Military broad block and car checks in Mauritius March 2021 – provided by a WHRIN member to illustrate the dire implications of lockdown for women who use drugs in her country. On being asked for examples of responses to COVID-19 restrictions for women who use drugs, many members instead detailed barriers to services for all people who use drugs and described some of the efforts by committed harm reductionists to overcome these barriers. Little scope has been given towards addressing the particular needs of women who use drugs during COVID conditions.

Harm reduction responses to COVID-19 for women who use drugs: country examples.

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This paper was initially prepared as a briefing document to support a presentation for the 64th session of the Commission on Narcotic Drugs multi-stakeholder consultation on the impact of the COVID-19 pandemic on health services for people who use drugs who are living with or are vulnerable to HIV 7-8 April 2021 session on "Considering diversity and gender: Women who use drugs". It is also shared with Women and Harm Reduction International Network (WHRIN) members as a living advocacy tool to expand gender sensitive responses to COVID strictures for women who use drugs. Many thanks to the WHRIN members and others who contributed.

Women who use drugs have been severely impacted by restrictions introduced to limit transmission of the corona virus. Abundant accounts of escalated GBV, homelessness, barriers to health access, job loss and poverty demonstrate that pandemic conditions have added to the daily challenges for women who use drugs. Harm reduction services, generally under attuned to meeting the needs of women, have been similarly ill-equipped to respond during the COVID-19 pandemic. Nonetheless, some examples of harm reduction service responses to COVID-19 for women who use drugs (WUD) have been identified and it is hoped their documentation will spur strengthened and scaled up reactions in additional service locations. The focus is on actual service adjustments and additions specifically targeting WUD in reaction to lockdown and other COVID related restrictions, addressing advocacy efforts separately. However it should be said upfront that there are some strong examples of advocacy and guidance specifically addressing COVID and WUD – sadly not matched by actual changes at service levels.

Method

A quick literature review was conducted and numerous WHRIN members and allied organisations were contacted directly to identify specific responses to COVID for WUD among harm reduction services. Members in US, UK, Mauritius, Indonesia, Mexico and Thailand reported no specific responses. Members were also contacted in Canada, Kenya, Ukraine and Spain. While this was not an exhaustive search, it can be taken as indicative of the global landscape on this subject. Two donors involved in supporting COVID emergency responses were also contacted but had no women who use drugs specific activity to report or did not respond.

Key findings

The literature review supported findings that much of the COVID response for PUD was generic in nature (for PUD or KPs) and did not usually include a particular focus on women who use drugs. Homeless shelters and domestic violence service responses were also largely generic and not allowing for the particular circumstances of women who use drugs (either requiring that women be drug free, or not attuned to WUD who have experienced violence) – although WUD were frequently identified as both at risk and under-serviced in this context.

The responses identified were largely very localised and of limited scale, under-resourced and not able to meet demand. A general picture of peer led and strongly committed harm reduction services making ad hoc attempts to address emergencies were most common – usually in an intersectional context of trying to support women who use drugs while (also) reaching out to sex workers, people living with HIV, people who use drugs or 'key populations' in general.

For example, the Health Opportunity Network efforts connected with the SPIRIT project funded by Voice provided basic supplies to transgender women who use drugs in Thailand. Similarly, AKSI in

Indonesia provided food, masks and sanitiser to WUD and gender non-conforming people; The Women's Club in Georgia coordinated social worker support and have been distributing medicines and hygiene materials to WUD during COVID, and IDUCare in the Philippines likewise informally support WUD with basic necessities– but such activities were again generally in the context of supporting at risk communities rather than WUD-specific, nor were they necessarily conducted within the context of harm reduction service provision. Documentation of activity is rare and not generally a feature of existing harm reduction responses to COVID for WUD.

RN Women, Nepal

The opening of three new harm reduction sites for WUD were delayed until after lockdown. However during lockdown the RN Women Team was able to help a client with emergency SRH service referrals and transport. Budget reallocations were made to provide basic supplies (food etc) to WUD in the streets as well as those in rehabilitation centres.

