



Conference on protection of vulnerable populations in South East Europe



Conference on protection of vulnerable populations in South East Europe

23 April 2020

Graphic design

Milica Kamalian

Drug Policy Network South East Europe

Pregrevica 35, 11080 Zemun, Serbia

www.dpnsee.org

office@dpnsee.org

© Sva prava zadržana. Ni jedan deo ovog dokumenta ne može biti reprodukovan u bilo kom vidu i putem bilo kog medija, u delovima ili celini bez saglasnosti, osim u neprofitne svrhe uz navođenje izvora.

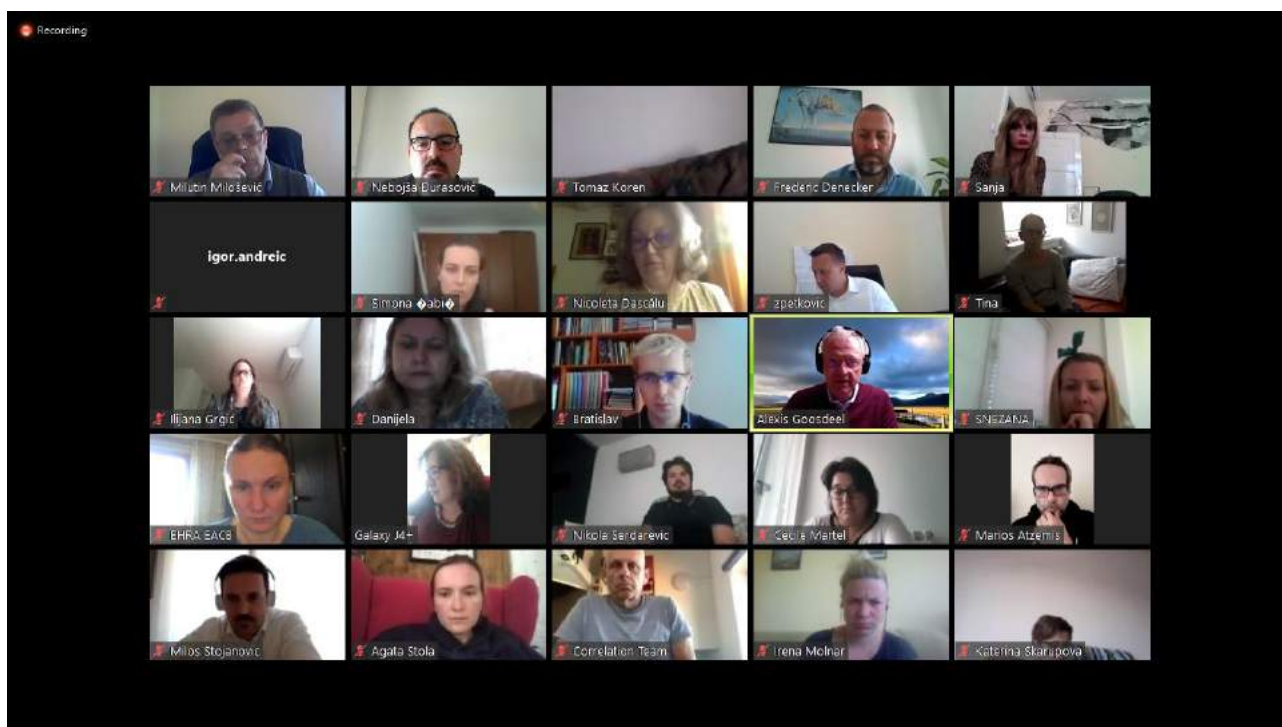
Minutes from the Conference

The on-line **Conference on protection of vulnerable populations in South East Europe** was held via Zoom on Thursday 23 April 2020 starting at 14:00 CET (15:00 EEST).

The aim of the Conference is to contribute to ensuring the sustainability of services for key populations during and after the coronavirus epidemic.

The Conference was held with support of the **Service for Combatting Drug Abuse** at the Croatian Institute for Public Health and the United Nations Office on Drugs and Crime - **UNODC Programme Office in Serbia**.

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, 59 participants joined the Conference. Several invitees apologised due to other events they participated in.



The **Agenda** included two items:

1. Overview of situation with coronavirus among vulnerable populations in South East Europe.
2. Proposed actions to ensure sustainability of services for key populations during and after the coronavirus epidemic.

The **background documents** for the Conference included:

- *Overview of the situation with coronavirus COVID-19 in SEE, with two annexes:*
- *Annex 1 - Information received from countries of South East Europe during conference calls*
- *Annex 2 - DPNSEE activities during the coronavirus outbreak*
- *Draft list of actions and measures to ensure sustainability of services for key populations during and after the coronavirus epidemic.*

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.

