



Briefing Paper

Covid-19 and the impact on harm reduction in Europe



Launch of the special harm reduction journal edition

This report was prepared by Victoria Oberzil.

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Correlation - European Harm Reduction Network is co-funded by the European Union

C-EHRN received an unrestricted grant by Gilead Science.

On 5th November C-EHRN held a day-long webinar of major sessions in lieu of the 5th European Harm Reduction Conference.

Part 1

The first session was 2 hours long covering COVID-19 and the impact on harm reduction in Europe. Seven diverse perspectives were featured and each speaker provided a five-minute introduction followed by questions from a C-EHRN member.



Moderator:
Eberhard Schatz, C-EHRN



Question & answers:
Katrin Schiffer, C-EHRN

WHO perspective: Nicole Simone, Unit lead for HIV and hepatitis at WHO EURO – Marinella Kloka, Praxis, Greece

EMCDDA perspective: Alexis Goosdeel, director – John Peter Kools, Trimbos Institute, NL

EuroNPUD perspective: Matt Southwell, director – Jose Queiroz, Apdes, Portugal

Policy maker perspective: Mariam Jashi, Georgian Member of Parliament UNITE's Chapter Chair from Eastern Europe & Central Asia) – Ganna Dovbakh, EHRA

'Nobody left Outside' perspective: Prof Jeffrey Lazarus, ISGlobal – Dr. Rafaela Rigoni, C EHRN

COVID-19 and treatment of viral hepatitis: Prof. Dr. Mojca Maticic, University of Ljubljana – Christos Anastasiou, EuroNPUD, Greece

Global perspective: Ricardo Bapista, Unite – Peter Sarosi, Drugreporter, Hungary

WHO Perspective:

