



**Social, mental and economic consequences of the coronavirus pandemic to the vulnerable populations in SEE: Do we know them and how to recognise and respond to them?**

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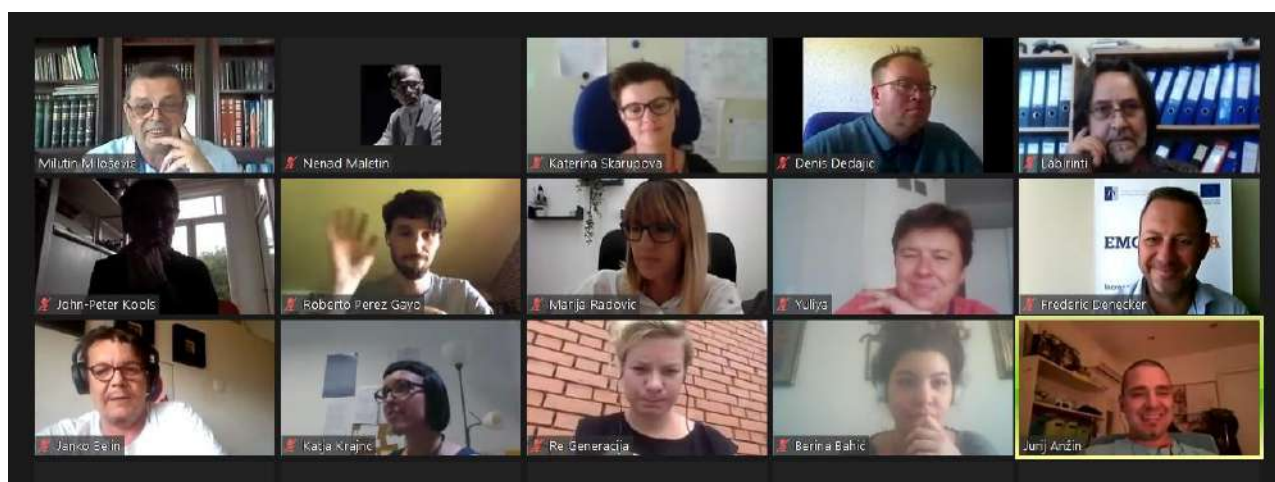
## Minutes from the Conference

The on-line **Social, mental and economic consequences of the coronavirus pandemic to the vulnerable populations in SEE: Do we know them and how to recognise and respond to them?** was held via Zoom on Thursday 17 July 2020 starting at 14:00 CET (15:00 EEST).

The aim of the Conference was to discuss the consequences of the coronavirus epidemic on key populations in South East Europe.

The Conference was held with support of the **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** and **Correlation - Harm Reduction Network**.

Besides DPNSEE member organisations and other civil society organisations from the region and wider, national drug agencies and health institutions, international organisations partners and donors were invited. In total, 39 participants joined the Conference.



At the start of the Conference, Milutin Milošević, the DPNSEE Executive Director who moderated the Conference, welcomed participants and gave brief explanation about how the Zoom operates.



**Denis Dedajić**, the DPNSEE Vice-President welcomed all participants at the Conference and thanked EMCDDA and Correlation for supporting it. He made a brief overview of recent DPNSEE activities, especially previously organised Conference on protection of vulnerable populations in South East Europe, held on 23 April 2020. He reminded that the aim of the Conference is to discuss the consequences of the coronavirus epidemic on key populations in South East Europe.

The Conference had two **external inputs**.

**Kateřina Škařupová**, PhD, Scientific analyst on health at the IPA project, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the **Initial results of the study on Impact of COVID-19 on people who use drugs and drug services in the Western Balkans**.

Kateřina thanked DPNSEE for organising the Conference but also for helping EMCDDA reaching civil society organisations in the Western Balkan and inviting them to participate in the survey and all the work DPNSEE have been doing during the pandemic.

She underlined that EMCDDA is doing the research in three slices and that she will present the preliminary results of the first on Drug services. The EMCDDA developed the **Trendspotter** methodology to help them to overcome the limitations of their usual data sources. The research is being conducted with partners: Instrument for Pre-Accession Assistance ([IPA 7](#)) and 6 partners of Western Balkans - potential candidates and candidates to join the European Union. Normally, the whole research process lasts for six to eight months, but due to the new situation with COVID-19 it will take six to eight weeks and be done on-line. In addition, it includes a qualitative, human component involving drug users, experts and practitioners. DPNSEE was very instrumental in helping EMCDDA to reach the experts and provide a lot of useful information.