Agenda point 1

Overview of situation with coronavirus among vulnerable populations in South East Europe

Nebojša Đurasović, the DPNSEE President, introduced the topic presenting some important point from the background documents. He underlined that COVID-19 has a devastating effect on general population as well as on people who use drugs and other connected vulnerable populations. DPNSEE reacted early, inviting them to prepare for the coronavirus outbreak with brief instructions, publishing the Public appeal to protect vulnerable groups from coronavirus COVID-19, sharing and translating instructions and advice on coronavirus and keeping contacts with our member organisations and international partners. In general, key populations are side-lined and not enough covered by health care except OST, but we earned that situation is under control except in Albania, Bosnia Herzegovina, Bulgaria and Romania.



Alexis Goosdeel, Director, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) congratulated DPNSEE for organising the Conference and send his greetings to all participants. He expressed solidarity to colleagues from Croatia who were recently hit by an earthquake. EMCDDA is very interested in the information presented before and during the Conference and several other officer beside him joined. As the EMCDDA Director, it is important for him to show that treatment and services provided to drug users, including harm reduction interventions, should have priority everywhere in Europe. We are aware that it is not the case in most of the countries and that services even don't have protective equipment.

EMCDDA developed the initiative and resource webpage and other activities and projects are in-going. They are committed to support all the countries from South East Europe, working with both civil society and national institutions, also through an IPA-7 project, being scientifically objective and neutral and fully committed to be useful to practitioners on the field and drug users. EMCDDA has partnership with the European Centre for Disease Prevention and Control (ECDC), who has the lead in the follow-up and the management of the epidemic, on initiatives they could jointly take to insist that even during the COVID-19 epidemic vulnerable populations, not only people who use drugs but also homeless people, in some case migrants, people who are engaged in prostitution and some who cumulate many of those risks, should receive the same attention and same level of priority. He wished a very good meeting to all participants.

Nicoleta Dascalu, ARAS, Bucharest, Romania expressed her opinion that the Conference is a good opportunity to share information but also to find long-term solutions because, as many specialists said "this is just a beginning".



ARAS had big challenges. First was continuation of harm reduction services, mainly in Ferentari - the ghetto of Bucharest where now it is forbidden for them to enter because of the state of emergency (and people can't leave that neighbourhood because of the regulations), while the second was that the vulnerability of their beneficiaries have now even multiplied by the epidemics. They tried and managed to find some solutions to the situation. Another challenge is return of our citizens - many of them work abroad and also many came home for Easter. Several of them wanted to enter methadone treatment, either because they were drug users in the country they currently work or they have already been there at the methadone treatment and wanted to continue it. Unfortunately, for the moment this is impossible in Romania because private centres have no slots or substance available (ARAS have no additional supply but those planned for their regular users) while the public centres also claim that they can't accept any new clients. So, we have these people somewhere on streets probably trying to buy methadone on the black market or starting to use drugs again. They thought of syringes distribution machines as a solution to the problems. They are not available in Romania and there were some attempts to buy them internationally or get some of local distributors to adapt similar machines for food and drinks distribution. ARAS intend to put a pressure on the National anti-drug agency to purchase such machine, at least for the ghetto. They also think that it is a very important moment for cooperation among NGOs working in the field, but also between NGOs and public institutions. In Romania, they need to partner more with social and health public institutions. The drug issue is a complex problem and none has the best solution to it.

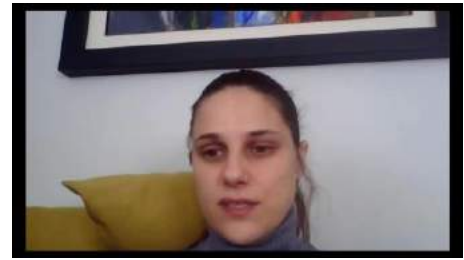


Vlatko Dekov, HOPS, Skopje, informed that in North Macedonia there are no cases of coronavirus infection among people who use drugs, NGO and other staff who provide services to them. That is the proof that prevention from COVID-19 was done in a good way. All the services in the country operate, they are available, mostly on-line or by phone. Needle and syringe exchange is being provided in all cities through outreach service. Usually, distribution (including other materials) is arranged in advance by phone.

All these programmes are financed by the Ministry of Health. As there are information every day that there are some cuts of the budget, they have a fear that the Ministry will cut some of the grants allocated for these programs. That haven't happened so far and two weeks ago they received from the Ministry the instalment for the first three months. They have a good cooperation with the Ministry and hope that there will be no problems for the next quarter's payment.

