

ENPUD // DIGEST // ISSUE 7

# EPIDEMIC DIARY

SPECIAL ISSUE

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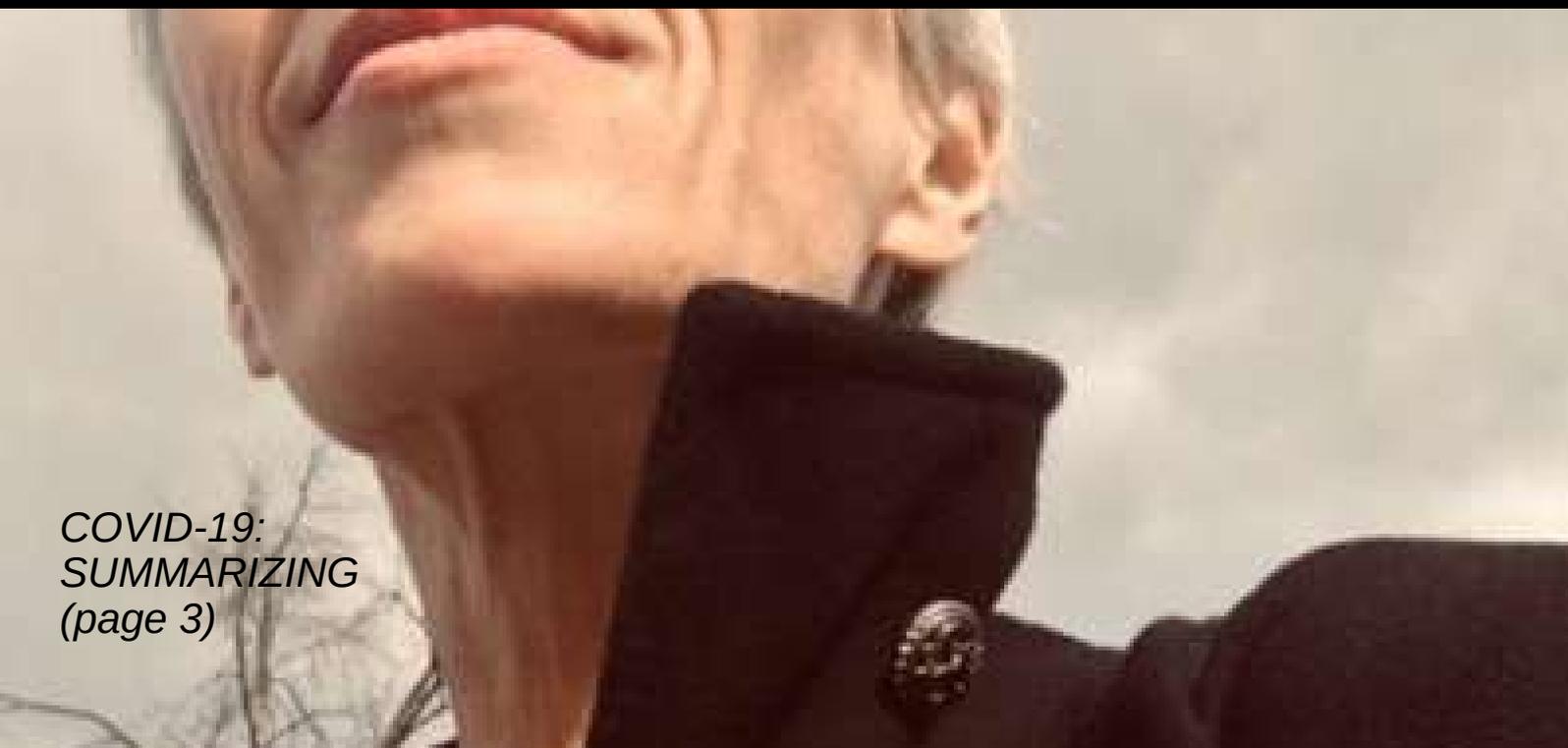
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# EPIDEMIC DIARY

*SPECIAL ISSUE*



*COVID-19:  
SUMMARIZING  
(page 3)*

## **CHUANG-TZU BUTTERFLY**

Of course, the word of the past two months, March and April, is COVID-19.

But this is not just a word - it is what has changed and continues to change our world. COVID-19 is a state, struggle, change, revaluation, transition, isolation, emptiness, communication...

This is another million words that they try, but cannot describe the world in which we find ourselves. It seems like it's just a dream.

And we will wake up now, as the great Chinese Sage Chuang-Tzu.

Chuang-Tzu once dreamed that he had become a butterfly. In the morning he was very depressed. His friends were surprised by the condition of the Master and asked him:

- What happened? We have never seen you so depressed.

Chuang-Tzu replied:

- I am puzzled, I am at a loss, I can not understand. At night I dreamed that I became a butterfly.