Kateřina emphasized that this method is a huge opportunity to complement national data by other sources of information and to create stable network of the EMCDDA collaborators in the region who would contribute to future studies. The EMCDDA would also provide training in trendspotter methodology and create an accessible regional team.

The method was already implemented in EU member countries and two reports, the first one on services, are available at the EMCDDA webpage.



The key messages that Kateřina presented were:

- Problems are related with restrictions, rather than virus
- Reduced availability/access to services during the shock phase was observed and the situation is far from going back to normal
- Enormous efforts was noted to adapt to the new situation, both from the people on the ground and the wider international community;
- COVID-19 exposed fragility of the some aspects of care in the region



The main change in the service provision is that everybody had to adapt to the new situation. Some types of services were discontinued, those that were not related to emergency and included prolonged contact with users, or were provided in settings that turned into venues for treating COVID patients: outpatient counselling and psychosocial treatment, primary health care settings, hospital based treatment, etc. In some countries, drop-in centres had to close because of the governmental orders or lack of protective material. Clients had more difficulties to access the treatments and admission of new clients was suspended. Harm reduction staff worked in a very restricted regime with reduced hours or days of operation, increased risk of infection, moving activities outdoors or to a virtual environment.

The new challenges were security and safety measures, new clients and clients with new problems, stigmatization and access to care, decrease in help seeking and Increase in OST patients.

Kateřina presented some data about people starting drug treatment in 2020 in Bosnia Herzegovina and Kosovo and people receiving drug treatment in Albania.

A lot of good things happened during the epidemic. Many harm reduction and treatment centres adopted safety and security measures and many of them moved services on-line or telephone. There were changes in providing OST, first of all relaxation of take home medicine so that clients could take doses for up to two weeks but also decentralised distribution. Unfortunately, there were no relaxation on new admissions. in the changes in OST appear to be only temporary. Harm reduction facilities in Bosnia Herzegovina involved peer workers to reach their target populations. New services were provision of food and hygienic services, COVID testing and purchasing medicines. There have been a lot of new guidelines coming from the international, national and organization level.

Regional specifics are that Roma community/minority was mentioned in many reports as the group that had problems to follow the safety measures and requested treatment, the treatment is not well embedded in the health system, harm reduction and OST relay on international support and donors, they were fragile even before the epidemic and now the fragility even increased and that the crisis an opportunity to grow but it will be difficult if we don't come up with a lot of innovations that will be sustainable.

She announced that the next steps will be finalising the briefing of the study on services, highlighting the best practices in the region (she invited participants to send short texts or photos on introduction of new telemedicine), analysing impact on drug use and patterns and drug-related harms and also impact on drug markets and crime. EMCDDA will continue creating the Trendspotter Network and collecting regular updates. Next year, the European Web Survey on Drugs will be performed in all the six beneficiaries which will include a module on drug users' perspective and experiences on COVID infection.

Kateřina invited those who would like to take part in the expert survey to access it following this link <https://ec.europa.eu/eusurvey/runner/Covid-19-IPA7-health>. She offered help in investigations or designing surveys which DPNSEE would like to design.

Kateřina's presentation is available [following this link>>>](#).

Thanking Kateřina for the presentation, Milutin commented that during the IPA-7 project implemented by the EMCDDA a full attention was given to the information provided by the civil society organisations from the region. This is a very good move because EMCDDA was relaying only on information coming from the authorities and on various occasions we realised that these information don't fully reflect the situation.

**Roberto Perez Gayo**, Project Officer at the **Correlation - Harm Reduction Network**, presented results of the harm reduction response to the epidemic in Europe.



Like Kateřina said about EMCDDA, Roberto said that Correlation is collecting a lot of data and information and expect that there will be a lot of them in the coming months. Some of the documents and methods they use can be of inspiration for DPNSEE to use in our efforts to document and estimate consequences of the coronavirus epidemics in the region of South East Europe.

He briefly presented Correlation as a civil society network in the field of drug use, harm reduction and social inclusion. They organise work around four pillars: networking, monitoring (data collection from the point of the civil society), capacity building and advocacy; and in three areas: drug use and Hepatitis C, overdose prevention and new drugs and new patterns of consumption.

Under the banner "Harm reduction must go on" the network was organising various activities since the outbreak of the epidemic. That included statements, development of a resource centre with data, tools that have been developed, examples of successful actions of organisations, their models of work and adaptations. Correlation also organised a series of webinars which were proven as a successful tool. They allowed for creating focus groups which produced some sparkling ideas. The first one was organised together with INPUD and EMCDDA, and then new two were thematic on drug consumption rooms and outreach services.

