INPUD ONLINE SURVEY ON COVID-19 & PEOPLE WHO USE DRUGS (PWUD)
DATA REPORT 2
August 2020

INTRODUCTION

Who is INPUD?

The International Network of People Who Use Drugs (INPUD) is a global, peer-based network that seeks to promote the health and protect the rights and dignity of people who use/have used drugs. *(For more information about INPUD see: www.inpud.net)*

Why Conduct Research on COVID-19? (Purpose & Aims)

As a global peer-based network, INPUD is committed to supporting its diverse communities during and beyond the COVID-19 pandemic through the collection and reporting of information on the experiences, needs and aspirations of people who use drugs globally. To this end, INPUD's peer-driven research aims to:

- Understand how people who use drugs experience and emerge from COVID-19 induced change, disruptions and official emergency powers;
- Document and monitor human rights violations, service disruptions and other difficulties experienced by people who use drugs associated with COVID-19 responses; and
- Capture and document the adoption of responses that address the needs of people who use drugs to inform advocacy and to protect these gains in the post-COVID-19 environment.

INPUD is using the information collected in this ongoing research project for its work at the global level including its advocacy and reporting to UN agencies and other relevant organisations. The information has also been shared through dissemination of the first Data Report (June 2020) published on the INPUD website and made available to the regional networks of people who use drugs. The online survey is ongoing, and data is being collated and analysed bi-monthly to allow for the timely identification and response of emerging issues for people who use drugs in the COVID-19 pandemic environment. The research is being conducted with limited resources through an approach that heavily relies upon the local, grassroots networks of people who use drugs. This research is funded by the International Network of People Who Use Drugs (INPUD).

How the Research was Conducted? (Approach/Methodology)

This research is based on data collected through an ongoing, global online, self-administered, qualitative survey. The research approach is entirely peer-based with the key investigator a PWUD peer research consultant and all aspects of the research design, survey development, language translation, data collection/analysis and report writing conducted in consultation with the INPUD COVID-19 Research Working Group and Data Analysis Sub-Committee. The membership of the Working Group/Sub-Committee consists of INPUD staff and self-nominated individuals from the regional and country-based networks of people who use drugs (membership listed on last page).

The online survey (using the Survey Monkey platform) has been open to respondents from 8 May 2020 in six languages initially (English, Italian, Spanish, Russian, Hindi and Portuguese) with a **French language survey added from 1 June 2020**. The first Data Report (June 2020) was based on data

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collected between 8 May – 31 May 2020 across the first six language versions. This Data Report 2 (August 2020) includes data collected between 1 June – 31 July 2020 – although the survey is now available in seven language versions, **there were no respondents to the Portuguese survey in the 1 June – 31 July 2020 data collection period**.

The data analysis approach for this report is consistent with the first Data Report (June 2020). All new data was analysed using automatically generated Survey Monkey data summary reports for the quantitative results. The qualitative data collected in the 1 June – 31 July 2020 period, was reviewed in relation to the key themes from the previous Data Report 1 (June 2020) to identify ongoing themes and any new/emerging issues (if any). Data collection is ongoing and further data analysis and reports may be produced in due course depending on respondent numbers and whether there are clear benefits for people who use drugs in continuing to analyse and publish any data collected over the coming months.

RESULTS & DISCUSSION

This brief report includes:

1. **An updated overview of the total sample:** 8 May - 31 July 2020;
2. **A snapshot of the sample from second data collection period:** 1 June – 31 July 2020;
3. Updated data on **3 specific COVID-19 questions** on testing and awareness of cases;
4. **An updated brief qualitative summary of key themes and any new/emerging issues** from 4 key sections of survey on:
    a. **Health and Harm Reduction;**
    b. **Drug Use and Safe Supply;**
    c. **Drug Laws and Detention; and**
    d. **Protecting Human Rights.**

1. Overview of Sample

A total of 290 respondents from 54 countries completed the online survey between 8 May – 31 July 2020 which includes 138 (48%) respondents to English survey, 54 (19%) respondents to Spanish survey, 21 (7%) respondents to Italian survey, 23 (8%) respondents to Hindi survey, 19 (6%) respondents to Portuguese survey, 33 (11%) respondents to Russian survey and 2 (1%) respondents to French survey.

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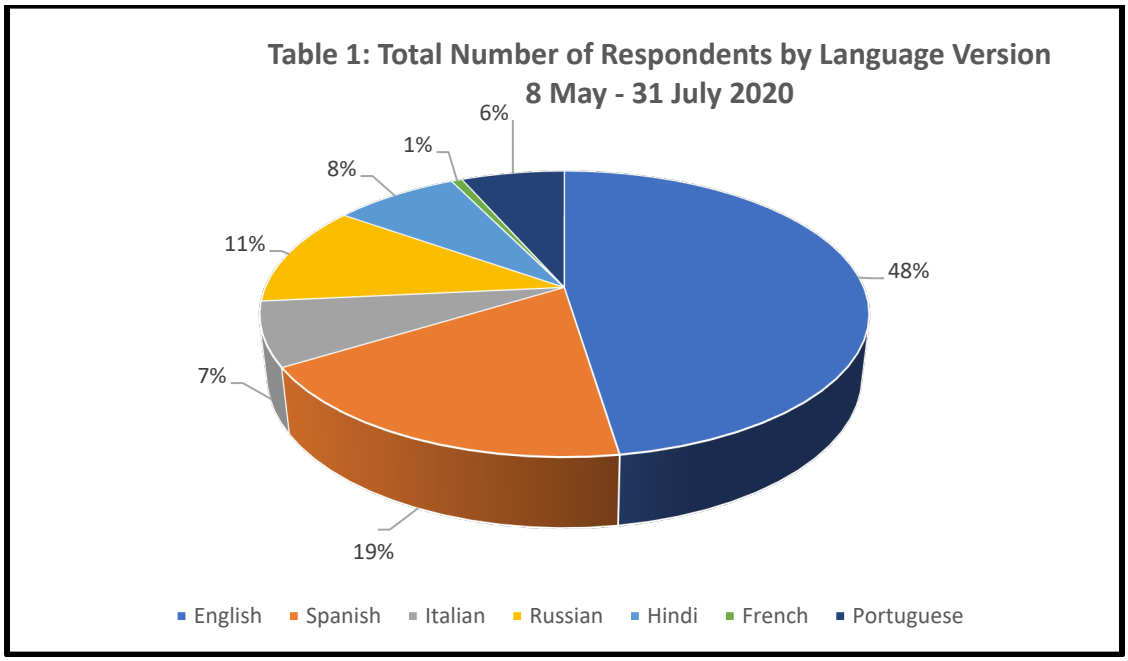
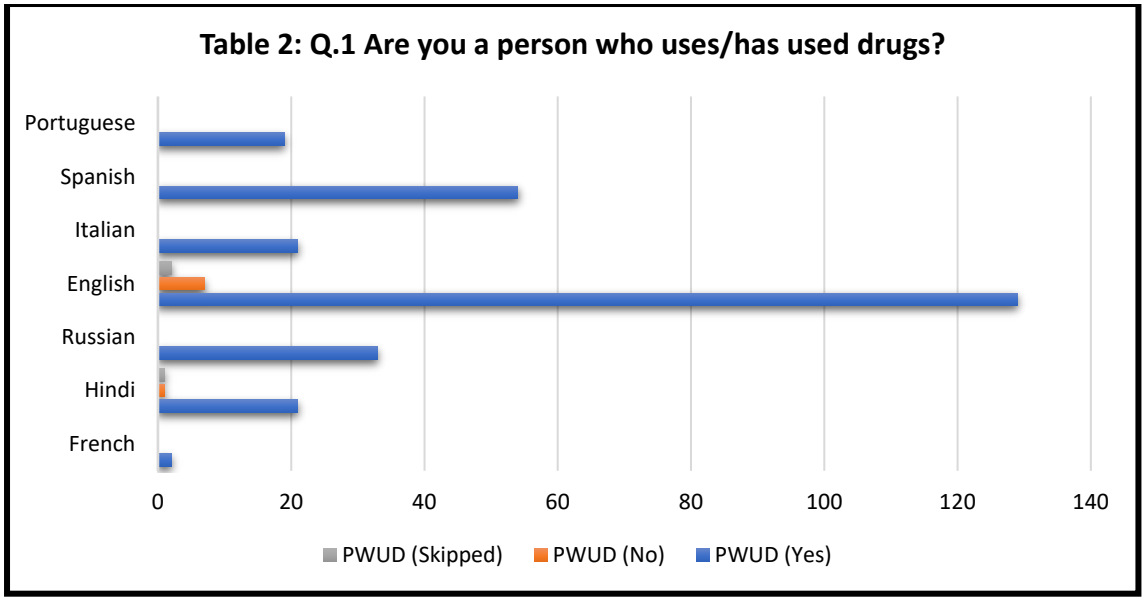


Of these respondents, a majority 279 (96.7%) identified as people who use/have used drugs, 7 (2%) and 1 (0.3%) respondents to the English and Hindi surveys respectively answered “no” and 3 (1%) respondents skipped the question (from English (2) & Hindi (1) surveys). All respondents (100%) to the Italian, Portuguese, Russian, Spanish and French surveys answered “yes” to question 1. Table 1 (below) shows the number of respondents who identified as a person who uses/has used drugs based on the language version completed:



