Essential Harm Reduction Services.

Report on policy implementation for people who use drugs

Civil Society Monitoring of Harm Reduction in Europe **2023**

Correlation
European Harm Reduction Network

Title

Essential Harm Reduction Services: Report on policy implementation for people who use drugs. Civil Society Monitoring of Harm Reduction in Europe 2023

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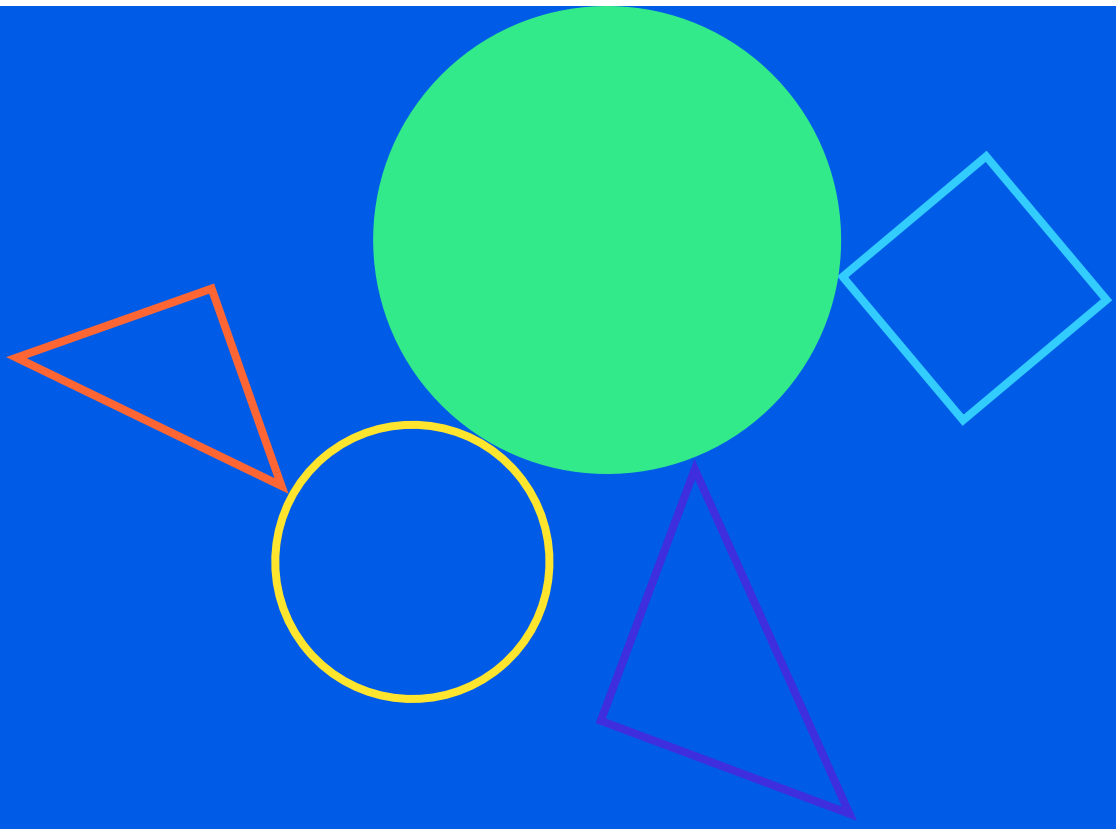
Acronyms

ARV	Antiretroviral
C-EHRN	Correlation - European Harm Reduction Network
CSO	Civil Society Organisation
DAA	Direct Acting Antiviral
DAT	Diamorphine Assisted Treatment
DCR	Drug Consumption Room
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
FP	Focal Point
HaDEA	European Health and Digital Executive Agency
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
LGBQTI+	Lesbian, Gay, Bisexual, Queer, Transgender and Intersex
NPS	New Psychoactive Substance
NSP	Needle/Syringe Programme
OAT	Opioid Agonist Therapy
THN	Take-Home Naloxone
w/o	without



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Introduction & Methodological Remarks

According to the World Drug Report of the United Nations Office for Drugs and Crime, in 2021 (the latest available data) 296 million people used drugs worldwide, including 60 million using opioids, 36 million – amphetamines, 22 million – cocaine, and 20 million – 'ecstasy'. The estimated number of people injecting drugs was 13.2 million, while 6.6 million people were living with hepatitis C, 1.6 million with HIV, and 1.4 million with both HIV and hepatitis C. The number of people with 'drug use disorders'[1] reached 39.5 million, which is a 45% increase compared to a decade earlier. At the same time, only one-in-five individuals with 'drug use disorder' was in treatment in 2021 (UNODC, 2023, pp. 4–5).

Meanwhile, in Europe, an estimated 3.7 million adults used cocaine in the previous year, 2.3 million – MDMA, and 2 million adults – amphetamines. The number of high-risk opioid users was estimated at one million (EMCDDA, 2023e) while the prevalence of crack cocaine use seems to be increasing based on the numbers on people who use drugs seeking treatment (EMCDDA, 2023a). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) also reports stable and high availability of most controlled substances in Europe, increasing diversity of available drugs, and a changing landscape of the opioid market. Treatment related to problems with drug use was provided in 2021 to only 1.6 million people in the European Union (EU), including 511 000 individuals receiving OAT (slightly over a half of the estimated number of high-risk opioid users (EMCDDA, 2023c).
The changing trends in drug markets, stable and high availability of a wide range of substances, new emerging challenges, and very low treatment enrolment show clearly that the role of harm reduction is essential in addressing drug-related harms. Moreover, harm reduction services and interventions are also vital in mitigating harms resulting from punitive drug policies and social stigma, as well as in general improvement of wellbeing of people who use drugs. Hence, monitoring of the state of harm reduction in Europe is currently of utmost importance.

This year, C-EHRN and its members assessed the state of essential harm reduction services in European cities for the fourth time, with 35 cities responding to our survey in 30 countries (see Map 1). In 2023, several new Focal Points joined C-EHRN and its monitoring, helping to expand the network to new, previously not covered, cities:

- Centre for Humane Policy from Sofia, Bulgaria;
- Drogenberatung e.V. from Bielefeld, Germany;
- Matthildur from Reykjavík, Iceland;
- The Union from Bălţi, Moldova; and,
- Kaleidoscope from Newport, Wales (UK).

1. 'Drug use disorder' is the term used by UNODC. It was kept to maintain the precision in referring to UNODC's publication(s); however, it is not a term that C-EHRN supports or promotes.

Compared with the 2022 Monitoring, this report misses answers from Focal Points in Riga, Skopje, St. Petersburg, and Vilnius, respectively. On the other hand, we welcomed – after one year of absence – the participation of Kyiv, Podgorica, and Rome[2].

Data Collection

Data in this report was collected during the spring of 2023. Survey participants, herein referred to as focal points (FPs), represent the Correlation – European Harm Reduction Network (C-EHRN). FPs assume the role of local reference points tasked with collecting data and information pertinent to an extensive array of harm reduction-related issues. All 40 C-EHRN FPs were invited to partake in this survey, and 35 did contribute. FPs are organisations with a primary focus on the provision of health and social services and, while several of them also engage in research, advocacy, and training. The vast majority of Focal Points deliver services through drop-in/low-threshold centres, followed by outreach, mobile units, online environment and through peer-to-peer work. Focal Points serve diverse individuals, with people injecting opiates and women who use drugs being the main recipients of FP services. On the other hand, only some FPs access people in prison and at party settings, youth and people engaging in chemsex. People with lived and living experience are involved in the work of most FPs, mostly providing services as paid staff members. FPs engage in advocacy and policymaking processes first and foremost at local/regional and national levels, while being significantly less active in the European or international arena[3].

Over the past year, extensive consultations have been conducted with C-EHRN Focal Points and the Scientific Advisory Board of C-EHRN to assess the monitoring process and the survey used in previous years to collect data on essential harm reduction services. The focus of the assessment was, on the one hand, guided by the needs and capacity of Focal Points, and on the other hand dictated by the desire to improve the monitoring in terms of research methodology.

Changes in the survey

As a result, the survey for 2023 has expanded its scope to include 14 questions in total and differentiated between four aspects of service provision: availability (examined also in earlier

2. The full list of Focal Points participating in the 2023 Monitoring survey on essential harm reduction services includes: Amsterdam (Netherlands); Antwerp (Belgium); Athens-Thessaloniki (Greece); Bălţi (Moldova); Barcelona (Spain); Berlin (Germany); Bern (Switzerland); Bielefeld (Germany); Bratislava (Slovakia); Budapest (Hungary); Copenhagen (Denmark); Krakow (Poland); Dublin (Ireland); Glasgow (Scotland, UK); Helsinki (Finland); Iceland (exceptionally whole country); Kyiv (Ukraine); Ljubljana (Slovenia); London (England, UK); Luxembourg (Luxembourg); Malta (exceptionally whole country); Milan (Italy); Newport (Wales, UK); Nicosia (Cyprus); Paris (France); Podgorica (Montenegro); Porto (Portugal); Prague (Czechia); Rome (Italy); Sofia (Bulgaria); Stockholm (Sweden); Tallin (Estonia); Tirana (Albania); Vienna (Austria); Warsaw (Poland).
3. The information was collected via a dedicated FP survey in the autumn of 2023 (unpublished).

assessments); accessibility; acceptability; and quality (addressed for the first time in the 2022 Monitoring Report). This section describes the major changes introduced, with minor changes discussed in the respective sections of the chapter. The question about the extent to which harm reduction services in a Focal Point city can provide interventions for specific sub-populations has remained in the survey. The follow-up question on the barriers hindering the outreach of harm reduction services to specific populations became a multiple-select, multiple-choice question (in contrast to single-select, multiple choice) and included a new answer option of 'lack of political will'. This change allowed respondents to freely report on all barriers that they encounter in their work, not being coerced to choose one of the many possible options, and contributes to acquiring a more holistic picture of the reality of harm reduction services that operate in the respective city.

To improve coherence of the survey and hence the data collected, the question addressing the cooperation with other entities has been reformulated. Instead of asking whether harm reduction services cooperate with other services reaching specific populations, this year the question asks, 'Do harm reduction services in your city cooperate with the following other services?'. Shift of focus from a rather generic and perhaps potentially vague 'other services' to specific services listed in the question provides mode detailed data on relationships and collaborations.

In the 2022 monitoring report, a series of interviews were conducted with the C-EHRN Focal Points to explore several themes previously addressed only in the survey in more depth. One of the themes that emerged as important during this endeavour was the involvement of people with lived and living experience. As a result, this year's monitoring survey includes two new questions on this topic: about the extent of involvement of people who use drugs in harm reduction services and about the way in which they are involved (i.e. as volunteers versus paid staff).

Quality of the data

To enhance knowledge regarding the quality of data collected, two questions have been included on the mechanisms existing in the Focal Points' city for the exchange of information.

To improve the validity and reliability of the data, as well as the precision of the answers, several modifications have been applied in the 2023 monitoring survey.

First, where applicable, the Likert scale used previously was changed from 4-points to 5-points, as shown in the example in Table 1.

While the answer, 'I do not know', was retained, the previously existing answer option of, 'not relevant to my city', was removed for clarity.

4. Definitions of availability, accessibility, acceptability, and quality were adopted from WHO Fact Sheet: The Right to Health. **https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/Health/RightToHealthWHOFS2.pdf**

To what extent are the following services available in your city for people who use drugs?					
	5	4	3	2	1
Before 2023	To a great extent		Somewhat	Very little	Not at all
2023	To a great extent	To a moderate extent	To some extent	Very little	Not at all

Table 1. Comparison of Likert scales used until 2022 and in 2023 monitoring survey

Second, where applicable, definitions have been provided of the concepts used to enhance the uniform understanding of questions among survey respondents:

Availability: Functioning harm reduction facilities, services and programmes in sufficient quantity[4].

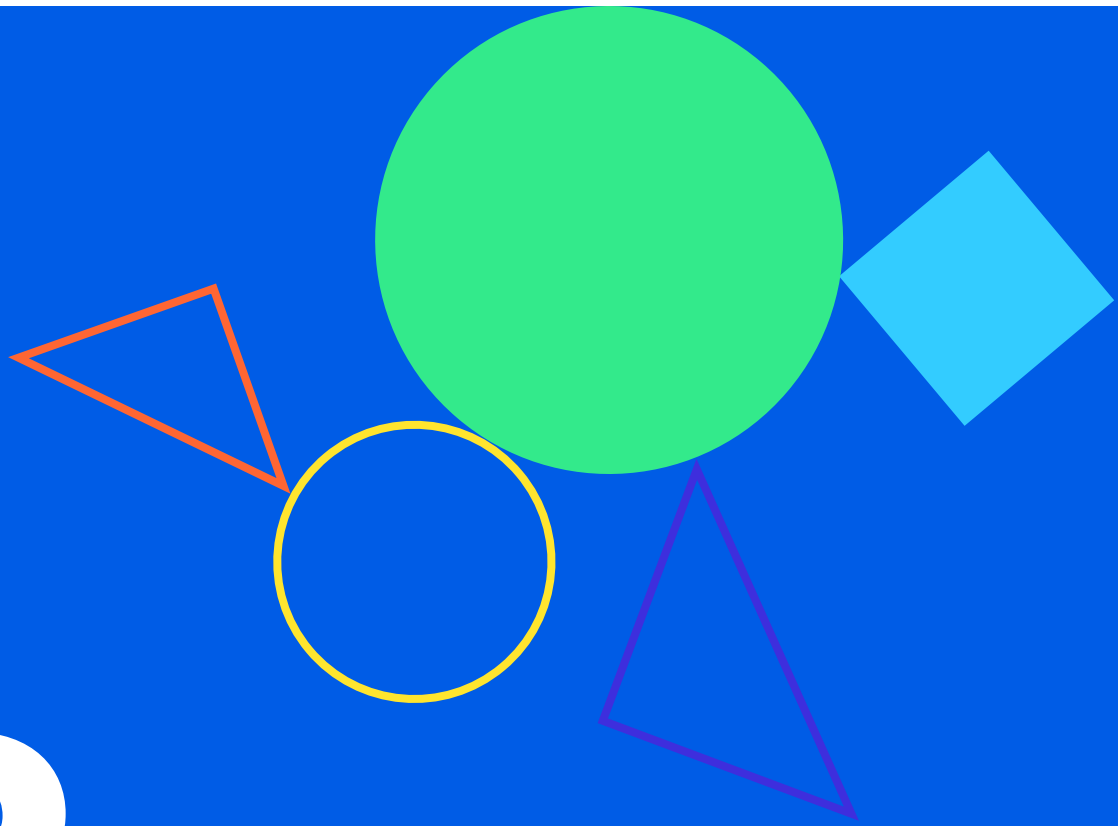
Third, where relevant, the answer options were operationalised to support the Focal Points in interpreting the options and to limit the amount of discretion involved in choosing answers:

After the closure of the data collection period, the data was validated. This included several rounds of consultations with the Focal Points to clarify any existing doubts or possible inconsistencies in the answers provided, as well as to acquire data where they were missing.

Answer option	To a great extent	To a moderate extent	To some extent	To a small extent	Not at all
Operationalisation	The quantity of services is sufficient to cover the vast majority of people who use drugs (>80%)	The quantity of services is sufficient to cover the majority of people who use drugs (60-79%)	The quantity of services is sufficient to cover some people who use drugs (40-59%)	The quantity of services is sufficient to cover only a small proportion of people who use drugs (20-39%)	The quantity of services is sufficient to cover less than 20% of people who use drugs

Table 2. An example of operationalisation of answer options (variable values)

The first section of the 2023 Monitoring Survey addresses the four essential aspects of harm reduction services. All four questions included in this section used the 5-point Likert scale described in the Methodological remarks.



