

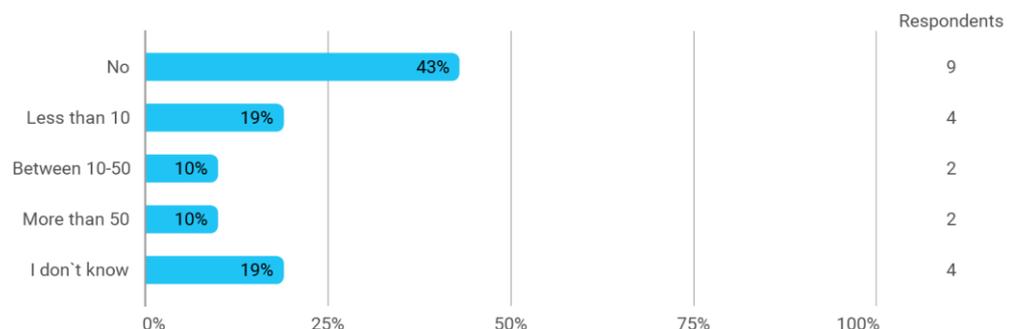
Survey on the responses to Covid-19 in the field of drug service – EUROCITIES Working Group Substance Abuse Prevention

1. The survey was closed 28th of June 2020. 25 cities responded*

- Amsterdam
- Antwerp
- Athens
- Barcelona
- Bergen
- Brighton & Hove
- Chemnitz
- Glasgow
- Hamburg
- Hengelo
- Karlstad
- Leipzig
- Lisboa
- London
- Metropole de Lyon
- Oslo
- Porto
- Riga
- Rotterdam
- Stockholm
- Stuttgart, Germany
- Tallinn
- Tampere
- Vienna
- Zürich

* The following cities responded twice: Porto, Leipzig, Zürich, Glasgow, Vienna. Riga three times

2. Have you experienced confirmed cases of Covid-19-among drug users in your city?

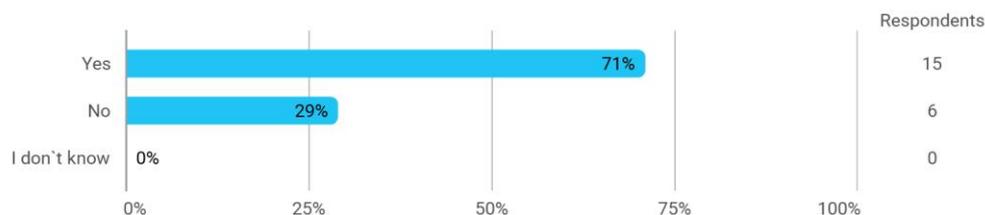


2.2 Comments about Covid-19-outbreaks among drug users

- There have been just a few confirmed cases of Covid-19. About 60 drug users have been tested.
- These confirmed cases are not only noticed in the low threshold facilities, but also in outpatient and inpatient treatment
- Few separate cases of COVID-19, no outbreaks

- I am not aware that data has been collected which would specifically identify drug users amongst the cohort who have contracted Covid-19. However, given the scale of the infection in London, including amongst specified populations (e.g. rough sleepers) I am confident we have had considerably in excess of 50 cases amongst drug users..
- Only one in a Institution for homeless
- We only had two people who tested positive. How many were asymptomatic, we don't know.
- I have no knowledge of cases. However, I assume that there could be a dark figure of affected persons among drug users as well as in other communities.
- Some cases in supported housing and emergency housing. Some cases in private homes too. We approximately had 25-30 cases across the service.
- Widely held impression that Covid outbreak amongst drug users has not been as significant as expected- but no robust data at this stage.
- There was no confirmed cases among drug uses. Theres was luck og easy access to food, water and drug use equipment such as syringes etc.

3. Do you have special services for drug users in quarantine / infected with Covid-19?



3.2 Comments on the service your city provides to drug users in quarantine or with Covid-19 infection

- The Agency for Welfare and Social Services has on behalf of the City of Oslo established an own facility for drug users with Covid-19 infection (about 15 rooms). Also, the City Mission (an NGO) has run a facility for drug users in quarantine. In addition, the different districts in Oslo have taken care of several drug users that live in their district. The quarantine facility is closing in mid July due to low demand and the service will be a part of the fascility for the drug users with confirmed Covid-19 infection.
- Extended stays in shelters.
- We have reserved 105 rooms for isolation of homeless people of Amsterdam. Because of their vulnerability or Covid-19 infection. (These rooms have been partly occupied)
- A process has been coordinated for clients in home quarantine, who are undergoing substitution therapy or who require psychopharmacological medication: For patients who are in quarantine, we offer to collect the medication from the pharmacy and bring it to patients' homes as well safer use material if it is needed. Patients can also contact a helpline directly.
- One hospital introduced a covid-unit especially for those with no place to stay in quarantine (mostly homeless people).
- We have specific services for rough sleepers who have drug treatment needs and have Covid-19 or need to be shielded. We have also adapted services for the wider drug using community.
- The Municipality of Lisbon created four new Emergency Centers in Sports Centres (3) or unoccupied buildings (1) to host approximately 220 homeless people in response to the pandemic COVID 19. The centers are inclusive for LGBTI + people, for people with reduced mobility, couples, for people with pets, and also for those using alcohol and drugs. Specifically for substance users the Municipality established in the Emergency Centres the following interventions: low threshold treatment to manage and prevent severe alcohol deprivation syndrome, providing twice daily Diazepam (10 mg); Thiamine, Folate and Tiapride (17 people on treatment); opioid substitution treatment (methadone), including the possibility of induction in the centres (approx. 37 people on OST); needle, syringe and crack pipes distribution; daily availability of a mobile drug consumption room (DCR) in 2 of the centres (25 interventions daily in the centres and in the community: supervised consumption, primary healthcare, social support, distribution of drug

equipment, rapid testing); the staff of the four centres and some clients were trained in recognising and responding to opioid overdose (37 people trained). Nasal naloxone was made available.