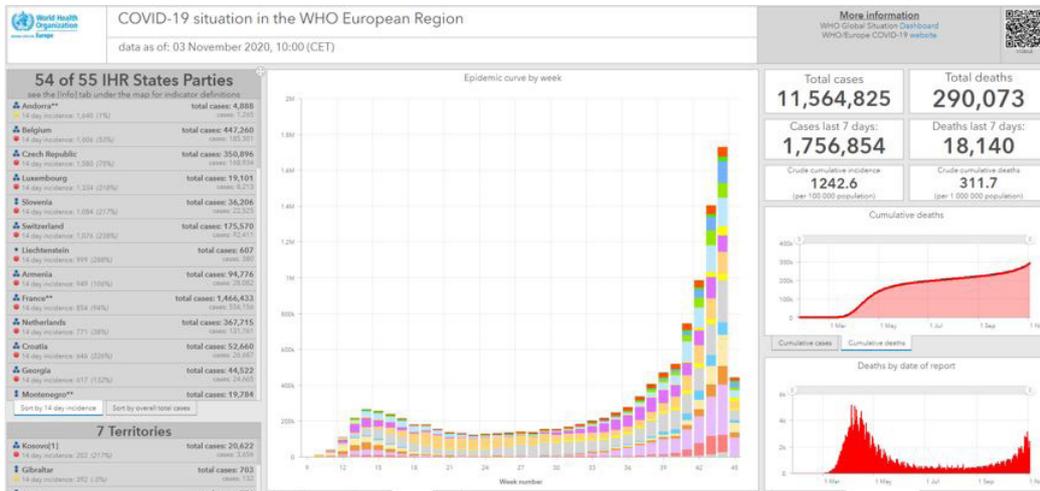


Nicole Simone Unit Lead for HIV and Hepatitis at WHO Europe



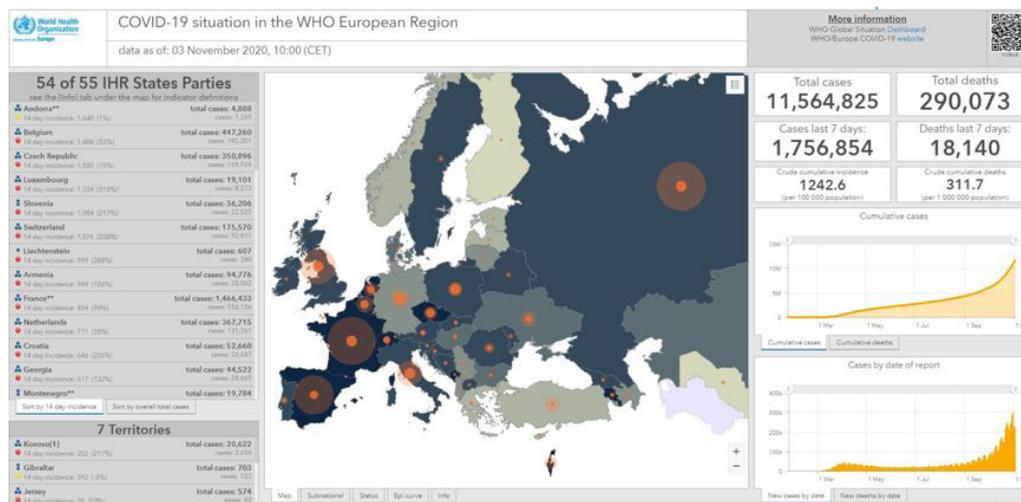
Q&A: Marinella Kloka Advocacy Office, Praksis (GR)

Nicole Simone gave an update on the status of the COVID vaccine. As is known, Europe has been hit hard by the coronavirus with nearly 300,000 deaths and 11 million cases as of November.



When a safe and effective vaccine is found, WHO is working with COVAX global alliance (led by WHO, GAVI and CEPI) who will facilitate the equitable access and distribution of vaccines to protect people in all countries. Priority target populations are frontline health and care workers at high risk of infection, older adults and those with underlying conditions (including the vulnerable population of PWUD). Fair Allocation Framework aims to ensure that successful COVID-19 vaccines and treatments are shared equitably across countries.

Aim of COVAX is to provide at least 2 billion vaccine doses worldwide by the end of 2021.



Lessons learned from harm reduction with HIV that it's possible with a global emerging infectious disease to have partnership between civil society, scientific community and governments to make a change by acting in a rapid manner to save lives. Other lessons learned from HIV is how to decentralize services such as rapid tests used by lay providers in the community for people to know their status as fast as possible. Also to think about who is at risk and who needs to be protected, both from a medical and a social standpoint. Most importantly, to think about vulnerable populations and equitable access as well as international solidarity and collaboration.

In addition, there are lessons from COVID-19 that apply to HIV & HCV. COVID-19 has given opportunities to do things that were recommended by key partners for a long time such as telemedicine, differentiated care, use of self-testing. The COVID-19 pandemic also gave an opportunity to fast-track some innovations and governments and communities should continue these good practices after COVID-19.

Webinar

EMCDDA Perspective:



Alexis Goosdell Director,
EMCDDA



Q&A: John Peter Kools Senior
Drug Policy Advisor,
Trimbos Institute (NL)

Alexis Goosdell discussed COVID-19 and the impact on harm reduction in the European Union.

COVID-19: Impact in early 2020

- Services: disruption and adaptations
 - Face-to-face contacts restricted
 - Accessibility issues
 - Flexibility in prescribing
 - Use of e/m- health approaches
 - Increased help seeking
- Lock down measures impacted on:
 - Drug use patterns
 - Cannabis, medicines, alcohol
 - MDMA, cocaine
- Retail drug markets were disrupted, but also evidence of adaption

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The disruption caused by COVID-19 and a strong drug market introduced new threats to health and security in Europe. Initially there were negative impacts on continuity of care and accessibility, then positive impact on innovation, digital innovation, flexibility and renewed relationship with the clients. Drug use patterns show an overall reduction in use of cocaine and MDMA and an increase in cannabis, pills and alcohol. Retail drug markets were impacted in the beginning however there was a strong resurgence, particularly in the dark web. Overall there is a concern for financial impact across many sectors, from economic disruption to funding of harm reduction programs.