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Results

Compared to the previous year, three service categories were added: HCV prevention, HCV testing and HCV treatment. Also, four previously existing service categories were removed, namely, outreach work, drop-in centre and online harm reduction as these do not indicate specific services, but rather settings where a variety of services (such as NSP or naloxone distribution) can be performed. However, peer support describes a way for persons to deliver a service and, as such, does not fit the service content-focused logic of other categories included in the question either. Since it is still important to have an overview of the settings where harm reduction is delivered, the above mentioned categories were transferred to the C-EHRN members survey and will be assessed in the future.

Methological Note

Due to the introduction of new aspects of services functioning, an analysis has been performed of responses to verify that Focal Points differentiated their answers between availability, accessibility, and acceptability of services. To this end, the number of services (answer categories) were calculated whereby each Focal Point differentiated between the three categories and the number of services with the same score across all three. Excluded from the calculations were instances where "not at all" or "I do not know" answers were chosen across all three aspects.

The results show that each Focal Point differentiated the scores for at least one type of service, with the mean of differentiated scores being nine (out of 23 services), and with 14/35 Focal Points assigning different aspect scores for more than 50% of listed services.

However, the mean of non-differentiates scores was 7.4 (out of 23 services) and there were eight Focal Points that assigned uniform scores across three aspects for more than 50% of listed services. Interestingly, the uniform scores were concentrated around HIV- and HCV-related services. Calculation of non-differentiated scores excluding HIV and HCV prevention, testing and treatment revealed that only four-out-of-17 services on average were assigned uniform scores, with only four Focal Points reporting uniform scores across more than 50% of listed services.

It can be, therefore, be concluded that Focal Points did focus on availability, accessibility, and acceptability service aspects separately and, to a significant extent, differentiated between them.

Availability of harm reduction services

The first question focused on the availability of specific services to people who use drugs. Availability was defined as functioning harm reduction facilities, services and programmes in sufficient quantity.
In case of narrowly understood harm reduction services, those most available[5] include, in descending order, OAT, NSP, harm reduction

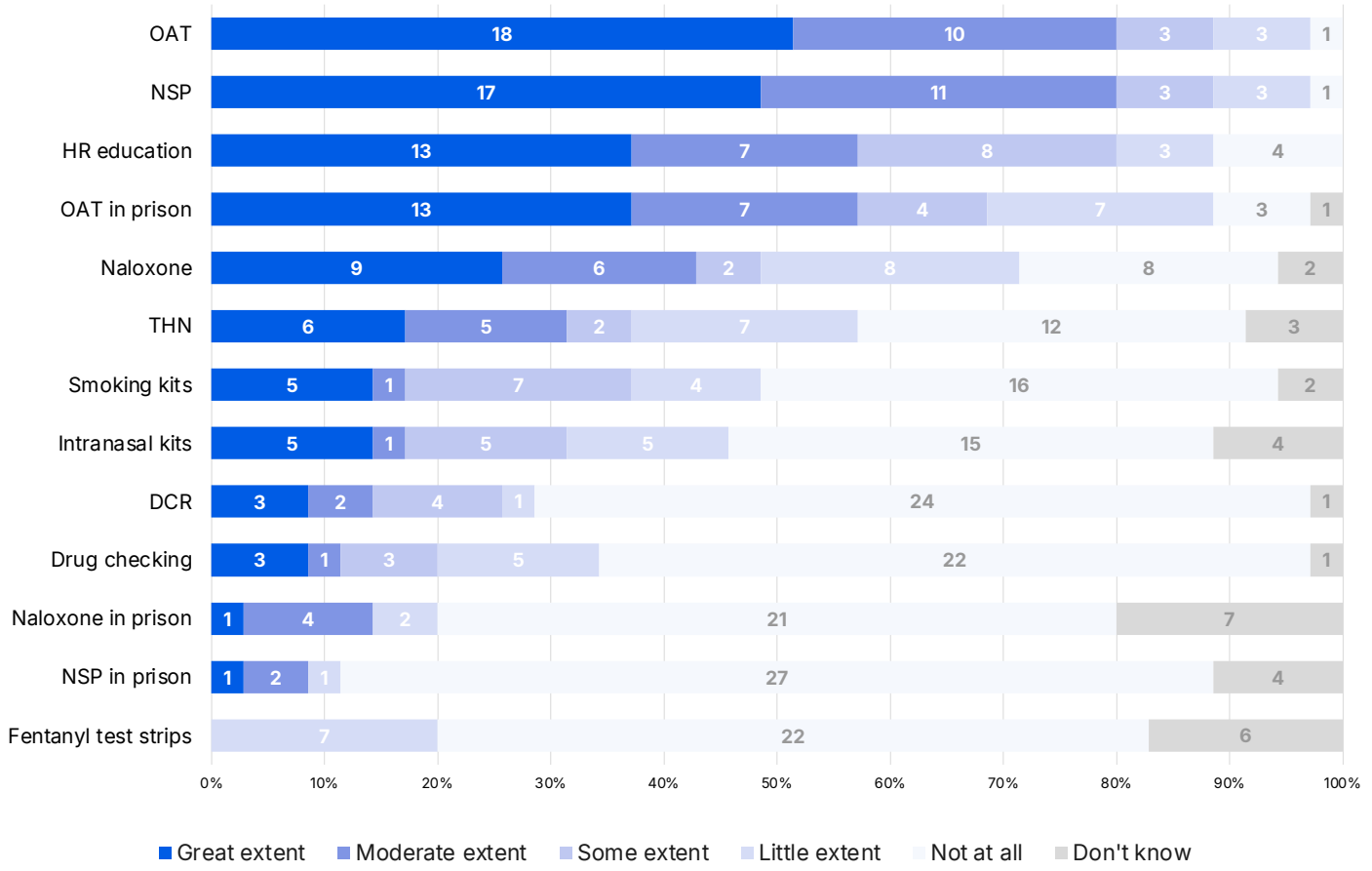


Figure 1. The extent of availability of harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

education and OAT in prison. In comparison, the lowest availability[6] was observed (in ascending order) in case of fentanyl test strips[7], NSP in prison, naloxone in prison, drug checking and drug consumption rooms.

The city-level results are in line with national-level data reported by EMCDDA, where availability of NSPs was reported in 2022 in 28 out of 29 European countries[8], methadone maintenance treatment in 27, and OAT in prison as a continuation of treatment in all EU countries except for Slovakia (26 countries). However, drug checking was available in only 12, drug consumption rooms in ten, and NSP in prison in three countries (EMCDDA, 2023b). The number of countries reporting the availability of drug checking, DCRs and NSP in prison in the EMCDDA report are identical with the number of cities reporting the availability of services in C-EHRN monitoring.

5. Available 'to a great extent' in at least ten cities and 'to a great extent' and 'to a moderate extent' combined in at least 20 cities.
6. Minimum of 20 answers 'not at all' and a maximum of five answers 'to a great extent' and 'to a moderate extent' combined.
7. The low availability of fentanyl test strips may be related to low numbers of overdoses in most European countries and the resulting low demand for it compared to other services.
8. The EMCDDA data includes the 27 countries of the EU, plus Norway and Türkiye.

An important difference between the approaches to data collection is that while the EMCDDA reports on the availability using the dichotomous yes/no scale, C-EHRN data complements these country-level data in an interesting way, providing additional information about the extent of availability in the context of needs in the field. The European Drug Report also addresses coverage of services (which is related to the C-EHRN definition of availability) and reports that only five-out-of-17 reporting EU Member States have achieved the WHO 2020 targets regarding the coverage of NSP and OAT (EMCDDA, 2023b).

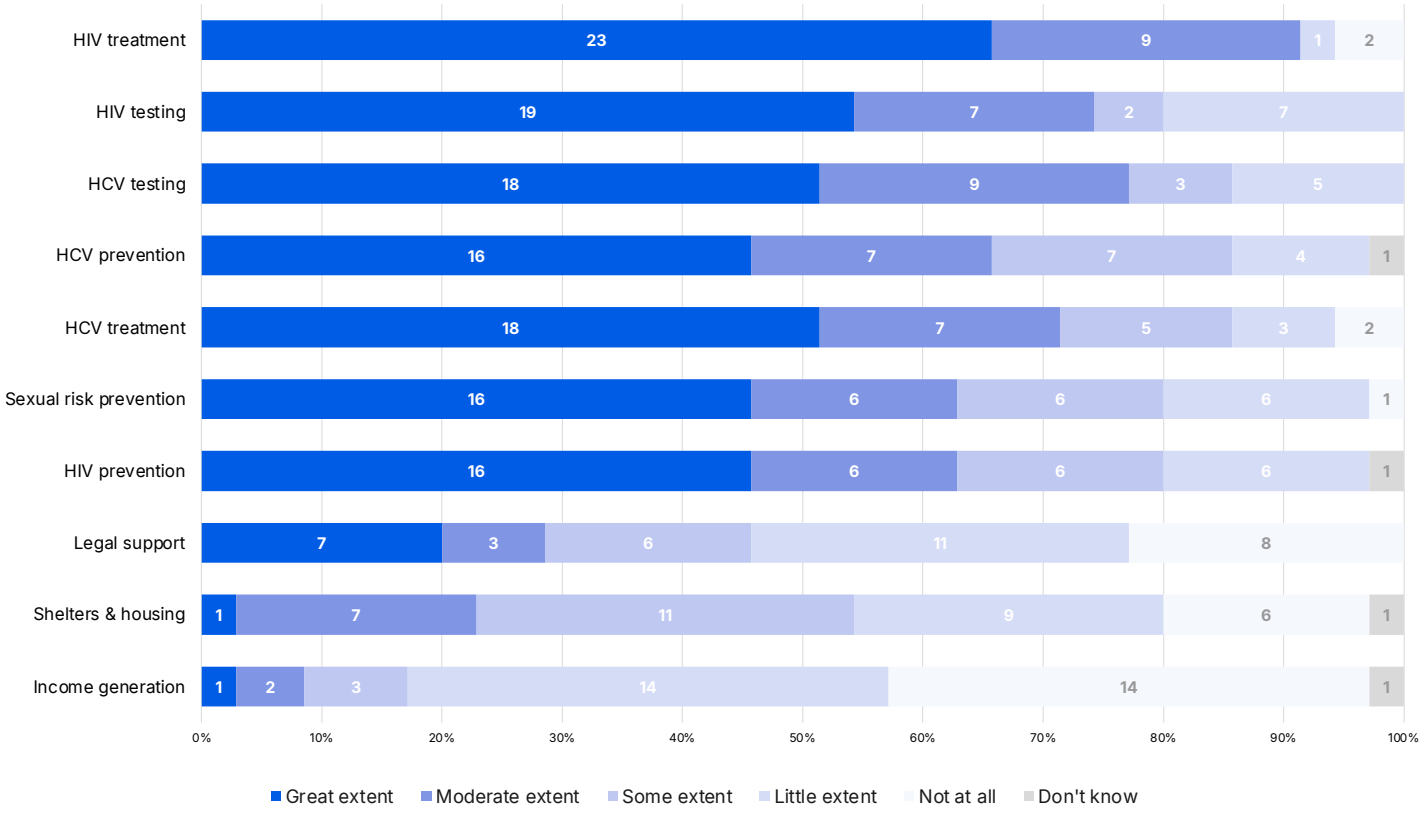


Figure 2. The extent of availability of broader harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

FP London

'Citizen's Advisory Bureaus ('CABs') are also able to offer legal support broadly to people, but we know from our service users' feedback that many people who use drugs will not seek legal support due to fear of discrimination. Regarding HCV prevention, testing, and treatment, outreach efforts have greatly improved due to the increase in funding for these services. (...) 'DCRs, Paraphernalia for smoking/ intranasal use, and drug checking are all restricted due to the UK's Misuse of Drugs Act 1971 – making access unlawful. There have previously been a limited number of drug checking pilots (via 'The Loop' service) at some UK music festivals, and a community pilot.'

FP Tallin

'From the fall of 2022, a nationwide support line started working, which works 24/7 and to which anyone who has questions or concerns regarding drugs and related matters can contact. On the line, mental health nurses, a social worker, and a peer counsellor respond to live chats, calls and e-mails. More attention has also been paid to harm reduction of nightlife, during which there are specially trained harm reducers or "night fairies", who provide support and harm reduction at festivals, clubs, and underground events.'

FP Athens

'DCR is open now 7 days per week. The condition in prison settings for drug users are far from being ideal not only in relation to services. Drug users confront a hostile environment and barriers to access not only ARV's and DAA's but even a single aspirin. HIV and HCV education in prison settings has been done from specific NGOs, mostly Positive Voice and Prometheas. Condom distribution was prohibited again.'

FP Krakow

'Naloxone - the only option to get naloxone is after an ambulance call. Right now, we are working on implementing a Take Home Naloxone programme (...). NSP in prisons doesn't exist. There are no DCR's in Poland, but also, we are working on implementation, right now we are talking with local authorities. Drug checking - in July we are starting a new possibility to get colorimetric test kits for PWUD in our Drop-In centre, as a collaboration with our nightlife project Czyste Bity. OAT in prisons is accessible for those who were on OAT on freedom.'

FP Paris

'Needle exchange isn't available in prison, generally speaking. There's only one prison in Paris. Fentanyl is rarely used in France. There's only one DCR in Paris, targeted at people injecting drugs and the city would need more DCRs like this. People inhaling drugs don't have any safe facility.'

Accessibility of harm reduction services

Focal Points also assessed accessibility of various harm reduction services. Accessibility was defined as follows:

'Harm reduction facilities, services and programmes are accessible to everyone, within the appropriate jurisdiction. Accessibility has four overlapping dimensions:

- non-discrimination
- physical accessibility
- economical accessibility (affordability)
- information accessibility'.