- If one in Substitution gets Covid. Services will come to the home of the person.
- The city operates an isolation station - especially for Covid-19 clientele.
- In Stuttgart special houses have been set up. In these houses, people from institutions for homeless people and refugee institutions as well as people who need further assistance can be accommodated in quarantine.
- Treatment accommodation for rough sleepers and those insecurely housed when COVID 19 positive. A team of health professionals and outreach workers support this group within the accommodation setting. The Substance Misuse service has set up a specialist worker who is a prescriber as the point of contact for those living in this accommodation. We fast track these referrals for assessment and treatment.
- Telephone and online contact with key workers.
Home delivery arrangements have been made to support those unable to get to the pharmacists for OST. Locked storage cabinets have been provided for those with children. A postal service for Injecting Equipment Provision and naloxone has also been developed by the 3rd sector.
- The municipality of Athens in cooperation with Okana and Kethea provide services such as shelter for homeless drug users, food, water, and access to drug use equipment
- We provided an Institution especially for drug using homeless people, where they could spend their quarantine

4. What measures have you put in place to encourage social distancing and hygienic measures in the drug using community?

- The city of Oslo has:
 - Arranged meetings between all low threshold facilities in the city centre for drug users, so all the facilities can communicate with their target group about the importance of social distancing and following the hygienic measures. All low threshold facilities have done the same.
 - Made flyers with information especially related to drug use and pointed directly to drug users. The flyers have been in both Norwegian and English. The flyers were developed with the drug users organizations and a medical doctor.
 - Handed out antibiotic to drug users, both to give them the opportunity to follow the hygienic measures and to initiate conversations about Covid-19 and the measures.
- We have provided information in different languages, outreach teams have provided information on the field.
- The mobile social workers inform people who use public space and / or have no accommodation about the risk of infection. Multilingual information sheets on COVID-19 were developed. These information sheets with the most important information in eight languages are distributed by them.
A special campaign with messages on posters like "Your life counts! You matter!", "We're here for you", "take care of you" or "stay safe" has been distributed to inform about opening hours of emergency shelter homes and where to change needles....
https://www.suchthilfe.wien/2/wp-content/uploads/2020/05/shw-plakat_Corona_du_bist_wertvoll_motiv1a_EN.pdf
In addition, the campaign "Keep your distance! - also in the park" has been started. In the process, posters are put up by the mobile social work in the parks and the park users are actively informed about the current rules of conduct regarding COVID19. Homeless people are placed on appropriate offers.
https://www.suchthilfe.wien/1/wp-content/uploads/2020/03/Bitte-halten-Sie-Abstand-voneinander_Englisch.pdf
- Lots of sensitizing of the population. It seems like it took 2 to 3 weeks longer for them to understand the severity of the situation.
Use of pictograms, posters in different languages to inform everybody.
- -Our low threshold centres and injecting room are closed, but people can come to the door and get needles and other paraphernalia.
-We try, on a daily basis, to stay in touch with all the users to whom we have contact information (if they agree to be in touch with us), just to ensure that they are well and check if they have any needs.
-We have, in collaboration with NGO's, organized food distribution, and we deliver food and other

paraphernalia home to people who, for different reasons, are particularly vulnerable.

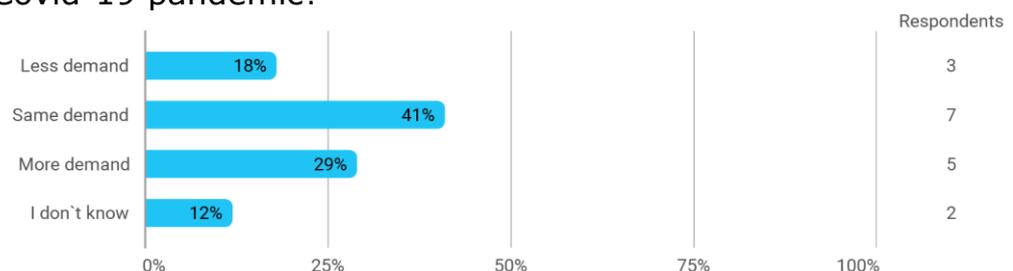
-We serve warm dinner to people who live in shelters/temporary housing.

-We do outreach work to inform about the risk of infection how to prevent it.

-We have organized a shelter for those who get infected, and are working with Haukeland University Hospital and GP's to try to ensure that they get replacement therapy (methadone, Subutex and other medication/drugs) that will help them through quarantine.