Another important point for HOPS is that they have a very good cooperation with the Open Society Foundation in the country. They allocated grant for food and hygienic materials for Roma families, including drug users and sex workers. Last two weeks their outreach team visited some most vulnerable Roma families and gave them these materials. Another thing that may be important for all is availability of the drugs. We just notices that prices of some drugs are increasing. Price of cannabis, for instance, increased for more than 80%. Today police seized more than 1.000 kilograms of cannabis in Skopje which may influence the price. All treatment programs in the country work properly. Clients get their methadone or buprenorphine therapy for one or two weeks. New clients have to come and pick it every day.

Ivana Vujović, Juventas, Podgorica, thinks that the epidemic is under control in Montenegro and the Government have relaxed the measures hoping that the situation will fully be normalised in the next 45 days. Government also invited to start working in offices from 4 May. That means that their drop-in centre and outreach service will re-start working in usual way. But we can say that we are still in the crisis and faced with two challenges. One is the lockdown, and the other is sustainability of the services as we are again in the phase of not being fully sustainable not knowing if and when grants for NGOs will be fully available this year. We have signed the contract with the Government for the Global Fund supported project. Unfortunately, the contract should have been signed in January and now is April - and we have already implemented the project.



There are two good things. One is the funding from the Open Society Foundations, which is now signed as an overdraft of the bridging fund and the second that the potential grant from the Government may be used for the activities already implemented. She shared this information because she started being worried because of the situation. The measures which included small amount of time available to people to be outdoor and restriction of travel between cities, forced them to adjust their work.

Both organisations providing harm reduction services were working. Drop in centres are operating but services are not provided indoor. Outreach is implemented in Podgorica and other cities where they worked before the crisis and a lot of work is done on-line and by phone. Actually, they had much more contact with people in need than in regular times. From the beginning of crisis they understood that it is extremely important to start distributing food. So now they provide food to 50 clients, mostly those who were already in the harm reduction program. They also cover needs of the people from the LGBTI community and sex workers. Their staff is at disposal to different governmental services. That includes operating the SOS helpline for children and young people who need psychological support. The situation at the drug market is similar as around the region. Price of cannabis have raised but not of cocaine and heroin. There are no new drugs, at least among their clients but use of prescribed drugs and alcohol are in raise. They were afraid of potential cases of overdose but that didn't happen although they were involved in few cases of prevention of overdose of their clients. There is no naloxone in the country any more (and it is not legal). OST is organised so that clients come once a week, but they have to come to Podgorica accompanied by one adult person. But, ignition to the treatment is not possible during the crisis. The same goes for anyone who want to start recovery. They are afraid that after the crisis is over, their clients will be faced with a severe economic crisis.

Neda Makević, Office for Combating Drugs of the Government of the Republic of Serbia excused Mr Milan Pekić, the Director of the Office, who is not present due to health reasons. She presented updated data about the number of infected, cured and those who died of COVID-19. Currently, there are no data about the key populations, but they expect to have them in coming months. Special hospitals and methadone centres haven't had problems with the coronavirus and work continuously. The Office responded to the first information about the spread of the virus in Serbia. On 13 March they organised a meeting with relevant state institutions (Ministry of Health, Special hospital for addictions) and representatives of NGOs.

The Office invited 15 organisations with whom the Memorandum of Understanding was signed to send information about the number of clients they service and list of resources required for their adequate protection. After acquiring the information, the Office prepared an aggregate list of the needs (masks, gloves, sterilisers) and send it to the Ministry of Social Affairs. Their response is still pending. The Office got a contingent of masks and protective materials from other sources and distributed it around the country. The Office is very satisfied with the cooperation with civil society organisations and hope to continue in that way.



Marios Atzemis, Positive Voice, Athens, Greece, DPNSEE Board member also presented the latest data from his country. The opioid substitution treatment has not been interrupted. They are giving away much larger quantities of take-home methadone and buprenorphine. Medications for two months are sent home for people who live with HIV to reduce their travel to hospitals and being exposed to various threats because HIV clinics in Greece treat people with multiple diseases. Another good thing is that yesterday, for the first time in history, a guest house for homeless people, including drug users, was opened in the centre of Athens. It can host up to 140 people. It is the result of the initiative of the Mayor of Athens and a lot of NGOs including the Greek users union - the peer network of substance users.