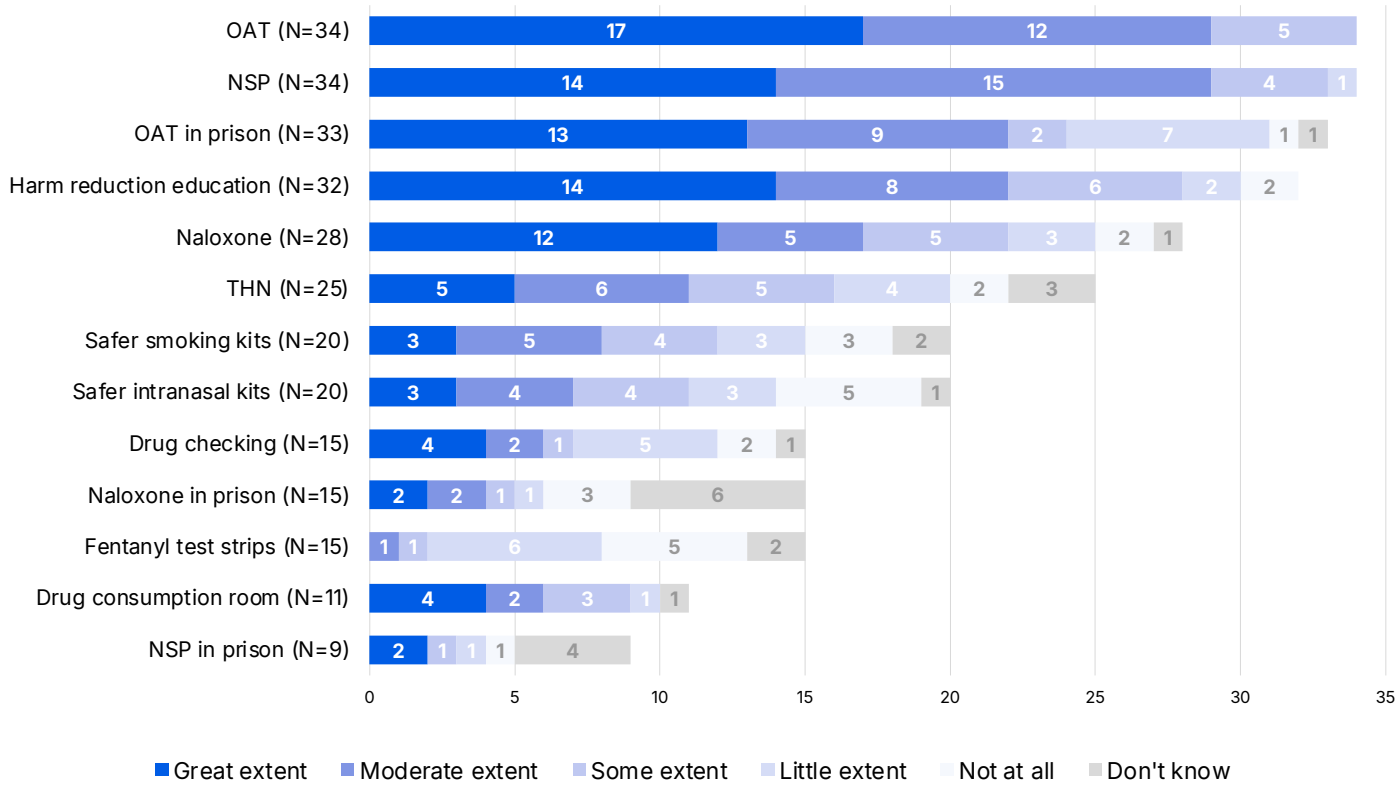


Figure 3. The extent of accessibility of harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

The results for accessibility are reported only for those cities where Focal Points reported some extent of availability (i.e. existence) of the listed harm reduction services in the previous question[9]. Hence, the number of responses per service assessed differs. The list of individual answers for each Focal Point and service type can be found in Appendix 2.

The highest level of accessibility[10] was reported for the same four services as it was in the case of availability: OAT (assumed lack of services in Balti; 29/24 FPs reporting 'great' or 'moderate' accessibility); NSP (lack of services in Sofia; 29/34 'great' or 'moderate'); OAT in prison (lack of services in Budapest and Bratislava; 22/33 'great' or 'moderate'); and harm reduction education (lack of services in Budapest, Iceland, and Stockholm; 22/32 'great' or 'moderate' accessibility).

9. More specifically, we excluded – as implying complete lack of services in each city - the responses that (i) reported 'not at all' uniformly across questions on availability/accessibility/acceptability or (ii) reported 'not at all' available and 'I do not know' or 'not at all' in question(s) about accessibility and acceptability. Responses involving (i) answers 'I do not know' for availability and 'not at all' for accessibility and/or acceptability and (ii) 'not at all' in availability but answers other than 'not at all' or 'I do not know' in accessibility and/or acceptability were kept.

10. Inclusion criteria being at least 40% of FPs reporting 'great extent' and at least 65% reporting 'great' and 'moderate' extent combined (excluding 'I do not know' answers in the denominator').

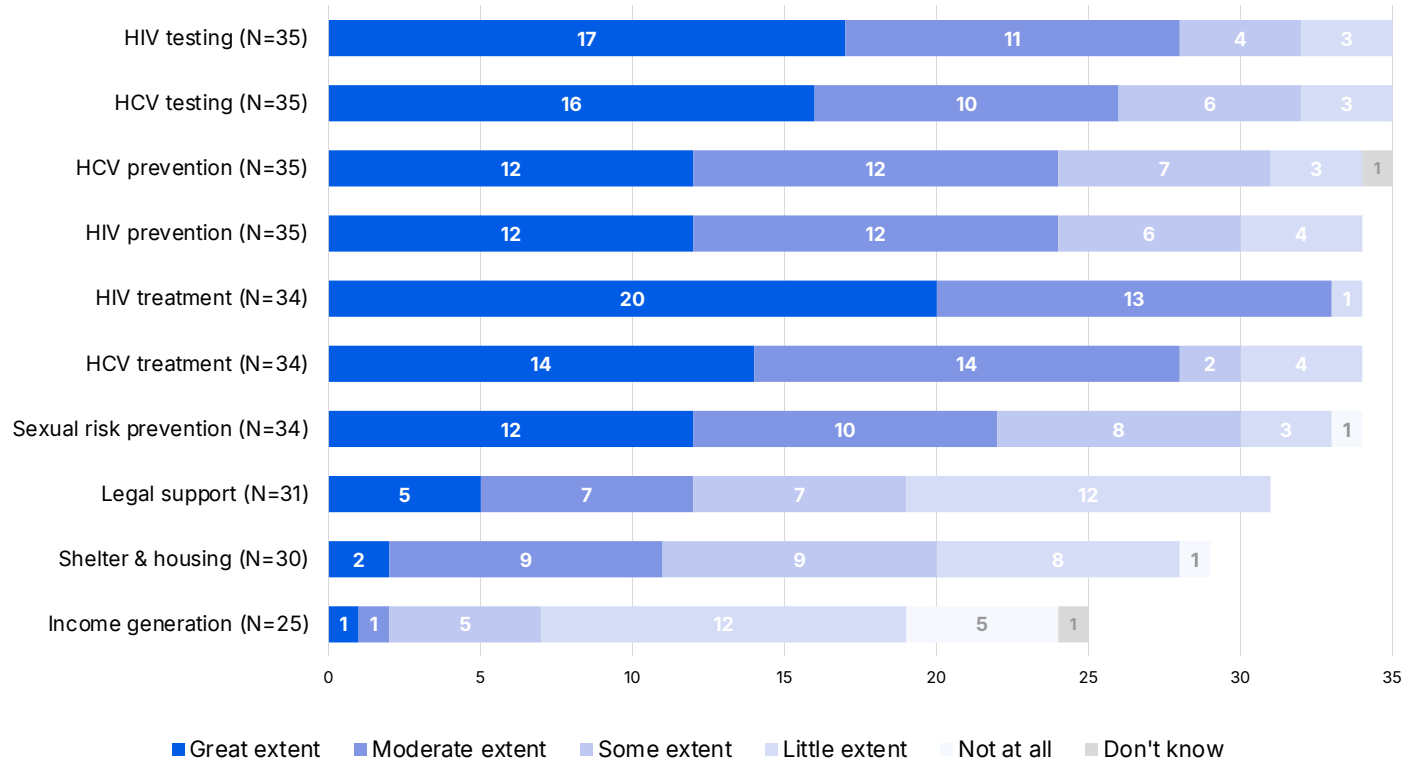


Figure 4. The extent of accessibility of broader harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

Interestingly, information from other sources highlights the existence of serious barriers to OAT access in prison in some Western European countries, including availability in only a small number of prisons, lack of possibility of initiation of OAT in prison, and bureaucratic barriers (Harm Reduction International, 2022, p. 147). The lowest accessibility[11] was identified for safer intranasal kits, fentanyl test strips, naloxone in prison and NSPs in prison.

Looking at the proportions of cities where availability of services was determined, it is clear that with respect to the broader harm reduction services, accessibility was much higher than in the case of services analysed in the previous paragraphs. Applying the same inclusion criteria, the highest accessibility was identified for HIV treatment, (33/34 Focal Points reporting 'great' or 'moderate' accessibility), HCV treatment (28/34 FPs), HIV testing (28/35 FPs) and HCV testing (26/35 FPs), respectively. Regarding low accessibility, only one service from this group meets the criteria: specific employment opportunities/income generation for people who use drugs (17/24 FPs reporting no or very little access). Besides employment opportunities, only two types of services were reported as not accessible at all by at least one Focal Point: shelter and housing (1/29 FPs) and prevention of sexual risks (1/34 FPs). For all other services in this group, not a single Focal Point reported a complete lack of access.

11. Inclusion criteria being at least 20% reporting 'not at all' and at least 40% combined reporting 'not at all' and 'very little' access.

In an open text box, some FPs further described the situation regarding accessibility of harm reduction services in their cities.

FP Vienna

'In Vienna, the ambulance carries naloxone (in case of emergency, the paramedic gives it), Take Home Naloxone is only possible by recipe of a doctor. Our service can do this, after the PUWD did a workshop / naloxone and first aid training with social workers and medical workers. Shelter housing: there are more resources in the wintertime; generally, there is a contingent for PWUD in most of the services of the homeless sector.'

FP Prague

'There were 3 drop-in centres in Prague (terrible situation for 1 000 000+ city). At the end of 2022, one of them was closed. OAT in Prague is hardly accessible. Although the coverage in general in the Czech Republic would be OK, in Prague it is very problematic. Thousands of people (many from the Roma community) are not getting OAT they would need.'

FP Athens

'Accessibility and availability of legal support is a tricky subject. There are street lawyering initiatives and also drop-in centres like Red Umbrella Athens[12] where drug users can find some help. In some cases, there are language barriers or comorbidities that make the whole thing very difficult. In some cases, lawyers are appointed from the Greek state in the court with questionable results.'

FP Milan

'Some key populations experience discrimination in accessing healthcare services for treatment. Some exams and diagnostics for HCV are not free of charge.'

FP Bratislava

'There was a discriminating treatment practice when people who use drugs can't reach hepatitis treatment since there is a requirement of 1 year of abstinence from drugs. The Slovak health system is special as well. People in Slovakia can accumulate debts on health insurance which are restricting their access to any health care (with an exemption of saving their life). A person with debts on health insurance does not have access to HIV treatment nor to HCV treatment. This has, though, changed from 1.1.2023 [in that] people with debts on health insurance have access to the following health care: treatment of blood and sexually transmitted infections, treatment of chronic illnesses, health care for pregnant people. From 1.6.2023, there was another change - they changed the requirement of 1 year of abstinence for HCV treatment. Because it has happened just 2 weeks ago, we still need to see it in practice. So, in 2022, there was not any treatment for HCV available for PWUD.'

FP Dublin

'OAT choice is limited to predominantly Methadone.'

12. Red Umbrella Athens is a drop-in centre offering a range of services, including legal assistance, for sex workers, being a safe space where sex workers who use drugs, trans and non-binary individuals can feel, and are, accepted.

FP Rome

'DAAs are available for all PWUD in treatment, as well as HCV rapid testing, since a specific testing campaign is currently ongoing.'

FP Luxembourg

'There is discrimination when you don't have social rights in Luxembourg (migrants, etc.). Since last year, CUSS is implemented in Luxembourg. This will mean that those clients who have no right in Luxembourg, can have health assurance. But there are many barriers to introduce it. We have in Luxembourg a pilot project to introduce naloxone in prison.

FP Newport

'In Newport (Gwent Area), we currently operate a waiting list of 70 individuals seeking clinical treatment.'

FP Stockholm

'In Stockholm, there are 2 needle exchanges who also tests for HIV, HCV and a midwife once a week, but to use these services you have to register as a person who inject drugs.'

Accessibility of harm reduction services

Acceptability was the second aspect of harm reduction service functioning newly introduced in this year's monitoring and was defined as follows: 'all harm reduction facilities, services and programmes must be respectful of ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements'. Similar to accessibility, those responses which reported some level of availability earlier in the survey were taken into consideration.

Regarding the following dimension, in the group of basic harm reduction services, only drug consumption rooms (7/10 FPs reporting 'great' or 'moderate' acceptability) and needle syringe programmes (24/34 FPs) were reported as exhibiting high acceptability according to the pre-defined criteria. Several other services were very close to meeting the criteria, including opioid agonist therapy (22/33 FPs reporting 'great' or 'moderate' acceptability), naloxone (17/26 FPs), and take-home naloxone (14/23 FPs). However, low acceptability was reported in the case of naloxone in prison (5/11 FPs reporting no acceptability and no FPs reporting very low).

Among broader harm reduction, all services except for shelter and housing, employment opportunities and legal support met the criteria

for high acceptability, sometimes exceeding them significantly (i.e. HIV testing and HIV treatment, with 28/35 FPs and 29/33 FPs reporting 'great' and 'moderate' acceptability combined, respectively).

In this category, no service type met the criteria for classifying it as having a low level of acceptability according to the criteria. Specific employment opportunities and legal support received the lowest scores with 14/24 FPs and 14/31 FPs, respectively, reporting no or very low acceptability.

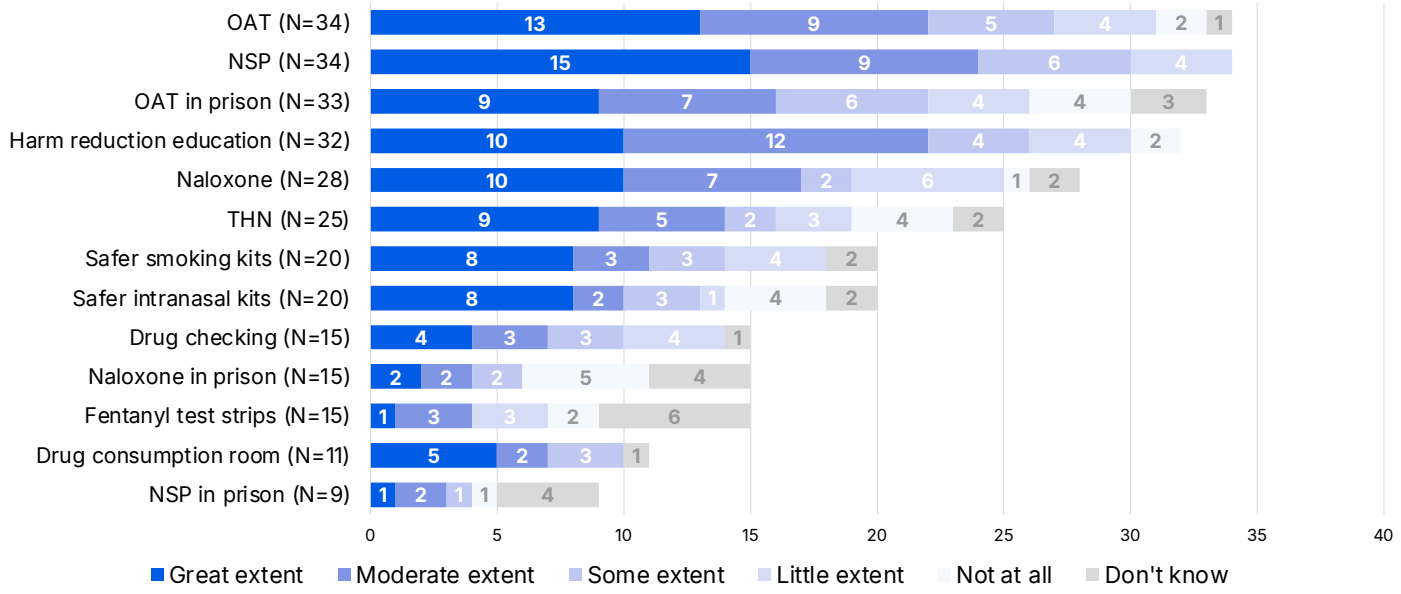


Figure 5. The extent of acceptability of harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