- All organisations/sites providing services to people who use drugs (PWUD) were introduced by government to social distancing rules and their work was reorganised to accommodate this. Drop in centres were closed since it was not possible to ensure social distancing, but other harm reduction and treatment services remained open, albeit some with reduced opening hours. Group counselling was replaced with individual counselling and most counselling services moved online. It was possible to get harm reduction supplies in the centre for unlimited period. Additionally, psychological crisis help was provided in cooperation with major hospital, both for clients and workers of harm reduction services, especially peer counsellors. All OST centres received new guidelines for pandemic situation from National Institute for Health Development (NIHD), including procedural changes for administering take-home methadone for longer period, delivery of medicine to patient with assessment of possible problems and cooperation with other social services, also guidelines for
- Increased the use of take home (rather than daily supervised) prescriptions. Made sure harm reduction materials (e.g. needles) are available in a way that allows social distancing and reduces need to visit services. Adapted services to allow social distancing. Messaging and advice to service users.
- The municipality created specific information materials for people who use drugs and distributed hygiene products/alcohol pads in outreach. Some services for people who use drugs implemented a system of marks in the ground to define distance and requested hygiene measures (washing hands/alcohol) before entering the premises.
- Temporary outreach work.
- Daytime activities and user spaces were closed. Sleeping places in Homeless shelter were reorganised to keep a minimal of 1,5 m. distance. Cleaning activities in homeless shelter more frequently. Stimulating hand washing and personal hygiene.
- Opening of an open-air drug consumption room so that the social distancing requirements can be met. Hand hygiene, fever measurements, clients with symptoms were excluded - they were only allowed back in after medical clarification.
- We have carried out continuous educational or counselling work in the counselling centres, day care centres and within the framework of street work.
- Health promotion material devised, including sexual health advice, shared with support workers to be discussed with clients.
- Support services have been offered on telephone or online.
- Reduced number of collections for medication at pharmacies to reduce queues.
- Our council has drawn information in various language
- INFORMATION ABOUT COVID AND THE NEED OF SOCIAL DISTANCING, DISTRIBUTION OF MASKS, GLOVES, HAND SANITISING GEL AND BROSHURES WITH INFORMATIONS AND DIRECTIVES
- During the pandemic, the common area in the institution for homeless drug dependant people was closed. Now they reopened the area which follows the hygienic measurements and distancing rules. Moreover, those institutions distributed masks and disinfectant for These People. Other than that, the homeless People received an instruction on how to follow the hygienic measures and distancing rules in public.

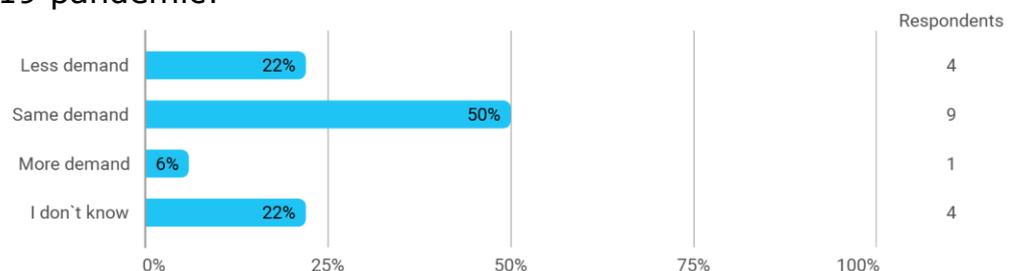
5. Have you experienced changes in demand for treatment for injecting drug users during the Covid-19 pandemic?



5.2 Comment about changes in demand for treatment for injecting drug users since the outbreak of Covid-19

- From my knowledge, there is a small increase in demand of low threshold opiat treatment (LASSO in Norwegian).
- In the beginning it seemed there was more demand (idea of maybe experiencing problems in getting the drugs), but after a while it all stabilized, as drugs were still as accessible as before.
- Less demand in emergency unit. Higher demand in treatment.
- There has been increase on OST referrals in Tallinn
- We have actively increased access to substitute prescribing. Some indication that interruptions in supply may be encouraging individuals to seek help.
- Most treatment centres stopped accepting new clients during the pandemic. Harm reduction and low threshold methadone treatment continued accepting new clients.
- In the beginning less, now more
- The counselling centres have reported that the need for crisis intervention has increased. Also the intensity of contacts within of street work has also increased. On our side, proactive efforts have been made to get previously unsubstituted opioid addicts into substitution treatment. At the beginning of the corona shut-down phase, more than 10 people were admitted to substitution treatment.
- We have seen an increase in injecting drug users wanting to access prescribing, especially those insecurely housed or rough sleeping.
- The homeless population, including public injectors, accommodated in hotels in the city centre has increased significantly - Injecting Equipment Provision and naloxone are provided in the city centre through assertive outreach.

6. Have you experienced changes in demand for treatment for alcohol abuse during the Covid-19 pandemic?

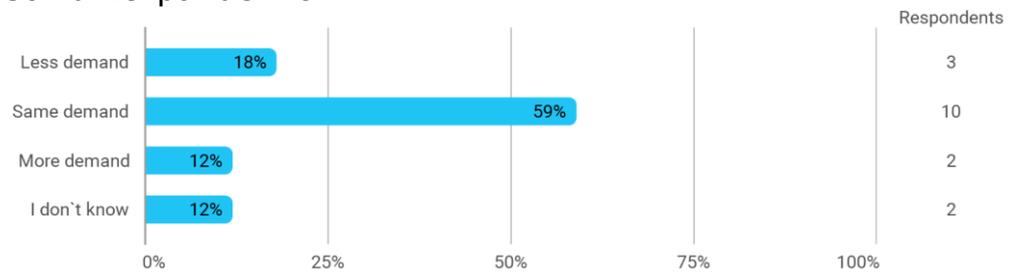


6.2 Comment about changes in demand for treatment for alcohol abuse since the outbreak of Covid-19

- Now the crisis is coming to an end, we notice a slightly increase of demand (for all products).
- Less demand in emergency unit
- The lockdown resulted in reduced capacities in the area of addiction counseling and help. As a result, not all requirements could be met immediately.
- This has been mainly noticed in terms of people accessing and seeking advice and help on-line
- Most treatment centres (alcohol and drugs) stopped accepting new clients during the pandemic. Low threshold treatment for prevention of severe alcohol abstinence syndrome was implemented in emergency shelters (collaboration between Lisbon Alcohol Unit and the Municipality).
- In the beginning less, now more
- The demand for treatment stayed the same. But there are signals that alcohol use increased
- The overall number of cases were not increased. But as in the case of drug addicts, the need of already known clients for crisis intervention talks has increased. Isolated cases have been observed of clients who were formerly abstinent but have relapsed under the current situation.
- No change, some people in treatment have reduced their drinking as a result of self-isolation.
- We are currently trying to collate data on alcohol use during lockdown.

- The helplines offered a consultation via phone. The consultation hours in which they could speak in Person were reduced and only possible one-on-one interview.