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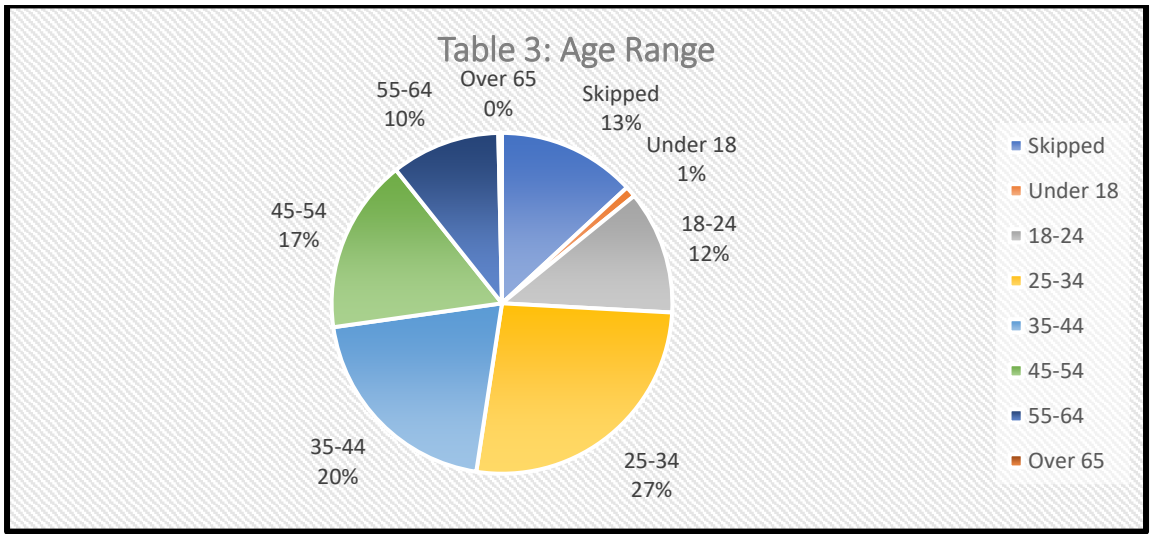
Participants were asked whether they were completing the survey as an individual or on behalf of a peer-led organisation. Of the 290 total respondents, a majority 220 (76%) are individual respondents and 32 (11%) responded on behalf of a peer-led organisation/service. A total of 38 (13%) of respondents skipped this question.

Age Range:
Of the 290 total respondents, most 77 (27%) respondents are in 25-34 y.o. age range, followed by 59 (21%) in 35-44 y.o. age range and 48 (16%) in 45-54 y.o. age range. A slightly smaller number 34 (12%) respondents in 18-24 y.o. age range and 30 (10%) respondents in 55-64 y.o range. There were 3 respondents in the under 18 y.o age range in the Hindi sample and only 1 respondent in the over 65 y.o. age range in English sample. A total of 38 (13%) respondents skipped this question.



Gender Identity:
Of the 290 total respondents, 122 (42%) of respondents identified as male and 118 (41%) of respondents identified as female. A total of 3 (1%) of respondents identified as Trans, 4 (1.5%) identified as Non-binary, 2 (0.5%) as Gender Fluid and 3 (1%) as Other gender identity. A total of 38 (13%) of respondents skipped this question.

Race/Ethnicity:
Of the 290 total respondents, 123 (43%) identified as White/Caucasian, 56 (19%) as Hispanic/Latino, 20 (7%) Russian, 11 (4%) Asian, 16 (5%) South Asian, 10 (3%) Black/African American, 7 (2%) Sub-Saharan African and 2 (1%) Middle Eastern. A total of 45 (16%) of respondents skipped this question.

Drugs Used Most Often:
Respondents were asked about drugs used most and could select more than one option. Among the respondents to this question, the most used drugs are Cannabis (65%), Opioids (50%), Stimulants (32%) Psychedelics (26%) with smaller number of respondents listing other drugs including: Benzodiazepines, Dissociatives (incl. Ketamine), Fentanyl, MDMA, GHB, Alcohol and Tobacco.

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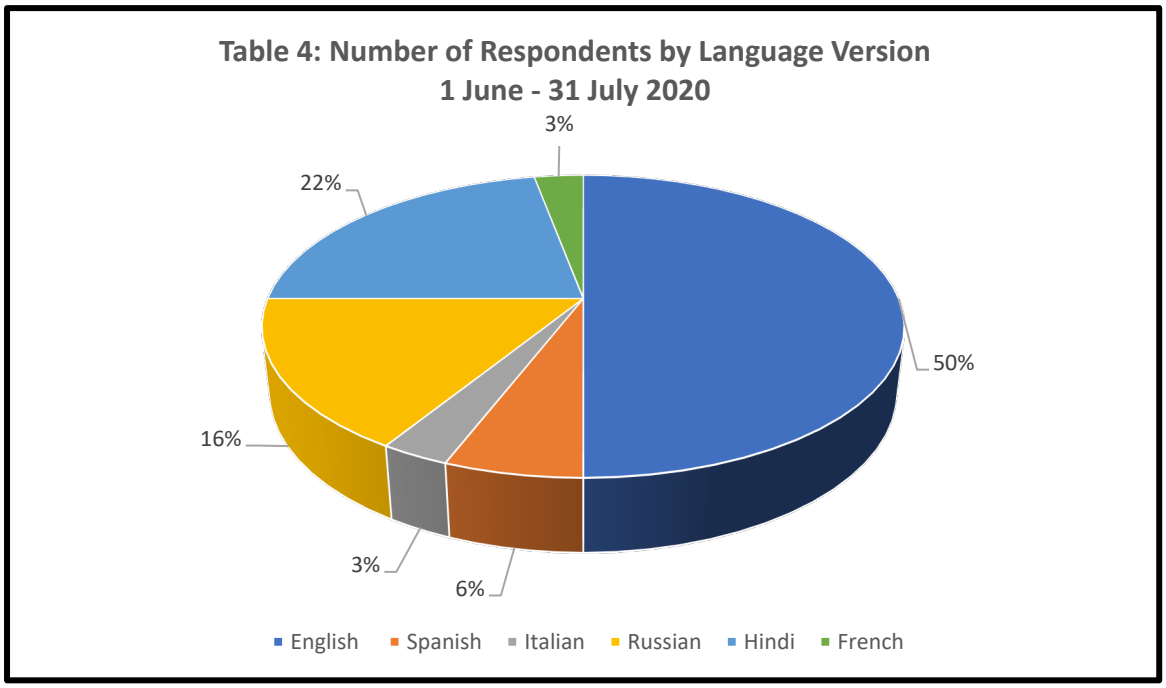
Approximately 20% of respondents chose to skip this question which likely relates to potential concerns about answering questions relating to the use of illicit drugs.

1. Snapshot of sample from second data collection period (1 June – 31 July 2020):

A total of 68 respondents from 17 countries completed the online survey between 1 June – 31 July 2020 which includes 34 (50%) respondents to English survey, 4 (6%) respondents to Spanish survey, 2 (3%) respondents to Italian survey, 15 (22%) respondents to Hindi survey, 11 (16%) respondents to Russian survey, 2 (3%) respondents to French survey. There were no respondents to Portuguese survey in the 1 June – 31 July 2020 data collection period.



On average 52 (77%) of respondents were completing the survey for the first time in the 1 June – 31 July 2020 data collection period with 16 (23%) respondents indicating they had participated in the survey previously. The same breakdown is reflected in the following question, with most participants 52 (77%) indicating they were completing the survey as individuals and 16 (23%) on behalf of a peer-based organisations/service.

Age Range:
Of the 68 total respondents, most 23 (34%) respondents are in 25-34 y.o. age range, followed by 13 (19%) in 35-44 y.o. age range and 12 (18%) in 45-54 y.o. age range. A slightly smaller number 10 (15%) respondents in 18-24 y.o. age range and 6 (9%) respondents in 55-64 y.o range. There were 3 (4%) respondents in the under 18 y.o age range in the Hindi sample and only 1 respondent in the over 65 y.o. age range in English sample.

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Gender Identity:
One difference between the first and second data sets is the number of females undertaking the survey. Of the 68 total respondents, a majority 37 (54%) identified as female and 30 (44%) of identified as male with 1 (2%) identifying as 'Other gender identity'. In the first data set (8 May – 31 May 2020) there were slightly more male than female respondents. This should be monitored across future data sets for any emerging trends over time.

Race/Ethnicity:
Of the 68 total respondents, 25 (37%) identified as White/Caucasian, 20 (30%) as Hispanic/Latino, 6 (9%) Russian, 2 (3%) Asian, 9 (13%) South Asian, 3 (4%) Black/African American and 3 (4%) Sub-Saharan African.

Drugs Used Most Often:
Respondents were asked about drugs used most and could select more than one option. Consistent with the responses in the first data collection period, on average the most used drugs in this second data collection period are Cannabis (60%), Opioids (52%), Stimulants (14%) Psychedelics (15%) with smaller number of respondents listing other drugs including: Benzodiazepines, Dissociatives (incl. Ketamine), Fentanyl, MDMA, GHB, Alcohol and Tobacco.

2. Specific COVID-19 Questions on Testing and Awareness

INPUD remains aware of the complexities associated with asking questions about testing and diagnosis associated with COVID-19. Access to testing continues to be limited, and questions remain over reliability of testing technologies and people's understanding of the virus and associated illness. Despite these issues however, due to the ongoing need for more data on the impact of COVID-19 among people who use drugs, we felt it was important to continue to include a small number of questions on these issues to help further build our understanding. Respondents were asked the same 3 questions relating to COVID-19 including whether they had tested positive for COVID-19, whether they suspected they had COVID-19 but had not been tested and whether they had heard about COVID-19 cases among people who use drugs in their local area.

Consistent with the first round of data collection, across the 6 language versions with respondents in round two, on average (90%) of participants answered that they had not tested positive to COVID-19, with (2%) answering "yes" to this question and (8%) answering "other" including that they *"had not had the test"*. When asked a follow-up question about whether they suspected they may have had COVID-19, but had not been tested however, approximately 6% of respondents answered "yes" and 94% answered "no". This is down from 13% answering "yes" to this question in round one.

Further, approximately 74% of respondents answered "no" when asked if they were hearing about COVID-19 cases among people who use drugs in their area (up from 68% in round one) but 23% of respondents answered "yes" to this question (an increase of 3% on the previous round) with only 3% answering "unsure" (down from 12% in round one). It is difficult to draw any specific conclusions from these data but, it is possible they reflect (at least to some degree) a growing level of information about what is happening in local communities as the course of the pandemic evolves.

Having said this however, consistent with the first round of data collected, some respondents continued to raised concerns about the lack of open and systematic data collection in relation to COVID-19 and people who use drugs with comments such as *"we hear of cases but not in the community"* (Cote d'Ivoire) and deeper concerns about transparency such as *"According to Ministry of Health, no PWID or people living with HIV have been infected with COVID-19"* (Mauritius) and this comment on the issue of trust *"About COVID? It's a guard. We have big problems in the region that are hushed up and we don't know anything for sure"*(Russia).

