



Review of harm reduction programs in the situation of the COVID-19 crisis in 22 CEECA countries is published

2020-05-26



Key challenges  
of harm  
reduction in  
COVID era

## EHRA consultations in April 2020

Online discussions April 14 and April 23, 2020, with clarification till 19th of May 2020

51 members of the Association in seven sub-regional groups concerning the state of harm reduction programmes during the COVID-19 pandemic in 22 countries of the Central and Eastern Europe and Central Asia (CEECA) region

<https://harmreductioneurasia.org/hr-programs-overview-in-a-covid-19-situation/>

## STATE of harm reduction under lock-down

In most countries of the CEECA region, harm reduction continue to operate under COVID-19 quarantine measures:

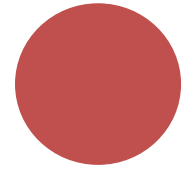
- **Provision of take-home OST.**
- **Harm reduction works remotely.**
- **Providing the essentials – food and shelter.**
- **Partnership in the integration of services.**
- **Flexibility of services in response to changes in the drug scene.**
- **Risk of service interruption due to deficiencies in the supply chain.**

## Harm reduction in prisons

OST in prisons is available in 10 out of 22 countries of the CEECA region (Estonia, Czechia, Ukraine, Slovenia, Poland, Moldova, Lithuania, Latvia, Kyrgyzstan, Georgia)

During COVID-19 quarantine (march-June 2020):

- Penitentiary institutions were closed, NGOs had no access inside and could not provide services;
- There no external medical support or referral;
- Lack of masks and disinfectants;
- Risk of service interruption due to deficiencies in the supply chain of OST and ART drugs.



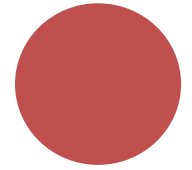
# STRATEGY of joint actions for harm reduction and human rights protection in crises

1. Maintaining of take-home OST
2. Digitalization of harm reduction
3. Expansion, and improved quality, of harm reduction services
4. Advocacy for sustainable funding of harm reduction services in the post-COVID-19 environment
5. Human rights protection for people using drugs in situation of strong and uncontrolled policing and digital surveillance



# 1. To maintain the revised approaches to, and increase the duration of, take-home OST medications for clients

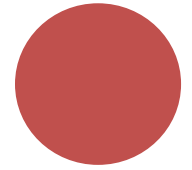
- Some countries will need to change treatment protocols and other regulations.
- To collect data on the impact on the incidence of overdose from the increase in duration of take-home OST medication and the impact on obtaining OST medications in the illicit market. The findings from such data collection will, it is hoped, provide sufficient arguments for further advocacy on increasing the availability, and duration, of take-home doses of OST medications throughout the CEECA region.
- OST service costs will be significantly optimised by allowing clients to take home medication for longer periods than was the case prior to the COVID-19 crisis, as well as facilitating a vastly improved situation for programme clients.



## 2. Support to, and further development of, the provision of remote/digital harm reduction service

- Online counselling and training will require the development of **new skills** among medical professionals, social workers, psychologists, outreach workers for the effective delivery of remote harm reduction services, including – but not limited to – the transfer of counselling and provision of information online;
- **Organising delivery** of sufficient quantities of consumables through vending machines and/or mail/courier services, including needles, syringes, condoms, and face masks;
- **Cyber security** and personal data protection issues will be increasingly relevant in the event of online advice and training. In addition, the development of such forms of service delivery adjustment of the donor's and organisational monitoring and evaluation systems to ensure that the services provided monitored, reported and payed properly.

### 3. Expansion, and improved quality, of harm reduction services



In the aftermath of the COVID-19 crisis, harm reduction services, social assistance to the unemployed, HIV, hepatitis, and tuberculosis (TB) testing and treatment must be maintained. Harm reduction programmes must now include services:

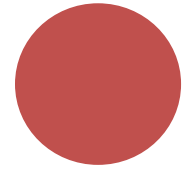
- Access to safety tools (masks, disinfectants, social distancing) and COVID testing;
- Access to food;
- Access to shelter, or a place for temporary accommodation;
- Access shelters for victims of gender-based violence (GBV);
- Employment opportunities;
- and other social services for people in need who use different psychoactive substances.





## 4. Advocacy for sustainable funding of harm reduction services in the post-COVID-19 environment

- Government priorities will shift, not only to issues of public health promotion for the general population, but also to overcome the socio-economic consequences of quarantine, such as unemployment and economic decline.
- Collecting data on the socio-economic impact of the pandemic on the lives of PWUD and to thereby advocate for sustainable approaches to harm reduction as a comprehensive service to help the most vulnerable.