7. Have you experienced changes in demand for treatment for other substance abuse during the Covid-19 pandemic?



7.2 Comments about changes in demand for treatment for other substance abuse since the outbreak of Covid-19

- The answer on the last question needs some clarifications:
 - Drug user organizations have demanded treatment for amphetamin users. That also include some professionals, like medical doctors, social workers, other health care workers. Also, the city of Oslo has sent a letter to the Department for Health about the opportunity to give treatment for amphetamin users.
 - some drug users have been demanding the same.
- Less demand in emergency unit
- Some of the in-patient units were temporarily closed to new patients (people already in treatment before lockdown continued treatment)
- From March 16th until 1st June no inpatient treatment available, only in case of emergency. No drug treatment available in residential settings. Most outpatient drug treatment services seek to maintain operations at least partially and continue to provide basic interventions. consultations of outpatient services are mostly internet - telephone-based.
- Most treatment centres stopped accepting new clients during the pandemic. Harm reduction and low threshold methadone treatment continued accepting new clients.
- In the beginning less, now more.
 - The advice for young people reported an increase (Cannabis) but these answers are not valid!
- Signals are there that substance abuse increased
- Performance reports will give further information – not yet available

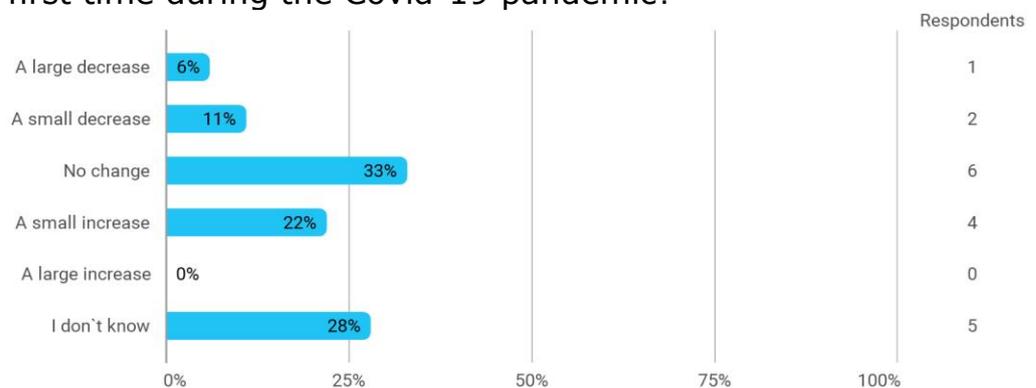
8. Have you experienced changes in demand for other services used by the drug community during the Covid-19 pandemic?

- We have handed out more syringes (that may also be related to the fact that we have started handing out syringes at more locations).
- We have experienced more demand for shelter, since it's difficult to stay with friends/coach surf in the beginning of the outbreak.
- no
- There is a need for/demand for psychosocial follow-up.
- Increased demand for psychological counselling
- Due to the lockdown and closed schools and kindergartens, families with children in particular had a high potential for conflict. Supporting discussions were required there.
- Not yet. As lockdown eases - or drug markets become less stable - this may change. Some concerns about increased use of cannabis.
- Data from The Centre for Disease Prevention and Control (CDPC) of Latvia. Attendance at low-threshold centres is higher. 20% of low-threshold centres in Latvia are closed, 80% provides services to a limited extent. Needle and syringe exchange programs are providing, mainly needle

distribution, the level of the exchanged in one contact with low-threshold services increases. Only 1 out of 19 low threshold centres continues to offer testing for HIV, Hepatitis B and C etc.

- More requestes for low threshold methadone and requests to increase OST dosage. More demand for shelters.
- None
- There was more demand to get food packages. The demand had increased because day-care centres with lunch had closed. Therefore, food packages were handed out on a mobile basis.
- Yes, more demand for Food banks, access to phones and IT, for outreach support in emergency housing.
- Injecting Equipment Provision is slightly reduced overall across the city, but increased in the city centre. Naloxone provision has increased in the city centre, legal restrictions were relaxed to allow naloxone to be provided by a wider range of services
- No
- YES
- We don't have Information about an increased demand in other Services.

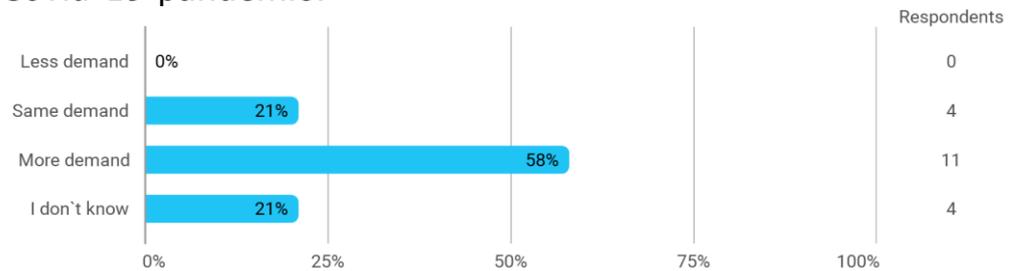
9. Has there been a change in the number of people seeking treatment for drug use for the first time during the Covid-19 pandemic?



9.2 Comments about persons seeking treatment for the first time for drug use during the Covid-19 pandemic

- The information I have is from Ullevål University Hospital (the biggest hospital in Oslo). The answer I gave on the last question might not be correct. The hospital has given this information: In the start of the lock-down in Norway, they experienced a decrease in referrals to drug treatment. Now, the number of referrals is about the same as usual. They haven't given any information about first time referrals to treatment.
- No reliable data at the moment available
- As far as we know there has been little changes in demand for ordinary drug treatment, including first time patients, but there has been some newcomers in OST.
- We currently have no statistics for the time of the lockdown.
- This is an estimate based on the increased number of rough sleepers accessing treatment.
- Most treatment centres stopped accepting new clients during the pandemic. Harm reduction and low threshold methadone treatment continued accepting new clients.
- We think that it takes time till people who probably started with drug use in this period will find there way to drug services.
- Opiate users seeking treatment for the first time has increased.
- Currently collating data on new individuals- may be seeing signs of a younger demographic seeking treatment.
- In the first time of the pandemic, more of the drug using People stayed at home mostly because the common area was closed. Only the Exchange of sterile material and Food was provided. All counseling questions were answered via phone or shortly at the Distribution area.