One of the friends laughed and said: "Dreams never disturb anyone." When you wake up, the dream disappears. Why is he bothering you?

"That's not the point," Chuang-Tzu replied. "Now I am puzzled: if Chuang-Tzu can become a butterfly in a dream, then perhaps the butterfly has fallen asleep and is dreaming that she is Chuang-Tzu.

These days, we, the community of people who use drugs, like Chuang-Tzu, saw a beautiful reality in distorted COVID-19 a butterfly.

We saw a community that can mobilize, assert its rights, talk about itself with its head held high.

Previously, we were always scared, we were not ready, we pretended to be sick. We were losing.

But now, after COVID-19, we know for sure that we just dream about it.

Everything is different than it seems to us. These days, we saw the community that we really are. We are the Chuang-Tzu butterfly - free, proud and beautiful. Here is our reality. It remains only to believe it. And proceed further.

Let's look at the world through her eyes again in this newsletter!

**ENPUD. Our world. Our rules**

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## COVID-19: SUMMARIZING

What helps us to survive in COVID-19? Take part of the pain of the sister and brother on yourself. When you share happiness, it becomes more, and the pain decreases. So we, ENPUD community activists, not only survived the epidemic.

“

We continue to help people, document events, keep abreast of international events and participate in the formation of the regional agenda.

We are mobilized, united and understand how we act. ENPUD is preparing a new strategic plan. We are based on reality and the belief that the first thing to do is social hostels, this is legal social work and the ability to safely apply for state assistance without loss of rights. And one of the foundations of all this is decriminalization, that is, the ability of people who use drugs to live in the right field.

**Olya Belyaeva**

ENPUD Program Coordinator

Video link with English subtitles:

<https://youtu.be/orYW69WCX4Q>

# OPEN LETTER: WHAT PROGRAMS DO WE NEED

.Why do people who use drugs try not to contact the state services for help until the last moment? It doesn't matter which epidemic is COVID or HIV

But the doors of legal public services are closed to "new" patients. But illegal programs work around the clock: substances are available, prices have risen.

Why not raise prices? There is no competition. In such conditions, substance-dependent people are forced to take extreme measures.

HIV once helped the community of people who use drugs survive, because there were programs for risk reduction and opioid substitution therapy (OST). COVID-19 has shown the need to invest resources in apartment shelters and decriminalization.

An open letter ENPUD - our proposals on how and where to invest resources to:

- create normal living conditions for people who depend on psychoactive substances and maintain access to life-saving medicines and services;
- avoid hunger and poverty, loss of housing and opportunities to feed and educate children.

All offers are scientifically and economically justified, they are aimed at human rights and reflect the

recommendations of UN agencies, non-governmental organizations and thematic experts at the international, regional and national levels.

**The full text of the Open letter on the website ENPUD:**

<http://enpud.net/index.php/so-bytiya-eslun/enpud-news/989-еслун-открытое-письмо-св-covid.html>



For us, nothing has changed: appeal to public services entails a loss of rights and contact with the police. And even under such conditions, people who were left alone with the disease when the COVID-19 pandemic started were ready to "surrender" to narcology.

People are forced to find money to buy a substance at a sky-high price, of low quality, the duration of which is becoming shorter, the prices are higher, and the negative side effects are more serious. Syringes and money need more, health problems and the police.

# COVID-19: THE POWER OF COMMUNITY BELARUS



## Sergey Gartsev

"YOUR CHANCE"

Unlike the rest of the world, a feature of Belarus during the coronavirus pandemic is that no quarantine has been declared in the country and the danger of the coronavirus as a whole is being denied. Everything is 'business as usual' in Belarus: people go to work, children go to school. The President of Belarus openly attends various crowded events and in his speeches says that everything is under control. Meanwhile, the number of patients with coronavirus is growing every day.

Due to the fact that – from the point of view of the state – nothing extraordinary is happening in the country, all government agencies continue to operate as usual, including those that work with people who use drugs.

So, in Belarus, Opioid Substitution Therapy does not stand out. There is only methadone in the programs – Buprenorphine is not registered in the country and is not provided.

Customers are forced to travel to receive their prescription in person every day. This is happening despite the virus: there are still no handouts of OST in Belarus. For two years now, the Ministry of Health has been trying to approve the regulations and the clinical protocol to improve the quality and access to the treatment program for opioid dependence, so that OST drugs can be handed out, but this has not yet been adopted.

Currently, there are about 700 people in the OST program in the country. Although in 2013 there were 1,048 people, in 2015 a transition to public (state) financing began, and the number of patients is decreasing every year.

The main problems in the context of access to medicines for OST program participants are: queues in offices (in many cities, methadone is not transported to hospitals, especially district hospitals), and the fact that access to OST also increases the risk of loss of parental and labour rights. Harm reduction services work. Customers can safely receive the necessary services. A mobile syringe exchange and testing center travels around the city. This is good, but on the other hand, it would be wise to use the pandemic period as an opportunity to modernise harm reduction services, including Opioid Substitution Therapy.