This is a remarkable result because they were struggling for years to open a shelter for drug users and now, in the middle of the epidemic, all the bureaucracy was put away and the initiative was materialised. Drug users are the most vulnerable part of the community in Greece. Needle exchange programme and drop in centres, run by the state, were operating constantly. But, the state structures stopped for a while the street work. A group of NGOs, including Positive Voice, multiplied their street work activities. They are on streets now three times a week, at night, and besides distributing sterile equipment they give away food and water and inform users about the directions for protection and safer use of substances. The INPUD advice was translated to Greek and distributed by local users association. Considering a wider picture, Greece, for the time being, has surprisingly well managed situation with vulnerable populations. The prices at the drug market have not been changed but problem is their availability. This was always had at the streets of Athens and now it is even worse.

Nevenka Mardešić, Help, Split, Croatia informed that because the Government imposed limitations to moving, they had to find a way to continue the work. The only activity that stopped it testing on HIV and Hepatitis. Everything else continued and even they prepared a wider offer to their clients like distributing a huge amount of protective masks and gloves they obtained from other NGO and one entrepreneur. An interesting thing in Croatia is the initiative of drug users to help our work on distributing sterile equipment. They offered to open self-service spots around the city and the county which they manage themselves. Even drug dealers were involved. This also helped us to be in almost daily contact with drug users. They are responsible for certain spots and they inform if they have any need for certain material. This contributes to respect limitations for contacts and time of service of outreach workers. The system works very well and everyone is satisfied.



Users showed high empathy, not only for each other but also for association's staff. They think that the staff should be protected even more than other people in Croatia.

Denis Dedajić, Margina, Bosnia Herzegovina, DPNSEE Board member told that the situation on the ground is very chaotic and he is afraid that it will be worse in the next month. Sticks of drug dealers are close to being empty. He presumes that prices of all drugs will increase. He also believes that methods of work will change due to reduced mobility and closure of borders. He proposed to collect data about the situation and needs of users because institutions and the health system is passive. Some very rare pills are on the market now: akineton, artane, leponex, methadone, tramal, combined with alcohol. This poses a completely new challenge to their staff. They needed to find a new approach for work with the clients. This requires resources which they don't have. For that reason, he wants to launch an initiative. Financial instability is present in the region for a long time and organisations are trying in different ways to provide services to users. In Bosnia Herzegovina, they entered the last phase of advocacy for sustainability of services but there were no results. It will be very hard to start again. He proposed that a special fund is created that will focus only on two things: maintaining and normalising with key affected populations and achieving sustainability of services funded by the state. A good example of such approach is the Regional Youth Cooperation Office which operates in South East Europe. He believes that in a short period of time this initiative can give fruit and address the issue from a long-term perspective. Health systems in our countries are very vulnerable and services provided by the civil society organisations can contribute to their efficiency.

The moderator invited other participants to contribute with information about their situation and work. As no one applied, he proposed that the discussion takes place after the presentations under agenda point 2.

Agenda point 2

Proposed actions to ensure sustainability of services for key populations during and after the coronavirus epidemic



Miloš Stojanović, Regional Project Manager at UNODC, Head of Programme Office in Serbia thanked for the invitation to speak and congratulated for the initiative to hold the Conference. He hopes that the information and initiatives resulting from the Conference will help UNODC and other stakeholders to make strategic decisions and new activities. He presented specific *Suggestions on services for people with*

drug use disorders during COVID19 prepared by the UNODC at the end of March for people with drug use disorders. The document was shared with ministries of health and other national coordination institutions globally. It is result of the Prevention, treatment and rehabilitation section of UNODC.

His presentation was based on the global situation presented by the World Drug Report and included elements on the International Standards for the Treatment of Drug Use Disorder, Increasing challenges for treatment and care services in the time of COVID-19, UN Secretary - General remarks at the launch of a report on the socioeconomic impacts of COVID-19 and WHO health system preparedness.

He also presented the UNODC document *COVID-19 HIV Prevention (for people who use drugs) and Guidance on prisons and COVID19* as well as UNAIDS documents on COVID-19 and *HIV Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response* and *What people living with HIV need to know about HIV and COVID-19*.

Finally he reminded on the Sustainable Development Goals which call for "Leaving no one behind".

Miloš's presentation is available [here>>>](#).

Željko Petković, Assistant Director, Service for Combatting Drug Abuse at the Croatian Institute of Public Health, also thanked DPNSEE for organising the Conference. It is very important because we all share same problem: fighting COVID-19 and organising our systems to provide services to people who use drugs.



As Croatia holds the EU presidency, Željko referred to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Updates on COVID-19 and people who use drugs (see the [Updates here>>>](#)).

He underlined that current situation is totally different than it was a month ago and, after the situation got worse, the Service, which was at the time mostly engaged on the EU Presidency, started adjusting work in accordance with the epidemics. Most of the services remained in function, although there are some limitations. If figures are compared for Croatia from March 2018, 2019 and March 2020, we see that now some 30% of recent services are provided.