In responding to these questions about what might be happening among PWUD in relation to COVID-19, another respondent highlighted the fact that personal stories and accounts of COVID-19 infection and associated illness are occurring and even being told, but the process of testing and diagnosis can take months and we may not hear about such stories until sometime after. Another respondent spoke about hearing that "*a person under methadone was in quarantine"* but did not have other information or hear further details.

Linked to issues of access and information, other respondents commented on the specific issue of not having access to clear information about testing, whether it is even available and if so, how to access it: *"I have been going through a lot of fear and anxiety about the COVID 19 disease but there's nowhere to get tested*" (Kenya). Another respondent raised the more generalised concern that *"no public testing yet to be available for all [people in my country]"* (Malaysia).

Finally, comments in this section also highlighted that as time progresses, not all countries are dealing with the same situation in relation to COVID-19 with one respondent stating: *"NZ flattened the curve and eliminated COVID-19 from the community before it got out of control".* Comments from other respondents however highlighted that even within countries the situation can vary significantly and speak to a sense of ongoing isolation and fear for many PWUD *"I live in the area of the country where there was the first outbreak and strict quarantine"* (Ukraine) and this *"No known cases in my area, but live in a city next to the border, with that state in complete lockdown"* (Australia). These issues will all require ongoing monitoring to form a clearer picture of what is occurring as the stages of the pandemic progress at the local, country and global levels.

3. Qualitative Summary of Key Themes & Issues

To allow readers to consider the second round of data in the context of the data from round one, the new data is provided in an 'update box' at the end of each sub-heading to provide a brief summary of ongoing themes and any emerging issues.

Section 1: Health & Harm Reduction

This section focused on a series of questions about access to harm reduction and other health and social services support for people who use drugs in the COVID-19 pandemic environment. Specific issues include what services PWUD have access to, whether services have been prioritised and/or expanded due to COVID-19 and how PWUD are coping with the challenges associated with the COVID-19 pandemic.

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Access to Harm Reduction Services:
One of the more positive outcomes from this survey is that when asked a general question about whether harm reduction services are available in their area approximately 65% respondents answered "yes". Although it should be said, that 65% still indicates considerable room for improvement in the provision of basic harm reduction services. The only exception to this was in the Spanish language survey where over 50% of respondents answered "no" to this question.

When respondents were asked about whether harm reduction services are *properly* funded in their area however, we see almost the opposite response with close to 80% answering "no" or "unsure" and only around 20% answering "yes". The only exception to this trend is the Hindi survey with approximately 60% of respondents answering "yes" and only 25% answering "no" and 15% "unsure". It is important to note here however that the numbers in the first 3 weeks of the Hindi survey are small (n=8) as it was one of the last surveys to become available. It may also reflect the level of understanding of "harm reduction" services in different regions of the country by the survey respondents. Ongoing monitoring of the above issues will be important as more respondents complete the survey.

Updated Data (1 June – 31 July 2020)

Building on the positive outcome identified above, approximately 77% of respondents in the second round of data collection answered "yes" to the question about whether harm reduction services are available in their area. This is an increase of 12% on the previous survey. Despite this positive improvement however, of ongoing concern is the response in the Spanish language survey whereby 100% of that sample answered "no" to the question about availability of harm reduction services in their area (up from 50% in the previous sample). It is important however to highlight that the Spanish sample is very small in round 2 (only 4 respondents) but also, as discussed in the previous report (above), it may also reflect the level of understanding of "harm reduction" services in different countries, regions etc. Further, we also know that harm reduction services are limited in the LAC region, due to the lack of HIV funding in the region and thus funding and support for harm reduction. Also, generally the number of people who inject drugs are lower in this region which also explains the lack of access for NSP and OST and naloxone. The responses about whether harm reduction services are *properly* funded in their area are quite consistent in round two with 73% answering "no" or "unsure" and only 27% answering "yes". Also, consistent with round one, is that 73% of the Hindi language sample again answered "yes" to the question about the proper funding of harm reduction services in their local area. Although only very small numbers, it is worth noting that 100% of the Spanish sample answered "no" and 100% of the Italian sample answered "unsure" to this question.

Types of Harm Reduction Services Available:
Respondents were also asked about the specific types of harm reduction services available and could choose as many options as applied. While those who had access to harm reduction services indicated they had access to 'core' harm reduction services such as NSP, Opioid Treatment (OST), HIV testing, counselling & ART, HCV prevention, diagnosis and treatment, STI prevention and treatment and harm reduction information, they identified ongoing problems with access to certain types of harm reduction services. These included HBV vaccination, diagnosis and treatment, TB prevention, diagnosis and treatment and comprehensive overdose prevention including naloxone

provision. Respondents also identified an ongoing lack of access to safe consumption rooms, drug checking services, heroin assisted treatment and safe supply programs with only small numbers of respondents indicating the availability of these harm reduction services in their area.

It should also be noted that even where harm reduction services are available, some surveys indicated better access to some services than others. For example, the Hindi survey respondents indicated better access to OST than NSP while the Portuguese speaking respondents only indicated moderate access to NSP and no access to OST. The Italian survey respondents were the only participants to indicate a high level of access to comprehensive overdose prevention (including naloxone provisions) at 75% followed by the English survey respondents at 50%. On average however, only 30% of respondents across all surveys indicated access to comprehensive overdose prevention.

Updated Data (1 June – 31 July 2020)

The data for round two is largely consistent with the above data and analysis from round one. The only notable difference is that 4 (100%) of the Spanish language respondents stated that the *only* harm reduction services they have access to in their local area are HIV ART and STI prevention and treatment services. Of concern is the very poor access to comprehensive overdose prevention including naloxone provision which continues to be identified by a majority of respondents in round two with on average, only 11% of respondents indicating access to this critical form of harm reduction. A comment from a respondent from an African country highlights how difficult it can be for countries to establish harm reduction services at the country-level: *"Harm reduction services are so minimal and as an institution we are trying hard to advocate for these services, though struggling with resources and support. OST is extremely expensive because we use a private doctor to provide the service. We are like just starting but it is not easy."* (Zambia)

Expansion and Prioritisation of Harm Reduction Services & COVID-19:
When asked about additional funding being made available for harm reduction services in their area to respond to COVID-19 over 90% of respondents answered either "no" or "unsure" to this question. Similarly, approximately 70% respondents answered "no" or "unsure" to whether harm reduction services in their local area have been declared a 'essential service'. Together, these questions highlight at best, that people who use drugs have not been sufficiently made aware of increases to or prioritising of harm reduction services in response to COVID-19 or, at worst, it is a sign that harm reduction services have not been protected and scaled-up in the COVID-19 pandemic. Ultimately, either conclusion is concerning when we consider that some people who use drugs may be living with multiple chronic health conditions, compromised immune systems and other issues such as poor housing, homelessness, poverty, incarceration, etc.

Respondents also overwhelmingly stated that overall, harm reduction services had decreased rather than increased both in relation to opening hours and the types of services offered. Additional comments from respondents included perspectives on service availability issues including that many state-run or government services had closed mostly or entirely sometimes leaving NGO and peer-run services as the only services operating in some areas (countries where this was specifically reported included Greece, Mexico, Belarus). Respondents also identified problems associated with

harm reduction programs that are part of a larger mainstream health service having to close when the larger service closed due to the COVID-19 shutdown.

Of the harm reduction services that were operating, respondents identified that some services had worked hard to develop new and modified service models in the COVID-19 environment including more home delivery, postal and mobile services for harm reduction supplies and more outreach, phone-based and minimum contact service delivery approaches. Respondents also mentioned the introduction of strategies such as pre-bagging and doubling/increasing the amount of supplies provided to reduce the need for PWUD to physically attend services. These developments however were tempered by comments about the stress that these additional service models were putting on NGO and peer-based services particularly if they were not receiving additional funding to cope with these changes and the additional demands on their services due to mainstream service closure.

Updated Data (1 June – 31 July 2020)

Also, consistent with the data and analysis from round one above, are the responses to the questions about whether harm reduction services in their local area have been provided with additional funding and/or declared 'essential services' in response to COVID-19 with approximately 80% of respondents answering "no" or "unsure" to the question about additional funding and over 85% answering "no" or "unsure" to the question about being declared an 'essential service'. As pointed out above, these data once again highlight at best that PWUD have been insufficiently made aware of increases to local harm reduction services and at worst, suggest that such services have not been scaled-up in the response to COVID-19. Also, consistent, are the comments about decreases in the opening hours and types/range of services offered with participants adding comments such as *"access to harm reduction services made more difficult"* (Australia), *"decreases in supplies provided at each visit"* (United States) and *"during COVID 19 harm reduction services were stopped* (Mauritius). One respondent expanded on the situation for PWID stating that there is *"inadequate harm reduction for people who use needles. No water or filters supplied, increasing risks to long-term health of IV users"* (Australia).

Changes to Harm Reduction Services & COVID-19:

Respondents were also asked about changes to harm reduction services in relation to COVID-19 safety and hygiene issues. Participants identified that harm reduction services had made changes in relation to issues such as physical distancing, access to hand sanitisation, good information on preventing Coronavirus, rules for accessing the service if unwell, outreach and home delivery. However, respondents identified less changes in relation to providing separate entry/exits and alternative service options such as dispensing chutes. The positive overall outcome is that less than 10% of respondents said that "no changes had been made" due COVID-19 conditions in the harm reduction services they access.

Updated Data (1 June – 31 July 2020)

Once again, in line with round one data participants identified changes in harm reduction services relation to access to hand sanitiser, physical distancing in services and good information on Coronavirus prevention. Only a small number of participants (10-15%) however, identified other changes such as alternative service delivery options (incl. dispensing chutes), outreach/home delivery services and rules for accessing the service if unwell. More positively, less than 5% of

participants in round two stated that "no changes had been made" to services as a result of COVID-19.