## HARM REDUCTION MUST GO ON

Position of European Harm Reduction  
Networks on COVID-19

He presented the project "Nobody left outside" in which Correlation participates for a few years already. It developed in a thematic group of the European Union, with organisations representing marginalised communities from around Europe. During the pandemic, the group have provided community data to the WHO European Officer for Investment for Health and Development. As the invitation for the Conference promotes inter-sectional approach, he shared their methodology they used which focus on social determinants of health and the relationship between health inequities and conditions that are essential to live a healthy life. Vulnerability is not a characteristic of specific groups, but rather a set of conditions which are produced and reproduced. It becomes usual to classify marginalised communities and vulnerable. This brings another layer on them which is based on stigmatising.

They developed a big matrix presenting examples of marginalization factors for these groups: homelessness, undocumented status, sex work, drug use, LGBTI and imprisonment. Having this large matrix, they are able to develop a set of recommendations on certain topics. The matrix will soon be published in a comprehensive report.

Another action they are working on is the civil society monitoring. They started last year with the support of focal points in European countries and articulated with the support of EMCDDA. In now includes a whole section related to coronavirus based on good experience from France. The tool is available at the Correlation website and Roberto invited participants to use it to send data and information.

Based on the methodology, he drew a few conclusions: intersectionality of the effective, multidimensional and collective response to the effects of COVID-19; politics of data collection - are data neutral or can be (mis)used; civil society point of view - support communities to collect data and establish their own indicators; and cooperation - potential for new partnerships, exchanges and methodologies.

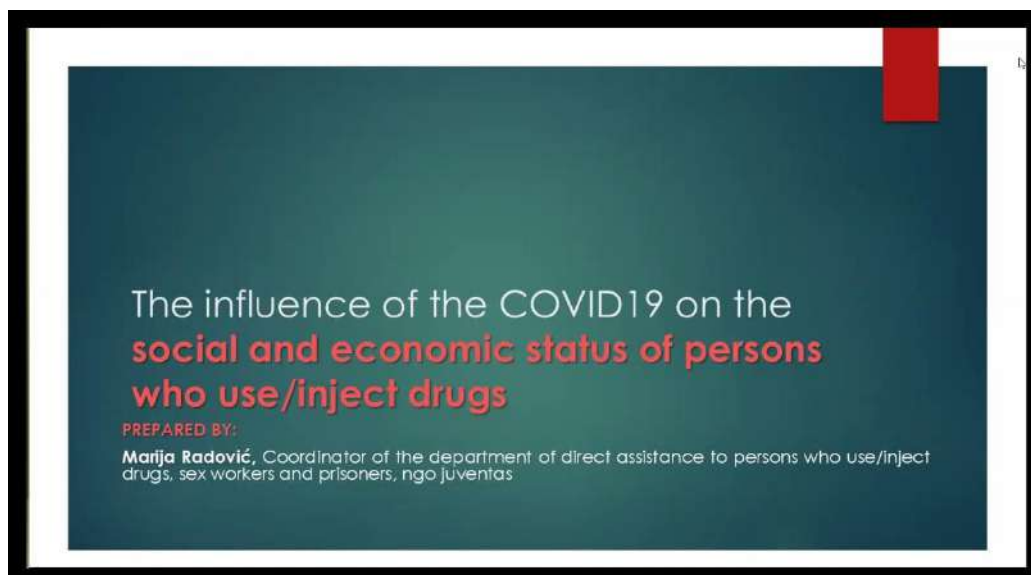
From a point of view of harm reduction, it is very important to ensure continuity and sustainability of services, provide adequate funding for harm reduction services, acknowledge its important and critical roles, continue developing specific guidelines and regulations and ensure that the impact of policies is properly understood.



Roberto's presentation is available [following this link>>>](#).

Referring to Roberto's comment on the need for cooperation between different actors coming from different backgrounds, Milutin underlined that one of the key reasons for the Conference is that there are a variety of methods of collecting data and that DPNSEE don't intend to invent something completely new but try to use all good examples and use indicators that are already available and structure them in a good order.

Milutin informed participants that there will be a few interventions from the region which are already prepared for presentation. He invited first **Marija Radović**, Coordinator of the department of direct assistance to people who use/inject drugs, sex workers and prisoners at Juventas, Montenegro who presented **The influence of the COVID19 on the social and economic status of persons who use/inject drugs in Montenegro**.



Marija informed participants that Juventas continued to provide services to all the vulnerable communities in partnership with NGOs "Queer Montenegro", Montenegrin Harm Reduction Network LINK, Trans/Gender Variant persons' Association "Spectra" and LBTQ Women's Association "Stana".

