Correlation
European
Harm Reduction
Network

CIVIL SOCIETY MONITORING OF HARM REDUCTION IN EUROPE 2021

EXECUTIVE SUMMARY

This project has been supported by the European Commission. Correlation - European Harm Reduction Network is co-funded by the European Union.

Recommended citation:
Rigoni, R,; Tammi, T.; van der Gouwe, D.; Moura,J.; Prins-Schiffer, K (2022).
Civil Society Monitoring of Harm Reduction in Europe, 2021. Data Report. Amsterdam,
Correlation – European Harm Reduction Network.

*For the full report - Civil Society Monitoring of Harm Reduction in Europe, 2021. Data Report – please go to: https://www.correlation-net.org/monitoring

Correlation – European Harm Reduction Network
c/o Foundation De REGENBOOG GROEP
Droogbak 1d
1013 GE Amsterdam
The Netherlands

www.correlation-net.org

Correlation - European Harm Reduction Network is co-funded by the European Union

CIVIL SOCIETY MONITORING OF HARM REDUCTION IN EUROPE 2021

EXECUTIVE SUMMARY

Correlation
European
Harm Reduction
Network

Content

C-EHRN Focal Points[1]

Country	City	Organization
Albania	Tirana	Aksion Plus
Austria	Vienna	Suchthilfe Wien gGmbH
Belgium	Antwerp	GIG - NGO Free Clinic
Croatia	Rijeka	NGO "Vida" Rijeka
Cyprus	Nicosia	Cyprus National Addictions Authority
Czech Republic	Prague	SANANIM z.ú.
Denmark	Copenhagen	Health Team for the Homeless
Estonia	Tallinn	NGO Convictus Eesti
Finland	Helsinki	A-Clinic Foundation (ACF)
France	Paris	Fédération Addiction
Georgia	Tbilisi	Georgian Harm Reduction Network
Germany	Berlin	Deutsche Aidshilfe
Greece	Athens	Positive Voice (Greek Association of PLWHIV)
Hungary	Budapest	Rights Reporter Foundation
Ireland	Dublin	Ana Liffey Drug Project
Italy	Milan/ Rome	Fondazione LILA Milano Forum Droghe
Luxembourg	Luxembourg	Jugend - an Drogenhëllef

1 Please consult the full report for an extended list with all other contributors.

Country	City	Organization
Malta	St Lucija	Harm Reduction Malta
Montenegro	Podgorica	NGO Juventas
North Macedonia	Skopje	Healthy Option Project Skopje HOPS
Poland	Krakow	MONAR Association
Portugal	National Level	APDES and R3
Romania	Bucharest	ARAS
Russia	St. Petersburg/	Charitable Fund "Humanitarian Action"
Serbia	Novi Sad	Prevent
Slovakia	Bratislava	Odyseus
Slovenia	Ljubljana	Association Stigma
Spain	Barcelona	Creu Roja Catalunya
Sweden	Stockholm	Stockholm Drug Users Union
Switzerland	Bern	Infodrog
The Netherlands	Amsterdam	Mainline Foundation
Ukraine	Kiev	ICF "AIDS Foundation East-West" (AFEW-Ukraine)
United Kingdom	Glasgow London	Scottish Drugs Forum Release

Introduction

The main aim and purpose of Correlation – European Harm Reduction Network (C-EHRN) monitoring activities is to improve knowledge and information and complement existing data and monitoring efforts in Europe in specific areas of harm reduction based on the perspective of civil society organisations (CSOs). The data collection helps us to assess the implementation of certain drug and health policies at national and local level and supports our advocacy efforts at European and European Union (EU) Member State level.

A civil society-led monitoring of harm reduction can play an essential role in improving service delivery and contribute to the generation of crucial data for advocacy purposes. CSOs work directly for, and with, people who use drugs (PWUD) and have a good understanding of their daily needs. Their inside knowledge is critical in developing adequate drug policies and practices.

C-EHRN has published a report on Civil Society Monitoring of Harm Reduction in Europe since 2019. It gathers data on the experiences of harm reduction service providers and service users at ground level, building on a network of national Focal Points (FPs) in Europe. For the 2021 monitoring, C-EHRN includes 35 FPs in 34 countries, as shown in the map below. FPs also collected data from local experts and contributors, resulting in more than one hundred organisations and individuals from 34 European countries contributing to this monitoring report. To gain insight at the implementation level, and to profit from the experiences and expertise of FPs, the monitoring focuses mostly on cities rather than countries.