Participant comments also reflected significant differences between different regions and countries for example: *"There are two entrances. One if unwell. No drug tests for now to minimize contact in the building. Home delivery in special cases (if there is enough time)"* (Sweden), *"No changes because there are no specific services offered to PWUDs, apart from the minimal service we are providing to a few"* (Zambia), *"Only access to hands sanitizer and masks"* (Kenya) and *"The distance was observed only in the doctor's office, it was not possible to keep the distance outside the door, this was not taken into account"* (Ukraine)

Take-home Doses of OST and Naloxone (pre-COVID):
Although approximately 25% of respondents stated they had access to take-home doses of OST and naloxone pre-COVID-19, comments by respondents also strongly indicated a highly variable environment depending on the treating doctor, the clinic and the city, region and country. Respondents highlighted that the attitudes of medical professionals such as prescribing doctors to take-home doses of OST and naloxone are very dependent on where you live and the service you attend as highlighted here: *"Highly dependent on the program whether OST is available take home, and how they perceive your "stability" as a patient".* Some respondents felt that there was more support from doctors for take-home doses of naloxone than take-home doses of OST. Many respondents also highlighted the ongoing problems with stigma and negative attitudes towards OST (including take-home doses), that the quality of service provision *"runs the gammit"* and that the *"rules are tight and inflexible"*. In addition, respondents from Belarus, Brasil, Bahrain, Nigeria, Cameroon, Russia and Egypt reported that both OST and naloxone continue to be unavailable.

Take-home Doses of OST & Naloxone during COVID-19:
When asked whether attitudes towards take-home doses of OST and naloxone have changed since COVID-19, respondents were split with 30% of respondents answering "yes", 38% answering "no" and 32% "unsure". Comments by respondents however did highlight the fact that some countries/regions/cities had made changes to policy or relaxed guidelines on the amount of take-home and unsupervised doses available to people on OST such as more take-home doses, less supervised dosing and more flexibility in approaches for those at high risk of COVID-19. In some places home delivery is also available to people in self-isolation, quarantine and for those who are immune compromised. Numerous respondents pointed out how the relaxation of guidelines shows that flexibility in the way that OST is delivered is not only possible in relation to government policy but that it can be done safely and effectively, it *"treats people in a less punitive manner"* and *"more like adults"*.

Other respondents pointed out that it *"took time to get there"* particularly health departments and public authorities and that the full extent of flexibilities is still not being made available to people on OST in many places. Numerous comments by respondents also highlighted that although policies and guidelines may have changed, it doesn't mean that people on OST are getting more or any take-home doses. Indeed, some respondents indicated that they were not aware of whether changes to policies on OST take-home doses had been made or not. Respondents also expressed concerns about the *"permanency"* of any changes that have been made and what will happen in the post-

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COVID-19 environment. Others highlighted that COVID-19 conditions may have resulted in more flexibility for existing clients but that *"no new registration can be done even for those who need it"* due to the reductions in face-to-face service delivery.

Comments were also made about the important role that peer advocates have been undertaking in relation to changes to policies and directives on access to take-home doses both in relation to liaising with OST doctors, other service providers, health department officials, etc., and ensuring that changes are being communicated to people who use drugs and on OST in the community. There were specific comments about problems and delays in the implementation of changes due to *"breakdowns in communication"* and *"a lack of timely co-ordination between administrators and service providers"* making the situation unnecessarily complex for peer advocates/services and service users.

One important issue raised by multiple respondents was that although there may have been improvements and/or greater flexibilities introduced in relation to OST take-home doses, the same cannot be said for access to take-home naloxone. Respondents spoke about little or no access to take-home naloxone despite also commenting that they believed doctors, on-the-whole, would be more supportive of providing access to take-home naloxone than OST take-homes. But this does not mean that there are no barriers to accessing naloxone as demonstrated by this comment: "*Naloxone is practically unknown even among the drug users while many pharmacists do not encourage drug users to buy it as they are under the impression that the safety it provides would become an incentive for abusing opioids"* (Greece). Further monitoring of this issue is important to gain a better understanding of what is occurring in relation to access to take-home naloxone for people who use drugs and to identify and address ongoing access issues including addressing concerns about access to comprehensive overdose prevention as also highlighted above.

Others pointed out that COVID-19 conditions have, in some places, made limited services even less available due to the closure of mainstream services. Issues were raised about cost increases associated with increased access to take-home doses and how people without means are having to pay for take-home doses that they may not have had to pay for previously due to the closure of services associated with COVID-19. Several comments highlighted the increased difficulties for people who use drugs and those on OST who are homeless and have little information, support or means to access any programs that are available particularly when many services can only be contacted via phone or online services. Respondents from the Hindi, Spanish, Russian and English surveys also highlighted that there are many places where OST and naloxone remains unavailable – regardless of COVID-19.

Updated Data (1 June – 31 July 2020)

As in round one, the data from round two reflect mixed responses from participants about access to and attitudes/policies towards OST and naloxone take-home doses both pre-COVID and during COVID. In round two approximately 70% of respondents answered "no" or "unsure" to the question about access to OST and/or naloxone take-home doses pre-COVID compared to approximately 75% of respondents in round one. And 60% of respondents answered "no" or "unsure" to the question about whether medical practitioners had supportive attitudes towards take-home doses pre-COVID compared to 70% of respondents in round one.

Also, largely consistent with the round one data, are the responses from round two participants on the situation in their local area in relation to supportive attitudes towards take-home doses and whether there has been any *actual* policy change in relation to access to take-home doses of OST and/or naloxone during COVID-19. Once again, responses are mixed and the situation described in the comments provided vary from region to region and country to country with some environments experiencing more positive change than others. Despite these acknowledgements however, over 70% of respondents in round two answered "no" or "unsure" to the two questions on whether attitudes to take-home doses had improved during COVID or whether there has been changes to official policies on access to take-home doses during COVID.

Some of the comments by respondents included: *"In spite of advocacies for home doses of methadone, the state authorities have not validated the recommendations of WHO or UNODC for take home dose during the pandemic"* (Mauritius) and *"Even for stable patients who had been receiving the drug in their hands for 12 years without significant comments, there was no relief, since the doctors bluntly say that you cannot be trusted in anything. On the OST program, patients feel even more stigmatized and no longer free. The goals of OST are completely twisted. We are losing patience and need a qualified comprehensive approach"* (Ukraine) and this *"Everything is bad, nothing good. Everyone is busy with COVID. People rot – doctors do not have time to do anything with them"* (Russia). Other participants highlighted some changes to attitudes and policies in relation to take-home doses during COVID-19 including: *"People in opioid substitution treatment are getting more take homes (people that are seen as more stable)"* (Sweden), *"Take home facilities not available in OST programme pre-COVID but now, take home facility and no need for a home member to accept the take home [on behalf of the OST client] and now they are giving OST take homes for the maximum days"* (India) and *"Attitudes are unchanged, stigma remains, although more take home doses have been made available to people accessing OST"* (Australia).

A small number of respondents also made some specific comments about both naloxone and OST take-home arrangements before and during COVID-19. Some of the comments on take-home access to OST and naloxone before COVID-19 included: *"Only after 1 year or stable with your OST Program you're able to get take home dosage. Naloxone is only available in the local emergency hospitals"* (Malaysia) and *"Naloxone access was very poor before COVID19. It has improved since COVID19 but was one off funding of naloxone. We need naloxone to be reclassified so doctors feel OK about giving to unnamed people and so all NEP outlets can distribute it" (New Zealand).* A number of the respondents expressed that positive changes had been made in response to COVID-19: "*Practicing take home dosage of OST were quite good" (Malaysia) and "Increased take home for OST for all instead of few exceptional cases*" (India), with one respondent stating that "*Attitudes are unchanged, stigma remains, although more take home doses have been made available to people accessing OST*" (Australia). However, these changes have not been consistent across countries: "*NGOs are still advocating for home dose in times of crisis Natural disasters and Pandemics but nothing have been validated until now. The state authorities are still not confident in providing these services to Pwids etc*." (Mauritius) and that adjustments to services for people who use drugs not a priority "everyone is busy with covid. people rot - doctors do not have time to do anything with them" (Russia). Furthermore, peers are also concerned that COVID-19

induced changes such as more flexible approaches are temporary rather than likely to mean real change as valiated by a NZ respondent: *"No long-term policy changes for OST or Naloxone. Things have returned to how they were pre-COVID. Takeaway arrangements have returned to pre-COVID arrangements despite doctors realizing OST patients didn't all overdose or sell their takeaways."* (New Zealand). And finally, *"Naloxone available without prescription from pharmacies. OST policies remain the same, but procedures relaxed only temporarily"* (Australia).

Access to Other Health/Support Services:
When asked about access to other health and support services during COVID-19, on average only 30% of respondents indicated they had access to outreach and free food services, followed by 20-30% of respondents who indicated access to housing, emergency shelters, free legal services, women's services and family & domestic violence services. Over 20% of respondents indicated they had no access to other health and support services.

Some of the comments provided by respondents give a sense of the confusion, frustration and hardship many people who use drugs are experiencing in relation to accessing broader health and support services, not only in the time of COVID including: *"the landscape of services has dramatically changed and I'm unsure of what is no longer available at this time"* and this comment, that highlights the discriminatory rules conditions imposed on people who use drugs that limit their ability to freely access existing social services. *"Only the newly opened one Shelter for Homeless Drug Users. Nothing else and sadly nothing for women. Nothing provided for abused women who use drugs. They are usually asked to 'get clean' and then come back to a safe place/shelter to sleep or be treated for the abuse. The results are horrendous as they are practically left to suffer, unable to brake [sic] free of their abusers"* and *"Drug-using sex workers in my area - my peers - hardly have access to any of the above even outside the context of a pandemic"*.

Updated Data (1 June – 31 July 2020)

In round two, on average 35% respondents stated they had access to outreach services with another 20-25% respondents stating that they had access to housing, free food and legal services during COVID-19. A further approximately 15% of participants had access to women-specific services and only 5% of respondents indicating they had access to family & domestic violence services or emergency shelters. On average 20% of respondents stated they had "no access" to the other health and social support services with comments such as: *"No deliberate programs or support apart from our initiative of providing messages to a few due to lack of resources and government restrictions due to COVID19*" (Zambia). A couple of respondents did identify some specific additional supports, but these appeared limited in scope and duration: *"Provision of ARVs to peers and food packs to peers by NGOs only."* (Mauritius) and *"Increased government payments made it easier for people to get by, but that is reducing soon"* (Australia).

