



Impact des mesures liées au COVID-19 sur les usagers de drogues et les services en matière de drogue au Luxembourg : observations préliminaires

Luxembourg, Mai 2020

CONTEXTE

En raison des mesures nationales qui ont été mises en œuvre pour contenir la pandémie de COVID-19 et atténuer ses effets au Luxembourg, les services de traitement et réduction de risques dans le domaine de drogues sont confrontés à des défis sans précédent pour continuer à fournir des soins adéquats aux usagers des drogues dans la communauté et dans les prisons.

Le point focal luxembourgeois de l'OEDT (PFLDT) a invité les services nationaux de traitement et de réduction des risques à participer à une étude visant à identifier rapidement l'impact des mesures de confinement de COVID-19 sur les usagers des drogues, leurs habitudes et leurs comportements de consommation, et sur les services afin d'avoir une meilleure idée des défis auxquels ils sont confrontés et des réponses qu'ils ont mises en place. Le PFLDT a compilé les réponses de chaque service dans le cadre d'une étude de l'OEDT intitulée « Trendspotter », qui évalue l'impact de COVID-19 dans chaque État membre de l'Union européenne. Le présent rapport est basé sur les informations fournies par les services de traitement/réduction de risques dans le cadre de l'étude menée au Luxembourg entre le 7 et le 20 avril 2020. Les informations sont basées sur des points de vue et des perceptions individuels et ne représentent pas nécessairement les points de vue de l'ensemble des institutions.

POINTS CLÉS

- Dans l'ensemble, la continuité des services essentiels de traitement et de réduction des risques est garantie, bien que les services soient confrontés à une réduction du personnel pour des raisons diverses et à une réorganisation de la prestation de services.
- Les services de traitement ambulatoire ont réduit de manière significative leurs consultations en face-à-face tout en introduisant des alternatives à distance (téléphone, mail et vidéoconférence).
- Les services de traitement résidentiel n'effectuent actuellement pas d'admissions de nouveaux patients, mais garantissent la continuité des soins et la thérapie pour les patients déjà admis. Les projets post-thérapeutiques sont interrompus.
- Les programmes de traitement de substitution aux opiacés (TSO) garantissent l'initiation et la continuité du traitement. Les préoccupations et les besoins des clients ont changé en raison du COVID-19. Des doses de TSO à emporter chez soi peuvent être délivrées dans certains cas.
- Les services de réduction des risques sont opérationnels et garantissent les interventions essentielles - échange de seringues, salle de consommation de drogues, soins médicaux et infirmiers et nouvelles mesures d'hygiène. Plusieurs sites ont dû interrompre leurs offres sociales (contact café) et sanitaires (douche).
- Un nouveau programme de permanences médicales et de TSO à bas seuil a été mis en place au centre d'Abrigado après l'implémentation des mesures liées au COVID-19 en étroite collaboration avec le Ministère de la Santé. Les usagers de drogues marginalisés, en situation d'exclusion sociale accrue, ont désormais accès à un traitement de substitution, quel que soit leur statut de couverture sociale.
- Dans les centres pénitentiaires nationaux (Givenich et Schrassig), les services de traitement médical, psychiatrique et de réduction des risques (y compris le TSO) sont garantis. Les



réponses et offres ont été adaptées pour respecter les restrictions de mobilité à l'intérieur de la prison.

- Le programme de « Suchthëllef » offert au centre pénitentiaire national (sites Givenich et Schrassig) a été temporairement fermé. L'accompagnement des cas urgents est cependant maintenu.
- Les observations préliminaires du marché des drogues suggèrent que les dealers sont moins présents et les drogues vendues dans la rue sont moins disponibles.
- Cela est principalement dû aux restrictions de mobilité (et notamment à la fermeture des frontières) et au fait que les forces de l'ordre sont davantage présentes pour contrôler les violations des mesures de confinement.
- Les drogues de rue affichent une pureté/qualité réduites (davantage adultérées), et leur prix semble d'augmenter. Les usagers de drogues ont tendance à acheter de plus grandes quantités afin d'avoir un stock suffisant.
- Les contrôles et les restrictions liés au COVID-19 rendent encore plus difficile l'entrée des drogues en milieu carcéral.