But, they changed things in the area of counselling and psychosocial support which are provided by phone or on-line. The needle exchange programmes are being implemented but with limitations due to public transport restrictions and shorter working hours. Interventions became flexible, allowing users to take more material than usual, but HIV testing was stopped. Croatian Psychiatric Association issued guidelines for practitioners how to deal with the COVID 19 situation in providing services to clients. More liberal approach to the opioid substitution therapy is also proposed.

Financial situation is currently stable, and he hopes that there will be no additional cuts in the health system. Follow up steps for the period after the COVID 19 crisis are in communication with the health and law enforcement national partners. One of the consequence is that price of drugs increases week by week due to problems with supplies.

Željko also proposed that a similar conference is organised in a month or two to analyse how we adapted to the new situation. This is a challenging time not only for civil society but also for public administration.

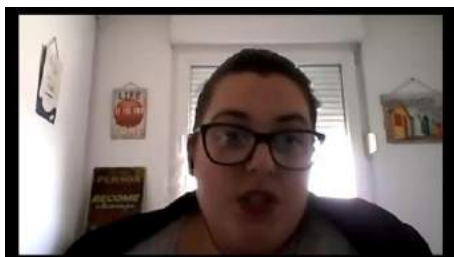
Corina Maxim, Global Fund, EECA regional team introduced the two Global Fund mechanisms for funding support to fighting COVID-19. Detailed and most updated information can be found at the webpage <https://www.theglobalfund.org/en/covid-19/>.



GF announced about 500 million USD of funding to be provided through so called grant flexibilities. Countries can use up to 5% of their savings towards activities related to coronavirus pandemic. In addition to that, countries are eligible for another up to 5% of the existing funding for reallocation. In South East Europe, Global Fund is active in just a few countries so this doesn't translate into a large amount of possibilities. If one looks at the cases supported so far, most are for countries where large investments have been allocated, and important infrastructure was purchased (like GeneXpert machines used for TB diagnosis which can be also used for Covid testing). On 22 April the Global Fund announced the Response Mechanism worth additional 500 million USD. Up to 3,25% of the allocation for the new funding cycle can be requested from this additional opportunity. The mechanism is quite swift and applications will be processed promptly. It will be directed towards the activities where Global Fund is good at and through already existing channels they already have in a country.

One of the things that can be relevant to the region is that the regional grants are also eligible for this mechanism which means that even if the country is not eligible for national funding it can receive support through a regional grant principal recipient. Again, that is not a huge opportunity for South East Europe, but it could help bridge some of the important gaps particularly in providing outreach work with some of the important protective equipment or some additional activities that will contribute to sustainability of services. The best way to get more information is to contact the respective country manager.

Milutin added a comment that what was experienced in this period and also last year is that some donors, in a critical situation like this one, tend to use channels which they already have. As administration of grants is a process, they prefer to support only those who already receive funds and all others, including some populations, organisations, countries who have bigger problems, are not eligible to get them because it would take too long. That may be the issue for future work to see how the processes should be quicker in the time of crisis or, as Denis proposed, to establish regional solidarity or bridging mechanisms to reach out to those who really need them.

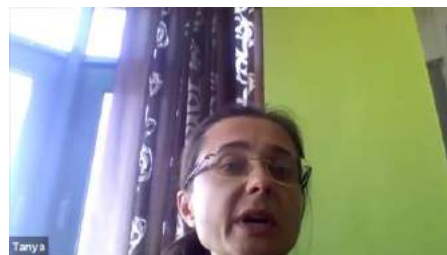


Sanja Šišović, DPNSEE Board member who took some quick notes said that there were so many ideas. We had opportunity to briefly share information on what is the situation in SEE region, how services for KPs have been adjusting to the challenges but also about new approaches established during COVID-19 epidemic. More details about this for all SEE countries is available in the document that

DPNSEE has previously shared but now we should discuss recommendations and potential solutions for challenges that popped out in all countries regarding harm reduction and work with KPs. Based on inputs given by EHRA, there is definitely needed to discuss and explore more the challenges in keeping OST systems working effectively, expanding the existing services with scope of its work to tackle new challenges, explore online approach in work with KPs but very importantly to predict and prepare for all challenges that will pop out after COVID-19. She tried to outline key recommendations based on previous presentations of all speakers, based on inputs in chat section and divide them in national, regional and international segment. She presented some key recommendations and invited other participants to add new ones, suggest, comment or share some good examples we could share as opportunity.

In the **discussion** on both agenda points that followed several participants contributed.