Impact of COVID-19 on PWUD:
The final question in the section on health and harm reduction related to how respondents are coping in relation to the impact of COVID-19 on how they are feeling. Respondents could select as many options as applied. Between 40-50% of respondents reported feelings of loneliness, anxiety, social isolation and feeling uncertain and scared about the future. A further 35% of respondents reported feeling anger and frustration and while 30% of respondents reported feeling depressed

another 30% stated they were feeling OK and coping OK. While approximately 25% of respondents said, they were unsure about the impact that COVID is having for them, almost 20% reported having suicidal thoughts.

Updated Data (1 June – 31 July 2020)

Similar to the previous report, between 40-60% of respondents reported feelings of loneliness, anxiety, social isolation and feeling uncertain and scared about the future. A further 50% of respondents reported feeling anger and frustration and while 20% of respondents reported feeling depressed another 30% stated they were either feeling OK and coping OK and/or not entirely sure yet about the impact of COVID-19 on how they are feeling. Comments highlighted the ongoing feelings of uncertainty, anxiety and fear including: *"it's like no one cares"* and *"fear of loss of rights"* and *"anxiety for the future".*

As identified in the previous Data Report in June, while the above issues are difficult to measure in a qualitative survey, and of course, different issues will affect different people in different ways depending on many other factors including their background/context/country, etc., it does provide some insight into the ongoing impact COVID is having on an already highly marginalised and criminalised community.

Section 2: Drug Use & Safe Supply

This section focused on a series of questions about changes to the illicit drug market, drug use practices, drug-related overdose and disruptions to OST medications for people who use drugs in the COVID-19 pandemic environment.

Changes to the Illicit Drug Market:

Between 50-70% of respondents reported that prices have increased, quality has decreased and deals have become smaller. Over 40% of respondents also reported that people are switching drugs because they cannot get access to their preferred drugs/s but others highlight that lockdown and lack of contact with people makes it difficult to know what is really happening: *"It's a mixed reality and depends on the drug of choice. People seem to be using more cannabis and less cocaine... but again difficult to tell with little access to the outdoors."*

A further 30% of respondents reported problems with adulterants. Just over 10% of respondents reported new drugs appearing on the market and comments referred to increases in people buying drugs online and a decrease in street dealing due to increased visibility, police presence and large fines for breaching lockdown directives including this comment: *"Police make more controls than before. It's difficult buy and sell in streets"* (Italy) and *"Meeting with people is risky from both the virus and police".*

Approximately 5% of respondents reported no change in the market but, additional comments from respondents indicated that people are expecting this situation to change as the COVID-19 lockdown continues including the following comments: *"no change yet but we expect it to come soon"* and *"We expected substantial shortages but no dramatic changes have been noticed yet in the market"* and *"Heard varying reports" and" Talk of potential shortages"* and *"…there have been scattered*

reports of reduced availability and purity, and higher prices - mainly for heroin and cannabis" (United Kingdom).

Updated Data (1 June – 31 July 2020)

The data from round two indicates a slight increase in the numbers of respondents reporting that prices have increased, quality has decreased and deals have become smaller during COVID-19 with between 60-80% respondents reporting such changes in the illicit drug market (which is consistent with views above in round one that people were expecting the market to change as the COVID lockdown continued). One respondent commented: *"There is less product and it is more difficult to get."* (Mexico) The number of respondents reporting that people are switching drugs because they cannot get their preferred drugs has also increased from 40% to 70% of respondents in round two. Responses in relation to problems with adulterants were slightly lower at around 22% (compared to 30% in the previous round) and new drugs appearing on the market remained about the same with approximately 11% of respondents identifying this as an issue. Comments from respondents included: *"Heard numerous stories of people getting dangerous and inferior drugs or changing drug of choice to alternate substance"* (Australia) *"Many had to detox on bupe or just go cold turkey"* (India)

Involuntary Withdrawal Due to Changes in Drug Market:
When asked if they have been forced into involuntary withdrawal due to changes in the drug market or have heard about other people experiencing this almost 60% of respondents answered "yes" with a further 30% answering "no" and 10% unsure. The additional comments provided by respondents also spoke to this issue including: *"People are trying any sorts of drugs to manage their withdrawals"* and *"isolation has increased alcohol use to offset difficulties in acquiring drug of choice"*.

Updated Data (1 June – 31 July 2020)

Respondents in round two reporting forced involuntary withdrawal due to change in the drug market increased slightly with 69% answering "yes", 25% answering "no" and 6% "unsure". Additional comments included: *"Yeah peers are using fake stuff which have even caused death since there is no mechanism in place to test this new drug in the street to prove what we consume or use through injecting is good, real and healthier"* (Kenya) and *"Clients reported withdrawing because of supply issues"* (New Zealand) and this: *"All substances have become harder to access and more expensive. Harder to get prescription medication which is heavily impacting people with chronic pain, with further options limited."* (Australia)

Increased Risk of Overdose During COVID-19:
When asked if they have heard of more people using alone because of physical distancing requirements, 50% of respondents answered "yes" with a further 29% answered "no" and 21% answering "unsure". The fact that half of the respondents answered "yes" indicates that increased risk of overdose is a significant issue for people who use drugs during COVID-19 lockdown/isolation. Comments from respondents highlight the impact that social isolation is having on people who use drugs: "*People who live alone are the main ones affected - I know of several singletons who are using a variety of drugs alone because of the lockdown - including heroin users"* and another respondent simply added *"I'm using alone more".*

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We asked if people have seen/heard of increases in overdoses during COVID-19 and 14% of respondents answered "yes" with comments including: *"I've known 3 people who have died since the pandemic started. OD rates have skyrocketed in my county. Last year we had 96 OD's, we've had 76 in 3 months during the pandemic"* (United States) *and "Multiple overdoses in the park. Less services mean people are more at risk"* (United States). Others highlighted issues such as tolerance including *"new users with no tolerance" and "return to use with no tolerance"* (United States). Others spoke on a more personal level: *"Personally I lost (OD result in Death) 2 friends - 1 very close and one estranged - within a week of each other and have heard of at least 2 other revived ODs in same month. Shits crazy"* (Australia) and this comment *"A friend died from an overdose of drugs and alcohol"* (Bolivia).

Although 60% answered "no" to whether they have seen/heard of increases in overdoses during COVID-19, the remaining 26% of respondents answered "unsure" to this question. Indeed, in additional comments multiple respondents explained that although they may have answered "no" or "unsure" this did not mean that overdoses were not happening in their local area or networks but rather, that people feel very disconnected from what is happening around them due to social isolation and that the lockdown requirements make it very difficult to confirm anything that one does hear. Comments were also made about people not reporting on this issue due to fear.

This issue highlights the need to develop COVID-specific harm reduction/overdose prevention messaging by and for people who use drugs that does not simply reproduce existing messaging such as "don't use alone" but understands the complex situations that people who use drugs are managing and provides credible and realistic information for COVID conditions. Furthermore, when taken together with the data above on the ongoing lack of adequate access to take-home naloxone and comprehensive overdose prevention, INPUD would suggest this entire area of harm reduction for people who use drugs requires urgent attention during COVID and beyond.

Updated Data (1 June – 31 July 2020)

When asked about whether participants were aware of people using alone more because of COVID restrictions and social distancing requirements, round two participants were quite split with approximately 35% of respondents answering "yes", 35 % answering "no" and the remaining 25% answering "unsure". In relation to the question on awareness of increases in overdose deaths during COVID, approximately 85% of participants answered "no" or "unsure" compared with 15% answering "yes". As discussed in the first Data Report above however, it is unlikely that these data mean that overdoses are not happening but rather, that people are unsure about what *is* happening around them due to social distancing requirements and COVID restrictions. This is reflected in the comments by several respondents including *"Lots of relapses in recovery community and lots of deaths"* (United States) and *"People using home alone instead of with others"* (New Zealand) and *"usually use in groups, but have been limiting to people in household"* (United States).

Other participants highlighted that it can be difficult to know exactly what people are doing due to lockdowns and ongoing restrictions *"Difficult to gather accurate data"* (Zambia) and *"No change… I think, unsure"* (Ukraine) and *"I work at a needle exchange; participants have noticed a lot. People I know personally haven't experienced anything like that though"* (United States).

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Difficulties associated with the lack of reliable data and insufficient education on overdoses was also raised by several respondents such as *"No data available for any overdose cases in Malaysia"* and *"personally no, but some data suggests differently"*, *"not sure due to inaccurate data*" and *"overdose is happening everywhere every day but it's hard to know only to realise later coz most people have no knowledge about overdose" (Kenya).*

Disruptions to OST Medications During COVID-19:
When asked if changes had been made to OST to make it easier and faster to get onto the program during COVID-19 some respondents reported services introducing specific measures with 26% reporting introducing take-home doses for OST, 41% reporting increases in the number of take-home doses for OST, 13% reported an easing of entry procedures, 18% reported removal of requirements for supervised consumption and 19% reported removal of requirements for compulsory urine analysis testing.

Despite the above changes, 40% of respondents reported "no change" to make access to OST easier or faster during COVID-19 with comments about continuing barriers to access despite policy changes such as people not being given as much flexibility with take-home doses, unsupervised consumption, etc., as the policy allows as well as arbitrary rules, onerous requirements such as 'locked-boxes' for storage of take-home doses. As also identified above, respondents also commented on difficulties associated with restrictions on new OST clients during COVID-19. Having said this however, some other respondents commented on how services had worked to implement the relaxation of guidelines including increases to take-home doses, longer scripts, simpler processes, 3rd party pick-up for people in quarantine or isolation and one respondent spoke about the introduction of a hydromorphone prescribing service for people in 'active addiction' as a new service during COVID-19.