> *"More than one hundred organisations and individuals from 34 European countries contributed to this monitoring report".*

Map: Location of C-EHRN Focal Points in 2021

Participation of Civil Society Organisations in Policymaking

A vital aspect of effective drug policymaking is the involvement and close contact of CSOs. Using the civil society-led monitoring of harm reduction in Europe, C-EHRN mapped if and how such involvement happens in Europe at a national and local level through the lens of its FPs. Comparisons between the 2020 and 2021 findings have been made where possible.

In both 2020 and 2021, over 80% (26 out of 35) of FPs said structural cooperation exists between CSOs and policymakers in their countries and cities. This was also the case for around 80% of harm reduction organisations directly involved in structural cooperation around drug policy with policymakers. The most cited types of collaboration at national level were mid-level mechanisms, including consultation and dialogue. FPs reported this to be in the form of information at a local level, which is the lowest form of collaboration.

In both years, FP participation exchange with municipalities (local level) and governments (national level) is described as participation in forums and meetings, dialogue, and discussions with different stakeholders. The majority (over 60%) of FPs at national level agree that exchange between governments and CSOs aims to collect their input to learn more about new developments, trends, and problems at the grassroots level. More than half also believe that the exchanges aim to inform CSOs of recent policy developments at the same level. In general, FPs view civil society involvement as a one-way information flow from the government to civil society. Similarities in findings between 2020 and 2021 suggest that there has been no improvement in a more interactive and constructive exchange of perspectives between governments and CSOs at national level.

On the positive side, almost half (45%) of the FPs agree that governments are easy to approach at national level, and CSOs can criticise them with no repercussions or budget cuts. Nevertheless, over half disagree that the exchange between CSOs and governments is balanced and organised transparently. They also disagree that the government is open to CSO initiatives, that it hears and considers inputs from CSOs when making decisions and provides adequate funding.

In line with the findings from 2020, most FP organisations in 2021 are part of a civil society network or national platform in harm reduction, human rights, or development aid. Also, in both years, most FPs (69%) contribute to data reporting in their country.

There are still significant challenges to civil society involvement, such as a lack of transparency, funding, and representation of different services. Civil society involvement did not change much in the past year and has remained suboptimal concerning the development and implementation of drug-related policymaking.

> *"FPs view civil society involvement as a one-way information flow from the government to civil society. There are still significant challenges, such as a lack of transparency, funding, and representation of different services."*

Essential Harm Reduction Services

There are insufficient harm reduction services available in virtually all European cities partaking in the monitoring. Only 30% of the FPs felt that harm reduction services in their city meet the needs of people who use drugs. People who inject drugs (opioids or stimulants) and people who experience homelessness are usually the main targets of services available. The most prevalent services were needle and syringe exchange programmes, opioid agonist treatment and outreach work. On the other hand, people who use drugs intranasally or by smoking, as well as migrants, youth, LGBTQI and people in prison, have less access to harm reduction services.

Most harm reduction services in FP cities collaborate with other services reaching key populations. Collaboration is reportedly as good with services assisting people who inject opioids or stimulants, women who use drugs, and people experiencing homelessness. Cooperation is most challenging (and sometimes non-existent) with services assisting migrants, youth, people in prison settings and people practising chemsex. Non-cooperation can also occur due to the lack of services offered to these populations.

In Europe, harm reduction services are generally more available or accessible in western than in eastern countries. This comparison is similar for capital cities and small cities/rural areas, as larger cities usually provide the most services. 91% of C-EHRN FPs felt that service coverage in their city is better than the overall situation in their country. This reflects the fact that most FPs are in large European cities. Insufficient harm reduction services can be related to a lack of funding and political support.

“There are insufficient harm reduction services available in virtually all European cities partaking in the monitoring.”

Hepatitis C

In Europe, people who inject drugs account for most new cases of Hepatitis C virus (HCV) infections, with an estimated two million living with the infection. Nevertheless, HCV testing and treatment for this population is insufficient, with much more support needed in many European countries.

The issue does not seem to be with a lack of proper guidance. Almost all countries have and use either their national guidelines, EASL or other guidelines that include people who inject drugs. Many C-EHRN FPs (24/35) have seen a positive impact of these guidelines with19/33 cities reporting better access to HCV testing and treatment as a result. Implementation challenges, however, might mean that guidelines have limited relevance in practice. Challenges include outdated guidelines, complicated testing and treatment systems, lack of services, and the effects of COVID-19, which has restricted testing and treatment.

