a rustic stone wall. The text 'COVID-19 HIV Prevention, Treatment, Care and Support for People who Use Drugs and People in Prisons' is overlaid on the left side of the image.

COVID-19 HIV Prevention,
Treatment, Care and Support
for People who Use Drugs and
People in Prisons

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>



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COVID-19 HIV Prevention (for people who use drugs)



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COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

COVID-19 is the infectious disease caused by the most recently discovered coronavirus

How does COVID-19 spread?

People can acquire COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.

Other people can then acquire COVID-19 by touching objects or surfaces, then touching their eyes, nose or mouth. People can also acquire COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

The World Health Organisation (WHO) is assessing ongoing research on the ways COVID-19 is spread. For the latest information, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/>.

For many people, COVID-19 infection can be mild and they make a full recovery with minimal intervention. However, it can be much more serious for people with underlying health conditions, and people with weakened immune systems.

What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold.

- Fever
- Cough
- Shortness of breath/difficulty breathing

Providing Comprehensive HIV² Services for and with People who Use Drugs During the COVID-19 Outbreak

THE ROLE OF THE COMMUNITIES IS ESSENTIAL IN ALL RESPONSE MEASURES

01

People who use drugs can be particularly vulnerable to COVID-19 due to underlying health issues, stigma, social marginalisation and higher economic and social vulnerabilities, including a lack of access to housing and health care.

03

The continuity and sustainability of comprehensive HIV, HCV and other low-threshold services for people who use drugs must be ensured during the COVID-19 epidemic.

05

Comprehensive HIV, HCV and other low-threshold services for people who use drugs should establish a safe working environment.

02

People have the right to health even in countries under lockdown or where a state of emergency has been declared. This includes access to life-saving comprehensive HIV harm reduction³ services and programmes.

04

Closing down services will only result in the over-crowding of those that stay open, which will increase transmission risks and impact on service quality.

06

Adequate funding should be made available.

¹ UNODC, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, 2012 revision. (Geneva, WHO, 2012)

UNODC sets out the minimum standards for the provision of HIV prevention, treatment and care for injecting drug users. It is a key reference for the development of national and sub-national policies and programmes. It is also a key reference for the development of national and sub-national policies and programmes. It is also a key reference for the development of national and sub-national policies and programmes.



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COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

Active tips to share with clients



Regularly and thoroughly clean your hands with soap and water or an alcohol based hand rub.

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.



Reduce Risk. Minimize sharing of equipment including all injecting equipment, tourniquets, pipes, bangs, joints and nasal tubes. Use the alcohol swabs on mouthpieces before using and dispose of used equipment.

If you take ARV and/or methadone/buprenorphine, ask your clinic or doctor for **longer take-home doses** and also work with them to make a plan to prevent disruptions to your dose.



Maintain at least 1 metre (3 feet) distance between each other at all times.

Work with your local needle exchange service to **get enough syringes and injecting equipment.**



Avoid touching your eyes, nose and mouth.

Avoid traveling.



Make sure you, and the people around you, **follow good respiratory hygiene.** This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Plan & prepare for overdose. Make sure you have access to **naloxone** and agree with your peers on an **OD plan.**



Follow the directions of your local health authority. Keep up to date on the latest COVID-19 information.

¹ UNODC, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, 2012 revision. (Geneva, WHO, 2012)

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COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

Advice for service providers

Plan ahead

Evaluate the needs and stock up on sterile needles and syringes and all other commodities, over-the-counter medications, and naloxone.

Have a clear **communication strategy.**

Plan for **employee absence.**

Promote the **secondary (peer-to-peer)** distribution of sterile needles and syringes. Plan for **home deliveries** for those on lockdown.

Provide **permits** for outreach workers in line with government requirements to avoid them being subject to fines or imprisonment.

