The Asian Network of People who Use Drugs (ANPUD) is an issues-based membership network centred around the principle of meaningful involvement of people who use drugs.

ANPUD believes prevention and treatment services for people who use drugs must be accessible, voluntary, comprehensive, evidence-based and compassionate.

A driving factor in the formation of ANPUD as a regional network is the lack of representation of, and collaboration with, people who use drugs in important policy and programming venues at national, regional and international forums.

ANPUD has been leading an advocacy movement to influence decisions that directly affect communities in the region. ANPUD works towards community empowerment, human rights, people-centred evidence, and rights-based drug laws and policies.

During the COVID-19 pandemic, active leadership and proactive steps are much needed to support national responses to the situation. People who use drugs face unique needs and risks related to criminalization, stigma, underlying health issues, and higher economic and social vulnerabilities.

A coordinated regional effort is needed to protect hard-fought gains on human rights, HIV and viral hepatitis. People who use drugs must not be left behind in the COVID-19 response, and harm-reduction services must be recognized as essential services.

ANPUD has attempted to gather best practices related to community responses for people who use drugs in the context of COVID-19 in India and Indonesia. These two countries have faced national lockdowns, which disrupted access to life-saving harm-reduction services.

The following must be considered essential during the pandemic:

- Home delivery by community members of essential health services, including opioid substitution therapy, antiretroviral therapy, and treatment for hepatitis C virus and tuberculosis (TB).
- Drug overdose prevention and management with naloxone by community members.
- Facilitated access to government food schemes for people who use drugs.
• Dissemination of information on prevention of COVID-19 for people who use drugs.
• Advocacy and cooperation-building to influence changes in policies and standard operating procedures for essential services, including opioid substitution therapy, antiretroviral therapy, and hepatitis C virus and TB treatments.

**BACKGROUND**

**INDIA**
India is one of the most ethnically and geographically diverse countries in the world. It has the world’s second largest population, and it is home to 9.9 million people who use drugs.

India imposed a national lockdown in March 2020 to control the spread of COVID-19. People were asked to stay at home. Strict measures banned various activities. Businesses, places of education and public transport were closed. The country came to a complete halt. Thousands of people lost their sources of income.

**INDONESIA**
Indonesia has the world’s fourth largest population. The Ministry of Health estimated there were 33,492 people who inject drugs in Indonesia in 2017. The National Narcotics Board estimated there were 489,197 people who use non-injecting drugs in Indonesia in 2017. People who use drugs are the key population with the highest HIV prevalence in the country.

The first confirmed case of COVID-19 in Indonesia was detected on 2 March 2020. Within a month, the infection had spread to all 34 provinces. The country accounts for the third largest number of deaths in the Asia and Pacific region. (Source: [https://www.kompas.com/tren/read/2020/10/19/200400165/10-negara-di-asia-dengan-kematian-covid-19-tertinggi-indonesia-nomor-3](https://www.kompas.com/tren/read/2020/10/19/200400165/10-negara-di-asia-dengan-kematian-covid-19-tertinggi-indonesia-nomor-3).)

Between April and June 2020, Indonesia imposed large-scale social restrictions in 13 provinces. Public transport had reduced operating hours and capacity. Non-essential businesses and shops closed. Restaurants and food stalls remained open only for takeaway and delivery services. Only a limited number of markets and essential businesses could open with strict social distancing protocols. Most sectors put in place a work-from-home policy.

**IMPACT OF COVID-19 ON HARM-REDUCTION SERVICES**
Key populations have been among the most affected groups during the pandemic, as many people from these populations rely on income from informal sectors.

**INDIA**
Many people who use drugs are also living with HIV, hepatitis C or TB, and in some cases coinfection. The national lockdown impeded access for people who use drugs to essential harm-reduction services, including needle–syringe programmes, opioid substitution therapy, antiretroviral therapy and TB treatment.

ANPUD in Gorakhpur, Uttar Pradesh emailed the State AIDS Control Society and copied the National AIDS Control Organization.
Most ANPUD members earn a living through daily wages, and the lockdown badly affected them and their families.

India has one of the largest food scheme programmes in the world, with millions of people accessing the scheme. Many people who use drugs cannot access the scheme, however, as they lack identity documents.