CONCLUSIONS

Les résultats préliminaires suggèrent qu'il y a eu une diminution de la disponibilité des services nationaux pendant le premier mois de la pandémie (13 mars 2020 au 12 avril 2020) parmi ceux qui fournissent un traitement et parmi ceux qui proposent des interventions de réduction des risques. Certains services ont été largement touchés et ont fermé ou restreint leur accès aux bénéficiaires. Les services qui travaillent encore directement avec les usagers de drogue ont mis en place des mesures d'éloignement, de distanciation sociale et de nouvelles mesures sanitaires pour atténuer les difficultés actuelles liées au COVID-19.

Afin de maintenir leurs opérations essentielles, les prestataires de services ont identifié un certain nombre de nouveaux défis et de meilleures pratiques spécifiques liés au COVID-19. Ceux-ci diffèrent selon le type de service tel que décrit dans ce rapport.

Cette évaluation rapide donne également un aperçu des innovations adoptées par les services de traitement et réduction des risques en réponse aux défis liés au COVID-19. Les mesures nationales les plus importantes qui ont été mises en œuvre sont le modèle de service de traitement de substitution aux opiacés à bas seuil et la mise en œuvre d'approches à distance.

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Impact of the COVID-19-related lockdown on drug users and drug services providers in Luxembourg: preliminary observations

Luxembourg, May 2020

CONTEXT

As a result of the national measures that have been implemented to contain and mitigate the pandemic of the COVID-19 across Luxembourg, drug services are facing unprecedented challenges to continue providing adequate care to people who use drugs in the community and in prisons.

The Luxembourg Focal Point of the EMCDDA (PFLDT) invited the national treatment and harm reduction service providers to participate in a study to rapidly map the impact of COVID-19 lockdown measures on people who use drugs, their drug use patterns and behaviours, and drug services to get better insight in the challenges they face and the responses they introduced accordingly. The PFLDT compiled the responses of each service as part of a larger EMCDDA Trendspotter study assessing the impact in each EU member state. The present report is based on information provided by service providers in the context of the study conducted in Luxembourg between April 7-20 2020. The information is based on individual views and perceptions and do not necessarily represent the views of the entire institutions.

KEY POINTS

- Overall, the continuity of essential treatment and harm reduction services is guaranteed, although services struggle with reduced staff due to different reasons and reorganisation of service provision.
- Outpatient treatment services decreased significantly their face-to-face consultations while introducing significantly more remote alternatives (telephone, email and videoconference).
- Inpatient treatment services currently interrupt the admissions of new treatment entrants, but guarantee the continuity of care and therapy for patients already admitted. Post-therapeutic projects are interrupted.
- Opioid substitution treatment (OST) programmes guarantee the initiation and continuity of treatment. Clients concerns and needs have changed due to COVID-19. Take-home dosages of OST are delivered in particular cases.
- Harm reduction services are operational and guarantee essential interventions – needle exchange, drug consumption room, medical care/nursery, and new hygienic measures. Several sites had to discontinue their social (coffee corner) and hygiene-related (showering) offers.
- A new low-threshold medical service and OST programme have been implemented at the Abridado centre shortly after the COVID-19 lockdown in close collaboration with the Ministry of Health. Marginalised drug users experiencing a situation of increased social exclusion have now access to substitution treatment, regardless of their social security status.
- At both national state prison sites (Givenich and Schrassig), medical, psychiatric treatment and harm reduction services (including OST) are guaranteed. The responses and offers have been adapted to respect mobility restrictions inside prison.
- The drug counselling service “Suchthëllef” provided at both prison sites had been closed temporarily. Urgent cases were still accompanied.
- Preliminary observations of the national drug market suggest that dealers are less present and street drugs are less available. This is mainly due to mobility restrictions (including border closures) and a greater presence of law enforcement to control violations against containment measures.