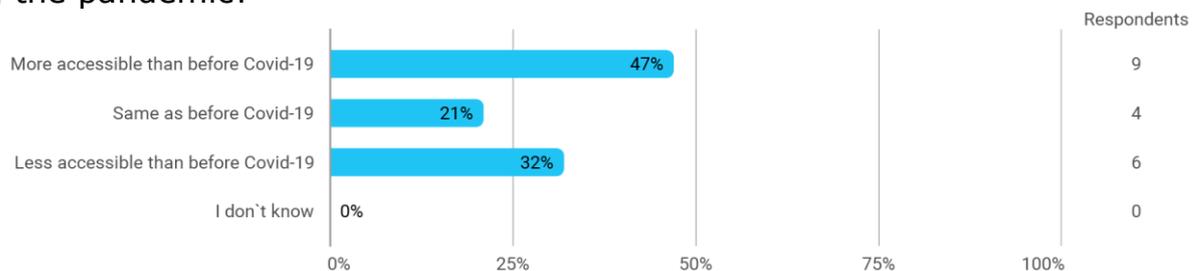
10. Has there been a change in demand for Opiate Substitution Treatment (OST) during the Covid-19 pandemic?



10.2 Comments about demand for Opiate Substitution Treatment (OST) during the Covid-19 pandemic

- As commented earlier in this survey: There has been a small increase in low threshold Opiate Substitution Treatment (called LASSO in Oslo).
- Slightly more
- As per previous responses - rough sleeping cohort and some others.
- More demand for Low threshold OST and demand for increasing dosage.
- There is Substitution Treatment in the low dwelling Services since covid
- There were more demand because from our side, proactive efforts have been made to get previously unsubstituted opioid addicts into substitution treatment.
- As per previous answers, a higher demand for prescribing, including from the homeless population.
- Access to Opiate Substitution Therapy for high risk individuals was prioritised
- But theres longer wait before treatment
- The demand for OST wasn't changed.

11. How would you describe the access to Opiate Substitution Treatment (OST) during the pandemic?



11.2 Comments about access to OST during the Covid-19 pandemic

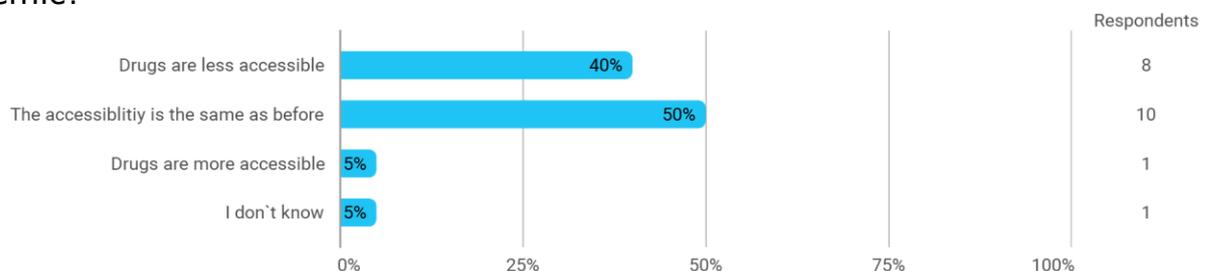
- The OST that the City of Oslo offers, they have extended their opening hours, made it easier to start up with treatment and referrals to medical doctors. For Norway as general, from my knowledge, it's the same as earlier. The central government has encouraged to make it easier to get into treatment.
- Less people at the same time slot for heroin assisted treatment. We persuaded these patients to step to methadone only (10% did).
Less frequent dispense of methadone per person (more take home dosages)
- Accessibility stayed the same although it was taken outside of the building (in tents).
- There were no changes in the treatment initiation procedure with OST still available for new clients
- Rapid action was taken and improvements in access introduced. Less barriers to engagement.
- For clients who are already in OST programmes there are no big changes related to national state of emergency. Once a week or two OST clients receiving take home dosages. Telephone based consultation available upon request. No new clients are admitted to the OST programmes.

- Access to Low threshold OST was the same as before. However treatment centres stopped accepting new clients (including OST).
- The substitutes could be given for a longer time.
- More accessible because we have not needed to see clients to titrate them, this has been done over the phone only. Supervised consumption and daily collection have also reduced so adhering to treatment has been easier.
- Treatment and care services have worked hard to provide same day OST to those wishing to access treatment in Glasgow.
- THE OST BECAME MORE ACCESSIBLE ONLY FOR THOSE WHO WERE STAYING AT THE HOMELESS SHELTER FOR DRUG USERS
- During this time the access to OST was simplyfied but as the demand wasn't increased, the amount of People who are in need of OST hasn't changed.

12. Does your city offer substitution treatment for other drugs as well, like amphetamines or alcohol during the Covid-19 pandemic?

- Ten cities respond No.
- Antabuse for alcohol addiction is facilitated by ngo's and hospitals.
- We have been providing support to those who are alcohol dependent and are in hostels/hotels.
- n/a
- Alcohol
- I don't know
- Not currently. First community alcohol detox starts 6th July.
- No differense compared to before
- YES
- There is no such Substitution for these drugs in the ambulant area.