India rolled out the National Viral Hepatitis Control Programme in 2018. The state of Uttar Pradesh provides services under this programme through a model treatment centre at King George’s Medical University, Lucknow. Nine other centres across the state were setting up similar services, but the lockdown impeded progress. People who are positive for hepatitis C in the district of Gorakhpur are now unable to start treatment because of the lockdown.

INDONESIA

Indonesia did not fully implement the World Health Organization multi-month dispensing guidelines during its lockdown. People living with HIV were still required to visit a hospital to get their monthly antiretroviral medicines, exposing them to high-risk areas in COVID-19 referral hospitals.

The national drug policy in Indonesia allows up to seven days of methadone to be taken home. Many people who use drugs have not accessed this scheme, however, as they cannot afford to pay for seven days' medicine. Reports suggest many people can afford to pay for only three days of methadone at once, so they have to visit a clinic twice a week.

Methadone costs about US$ 1 for a daily dose in hospital, but it is generally much cheaper or even free of charge in primary health-care centres in Makassar, South Sulawesi.

Many people who use drugs and are living with HIV do not have formal jobs. Those who do may lose their jobs due to the impact of COVID-19 on the economy.

The Ministry of Social Welfare has launched several social support mechanisms during the pandemic, such as supplying staple food items and cash. To access this support, people have to show identity documents, which can be a major barrier for people who use drugs and other key populations.

COMMUNITY RESPONSES TO COVID-19: INNOVATIONS AND GOOD PRACTICE

Community groups have had discussions with service providers, government agencies and other stakeholders about flexibility in harm-reduction programme guidelines and innovative initiatives to address gaps in community service delivery.

ANPUD sought permission from local authorities to deliver food packages to people affected by the lockdown. ANPUD negotiated with harm-reduction services to allow people to take home or have delivered opioid substitution therapy and antiretroviral therapy supplies.
The lockdown led to a large increase in the price, and a decrease in purity, of drugs. Cases of drug overdose increased. ANPUD partnered with the State AIDS Control Society to hold training sessions on prevention and management of overdose for people who use drugs.

ANPUD has documented successful experiences led by the communities in Bandung (Java), Denpasar (Bali) and Makassar (Sulawesi).

Key activities included HIV and COVID-19 prevention and impact mitigation activities for people who use drugs, other key populations (people living with HIV, men who have sex with men, transgender people, female sex workers, people in prison), and the general populations of the surrounding areas.

STORIES FROM THE COMMUNITY

HOME DELIVERY OF ESSENTIAL HEALTH SERVICES

Mizoram, India
State Level Drug User Network (SLN) members in the states of Mizoram and Sikkim negotiated with the State AIDS Control Society to relax certain lockdown restrictions and allow clients to access harm-reduction services.

The Mizoram Drug Users' Forum (MDUF) negotiated with the Secretary of State for the Social Welfare Department and Tribal Affairs to initiate an opioid substitution programme for people who were not registered with the department during the lockdown. Protocols, site selection, funding, the procurement process and the role of MDUF were clearly defined. The programme was rolled out on 4 May 2020. MDUF was asked to identify, assess and provide counselling to clients and families and follow up through home visits and telephone or video calls.

The Social Welfare Minister, Secretary and Director have assured MDUF that the programme will be integrated with community involvement into the upcoming treatment facility programme.

MDUF set up a helpline for people who use drugs on 5 April 2020. Within the first week, the helpline received more than 100 calls.

As part of the programme, buprenorphine is used for 7–10 days for withdrawal management. For a month during the lockdown, MDUF sourced buprenorphine locally for people who inject drugs. MDUF then acquired a permit from the Social Welfare Department to help people who use drugs who are not registered in any opioid substitution programme.

Sikkim, India
The Sikkim Drug Users' Forum (SDUF) negotiated with the Additional Director General of Police to allow a SDUF team free movement during the lockdown. SDUF provided essential harm-reduction services such as needle–syringe programmes and opioid substitution therapy; linked people for medical reviews, withdrawal management and essential commodities; and mitigated arrests.