- Street drugs are of reduced purity/quality (more adulterated) and their price seems to be increasing, whereas drug users tended to buy larger quantities in order to have a sufficient stock.
- The controls and restrictions associated with COVID-19 make it even more difficult to enter drugs into the prison environment.

IMPACT OF LOCKDOWN MEASURES ON DRUG USERS

Patterns of use

The COVID-19 lockdown measures affect to a certain extent the availability, the quality (purity) and the price of the drugs at the street level. Patterns of use have necessarily been affected by these consequences, although it depends on the type of user group. While some users appear not to change their patterns of use (e.g. dealers providing drugs at their residencies), others have reduced their consumption or changed their main substances of use. This is mainly due to increased controls by the judicial police on the streets, lack of accessibility and availability of drugs, an increase of price, and fear of bad quality or adulterated drugs. Service providers report an increase in the presence of manipulated substances on the market also linked with an increase in prices (less quantity for the same price). To avoid these risks and prevent withdrawal symptoms, several users switch to or increase their use of other types of drugs and alcohol while a large number of opioid users are now accepting low-threshold OST. Many users accepted the introduced hygienic measures proposed by service providers, while social distancing and confinement measures are challenging for active, often homeless, drug users.

Risk behaviours, harms and other health and social consequences of drug users

Risk behaviours	Harms and other health and social consequences
Increase in the consumption of licit substances, particularly alcohol and other medication (e.g. benzodiazepines)	Increase of aggressive, nervous and frustration-related behaviour
Involuntary drug withdrawal symptoms	Increased risk of conflicts/violence and criminal behaviours (robberies)
Use of adulterated/low quality substances	Increased risk of overdose
Drug use in isolation	
Drug use outside the drug consumption room (due to reduced number of available places)	Increased risk of transmission of COVID-19 and other infectious diseases
Relapse towards heroin (due to lack of OST on the black market)	Loss of personal and social stability
Reorientation among young users: cannabis users experiencing withdrawal switch towards other addictive behaviours (alcohol, gaming, etc.)	Perpetuation of addictive functioning and risk to develop an addiction towards new substances/behaviours

Other harms and health and social consequences are resulting from the imposed confinement measures. Conflictual confinements have been observed, notably an increase in family-related violence and the risk to develop mental health problems, or worsened mental health problems. Moreover, begging and prostitution are affected by the pandemic, because the streets are more deserted. This situation puts users at a vulnerable situation – i.e. being forced to deal with a price increase of (less) available drugs while having fewer money to purchase them. Dealing with withdrawal symptoms becomes more difficult as substitution medication is less available on the black market and the possibilities of being accepted/admitted at a hospital department have declined.

Finally, social distancing measures are hardly respected and confinement is practically impossible for those in a homeless situation. Those who have access to a shelter need to leave their room every morning, which makes confinement impossible. Access to basic hygienic measures is also challenging for highly vulnerable users since most of these services reduced or stopped their offers.



With regard to young drug users, predominantly cannabis users, reports suggest difficulties in managing confinement, notably in keeping a routine, facing boredom, not being able to socialise with friends, and conflicts that are accumulating at home. For others, it is also an opportunity to improve their relationships (parents-children), to question their values, to feel solidarity and mutual aid between generations.

IMPACT OF LOCKDOWN MEASURES ON SERVICE PROVISION

Outpatient treatment institutions

Impact on the treatment demand

During the first days of the confinement, the number of drug counselling treatment demands from clients and their families decreased significantly. Progressively, it went back to the “normal” level of demand, meaning that more alternative remote ways of counselling (telephone, email, videoconference) were offered that clients started to accept. Nonetheless, some patients do not adhere to remote consultations, whereas other simply do not have access to digital technology such as mobile phones, decreasing the demand or impeding the communication. Among services offering interventions focusing on referral towards residential therapy or other social reintegration projects, a relevant decrease in requests has been observed. This is mainly due to the closure or interruption of many social or health-related projects (cancellation of housing projects, detox, social reinsertion projects), clients tend to “disappear”; “if no project can follow, why am I going to the counselling?”.

A slight decrease in demand has also been observed by the counselling service dedicated to minors and youth – face-to-face interventions had to be cancelled. However, due to this slight decrease in demand, the responses and services were adapted remotely according to the circumstances.