European Drug Report 2020 – Key message

COVID-19 disruption and a strong drug market bring new threats to health and security in Europe



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A question was posed as to whether problem drug use is increasing. Alexis Goosdell responded there is a new dataset from a web survey around 11,000 PWUD done by the EM-CDDA. Overall there was a mixed image regarding cannabis use, some users stockpiled their drug. Many reported NPS on the market, around 40 and 50 new drugs on the market. Because of non-availability of opioids more people on OST, new means of enrollment were noted. Feedback from harm reduction is that there have been some positive changes and these should remain in the post-COVID-19. Per Alexis Goosdell, harm reduction workers should be proud of their work and to tell EMCDDA how they can be more useful to you.

EuroNPUD Perspective:



Mat Southwell,
Director, EuroNPUD



Q&A: Jose Queiroz,
Director, Apdes (PT)

Mat Southwell described that COVID-19 has led to a transformation in the delivery harm reduction, in particular OST.

Assumption: scaling up to full coverage of NSP is too big an ask

- How many needles and syringes is enough?
 - WHO quality target = 300
 - Full coverage =1000
- Comprehensive healthcare for people who inject drugs – peer education and nursing services
- Secondary NSP is one of the low threshold models that can be used to extend the reach and accessibility of NSP
- Practice models like WAND from Glasgow or EuroNPUD Safer Injecting course

The widely-expected good behavior and absence of diversion has challenged fundamental assumptions in drug services.

- The first assumption is that scaling up to full coverage of NSP is too big an ask. In Bath the secondary NSP was able to scale up to 100% coverage levels by using a peer-to-peer system.
- The second assumption is that THN is adequate to serve the population. EuroNPUD found that in the UK the peer-to-peer naloxone a superior service model for reaching non-service populations at scale.
- Third assumption is that homeless drug users need OST to be stably housed.

Assumption: homeless drug users need to be on OST to be safely housed

- Drug and alcohol dependence are strongly linked with homelessness
- Active dependence to illicit drugs is often a barrier to hostels or supported housing schemes
- Open drug use in the street is very risky.
- When the focus is on getting people off the streets practical solutions can be found.
- The health benefits for those drug users who are now off the street is substantial.

With COVID requirement of abstinence waived, health benefits for drug users off the streets is substantial and helping people to engage with OST rather than make this a pre-condition. Lastly, the assumption that an annual survey of PWUD ticks the box on participation. The COVID-19 crisis has included widespread participation of PWUD for drug trends, utilization of drug services, and patterns of risk behaviors. Overall there are high levels of support for the new normal with more flexibility and less intrusion, increased focus on peer-support programs.

The question was posed as to whether harm reduction professionals should be afraid of the PWUD engagement and the push for greater peer-to-peer services. Mat responded that not at all, ideally it should be a collaboration between harm reduction services and PWUD. It is not about excluding the professional system but instead making space for the informal systems. The new European drugs agenda drafted by the European Commission was not so clear on social development and peer engagement. Ideally the focus on partnership and community participation is a key part of the strategy and that drug users are welcome to play a key role in participation of the public health and human rights of their community. In speaking about the shift to a new normal, the hope is that professionals and PWUD will be engaged. However there is a third actor, the dealer, does it make sense to engage them? Mat responded that it doesn't make sense to necessarily victimize PWUD nor to see the dealers as bad actors, often there is a teaching component or dealers are people also struggling themselves with using.

Policy-Making Perspective:



*Mariam Jashi,
Georgian Parliament Member &
UNITE Chapter Chair for Eastern
Europe and Central Asia*



*Q&A: Ganna Dovbakh,
Executive Director, EHRA*

Mariam Jashi reported on the situation in Eastern Europe and Central Asia. The pandemic has changed the basic routine of the national health systems and services. Other communicable or NCD's have lost priority, there is concern with attention lost to TB (of the most priority infectious diseases in Eurasia). Reality is that the obstacles that harm reduction programs and policies faced in the pre-COVID era still remain and that policy priority of scale-up of evidence-based interventions have been lost in the fight against COVID. There has been significant missed opportunity and time lost in advancing harm reduction. Because of the pandemic harm reduction issues have not been identified as a "top priority"

However the region also has some good news. Most continued harm reduction programs despite strict quarantine. Take-home OST is now in the Eurasian region with the exception of Belarus, Azerbaijan & Kazakhstan. In the case in Georgia there were 11,000 beneficiaries taking home their OST and prevented COVID infections, only 5 cases reported among the 11,000. COVID also created better linkage between the NGO's and the state. The pandemic is proving to be possible window for harm reduction, never before has government leaders listened so much to WHO etc. It has also been an opportunity to reiterate the importance of the needs of the most vulnerable population. Ongoing advocacy is needed to be sure that harm reduction services that are so hardly won are not part of budgetary cuts. At the moment they are lacking significant quantitative and qualitative data from the pandemic response, civil society members can assist with documenting the situation on the ground.

