

**Webinar on COVID-19 and Harm Reduction Programme Implementation:  
Sharing Experiences in Practice, Monday 6 April 2020  
Q&A Follow-up**

***1. Regarding early release of incarcerated populations. Monica Ciupageo noted that in response to COVID-19 a number of countries have started early release of people from prison. Is it possible to tell us which countries have done this? This may help efforts to expand this policy response in other parts of the globe.***

Please find the list below. Just two caveats that (1) measures are quite different in the expected impact, the criteria for release, etc, and (2) this list is not comprehensive and in development.

***Amnesties/pardons/remission of sentence:***

- Algeria
- Bahrain
- Brazil
- Burkina Faso
- Ethiopia
- France
- Germany
- Ghana
- Iran
- Morocco
- Somaliland
- Togo
- Tunisia
- USA
- Zimbabwe

***Release with diversion to home arrest/parole/delay of execution of sentence:***

- Albania
- Argentina
- Australia
- Bahrain
- Brazil
- India
- Iran
- Ireland
- Italy
- Netherlands
- Sri Lanka
- Sudan
- UK
- USA

***Early release/consequence unclear:***

- Afghanistan
- Canada
- Libya
- Nigeria
- Norway

**Americas:**

USA - Releasing people from jails and prisons

<https://www.prisonpolicy.org/virus/virusresponse.html>

Canada - More than 2,000 inmates released, 6 COVID-19 cases confirmed inside Ontario jails

<https://www.cbc.ca/news/canada/toronto/ontario-jails-coronavirus-1.5527677>

#### **Asia:**

Afghanistan - Over 700 prisoners freed in Afghanistan as COVID-19 cases soar

[http://www.xinhuanet.com/english/2020-03/30/c\\_138931849.htm](http://www.xinhuanet.com/english/2020-03/30/c_138931849.htm)

Bahrain - 1,800 inmates freed from jail in Bahrain

[https://www.zawya.com/mena/en/legal/story/1800\\_inmates\\_freed\\_from\\_jail\\_in\\_Bahrain-SNG\\_172237862/](https://www.zawya.com/mena/en/legal/story/1800_inmates_freed_from_jail_in_Bahrain-SNG_172237862/)

Indonesia - COVID-19: Indonesia releases more than 5,500 inmates, plans to free 50,000

<https://www.thejakartapost.com/news/2020/04/01/covid-19-indonesia-releases-more-than-5500-inmates-plans-to-free-50000.html>

Iran - Coronavirus: Iran frees 85,000 prisoners to combat spread of infection

<https://news.sky.com/story/coronavirus-iran-frees-85-000-prisoners-to-combat-spread-of-covid-19-11958783>

Sri Lanka - 2,961 prisoners have been released on bail

<https://apnews.com/27d53bcdd57f205837cb5d64694d11bb>

## **2. Can you comment on the ability of prisoners to engage in suggested preventative behaviours?**

With awareness-raising, information and preventive measures in place including the possibility of physical distancing as well as clear instructions for personal protection and provision of necessary PPE, people in prison should be able to protect themselves and identify symptoms in themselves and others.

## **3. Is there was an official statement form INPUD/EURONPUD regarding Overdose response during the COVID19? In the Republic of Ireland, where I am based, the advice is to avoid rescue breaths and to wear PPE when responding to an overdose.**

Judy: So far, we have not shared an official statement on overdose response and COVID-19 but is important to develop. If people don't have medical masks at their disposal, the advice would be to ensure that the person responding covers their mouth with cloth or material, such as T-shirts, bandanas and scarves. Gloves are strongly advisable, but again if not possible at time, then handwashing immediately after is very important.

Ernst: I agree with Judy. The theory (and WHO's recommendations) say that rescue breathing would be recommended in case of opioid OD. We will need more data to advise otherwise. A reason more to make sure that there is enough Naloxone available in the hands of people likely to witness OD!

**4. *How can we identify and report the needs of people who use drugs, specifically for the context of COVID 19? Do you have any information about instruments for collecting data that have been used on the subject?***

We are not aware of any specific tool of data collection related to COVID-19 yet. From our perspective, the field-teams are using a more qualitative approach with focus-groups, individual interviews and most importantly community consultations that are run by our peers and drug-user groups. Maybe at a later stage we will start collecting quantitative data for better planning, but we haven't done this so far.

Global Drug Survey will be including questions on impact of COVID-19 on the drug scene within their annual survey. IDPC are working on a survey to collect data on changes to drug policy and Release are developing a survey on COVID-19 and drug markets and supply. INPUD are working on a survey for people who use drugs. These will help to identify needs and we hope these will be publicly available soon.

**5. *UN promotes coordinate work of all UN agencies on the issue of drugs. How about sending a message to all resident UN coordinators advising them to contact civil society to improve coordination and help them promote and use the UNODC documents?***

UNODC sent a message to all Representatives in the Field Offices to make them aware about the technical guidance issued and encouraged them to contact national CSO to promote and use the UNODC documents. As of today, the documents were translated in the local language in most of the UNODC High Priority Countries for drug use and HIV

**6. *INPUD: How to maintain a minimum service when the Global Fund country's management unit decides to suspend all the activity directed to key populations, meanwhile the crisis is getting more edgy by the time?***

There have been no official instructions from the Global Fund to either reduce or suspend key population work, in fact there has been a particular emphasis on official correspondence from the Global Fund Secretariat on continuing community and community-led programmes and involvement. If such cases are happening at country-level, our suggestion would be to write to your Fund Portfolio Manager and copy other relevant stakeholders, for example, the Primary Recipient, Country Coordination Mechanism and the Community, Rights and Gender team. The NGO Communities Delegation to the Board has called for the Global Fund to mitigate against precisely the scenario that you describe above. Communities are concerned that COVID-19 crisis could be used as an opportunity to reduce, curtail or stop services and engagement of communities, so it is an issue that requires close monitoring.

If you need further information, please contact our Global Fund technical consultant at [mickmatthews@inpud.net](mailto:mickmatthews@inpud.net)

**7. Is UNODC and/or WHO planning to send some official recommendations to the governments of the member states regarding specific support of PWUD during COVID time?**

UNODC shared the harm reduction COVID19 technical guidance with all government agencies in UNODC High Priority Countries. In all these countries, UNODC is in contact with our government counterparts to support the implementation of the recommendations.

**8. Alternatives to smoking?**

Here is some advice from 3D Research and INPUD advice for opiate users

If you become unable to smoke heroin and you don't inject, this leaves 3 options:

- a) snort it: chop the powder finely and sniff it up your nose slowly using a tube
- b) UYB: dissolve brown heroin with citric or ascorbic acid, and draw it into a syringe - with no needle - and slowly squirt it Up Your Bum into your rectum
- c) swallow it: this means the heroin will go via your liver *before* it reaches your brain, resulting in a morphine-like effect - but it also stops withdrawals.

**Resources**

[EMCDDA update on the implications of COVID-19 for people who use drugs and drug service providers](#)

[UNODC](#)

[INPUD](#)

[EuroNPUD and INPUD - COVID-19: Advice for People Who Use Drugs Leaflet](#)

[Overall WHO guidance on COVID-19](#)

[WHO technical guidance regarding COVID-19 and HIV, hepatitis and STIs](#)