Impact on the service provision

The great majority of the outpatient services ensure their essential care provision. The COVID-19-related confinement measures had an evident negative impact on managing staff shortage and restructuring services in order to respect social distancing and hygienic measures. Generally, outpatient treatment providers adapted their services while providing, essentially, remote-type interventions.

Several outpatient treatment centres interrupted their face-to-face (counselling) interventions and are dealing with a lack of staff. Services previously providing mobile counselling (i.e. traveling to provide consultations in different cities) were obligated to disrupt this service due to mobility restrictions. Despite the interruption of face-to-face sessions, several services intensified (or started) their offer of innovative telephone and other remote consultations (via videoconference, email) which replaced a great deal of the face-to-face interventions. According to some institutions, staff meetings are held through videoconference. It is important to note that the extent to which remote interventions are successfully implemented and used depends on the type of services provided and the population targeted.

The service responsible for the initiation of detox and residential treatment projects for high-risk drug users has been disrupted (Alternativ Berodungsstell) – meaning that, during the time of the confinement, it has not been possible or it has been difficult for a drug user to organise a detox process or a therapeutic project.

Major challenges

1. Reorganisation of opening hours and staff to stay in operation under restricted conditions.
2. Communication and reaching the client, follow-up.
3. Lack of protective (hygienic) equipment.
4. Maintaining high quality individual and group treatment/therapy.



5. Introducing appropriate risk management policies and procedures for staff and clients within short time.
6. Managing the situation of clients (more isolation, loneliness, psychological risks, conflicts, etc.).

The majority of the outpatient treatment services in Luxembourg made efforts and implemented remote services in order to guarantee the continuity of their services and the communication between the staff members (team meetings, clinical supervisions, etc.). Alternative approaches such as email, telephone and videoconference to provide psychological or social counselling have been used extensively in some cases.

Best practices

1. Implementation of remote consultations (via phone, email, videoconference).
2. Increased contact and follow-up (sometimes intensive and without notice) with the clients – realisation that brief contacts may sometimes be more beneficial than face-to-face encounters.
3. Increased flexibility and commitment of staff while ensuring critical job functions and positions.
4. Implementation of prevention measures against transmission of COVID-19 for staff and clients.

Inpatient treatment institutions

Impact on the treatment demand

The drug clients' demand to enter the residential therapy at the "Centre Thérapeutique Syrdall Schloss Manternach" (CTM) is managed by the service "Alternativ Berodungstell" (AB) and requires previous detoxification treatment. The AB service has been discontinued due to staff shortage and the detox responses at the hospitals have been highly affected by the COVID-19 confinement measures. The CTM observed an absence of treatment demands (due to less detox hospital admissions), even though real waiting lists are increasing for inpatient treatment in Luxembourg and abroad (closed borders).

Impact on the service provision

Residential inpatient therapy (CTM) guarantees the continuity of the treatment for those already in place. However, social and professional re-integration projects are currently interrupted and no new patients are admitted (also because detox treatments have been temporarily suspended).

Major challenges

1. Waiting lists are getting longer since hospitals restrict the admissions for detoxification treatment.
2. Fewer staff available plus reorganisation of work plan.
3. No leave/visits possible at the residential treatment centre while offering increased telephone communication to clients and their relatives.
4. Reduction in capacity (5 beds reserved for patients to be COVID-19 isolated).
5. Organisation of social and professional reintegration projects of the clients are impeded.

Best practices (adaptations/innovations)

1. Adaptation of inpatient treatment admission system. Clients are admitted who are hospitalised for other reasons, when they are abstinent and went through withdrawal, even if they are not on the first place on the waiting list.
2. Continuity of therapy and care are guaranteed by an adapted task and staff division.
3. As the patients cannot leave the residence, adapted offer of leisure programmes and remote communication.