In 2020 and 2021, new drugs for HCV treatment (Direct Acting Antivirals, DAA's) were available in all countries. However, a range of restrictions still existed regarding access, such as restrictions for those currently injecting drugs, accessible only to former users and accessible only to those enrolled in Opioid Agonist Therapy (OAT). Furthermore, the great majority of FP's said that DAA's are used according to the official policy in their country. The treatment was reported to be reimbursed by health insurance or the public health service in 31 of 34 countries, although reimbursement limitations exist in 9 countries.

An essential aspect of the accessibility and impact of HCV testing and treatment is a well-functioning continuum of care, including the provision of low-threshold harm reduction services. Improving the low uptake of HCV testing and treatment among people who inject drugs is crucial by including harm reduction and user-led organisations in the continuum of services that provide HCV management within every European country. Nevertheless, 77% of FPs reported limitations in cities regarding how harm reduction organisations are addressing HCV. The most-reported limitations were a lack of funding, integration of care, and political support. Alarmingly, several FPs reported that the situation had worsened over the past couple of years regarding HCV awareness raising, HCV testing and treatment, and non-invasive assessment at the liver fibrosis stage. However, coordination between health and social care providers remained the same or improved in information sharing, communication, and service provision, with only 8 of 35 countries reporting negative progress.

In 2021, most cities (83%) reported that people who inject drugs could have a rapid test for HCV in low threshold settings at harm reduction services; over half said rapid tests are commonly available in drug treatment and infectious disease clinics, and under half said a general practitioner can

perform testing. As in 2020, confirmatory blood testing for HCV RNA and treatment for HCV are most commonly available for people who inject drugs at infection disease clinics (94%) and gastroenterology clinics (63%) but, compared to last year, their availability seems to have decreased at drug treatment clinics and remained the same level at harm reduction centres.

Regarding the prescribing of DAAs, gastroenterologists (31/35) are the most common, followed by infectious disease specialists (28/35) and general practitioners (10/35). There are still significant differences within Europe regarding where and how people who inject drugs can undertake HCV tests. Facilities offering to test must provide both HCV testing and treatment as point-of-care testing increases HCV testing and linkage to care. However, results show that integrating testing and treatment at the same location is still too rare.

"Facilities offering to test must provide both HCV testing and treatment as point-of-care testing increases HCV testing and linkage to care. However, integrating testing and treatment at the same location is still too rare."

Overdose Prevention

Drug overdose (OD) is a significant issue in Europe, causing many deaths, especially among young people. There is an increased need for better prevention measures to be implemented in countries.

Twenty-six of 35 FPs affirmed that OD prevention was mentioned in at least one official policy document in their country/cities. As in 2020, however, FPs mention that important issues are missing in existing guidelines, such as naloxone and take-home naloxone, low threshold access to OAT, continuous training for OD prevention, and OD prevention for non-opioids.

As in 2020, FPs in 2021 had heard of opioids being primarily involved in ODs, and fentanyl to a lesser extent, with least heard cases involving other synthetic opioids. Only 15% of FPs mentioned cocaine and crack cocaine as frequently involved in ODs, and methamphetamine was slightly more at 20%. Less mentioned substances include gabapentin, pregabalin, mephedrone, alpha-PVP, and synthetic cannabinoids.

Another similarity in the 2020 and 2021 findings were the typical characteristics of OD victims and the circumstances of their deaths. Some characteristics include using drugs alone, engaging in polydrug use, not having access to naloxone, and being in a situation of homelessness with deprivation of nutrition and sleep.

Similar to 2020, respondents stated that to protect against OD, access to naloxone, drug consumption rooms (DCRs) and other harm reduction services are vital. They also called for an increase in peer distribution of naloxone and the dispensing of naloxone in care settings other than hospitals. FPs described the main challenges relating to OD responses in their cities as a lack of access to life-saving OD prevention programmes, information, and (low threshold) access to naloxone.