The challenges that the communities of persons who use/inject drugs, sex workers and ex-prisoners encountered included loss of jobs, the inability to maintain economic independence, increased risk of homelessness, mental health endangered or worsening due to social isolation and no contact with the loved ones, increased risk of contracting corona virus due to other infections and conditions such as HIV, hepatitis B and C and increased risk of domestic violence incidence rise. In addition, with the COVID 19 crisis emerged all the inequalities and social injustices. Those who are at the margins of society, the homeless, the poor, those without access to health care services, face extra difficulties and have to make difficult choices between their health and feeding their families. They continue to live with discrimination and exclusion on both individual as well as institutional level.

To address these new challenges, Juventas has closed their offices temporarily but their drop-in centres in Podgorica remained open for drug users and sex workers. In addition, they have taken the following actions:

- Distribution and exchange of safe injection equipment (syringes, needles, cookers, medical alcohol, elastic tourniquets, etc.) in drop-in centres and during outreach
- Distribution of free condoms and lubricants in drop-in centres and during outreach
- Service of washing and drying of laundry and garments (on a regular basis, but now even more so as a part of measures preventing the spread of Corona virus)
- Online and phone counselling with outreach and expert workers (doctor, psychologist, social worker)
- Delivering food packages for the ones most economically challenged (once per week, quantity for 7 days) with the written approval of the National Coordinating Mechanism for Communicable Diseases.

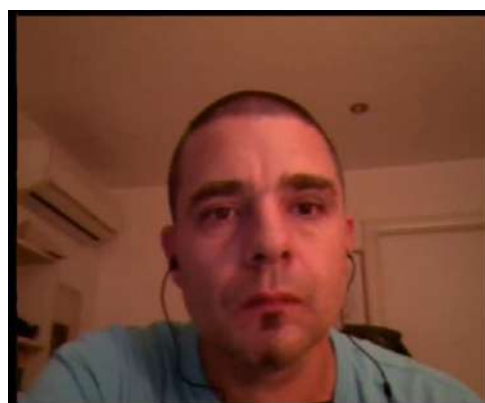
In addition, they plan to:

- Work on the motivation of our clients to have safe injecting practices in mind no matter what. (Certain cases of complete neglect of ones' injecting practices show the so called COVID19 related „caution fatigue“ in the population of persons who use/inject drugs)
- Deal with our clients on an individual basis and take specific steps in cooperation with them
- Ensure sustainability of services
- Expand services for the same to be completely in line with needs
- Draw public attention to the importance of our programs and services so that the decision makers are not neglecting the consequences the pandemic has on our clients who are now even more endangered

Marija's presentation is available [following this link>>>](#).

**Jurij Anžin**, President of the Alliance of Non Governmental Organisations for Drugs and Addictions and **Katja Krajnc**, Social worker, Association Stigma, presented the situation in Slovenia.

Jurij, who comes from the Slovenian Association for Mental Health **Šent**, established to aid individuals with mental health issues and other groups such as homeless people who use drugs. He works in a sub-programme on psycho-social rehabilitation which is essentially a shelter for homeless people who use drugs. He apologised for not preparing a detailed presentation due to short notice, but he gave some quick observations primarily on mental consequences for their users during the coronavirus pandemic.



Throughout the lockdown, the Alliance organisations remained open services like low threshold accommodation (shelter) with additional hygienic protocols and distribution of basic materials. These programmes were even extended in Ljubljana.

The mental consequences they observed on people who use drugs and other connected populations included: *loneliness*, where being alone and feeling alone are two differences; *weak social networks* which was common among people with mental health issues; *fear of the unknown*, which was another driver for increase of anxiety among users of their services; and *need for social contacts*, which was the primary need of the users.

He concluded his contribution pointing that from this situation we can learn that the pivotal lesson lies in the word *crisis* itself. For the ancient Greeks, it meant a turning point, a decisive moment - essentially to make up your mind. This situation could be seen as a call for new adaptations to the new circumstances. We must accept that the changes are truly inevitable. If we lose the old way of thinking it is some kind of healthy despair.



**Katja** informed that although they had to close their premises following the governmental instructions, they decided to stay in the day centres and provide needle and syringes exchange at the entrance door. They have helped users around their social benefits, documents and other services. They understood that they are a very important social network for many drug users. Their safe house for women who use drugs was open all the time and provided the usual services, including substitution therapy for those

who couldn't have reached the healthcare centres because the public transport was cancelled.

Neighbours caused some problems reporting their work to police and health inspection claiming that they shouldn't be open. These problems were resolved in a positive way.