Tetiana Deshko, Director, International Programs, Alliance for Public Health, Ukraine who manages the regional SOS project. They are also concerned about the sustainability of services. They work individually with 5 SEE countries, but they want to engage more at the sub-regional level. They are looking for the way to improve procurement for commodities, pricing for ARV and potentially sub-regional procurement mechanism which would help reduce prices and improve access. All interested can contact her at deshko@aph.org.ua.



Nicoleta Dascalu, Romania added two ideas. In Romania they are already discussing relaxation of the rules and it is announced that from 16 May free circulation will be allowed but they will have to wear masks and gloves in closed public spaces. Maybe we could introduce in our harm reduction services distribution of gloves and masks. They are expensive and still not easy to find. Also, as there are discussion to introduce public testing for COVID at a certain moment, we may approach public institutions and offer doing that for vulnerable populations in our services, in addition to HIV testing, if necessary. They probably don't have enough staff to do this for vulnerable groups.

Miloš Stojanović, UNODC, as one of the speakers mentioned, there will be a social and economic impact which we will see in a longer run. When developing strategic responses to the crisis which will be aftermath of COVID, maybe it would be very useful for the Network, with support from UNODC, to create a repository of all the challenges for different organisations but define it within the timeline. Some of the activities will be necessary to be immediately answered, like having a PPA equipment, but there are some activities that we need to consider visible in the next three months and some in the period of the next year. We could strategically define activities to be available for all potential donors, developmental agencies, something that would allow them to have a better overview of realistic challenges, in a timeline period, up to a year, year and a half. Some of the agencies, including UNODC, will be able to support not only one but more organisations or specific institutions. As Nicoleta said, some of the equipment is not easy to procure. Centralised procurement for many organisations and institutions is something that we can benefit from. The document that was shared for the Conference reflect all the challenges and it is a very good starting point in preparing such a repository of needs and challenges.



Andrej Kastelic, SEEAN, Slovenia sees that we have a lot of good things. We can afford take home doses for longer periods, do a lot of treatment by phone, use civil guard, NGOs, mobile units, nurses - a lot of good experiences. What we are concerned is that with a new social and financial crisis it may happen that our programs will not be one of the priorities. Medical and other services will be much more expensive and people who use drugs will be seen as those who can manage with less services, less support. We should be prepare for this situation: how to work with less resources.

Milutin commented back that situation from 2014 can repeat when the region was hit by floods. Most of the national and international support was shifted only to this issue and there was a lot of cuts on regular programs. We are afraid that this may happen again. Taking care of something that is currently critical doesn't mean that one should forget on things that are regularly important.

Denis Dedajić reminded on the case from Bosnia Herzegovina where UNDP was doing procurement for all the organisations providing services which lowered the price of all commodities. Clients working on all levels had a very good supply through this channel. He proposed to add reference on the new psychoactive substances to the plan of actions and to pay attention to the situation in prisons.

In closing remarks, Nebojša Đurasović, DPNSEE President thanked all for participation. He said that he hopes we shall have an opportunity to meet in a few months when the situation will stabilise.

The Conference ended at 16:05

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), 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 more than 10.000 humanitarian packages (food and hygienic materials) to the most vulnerable Roma families, including people who use drugs and sex workers.

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 26 May 2020

	Cases	Deaths
Albania	1004	32
Bosnia Herzegovina	2406	146
Bulgaria	2433	130
Croatia	2244	100
Greece	2882	172
Kosovo	1038	30
Montenegro	324	9
North Macedonia	1999	113
Romania	18283	1197
Serbia	11193	239
Slovenia	1469	106

Annexes:

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

*Overview of the situation with coronavirus COVID-19 in SEE
Annex 1*

*The original document, prepared for the Conference,
was updated with some actual information from countries. They are given in italic.*

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 lottery funds planned for civil society. 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.

Harm reduction services provided by Association **PROI** since 2004 are closed in 2019 due to lack of funding and government support for Harm Reduction. Governments in Bosnia Herzegovina withdrew all funds dedicated to NGOs and placed them into Corona Emergency Funds. This led to the collapse of any opportunity to get funding from the Government.

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 protecting the Staff. They are very much exposed to the virus.



Margina re-opened their drop-in centres on 13 May, in Tuzla and now in the new premises in Zenica, Bosnia Herzegovina. Users can enter only one at a time, obligatory with masks and gloves.

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. Needle exchange program was closed on 16 March, but re-opened in Sofia on 22 April. 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" finds 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.

The civil society organisations from Croatia started operating all harm reduction activities from 27 April 2020, still respecting all protective measures (use of masks, gloves, limited number of the person inside the space, etc.).