**Video link with English**

**subtitles:**

<https://youtu.be/PQgnqLb1Vhs>

# COVID-19: THE POWER OF COMMUNITY LITHUANIA



## Kestutis Butkus

"RESETAS"

As elsewhere, the general situation in Lithuania is quarantine. There is an order from the authorities to wear masks in a places, with lots of people (such as public transport, restaurants (while not eating/ drinking), shops, etc.). No need to wear masks in the parks, or places where there is no lots of people. There are fines if you do not wear a mask. All shops are open. It is planned that quarantine will last in Lithuania until the end of June, however most of places are opened or opening. Lithuania is not in the top ten countries in terms of the number of cases, but the government is in no hurry to cancel quarantine.

With the coronavirus, the community of people who use drugs has faced many problems. In Vilnius and some bigger cities methadone is distributed once per week and in smaller cities methadone is distributed twice a week for seven days. In Vilnius, about 250 people receive opioid substitution therapy. Doctors and guards at extradition centers work in masks and gloves. At the same time, clients of programs – usually up to forty people – wait in line for an hour on the small porch of the place of issue. At the same time, one must stand close to the entrance to see the moment when the door opens and the client is called to go inside. In addition, the number of substitution treatment programs in the country is limited. In March – May new people couldn't get into the program, they were not accepted, and they were forced to return to street drugs.

However now, people with positive HIV status, pregnant women and those who are obliged by the probation can get into the program (approx. 10-15 new people per day in the Republican Center for Addictive Disorders can be accepted). The main street drug in Lithuania is now fentanyl. It must be consumed several times a day. To do this, you need a lot of money, which in quarantine is impossible to get – there is no way to commit minor thefts and there is no way to earn the money legally. In general, we can say that it is the police that decide everything in the country and in the cities. They have been given great authority in connection with quarantine. Police officers catch people who use drugs and take them in for drug testing. In Vilnius, for example, police officers also carried out a raid and ambush near a gypsy camp where drugs can be purchased. But this happens not only in such places, but also everywhere.

**Video link with English subtitles:**

<https://youtu.be/vw7bINyCpck>

# COVID-19: THE POWER OF COMMUNITY GEORGIA

# COVID-19



# ТБИЛИСИ, ГРУЗИЯ

## Giorgi Gogua

«URANTI»

Like many countries in the world, Georgia has been quarantined. This means that the movement of people is restricted, and a curfew is imposed at night.

Several cities in the country are fully locked down. Movement in these cities is completely prohibited: no one can enter them, and no one can leave them.

In Georgia, about 9,000 people are currently receiving treatment in opioid substitution therapy (OST) programs. Due to the COVID-19 pandemic, the country decided to give these individuals enough methadone and buprenorphine for self-administration for a period of 5 days at once.

This is a huge victory for the community of people who use drugs. It hadn't worked for years before. In many ways, this decision was made thanks to the actions of the community of people who use drugs.

For people who live in cities where a full quarantine has been introduced, special medical services deliver 7 days' worth of OST drugs to their homes. There are 34 such patients in the cities of Bolnisi and Marneuli. People who are in hospitals and other medical institutions throughout Georgia are also provided with substitution therapy.

Approximately 50 people are currently in hospital, of which 45 are residents of Georgia and participants in the OST program, who have returned from other countries and are under quarantine for this reason. All of them retained access to methadone or buprenorphine treatment.

In the prison system in Georgia, 200 people are currently receiving OST. According to the Center for Mental Health and Drug Abuse Prevention, prisoners receive substitution therapy without problems. No cases of overdose or sale of OST drugs have been recorded in the country since the handover of replacement therapy drugs began. This is an argument to ensure that after the end of the quarantine, the handover continues and is not cancelled.

**Video link with English subtitles:**  
[https://youtu.be/2By6CjD\\_WXQ](https://youtu.be/2By6CjD_WXQ)

# COVID-19: THE POWER OF COMMUNITY KAZAKHSTAN

# COVID-19



# ТЕМІРТАУ, КАЗАХСТАН

## Valentina Mankieva

PUD FORUM

In Kazakhstan, there is a very difficult situation for people who use drugs. The country has been quarantined. There are 283 people in the opioid substitution therapy (OST) program, and 13 OST sites are operating in 13 cities across the country. But it is prohibited to hand out methadone for extended periods of time for home use. At the same time, program clients are forced to travel to methadone dispensaries every day, risking contracting the coronavirus.

The Forum of People Who Use Drugs in Kazakhstan has written an official letter to the General Director of the Republican Scientific and Practical Center for Mental Health, who is responsible for the work of opioid substitution therapy programs.