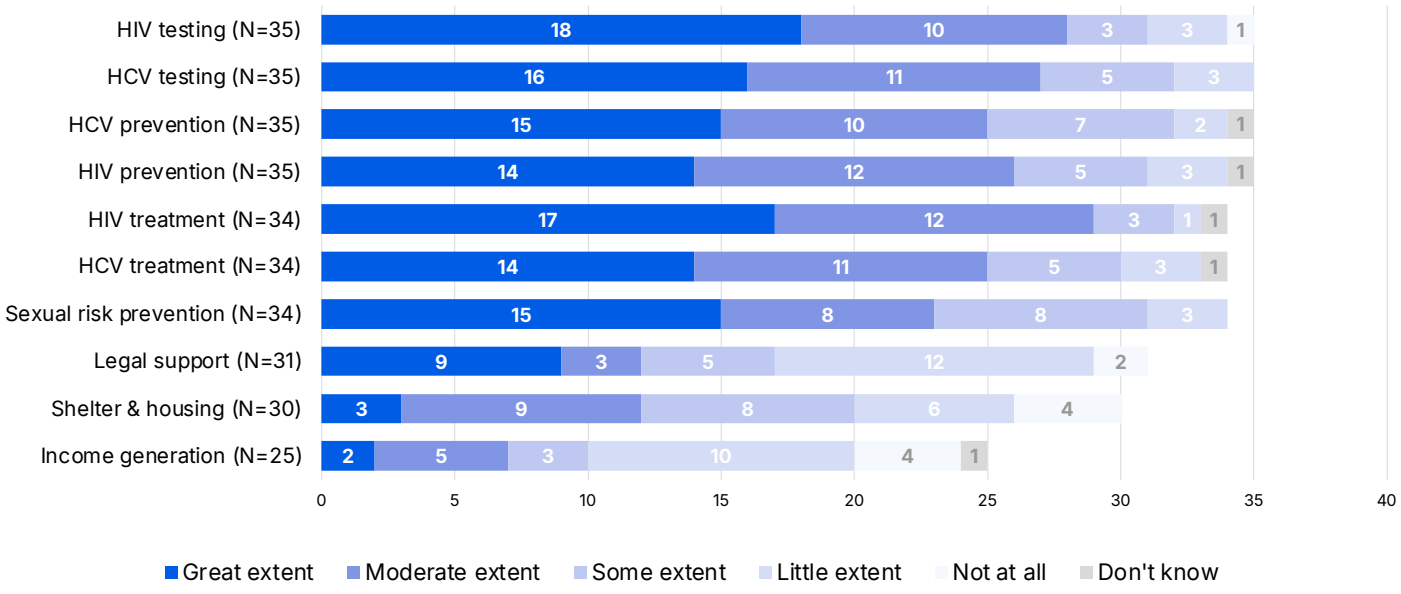


Figure 6. The extent of acceptability of broader harm reduction services for people who use drugs as assessed by C-EHRN Focal Points ***(N=35)***

FP Prague

'Acceptability: almost no services specifically for aging PWUD, very little gender sensitive services, for the Roma community also.'

FP London

'Drug services here are not well versed in serving diverse communities of people using drugs. In part, this is due to laws and medical regulations making it so that services cannot offer anything of value to communities using drugs other than heroin – for instance, most crystal methamphetamine use in this country occurs within LGBTQ+ communities, and there is no substitution therapy or pipe distribution for safer smoking available. Beyond this, staff are currently under-skilled even in basic drug and alcohol key working techniques and are thus much more likely to be lacking necessary skills and knowledge to work with different communities. While the restrictive and punitive UK drug policy impacts the service provision to all populations listed, some populations, such as parents, young people, or migrants, face greater risks of coming forward to services. This further marginalises them from services and those services do not gain experience or skills in serving these audiences.'

FP Milan

'Housing and legal support are rarely available, but when they are offered are respectful, culturally appropriate and sensitive to PWUD needs.'

FP Barcelona

All the HR centres have to be trained in gender perspective, multiculturalism and life-cycle requirements.'

Quality of harm reduction services

Finally, this section of the survey assessed the quality of harm reduction services in the Focal Points' city, which was defined in the following way: 'harm reduction facilities, services and programmes must be scientifically appropriate and of good quality'. The quality was further specified to include the following criteria (dissemination activities were added as a new answer this year).

Overall, the quality of harm reduction services is assessed as relatively high. The data clearly shows, however, that quality criteria related directly to service provision and the relationship with clients and service staff were rated significantly higher than the criteria related to monitoring, evaluation, and dissemination activities. Given the general lack of capacity of harm reduction services (Rigoni, et al., 2023), this result may give an indication of the priorities that harm reduction services set when facing limited resources. Another possible interpretation of these results is related to skills and competencies existing in harm reduction services; namely, harm reduction staff are primarily trained to deliver services and not to conduct monitoring and research, which may be outsourced to external

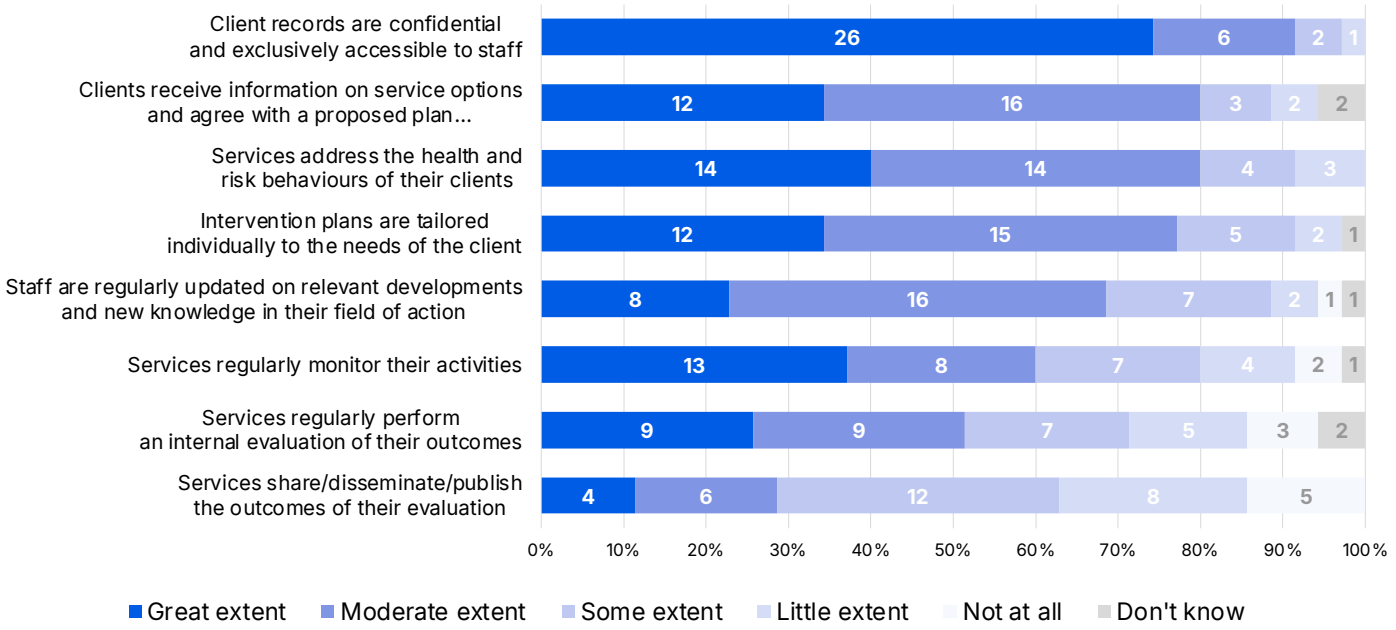


Figure 7. The extent of quality of harm reduction services for people who use drugs as assessed by C-EHRN Focal Points

Service delivery to different user groups

The first question in this section addressed the extent to which harm reduction organisations are able to deliver services to 15 sub-populations. Similar to the previous report, in 2023 harm reduction services were delivered to the greatest extent to people who inject opiates (30 cities reporting 'great' or 'moderate' extent). The following sub-populations with the highest, but still significantly lower, scores included people experiencing homelessness (22 cities reporting 'great' or 'moderate' extent); people who smoke opiates (18 cities); people injecting stimulants or new psychoactive substances (NPS) (18 cities); and sex workers (17 cities). The sub-populations that services can reach to the least extent were young people who use drugs (20 cities reported providing services to this group to a small extent or not at all); people in prison settings (18 cities); people who practice chemsex (17 cities); LGBTQI who use drugs (16 cities); and migrants who use drugs with no legal rights to assistance (15 cities).

FP Prague

'[P]eople who inject stimulants or NPS are [a] very different group in Prague or CZ[echia]. Traditional crystal meth users and NPS experimenters are very different in age, social-cultural context, etc.'

FP London

'LGBTQI people who use drugs often are offered harm reduction support within sexual health centres, outside drugs services.'

FP Bielefeld

'Bielefeld has [a] wide range of services for relatives of people who use drugs and also families with dependence problems.'

Methological Note

Compared to previous years, the category of 'people who smoke stimulants or NPS' was not included due to a technical error. Categories of 'documented migrants who use drugs (legal rights to assistance)' and 'undocumented migrants who use drugs (no legal rights to assistance)' were replaced by 'migrants who use drugs with legal rights to assistance' and 'migrants who use drugs with no legal rights to assistance', respectively. The sub-population of 'ageing people who use drugs' was introduced to reflect the changes in the field. An answer option of 'not relevant to my city' was replaced by 'this population is not present in my city' to improve precision.

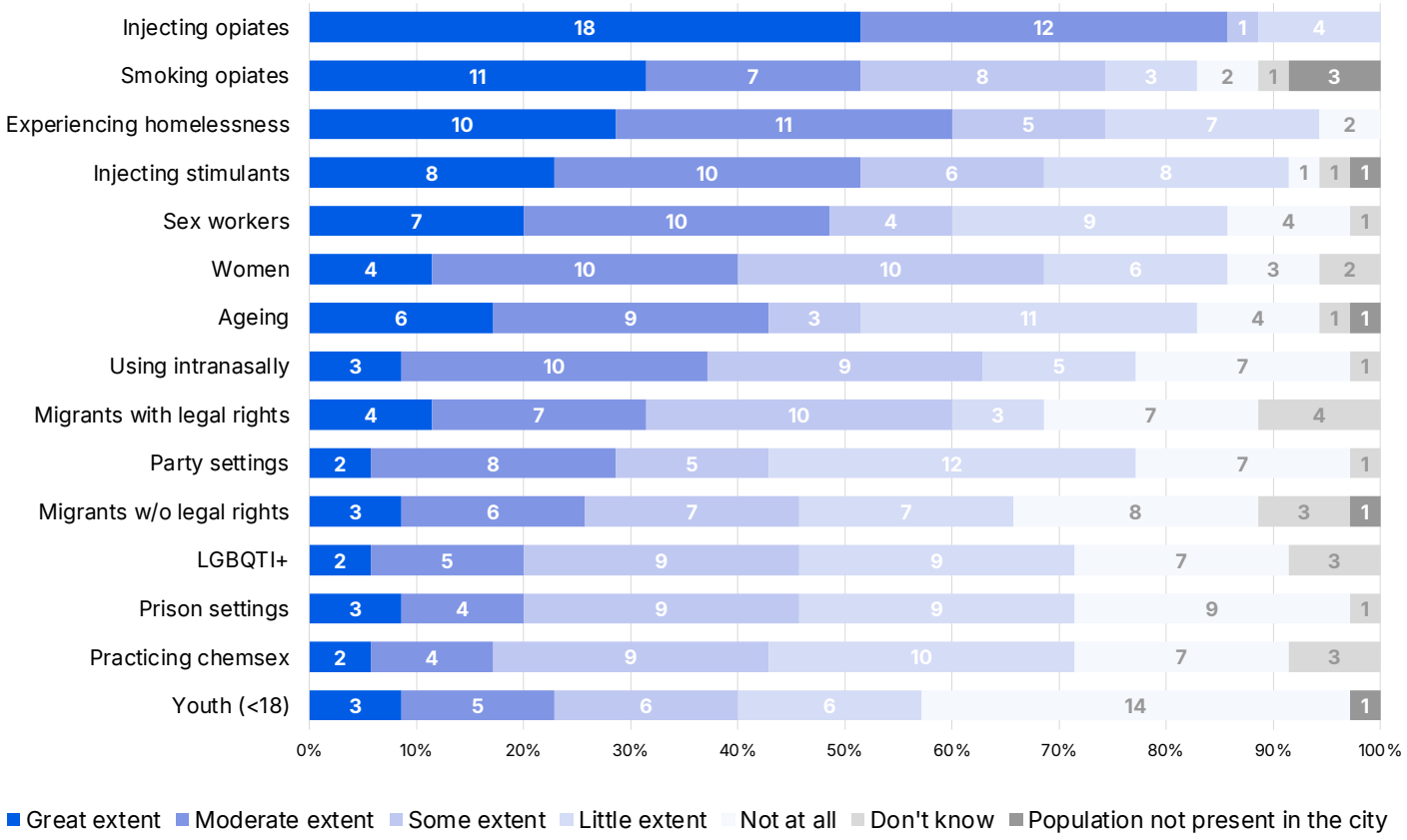


Figure 8. The extent to which harm reduction services can be delivered to specific sub-populations as assessed by C-EHRN Focal Points ***(N=35)***

Significant differences can be observed between the examined cities with respect to the ability to provide services to ageing people who use drugs, whom the survey addressed this year for the first time.

Overall, the extent of delivery of harm reduction services to the population of ageing people who use drugs is moderate. Meanwhile, there is a clear need for multidisciplinary support addressing this group (EMCDDA, 2023d).

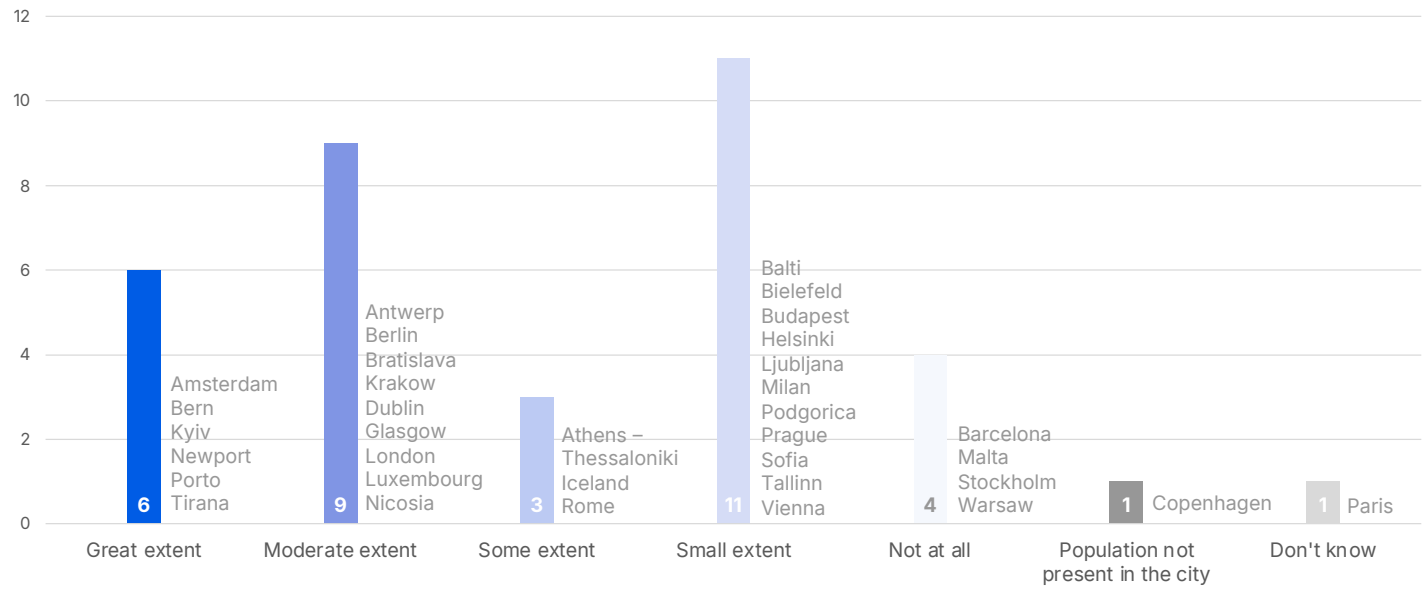


Figure 9. The extent to which harm reduction services can be delivered to ageing people who use drugs per city ***(N=35)***

Barriers hindering service delivery

In Question 6, Focal Points[13] were asked to identify barriers preventing harm reduction services in their city from reaching out to specific sub-populations. This year, in contrast to previous versions of the survey, focal points could choose multiple barriers that apply in their context (and not only one major barrier). Moreover, following consultations with key stakeholders, a new answer option was added: 'lack of political will'.