SDUF delivered opioid substitution therapy to clients during the lockdown. SDUF also negotiated with service providers for 15–20 days of supplies and online consultations with doctors.
Bandung, Indonesia
Rumah Cemara, a community organization led by people who use drugs and people living with HIV based in Bandung, West Java, focuses on reforming the national drug policy, developing education and campaign materials, and empowering the community.

During the lockdown, many of Rumah Cemara’s activities were put on hold as it followed a work-from-home policy. However, the organization supported a fundraising movement started in Jakarta by a community of transgender people during lockdown and set up a similar movement in Bandung.

Rumah Cemara and a local transgender community, Srikandi Pasundan, distributed food to transgender people in need.

Rumah Cemara provided financial support for people living with HIV to access antiretroviral therapy and negotiated for antiretroviral medicines to be delivered to their homes, with support from the Elton John AIDS Foundation and in partnership with Female Plus, a local community organization for peer support workers.

Rumah Cemara provided financial support for people living with HIV and other key populations to access take-home doses of methadone and for living costs such as food and rent.

Rumah Cemara organized online HIV support group meetings, workshops on HIV and COVID-19, and counselling sessions.

Denpasar, Indonesia
At the start of the pandemic, Pertiwi, a community of women who use drugs in Bali, and its partner Yayasan Bali Mercusuar adapted their activities to provide education on COVID-19 to the community. Pertiwi relocated most of its budget to respond to the pandemic.

Staff and members were given personal protective equipment (PPE), including facemasks, hand sanitizer and soap. Contacts are done online, including drug treatment counselling and outreach work.

Pertiwi’s key focus is the female prison in Denpasar. The prison has a capacity of 120 people, but is occupied by 196 people. The majority are people who use drugs. Sanitation is a major issue. The prison does not have a health facility, although external health services can be accessed.
During the lockdown, Pertiwi provided prison staff with PPE and disinfectant to clean the prison cells. Pertiwi provided five months’ supplies of reusable facemasks, antiseptic soap and sanitary pads to each prisoner.

Pertiwi hopes to run its regular classes for the prisoners on rights to health, law and other topics online, but currently the online facilities are being used by the prison for virtual trials and courts.

Pertiwi and Yayasan Bali Mercusuar also distributed essential food throughout the community of Denpasar during lockdown, including prison staff, people who use drugs, people on methadone therapy, sex workers, transgender people, women living with HIV, women in prison and the general population. They also distributed cooked meals to key workers during the lockdown.

**Makassar, Indonesia**

Persaudaraan Korban Napza Makassar (PKNM) is an organization for people who use drugs and a member of the national drug user network in partnership with the Makassar Health Office.

PKNM offered free rapid COVID-19 tests at a local primary health-care clinic for outreach workers and its own staff. The test results were available on the same day, and all were negative. Following this, PKNM provided PPE and COVID-19 education to the community through its online platform.

PKNM changed its outreach programme during May 2020 to include online work. This proved difficult, however, as many people who use drugs do not have online access. In June, PKNM began working in the field again, with visits, face-to-face education and helping clients access health-care facilities.

In addition to its regular distribution of needles, syringes and condoms, PKNM distributed facemasks and offered COVID-19 education.

PKNM continued to provide legal assistance and paralegal services to people who use drugs.

PKNM worked in one of its outreach areas where resistance against COVID-19 restrictions was high, in collaboration with the Makassar Health Office. The network enjoys good rapport with the people in this area. Despite strong resistance in the beginning, PKNM helped the local authorities to conduct a series of meetings with local public figures and young people, eventually gaining the support of the community and allowing rapid tests to be conducted.
PKNM worked with local communities, mosques and faith-based communities to conduct Eid prayers. PKNM provided logistical needs, such as sound-systems, and information on COVID-19. The prayers were held under strict health and physical distancing measures. PKNM provided facemasks for people who did not bring their own.

**DRUG OVERDOSE PREVENTION AND MANAGEMENT**

During the lockdown in India, instances of drug overdoses were noticed. Lockdown led to an increase in the price of drugs, resulting in people using cocktails of drugs to get the same effects, such as mixing opioids with tranquilizers. As the restrictions are relaxed, the price of drugs may decrease and the availability increase.