SANANIM Czech Republic

SANANIM provides harm reduction and social support services to street-based sex workers, estimating a quarter of all sex workers use drugs. The organisation links with other agencies with specific services for women, including a hostel and community centres. Sex workers have the opportunity to be tested for a range of communicable diseases and to access counselling and the stimulant substitution programme run by SANANIM (but it was not clear whether the latter services were adjusted as a response to COVID).

Salvage, Tanzania

Most women who use drugs in Dar es Salaam survive by doing sex work, and/or trading or other jobs in the informal sector, all of which have been negatively impacted by the pandemic. Many WUD are living with or at risk of HIV infection and depend on reliable access to treatment and care, including harm reduction services. Harm reduction services have been interrupted and reduced with no condom or other commodity availability, only needle and syringes distribution, while ARVs can only be accessed at the hospital.

With support from UNAIDS and other partners, SALVAGE, have been able to provide some relief to women in the camps and settlements of Dar es Salaam. SALVAGE provided buckets, soap and food with other hygiene materials and supported women by linking with other services providing shelter. In addition, SALVAGE reached over 50 families of women who use drugs to enable women to stay at home, reducing worry about meeting the food needs of families with children.

HR Asia, India

HR Asia piloted community mobilisation approaches to support access to drug treatment, OST, NSP, overdose management, HIV and HCV testing and treatment. In Punjab, a women-led initiative facilitated a rapid increase in women accessing comprehensive harm reduction services (a jump from 2 to 186). Most agreed to HIV testing and those found positive (8.5%) were linked to care. The Punjab government has subsequently expressed commitment to expanding this initiative.

Nirvana Foundation (and Alliance), Manipur, India

Alliance provide harm reduction services, including domestic violence services for WUD which they have managed to maintain despite COVID. In Manipur, Nirvana Foundation report that lately many

women who use drugs are on the streets with no family or social support, adding to the challenge of reaching them consistently with HIV and harm reduction services.

With the support of the Manipur State AIDS Control Society and community groups in Manipur, Nirvana Foundation was able to access essential medicines (including buprenorphine and ARVs), needles and syringes even during the lockdown. It also managed to access naloxone through a local community network. However, the organisation was confronted with acute shortage of food, shelter, sanitary napkins, and safety kits. Alliance India managed to raise funds from the United Religions Initiative and from young professionals and entrepreneurs to purchase required food and safety kits (including sanitary pads, soap etc.) for over 100 women who inject drugs in Manipur.

SAPTA, Nairobi, Kenya (Support for Addiction Prevention and Treatment in Africa).

Since the COVID pandemic, to minimize the risk of exposure and in consultation with clients, SAPTA have replaced outreach with individual and small group sessions. Staggered appointments are arranged for clients who needed to access the facility for biomedical, structural and behavioural interventions, and two days a week at the DIC have been set to carter for women only. Lunch is provided every week day and there is a safe space and a separate washroom available for women. Through well-wisher support, hygiene packs are provided for women.

Safe spaces are provided within the Drop in Centers for WUD. Activities and services in the safe spaces include entertainment, educational videos and behavioural interventions which involve peer to peer talks and health education sessions on reproductive health, family planning and ART adherence. Pregnant women are engaged on the importance of anti-natal care services. Those who come with their babies are reminded of the importance of immunisation and**,** as It is difficult for some of these women to breastfeed, formula is available on site (although this is very expensive to sustain).

Women's Nest, Nairobi, Kenya

Women's Nest works for the empowerment of women who use drugs to achieve health and human rights and has responded to the pandemic by providing safe shelters for women who use drugs who are homeless and experiencing gender-based violence.

The director of Women's Nest explained that with the first case of Covid-19 in March 2020, the government ordered a total lockdown of the country. A night curfew was imposed where all citizens were to be indoors by 9pm. Most of the WUD who were homeless then did not have anywhere to go when law enforcers raided the drug using sites. Many found shelter in dangerous places such as the sewage system manholes, bushes, water drainages tunnels and other dangerous places where women experienced a lot of violence from the law enforcement officers and men who demanded sexual favours in exchange of security and protection.

Many women who use drugs who were living with male partners were also kicked out of their homes due to economic hardships that resulted from the lockdown. The men could not pay the house rent or afford to buy food for the women and their children. The number of WUD experiencing homelessness and GBV increased greatly.