Establish a **safe working environment** in the HIV harm reduction³ services – **avoid overcrowding:**

- ▶ Offer extra supplies to clients, including sterile needles and syringes, other injecting, smoking and snorting paraphernalia, and naloxone.
- ▶ Make sure people with stable clinical conditions are given a possibility of longer Opioid Substitution Therapy (OST) take-home doses.
- ▶ Prepare doses in advance for each client.
- ▶ Schedule the pick-up times to avoid overcrowding the premises.
- ▶ Start implementing OST take-home policy, where it does not already exist.
- ▶ Provide extra refills and doses for clients on HIV/AIDS or other chronic condition medications.
- ▶ Coordinate with other health services to ensure the continuity of health care.

Prevent the spread of COVID-19 in your workplace

Practice Social Distancing. Both staff and clients should keep at least 1 metre (3 feet) distance between each other at all times.

Provide field services maintaining the 1 metre (3 feet) distance between outreach workers and clients, and following hygiene protocols.

Make sure your workplace is clean and hygienic:

- ▶ Surfaces (such as desks and tables) and objects (such as telephones and keyboards) need to be wiped with disinfectant regularly.
- ▶ Promote regular and thorough hand-washing (20 seconds) by employees and clients.
- ▶ Put **sensitizing hand rub dispensers** in prominent places around the workplace, and make sure these dispensers are regularly refilled.
- ▶ **Display posters** promoting hand-washing.
- ▶ Make sure that staff and clients have access to places where they can wash their hands with soap and water.

Promote good respiratory hygiene in the workplace:

- ▶ Display posters promoting respiratory hygiene and coughing etiquette.
- ▶ Where possible, make available face masks and latex gloves for your workers, along with closed bins for hygienically disposing of used equipment.

Brief your employees and clients that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 °C / 99.14 °F or more) needs to stay at home.

Apply the one-on-one principle. Avoid overcrowding of the premises by allowing one client at a time. All staff and client consultations and interactions should be one-on-one.

Go virtual. Medical consultations, psychosocial and mental health services should be moved to virtual or online platforms such as phone and email.

¹ UNODC, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, 2012 revision. (Geneva, WHO, 2012)

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Guidance on prisons and COVID19



POSITION PAPER

COVID-19 preparedness and responses in prisons

31 March 2020

Close to 11 million prisoners worldwide — as well as the officers who are charged with ensuring their safe, secure and humane custody — must not be forgotten during the COVID-19 pandemic. Countries should recognise the particular risks which COVID-19 and the virus that causes it pose to confined populations for which physical distancing is not an option. This is all the more the case in light of the weaker health profile of prison populations. Evidence-based COVID-19 prevention and control measures in prisons are urgently needed and should be implemented in full compliance with United Nations Minimum Standards for the Treatment of Prisoners — in order to protect people in and outside of prison.

However, COVID-19 prevention and control measures alone may prove insufficient for many prison systems plagued by overcrowding and other systemic challenges. Without compromising public safety, COVID-19 preparedness in prisons should therefore also include efforts to reduce the number of new admissions and to accelerate the release of selected categories of prisoners.

The extraordinary risk that COVID-19 posing in prison settings brings back into the spotlight long-standing calls of the United Nations Office on Drugs and Crime and the United Nations at large to address prison overcrowding, to limit imprisonment to a measure of last resort and — where it is necessary — to fully live up to the duty of care which States assume when depriving individuals of their liberty.



Preparedness, prevention and control of COVID-19 in prisons and other places of detention

Interim guidance
15 March 2020



COVID-19 PREVENTION AND CONTROL AMONG PEOPLE LIVING IN PRISON

People in prison should enjoy quality health care that is at least equivalent to that available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

HOW DOES COVID-19 SPREAD?

COVID-19 is a disease that can be passed from one person to another. The disease primarily spreads through small droplets which are produced from the nose or mouth, when a person with COVID-19 coughs, sneezes or talks.

People can become infected with the COVID-19 virus through two main routes:

- by breathing in droplets from a person with COVID-19 who coughs and/or sneezes directly.
- by touching contaminated objects or surfaces and then touching their eyes, nose or mouth.

The World Health Organization (WHO) provides the latest evidence on the ways COVID-19 is spread at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

WHAT ARE THE SYMPTOMS OF COVID-19?