Opioid Substitution Treatment¹

Impact on the treatment demand

The OST programme (Programme de Substitution from the Foundation Jugend- an Drogenhëllef (JDH)) reports a strong decline in the number of clients attending the face-to-face consultations, as well as a change in their needs (e.g. higher demand of benzodiazepines). Further, clients request more medical information about the COVID-19, about managing the confinement and their OST, while sharing their concerns regarding the decrease in the availability and quality/purity of drugs. The physical presence of the clients decreased but not their demand, which evolved according to the context - new focus on how to manage the continuity of their OST during the COVID-19 crisis context.

It is important to highlight that people attending the OST programme from the Foundation JDH benefit from social security and health insurance in Luxembourg. There is, nonetheless, a non-negligible group of marginalised drug users, highly socially excluded without access to OST. For those persons, street drugs and substitution medication obtained on the black market are essential. Since the availability of both drugs and OST on the black market decreased significantly, it is not surprising that the demand of OST by this highly excluded and vulnerable group of drug users is observed. Offering an alternative stabilising OST is essential in a context where illegal substances are scarce, expensive and of poor quality (due to closed borders/less drug trafficking), and drug users can hardly afford them (since they are being deprived of their income sources).

Impact on the service provision

The OST programme (Programme de Substitution from the Foundation JDH) reports a slight decrease in their response capacity but remain open and guarantee both treatment continuation and initiation. Physical consultations remain while respecting social distancing measures. Clients receive take-home doses (except for diacetylmorphine) for a limited number of days, allowing for a better respect of the confinement measures.

Following the confinement restrictions, medical services (including General Practitioners) were restricted to the provision of urgent medical care, thus OST-related consultations from GPs were partly suspended during the time of the COVID-19 confinement measures although existing OST treatments of patients by licenced medical doctors were mostly continued.

Since the current context increased the risk of socially excluded and marginalised drug users (drugs are scarce, expensive and of different quality), a pilot project of low-threshold OST was rapidly developed in close collaboration between the ministry of Health, and several specialised NGOs (CNDS JDH/Médecins du Monde). It was implemented shortly after the beginning of the confinement measures at the Abrigado harm reduction centre. Drug users, regardless of their legal or social security status can easily adhere to this low-threshold substitution. In certain cases patients are allowed 3-days doses of take-home medication.

Major challenges and best practices

1. The first national low-threshold medical service and OST programme - a new pilot project that has been well implemented at Abrigado. The service includes visits from a doctor several times a week to prescribe OST; there is close collaboration with a neighbourhood pharmacy. Only drug users who are not enrolled in any other programme, without social security, are provided OST. Every client is registered and closely followed to adapt medication if required. One of the challenges is to integrate this service in the long-term functioning routine; an evaluation is foreseen.
2. OST programme at the JDH - guaranteeing good quality service is challenging due to a lack of staff and COVID-19 related constraints. Because of the reduced accessibility and availability of medical doctors and the "stay home" recommendation, take-home dosages have been

¹ Detailed data on OST managed by general practitioners were not available and are hence not included in this report. The data reported in this document reflects OST from specialised treatment institutions (Jugend- an Drogenhëllef), and from the new low-threshold OST in the drug consumption room Abrigado. OST in prison is reported in a specific section dedicated to the prison.



implemented. Patients are not always capable of managing their OST. In some cases, patients are not capable of splitting/dividing their doses correctly for one or several days and sometimes increase their doses due to fear of experiencing withdrawal symptoms. In other cases, patients struggle with financial problems while they might sell their OST to get some money.

Harm reduction centres and outreach services

Impact on the demand

The impact of the COVID-19-related confinement measures on the demand of harm reduction services varies according to the client needs and the type of services. A higher impact was observed among high-risk drug users (typically using heroin and/or cocaine) than among recreational drug users.

On one hand, centres such as Kontakt-28, Contact Esch and Contact Nord observed a strong decrease in the demand of their services. Usually, homeless clients use these centres to receive food, to take a shower, to rest and to socialise, however, since these services are interrupted temporarily, clients cannot access these services. Those clients with ongoing social projects (the majority with a housing solution) were still being accompanied regularly, but this represents a smaller proportion.