Women's Nest in consultation with the women who use drugs established the first WUD safe shelters in July 2020. Currently Women's Nest runs 3 such shelters which include bedding and cooking items. The safe shelters accommodate a limited number of homeless WUD. Usually, they full and unable to accommodate all homeless women who use drugs who are in need.

The shelters are located near the harm reduction programs so WUD can easily access harm reduction services such as OST and NSP as well as lunch and packed food for supper. The women who have experienced GBV are linked to health facilities and GBV management centres by volunteer WUD peers.

The shelters are managed by WUD through a small committee that set the rules of operation and address any conflict or disagreements. The spaces available are not triaged but the small committee of WUD that manage them follow-up on the occupants. The Women's Nest board of directors meet the costs of running the shelters through fund raising from friends. The shelters have catered for 250 WUD since July 2020.

Challenges.

1. The number of homeless WUD is high and the 3 shelters cannot meet the demand adequately.
2. Male partners of WUD are a security risk to the shelters. The WUD management committee has set rules to address this risk.
3. COVID-19 protocols in the informal settlements are difficult to follow because of lack of water, soap and other resources. So in the shelters, Women's Nest ensure limited occupant numbers and sufficient masks and sanitiser (because frequent hand washing is not possible).

OSF and Aidsfonds/PITCH through Frontline AIDS, collaborating with VOCAL and KenPUD, Nairobi, Kenya

This project was established to document violence against WUD and partners of men who use drugs and to refer them to other supports. 30 people who use drugs were trained in basic counselling and mediation skills, documenting, reporting and monitoring GBV cases, and on how to make referrals. The unpaid community counsellors work as part of a GBV team that involves local police, village chiefs, paralegals, lawyers and representatives of health facilities in Nairobi. However, there was an insufficient number of counsellors available to respond to scale. A total of 45 people had been assisted with basic counselling and referral to community safe spaces by the third quarter of 2020.

Mental health issues have been brought about as a result of job loss and loss of livelihood during COVID. KeNPUD offer referral and linkages for support though this is an area that has been overlooked for years in programming for WUD. Income generating initiatives for WUD have been repurposed to

manufacture soap for sale and for use at handwashing stations as part of the response to COVID-19. The sale of soap, for example, helped four women to make an income rather than through selling small quantities of heroin whilst also supporting community efforts to reduce the transmission of COVID-19 through handwashing. Initiatives to provide greater income generating opportunities for WUD, such as training to become a hairdresser and beauty skills, are being considered as the impact of the COVID-19 restrictions continue to impact negatively. It is hoped that the provision of training to women to develop new income generation opportunities will reduce the incidence of GBV, as the reasons for such violence are often based on financial issues.

MEWA Mombasa, Kenya

MEWA responses for WUD during the COVID-19 pandemic meant that 91% of MEWA women who use drugs clients continued access to uninterrupted sexual reproductive health services at the DIC, NSP and MAT services. 89 women are methadone clients, and MEWA facilitated take away dosage for 8 of these women due to their additional medical conditions. 8 WUD were recruited as peer educators; 8 are receiving pre-natal care and 2 post-natal care, while 64 women are maintained on HAART and 39 sex workers enrolled into PreP services.

MEWA has responded to increased rates of GBV by providing 552 couples with access to face to face couple counselling sessions at the drop-in centres that has suggested results of drastically reducing cases of GBV (by 45%) during this pandemic. Other methods used to respond to GBV cases at MEWA include the introduction gender base violence weekly sessions in all the DIC, focus group discussions to capture emerging issues in GBV especially during the pandemic, one-on-one counselling to tackle stress and trauma resulting from GBV and women friendly hour sessions held specifically for WUD.

The GBV weekly sessions mainly focus on topics such as defining GBV, types of GBV, effects of GBV among people who use drugs, correct channels for reporting GBV cases and risk factors associated with GBV. Counselling undertaken to support GBV survivors include techniques such as motivational interviewing, emotional support, goal oriented and open sessions. All these sessions were undertaken at the DIC as it provides an ideal and client friendly environment making it easy for clients to share their experiences during the sessions.