“Nobody left Outside” Perspective:



Prof Jeffrey Lazarus,
ISGlobal (SP)



Q&A: Dr. Rafaela Rigoni,
C-EHRN

Professor Jeffrey Lazarus reported on the pandemic and marginalized populations. When a pandemic control communication strategy is drawn up, varying educational, cultural and language backgrounds must be taken into account so all population groups are engaged. Marginalized and vulnerable populations must not be forgotten. It is the responsibility of the system to reach marginalized populations and to reach those that are most difficult to reach (particularly in light of a potential vaccine).



In Spain overall harm reduction operating hours decreased in 2020 compared to 2019. Top five issues in their Spain study were limited access to social workers to assist with social benefits, difficulties with the police on the streets, limited access to drug checking services, and limited access to medical services. The “Nobody Left outside” Initiative has this important idea that communities are not hard to reach, health systems are hard to reach. Services had some difficulties during the pandemic to being open and accessible.

A collective of organizations committed to improving healthcare access for marginalised, underserved people



Professor Jeffery Lazarus was asked what lessons can we take from this pandemic in making services easier to reach rather than hard to reach, Closures of services took government by surprise, major role of NGO's to engage with local, regional and national governments to ensure harm reduction services can stay open. Harm reduction services should be given exemptions and that harm reduction workers are allowed to leave their homes. The question was posed how to keep meaningful positive changes after the pandemic, such as lower-barrier access to OST. What is needed is to ensure we are tracking and demonstrating that it is indeed working and learning from where it's not working.

Professor Lazarus was asked what else can we have in mind in terms of advocacy? His response to think about how to keep harm reduction services open and fit-for-purpose during the pandemic. In addition, how to build on the small successes we have had in terms of removing barriers to OST, such as lowering the threshold for prescriptions and take-homes. Also to think on a potential role for harm reduction as providing medical information and providing vaccinations and providing other sanitary materials (not just needles/syringes)

Webinar

COVID-19 & the Treatment:



Prof. Dr. Mojca Maticic,
University of Ljubljana

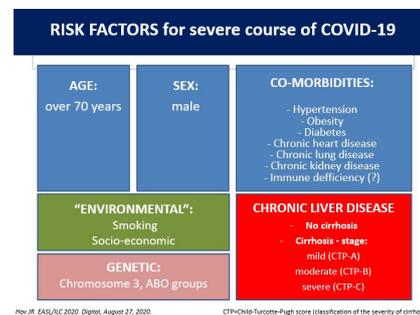
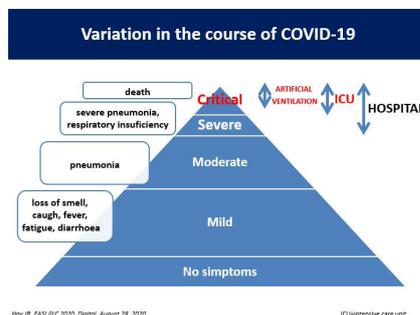


Q&A: Christos Anastasiou,
EuroNPUD (GR)

Dr. Mojca Maticic discussed COVID-19 and viral hepatitis. In regards to COVID-19 and viral hepatitis treatment, chronic liver disease is a risk factor for severe COVID-19. What is being found is young patients with cirrhosis are dying at higher rates of COVID-19, mortality rate is thirty per cent for young people (age 20-30) with cirrhosis. Caring for patients with liver disease during the pandemic should involve greater personalization and flexibility, and treatment for HCV and HBV should continue according to guidelines.