On the other hand, centres or services focusing on particular target groups (service "Drop-In") or at the centre of the drug scene (such as Abrigado) observed an increase in the number of clients – this is not surprising following the temporary discontinuity or reduction of services elsewhere.

Finally, the centre targeting specifically recreational drug users ("Pipapo") reports no major changes on number of clients requesting their services, since the contact/communication with the clients is usually through online social networks (Facebook, etc.).

Impact on the service provision

Harm reduction services in Luxembourg have been affected negatively by the COVID-19-related lockdown, however, the continuity of services has been guaranteed while reducing to essential harm reduction measures. The functioning of these structures were significantly affected during the first week of confinement (starting March 16), but the services are operational after this initial adjustment period.

The harm reduction sites (Abrigado, Kontakt-28, Contact Esch, Contact Nord) kept their essential services such as the needle and syringe exchange programmes, the nursery/medical care and the supervised drug consumption rooms (reduced number of places). The main social work remains guaranteed in these harm reduction sites. Nevertheless, all the sites closed their coffee corners and socialising areas, and introduced strict rules as to reduce the number of persons allowed inside the site and in the supervised drug consumption facilities to allow safe distances. Other health, occupational and personal development activities have been temporarily interrupted - e.g. the TABA project, acupuncture. Toilets, showers and laundry services are currently not available within harm reduction facilities; however, exterior toilettes have been installed in front of Abrigado.

It is worth highlighting that a new low-threshold OST project has been developed and implemented at the Abrigado centre as a result of the COVID-19-related confinement measures. This project intends to provide OST to the highly excluded drug users without social security and hence decrease the negative impact of the sanitary crisis on this highly vulnerable group.

The Drop-In service (particularly used by sex workers) is available although with adaptations in their opening hours and with reduced personnel. The staff communicates with clients via a window counter.

In regards to drug checking services, this service is provided by Pipapo particularly during (open-air) summer festivals – certain festivals have already been cancelled (+/- until August 2020) and the majority are expected to be so. Pipapo has extended their drug-checking project to offer this service, accompanied with counselling and preventive interventions, also in their headquarters. The sanitary crisis affected this project significantly.



Major challenges

1. Rapid solution finding and adaptation of regulatory frameworks and resources' management by national authorities.
2. Continuous reorganisation of service provision to guarantee a safe work environment, continuity of care and transparent coordination.
3. Reorganisation of the drug consumption room (and its entry system) and of the nursing/medical care.
4. Dealing with clients' loneliness and isolation resulting from the increased marginalisation and social exclusion.
5. Prevent losing the proximity and the trust/relationship with clients (due to minimum service provision and clients residing elsewhere in the city).
6. Pipapo (harm reduction in festive contexts & drug checking) reports cancellation of festive events and presence / offer of their services.
7. Find alternative communication tools and implement remote monitoring tools (surveys) of recreational drug use while assuring adherence.

Best practices

1. Implementation of the low threshold medical service and OST project at the Abridado centre (including take-home doses of OST).
2. Re-organisation of staff rotation system in order to reduce risks and guarantee the continuity of services, introduction of home office, focus on essential services.
3. Implementation of hygiene materials (masks, hand sanitisers, wipes, etc.) for staff and clients.
4. Improved communication between service providers allowing reference of clients to the appropriate services.
5. Development of remote communication strategies with certain clients and among staff.
6. Reorganisation of the individual entries at services to prevent "group gathering".
7. Specific actions are implemented to counteract emotional frustration, aggressiveness, discontent of drug users (e.g. provision of free food, installation of public toilets, etc.).
8. Measurement of the body temperature of clients entering the night shelters.

PRISON

Impact on the demand

Treatment demand

The demand of mental/psychiatric care, including OST in prison, decreased due to: a) a significant decline in the number of new prisoners since the beginning of the crisis; and b) a higher number of inmates on premature discharge. The number of actual inmates is significantly lower as usual, thus the demand of psychiatric care is inferior. With regard to somatic care, the demand remained identical – while medical consultations only take place in serious or urgent cases (a pre-consultation screening is done by nurses), the consultations for new entrants or prisoners isolated were intensified.