When asked specifically about disruptions to OST medications during COVID-19, while most respondents (44%) answered "no", this was closely followed by 36% of respondents answering "unsure" and 20% of respondents answering "yes". The lack of access to information about what is happening and what other people are experiencing due to lockdowns is likely to explain the high level of respondents answering "unsure" to this question. Nevertheless, respondent's comments did indicate disruptions, particularly for new clients to the program due to service closures and restrictions and for people on post-release from prison. Respondents also raised some issues with people already on programs in relation to the effect of lockdown on getting to clinics and chemists for dosing/pick-up including difficulties getting through check-points in some places and miscommunications in relation to the new arrangements such as scripts not sent to pharmacy, confusion over service hours and contacting services in shutdown.

Updated Data (1 June – 31 July 2020)

Participants in round two indicated largely consistent responses with round one data in relation to the introduction of specific measures to allow for take home doses for OST (22%) compared to (26%) in round one (above) and (35%) reporting an increase in the number of OST take home doses compared to (41%) in round one (above). Unlike the round one data however, few participants reported *other* measures to improve access to OST including easing of entry procedures and removal of supervised consumption and urine drug-screening requirements with

under 5% of respondents reporting these measures *"urine tests were randomly done and if you were found positive you'll lost your 3-5days of OST doses as a punishment"*(Malaysia). Importantly, 45% of respondents in round two stated that there had been "no changes" to make OST easier or faster to access in response to COVID-19 including comments such as *"not on the agenda* (Cote d'Ivoire) *"*, *"no OST"* (Russia) and *"Access to OST and harm reduction were stopped during COVID-19"* (Mauritius).

Some participants however did highlight other measures that had been implemented to make accessing OST easier during COVID (beyond take home doses) including comments such as *"OOAT mobile van started… First ever mobile van for OOAT clinic has been started and running successfully, delivering its services to many surrounding villages… Every age group got benefit of this mobile van"* (India) and *"third party pick up in some instances"*. Other participants also highlighted however that any measures that were introduced were temporary and in some places these measures were already being rolled back including *"Temporary increase in takeaway doses and phone appointments instead of in person"* and *"Compulsory urine testing now resumed again and limits on take home doses brought back for most"* (Australia).

Finally, while only 20% of respondents in round two answered "yes" to the question about whether they were aware of people experiencing disruption to their OST medications due to COVID-19, with the remaining 80% answering either "no" or "unsure", these data are consistent with round one. As already outlined in the first Data Report above, this is likely to be associated with a lack of information about what other people are experiencing due to lockdowns and other restrictions. This is further supported by the fact that of the 80% answering "no" or "unsure", 35% of respondents answered "unsure". Of the 20% answering "yes" to this question about disruptions, comments included: *"During lockdown many people could not reach their clinic and made them default"* (Kenya) and *"interruptions if you miss 3 consecutive days"* (Mauritius), *"police did not let OST clients go and private OST centers were closed*" (India). Respondents also offered solutions to these disruptions and to the public health issues associated with COVID-19 including: *"Take home doses should be the solution for the situation of COVID-19 and in another way that is social distance and prevention" (Kenya).*

Planned Decreases in Policing of Drugs During COVID-19:
When asked whether they were aware of any plans to decrease policing of drugs for personal possession and small scale supply to keep drug markets stable during COVID-19 and prevent overdose and other harms, most respondents answered "no" (73%) or "unsure" (20%) with only 7% answering "yes". Despite the lack of formal or "planned" changes, respondents made comments about changes to policing *"local police have stated that they are being "reactive" instead of "proactive" and making fewer arrests - not for our safety's sake, however, but theirs"* (United States). Other respondents stated that policing of people who use drugs for non-violent small-scale supply offences continues unchanged, but now police have increased powers (India, Australia, Bahrain).

Other respondents spoke about homeless people who use drugs being the main targets of policing partly due because with lockdown, people on the streets *"standout more"* which some highlighted is made worse by the lack of safe consumption rooms: "*We have rather been the main target of police and gendarmeries since the crisis started since there are many homeless drug users and no*

consumption room existing". Some other respondents reported an increase in policing and in fines for people who use drugs breaching the isolation rules. While other respondents reported noticing a decrease in *"stop and search"* of people who use drugs in their areas (such as the United Kingdom), however some felt this had more to do with police not wanting contact due to fears of the virus.

Updated Data (1 June – 31 July 2020)

In line with participant responses from the first round of data collection above, when asked whether they were aware of any plans to decrease policing of drugs for personal possession and small scale supply to keep drug markets stable during COVID-19 and prevent overdose and other harms, most respondents in round two answered "no" (80%) or "unsure" (15%) with only 5% answering "yes". In addition to the fact that changes to policing of drug use have been minimal, a few participants also commented on the temporary nature of any changes that were seen such as: *"There was an initial decrease in policing activities for safety reasons around infection control, however normal policing activities now resumed…"*(Australia) In line with the majority of participants who answered "no" to this question, some participant comments highlighted how COVID, rather than leading to reform, has in fact led to an intensification of policing in some places including: *"Rather it was full of policy abuse and physical aggression"* and this *"During the epidemic [there] has been highly intensified law enforcement to capture consumers and small social traffickers as on someone's go ahead from the top."* Nevertheless, even under difficult circumstances, respondent comments spoke to hope for the future and their ongoing work to change policies and laws: *"We are advocating for laws and policies that decriminalize drug use for the sake of accessing health services freely. We are talking to government and other stakeholders to advocate for policy change"* (Zambia).

Section 3: Drug Laws & Detention

This section focused on a series of questions about drug laws and detention including developments in relation to decriminalisation and small-scale drug possession, policing practices, courts and alternatives to prison sentences, use of early-release and pardons and compulsory detention issues during COVID-19.

Decriminalisation of Personal Possession & Use During COVID-19:

We asked respondents about whether personal possession and use of drugs are decriminalised in their city/state/country and whether this has changed during COVID-19. Perhaps unsurprisingly, most respondents 75 – 80% answered "no" to both questions. While 20% answered "yes" to decriminalisation prior to COVID-19, only 3% of those who responded reported any change to drug laws towards decriminalisation for personal possession and use of drugs during COVID-19. Although respondents did not provide specific details on laws that had changed, respondents did highlight that it is only certain drugs, under certain circumstances but people who are engaged in *"more stigmatised drug possession"* are still being charged. Others stated that it is only cannabis that has been decriminalised or depenalised to any significant degree rather than other illicit drugs. It was also noted that even where laws have changed, sometimes *"people who use drugs are not aware of the changes to provisions"* or the new rights associated with the changes.

Respondents also reported that in some environments, police *"turn their eyes elsewhere"* for cannabis use and sometimes for *"recreational", "tourist"* and *"club scene use"* but still prosecute

local people who use drugs. Some respondents highlighted that sometimes there is decriminalisation at a city or state/provincial level but not country-wide which can cause major problems for people who use drugs who move around or travel. Even if small amounts for personal use are decriminalised, other respondents highlighted that police can still arrest and interrogate the person for cultivation or manufacturer which still carry a prison term. Respondents also highlighted that: "*many arrest were made and put people into prison during the lockdown. One died in prison from suicide after 4 days from the arrest"* (India). Other respondents wished to draw attention to the fact that most countries have seen no reform and indeed, have extremely harsh drug laws that have sometimes become more severe rather than more relaxed during COVID-19.

Updated Data (1 June – 31 July 2020)

In line with previous responses above, when asked about whether personal possession and use of drugs are decriminalised in their city/state/country and whether this has changed during COVID-19, most respondents 85 – 95% answered "no" to both questions. While 10% did answer "yes" to decriminalisation prior to COVID-19, no respondents reported changes to drug laws *during* COVID-19. In addition to the 95% of respondents who answered "no" to the question about changes during COVID-19, the remaining 5% of respondents all answered "unsure". The comments from respondents also highlight the ongoing scale and extent of criminalisation including: *"All drug classes are criminalized, both possession and trafficking, even being found in possession of paraphernalia is a criminal offence."* (Zambia) and *"We criminalise and harshly punish drug use and possession."* (India) Other comments (similar to previous comments above) highlight that even where there has been some level of change, such changes are often very limited: *"Only cannabis is decriminalized for personal use. If anything, there has been an increase in charges and penalties for personal use of other illicit substances [during COVID-19]."* (Australia)

Increases in Policing for Drug Possession & Small-Scale Supply During COVID-19:
Respondents were asked about increases in policing for possession and small-scale supply of drugs during COVID-19 and while 38% answered "no" and a further 32% answered "unsure", 30% of respondents answered "yes" this question. Some of the key issues highlighted by respondents included the fact that people who use drugs and homeless people who use drugs are *"standing out more"* and *"get noticed more"* due to lockdowns and coming to police attention more easily due to the lack of other public activity. Respondents also stated that people who use drugs are being *"caught up"* in routine policing such as stopping people to check if they have *"a valid reason for being out"* and people being arrested and charged as a result for possession and dealing. One respondent stated that *"people who use drugs are being charged twice if they leave home to buy drugs. Buying drugs is considered 'non-essential' so people get massive fines for 'non-essential' travel and then also charged for drug possession"*. Respondents also added that *"police have been alerted in some places to be more vigilant about people who use drugs coming out to buy drugs"*. Countries where this is reported as occurring include India, Australia, Mauritius, Malta, United States, Italy, Paraguay, Russia, and Ukraine.

Courts and Alternatives to Prison Sentences During COVID-19:
When asked about whether courts are using alternatives to custodial sentencing for minor drug offences during COVID-19, most respondent (48%) answered "no", with a smaller number of respondents answering "yes" (24%) and "unsure" (28%). Of those who answered "yes" a small

number of respondents reported some judges using discretion available to them to avoid the use of custodial sentencing but most comments related to a lack of change. It should be noted however, that the 28% of respondents answering "unsure" likely reflects the fact that many people will not have a full understanding of (or access to information on) how magistrates, justices, etc., are responding under the COVID-19 conditions.