13. Are there changes in the accessibility of drugs during the Covid-19 pandemic?

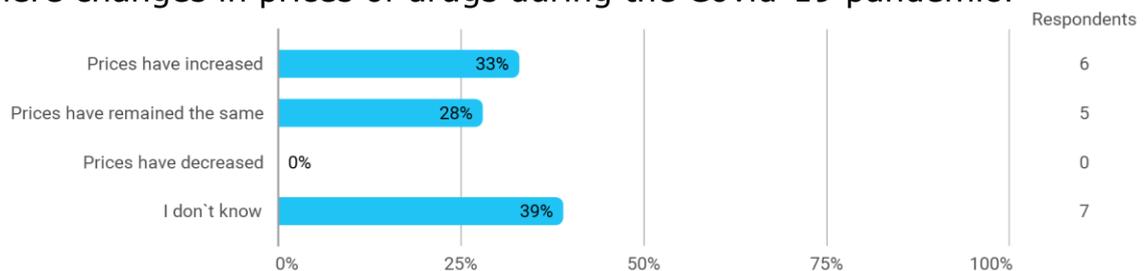


13.2 Comments about changes in accessibility of drugs during the Covid-19 pandemic

- There has been a lack of accessibility of cannabis in Oslo and Norway in general. This started before the pandemic. Rivotril is a little more expensive. The heroin is supposed to be stronger/more pure from what some drug users are reporting.
- In the beginning of the pandemic we noticed that it was harder to get drugs.
- Especially methadone is less available on the streets
- Checkit! (Suchthilfe Wien) asked users of recreational drugs in an online survey if there were changes in the accessibility of e.g. Ecstasy, Cocaine, Amphetamine. 44,5 % of the people said that they didn't see any changes in the accessibility of drugs but 34,4 % percent said that the accessibility of the desired drug has changed and it is harder to get the desired drug. Concerning opiodes/i.v.: Therefore "Suchthilfe Wien" unfortunately can not offer representative data. But based on conversations with clients we get the picture that drugs (opioids) are less accessible during Covid-19 pandemic.
- I think the harbor has a important role in this.

- Accessibility for most drugs are about the same, but there is a significant decrease in accessibility for cannabis.
- No changes in the accessibility of cannabis has been identified. Decrease in accessibility of stimulants including cathinones and opioids has been reported by users. Data not confirmed on city level.
- Some indications of minor reductions in accessibility. These may have been increasing in the last few weeks.
- As for now no any significant changes have been observed, most likely because restrictions were introduced recently and impact is not yet visible or tackled.
- Our drug checking results show that the degree of purity has not changed either - the content of the tested substances was unspectacular. This was also the case after 9 weeks of lockdown.
- The help system and also the police have not noticed any major changes. Treatment conditions were relaxed during the shutdown so that more substitutes were taken home, so there were enough previously prescribed opioids on the black market.
- Service users have reported less availability of heroin.
- While there have been some very short term issues with certain drugs overall the market has remained steady
- There have been variations in availability but overall the market has remained buoyant
- Because of the restrictions, there were less options for drug dependant people to buy drugs on the market.

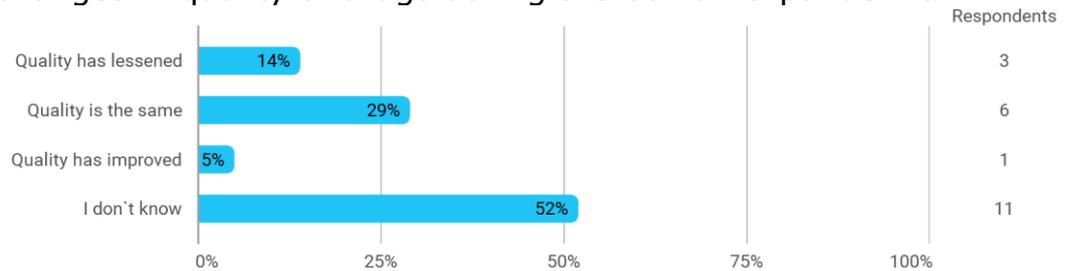
14. Are there changes in prices of drugs during the Covid-19 pandemic?



14.2 Comments about changes in prices of drugs during the Covid-19 pandemic

- The price on cannabis (the lack of availability which started before the pandemic) is much higher. The pandemic has most likely increased the prices further. The price used to be 150 Norwegian kroner (about 15 EUR), and is now about 450 Norwegian kroner (about 45 EUR). Rivotril has increased a little. There has not been reported increase for other drugs, but supposedly there is a market where the sellers try to increase the prices.
- Results from the checkit! survey suggests that 13,6% of the recreational drug users reported an increase of prices. Prices are higher during Covid-19. Concerning opioids: We assume from discussions with clients that prices did also increase – depending on the period of time and substance (but these are no representative data).
- Just cannabis had a small increase for a while, but this stabilized very quickly.
- Minor changes for some of the most common drugs but the price of cannabis has increased significantly.
- Some modest increases. To begin with there were some spikes in prices - but these seem to have smoothed out.
- It must be underlined that data on seizures, purity and prices are not yet available. Proper assessment could be done later this year.
- Higher price of cannabis that started happening before COVID.
- Increases were small, mainly less drugs for the same money rather than price increases
- Prices have increased slightly but this is thought to be a choice by suppliers rather than a market price change
- We assume the prices have increased during the pandemic but we don't have reliable numbers for that.

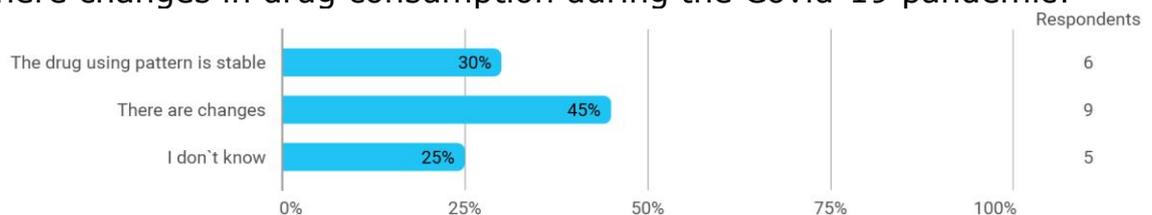
15. Are there changes in quality of drugs during the Covid-19 pandemic?