HELP are using only oral rapid test for HIV and hepatitis. Blood testing is still not recommended.

Drop-in centre of the Association Terra, Croatia works according to the old working hours (from 10 am to 5 pm). All services are provided, but there is a limited number of people who can stay in the drop-in at the same time. Upon entry, users must disinfect their hands, shoes and wear a mask. We still distribute masks to users who do not have them. There has been a noticeable increase in the number of users since the introduction of public transport.



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.

Clients can take sterile equipment. They give them information how to protect themselves from COVID-19, including IEC materials, gloves, disinfectant. Unfortunately there are no 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.



* 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



Montenegro

Call with Sanja Šišović and Mišo Pejković, Cazas and Ivana Vujović and Jelena Čolaković, Juventas (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 users. The main problem is that new admissions to OST is currently impossible.

There were numerous cases of violation of patient rights to enjoy full healthcare. There are also cases of foreign citizens blocked now in the country who living with HIV or Hepatitis but don't have access to needed therapy.

The virus appeared in the suburb of Podgorica, within Roma population in Vrela Ribnička which at the moment is a challenging. 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 and in case of a total lock down could be in very difficult position. Additional privacy measures and respecting human rights are needed.

Family violence has increased as people stay home longer, and this issue is especially addressed by non-governmental organizations for which this is the main focus of action.

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. Changes in the price has been observed only for cannabis.

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 organise distribution and exchange of safe injection equipment (syringes, needles, cookers, medical alcohol, elastic tourniquets,...), condoms and lubricants every working day for 4 hours in their drop-in centre in Podgorica, while outreach, including city of Bar, is organised once a week. Consultations with outreach workers and social workers, medical worker and psychologist is intensive and take place online or over the phone.

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) are provided, as part of everyday services. Some users can not afford it otherwise. Delivering of food packages for the ones most economically challenged is organized (once per week, quantity for 7 days). Packages are different than those provided by the Red Cross and they are fitting the needs of the users, even those who don't have electricity or water. Currently, 50 such specific food packages are distributed weekly. The Open Society Foundation authorised partial use of the current grant for purchasing food. Distribution of prepared packages is done through Drop in centre and outreach work.

Mental health is jeopardised so psychologists work extensively responding to the calls from users. The initial phase was very important from the psychological side, so all clients with known phone or online contacts were contacted regularly, from the very beginning of the epidemics.



Masks and medical alcohol (blocked at the border from Serbia) are lacking. They sent request to donors or producers to help obtain them, but promptly prepared by themselves good alternatives for clients and staff.

According to measures issued by the Government, all external partners/associates are forbidden to provide additional services in prison. On the other hand, Juventas is supporting the work of this institution by providing materials for in prison tailoring of protective. Prisoners sew with material Juventas has provided, within the workshop equipped previously by this organization.

The whole team of Juventas is fully engaged, outreach workers from Drop in centre, others mostly by phone or online. For its work, Juventas got the full approval from National coordination mechanism for communicable diseases.



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 dosed 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.

Starting May 15th (end of the state of emergency in Romania), ARAS will reopen its outreach activities and will open the drop in centre for 5 days a week (instead of 2, as it was during the emergency state). ARAS reached out to all public institutions with responsibilities in the medical/social fields: we offered out expertise, knowledge and human resources to support the fight against COVID19 in the vulnerable communities of Bucharest. Discussions have started with the Ministry of Internal Affairs and with the city hall of one sector of the City. They plan to distribute masks to all our beneficiaries in our services, if they manage to find the necessary funding for this.

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.

The National AIDS Plan (Romania hasn't had one since 2007, and this was an indicator in the former project funded by the GFATM and was not reached) has been prepared by specialists nearly 2 years ago, but never adopted and funded. In return to the inquiry from the NGOs in the CCM, the Ministry of Health answered they will update it and send it again for approval to the different institutions that legally have a say in it. It sounds a like a lost cause.

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. An increase of the family violence is observed. 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.

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 somewhat hard to access while skank is available but prices are high. Purity of cocaine is questionable and it is assumed that flex (synthetic cocaine) appeared. Party drugs are less popular but still on the market. There has been information that 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 four projects, three internationally supported and one nationally. Since they involve mostly assesments and desk researches as well as the national researches has never been done in Serbia, those activities will not be interrupted. In addition, they have sent several project proposal and hope to have some of them supported.

They are doing a research for EHRA on new psychoactive substances in Serbia, as well as starting up the actions for #DAZNAMŠTARADIM project that will assess state in regard to further development of scene in order to start bigger advocacy for drug checking services.

In April, they start a project developing innovative approaches to drugs and education. They launched the [new webpage](#), in Serbian and English. Once the state of emergency end, they will continue work on advocacy for harm reduction services on festivals in Serbia.