Early Release or Pardons During COVID-19:
When asked about whether people who use drugs are being released early or pardoned for non-violent, minor drug offences and/or for those who have less than six months to serve, 42% of respondents answered "no", 27% answered "yes" and 30% answered "unsure". The higher number of respondents answering "unsure" probably relates to the lack of information on actual numbers of people being released despite public announcements that people would be released in some cities/regions/countries as supported by this comment: *"I'm pretty sure that is a no, but I could be wrong. I haven't heard of any cases but that doesn't mean that it's not happening".*

Some respondents commented that despite public announcements about early releases for people with non-violent offences and good behavior records, there appears to have been very little action in reality: *"the UK government promised to release more low-risk prisoners and those nearing end of sentence, but the statistics show only a few hundred have been released. Dreadful situation"* and this comment *"Pick and choose, not all the prisoners who were release for non-violence criminal charges from prison*". One respondent also reported: *"People are getting out early individually b/c of medical reasons, but that's it. There are local legal efforts to #freethemall, but our supposedly progressive prosecutors resist them*" and *"I read that people with lighter prison terms or good behaviour records would be released during the pandemic but I have not seen any changes. There is talk of it but no action so far".*

A small number of respondents made comments however about prisoners being released during COVID-19 including this comment: *"500 people released from prison .... most of them were arrested for drug consumption"*. Along with several other issues identified in this survey, developments in relation to early-release and pardons should be monitored further to confirm whether policy commitments in this space are being implemented.

Updated Data (1 June – 31 July 2020)

Responses to the questions about policing, courts, prisons, compulsory detention in round two show some fluctuations with the responses from participants in round one (above). For example, the majority of respondents (70%) indicated that there had been an increase in policing for drug possession and small-scale supply during COVID-19 whereas in round one 30% of respondents said there had been an increase policing for possession and small-scale supply and 32% were "unsure". In round two, only 14% respondents stating that they were "unsure" about what had been going on. Only 16% of respondents indicated no increase in this type of policing during COVID-19. Comments included: *"Nothing changed. All detainees sent straight to prison"* and *"Same. Same as always"* and *"As long as someone is found with drugs, or drug use equipment they will be arrested and remanded in prison"*. In relation to the questions about courts and whether the use of pardons and early-releases had increased during COVID-19, over 80% of respondents in

round two answered "no" or "unsure" with comments including: *"Court programs including intervention programs as an alternative to prison sentences have reduced dramatically."*

Released from Compulsory Detention/Private Centres with Co-ercive Measures During COVID-19:
While at least half of respondents skipped this question because they did not view a question about compulsory treatment centres and/or private treatment centres using co-ercive measures as relevant to their setting. Of those who responded, 41% stated "no", 50% were "unsure" and 4% answered "yes" in relation to compulsory detention centres and 5% answered "yes" in relation to private treatment centres with co-ercive measures. Although there were limited additional comments in relation to this question, INPUD would suggest that over 90% of respondents either answering "no" or "unsure" about whether people who use drugs have been released from compulsory detention and private treatment centres during COVID-19 is a 'red-flag' issue that requires urgent attention both in COVID and non-COVID conditions.

Forced into Compulsory Detention, Rapid Detox, Quarantine Camps & Homeless Shelters During COVID-19:
When asked whether people who use drugs are being harassed or forced into compulsory detention centres, rapid detox in incarceration, quarantine camps & homeless shelters during COVID-19 11% respondents answered "yes" in relation to compulsory detention, 6% in homeless shelters, 30% answered "no" and 53% answered "unsure". Respondents also commented that in some cities, people who use drugs who are homeless are being offered hotel rooms (many of which are vacant) which most people accept due to extra comfort and safety.

Updated Data (1 June – 31 July 2020)

Over 80% of respondents also stated that they were not aware of PWUD being released from compulsory detention or co-ercive private treatment centres due to COVID-19 conditions and indeed, 20% of respondents answered "yes" to whether PWUD were being harassed or forced into compulsory detention centres, rapid detox in incarceration, quarantine camps & homeless shelters during COVID-19. One respondent commented: *"Stimulant drug users were sent to prison and opioid based users were detained in the compulsory detention rehabilitation centers repeatedly."* Several respondents also commented on the impact of COVID-19 on PWUD who are homeless including comments such as: *"Town hall with no private space for drug users are available in the camp. Hence many of us fled away and be on the streets amidst the COVID lockdown."* and *"Yes, on the streets".* Others highlighted that it can be hard to know exactly what is happening when people are in lockdown and the population is so criminalised and marginalised: *"I've heard the stories, but not verified.".* Respondent comments also raised issues about OST and detention including *"Little to no support for withdrawal risks or symptoms provided after someone is detained with some people persuaded onto OST where not always suitable"* (Australia).

Section 4: Protecting Human Rights

This section focused on a series of questions about the effect of emergency powers on specific communities including increased police violence, housing eviction, social protection measures, drug-related stigma, race-based discrimination and the role of peer-based support during COVID-19.

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Emergency Powers Being Used to Target Specific Communities:
Of concern is that when asked about whether emergency powers are being used to target specific communities on average, 37% of respondents answered "yes", 35% "no" and 26% answered "unsure". The issues associated with this 'targeting' is highlighted further in the question asked about which communities respondents believe are being targeted where respondents identify people who spend a lot of time on the streets (59%), homeless people (52%), people who use drugs (44%), people of colour (33%), sex workers (30%), women who use drugs (26%), people with mental health issues (26%), first nations (19%) and trans communities (11%).

When asked whether people who use drugs are being fined for breaches of distancing or lockdown laws, approximately 40% of respondents answered "yes", 24% answered "no" and 37% answered "unsure". In addition, comments by respondents highlighted that although people might hear about *"crackdowns"* and fining of certain communities, these actions are often *"out of the public view"* and therefore, can make it difficult to prove and/or quantify about what is happening. Others highlighted just how difficult it can be to achieve social distancing in lockdown particularly in communities experiencing poverty where overcrowding is an everyday reality. Respondents also raised issues about the reality of *"being a drug user and needing to leave home to get drugs".* Participants also discussed issues about people who have nowhere else to go and are often in parks and other public places and are therefore *"constantly harassed/facing fines that they can't pay"*.

Updated Data (1 June – 31 July 2020)

In relation to the questions about whether emergency powers are being used to target specific communities, in round two on average, 35% of respondents answered "yes", 35% "no" and 30% answered "unsure". In response to the question about which communities respondents believe are being most targeted, respondents mainly identified people who use drugs (50%), women who use drugs (30%), homeless people (30%) and people of colour and first nations people (30%). Respondents also identified trans communities (17%), sex workers (17%) and people who spend a lot of time on the streets (17%) as communities who are also being targeted. When asked whether people who use drugs are being fined for breaches of distancing or lockdown laws, approximately 50% of respondents answered "yes", 22% answered "no" and 28% answered "unsure". In addition, comments by respondents highlighted issues of marginalisation, poverty and criminalisation including: *"Any people caught crossing interstate borders are being charged. Marginalised communities are impacted because of vulnerability in accessing services including harm reduction services and health services*" (Australia) and *"With no money to pay the fine, they were sent to prison"* (Malaysia) and *"Homeless people and people without permits are targeted the most"* (Mauritius). Once again, respondents also highlighted issues for people who have nowhere else to go *"especially people in open areas of drug consumption"* who are easily targeted and fined.

Violence Against People Who Use Drugs During COVID-19:
When asked if they had heard about more violence towards people who use drugs during COVID-19, while the majority on average answered either "no" (30%) or "unsure" (27), it is concerning that the remaining 43% of respondents answered "yes" either in relation to law enforcement (23%), the general community (8%) or both (12%). Comments included statements about *"homeless and roofless people who use drugs always being a target for violence but that COVID has made them*

more at risk". Another respondent spoke about *"tons of stabbings and assaults against people who use drugs and homeless people*". Other respondents made comments about both *"direct violence from law enforcement"* and *"more racism and risk of being attacked"* during COVID-19. Another respondent commented on the fact that while people who use drugs may not be being targeted specifically, *"they end up being targeted because they come out to source drugs and in the current context are more obvious and become a focus".* Anecdotal reports of similar occurrences have been reported in North-Eastern states of India and some states in Nepal.

Updated Data (1 June – 31 July 2020)

When asked if they had heard about more violence towards people who use drugs during COVID-19, 56% of respondents in round two answered "yes" either in relation to law enforcement (37%), the general community (8%) or both (11%). Comments from respondents from the Ukraine were particularly concerning included statements about *"Unfounded arrest, suffocation and beatings" as well as "Intimidation of rape to testify at his friend"*. Another Ukrainian respondent spoke about *"An elderly man with no legs who was dragged out of the shop… was discharged a large fine and in the end had to call an ambulance*". In other regions, respondent comments included *that there have been increases "in both stigma and negative community attitudes"* and that *"people from across the border and marginalised people have been attacked physically and verbally" (Australia)* and accounts that PWUD are *"being beaten because of non-respect to social distancing" (Mauritius).*

Violence Towards Women Who Use Drugs incl. Intimate Partner Violence During COVID-19:
Response to the question about violence towards women who use drugs including intimate partner violence was mixed with 37% answering "yes", 37% answering "no" and the remaining 26% "unsure". In the additional comments, one respondent raised issues about female sex workers who are drug users experiencing increased threats of violence during COVID including *"demands of quick sex"* and being *"forced to beg for money by partners due to less sex work or face beatings"*.

Respondents also made comments about their own experience of violence and those they have heard about including increasing intimate partner violence and family and domestic violence during COVID due to being in lockdown often in very small spaces in poor circumstances. One respondent described the situation as *"nowhere to run"*. Other respondents spoke about *"couples fighting even more in lockdown"*.

Updated Data (1 June – 31 July 2020)

Consistent with the previous responses above, round two responses to the question about violence towards women who use drugs including intimate partner violence was mixed with 35% answering "yes", 39% answering "no" and the remaining 26% "unsure". Comments from participants however highlighted that significant increases in the levels of "domestic violence during lockdown" across the entire community are of course, also "having an impact on female drug users" (Australia and New Zealand). One respondent from Malaysia stated that women drug users have *"been self-forcing themselves to lower their intake and have gone through withdrawals due to shortages of drug supplies".* Several other participants highlighted the fact that it can be very difficult to know what is actually occurring in relation to issues such as domestic and intimate

partner violence due to *"no information"* and *"no statistics being made available"* (India and Mauritius).