In total, respondents identified 720 barriers across 15 sub-populations and seven barrier categories. 'Lack of funding' was mentioned most often (131 times, 18.2%), followed by 'lack of political will' (125 times, 17.4%) and a 'lack of meaningful involvement

13. Only those respondents who reported in Question 5 that harm reduction services in their city are 'not at all' or 'to a little extent' able to reach out to 15 sub-populations.

of this community' (121 times, 16.8%).

The C-EHRN Harm Reduction Monitoring aims, among other things, to provide data that can contribute to the improvement of harm reduction services for people who use drugs. It is, therefore, especially important to take a closer look at the factors hindering the services' outreach to the most underserved populations[14]. The table below includes the most significant barriers (reported by at least 60% of FPs) for each sub-population. As the data above shows, the most widespread

	Lack of funding	Lack of meaningful involvement of this community	Lack of specific knowledge/ guidelines in the programmes	Lack of political will	Limited capacity of services/ staff	Legal issues (punitive/ restrictive laws & policies)	Service accessibility (location, opening hours, language, etc.)
Ageing people who use drugs (N=15)		67% (10)			60% (9)		
LGBTQI who use drugs (N=16)	69% (11)	75% (12)	81% (13)				
Migrants who use drugs with no legal rights to assistance (N=16)	75% (12)	75% (12)	63% (10)	75% (12)			69% (11)
People who practice chemsex (N=17)	77% (13)	77% (13)	71% (12)				
People in prison settings (N=18)	67% (12)			89% (16)			
People using drugs in party settings (nightlife) (N=19)	68% (13)				68% (13)		
Young people who use drugs (under 18 years of age) (N=20)						60% (12)	

Table 3. Number of Focal Points reporting specific barriers affecting the ability of delivery of harm reduction services to selected specific sub-populations

barriers identified for sub-populations with the lowest levels of outreach across Focal Point cities are roughly overlapping with the barriers across all examined sub-populations. A lack of funding is the most significant barrier, appearing across five sub-populations. Furthermore, a lack of meaningful involvement of the specific community appears in four sub-populations. The lack of specific knowledge/guidelines in the programme was identified as a significant barrier to reach out to three key sub-populations, and limited capacity of services/staff in two sub-populations.

Importantly, the lack of political will - which was in the top three most often reported barriers across all sub-populations - appears here only twice – in the case of people in prison settings and migrants who use drugs with no legal rights to assistance.

14. Table 3 includes sub-populations for which 15 or more Focal Points answered 'very little' or 'not at all' in the previous question about the ability to deliver harm reduction services to specific populations.

It is interesting that both sub-populations can be seen (more than others) as 'outsiders', functioning on the margins of society. At the same time, it was not legal barriers but a lack of political will that was reported as hindering outreach of harm reduction services to them. This may suggest that the C-EHRN Focal Point experts see room for manoeuvre for the improvement of the current situation within existing laws and regulatory frameworks.

An interesting case in the context of barriers hindering outreach is the one of young people who use drugs (below 18 years of age). This population was identified as the most underserved of all, with 20-out-of-35 Focal Points reporting no or little ability to provide services to this sub-population. However, and in contrast with the other highly underserved groups, respondents identified only one major barrier – legal issues (punitive/restrictive laws and policies), and even this one is at the threshold of being classified as such.

Overall, the picture of the hindering factors preventing harm reduction organisations from providing services to specific sub-populations is very mixed. There is a group of migrants who use drugs with no legal rights to assistance, for whom five (out of seven) barriers were identified as significant. Further, there are several populations where a smaller set of major barriers seem to be in place; and finally, young people who use drugs with only one identified significant barrier. Furthermore, the type of barriers identified as widespread also varies across populations. For example, in the case of ageing people who use drugs, LGBTQI who use drugs and people who practice chemsex, the major barriers are mostly related to the level of service or organisation (including the service's relationships with the served communities). However, for people in prison settings and young people who use drugs, the widespread barriers were identified exclusively at the system/policy level – be it funding, political will or legal framework.

It also needs to be highlighted that the barriers identified by the C-EHRN Focal Points are not independent but are connected within a complex system of interdependencies. For example, 'limited capacity of services/staff' may at first seem like an obstacle related exclusively to the level of service or organisation, while in fact it can often be a consequence of a lack of funding; this, in turn, can be a consequence of lack of political support, and so forth. Due to the limited space available in this report, and limited possibilities that survey-based data collection offers, it is not possible to discuss these complex relationships in greater detail.

FP London

'For the entirety of this survey response, it is important to note that 'harm reduction programmes' hardly exist in England today. What once existed has been largely defunded due to more than a decade of austerity and a commitment to abstinence-oriented practices, and the local remnants of harm reduction that exist today are often held within drug treatment organisations that are fraying at the seams under the pressures of a collapsing national system and increasing drug and alcohol related deaths. In this sense, every work area will be experiencing capacity limitations and lack of political will.'

FP Tallin

'In connection with the war in Ukraine, many Russian-speaking people have come to services in Estonia, and there is no language barrier for them. But even in English, the availability of services is limited, because the language skills of the employees are very limited (mostly Estonian and Russian).'

FP Podgorica

'Regarding this table, through our harm reduction programme, we are providing services mostly to people who use heroin, and that is maybe 90% of our targeted population. Drugs usually used in Montenegro are marijuana, heroin, cocaine, buprenorphine, to some small extent other stimulants (mostly when talking about younger people and using drugs in party settings). We still do not have [some] services, since some types of drugs are not present in Montenegro, so we tailor our services to fit the needs of clients, and drugs and combinations of drugs they use.'

FP Barcelona

'In Barcelona, there are some specific resources, but they are not enough. For example, every day, we have more and more drug user population over 65 years old.'

Cooperation with other services and institutions

Figure 9 shows the extent of cooperation of harm reduction services in European cities with other services and institutions. In 2023, the focus of the question was shifted from specific sub-populations of people who use drugs to specific services. Moreover, a new answer option was introduced, 'there is no need for cooperation with such services', to better reflect the possible different realities in the field.

The cooperation of harm reduction services is the best[15] with services focusing on people living with HIV (25 cities reporting good cooperation); services providing food and/or clothing - addressing basic needs (22 cities); inpatient drug treatment centres (21 cities); drug treatment ambulatories (19 cities); services focusing on sex work (17 cities); and services focusing on LGBTQI (17 cities).

In contrast, cooperation is the weakest[16] in the case of prisons and other enclosed settings, work reintegration and training programmes, and public labour and employment offices.

15. Taking the number of answers 'yes, and cooperation is good' as the criterion.
16. Criteria of selection: minimum 3 FPs reporting no possibility of cooperation and a minimum of 20 FPs reporting challenging cooperation and a maximum of 5 FPs reporting good cooperation.

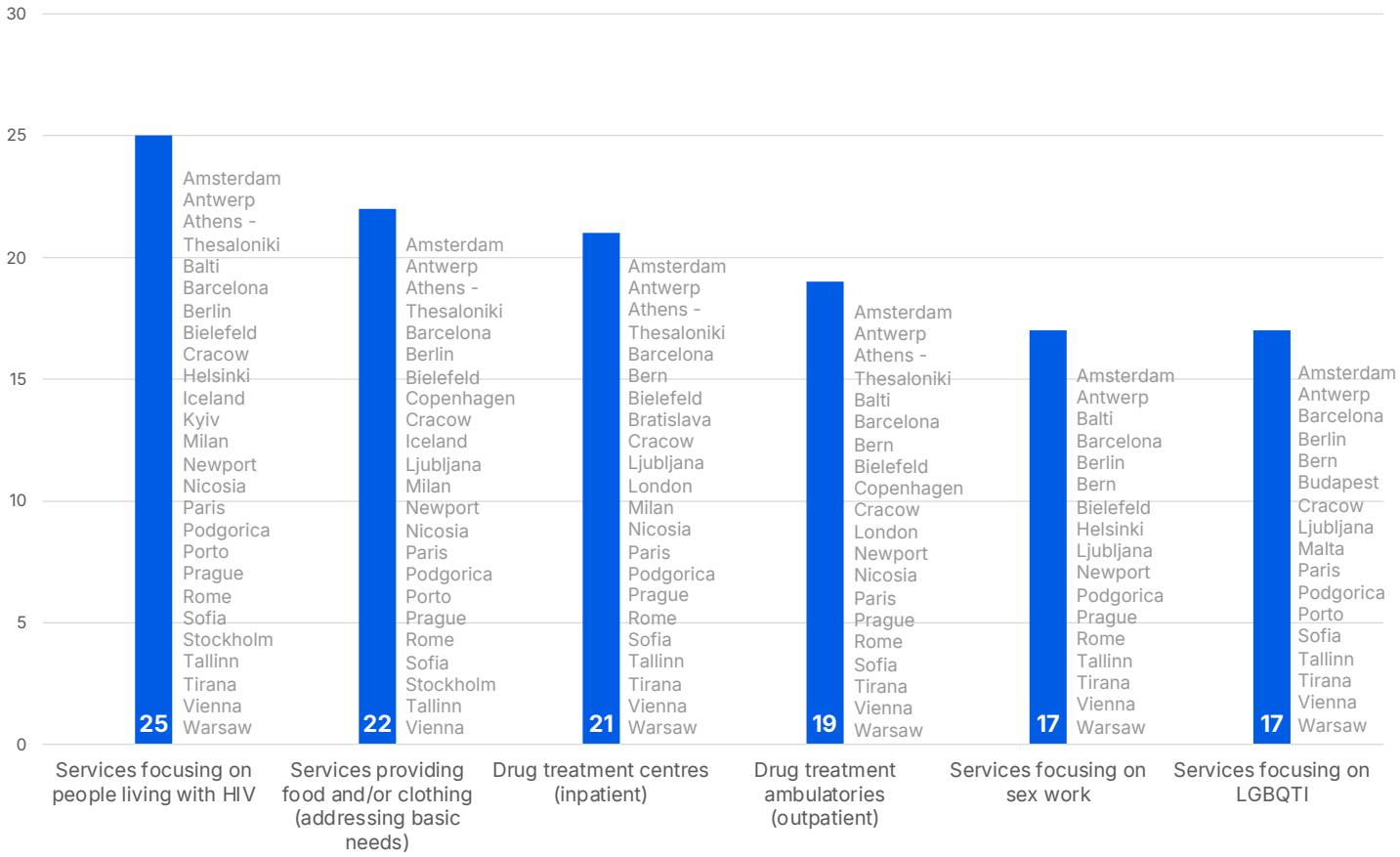


Figure 10. The extent to which harm reduction services cooperate with other services reaching specific sub-populations as assessed by C-EHRN Focal Points ***(N=35)***

In the case of prisons and other enclosed settings, there were 9 cities reporting 'cooperation is not possible' (Copenhagen, London, Helsinki, Budapest, Milan, Krakow, Warsaw, Bratislava and Stockholm) and 20 cities reporting 'challenging' cooperation.

In the case of work reintegration and training programmes, there were 6 cities reporting no possibility of cooperation (London, Helsinki, Iceland, Milan, Balti and Bratislava) and 21 cities reporting 'challenging' cooperation.

For public labour and employment offices, there were 3 FPs reporting no possibility of cooperation (Iceland, Helsinki and Milan) and 28 cities indicating challenging cooperation.

The weak cooperation with prisons and other enclosed settings is especially interesting in the context of the increasingly limited knowledge of the C-EHRN Focal Points regarding the availability of harm reduction services in prisons (see the section on availability of services).

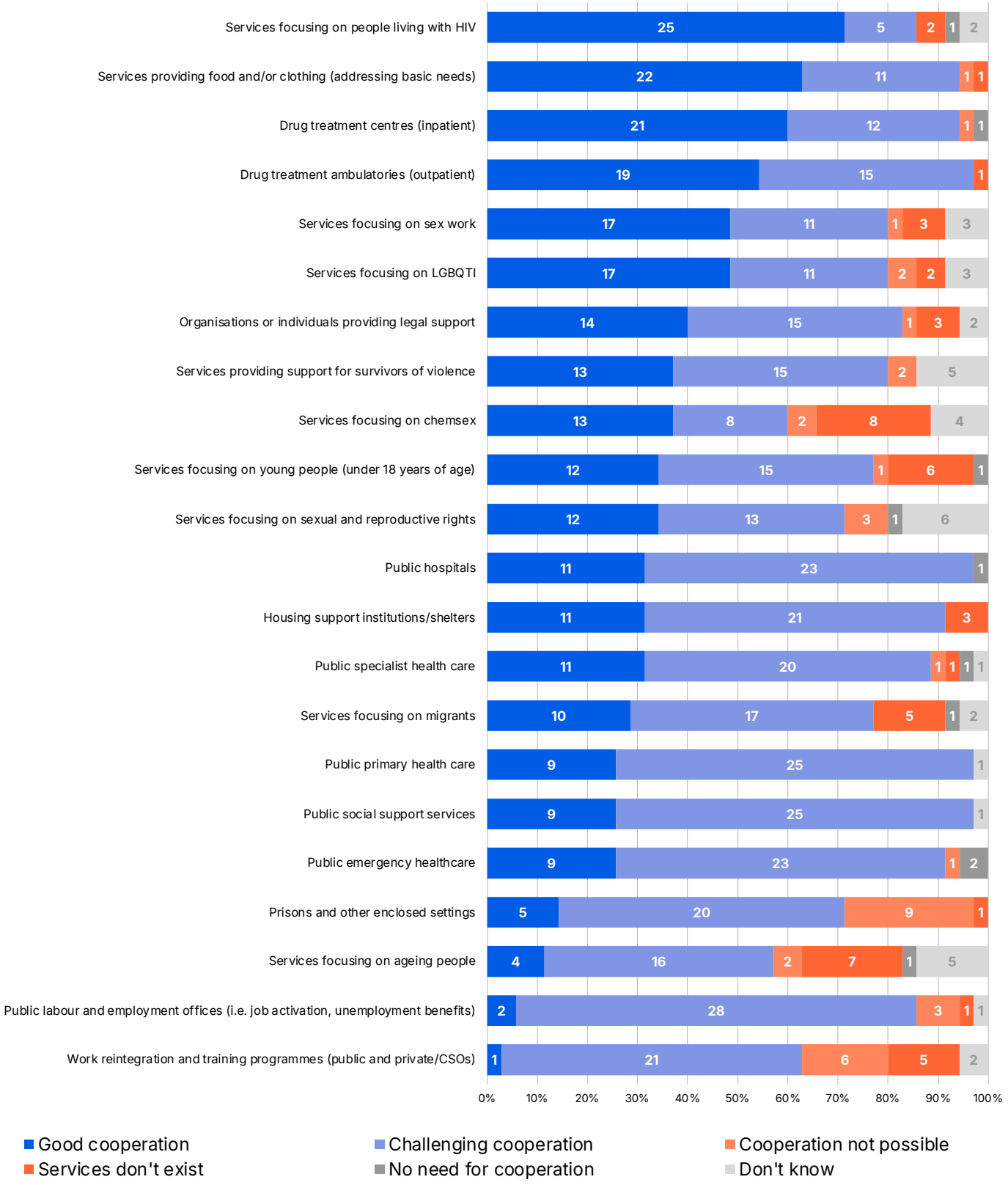


Figure 11. The extent to which harm reduction services cooperate with other services reaching specific sub-populations as assessed by C-EHRN Focal Points ***(N=35)***

In some cases, the lack of cooperation with specific services occurred due to their inexistence. This was reported to the largest extent in the case of services focusing on chemsex; services focusing on ageing people; services focusing on young people; services focusing on migrants; and work reintegration and training programmes, as shown in Table 4, below.

