

**COVID 19 harms to PWID
COMMUNITY and how
important community
mobilization is**

Forced isolation

- **Social distance** there were no space and not save
- **Food** quality of food was atrocious
- **Sleep arrangements** not of enough place or bedding
- **Cold weather** people were cold and flu symptoms erupted
- **Withdraw symptoms** cars for suffering from withdrawal symptoms
- **Trying to escape** when the guys run away they weren't allowed back into the shelter
- **No female shelters**



Withdrawal symptoms

- **Methadone** (OST) Was only available in certain areas and in certain provinces
- **ARV's** a lot of our community defaulted on their medication
- **NSP** some shelters and places of safety wouldn't let nsp access
- **Access to substances** and cigarettes it was non-existent or extremely hard to access these substances
- **Pharmaceutical medication**



Healthcare access

- **Nurses and doctors** it was difficult to have 24 hours medical staff
- **Medications** some medications did not get to the people in the shelters
- **Mental health** more and more mental health cases identified
- **Female hygiene products** a female specific places of safety was nonexistent



Forced isolation

there were a lot of issues in connection with our community and what the lockdown has made difficult for the homeless substance users the first one of course is forced isolation I understand we want to keep our community safe but when you force people into a place where they don't actually want to be you're going to be sitting with a lot of other problems social distancing was a thing that couldn't be followed through on in these shelters and places of safety. The food was also another major issue that the community complained about there was one day I was there and I was really shocked to see the quality of food that was prepared for these guys porridge was sour bread was full of mould and this made them feel like people don't care about them like they are animals I will not even give this to my dog one guy said. Also now that we are going into the winter season a lot of the guys didn't have enough blankets and the sleep arrangements were messy and no control. Stigma and discrimination from other homeless people to Wards the substance users was an issue as well. A lot of the community members felt that they were boxed in and the control was too heavy so some of them wanted to escape from these places of safety and shelters and they were told that if they do that that they will be banned from coming back into the shelter or places of safety they use the excuse that they don't wanna put other people's lives at risk for the covid-19. They were very little to no women shelters or places of safety this is a major issue in the Pretoria area that there's no places of safety or shelters for homeless substance using women. With women we all know that they are very high risk for assault sexual assault and just for the help they have a lot of issues that need to be checked and there's no help for them

Withdrawal symptoms

Withdrawals is a major issue for homeless substance users with the lockdown and the covid-19 pandemic that hit our country and the forced isolation and social distancing our community of homeless substance users were exponentially harmed by the rules and regulations set in place to keep people safe unfortunately only in some shelters and some places of safety some non-profit organisations helped the substance users with ost that is opiate substitution therapy. Also people with chronic need for medication like arvs some mental health patients will also help but it was very difficult to get all the guys and to track them and for them to adhere to their medication. Also projects that run the nsp let's the needle and syringe programs struggled with some sites of safety and shelters that did not want to allow the guys to deliver the services to the community. Another major issue was the accessibility of substances for the guys that had problematic substance use also the pricing of the drugs went up in the lockdown area dealers wanted to make more profit. With cigarettes or availability of it and the pricing for the guy that did the smoking they transitioned over to injecting because it was economically more viable for them plus they didn't need so much of the illicit substance if they injected it.

Access to Healthcare

Very important issue was transportation to and back for people that needed to access Healthcare some of the shelters had doctors or nurses on site but not all of them and not all the time. ARV's and other medications were defaulted on also there was a lot of people that were diagnosed with mental health issues. Also opiate substitution therapy was not given at all the shelters. As far as I know HIV counselling and testing was also problem. In partnership with some organisations we we're able to do some services and was much appreciated by the community in partnership with the University of Pretoria and SEDIBA clinic and COSUP the community orientated substance use program. The bottom line is our homeless substance using community really had a tough over the lockdown the major issue of stigma and discrimination hindered my guys to get the proper human dignity and treatment they deserve I also want to add since January up to now the amount of homeless substance users that were lost to overdose HIV related illnesses hepatitis c-related death climb to a staggering few hundred people should not pass away in the 21st Century of these complications and only because they are considered to be homeless and a substance user does not mean they deserve to die.

Thank you for having me at the WEBINAR

The bottom line

THE NEW NORMAL