The drop-in centres have extended the hours of women only access to the DIC from during one day to set hours four days per week. MEWA saw the need to extend women friendly hours especially during this COVID-19 pandemic period in order to maintain the uptake of women friendly services. The need for primary health care was evident during the pandemic as the government facilities shy off from treating this group as they were considered to be carriers of infection because of their risk of high mobility and living in unhygienic conditions.

Metzineres Barcelona, Spain

Metzineres increased open hours to compensate for other projects that cut their services. They developed online materials and posters to inform women who use drugs about how to protect themselves against COVID. They also produced their own harm reduction masks and increased drug testing (in response to declining supply and quality).

Some shelters were opened in the city during lockdown and Metzineres were able to support about 20 members to access a new shelter which, while not for women only, does accept people who use drugs

and includes a supervised consumption space. Neighbours alerted Metzineres that more people were injecting on the streets, so Metzineres conducted naloxone workshops for the neighbours. Women inject in the so called “Powder Room”, the space for supervised consumption at Metzineres where social workers inform the women about risks of infection, not only with blood-borne diseases but also with coronavirus.

They also invested in greater efforts to provide hot meals, increasing from normal average of 20 meals per day before COVID-19 to upwards of 40 meals per day. During the lockdown, clients sought counselling for different reasons compared to before the pandemic, with emotional and mental breakdowns more evident than previously. Metzineres has its own doctor on-site to assist clients and to refer individuals to the public health network as needed.

Club Eney, Ukraine

Club Eney support women during the coronavirus pandemic (women who use drugs, sex workers, women who are victims of domestic violence). They conduct webinars, distribute humanitarian aid and information materials to educate women on adherence to special sanitary standards, communication, parenting and playing with children, taking care of their emotional and physical well-being, seeking remote work, and reducing the risk of domestic violence.

Unstable emotional states, precarious financial situations and difficult family relationships have provoked a surge in domestic violence. Due to the constant presence of the abuser in the home, WUD experiencing violence cannot even call the hotlines to consult or ask for help. Some of these women are mothers and need all the necessary information so that they can take care of their children and take care of their own health while without the opportunity to go to a doctor or social services. Social support networks that previously helped women solve such problems were shut down or temporarily unavailable. Club Eney teach how support networks work and how to improve social contacts. They train women to feed their children healthy food. Canteens in schools and kindergartens previously helped with this, but now these establishments are closed. Club Eney also distribute personal protective equipment, gloves, masks and antiseptic and teach how to use them correctly.

There are also women for whom sex work was the only source of income, who could not continue to provide sex services and feed their families and some of them were also in danger of losing their homes. A large number of women dependent on drugs have lost their jobs, have a serious health condition and need medications. Club Eney connect these women with local food or other assistance opportunities created by social services or businesses. To do this, they collaborate with local activists and partner organisations.

In order to cover the needs of masks, gloves and antiseptic at the very beginning of the epidemic, Club Eney organised an urgent fundraiser on Facebook and found that many people were willing to donate money to help sex workers and women who use drugs. In order to improve communication, Club Eney turned to specialists in social media marketing and received free assistance. They also exchanged experience and support with local organisations that had not been contacted before – such as the Roma community, organisations that help the homeless, psychological first aid volunteers, etc. Despite different work focus, these consultations turned out to be very useful.

EHRA, EECA: Serbia, Macedonia, Kazakhstan and Ukraine and Russia

The Alliance for Public Health is implementing "Sustainability of services for key populations in the Eastern Europe and Central Asia region" (aka #SoS_project) - a multi-country project to address the most urgent needs in the face of COVID-19 crisis regionally. EHRA is working to increase access to legal, psychiatric and shelter support for women who use drugs and experience gender-based, intimate partner violence across Serbia, Macedonia, Kazakhstan and Ukraine and Russia. The project is currently in progress.