The number of campaigns directed towards OD prevention was low in 2020 and 2021, with over 60% reporting the non-existence of a campaign in 2021. Comparing the OD prevention campaigns from the past two years, 2021 seemed to have had fewer events in FP cities than 2020, and when they were present, they were either general or only opioid-focused. Although the number of campaigns was low, OD prevention training was reportedly high in FP cities, with 27 of 35 respondents stating there was some form of training present. The training was primarily available for harm reduction staff (12/35 cities), people who use opioids (19/35 cities) or medical staff (16/35 cities). Nevertheless, 8 cities still reported no OD prevention training, although information on OD is available. Training is also most common for staff administration rather than peer administration, which is similar in both years.

OD prevention activities have reportedly not improved in cities in the past two years. The main changes that FPs would like to see include an increase in the availability of naloxone, an increase in the provision of OD prevention training, upscaling/establishing DCRs and drug checking services, meaningfully involving the community of people who use drugs in OD prevention plans and policies and providing safe supply.

Although naloxone was widely available in FP cities (80%) in 2020 and 2021, availability happens primarily via medical services and staff. In 2021, 28 FPs reported that naloxone was available primarily to the medical staff of hospitals (93%) and ambulances (89%), similar to the findings of 2020. As a positive development, availability was reportedly higher by people who use drugs and their family and friends this year. Twenty FPs said naloxone is available directly to people who use drugs against 16 FPs in 2020. Naloxone is found mainly in its injectable form, with a slight increase in intranasal availability from 14 cities in 2020 compared with 15 cities in 2021. Take-home naloxone (THN) and distribution in drug services also showed an increase, with 16 FPs reported having THN in their cities in 2021 against 11 FPs in 2020. Challenges in naloxone availability include administration by medical staff only, the need for a medical prescription, lack of funding and political support. According to FPs, naloxone must be available through peer distribution, it must be available to take home, it must be free of charge, and it must be available in pharmacies.

Most FPs report having methadone (33 FPs) and buprenorphine (33 FPs) available for OAT, which shows an increase compared to the findings of 2020. Barriers to OAT access exist and stigmatisation of people who use drugs and the high threshold to enter or remain in treatment seem to be the main factors in both years. According to FPs, what needs to improve for OAT is the lowering of the threshold to start and continue treatment, maintaining the practice of take-home doses, increasing coverage, and increasing the number of prescribers and OAT providers. Some of these practices were improved during the COVID-19 pandemic and efforts are needed to keep the positive changes. Moreover, exploring a safe supply for other substances than opioids, such as stimulants and benzodiazepines, is also recommended.

> *"FPs would like to see an increase in the availability of naloxone, OD prevention training, DCRs and drug checking services, besides meaningfully involving the community of people who use drugs in OD prevention plans and policies."*

New Drug Trends

New psychoactive substances (NPS) in the global and European markets remain a significant concern for policymakers, law enforcement offices and CSOs working in the field. As the number of new drugs entering the market remains high, essential information on these substances remains low.

Ten of 34 FPs partaking of the new drug trends (NDT) survey have reported the emergence of a new substance on the market in their cities in 2021. Synthetic cannabinoid was mentioned most often by 6 of the 10 FPs, which was also the case in 2020. According to FPs, most people did not intentionally use synthetic cannabinoids as it was often mis-sold as other substances, despite being much more potent than regular cannabis. Alongside new substances, FPs in 3 cities reported new combinations of substances in 2021 that were not mentioned in the previous year, such as Rivotril with MDMA and GHB with stimulants.

Thirteen of 33 FPs mentioned changes in substances used by their target groups, such as known substances being used for the first time. Some of these substances include GHB (by younger people, people who use different types of drugs, or by groups engaging in chemsex); methamphetamine; 3-MMC; speed (by people who previously injected heroin); heroin (by migrants); and cocaine (by previous heroin users). Nevertheless, no significant changes have been witnessed compared with the 2020 report.

For most respondents (25/33), no new or different routes of administration (RoA) of substances were noted. If some were noted, they were specific substances used by one of their target groups. Those noticing new RoA (8 FPS) mentioned various changes, from young people starting to use cannabis edibles to the injection of cocaine. The use of cannabis edibles by young people was mentioned for the first time compared to previous years.

Nevertheless, the provision of services for new target groups has begun in 10 FP cities. These target groups include people from chemsex communities, young people, people who have fought in the Russo-Ukrainian war, and immigrants. The services offered primarily harm reduction services such as needle exchange, self-support groups, peer-to-peer outreach work or services targeting specifically people who use drugs from chemsex communities.

Monitoring drug trends is essential for policy planning and requires specific expertise. The implementation of drug checking services at a city level throughout Europe is essential for identifying new, mis-sold, or adulterated substances.