Interestingly, there are several locations that appear multiple times in the context of the lack of cooperation of harm reduction services with other entities, either due to the cooperation being impossible or due to the inexistence of specific services. These locations are concentrated mainly in Central-Eastern and Eastern Europe, Southern Europe and Northern Europe. With the exception of Bielefeld, Luxembourg and Newport, none of the Western European cities appears on the lists, and those three appear only once each. In contrast, it seems that the cooperation with other entities is not possible due to a lack of specific services in Bratislava, Malta, Sofia and Stockholm.

Regarding specific locations, the best cooperation between harm reduction services and other entities was reported in Amsterdam (19/22 types of services with 'good cooperation'), Barcelona (17 services), and Antwerp (16 services). The cities where cooperation is mostly challenging include Dublin (22 services), Glasgow (22 services), Kyiv (19 services), London (17 services), Helsinki and Luxembourg (16 services each). The two cities with the highest number of 'cooperation is not possible' answers include Nicosia (6 services) and Milan (5 services), while Malta (10 services) and Bratislava (6 services), reported the highest extent of lack of cooperation due to lack of services.

	Services focusing on chemsex	Services focusing on ageing people	Services focusing on young people	Services focusing on migrants	Work reintegration and training programmes
Athens-Thessaloniki	■				
Bielefeld					■
Budapest	■				
Bratislava	■		■	■	
Copenhagen		■	■		
Helsinki			■		
Iceland	■	■			
Ljubljana		■			■
Luxembourg				■	
Malta		■	■	■	■
Newport	■				
Nicosia					■
Podgorica		■			
Rome		■			■
Sofia	■	■	■	■	
Stockholm	■		■	■	
Tirana	■				

Table 4. External services with the highest proportion of Focal Points reporting lack of cooperation due to inexistence

Drug use is a complex phenomenon, often intersecting with multiple vulnerabilities and thus requires an holistic, person-centred approach involving a diverse range of interventions addressing different aspects of a person's life. Cooperation between organisations and services is therefore essential. The C-EHRN data shows a picture of high contrasts between cities and between different actors with whom harm reduction services cooperate. It seems that the situation is similar when looking at country-level data, where 'the availability (...) of well-developed, integrated models of care [is] extremely heterogenous at the European level' (EMCDDA, 2023d).

FP Copenhagen

'Housing support institutions/shelters: only Danish citizens can apply for housing. Services focusing on ageing people: Special nursing homes for older drug users are available.'

FP Athens

'The National Health System, though, after so many years of recession and harsh austerity measures is not in a good shape. On the other hand, there is a very positive development with the housing structures in Athens, new drop-in centres and the DCR. We have established very good cooperation with the people who run these essential services and there is mutual respect and understanding....There are no other services free from charge than ours for chemsex and for queer drug users. The alternative is to go to a private doctor or counsellor. We are also working very closely with organisations that have services addressed to refugees and migrants....Things become difficult for primary mental health care.'

FP Podgorica

'Since Montenegro is a small country with a changing political structure in recent few years, we constantly have to lobby for human rights of people in risk of social exclusion/socially excluded. We have good cooperation with Government bodies such as Ministries, Health Centres, other CSOs, but systemic solutions are things that can potentially cause issues. For example, if we have as a client a women who is using drugs, but is also a victim of domestic abuse and needs shelter, we do not have anyone to refer this person to.'

FP Barcelona

'The biggest difficulty is the cooperation with public specialist health care, specifically with mental health services. They make a hard division between people with a mental disease and PWUD with a mental disease. The second one are not considered suitable to begin mental health treatment.'

National context and information exchange mechanisms

According to the data, in 2023, most FPs (27 cities) still see the situation of harm reduction in their city as better than in other parts of their country. Lower than national coverage was reported in Prague and Krakow.

Focal Points explain the situation in the following way:

FP Prague

'It's a great paradox, right? Prague, as the capital, has much lower coverage of HR programmes and OAT than other cities. But has more treatment possibilities. But there are much more PWUD in need of HR than abstinence-based treatment.'

FP Copenhagen

'The national capital has a long tradition for HR-thinking. There is generally a rather high political wish to include drug users and homeless groups in political strategies.'

Figure 12. The situation of harm reduction services in examined cities in the national context ***(N=34; 1 Skipped)***

FP London

'We have better coverage in London in terms of geographic accessibility of services; however, we do not have drug testing, DCRs, or Diamorphine Assisted Treatment (DAT) programmes. Rural areas will largely share the same challenges as us on this front and, additionally, not have geographically nearby treatment. Some other cities in the UK have or have had pilot drug testing or DAT programmes, but these are extremely limited and precarious due to the nature of their funding as pilot programmes.'

FP Tallin

'Tallinn, the capital of Estonia, has the largest number of service providers and various services.'

FP Bielefeld

'We are running a drug consumption room in an environment which combines health care, treatment and social support. This ensures that our services are available to a lot of people who use drugs and are in need of public services.'

FP Athens

'Athens is the capital and has almost half of the population. All the administerial centres are here. It is obvious that has the most wide and large network of harm reduction services.'

FP Milan

'Big northern and central Italian cities have the highest coverage of HR services, while in some areas, especially in the South, HR services are unavailable.'

FP Rome

'The coverage depends on region, since[the] health system has a regional basis in Italy. Rome has higher coverage compared to smaller towns.'

FP Podgorica

'Podgorica is the capital of Montenegro and it is located in the centre of the country. Most available services are located in the central part of our country, while the northern and southern parts are covered by outreach work. We have no knowledge that there are organisations in the north and south that deal with these communities.'

FP Amsterdam

'The absolute size of PWUD has always been bigger in Amsterdam, thus the coverage of HR services also'

FP Bratislava

'Harm reduction services in Slovakia are located just in the western part of Slovakia. There are currently 3 NGOs providing harm reduction services in Slovakia, 2 of them are located in Bratislava, so there is much higher coverage in Bratislava than in the rest of the country.'

FP Barcelona

'There are 2 realities for hr services: one is Catalonia, and the other is the rest of Spain. In the rest of Spain, [the] HR philosophy of work has been reduced to NSP and OAT. We are working to change this perspective and to enlarge this vision.'

Focal Points were also asked about the existence of mechanisms or practices (such as working groups, informal personal meetings, networks, etc.) for the exchange of information between different harm reduction services and between harm reduction services and relevant local authorities in their city.

The data shows that mechanisms of information exchange exist in the vast majority of Focal Point cities (except for between-service mechanisms in Copenhagen and Malta). There is regular information exchange between services in 3 more cities than between services and public authorities. In contrast, in the case of the irregular exchange of information, 4 more FPs reported it between authorities and services than among services themselves.

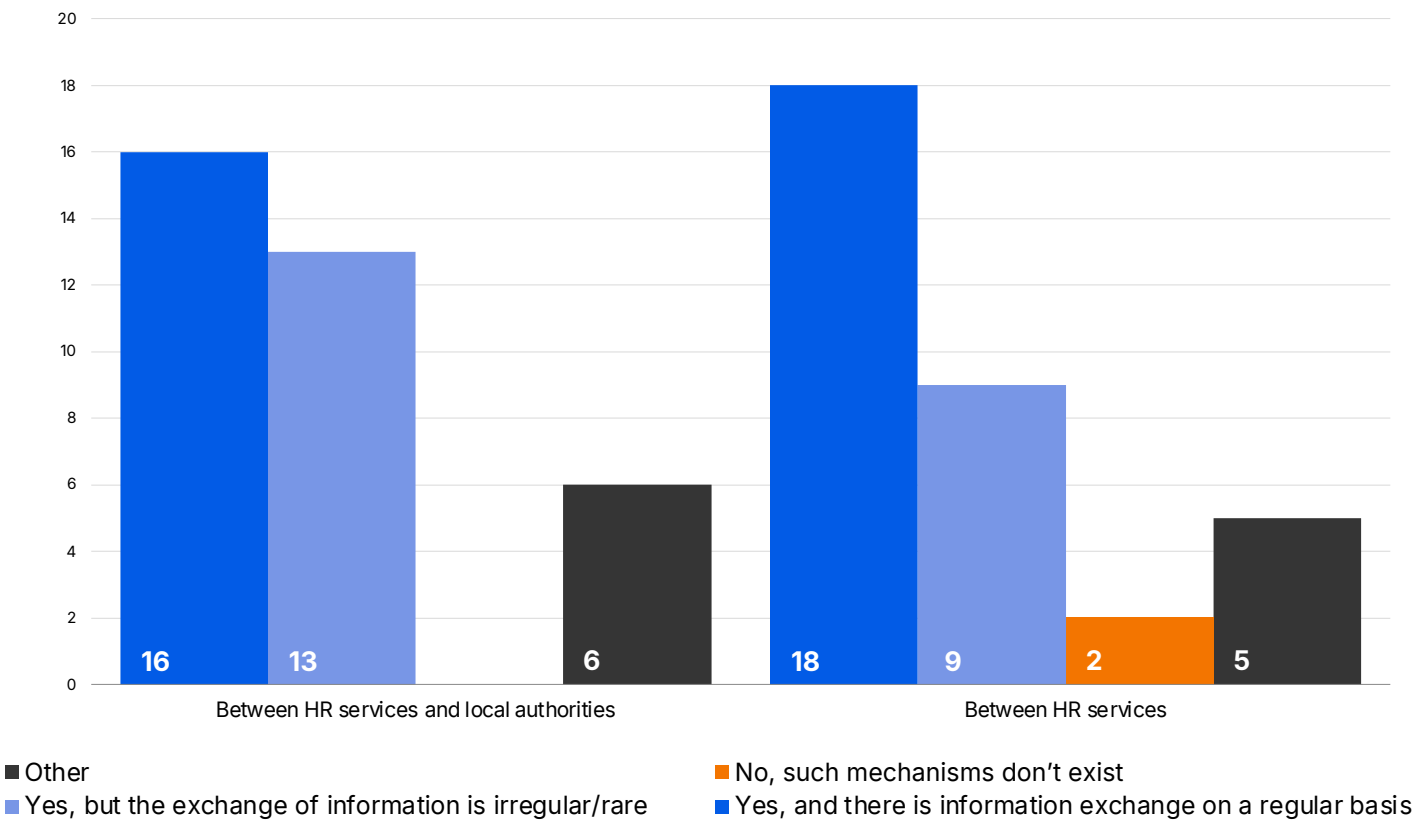


Figure 13. The existence of mechanisms or practices (e.g., working groups, informal personal meetings, networks, etc.) for exchange of information in examined cities as assessed by C-EHRN Focal Points ***(N=35)***

FP Balti

'We use for consistent dialogue the platform of Key affected population Committee - national and nonformal one, used also like an advocacy tool for communities and service providers.'

FP Podgorica

'Regular meetings are rarely organised among the organisations that really deal with these categories. Informal meetings are organised as needed, and there is an exchange of information, but it is not frequent. As the organisations that provide services to this community otherwise cooperate, information is often exchanged by telephone.'

FP Bratislava

'We are in contact in the form of informing each other about our services so we can give the clients relevant information. We meet in several working groups on the city or ministerial level where we advocate together for changes.'

FP Copenhagen

'There is no continuous structure for services to inform policy levels.'

FP Dublin

'There are local structures, but they are not specific to harm reduction, for example, High-level Group on Street Issues; and Dublin City Joint Policing Committee.'

FP Bratislava

'[T]here are regular meetings with the municipality of Bratislava and their section of social affairs. Civil society was also involved in the Community planning of social services for Bratislava city. Right now, we are meeting regularly because of the Census of people experiencing homelessness in Bratislava, which will be happening in October 2023. Almost all NGOs involved in work in Bratislava, [the] City of Bratislava is the coordinator and the research development is provided by the Institute of Research on Labour and Family under the Ministry of Labour, Social Affairs and Family. There was regular cooperation on the ministerial level as well when we were developing a national strategy for homelessness prevention on the Ministry of Labour, Social Affairs and Family.'

Involvement of people with living/ lived experience

Focal Points were asked about the extent of involvement of people with living and lived experience in harm reduction services in their city in four areas of services operation. The data shows the overall low level of involvement of people who use drugs in harm reduction services.