The risk of gender-based intimate partner violence against WUD has been exacerbated by the disruption of social and protective networks, decreased access to services and distancing measures and general stress. Women who use drugs are at higher risk of homelessness or otherwise in need of alternative, safe forms of shelter. EHRA is accordingly focussed on increasing access to legal, psychosocial and shelter support for women who use drugs who experience violence. This involves building or strengthening partnerships between harm reduction services and shelters, psychosocial (including psychiatry) services and legal counsel service providers to ensure that the health and human rights of WUD who experience violence are protected in the time of COVID-19.

COUNTERfit Toronto, Canada

Women who use drugs experienced being further isolated and being subject to more violence. The women's shelters were full before the pandemic and things are well beyond capacity now, though most shelters do not have a history of welcoming women who use drugs.

During the first year of the pandemic, the staff person who runs the women's program was off work, so COUNTERfit did a lot of scrambling to cover and connect with women. They have not run groups or drop-ins since the beginning of the pandemic. However, at least for a couple of women's programs – Grief and Loss (for mothers who due to substance use, have lost child custody) and Women's circle (pre-employment/support/kit making group) - women come by the Centre on the designated days to collect honoraria (as most depended on that money), a takeaway meal and bus tokens, with staff available for one on one support (time limited inside, or outside, as most of their work has been this past year).

AHF, Nigeria

AIDS Healthcare Foundation works for the empowerment of women who use drugs through advocacy, providing links to agencies with specific services, like:-PMTCT, SRHR and human rights services, testing and treatment for HIV and TB,). Although OAT services are limited in the country, AHF provide sterile needles for exchange and Harm Reduction counselling for women who use drugs.

AHF Established the first women room; A WhatsApp forum created in 2019 during the pandemic to be in communication with all women who use drugs who are connected with AHF. Through this platform AHF are also able to assist members in responding to overdose cases. In addition, AHF was able to provide basic survival and hygiene packages for women who use drugs, and were also help release two women users who were arrested for movement and possession of syringes during the lockdown/pandemic.

SANPUD and TBHIV CARE, South Africa

SANPUD distributed Women's health care and wellbeing packs to street based women who use drugs both in the designated COVID Safe Space Shelters and to the few women who had opted to remain on the streets during the hard lock down. TBHIV Care were one of the only service providers of Methadone

in Cape Town and were able to continue providing OAT and sex work commodities through Outreach. In the one Safe Space Shelter, SANPUD was able to carry out women's support groups which provided a space to debrief about any issues relating to women's health care, COVID, relationships, trauma etc. These were well received by the residents and allowed the women to feel cared for, safe and supported.

In the Rural areas, where harm reduction is still unheard of, UNODC funded a project for STAND Action Campaign and SANPUD to deliver training to health care workers and other stakeholders, that work primarily with street based people and PWUD. 40 participants in 3 different locations were trained on the basics of harm reduction and substance use. Gender based violence support groups were established as well as a training manual for shelters that provided evidence based interventions for WUD.

From July 2021 the project will roll out to link WUD to health care service providers to ensure they have access to HIV, TB, Hep-C and Covid screening and treatment. Currently the women do not frequent the local rural healthcare clinics as they are heavily stigmatised and often discriminated against for their drug use. Part of the project will entail capacitating the community health care workers on harm reduction and demonstrating how a more mutually beneficial partnership between WUD and health workers would assist the overall fight to reduce HIV transmission and other communicable diseases in rural communities.

With support from the Open Society Foundation of South Africa, a COVID-specific training for street based women will include education around vaccine readiness and the importance of being COVID compliant in their day to day lives – particularly those that are still 'sleeping rough' and have limited access to masks, sanitiser and even clean water. Lastly – during COVID lockdown - the first official Harm Reduction Centre in Ethekweni has opened, offering low threshold health care, harm reduction and psychosocial services to at-risk populations across all genders. This facility also offers psychosocial groups for women, as well as a 'Well Women Gynaecological Care' service to screen and treat STI's, HIV and breast checks with aspirations to also provide contraception in the near future.

MASH, Manchester Action on Street Health, England

MASH provides harm reduction services including NSP for sex workers who use drugs. Prior to the COVID-19 epidemic, both women and men attended MASH on the same days while Care Manager's caseloads included both women and men. This situation was identified as less than ideal before COVID, with MASH staff and women clients expressing the need for a more gender based risk and trauma informed practice.