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 continues to provide home care assistance for older persons in Kragujevac. Social gatherings and other joint activities are postponed due to Covid-19 pandemic. Activities for prisoners and former prisoners are conducted through Case management, while joint activities are also postponed. Group psychotherapies for PLHIV are being conducted via Skype and individual support is organized face to face with all protective measures.

Within the existing programmes, Philanthropy provides additional assistance in the following sectors of response: Food security, WASH, Shelter and Cash. Assistance is provided to the population exposed to higher risk of Covid-19 infection in Belgrade, Kragujevac and Kraljevo. Activities within the Covid response are supported by Swiss Government, Brot für die Welt, Diaconie Austria and ACT Alliance.

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.

The Prevent Association signed an agreement with the Ministry of Health for implementation of the harm reduction program for 2020 and started working on 11 May. Field work was renewed and a drop in centre was opened.

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, SEANet 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.

They are currently in preparation for a new questionnaire for their members about COVID-19 and supply for its next phase. The results are expected in the second part of May 2020.



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 respond 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 DPNSSEE 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, DPNSSEE 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 DPNSSEE 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:

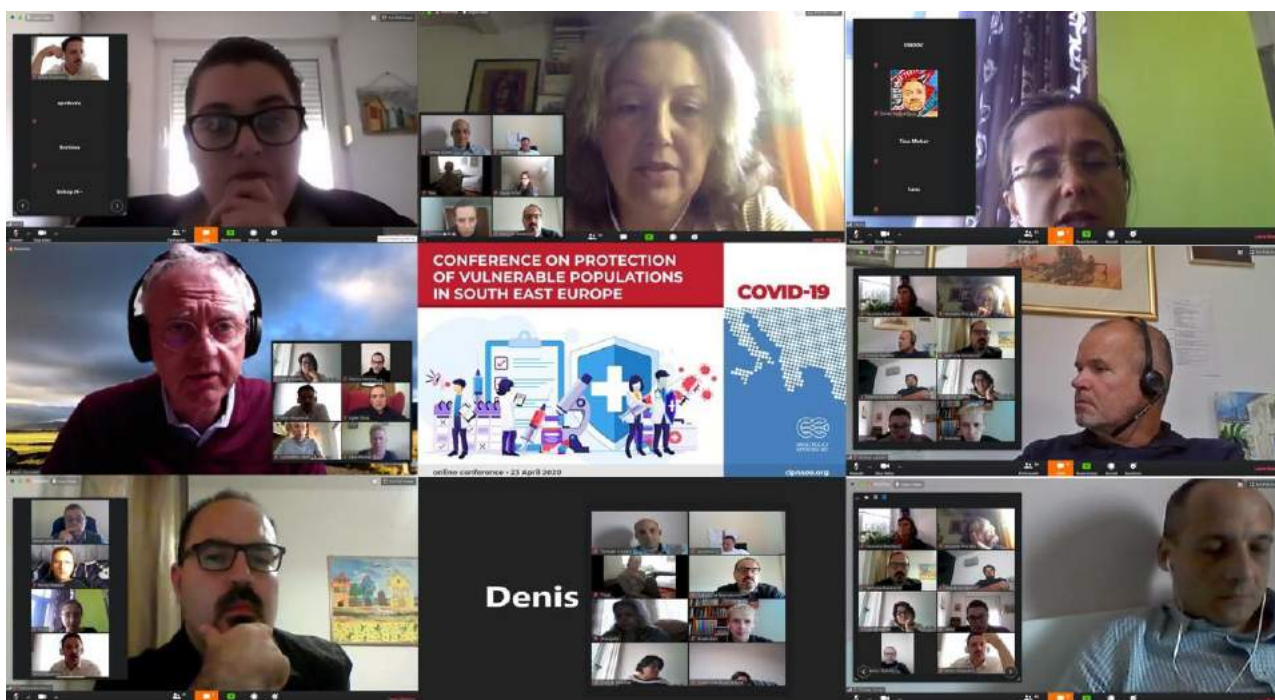
1. What is the coronavirus situation in your country regarding drug policy (especially how the officials treat our key populations)?
2. What happens with the treatment of the key populations and which are their most important problems
3. What is new with the drug supply and how the people who use drugs 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 invited to the conference national drug agencies and health institutions, international organisations partners and donors. The conference was organised in partnership with UNODC, EMCDDA and The Office for Combating Drugs from Croatia (which is currently holding the EU presidency).

The agenda will included 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.

Conference



**Drug Policy Network
South East Europe**

www.dpnsee.org