Cirrhosis is hitting the community hard and there are still many barriers to treatment. In many regions groups of people that are prisoners or migrants are still unable to get treatment.

Dr. Maticic stressed the need to take advantage of COVID-19 period, to make the vulnerable populations more visible and utilize harm reduction centers as a point of service access for testing. Harm reduction services are excellent locations as well for future COVID-19 vaccine roll-out. Drug use policy is a major barrier in elimination of hepatitis and the European Society for the Study of the Liver (EASL) supports drug decriminalization and integrated interventions such as HCV testing, counseling and treatment. EASL recommends that "all barriers to the uptake of healthcare services by PWUD by removed by changing policy and removing discrimination that hinder access."



Global Perspective:



*Ricardo Baptista,
President UNIT, Parliament Portugal*



*Q&A: Peter Sarosi,
Drog Reporter (HU)*

Ricardo Baptista discussed the challenges and opportunities of the current crisis. This crisis has put a magnifying glass on the frailties and cracks in the system. The current model of health systems are not designed nor prepared to act with a public health perspective. In countries where harm reduction was not seen as a high priority before, now it's completely forgotten. On the one side we are facing so many challenges but on the other side we are facing so many opportunities. This is an opportunity to put drug policy and harm reduction on the agenda and to ensure science is driving policy. The crisis exposed cracks in the system and social inequalities, and there is so much more to do than just giving out needles.

A question was posed for Ricardo Baptista if there is a role for harm reduction advocacy to move beyond the needle-syringe basics to larger concepts in terms of advocating for things like universal basic income, housing crisis and other social services. He noted that while 60% of the general population's health depends on social determinants of health, during a pandemic that number rises rapidly (particularly in looking at the most underserved populations). In Lisbon there was a noticeable rise in people needing meals during the pandemic, not just the most vulnerable but more and more middle-class families. It goes to show how grave and serious the consequences of this crisis will be. Better indicators are needed that actually reflect upon the wellbeing of the people (not just the GDP of a country). The next question was posed on cannabis being on the agenda in a lot of countries, how can we be sure civil society has a voice in this? Is it really time to discuss this during the crisis in Europe? Ricardo noted a paper he published in 2018 looking at the benefits and risks of cannabis and outcomes from a health, social, judicial and social perspective. He stated that publishing this paper changed his view to be an advocate for legaliza-

tion for personal use. While he does note there is a risk of having cannabis in the hands of multinationals, there is ongoing risk in the hands of black market and contamination with the products on the streets. Whatever legislation they come up with, they need to be sure they regulate it in a way that puts the people's interests front and center.

A brief Q&A session followed lead by Katrin Schiffer from C-EHRN. Questions were posed by speakers from INPUD. One speaker from Kazakhstan, asked for assistance from the WHO in bringing methadone to the country. Another asked the EMCDDA how can we ensure that harm reduction funding is not being cut down now? Alexis responded that EMCDDA is preparing a joint statement for the European Council in support of harm reduction funding. Another speaker asked Dr. Maticic about dolutegravir (medication for HIV) and whether COVID patients show improvements on this medication. Dr. Maticic responded that only dexamethasone and resdemevir have evidence for improving severe COVID.. Neither those drugs for HIV or any other drugs have shown benefit to treating or preventing COVID-19. Concern from speakers raised about future vaccine hoarding and allocation. Nicole Simone from the WHO assured they will use the framework to prioritize vaccine distribution to vulnerable groups.

Webinar

Part 2

Launch of the Special Edition of the Harm Reduction Journal

Welcome & Introduction



*Prof Nick Crofts Editor-in-Chief,
Harm Reduction Journal*

Professor Nick Crofts introduced this special thematic series in the Harm Reduction journal, which seeks to examine new dimensions in harm reduction in 2020. The hope is to potentially broaden the harm reduction approach beyond drug use to other issues to which harm reduction is a successful approach. Another goal is to broaden the availability of the journal to marginalized peoples.