Infection with COVID-19 may take several days to develop. The most common symptoms are similar to the common cold and include fever, dryness and itchy cough. Some people may begin with other symptoms, such as muscle and joint pain, nasal congestion, fatigue, loss of taste, inability to smell or loss of consciousness.

ADVICE FOR PRISONERS

- Participate in information sessions on how to prevent infection and what to do if symptoms develop in yourself or someone else, if available.
- Regularly wash your hands for at least 20 seconds with soap and water.
- Avoid sneezing your eyes, nose and mouth.
- Prevent transmission by coughing and sneezing in your elbow or in a tissue if available; then throw the tissue in a bin with a lid.
- Physically distance yourself from others, if possible, by maintaining at least 1 metre (3 feet) distance at all times.
- Follow preventive hygiene measures by keeping clean and getting as much fresh air as possible, under the overall guidance of the health service.
- Notify staff immediately if you are feeling unwell or notice someone else feeling unwell.
- Continue taking medication for other health conditions, e.g. HIV, TB, HCV, drug dependence, mental health.
- Stay connected. If visits are stopped, request alternatives such as telephone or Skype calls. You always have the right to contact your legal representative.

- Preparedness for prison health services
- Increased consideration for alternatives to conviction or punishment
- Consideration of compassionate and early release schemes



COVID-19 and HIV (UNAIDS)

What people living with HIV need to know about HIV and COVID-19

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19.

As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

We will actively learn more about how HIV and COVID-19 together impact on people living with HIV from scientific and community research, responding to both epidemics. Lessons in rolling out innovations or adapting service delivery to minimize the impact on people living with HIV will be shared and implemented as they become available. Until more is known, people living with HIV—especially those with advanced or poorly controlled HIV disease—should be cautious and pay attention to the prevention measures and response recommendations. It is also important that people living with HIV have robust mental health of their HIV medicines.



Precautions that people living with HIV and key populations should follow to prevent COVID-19 infection

Stay safe

- Clean hands frequently with soap and water for at least 20 seconds or use alcohol-based hand sanitizer (70–80% alcohol).
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue away after use.
- Avoid close contact with anyone who has a fever or cough.
- Stay home when you are ill.
- If you are experiencing less usual and difficult breathing and have recently traveled, or are in an area where COVID-19 is reported, you should seek medical care immediately from your community health services, doctor or local hospital. Before you go to a doctor's office or hospital, call ahead and tell them about your symptoms and recent travel.
- If you are ill, wear a medical mask and stay away from others.



Stay informed

- Know the facts about COVID-19 and about checks and advice from your local health authorities (https://www.who.int/emergencies/diseases/novel-coronavirus-2019).

Be prepared

- You should have a supply of your necessary medicines for at least 10 days or more. The World Health Organization (WHO) treatment guidelines recommend 48 weeks or more of HIV medicines for most people in stable care, although this has not been widely implemented in all countries.
- Know how to contact your doctor or telephone in the event that you need medicines.
- Know how to access treatment and other supports within your community. This treatment can include antiretroviral therapy, laboratory services, and other services, treatment and any other resources for other diseases that you may have.
- For people at risk, including people who use drugs, sex workers, prison and other men who have sex with men, transgender people and people who inject drugs, there are essential needs to prevent HIV infection, such as sterile needles and syringes, and/or opioid substitution therapy, condoms and pre-exposure prophylaxis (PrEP). Adequate supplies of other medications, such as antiretroviral and gender-affirming hormone therapy, should also be ensured.
- Test all our key populations regularly as well as for other infections. Be involved with your local response as early as possible. Consider working with others in your community to persuade health-care providers and businesses to provide health-care products for your essential medicines.
- Discuss with your network of family and friends how to support each other in the event that you lose your medicines or your injection. Make arrangements with your community for food, medicines, care for children or pets, etc.
- Help others in your community and ensure that they also have an adequate supply of essential medicines.
- Check that you know how to reach your local response or your community services in a crisis. Make a plan for lockdown and for social media in lockdown, in the event that public health measures call for people to stay home or to stay in place.