In this letter, the activists asked for permission to hand out enough OST drugs for a few days of self-administration at home. However, this state agency refused, citing that this issue requires discussion and coordination with law enforcement agencies. Before the quarantine was announced, OST sites were open for only one hour a day – from 8am to 9am. The opening hours were increased to 3 hours a day – from 8am to 11am. This is due to the fact that many participants in OST programs live very far from methadone distribution points in other cities, and have to travel long distances due to roadside checks. However, this does not help the situation much.

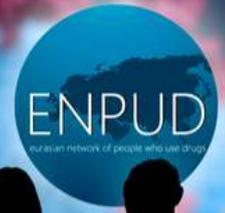
People do not have money to travel every day, or they are late to sites. If they do not attend the program for two days, they are excluded from the program and lose their right to receive methadone there.

Kazakhstan Forum of PWUD continues to advocate for OST participants in all regions of the country to be able to submit written requests for the possibility of receiving methadone in their homes. The forum lawyer has developed a template for requests from patients and organisations to OST sites on these issues. However, to date, this problem has not been resolved for the community.

**Video link with English subtitles:**  
<https://youtu.be/plb0GX1MEM8>

# COVID-19: THE POWER OF COMMUNITY KYRGYZSTAN

# COVID-19



# БИШКЕК, КЫРГЫЗСТАН

## Sergey Bessonov

HR NETWORK ASSOCIATION

We, as many other countries, had the emergency regime gradually introduced, followed by the national emergency. It engulfs almost the whole country. We have a curfew. Talking about harm reduction programmes, they do work. And, I could say, they work quite alright. The most important part is the opioid substitution treatment, with methadone. Some things were done in advance here. Including the chief drug treatment specialist's order which is that if the situation gets worse, if there is the national emergency introduced, then all the people, clients of the OST programme, will be given take-home methadone doses for five days at once.

There were, of course, problems, which were mostly confined in the way people would get to the sites. Some wouldn't be let through, some lived rather far away. And, as with the national emergency public transport was canceled, taxi was prohibited. So neither taxi nor public transport work. And if you do not have means of transport, you will be getting around by foot. This problem was partially solved in the following way. Let's take, say, Bishkek. There are four methadone dispensaries in Bishkek. If it used to be convenient for some people to work near the site or further away from their home, they were able to go to other parts of the city, now due to the quarantine it is challenging. They were all transferred to the sites that are closest to them. Drug treatment facilities are ready to deliver take-home methadone.

Peer consultants played a major role because they could quickly address people's needs and follow the recommendations of doctors, international organisations and NGOs. The situation with syringes - the handouts were increased to 30 days. Social contacts have decreased, online consultations have been introduced. We haven't encountered any problems in this field. Perhaps, the real demand is more in the social support. We understand that our people do not have savings of any sort. And this support that is provided and that we observe... We see that the community now talks more about the need for social support. And so literally today we have received an opportunity from our partners to provide people with food packages. They are quite big. Right now we are making a list of people. These kind of services are well received, there is a big demand for them. It needs to be understood.

**Video link with English subtitles:**  
<https://youtu.be/7xx169Zpv-0>

# COVID-19: THE POWER OF COMMUNITY MOLDOVA

# COVID-19



## БЭЛЦЬ, МОЛДОВА

## Vitali Rabinciuc

COMMUNITY CENTER "PULSE"

In Moldova, access to opioid substitution therapy (OST) has been adjusted to quarantine measures. In cities such as Chisinau, Balti, Falesti and Ungheni, methadone is now given out for one week to everyone without exception. In Kishinev, take home buprenorphine is provided for 5 days or more. OST clinics work 2 days a week in Chisinau from March 23, and in Balti. Patients were divided into 2 groups to avoid overcrowding. The community of people who use drugs continues to work with medical staff.

There are no new admissions to OST programs in Chisinau, although this is not consistent with the OST treatment Protocol.

This is due to the fact that people are not examined, since district drug specialists, whose function is to conduct the examination procedure, are on leave from work and are under home quarantine. People who need OST are forced to go to the emergency Department of a drug treatment hospital for inpatient admission. They receive medication for withdrawal symptoms and detoxification. Doctors use neuroleptics and other similar drugs for people who use "salts" (mephedrone, a-PVP, etc.) and other stimulants. Things are different in Balti. New admissions are allowed and doctors follow the Protocol.

At the same time, hospitalization in Chisinau is only possible for medical insurance holders. The doctors say that they do not have enough resources in the current situation, as many are on home quarantine. This approach is also inconsistent with the conditions set out in the national drug treatment program. The program says that assistance must be provided regardless of whether a person has health insurance or not.