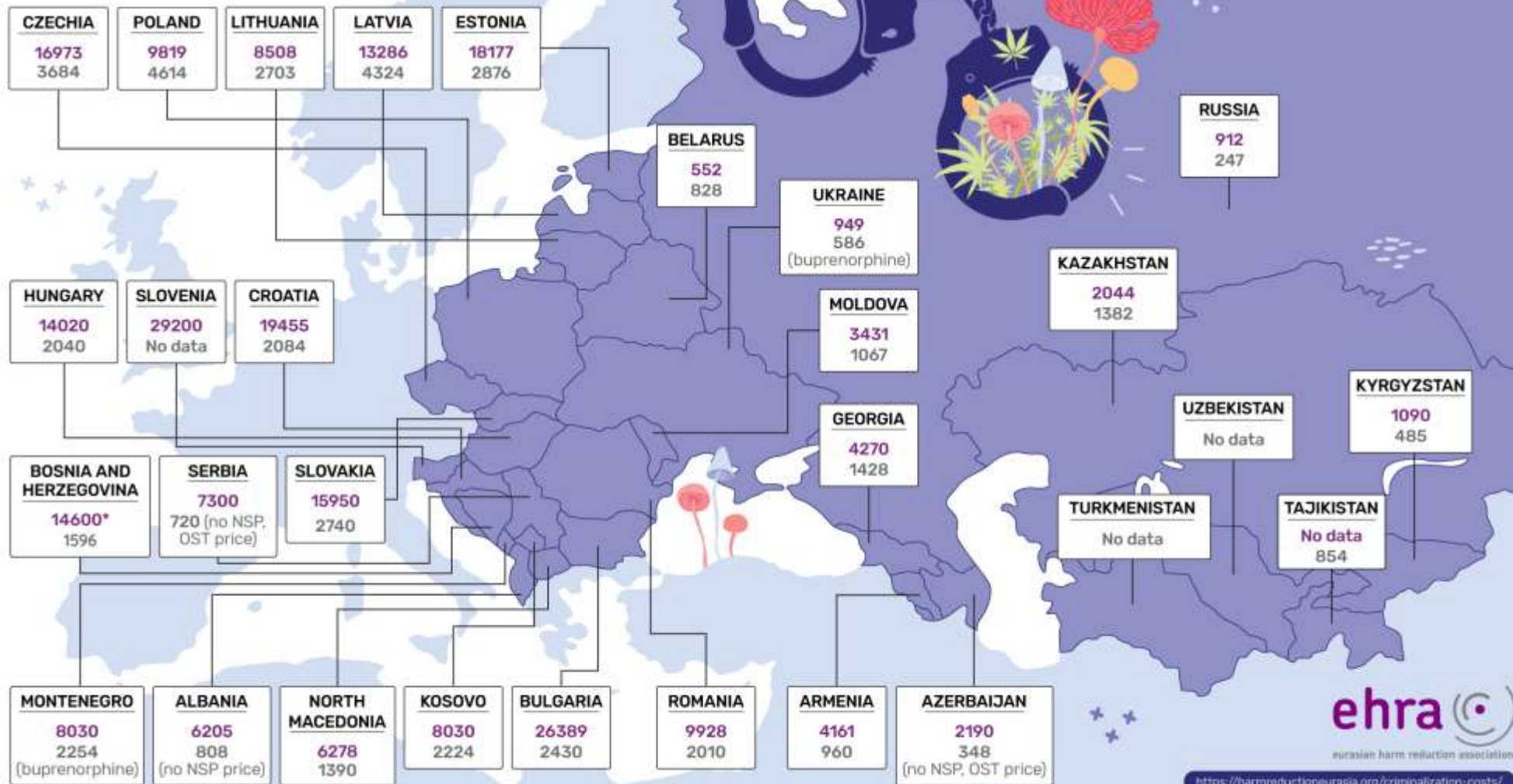
## 5. Human rights protection for people using drugs in situation of strong and uncontrolled policing and digital surveillance

- Documenting of human rights violation cases: avoiding medical help,
- National advocacy on punishment of law enforcement for using tools of digital surveillance for other than COVID-19 security purposes
- Development of regional and global awareness on the policing and surveillance consequences

# CRIMINALIZATION COSTS MAP

## in Central and Eastern Europe and Central Asia (CEECA)

■ In prison (in €/per prisoner/per year)  
■ In freedom (in €/per client/per year)



303 organisational and individual members from 29 countries of CEECA region

Our mission is to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region