Nagaland Users’ Network (NUN) consulted with the State AIDS Control Society on the need to increase awareness training in overdose prevention and management for harm-reduction services. NUN conducted five days of online training for programme managers, outreach workers, peer educators and the district-level network.

NUN distributed 200 ampoules of naloxone to nongovernmental organizations and district-level networks in the state.

Before the lockdown, NUN mobilized 80 ampoules of naloxone for distribution to all nongovernmental organizations in the state, with financial support from the State AIDS Control Society.

NUN has agreed with the State AIDS Control Society that face-to-face training on overdose prevention and management with naloxone will be conducted with all TIs.

**FACILITATING ACCESS TO GOVERNMENT FOOD SCHEMES**

In Gorakhpur, the Uttar Pradesh Drug Users’ Forum facilitated access to a government food scheme by negotiating with administrative officials.

Community groups identified the need to distribute food because the majority of the community members earn daily wages and lost their access to work during the lockdown. Lack of identity documents made the food scheme inaccessible to many people.

**DISSEMINATING RELEVANT AND ESSENTIAL INFORMATION**

In Gorakhpur, the Uttar Pradesh Drug Users’ Forum held online group meetings and telephone calls with community members to share essential information on COVID-19. The group explained
preventive measures such as social distancing, handwashing and use of facemasks. The group provided people who use drugs with facemasks, soaps and hand sanitizers.

**INFLUENCING CHANGES IN POLICY AND STANDARD OPERATING PROCEDURES**

During the lockdown in India, realignment and relaxation of standard operating procedures and policies were negotiated at national and local levels to ensure services were delivered to people who needed them.

The Indian Drug Users’ Forum asked the National AIDS Control Organization to provide take-home doses of methadone for people who use drugs already registered in the country’s opioid substitution therapy programme.

Subsequent advocacy efforts with state-level agencies and district administrations were conducted in Manipur, Mizoram, Nagaland, New Delhi, Sikkim and Uttar Pradesh to provide opioid substitution therapy and antiretroviral therapy.

As a result, the provision of take-home doses for opioid substitution therapy and antiretroviral therapy was implemented across the country.

Travel passes for community members were provided during the lockdown, allowing them to provide food packages to community members.

In Aizawl, the state network influenced the Social Welfare Department to provide opioid substitution therapy to people who use drugs but who were not covered under any government or nongovernmental scheme, and to children and young people who use drugs.

**CHALLENGES AND OBSTACLES DURING THE COVID-19 PANDEMIC**

- Travel during lockdown was difficult without public transport.
- Online training and dissemination of information are difficult in areas with poor internet connectivity.
- Government hospitals have been converted into COVID-19 centres, making it difficult for people to access opioid substitution therapy and antiretroviral therapy.
- Doctors and nurses working in opioid substitution therapy and antiretroviral therapy centres have been absorbed into COVID-19 management teams.
- Lack of income has put people who use drugs and other key populations into more vulnerable situations.
- Lack of funding and capacity are challenges for communities to respond rapidly.
LESSONS LEARNED

- Other state networks can repeat the process of negotiating with key decision-makers and influencing them to implement innovations.
- Community members implementing these innovations have an increased risk of exposure to COVID-19. Members should be well-equipped with PPE and information regarding prevention of COVID-19.
- People using harm-reduction services have been forced into closed settings, with no access to commodities, restricted movement and no source of income, which has increased their vulnerability.
- Comprehensive safety and security management should rely on the results of risk assessment, build on existing infrastructure, be guided by simple plans, and involve people who are at risk in every step of the management process.
- Emergency responses require effective networking and coordination with local stakeholders such as health-care facilities, district health offices and social welfare departments.
- Emergency responses led by and involving the community gain respect from society and can break stigma and discrimination barriers.
- Communities must develop their communication and advocacy skills and document assessment of their beneficiaries’ needs.
- Community-led responses allow efficient flows of support to directly reach beneficiaries, even if they are not eligible to access government support.
- The approaches used in harm-reduction and HIV prevention services can be replicated. Behavioural change interventions and working with the community to contact hard-to-reach populations can be very important in implementing COVID-19 responses.
- More economic strengthening interventions can ensure people who use drugs and key populations are better equipped to meet their essential needs.

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