A separate problem today is the supply of methadone in the country. The quarantine revealed a problem of interruptions, the reason for which is the lack of a supply of methadone. There is a stock of the drug in the warehouse, but it is not enough. Previously, methadone was supplied from Italy, but due to the quarantine and border closures, the drug cannot be sent from there to Moldova. Now there is an agreement that methadone will be supplied from Ukraine, but the situation is still uncertain. There are stationary and mobile harm reduction centers in the country, as well as outreach work. The kit for people who use drugs today includes syringes, alcohol wipes and condoms. Masks, gloves, and hand sanitizers in the form of antibacterial gel are not included in handouts, although the need for them is high.

**Video link with English subtitles:**

<https://youtu.be/FoYB3Dsrzqg>

# COVID-19: THE POWER OF COMMUNITY RUSSIA

# COVID-19



## МОСКВА, РОССИЯ

## Maxim Malyshev

ARF

People keep on using drugs, drugs keep on being stashed. People keep on picking up drug stashes. But with the pandemic there are great difficulties that people who use drugs have to deal with.

First of all, there are issues with the police. There is more police in the streets now. More attention is being paid to people walking alone to get their stashes. And, of course, from this perspective things have become much harder.

Also, people undoubtedly have less money. It's not a secret that drug dependent persons gain money a somewhat half-criminal way. Just because it has to be done that way. And there are fewer shops now, where something could be stolen.

And, of course, it is now much harder for people who used to get money that way. And overall, it is now harder for everyone. Drug users who used to get money by fair means are now confronted with being sent on vacations or fired. So, people have less money now.

What are the harm reduction services today? I will talk about ARF, the Andrey Rylkov Fund. What we are doing. Firstly, we deliver commodities to local communities. That means we arrange with people beforehand, some organize themselves in groups of 4-5 people. We call them, ask them, which commodities they need, which syringes, HIV tests. Other medical materials, dressing supplies. All this we gather up and deliver to specific locations.

The police act as they've done before. As before they put pressure on people, enforce drug repressions. Moreover, under quarantine conditions, they've received more capabilities to do so. There is more police and fewer people on the streets.

So it is way easier for them to keep an eye on drug users who are picking up drug stashes or are in altered state of mind. They get way more attention now, because there are not people around they could blend in with.

And what's most upsetting is that there is no truce between the police and people who use drugs in spite of the epidemic. The people who always had it hard. And during the epidemic it became two, three times harder. But there is no understanding, no open dialog, no steps are taken, not even towards a temporary truce.

They have responded that it isn't in their jurisdiction, that they have nothing to do with changing the law. It does reflect the core of the Russian police. That they do not want to consider people, they want to blindly follow orders. It is sad, of course.

**Video link with English subtitles:**

<https://youtu.be/frUG8mfgR-U>

# COVID-19: THE POWER OF COMMUNITY UKRAINE

# COVID-19



## КИЕВ, УКРАЇНА

## Anton Basenko

"ALLIANCE", "VOLNA"

In Ukraine, we very quickly achieved the fact that 90% of substitution treatment patients from more than 12,500 people already receive all without exception OST in their hands. Another 10% are those people who are still being gradually transferred. Or this is the small list of cities where doctors did not immediately take such a risky step for them.

But we should give credit to the Ministry of Health, which we had pushed with the whole community and received official recommendations from on how medical facilities should treat substitution treatment patients and people who use drugs.

So it's a process that's coming to a halt now. With the problem of take-home doses somewhat resolved, we can sleep easy, as I also think that after some time all patients will be receiving their treatment.

Harm reduction programmes. They work. That's what matters. Everything concerning consultations is now online. Stationary syringe exchange facilities are now outside. Only one client is attended at a time. And only at a distance. Mobile clinics when they arrive somewhere, do not operate taking the client in, but rather go out to the client. And they also keep the recommended distance of 1.5-2 meters.

What people who use drugs are going through today. These people are only going through hard times. Of course, it is a serious problem that the people are visible now. Because amid lifeless streets with only emergency service vehicles and some specific category of civilians, like doctors, who are waiting for their official transport.

In deserted streets there is a person with a particular look, who is digging away at a flowerbed, and it catches the eye. You don't know whether to laugh or cry. It's rather laughter through tears. Of course, our people stand out now. And it also includes the way other people react to it.

We got to give credit to the police, because they act in a very moderate and polite way.

It's also important that such things, like hepatitis treatment, are still available. And those who undergo treatment also get receive the medication for a long amount of time at once, so they wouldn't come to hospitals. Even such high priority requests like masks, gloves, antiseptics, they are being addressed and delivered to service providers. And all of this will be available to harm reduction programme clients.

**Video link with English subtitles:**

<https://youtu.be/myfox4tnAjq>

# COVID-19: THE POWER OF COMMUNITY ESTONIA

# COVID-19



## НАРВА, ЭСТОНИЯ

## Sergey Sisojev

LUNEST

On March 11, Estonia declared a state of emergency related to the COVID-19 pandemic. The Institute for health development, an organization that funds harm reduction programs in Estonia, issued an official statement. Its essence is one thing – customers should not be left without services! Currently, there are about 900 people in opioid substitution therapy (OST) programs in Estonia. The work of harm reduction points, outreach workers, and OST distribution centers has been reorganized in such a way as to minimize the risk of infection for clients and employees.