The psychological/therapeutic counselling service (Suchthëllef - individual and group therapy) was discontinued at both prison sites in Schrassig and Givenich while only urgent/critical cases were accompanied or psychologically assessed.

Harm reduction demand

The demand of needle exchange kits decreased significantly - 5 times less kits requested since the beginning of the COVID-19 crisis, which suggests a decline of drug injection practices.



Impact on the service provision

Treatment provision

The psychiatric (including OST) and medical care were adapted and their continuity guaranteed without any major negative impact. While the psychiatric service is still running, due to movement restrictions, the number of face-to-face sessions are reduced and held in the detention blocs (prisoners cannot go to the psychiatric service). The somatic service currently offers less routine (non-urgent) consultations but importantly increased the medical care for urgent and serious cases. Furthermore, it provides intensive monitoring and care for new prison entrants (all new entrants are placed in quarantine, under daily observation with medical controls).

Some programmes are currently interrupted or progress slowly, including the programme “Suchthëllef” which provides psychological/therapeutic counselling support (individual and group therapy) towards abstinence and re-integration after imprisonment. Currently, only urgent cases are accompanied.

Harm reduction provision

The needle exchange programmes in prison continues, however, a strong decrease in demand has been reported. Other projects such as the “SafeTattoo” project have been suspended.

Major challenges

1. The discontinuation of the drug therapy/counselling programme “Suchthëllef”, running only for urgent cases. Difficult to evaluate emergencies.
2. An increase in isolation (less social interactions), frustration, confrontation with rules and suspicion among prisoners.
3. Adaptation of service provision to the mobility restrictions and the mandatory social distancing rules.
4. Loss in privacy and confidentiality during the medical and psychiatric care (which has to be provided at the cell doors).
5. To manage and coordinate reduced staff while adapting treatment, care and support provision.
6. The inter-service collaboration at the semi-open prison (site Givenich).

Best practices

1. Adaptations to the confinement and mobility in prison: medical, psychiatric (including OST) and psychological care provided at the cell door.
2. Creation of a national reserve of (nursing, medical and administrative) staff to guarantee continuity of care.
3. Initiation and continuity of OST guaranteed.
4. Maintenance of regular contact and exchange with staff and “Suchthëllef” clients, as well as the relocation of therapy places.

PRELIMINARY OBSERVATIONS ON DRUG MARKETS

From harm reduction centres, outpatient treatment centres and the Pipapo project

Dealers and street drugs are less available. This is mainly due to the mobility restrictions (and particularly borders closure) and the fact that the police is more present in order to control for violations against the confinement measures.

To purchase drugs is dangerous for people who use drugs due to reduced purity/quality (drugs are more adulterated), and their price seems to have increased (receiving less quantity for the same



money). Drugs are less available on the market due to the various controls and restrictions. As demand is higher than the offer, those dealers that remain active sell drugs at an increased price.

The prices for cannabis (herbal and resin) has also risen. Reports from recreational drug users point out that dealers are less present on the streets and that there is a tendency to buy larger amounts of cannabis in order to have enough stock.

From prison

The decrease in the availability of illicit drugs observed on the streets has natural repercussions in prison. COVID-19-related controls and restrictions make it even more difficult to enter drugs in prison. Cocaine is hardly available in prison and heroin price/gram has risen. Quality remains less affected.

CONCLUSIONS

Preliminary findings suggest there has been a decline in the availability and diversity of national drug services during the first month of the pandemic (March 13 2020 until April 12 2020) among those providing treatment and those providing harm reduction interventions. Some services have largely been affected and closed down or restricted their access. Services still working directly with drug users have implemented remote, social distancing and new hygiene measures to mitigate for the current difficulties related to COVID-19.

While they are trying to keep operations running efficiently, service providers have identified a number of specific new COVID-19-related challenges and best practices. These differ depending on the type of service as outlined in this rapid assessment report.

This rapid assessment also provides some insight into the innovations adopted by drug services in response to the COVID-19-related challenges. The most important national measures that have been implemented to date are the low-threshold medical service and opioid substitution treatment service model and the implementation of remote approaches.

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