> *"The implementation of drug checking services at a city level throughout Europe is essential for identifying new, mis-sold, or adulterated substances."*

COVID-19 and Harm Reduction Services

Due to the COVID-19 pandemic, European countries have implemented various virus containment strategies since 2019. Strategies such as border closures, lockdowns, increased police presence, and service reductions have had diverse effects on people who use drugs and harm reduction services. On the other hand, the pandemic brought opportunities for advancing some harm reduction practices.

Most FPs reported that the pandemic still influenced their harm reduction activities, but the number decreased in 2021 compared to 2020. In 2021, a few services still struggled with limited COVID-19 protective equipment for staff and users, but not to the extent of 2020. There were also fewer reductions in services this year, although some facilities still had to close. Similar to 2020, virtually all services in which FPs work have adapted to the changes brought on by the pandemic.

In 2021, some long-term effects of the pandemic were also evident by harm reduction staff. Challenges reported by the FPs included fear of being infected with COVID 19 at work (23 of 34 FPs), an increased workload (24 FPs), burnout and psychological distress.

Nevertheless, positive changes and innovations have been reported due to the COVID-19 pandemic. Education around COVID-19 occurred and was maintained in most (24/34) FP services but discontinued in 4. A lower threshold for accessing OAT was also maintained in several cases, and an increased length of OAT prescription was maintained for 18 cities. In 17 cities, added outreach services were maintained although discontinued in 7. Improved OAT services were maintained in 16 FP cities, with phone or telemedicine being the most sustained low threshold activity. Improved naloxone distribution had occurred in only 11 FP cities but was maintained in 9 of those. FPs mentioned that online services were also generated as a result of the pandemic and maintained.

People who use drugs faced many challenges during the pandemic, as reported from the perspective of service providers. The most problematic issue regards social isolation, which was rated as either very difficult or problematic by 31/35 FPs, and increased mental health problems, rated by 29 FPs. Other issues, such as limited access to health services, DCRs and drug checking, were rated by many FPs. An increase in police presence on-the-street was also prob-

lematic for people who use drugs. Virtually all challenges, except for access to OAT, were rated as presenting more significant difficulties in 2021 than the previous year. Many more FPs saw an increase in OD rates in 2021, with 11 FPs reporting an increase compared to only 3 FPs in 2020.

Service providers and researchers concluded that the focus on COVID-19 was detrimental to other types of care, especially regarding HIV and HCV testing and treatment for people who use drugs. FPs also reported negative impacts, with the highest being in HCV testing (56% of FPs) and HCV treatment (47% of FPs). On the other hand, a few FPs reported seeing a positive impact of the pandemic in HCV care for people who use drugs. A significant positive effect related to innovative approaches to HCV testing (4 FPs), awareness campaigns (3 FPs), HCV treatment (2 FPS) and non-invasive diagnoses (1 FP).

Concerning the COVID-19 vaccination, establishment of priorities when receiving the vaccinations varied across countries. Certain professions were considered essential, and service provision continued during the pandemic, therefore receiving priority for vaccination. With some services not regarded as critical, access to vaccinations was not always available. Health care harm reduction staff were considered essential workers and were in the process of being vaccinated during this time, according to 24/34 FPs. Nevertheless, social workers, psychologists or outreach peers were sometimes not considered essential.

Harm reduction services offered low threshold access to vaccination for people who use drugs in a place where they frequent and have developed trustful relationships with staff. Harm reduction services in 13/34 FPs cities have been involved in national vaccination strategies to reach people who use drugs.

Harm reduction services, people who use drugs and staff members have all been impacted by the COVID-19 pandemic. The pandemic brought several challenges, which in some cases have worsened in 2021 compared to 2020. Fortunately, the pandemic also brought some positive opportunities for harm reduction development which, in some cases, were maintained across 2020 and 2021.

> *"In 2021, some long-term effects of the pandemic were also evident by harm reduction staff. Challenges reported by the FPs included fear of being infected with COVID 19 at work, an increased workload, burnout and psychological distress."*

Correlation
European
Harm Reduction
Network

C-EHRN envisions a fair and more inclusive Europe, in which people who use drugs, including other related vulnerable and marginalized people, have equal and universal access to health and social services without being discriminated against and stigmatized.

We advocate for a harm reduction approach that is based on solid evidence and on human rights principles, and addresses both health and social aspects of drug use.