The “SÜTIK” program (support for people with drug addiction) was switched to online mode, and this approach is no less effective than working offline before the declaration of a state of emergency in the country. Since all state structures operate remotely, officials and employees of all services are available by phone and on the Internet. This allows you to quickly help in solving customer issues. In many cases, this even speeds up the process. Outreach workers continue their work on exchanging and distributing injecting equipment, observing the 2+2 rule (two people at a distance of two meters). Plus, they consult in person and over the phone. OST issuing centers throughout Estonia also continue to operate. Immediately after the state of emergency was declared, it was decided to hand out OST drugs for a period of 3 to 5 days (each case is considered individually).

To avoid a mass influx of customers to the center at one time, they were divided into groups and distributed on different days. The working hours of the OST centers were reduced: before the quarantine, they worked every day until the evening, now-every day until 12 o'clock in the afternoon. This time is sufficient, given that the program participants receive the drug on different days and at different times. They enter the office one at a time. If you have a certificate that a person is a recipient of OST drugs (from any country), they can get access to treatment during the day. If the OST program clients are ill or quarantined, the drug is delivered to their homes in compliance with all safety measures. It is delivered by employees of OST sites, members of the community of people who use drugs, employees of the “SÜTIK” program.

**Video link with English subtitles:**

<https://youtu.be/AbIY-vOoICy>

# COVID-19: THE POWER OF COMMUNITY UZBEKISTAN

# COVID-19



# ТАШКЕНТ, УЗБЕКИСТАН

## Victor Kim

### PLHIV COMMUNITY

At the beginning, going out for a walk was prohibited during the quarantine. That means more than two people couldn't gather on the street at once. If law enforcement officers saw you, they could easily stop you and ask you where you were headed. If it turned out that you were just wandering about on the street, you would get fined for 4,460,000 som (500\$). If you were not wearing a mask, then the fine would be 230,000 som (24\$). The average salary in Uzbekistan is around 1 million som (100\$), and the fines exceed the average salary four times. Also, from a whole family only one person could go out once a day. You couldn't go out with anyone, including children.

People could go out to the nearest grocery shops, to pharmacies, and under extreme circumstances they could go with their cars to a hospital to get essential medicine.

Prevention programmes worked but the load was taken of it, of course, because the public transport did not work. It was very hard for the clients to get to a syringe exchange site. But the work continued. The only thing is that the testing numbers decreased, as we had to service our clients at the doorway of the site.

We could not bring them in, because there were a lot of obstacles with the self-isolation regime. There was a risk that, first of all, outreach work, according to safety regulations, shouldn't be conducted by only one person, we work in pairs. And so, there would be two of us, and with us was also the client. Three persons - it could be suspected that we are just wandering about.

And there was a chance for all the three of us to get fined for that amount of money.

Right now the quarantine measures were softened. We can go somewhere from 7 to 10 am and from 5 to 8 pm. Get around on our own vehicles, having a valid excuse, like going to a pharmacy, grocery shopping or in case of emergency. But our police understands that people are frustrated right now, because of the lack of money and the inability to earn it. Many ask the government for help and allowances. That's why the police have turned a blind eye on whether you are driving with or without a destination, nobody checks. Well, for all I have driven, not once have they stopped and checked me. But only in the time period - from 7 to 10 am and from 5 to 8 pm.

**Video link with English subtitles:**

[https://youtu.be/fw\\_fwvfisTY](https://youtu.be/fw_fwvfisTY)

# COVID-19: THE POWER OF COMMUNITY LATVIA



## Juris Eksteins

"DIA+LOGS"

The coronavirus epidemic did not bypass Latvia. In our country, a soft quarantine regime was introduced. Transport, retail chains, and pharmacies continued to work. Of course, disinfectants and distance appeared everywhere, but almost everything continued to work in the same mode. Home isolation and maintaining a distance on the street were recommended. The wearing of masks was not mandatory, so the police did not fine anyone. Everything was calm. Of course, fewer people are now in hospitals and clinics. In hospitals, only planned appointments and planned operations took place. Syringe exchange points operate in the usual way – only the method of dispensing and sharing syringes has changed.

The client needs to go to the door, ring the bell, and after that he receives his preventative materials. Also, two buses with a full range of harm reduction services – including syringe exchange, tests, and consultations – drive around the city. The drug scene has not changed. Amphetamine and marijuana Heroin had been substituted by carfentanil on the street even before the crisis. Prices have not changed. The problem is different – it has become difficult to get good quality substances. The OST program has brought about a change for the better. The medicine was given out on a daily basis before the crisis, now clients can take enough home for a week, or even two. Moreover, in the room where methadone is given, there is a camera. And when you visit, you can talk to the doctor via video link. If you need to write something out, the doctor will either write an electronic prescription or just answer your question.