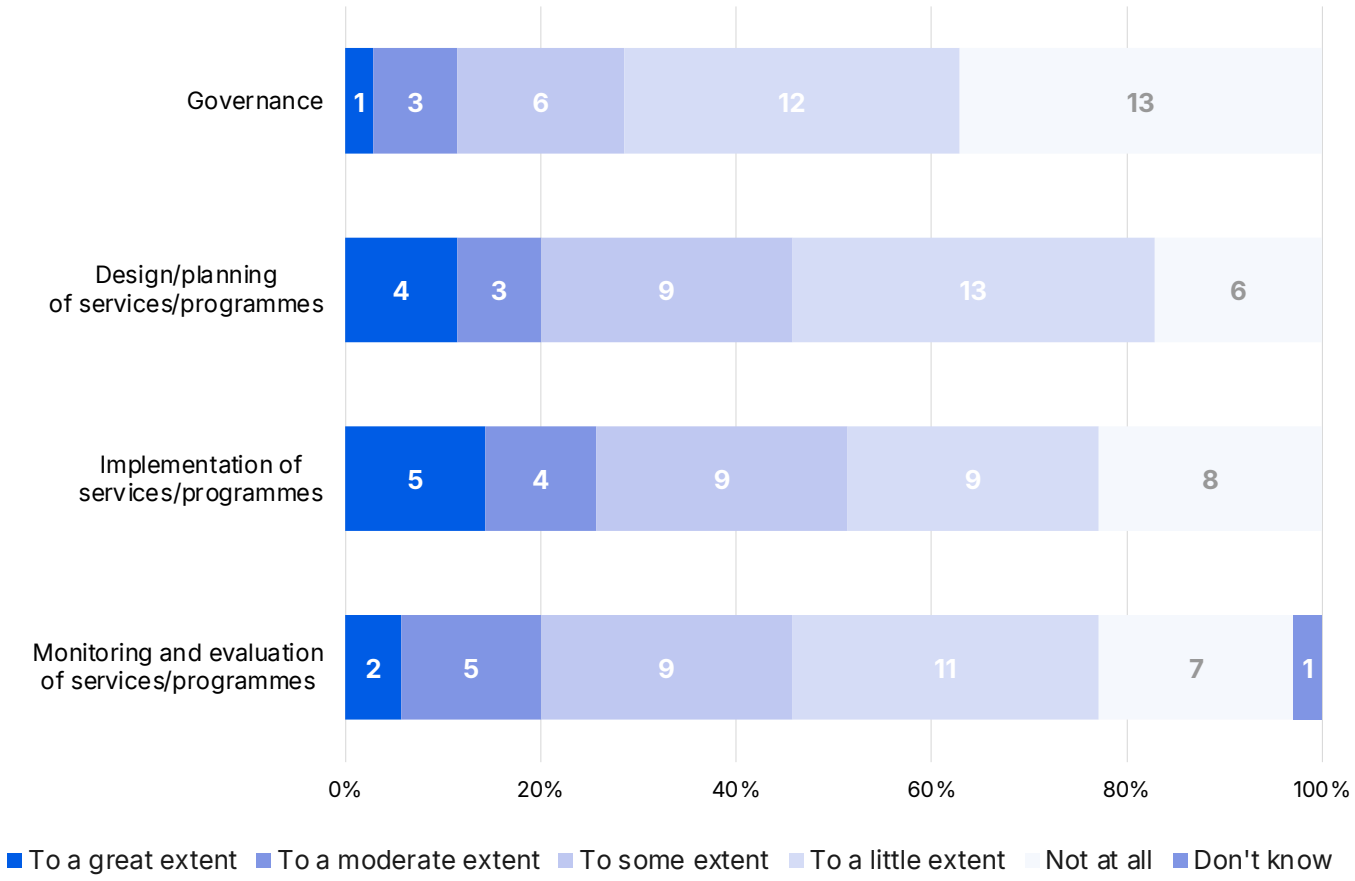


Figure 14. The extent of involvement of people with lived and/or living experience in harm reduction services as assessed by C-EHRN Focal Points ***(N=35)***

The highest level of involvement was reported in the case of implementation of services (where 5 FPs reported a great extent, 4 FPs a moderate extent, and 9 FPs to some extent). In the case of the other aspects, it is clear that people with living/lived experience are not involved or, very little involved, in services, with 18 FPs (51.4%) reporting these levels of involvement for monitoring and evaluation, 19 FPs (54.3%) for service design/planning, and 25 FPs (71.4%) in governance (participation in governing bodies of an organisation, such as a Board of Directors, Audit Committee).

Regarding individual cities, the results are shown in Table 5, below.

Subsequently, Focal Points were asked how people with lived and/or living experience are involved in harm reduction in their city. In the largest proportion of cities, people who use(d) drugs are involved in services in the vast majority as volunteers (11 cities). Seven FPs reported their involvement in the majority as volunteers and another seven to the same extent as volunteers and paid staff. 'In majority as paid staff' and 'in the vast majority as paid staff' were indicated by five FPs each.

City	Governance (participation in governing bodies of an organisation, e.g. Board of Directors, Audit Committee)	Design/planning of services/programmes	Implementation of services/ programmes	Monitoring and evaluation of services/ programmes
Amsterdam				
Antwerp				
Athens-Thessaloniki				
Balti				
Barcelona				
Berlin				
Bern				
Bielefeld				
Bratislava				
Budapest				
Copenhagen				
Krakow				
Dublin				
Glasgow				
Helsinki				
Iceland				
Kyiv				
Ljubljana				
London				
Luxembourg				
Malta				
Milan				
Newport				
Nicosia				
Paris				
Podgorica				
Porto				
Prague				
Rome				
Sofia				
Stockholm				
Tallinn				
Tirana				
Vienna				
Warsaw				

Table 5. The extent of involvement of people with liver and/or living experience in harm reduction services per city as assessed by C-EHRN Focal Points ***(N=35)***

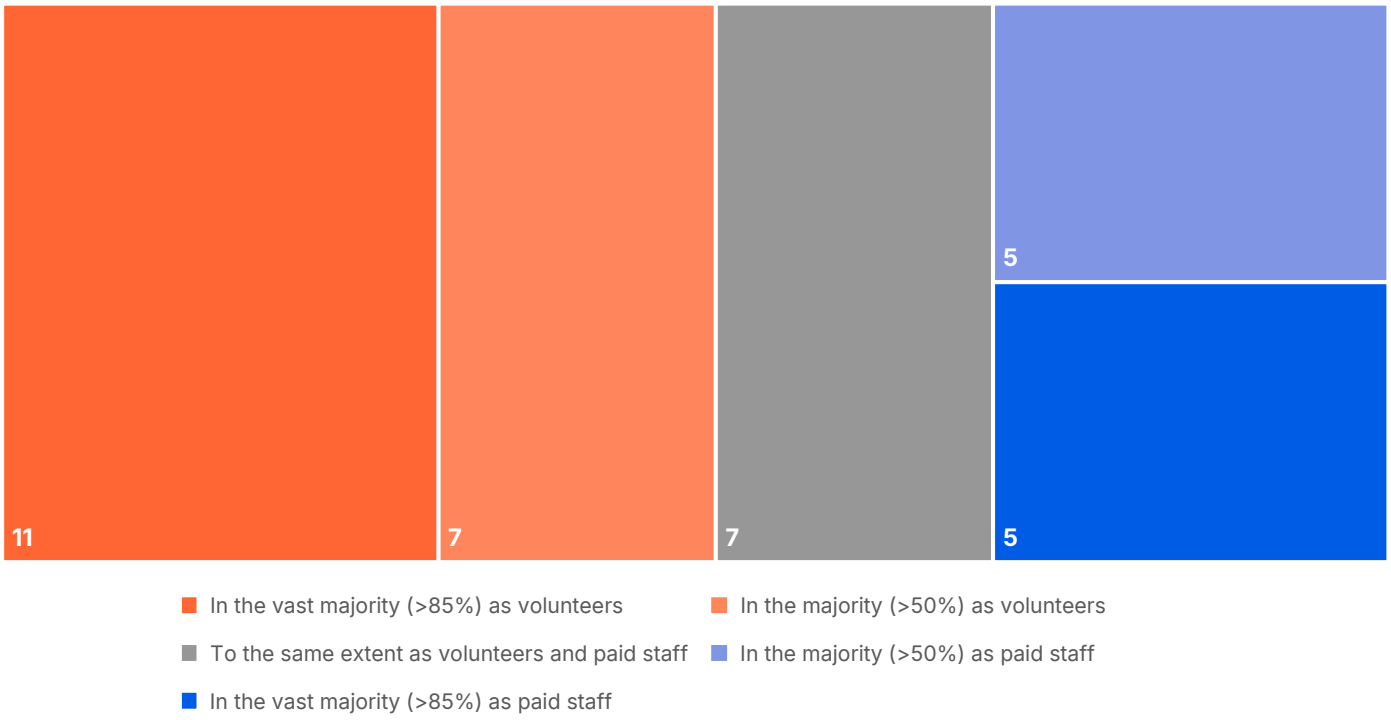


Figure 15. The way of people's with lived and/or living experience involvement in harm reduction services as assessed by C-EHRN Focal Points ***(N=35)***

Cities where the involvement of people who use drugs is mostly as paid staff include Sofia, Prague, Tallin, Podgorica and Stockholm, and in the vast majority in Vienna, Paris, Rome, Balti and Kyiv.

FP Prague

'[The] Czech Republic is traditionally more focused on people with LIVED experience than LIVING.'

FP Copenhagen

'There are no specific rules for when to involve people with lived experience. It's always a policy issue, but often not implemented.'

FP London

'People with lived experience might be asked about the quality of the service but they aren't involved in the monitoring of that service; rather, they are treated as checkboxes for quarterly or annual feedback for services that they no longer regularly access.'

FP Iceland

'People with lived or living experience of drug use have little access to actively participate in harm reduction services. In Iceland, there are no paid jobs in harm reduction services for drug users.' – FP Iceland

FP Dublin

'We draw a difference between the involvement of people with 'lived' experience versus people with 'living' experience, that is people with living experience have barriers to employment, whilst people with lived experience have more opportunity to be involved.'

FP Barcelona

'Although there exist several associations formed by and for PWUD, their representation in HR services are very limited. This topic should be a challenge for us.'

Developments of essential harm reduction services over the period 2020-2023

There are 25 Focal Points that have answered the survey every year since 2020[17] (see Map 2) and, hence, are eligible for comparison. The composition of this group of Focal Points is skewed towards Western Europe, with ten Western cities present in the group. The group also includes seven cities from Central-Eastern Europe and the Balkans, five cities from Southern Europe and three Scandinavian cities.

Service availability

The availability of specific harm reduction services has been assessed since the first Harm Reduction Essentials Survey in 2020. However, due to the change of the Likert scale used (see the section Methodological remarks) and introducing operationalisation of answer options in 2023, the possibilities for comparison are very limited. As a result, only services where larger changes (12% difference, that is, three cities/Focal Points) can be observed for 'not at all' and 'I do not know' responses are considered as this response option remained the same over the years[18].

Drug checking

In 2023, three more FPs (12.0%) than in 2020 reported that drug checking is not available in their city at all: Krakow, Milan, and Tallin. In Milan and Tallin, the change equalled one point on the scale, i.e. both Focal Points indicated 'very little' availability of drug checking in 2020. In Krakow, the availability of drug checking was assessed as 'somewhat'

17. These 25 FPs include: Amsterdam (Netherlands); Antwerp (Belgium); Athens-Thessaloniki (Greece); Barcelona (Spain); Berlin (Germany); Bern (Switzerland); Bratislava (Slovakia); Budapest (Hungary); Copenhagen (Denmark); Krakow (Poland); Dublin (Ireland); Glasgow (Scotland); Helsinki (Finland); Ljubljana (Slovenia); London (England); Luxembourg (Luxembourg); Milan (Italy); Nicosia (Cyprus); Paris (France); Porto (Portugal); Prague (Czechia); Stockholm (Sweden); Tallin (Estonia); Tirana (Albania); and Vienna (Austria).
18. For the full table with all changes during 2020-2023, see Appendix 1.

available in 2020, which is 2-points higher than in 2023. Other cities reporting decreasing availability of drug checking include Amsterdam (-1 point), Copenhagen (-3 points), Luxembourg (-1 point) and Vienna (-1 point). Improved availability (by 1 point on the scale) was reported by only one FP in Porto. Taking into consideration all the data, one can assume somewhat deteriorating overall availability of drug checking in the examined cities. To interpret this information accurately, however, more data is needed. Given the C-EHRN definition of availability, which focuses on the existence of services in sufficient quantity, decreasing availability does not necessarily mean services closing down, but can mean increasing demand for such services.

Naloxone in prison

In 2023, six more FPs (24.0%) than in 2020 reported that they do not know to what extent naloxone is available in prison(s) in their city: Amsterdam, Bern, Copenhagen, Dublin, Luxembourg, and Vienna. Decreasing availability to the level of lack of naloxone in prison was reported by Helsinki (-1 point), London (-1 point), Tallin (-2 points), and Tirana (-1 point). In Glasgow, a 1-point decrease in availability was reported (from 'to a great extent' to 'a moderate extent'). However, several Focal Points reported improved availability of naloxone in prison in 2023 compared to 2020: Barcelona (+1 point, 'moderate extent' in 2023), Milan (+3 points, 'great extent' in 2023), Paris (+1 point, 'moderate extent' in 2023), and Stockholm (+1 point, 'little extent' in 2023). Overall, it seems that the level of knowledge of Focal Point about this service is decreasing. This data may suggest deteriorating connections of FPs with the penitentiary system and calls for closer monitoring of the situation.

Specific employment opportunities/ income generation

In 2023, six FPs (24.0%) more than in 2020 indicated that income generation opportunities in their city was not available at all for people who use drugs: Berlin (-2 points); Bratislava (-1 point); Budapest (-1 point); Dublin (-1 point); Luxembourg (-1 point); and Milan (-1 point). Decreasing availability was also reported in Amsterdam (-1 point, 'moderate extent' in 2023), Copenhagen (-1 point, 'little extent' in 2023), and Glasgow (-1 point, 'little extent' in 2023). In contrast, improving availability was reported in Antwerp (+2 points, 'moderate extent' in 2023) and Helsinki (+1 point, 'some extent' in 2023). The data may suggest an overall deterioration in the availability of employment and income generation support for people who use drugs; however, as in the case of drug checking described earlier, adequate interpretation of this information requires additional investigation.

Legal support

In 2023, four more FPs (16.0%) than in 2020 reported that legal support services are 'not at all' available in their city: Berlin (-2 points), Bratislava (-1 point), London (-2 points) and Luxembourg (-2 points). Decreasing availability was also reported in Copenhagen (-1 point, 'little extent' in 2023) and Krakow (-1 point, 'moderate extent in 2023). However, increasing availability of legal services was reported in Antwerp (+1 point, 'some extent' in 2023), Ljubljana (+2 points, 'great extent' in 2023), Milan (+1 point, 'some extent' in 2023), Paris (+1 point, 'moderate extent' in 2023), and Porto (+3 points, 'great extent' in 2023). At the aggregate

level, the picture of legal support services is mixed, with the decrease in the number of middle-range answers being partly explained by the increase in answers indicating high availability, and partly by an increase in answers indicating no availability.

NSP in prisons

The availability of NSP in prisons was assessed for the first time in 2022. In 2023, among countries where NSP in prison exists according to official data[19], the FP in Berlin reported no availability (-1 point from 'little extent' of availability). Decreasing availability was reported by the FP in Luxembourg (-1 point, 'moderate extent' in 2023), while the FP in Barcelona reported improving availability of NSP in prisons (+1 point, 'moderate extent' in 2023). Among other Focal Points, two more in 2023 than in 2022 answered that they do not know about the availability of NSP in prison: FP Amsterdam and FP Copenhagen. Similar to the case of naloxone in prison, it seems that the level of knowledge of Focal Points about the service has been deteriorating.

Service quality

With respect to quality, significant changes[20] can be observed compared to 2022[21] in only two quality categories examined:

- Clients receive information on service options and agree with a proposed plan before starting an intervention; overall, answers closer to the middle of the scale, with fewer evaluations at positive and negative extremes of the scale; and,
- Staff are regularly updated on relevant developments and new knowledge in their field of action; slightly lower rating.

Methological Note

In the case of the question, "Clients receive information on service options and agree with a proposed plan before starting an intervention", 5 fewer FPs in 2023 than in 2022 reported 'great extent' in fulfilling this criteria, and 3 fewer FPs (12.0%) reported to a 'small extent'. At the same time, 4 more FPs reported 'moderate extent' of its fulfilment and a further 2 more FPs reported 'some extent'. Overall, since last year, a decrease of extreme answers to the advantage of more moderate or middle-range answers can be observed.

As for the case of the question, "Staff is regularly updated on relevant developments and new knowledge in their field of action", the decrease in the number of FPs reporting a 'great extent' of meeting the criterion is identical to the increase in the number of cities reporting 'moderate extent', that is, 5 FPs (20.0%). Here, the data suggests a slight deterioration of the situation.

19. Germany, Luxembourg and Spain (EMCDDA, 2022).
20. Defined as 12% or more difference, or 3/25 Focal Points.
21. The question addressing quality was introduced in the survey in 2022.