Support yourself and people around you

The outbreak of COVID-19 may cause fear and anxiety—responses to a new and a disease of themselves and to connect with loved ones. People living with HIV at the community level have a role to play in supporting themselves, families and friends.



and to show another with the willingness to support their families and communities in this current crisis. Pay particular attention to your mental health by:

- Avoiding excessive exposure to media coverage of COVID-19. Only read information from trusted sources.
- Taking care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep and, where possible, avoid alcohol and drugs.
- Making time to relax and reminding yourself that negative feelings will fade. Take breaks from working, reading or listening to news stories or can be spending time with loved ones responsibly. Try to do some other activities you enjoy in order to return to your normal life.
- Connecting with others. Share your concerns if you are feeling with a friend or family member.

Stop stigma and know your rights

Stigma and discrimination is a barrier to a fair and effective response to COVID-19. This is a time when more stigma and discrimination can be directed against groups considered to be affected.

- Your workplace, access to health care or services to education for you or your children, may be affected by the COVID-19 outbreak. If social distancing measures are in place in your community, find out your rights and ensure the business your community are prepared.

Treatment of COVID-19

- Treatment of COVID-19 is under active research and several unproven drugs and medicines are being tested. It is important to understand what evidence is available and ensure that any treatment used is based on the best available evidence. For testing COVID-19, a range of possible treatments are also being tested in well-designed clinical trials. Some of these trials are underway, it is too early to say whether any medicines or medicines or other medicines are effective in treating COVID-19. A recent clinical trial showed that there was no substantial benefit of taking hydroxychloroquine for COVID-19.



UNAIDS 2020

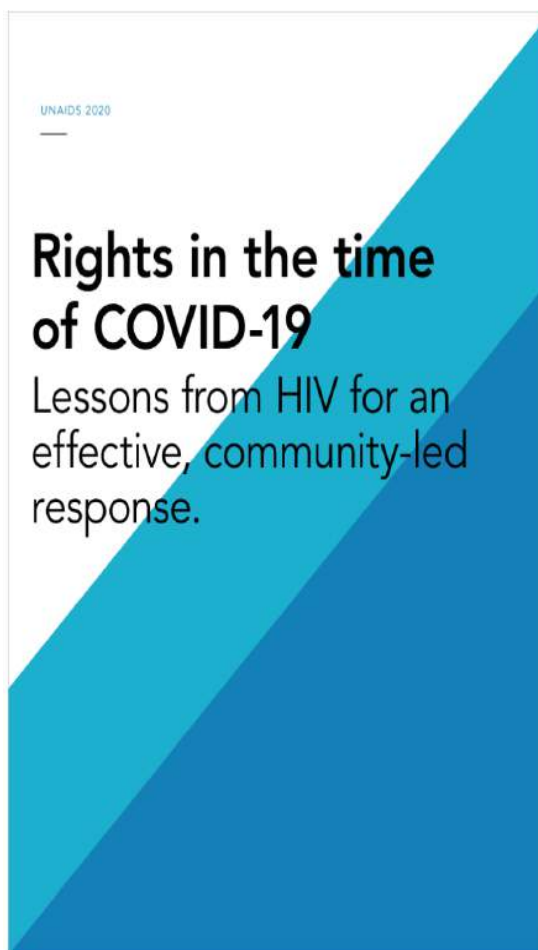
Rights in the time of COVID-19

Lessons from HIV for an effective, community-led response.

What people living with HIV need to know about HIV and COVID-19



COVID-19 and HIV (UNAIDS)



1. Engage affected communities from the beginning in ALL response measures
2. Combat all forms of stigma and discrimination
3. Ensure access to free or affordable screening, testing and care for the most vulnerable and hard to reach.
4. Remove barriers to people protecting their own health and that of their communities
5. Restrictions to protect public health must be of limited duration, proportionate, necessary and evidence-based and reviewable by a court
6. Countries must work to support each other to ensure no country is left behind, sharing information, knowledge, resources and technical expertise.
7. Support and protect health care workers. Be kind to each other.



#Leaving no one behind

The Sustainable Development Goals



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