Housing Eviction During to COVID-19:
Respondents were asked whether they have or know about people who use drugs who have been evicted due to inability to pay rent during COVID-19. In response, on average 23% of respondents answered "yes", 59% answered "no" and 18% answered "unsure" to this question. In additional comments, respondents added that *"supposed bans and stays on evictions but only for some – people who use drugs still being told, threatened to leave, getting notices and being evicted"*. Respondents also spoke about direct and close personal knowledge of evictions due to COVID-19 and not being able to pay full market rent and job losses (particularly casual workers).

Updated Data (1 June – 31 July 2020)

A higher number of respondents (than in round one above) answered "yes" to a question about whether they have or know about people who use drugs who have been evicted due to inability to pay rent during COVID-19 with on average, 37% of respondents answering "yes", 53% answering "no" and 10% answering "unsure" to this question. This is probably not surprising because it may have taken some time for some of the impacts of COVID-19 and lockdown to really take effect and show themselves within the community. In additional comments, respondents highlighted that where it has been made available, government support initiatives have been very welcome with respondents from New Zealand and Australia commenting that "putting a freeze on evictions for several months" along with additional income support initiatives have probably prevented evictions for people who use drugs in those countries. Nevertheless, a couple of respondents also highlighted that with or without such measures, people who use drugs face ongoing vulnerabilities in relation to housing and eviction with comments such as the *"owner of the room, with no specific reason, evicted a few people from where they were staying and they've ended up in the alley"* (Malaysia) and this, "*at a time when the landlord agrees to wait to pay, it does not apply to the drug addict, they do not give him a chance, he is not checked in again*" (Ukraine). One respondent also spoke to the level of PWUD community support during COVID with the following comment: "*This (eviction due to COVID-19) has happened. With the ones I know about, I went to arrange the payment*" (India).

Access to Social Protection Measures without Official ID Papers During COVID-19:
When respondents were asked about whether they have experienced less access to social protection measures during COVID-19 due to not having official identification (ID) papers, most respondents (44%) answered "yes", with 33% answering "no" and 23% answering "unsure". Additional comments by respondents focused on the fact that services are not able to provide support to people without official ID cards/papers such as *"Peers without ID can't access relief and social benefits"*. Other respondents stressed the current difficulties for people post-release who have *"no phone, get released without support, services are closed, departments are closed and there is no way to even get an ID card"* and *"If you don't have a phone and get released from incarceration there's no support to manage your health insurance, benefits, or get an ID"*. Respondents also commented that people without ID cards cannot get any work or other support and are living very hard lives: *"many people are receiving emergency food stamps"*.

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The number of respondents stating that they have experienced less access to social protection measures during COVID-19 due to not having official identification (ID) papers increased between round one and round two. Most respondents in round two (64%) answered "yes" which is a 20% increase on round one responses, with only 16% (less than half of the previous sample) answering "no" and 20% answering "unsure". This is likely because access to social protection measures for highly marginalised communities such as people who use drugs, was unlikely to be visible in the early stages of the pandemic. Additional comments by respondents highlight this issue and include comments about the types of people who have had the most problems including: *"Homeless people and people who do not have work access permits"* (Mauritius), *"people who inject drugs wanting to go on OST and not having official papers did not get access to methadone* (Mauritius), *"peers without ID can't access relief and social benefits"* (India) and *"this is a very topical issue which requires immediate regulation. Because of this problem, the guys have constant problems and troubles with accessing medical and social services"* (Ukraine). One respondent, also highlighted the problems that can be associated with health and social services going online during COVID-19 when people don't have online access: *"Most of the aids from the government goes online and I personally believed that the grassroots groups have issues with their application process"* (Malaysia).

Stigma and Discrimination Towards People Who Use Drugs During COVID-19:
Respondents were asked about whether drug-related stigma and discrimination had increased during COVID-19 and while 44% answered "no", 38% answered "yes" and a further 18% answered "unsure". One of the key issues to highlight in relation to the above responses is that research has shown that stigma and discrimination for people who use drugs is so ubiquitous that it is virtually a universal experience. In this context, it is possible that those who answered "no" were acknowledging that although stigma and discrimination may not have increased during COVID-19, existing high levels of stigma and discrimination continues. This is further supported by the comments by respondents that state that people who use drugs *"always experience a lot of stigma and discrimination and this hasn't changed due to COVID-19"*. It has just been exacerbated by COVID conditions in some contexts and for some people who use drugs who are after all a very heterogeneous group.

Updated Data (1 June – 31 July 2020)

Respondents in round two were once again asked about whether drug-related stigma and discrimination had increased during COVID-19. It is noteworthy that the responses to this question changed in round two with 53% answering "yes", 35% answering "no" and 12% answering "unsure". This represents an 15% increase in the number of respondents stating that stigma and discrimination has increased during COVID-19. It is also important to acknowledge, as we did above, that those who answered "no" to this question, were likely to be acknowledging that although stigma and discrimination may not have *increased* during COVID-19, existing high levels of stigma and discrimination continues. Comments by respondents included that *"stigma increased from health, community and policing services"* (Australia), and that *"people are alone on the street and in full view of the police"* (Ukraine) enabling stigma and discrimination.

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Race-Based Discrimination Towards People Who Use Drugs During COVID-19:
When asked about whether they had seen or experienced increases in race-based discrimination against people who use drugs during COVID-19 most respondents (48%) answered "no" although 26% of respondents answered "yes" and a further 26% answered "not sure". When taken together, most respondents answered either "yes" or "unsure" which makes this issue an important area of ongoing monitoring for this survey. Respondents who provided comments identified race-based discrimination against people of African-American Creole decent, Chinese and other Asian backgrounds and migrant communities who are experiencing homelessness and the fact that COVID-19 has created even more race-based discrimination due to increased fears in the community.

Updated Data (1 June – 31 July 2020)

There were very few comments in round two about issues relating to race-based discrimination against people who use drugs. In line with the round one data above, one respondent did raise the issue of what they called "anti-Chinese sentiment" but other respondents stated that they were either unaware of such discrimination or that information was not available. As identified in the previous round of data collection, this is an important issue of ongoing monitoring for this survey as the responses thus far indicate a need for greater awareness and monitoring of these issues.

Support & Solidarity Among People Who Use Drugs During COVID-19:
When respondents were asked about support they have received and provided among the community of people who use drugs during COVID-19 (respondents could choose as many options as applied), on average the main types of support included: harm reduction equipment deliveries and buying food for others (over 50%). This was followed by help with advocacy, getting together to look after each other, mobilising around a specific issue, cooking meals for each other, financial support and providing safe places to stay (30-49%). The final area included use of phone data/internet (30%), help with transport to health and other services (28%) and buying food together and helping with children (17%). Several respondents made comments along the lines of the following comment about solidarity between peers which has made them "*feel proud of the ideas and attitudes of people who use drugs and the way that people take care of each other's needs*".

Role of Peer-Based PWUD Networks During COVID-19:
When asked about the role of peer-based PWUD networks during COVID-19 respondents were asked to identify what services and supports people had access to and/or found helpful. Respondents identified a large range of service and supports including: advocacy on rights and needs including housing/homelessness, OST advocacy, NSP and harm reduction services, distributing OST, ART and HCV medications, drug checking services, connection to emergency supports, hygiene supplies, food & cash, COVID information, monitoring services, outreach, overdose prevention and naloxone, rights and policing, transport to services, suicide prevention and mental health support.

When asked whether peer-led services had been 'more' or 'less' active during COVID-19 respondents said that peer-led services (where they are available) have been very active and sometimes the only services available when other mainstream service have gone into lockdown.

Respondents however did also identify that peer-based organising and services have been challenged by the lockdown measures and policies with many peers and some peer-based organisations having to focus on survival as well as trying to support their local communities of people who use drugs.

Nevertheless, respondents highlighted that peer-led services and organisations have been motivated thorough a heightened sense of urgency, peer motivation and a sense of solidarity. While some organisations may have received some increase in funding to address the demands of the COVID-19 pandemic, most have been motivated through initiative and making the most of peers wanting to support their community through the COVID-19 pandemic.

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Finally, respondents were asked again about support they have received and provided among the community of people who use drugs during COVID-19 (respondents could choose as many options as applied), on average the main types of support in round two included: emotional support, delivering harm reduction equipment, buying food for others and providing people with a safe place to stay (20-40%). These were followed by financial support, help with advocacy, getting together to look after each other, mobilising for a specific issue, people buying food for others, people cooking for others, help with transport to health services and use of phone/data/internet at (10-20%) of respondents. Less than 10% of respondents identified buying food for others and help with children as key areas of support received or provided.

When asked about the role of peer-based PWUD networks during COVID-19 respondents were asked to identify what services and supports people had access to and/or found helpful. Respondents identified a large range of service and supports that varied by country and region including: *"internet resources, targeted outreach and a hotline"* (Russia), *"giving out masks, snacks/water during protests, fundraising, harm reduction and calling each other and being there for each other"* (United States), *"providing access to ARVs, food packs and PPEs, providing infos on social distancing, working in networks of NGOs to get food, consolidating collaboration with doctors for medicine, support and care"* (Mauritius), *"providing food rations, masks, soap and sanitizer, some referral to drug treatment and OST centers, advocacy on OST, keeping regular contact, online meetings and discussions*" (India) and *"studying the formation and success of strong communities, comparing with our realities, mobilising the belief that we can change our lives and societies attitudes to drug use"* (Ukraine).

CONCLUSION

This updated version of this important survey by the International Network of People Who Use Drugs (INPUD) provides a unique perspective on the ongoing impact of the COVID-19 pandemic on the lives of people who use drugs globally. The survey builds upon the key issues and themes identified in the first Data Report June 2020, and seeks to focus our attention on those issues that require ongoing monitoring and response including problems with access to health and harm reduction services (including OST and naloxone provision, safe consumption rooms, etc), the ongoing negative impact of criminalisation, stigma and discrimination on the lives of people who use

drugs, the need to improve access to basic social services support and the need to increase human rights protections for people who use drugs. As data collection is ongoing, future reports from this survey will build an ongoing picture of these and other emerging issues and developments in relation to COVID-19 and people who use drugs.

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