

Covid-19: an opportunity for drug policy reform

“Support, don't punish!” As international organisations working actively with people who use drugs, we carry this slogan loud and clear, particularly [every June 26](#) by calling for a radical reform in drug policy, prioritising respect for fundamental rights and promoting access to health.

More than ever this year, this slogan is topical in view of the effects induced by COVID-19. Indeed, the pandemic has led some countries to introduce some changes to their repressive approach to drugs and, better still, has encouraged others to innovate their harm reduction methods and support for the human rights of people who use drugs. Though unexpected, these effects are extremely welcome and should not only be sustained but also applied at global scale.

Unexpected effects of the COVID-19 response

We recognise and pay tribute to the actions of Governments worldwide that recognised particular risks of COVID-19 among people in prison and releasing nearly [one hundred thousand people in prison](#) worldwide, many of whom are people who use drugs or people charged with minor drug-related offences. Admittedly, these people who were previously in prison were released to limit Covid-19 transmission, which can be easily spread due to unsafe conditions within prison settings. However, this action illustrates the paradoxical and futile repression towards people who use drugs. Drug dependency cannot be cured with a prison sentence. If anything, harm and rights violations, including right to health, are increased, as appropriate support is rarely available in a prison setting.

The second major action linked to the pandemic context included providing shelter for homeless people. This is positive as we know that some people who use drugs face challenges in accessing safe and affordable accommodation. In France, Germany or Greece, for example, homeless people have been [relocated to hotels](#). We know stabilising accommodation and providing access to essential services or minimum income support can enhance people who use drugs' access to care for a range of health priorities.

Finally, the most promising actions in terms of health and economic benefits are those that have been implemented by some countries to maintain and adapt harm reduction policies in the context of the pandemic. Established in the 1980s, these policies seek to reduce health-related harms among people who use drugs (reducing risk of infections, and preventing overdose mortality) and to provide psychosocial support, particularly in case of problematic drug use.

As such, in France and in [many countries around the world](#), given the physical distancing restrictions as a result of COVID-19, services changed policies to ensure that people had more

flexible access to therapies for opioid dependence. This included an increase in access to take-home doses of therapies for opioid dependence and an increased flexibility and reduced need for daily clinic attendance to avoid unnecessary visits to the doctor. The distribution of injection equipment (disposable syringes and injection kits) and overdose prevention medication as Naloxone was increased to allow people who use drugs to build up stocks.

One of the most innovative initiatives came from Switzerland: this country, renowned for its pioneering role in harm reduction, authorised the [home delivery of medical heroin](#). It was the first time ever that this happened. The provision of home delivery of medical heroin sought to limit the need for interaction with other people and reduce the risk of overdose, which prove to be higher during a pandemic, due to a harsher black market offering lower quality products.

COVID-19 has made clear the critical role of communities in responding to health crises. Communities of people who use drugs and community-based harm reduction services have stepped in quickly the world over to ensure that people who use drugs have access to harm reduction services, reaching those who are otherwise unreachable and bridging the gaps of inadequate healthcare systems.

Towards an effective drug policy

During COVID-19, there was a move to introduce drug policies that have been advocated for many years that aim to support rather than condemn people who use drugs. All these exceptional measures taken in the COVID-19 emergency should thus become the new normal. They are invaluable advances. Giving up these measures would be a regrettable step backwards.

Unlike repressive policies which have never reduced drug consumption or traffic, support and harm reduction measures have proved to work. In Switzerland, [the so-called “four pillar” model](#) which combines prevention, therapy, harm reduction and repression, has shown impressive health and safety results: decreases in [HIV and Hepatitis C incidence](#) among people who use drugs; lower death rates related to drug use; and a decline in drug-related crime.

These harm reduction and support strategies do not merely prevent serious health and social problems, and allow people who use drugs to better manage their consumption and improve their quality of life, but they are also extremely cost-effective. This can be seen in [results obtained with experiences](#) related to opioid substitution treatment in Indonesia, needle and syringe programs in Russia and naloxone distribution in the United States. These programs have helped to reduce the number of overdoses as well as prevent new HIV and hepatitis infections; leading to significant health sector savings!

An economic opportunity

In addition to reducing spending, drug policy reform can generate an economic rebound that is particularly needed, as the post-pandemic economic horizon remains highly uncertain. The International Labour Organization predicts huge [revenue losses estimated](#) between 860 and 3400 billion dollars by the end of 2020.

In the context of a coming recession, wouldn't opening the therapeutic cannabis market be an urgent opportunity to seize? The value of the [global market for medical cannabis](#) continues to grow. In Africa, "green gold" could represent [almost 7 billion euros by 2023](#) while in Europe, the cannabis industry already weighs more than 18 billion euros according to [Prohibition Partners](#).

Anticipating the economic opportunities that such a market can offer, some have already taken the leap by adapting their legislation. Faced with very serious debt, [Lebanon legalised](#) therapeutic cannabis last April so as to boost the country's economy. Two months earlier, Israel, medical cannabis pioneer, [allowed its export](#).

Rethinking drug policies is now an absolute necessity for our health and for us to coexist. However, this can only be done by prioritising the needs and voices of people who use drugs, by respecting their fundamental rights, by ensuring they are able to meet their health and social needs and by systematically and meaningfully involving them in the development of health strategies and [programs](#).

In this regard, the Covid-19 crisis started an unprecedented movement of progressive reforms, let's keep it up!

Signatories: [Coalition PLUS](#), international network of organisations working in the AIDS and viral hepatitis response, [International Drug Policy Consortium](#) (IDPC) [Harm Reduction International](#)(HRI), [International Network of People Who Use Drugs](#) (INPUD), [International Network on Hepatitis in Substance Users](#) (INHSU), [Correlation – European Harm Reduction Network \(C-EHRN\)](#),

Translated by Nathalie Rose