Those who receive buprenorphine are also given an electronic prescription for a month by telephone. Previously, they had to go to the doctor once every two weeks or once a month. Now all this is done electronically. We have three methadone distribution points in our city and all of them have introduced the same easing of the rules around prescriptions. Of course, everyone wants this to continue. Unfortunately, however, no new patients are being admitted to the OST program during quarantine. HIV treatment is, however, given to everyone – both new and old clients. And there, too, the rules around the issuance of medication have been greatly relaxed. Previously, you had to come every month for a prescription. Now this is done by phone.

**Video link with English subtitles:**  
<https://youtu.be/nbTkvF-1bQg>

# COVID-19: THE POWER OF COMMUNITY GERMANY

# COVID-19



# БЕРЛИН, ГЕРМАНИЯ

## Michail Khor

BERLUN

To date, the German health system is doing a pretty good job of coping with the epidemic. With approximately the same number of cases as in France, Spain, and Italy, in Germany mortality is an order of magnitude lower. This once again suggests that the health system is working well here. She is truly socially oriented. Migrants, unemployed, old people, children, people with disabilities – almost all have health insurance.

Praxis is a small clinic where patients are treated for HIV infection, receive hepatitis treatment, and are given replacement therapy. They also began to change the work schedule, and definitely for the better. Now they are trying to give out an opioid replacement therapy drug for a greater number of days. If before a person received enough drugs for one week, they are now being given enough for two weeks.

The community of people who use drugs has a small but significant number of people who live on the street and who do not have an apartment and/or permanent residence. The epidemic affected them very seriously. At the very beginning of quarantine they faced a very difficult situation. The shelters in which they spend the night are open until 6-7 in the morning, and then they are sent back onto the street. All rooms where they could rest are closed at this time. All spaces, for example cafes or shopping centers, where homeless people could rest are closed at this time. Then, fortunately, the Senate of Berlin bought a hotel with 250 rooms. As a result, many people from the community found refuge there. Those staying in the hotel receive one room for four people, with a shower, equipped with a toilet inside, and three meals a day.

It was expected that two more such places for 200-300 people would open, but so far this has not happened, and many people still live on the street.

Service organisations that deal with harm reduction programs, such as Fixpunkt, have switched to a five-day work schedule. Before this, mobile points worked three days a week. Thus, all services are provided. The drug scene has not changed significantly. Dealers are still trading.

Prices have not risen. The only difference is that the authorities have begun to pay more attention to ensuring that people do not gather in the subway, because, as in many large cities, dealers are often tied to the subway and metro stations.

**Video link with English subtitles:**  
<https://youtu.be/n1FrQKLgVik>

# WOMEN AND COVID-19: SISTERS ' HELP

# COVID-19



# ЖЕНЩИНЫ И COVID-19

## Velta Parkhomenko

ENEY CLUB/ VOLNA / ENPUD

The COVID-19 pandemic is coming to an end in our countries. However, today it is necessary to begin to take stock of what has happened within the community of people who use drugs, and in particular with women of key communities in the region of Eastern Europe and Central Asia (EECA). It is necessary in the very near future to direct our further actions to the problems that have arisen.

Violence. Of course, domestic violence against all women around the world has greatly increased. But if we talk about drug addicted women, then, unfortunately, drug addicted women and sex workers, including those who use drugs, suffer from many times more domestic violence. They suffer not only from partners, but also from relatives.

They suffer from the fact that they can't always leave the house and buy or get the medicines and drugs they need, because they are not allowed to leave the house. At the same time they are threatened, beaten and humiliated.

Resources. In addition to the problem of violence, the problem of limited resources also looms large. Women with children used to be able to feed their children, largely due to the fact that the children were in nurseries and schools. During quarantine, those nurseries and schools were closed.

Discrimination. At the same time, drug-addicted women often face discrimination. Because of this, they cannot get a well-paid job. And now many of those who were working lost their jobs because of a pandemic. So many women simply don't have the money to feed themselves or feed their children. Yes, the pandemic is ending, the quarantine conditions in our countries are weakening, but how much – if at all – this will solve the problems of drug-addicted women is the main question.

Women in key communities will face and live with these challenges for a very long time to come. Unfortunately, the lives and destinies of women in key communities do not concern many people other than themselves. However, it is important that the state also solve these problems, and it is necessary that drug policy must change in order to allow this. In the countries of the EECA region, the fact of drug use and drug addiction is used as an excuse to remove children from their parents and deprive women of their parental rights. The pandemic has shone a light on all these problems. Today, it is clear that they are unacceptable, and that change is required in the very near future.