Initially, MASH allocated women clients into women-specific caseload linked with a senior nurse and senior social care staff .and flowing from this, established a "Women's Day", running the women's clinic on a specific day each week. However, this was problematic as male clients had to attend the service on their allocated week day to meet with their Care Manager's. Bringing women to a well-known city service on one set day also increased risks for women.

At the start of COVID, MASH increased face-to-face contact with clients quickly transitioning from a clinic-based model to an assertive outreach approach. The outreach approach resulted in improved engagement, a reduction in onsite clinics client traffic and improved attendance and re-start rates, but nonetheless remained a less than ideal service modality for many women.

In consultation with service users, the women's service relocated to a women-only base located in the city centre. Importantly given the COVID context, MASH clients still have onsite access to harm reduction services and women focused medical services which include sexual health, BBV and a dietician. In addition to maintaining connection to services during COVID, the women report a sense of ownership of the program.

Advocacy and guidance

Several agencies including importantly INPUD and other national drug user networks – quickly developed and disseminated guidelines and practical tips to empower PUD to respond to COVID issues. Other agencies such as EMCDDA provided specific guidance on COVID and PUD – outlining risks and recommendations, but without specific consideration for WUD. For example, while stating: " …*the availability and accessibility of service provision for PWUD who are homeless will be an important consideration, as this may be a group with limited resources to self-protect and self-isolate*" – the implications for women who are active drug users and/or subject to GBV are not explored.

On the other hand, the (UN Human Rights Office of the High Commissioner) in their Statement by the UN expert on the right to health, on the protection of people who use drugs during the COVID-19 pandemic, made specific recommendations relating to WUD, including: "*It is thus essential that gender-sensitive harm reduction services, non-judgemental sexual and reproductive health services, and domestic violence services are kept operational, and equipped to remain effective*" and on homelessness and people who use drugs: "*COVID-19 related criminal sanctions should not target vulnerable population of the society such as homeless people who use drugs. On the contrary, they should be protected from disproportionate or discriminatory targeting by law enforcement*". While holding important implications for all people who use drugs, these recommendations fall short of tackling the fact that women's shelters rarely cater to women who use drugs. Likewise, homeless shelters generally fail to accommodate active drugs users and/or are not equipped to accommodate WUD (and their children) in circumstances of trauma and domestic violence.

Notable advocacy efforts include a paper issued by the Australian peak drug user organisation, AIVL, recommending take away OST for women service users; and that developed by Metzineres addressing the needs of WUD faced with lockdown in Barcelona. The latter highlights, for example, the need for safe housing, food, safe spaces with social and healthcare support, open 24 hours a day, with spaces for supervised consumption and unlimited access to NSP and Naloxone, OST emergency dose dispensing, assistance to commute from confinement sites to treatment facilities and harm reduction services. Metzineres highlight the need to develop non-intrusive strategies for detecting and addressing GBV, and to support for people with mental health issues. They asked to deploy economic measures aimed at women who use drugs with economies based on informal work and support services delivery, to create an extraordinary benefit for those groups known to be most at risk and to provide psychological support to all staff involved in the care of people in vulnerable situations.

Conclusion

The INPUD survey found that harm reduction services had decreased rather than increased both in relation to opening hours and the types of services offered. This was no different for gender specific harm reduction services for women. Noting a quote from the INPUD survey report: *"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." (Greece) The INPUD survey also found "*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*".

It is well established that there is a profound gap in service provision for women who use drugs with most harm reduction programming being geared for men rather than women. Unsurprisingly, the gap has not been filled in response to the COVID-19 pandemic.

Nonetheless, where responses have occurred, those demonstrating meaningful involvement of women who use drugs have been the strongest. Some 'harm reduction' responses are in practice actually geared for those choosing, or persuaded for a time, to be 'drug free', unfortunately leaving women who use drugs again profoundly stigmatised and under-served. In the context of the COVID-19 pandemic, it is evident that there is an extreme shortfall in resources directed to effectively assist women who use drugs, with key largely unmet priorities including women sensitive harm reduction service continuity, women's shelters with drug consumption facilities, violence prevention and support services, and food.

Website: https://whrin.site

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