15.2 Comments about changes in quality of drugs

- The question is a little hard to answer: on one hand there has been better quality, on the other hand purer. The cannabis is supposedly of worse quality, but for the last period the heroin has been purer.
- Drug testing services stopped during the lock down (have re-opened in June)
- Checkit! data: Some people (9 % in the questionnaire) reported changes in quality of drugs but at this point we can't say anything in detail about these observed changes because we didn't offer Drug Checking for some weeks during the Covid-19 pandemic. At the beginning of May we restarted Drug Checking and we will have a better picture of the current situation soon.
- It seems everything remained the same, but this is also more a gut feeling. We don't have testing in Antwerp.
- Some evidence of minor changes in quality.
- no valid informations
- It has varied but the local police force seized some heroin which was purer than before the pandemic.
- Mainly quality remains the same however in certain drugs where there was variation in quality pre covid, novel benzodiazepines for example, the problems remain the same
- Any quality change is reflecting change outwith the Covid period, for example street benzodiazepines vary from batch to batch depending on the source
- The drugs that have been found by the Police had an decreased Quality Level.

16. Are there changes in drug consumption during the Covid-19 pandemic?



16.2 Comments about changes in drug consumption during the Covid-19 pandemic. (What kind of changes? Types of drugs?)

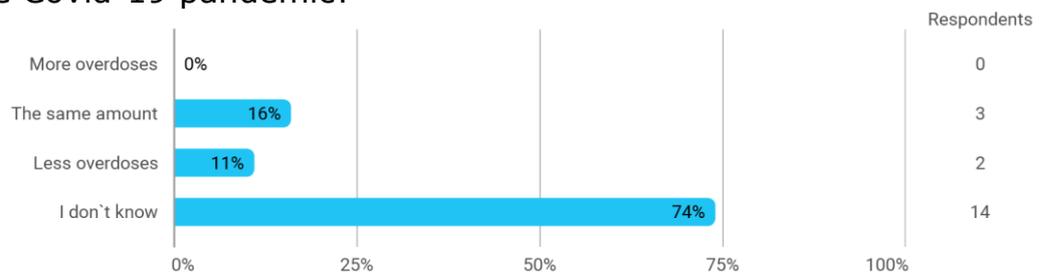
- Again, a little hard to answer this question:
Because of the lack of cannabis, there are worries that some of those drug users might try smoking heroin. There has been some indications of that from information from drug user organizations, but not from professionals working in the city centre.

There are more drug use in public spaces, but that is normal for this time of the year.

- cannabis shows a slight increase, partydrugs (mdma) decreased.
- A lot of recreational drug users reported that they use drugs more frequently and in higher dosages than before. A good part of the recreational drug users asked in the checkit! survey reported that they started to use alcohol more often than before the Covid-19 pandemic.

- We observe a tendency (at least there is talk of) some increased use of prescribed drugs and some increased use of GHB / GBL.
- No increase in overdose numbers has been reported but not all mortality data has been verified.
- Use of cocaine, MDMA, ketamine seem to be much reduced. Heroin use is also probably reduced (partly due to increase in substitute prescribing). Cannabis use is reportedly increased.
- As for now no any significant changes have been observed, most likely because restrictions were introduced recently and the impact is not yet visible or tackled.
- Somme people reduced use. More use of benzodiazepines (anecdotal evidence).
- It is too early to judge this.
- Homeless community are using less street drugs due to less access to funds (no begging, more security guards in shops so harder to shop-lift).
- In general people are reporting taking more drugs including alcohol and solvents.
- It would appear that there is more poly drug use with people using whatever they can source. There is also a group of people who are not using any other drugs above those prescribed as they are self isolating.
- Reports of a younger age group of people developing more problematic drug use
- We don't know about any changes in drug consumption, since the consultations haven't occurred yet.

17. Are there changes in the frequency of overdoses – both lethal and non-lethal during the Covid-19 pandemic?



17.2 Comments about changes in overdoses during the Covid-19 pandemic

- The emergency rooms and ambulances report that there has been a decrease in overdoses (both lethal and non-lethal) in the city centre in Oslo during the pandemic.
- no current reliable information are available at the moment
- A 50% decrease of overdoses- and withdrawal treatment in our emergency unit the last 12 weeks, compared to normal situation.
- Better cooperation between different services to provide necessary help. More individual approach. Differentiated approach to counselling face-to-face vs online , when previously face-to-face counselling was default for many services. For example , allocated time slot in OST clinics to avoid "rush hours" queues.
- We currently have no statistics for the time of the lockdown.
- We don't have this evidence yet - but there doesn't seem to be a major spike. Naloxone was widely provided to hostels and hotels.
- As for now no any significant changes have been observed.
- no valid information in the moment
- It is too early to judge this
- Anecdotal information would suggest there may be an increase however there is no robust data as yet
- We don't get the same information from the hospitals
- We don't know about a change in clinic - dependant overdose Treatments yet. At the moment we don't have a statistic about drug overdose with a lethal course.

18. Service response to the changes during the Covid-19. Could you describe some of the changes that have been implemented for the better, like more efficient procedures, new working methods, innovative ideas?