Thematic Introduction:



*Katrin Schiffer,
Network Coordinator, C-EHRN*

Katrin Schiffer of C-EHRN introduced the specific themes of the special edition of *Harm Reduction*, which includes diversity regarding the range of interventions, current challenges in policy and practice, the need for civil society involvement in monitoring and policy development and the impact of COVID-19. This edition also features a historical perspective in which harm reduction has evolved in the past 40 years showing that harm reduction works and has a positive impact on health and well-being. This historical perspective also shows the changes over time and the new and innovative interventions needed in the changing world. It also emphasizes the importance of collecting and sharing evidence from the knowledge of practitioners and community members.

The relationship between research, policy and practice is complex. In an ideal world, evidence should lead policy and practice. However policies are often not based on scientific evidence. In addition, policies are influenced by uncertainties and ambiguities. Finally, evidence-based practice is not always feasible. Scientific research often

remains in the research community without involving the community on a practical level. Publications of articles is the desired outcome, it is less important how to translate into practice. Practitioners and community members feel like this type of research is detached from reality and doesn't take into account the problems on the ground.



Ghanna Dovbakh,
Executive Director, EHRA

The time has come to challenge the relationship between top-down practice paradigm to a more comprehensive participatory approach between communities, practitioners and researchers. This edition of the *Harm Reduction* journal seeks to do exactly this.

For advocacy research is the key weapon, scientific data and publication is needed for speaking to the government and health specialists. Often the most difficult piece is to prove the efficiency of services, document the impact of harm reduction and create this evidence.

Published results are of practical experiences, the challenge is to fund the research itself. There is a need to advocate for funding sustainable services but also funding for sustainable research and data analysis.

Community-led researchers are an important means of cooperation between scientific researchers and the community as well as usage of the data for advocacy.

Commentary was provided by Alex Goosdeel, Raminta Stuijke and Mat Southwell



Alexis Goosdeel Director,
EMCDDA

Alexis Goosdeel shared a few ideas on challenges and lessons to be learned following the COVID-19 pandemic.

Lessons:

- Harm reduction practitioners and services are an essential part of response to the pandemic.
- Need to invest in innovation and digital skills.
- Harm reduction programs are able to renew and reinvent themselves even in the most restricted settings and keep in touch with their most vulnerable clients.
- Strong networks are needed to deliver a more integrated, holistic and person-centered response.

Conclusions:

- PWUD are part of the solution, not just part of the problem.
- There is an ongoing need to secure stable funding for harm reduction
- There needs to be a push for more comprehensive and inclusive approach
- There is a need to reinvent harm reduction into a more holistic concept rather than siloed approach of just “needle exchange and methadone treatment”
- EMCDDA offers support and cooperation to harm reduction services to combine research and practice.



*Raminta Stuiyte Senior Advisor,
Office of Prof Michael Kazatchine.*

Raminta made note of the major themes she found in this special edition

1. Stories of people left behind or the underserved
2. Solutions that are well-known or about reinventing and understanding the changed world and changed needs.
3. Solutions often require political will and handle the changing political world
4. Critical value of joining efforts
5. Learning from east to west, from north to south, from historical to current experiences



*Mat Southwell,
INPUD*

Mat Southwell emphasized the important interrelation of policy and research. He described his experience of launching a pilot program, not conducting any co-existing research and after the program got shut down losing all chance to prove the program was effective.

This experience made him an advocate to demonstrate best practice and show impacts of harm reduction interventions. This evidence can be used to bring more resources and research becomes a critical advocacy tool.

Discussion



Alexis Goosdeel Director,
EMCDDA

In regards to the history of harm reduction, harm reduction was born in the UK and the Netherlands. The first generation of harm reductionists were considered heretics. Needle exchange or methadone prescription was considered “heresy” from the medical organizations at the time. Pragmatism from colleagues is the only way to do this and COVID has helped us for this to become more of a reality.



Prof Nick Crofts Editor-in-Chief,
Harm Reduction Journal

Nick Crofts reiterated the goal for *Harm Reduction Journal* to provide opportunities for marginalized voices to be heard and to get more diverse voices published.



Ghanna Dovbakh,
Executive Director, EHRA

Ghanna Dovbakh closed the session with the reassurance that Harm Reduction Journal will do everything in their power to encourage community leaders and organizations to publish the data and to be connected to the science.