**Video link with English subtitles:**  
<https://youtu.be/4TJYwuDGmE8>

# INTERNATIONAL ADVOCACY



## ENPUD ON CND

March 2-6, 2020 in Vienna, Austria, the 63rd session of the UN Commission on Narcotic Drugs (CND) was held. This event is the main international meeting on drug policy. From ENPUD, Olya Belyaeva, Aidana Fedosik, Farhad Navlyutov and David Subeliani took part in it.

## OLYA BELYAEVA

Participation in CND 63 is significant in terms of understanding my role as ENPUD Program Coordinator.

Drug policy activists in each country of ENPUD should hear how they behave, how they say that they are being discussed by representatives of government agencies who interfere so inadequately and painfully in our lives.

This vision helps to understand the structure of global drug policy and to be able to more carefully calculate the steps for advocacy in countries.



This year, a team of CND members working for the community of people who use drugs has been renewed by activists from Russia, Belarus, and Ukraine.

People who set a high level of quality work and preparedness for negotiations. People who create events themselves and reveal opportunities for others to act.

## ENPUD ON CND



I must say right away that this is really politics. And there are politicians there. Or it's direct government structures, i.e. security officials, or - about government agencies, which there under various guises can act.

And these official representatives of the states report how they are doing in the country on a particular topic related to drugs and drug policies.

## AYDANA FEDOSIK

As for the participation of civil society in CND, this is not quite the same as, say, with UN committees, where they alternately give the floor to the state and the floor to civil society.

At CND, I didn't see such a direct inclusion of civil society in my work. But the opportunity to be heard by civil society is still provided there, and in various forms.



As far as I know, before civil society was not there at all. It was not presented at all.

And if now we have such an opportunity to be there, then, of course, it must be used to the maximum.

Since, in a global sense, this is exactly the place where key decisions on drugs and drug policies.

## FARHAD NAVLYUTOV



CND is a purely global policy that works against us. That is, basically everything that I saw there, everything that they do, is created against people who use drugs.

I saw there how many law enforcement agencies of different countries even boast about it, how they pass even more repressive laws, how they plant people.

And when we tell them that we just use drugs, why do you deprive us of our right, that your actions are not aimed at fighting drugs, they are aimed at fighting people - they are silent in response.

## DAVID SUBELIANI

You see there regional and international politicians, representatives of various structures, etc. You look at this place, somewhere it all happens. This is a separate state with its internal police, laws and regulations, which does not even belong to Austria.

CND is an independent country, like the Vatican in Rome. And there you fall into a state of frustration and give slack: "Oh, damn it, why am I fighting all this? Maybe this is not worth doing at all? "We fight against these people with tremendous power and money, like?"



This huge repressive machine works. But activists from the community have already appeared there, that is, people who use drugs, various NGOs, human rights activists, etc.

We are already many, we are together. And at that moment, fear and frustration recede. We are already here! We are present there, and we have some influence already.

# ONE LINE: CHRONICLE OF ENPUD EVENTS

**Wonderful people have joined ENPUD:** Irina Maksimova, Ukraine; Oksana Vaschenchuk, Ukraine; Vladimir Polyakov, Ukraine; Marina Gridina, Ukraine; Alexander Myshevsky, Ukraine; Igor Kozak, Ukraine; Natalya Kaluzhskaya, Ukraine; Arseny Levinson, Russia; Alexey Lakhov, Russia; Stanislav Shashok, Belarus; Egor Vinyatsky, Belarus; Peter Markelov, Belarus; Igor Abdusalimov, Kazakhstan; Victor Vidiker, Kazakhstan.

**A competition was held in ENPUD for the position of “Specialist in advocacy for ENPUD”:** Olga Belyaeva took this position.

**New members of the Coordinating Council elected in ENPUD:** Victor Kim, Uzbekistan; Michael Khor, Germany; Larisa Solovyova, Germany (alternate); Natalya Minaeva (alternate).

**ENPUD because of the COVID-19 pandemic as part of “Support. Don’t Punish” launched the “Support for me is ... ” campaign.** It should indicate which threats are most significant for the community of people who use drugs, what support it needs and how it overcomes the emerging barriers. A detailed story about the campaign “Support. Don’t Punish” read in the next issue of the digest.

**ENPUD participated in an online consultation with Michel Kazachkine, Global Commission on Drug Policy.** The consultation coincided with the release of the Commission's New Drug Law Enforcement Report. The presentation of the report can be found here: <https://www.youtube.com/watch?v=g3RpfxIAh3U>

**In ENPUD, work has begun on the second year of the Health and Rights of Prisoners project.** 11 consultants in 4 countries of the region (Russia, Ukraine, Georgia, Moldova) will monitor the situation in places of deprivation of liberty, in connection with COVID-19, to document cases of violation of the rights of prisoners - people who use drugs, to provide strategic litigation.

## CONTACT INFORMATION

ENPUD WEBSITE: [HTTP://ENPUD.NET](http://enpud.net)

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