- - The low threshold facilities in the city centre complement each other better.
- There are more services that hand out syringes.
- The Agency for Welfare and Social Services has established a central storage for syringes, etc. where all low threshold facilities and the district may get for free for handout.
- a lot of low threshold facilities had to close their indoor services due to the regulations. They all found other ways to offer services, and as mentioned earlier, they were all interested in finding solutions that complemented the other facilities in the best way possible.
- All the districts have started handing out syringes, etc. Mostly due to the central storage facility. Different services from both the city and NGOs came together and started outreach work together. That made it possible to get to know the target groups better and to unify the work even more. That will be implemented in one or another way.
- a) Online consulting increased
- b) Delivery service for clients
- c) Webinars and digital offers were developed in the field of prevention
- d) In general we discovered new forms/channels of communication: for example working via online tools (meetings with colleagues and other organizations), communication with target groups as well with dialogue groups...
- e) We discovered new forms of innovation/competencies
- Like I stated before: our low threshold facility planted out some tents in front of their premises. Outpatient treatment was mostly held by video call. The federal government made it also possible for doctors to prescribe medication via online systems. Smaller groups were implemented in inpatient treatment settings.
- The municipality of Bergen has worked closer with NGOs to support the drug users on the street and in shelters to secure that they get necessary paraphernalia, accessibility to food and so on. We have learned that we can make rapid changes and adjustments to satisfy users' basic needs. The main challenge has been to find methods that can meet the users' need for psychosocial follow-up, and unfortunately we have not found any good working methods in this regard.
- Not yet
- During the lockdown period, video conferencing and telephone advice were used. Advantages are recognizable through insights into the immediate environment of those affected. However, the quality of the advice is not comparable to direct advice.
- The crisis meant that the focus was on delivering swiftly. Barriers in terms of commissioning and decision making were largely swept away. Good engagement between regional structures and NGOs. Work with rough sleepers and homeless provides a unique opportunity to help this group (with its high rates of alcohol and drug use).
- 1) internet-telephone-based consultations;
- 2) provision of take home methadone for longer time for MMT clients.
- Services started communicating more and faster, with less bureaucratic procedures. Innovative interventions happened for the first time: DCR in shelters, low threshold treatment for alcohol, nasal naloxone made available. National authorities decided to provide crack pipes due to COVID.
- The new working method. Telefon-Services, video-Services
- More use of digital contact with clients. Treatment conversations during walks in the park. Creative solutions for daytime activities
- We had no incidents of violence during the two months of Openair-DCR. That was extraordinary. The hypothesis suggests that a lot of space leads to de-escalation.
- Overall, social workers have become more open to online offers. But however, at the present time, the impression remains that real face-to-face encounters cannot be replaced.
- Titration being offered over the phone has been successful as well as starting patient on buprenorphine rather than methadone (less need for daily pick-up). Having access to online mutual aid across the world has been really beneficial too.
- Postal Injecting Equipment Provision
- Easier access to naloxone
- Quick access to Opiate Substitution Treatment

Improved outreach service provision in City Centre

Online support groups

- The biggest difference is that the staff has started to have team meetings. Walk and talk.
- EASY ACCESS TO THE HOMELESS SHELTER WITH LESS BUREAUCRACY, TELECONFERENCES , FLEXIBLE FORMS OF LABOUR (WORK FROM THE HOUSE, SHIFT WORK), utilization of technology and social media, MORE STREETWORKS GROUPS ON THE STREETS.
- the procedures are now the same as before.

19. Are you facing infrastructural challenges because of Covid-19? (E.g. reduced capacity because of social distancing or omission of entire services).

- There has been reduced capacity in different services due to the pandemic. The low threshold facilities have for the most part kept open in some ways (but somehow reduced).
The biggest challenge is that the drug consumption room had to close. At first, because of restrictions. Now, it's because of lack of health care workers (for the most part nurses). The city had to relocate quite a few of the nurses to the facility for drug users with confirmed Covid-19.
- Basically we are facing many challenges because many changes were/are necessary for example because of the missing face to face communication or social distancing in many areas and due to the infection prevention for our employees
- No, we were able to take care of all these kind of issues.
- Yes, due to infection prevention measures we closed all low-threshold centers, and with it our low-threshold health services. Also our labour and welfare centers has been closed to the public. Even though the basic needs of the users are met, the opportunities for human contact, conversation and follow-up have been significantly reduced during the pandemic. At this time, it is difficult to see what the consequences will be for our users.
- No
- During the lockdown period, only one of our three addiction advice centers was active.
- Many services are operating remotely - not yet able to evaluate the impact of this. Few major issues have arisen yet, but some concern about recruitment of new clients.
- No
- Some drop ins and treatment centres have reduced interventions due to difficulties with space and safety.
- The Situation around the Services. Cause they have to wait longer. Some of them don't want to wait. This brings Problems in the surroundings.
- no
- Yes - all three DCR were no longer usable. Two we could massively rebuild and extend. But in the future this will be the biggest challenge, because we have to leave one facility. Unfortunately the one that offers the most space.
- No.
- We are not offering street outreach, we are not offering groups apart from online. We have not been able to offer alcohol community detox during the pandemic but we will be starting on 6th July.
- Due to social distancing staff are working on rota basis - part office based, part home based. Enhanced Drug Treatment Service (Heroin Assisted Treatment) was paused for a period but has now recommenced
- It is problem for staff to go on public transports
- IN THE BEGINNING YES BUT WE MANAGED IT SUCCESSFULLY
- The low-threshold drug work (personal contact, food Distribution) has decreased during the pandemic. However, the capacity of advice (via phone), food and sterile material has not been changed.

20. Other comments

- Hope that we will be free from new cases of COVID-a9
- Drug services in London have proved resilient. National, regional and local civic authorities prioritised this area. Service providers have worked collaboratively. Service users seem to value the efforts made.
- Some of the illegal drugusers have Problems to get Money. Because of shot down.
- Many questions can be answered more distinguished at another time because the statistics, regarding many of those questions haven't been evaluated yet.