The biggest problem for the people who use drugs was that most of the health services were not available. There were no possibility to enter the opioid substitution therapy in Ljubljana. It was available only to those who have already been on that programme.

They maintained the drug testing programme aiming to know about the quality of drugs at the market. They learned that despite all restrictions the quality was quite high.

Quite big problem in Slovenia is use of benzodiazepines, but they observed that some people stopped using them during the lockdown.

Cooperation between other NGOs and some social and health organisations was very good. There were joint efforts to find the best solutions in the worse scenarios. We learned from each other. The dialogue is established with authorities about improving services in the future to stay focused on problems.

Milutin thanked Slovenian colleagues for their quality contribution and invited **Yuliya Georgieva**, the chairperson of the Centre for Humane Policy, a harm reduction organisation from Bulgaria, to present the situation in the country.

Yuliya pointed out that she thinks that worst things in Bulgaria haven't happened because of COVID-19. She presented some consequences of the lockdown, but underlined that it is much more important to mention what happens with harm reduction in Bulgaria in general.



During the lockdown, the OST programmes found a way to work. Some of them distributed methadone for longer period of time. The Government haven't had any specific service for people who use drugs. All the shelters were closed as well as all needle and syringe exchange programmes (for a month and a half). The drop in centre Pink house in Sofia, for which the Centre is responsible, closed for only two weeks and then re-opened to distribute food which was provided by colleagues from Caritas. The food is distributed every working day as well as condoms, masks, gloves and other protective material. The Centre also offers washing and drying services, counselling, case management, HIV, HepC and syphilis tests, again with the support of Caritas mobile unit. The new services they offer now are HepC treatment and COVID testing.

The Pink house is funded only through private donations - there is no funding from the state or municipality.

The side effect of the lockdown is that the public tender for the needle and syringe exchange programme of the Ministry of Health was not opened at all. As a consequence, the oldest, biggest, and most experienced harm reduction organisation Initiative for Health Foundation closed on 1 July 2020. The other one that still somehow operates in Burgas.

The situation with harm reduction in Bulgaria now is worse than ever. In addition, there is the political crisis in the country with resignation of the Prime Minister. This, in connection with the situation around COVID, means that the public call is far from being opened.

Milutin thanked Yuliya for the input and informed that the list of pre-arranged speakers came to the end and invited participants to join the discussion.

He also informed participants that during the Conference, Miloš Stojanović, Regional Project Manager at UNODC, Head of Programme Office in Serbia, shared recent reports published by UNODC related to the impact of COVID-19 for reference and possible use:

- [Covid-19 and drug supply chain](#)
- [How COVID-19 restrictions and the economic consequences are likely to impact migrant smuggling and cross-border trafficking in persons to Europe and North America](#)
- [The impact of COVID-19 on organized crime](#)
- [COVID-19-related Trafficking of Medical Products as a Threat to Public Health](#)

Also, Frédéric Denecker, Principal programme management officer at the EMCDDA Reitox and external partners unit and Coordinator of the IPA7 Project shared the link to the current EMCDDA briefings and other reports on the same theme - <https://www.emcdda.europa.eu/topics/covid-19>.

As there were no discussions, in the closing remarks, **Denis Dedajić**, DPNSEE Vice-President thanked all for participation, especially to the keynote speakers Kateřina and Roberto and colleagues from the region who presented situation in their countries. He reminded that we saw the preliminary results of the EMCDDA survey which present the view on the situation in six West Balkans countries, we heard Correlation's approach to collecting data from the point of view of civil society which can be of use in establishing our indicators and method of collecting them and that our colleagues gave us a very realistic view on the situation in their countries and efforts they made to provide services needed.

Denis announced that DPNSEE plans to hold two additional conferences soon:

- Donor conference, planned for 29 July. Results of this Conference will be used to prepare the Donors conference. The aim of this Conference to present the needs and potential projects on two selected issues and invite donors to have them in mind when designing their budgets. We plan to involve or invite several other donors or potential international, regional and national partners including EU DG Near, Central European Initiative, Regional Cooperation Council, West Balkans Fund, Regional Youth Cooperation Office, UN agencies, etc.
- Conference/webinar on the use of drug policy evaluations, together with the Trimbos Institute, planned for the end of September. In this event we will elaborate on how drug evaluations work, how they can support policy making, including opportunities for civil society involvement. The webinar will have presentations from various European countries including countries which have recently conducted drug policy evaluations, some of them from the South Eastern European region. It will also describe the possibility of having online evaluations, which is very useful in the current times of travel/meeting restrictions.

Following the closing remarks, the moderator closed the Conference at 15:55.



Conference



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