Service delivery to different sub-populations

Following the logic of the earlier comparison, the focus here is also on those sub-populations for which a larger change in the number of 'not at all' answers can be observed.

People who use intranasal amphetamines/cocaine/ cathinone, etc.

In 2023, three FPs (12.0%) more than in 2020 indicated that harm reduction services in their city was not at all able to deliver services to people who use intranasal stimulants: Budapest (-1 point), Dublin (-2 points), and London (-1 point). Deterioration of outreach to this sub-population (by -1 point each) was also observed in Glasgow ('little extent' in 2023) and Amsterdam, Barcelona, and Ljubljana ('moderate extent' in 2023). However, a 1-point increase in perceived ability to deliver services to this sub-population was observed in Athens, Milan, and Nicosia ('some extent' in 2023), and Prague ('moderate extent in 2023). A 2-point increase was observed in Krakow, Luxembourg and Porto ('moderate extent' in 2023), and in Tallin ('great extent' in 2023). Furthermore, a 3-point increase was observed in Berlin ('great extent' in 2023).

LGBTQI who use drugs

In 2023, five more FPs (20.0%) than in 2020 indicated that in their city it is not possible at all to provide harm reduction services to LGBTQI who use drugs: Athens, Helsinki, Nicosia, and Stockholm (-1 point each), and Luxembourg (-2 points). A 1-point deterioration of outreach was also observed in Barcelona, Bratislava, and Dublin (each 'little extent' in 2023), and Amsterdam ('moderate extent' in 2023). By contrast, a 1-point increase in perceived ability to deliver harm reduction services to these sub-populations was observed in Ljubljana ('some extent' in 2023), a 2-point increase in Krakow, Porto and Vienna ('moderate extent' in 2023), and a 3-point increase in Antwerp ('great extent' in 2023).

Methological Note

In 2023, three FPs (12.0%) more than in 2020 indicated that harm reduction services in their city were not at all able to deliver services to people who use intranasal stimulants, and 7 FPs chose the newly introduced answer indicating to a moderate extent. By contrast, 8 fewer FPs (32.0%) declared little ability and 2 fewer FPs to 'a great extent'. The picture is therefore mixed, with the reduction in the number of answers reporting 'little' and 'great' levels of ability that can largely be explained by the proportion of FPs reporting a 'moderate' level, but also partly by the increase in the number of FPs declaring no ability to deliver services to people who use intranasal stimulants in their city.

In 2023, five more FPs (20.0%) than in 2020 indicated that in their city it is not possible at all to provide harm reduction services to LGBTQI who use drugs. Four FPs chose the new answer, indicating moderate ability for outreach to this sub-population. Meanwhile, the number of FPs reporting other extents decreased by 6 to a 'little

extent'; by 4 for 'some extent'; and by 2 for a 'great extent'. Three more FPs also reported the lack of sufficient knowledge on the issue. While some of these reductions can be explained by the introduction of the new answer on the Likert scale, a large portion of them can only be related to an increase in the number of 'not at all' answers. Overall, the data suggests that the ability of harm reduction services to reach out to LGBTQI sub-populations may be deteriorating.

City and sub-population focus

Similar to the analysis of changes in service availability, the largest changes per population and per city were also examined.
Overall, the perceived ability to deliver services has been decreasing for only four-out-of-14 sub-populations: people who inject stimulants or new psychoactive substances (-2 points); people experiencing homelessness (-2 points); young people who use drugs (-6 points); and people who practice chemsex (-16 points). Among populations with increasing perceived ability to deliver services to, were observed for women who use drugs (+11 points), people who use intranasal amphetamines/ cocaine/ cathinone, etc. (+7 points), and people who inject opiates (including synthetic opioids) (+5 points).

Regarding the cities, the largest decrease in the perceived ability to deliver harm reduction services to specific sub-populations can be seen in Dublin (-14 points), London (-13 points), and Helsinki (-10 points). By contrast, the largest increase can be observed in Porto (+19 points), Milan (+11 points), and Berlin (+10 points).

For those more curious about analytical details...

Drug checking

In 2023, three more FPs (12.0%) than in 2020 reported that drug checking is not available in their city at all and 2 more FPs reported 'very little' availability. Meanwhile, the number of answers of 'somewhat/to some extent' decreased by 3, and 'to a great extent' by 2. Only a minimal portion of these reductions can be explained by adding the 'moderate extent' answer options, as it was chosen by only one FP in 2023.

Naloxone in prison

In 2023, six more FPs (24.0%) than in 2020 reported that they do not know to what extent naloxone is available in prison(s) in their city. At the same time, the number of FPs reporting 'very little' availability of naloxone in prison decreased by 5 (20.0%), and those reporting 'some' availability by 4 (16.0%). The number of FPs reporting no availability, or great availability, remained the same between 2020 and 2023 (14 and 1 FPs, respectively). A portion of the reduction in 'some extent' answers can be explained by 3 FPs choosing the newly introduced answer, indicating a moderate extent of availability.

Specific employment opportunities/income generation

In 2023, six more FPs (24.0%) than in 2020 indicated that income generation support opportunities in their city are not available at all for people who use drugs. Meanwhile, 4 fewer FPs declared very small availability of such services. Slight changes in the other answer

options ('to a great extent' and 'to some extent') can be explained with the introduction of the new answer option 'to a moderate extent'.

Legal support

In 2023, four more FPs (16.0%) than in 2020 reported that legal support services are 'not at all' available in their city. Meanwhile, 4 fewer FPs indicated 'some extent' of availability and a further 3 fewer FPs reported to a 'little extent'. However, 1 more FP reported a 'great extent' of availability, and 2 FPs chose the new answer, 'moderate extent'.

City and service perspective

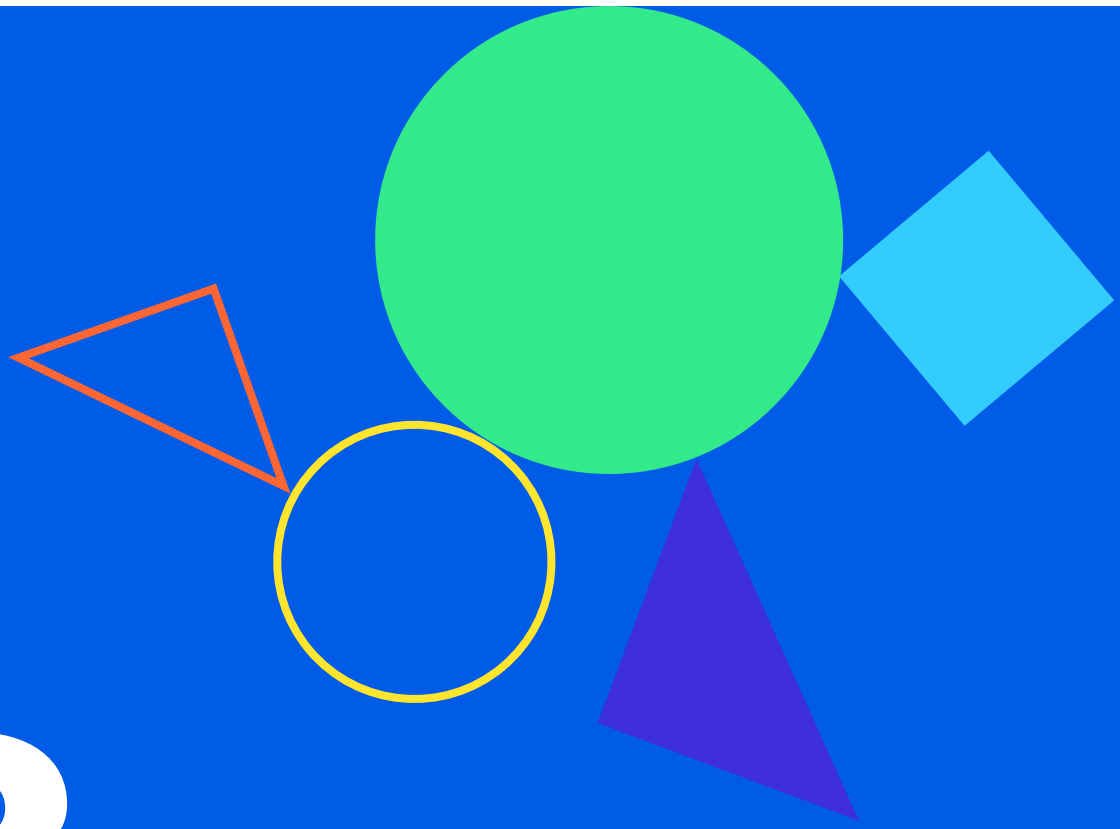
Comparing data across years allows us to also see which services are perceived as deteriorating the most across 25 cities and which cities are perceived as witnessing the highest deterioration in availability across services.

With respect to the former, the highest perceived deterioration across cities in 2023 can be observed for shelters and housing (-11 points), OAT (-10 points), NSP and drug checking (-9 points each). Overall, 11-out-of-15 examined services were seen as having decreasing availability. Yet, three types of services were seen as experiencing improving perceived availability: prevention of sexual risks (+15 points), naloxone (+7 points) and safer intranasal kits (+2 points).

With respect to the cities, the highest decrease across all services was reported in London (-17 points), Dublin (-15 points), Berlin and Luxembourg (-14 points each), respectively. Thirteen FPs reported deteriorating availability across all services, 10 FPs – improving, and 2 FPs – unchanged. The highest perceived improvement was reported in Porto (+13 points), Athens and Milan (+10 points each). Table 6, below, provides detailed information about changes in the perceived availability in the most deteriorating and most improving cities.

	OAT	NSP	Safer Smoking Kits	Safer intranasal kits	DCR	Drug checking	OAT in prison	Naloxone in prison	Naloxone	THN	Shelter & housing	Income generation	Legal support	Sexual risk prevention
London	-3	-2					-3	-1		-1	-4		-2	-1
Dublin	-2	-3	-1	-1			-2		-1	-1	-3	-1		
Berlin	-1	-1	-2		-2		-3			-1	-1	-2	-2	1
Luxembourg	-1	-1	-1	-1	-2	-1	-1				-2	-1	-2	-1
Porto				1	4	1				1	1		3	2
Athens-Thessaloniki		2	2	1	2		2				1			
Milan		2	-1	-1		-1		3	2	2	1	-1	1	3

Table 6. Changes in the perceived availability of harm reduction services in lowest- and highest-assessed cities (2020-2023)



3

Conclusions & Policy Recommendations

Conclusions

The results of the 2023 monitoring shows several different divisions. First, it is clear that there are several types of harm reduction services whose availability, accessibility and acceptability are much higher than others.

With respect to availability, the highest perceived levels were observed for HIV treatment and testing, HCV prevention and testing, OAT and NSP. Conversely, fentanyl test strips, harm reduction in prison (including naloxone and NSP), drug checking, drug consumption rooms and income generation opportunities are the most poorly developed across European cities. The significantly higher availability of HIV, HCV and sexual risk prevention services compared to other harm reduction measures demonstrates the overall focus on biomedical aspects of harm reduction and is likely related to funding, which has historically focused on prevention of communicable diseases.

With respect to accessibility, the highest levels were reported for HIV and HCV testing and treatment, OAT (also in prison), NSP, and harm reduction education. However, it is worth noting that even in the case of these services, there are regions where serious barriers to access persist. At the other end of the spectrum, employment/income generation opportunities, safer intranasal kits, fentanyl test strips, and harm reduction in prison (naloxone and NSP) were perceived as rather inaccessible. It is also important to highlight the prevalence of 'I do not know' responses regarding harm reduction services in prison, which suggests a lack of clarity or knowledge about services in this setting.

Regarding acceptability, all HIV- and HCV-related services were reported as exhibiting high levels, alongside drug consumption rooms and NSP. Services such as OAT, naloxone, and take-home naloxone also demonstrate a relatively high level of perceived acceptability. Conversely, naloxone in prison, as well as shelter and housing, employment opportunities, and legal support have received lower scores in terms of acceptability, possibly indicating areas where improvements are necessary.

The quality of harm reduction services within Focal Point cities is generally regarded as high. Quality criteria associated with service delivery, and the relationships between clients and service staff, are rated significantly higher than criteria related to monitoring, evaluation, and dissemination activities. This could be indicative of the priorities set by harm reduction services when they are confronted with resource constraints where ensuring the quality of direct service provision is prioritised.

The extent of service delivery varies across sub-populations. The provision of services is most prominent for people who inject opiates, followed by individuals experiencing homelessness, people who smoke opiates, people injecting stimulants or new psychoactive substances, and sex workers. By contrast, certain sub-populations, such as young people who use drugs, individuals in prison settings, people who practice chemsex, LGBTQI individuals who use drugs, and migrants with no legal rights to assistance, receive services to a much lesser extent. The extent of service delivery to ageing people who use drugs (included in the

survey for the first time in 2023) is perceived as moderate, underlining the need for a tailored approach to address specific needs of this group.

A comprehensive examination of barriers hindering the outreach of harm reduction services reveals several common factors. Lack of funding emerges as the most prevalent barrier, followed by a lack of political will and a lack of meaningful involvement of the specific community. The significance of barriers varies according to sub-populations. Populations such as ageing people who use drugs or people using drugs in party settings face barriers related to the level of service or organisation, while others (migrants who use drugs with no legal rights to assistance, people in prison settings, young people who use drugs) struggle primarily with systemic and policy-related obstacles such as funding, political support, and legal frameworks. Importantly, these barriers are interconnected within a complex system of dependencies. For instance, limited service or staff capacity can result from insufficient funding which, in turn, may be influenced by a lack of political support. Understanding these complex relationships is crucial to addressing and overcoming the barriers effectively.

Effective delivery of harm reduction services involves collaboration with other actors in the field, but the degree of cooperation varies significantly across types of institutions and entities. The highest level of cooperation is observed with services focusing on people living with HIV, followed by services providing food and/or clothing to address basic needs, inpatient drug treatment centres, drug treatment ambulatories, services focusing on sex work, and services focusing on LGBTQI communities. By contrast, cooperation is notably weaker when it comes to prisons and other enclosed settings, work reintegration and training programmes, and public labour and employment offices, with several cities reporting challenging or impossible cooperation in these areas. Lack of cooperation is sometimes due to the non-existence of a service, with this being most prominent for services focusing on chemsex, services for aging people, for young people, for migrants, as well as reintegration and training programmes. There is a division visible here, as the situation appears to be the best in the cities of Western Europe and most challenging elsewhere in Europe (CEE, and Eastern, Northern, and Southern Europe).

Especially concerning is the information collected about the situation in prisons; whilst it seems that the ability of Focal Points to assess the availability of harm reduction services in prison settings has been deteriorating, the availability of services where they were assessed may also be decreasing. However, people in prison and other enclosed settings are one of the populations that harm reduction services are the least able to deliver services, and prisons were reported as one of the types of institutions with which cooperation is the most difficult or even impossible for harm reduction services. This overall picture raises serious concerns regarding the right to health and access to essential services among incarcerated populations.

In terms of involvement in harm reduction services, the lack of community involvement is quite visible, especially in their governing bodies on the one hand, and as paid staff of services on the other. Complementary information provided by FPs

suggests that, in several cases, involvement possibilities are more limited for people with living than for those with lived experience.

Regarding the developments in the field since 2020, data suggests that there is an overall deterioration in the perceived availability of drug checking and specific opportunities for employment for people who use drugs. From a different perspective, shelters and housing, OAT, NSP, and drug checking services experienced the most substantial decreases in perceived availability over the period between 2020 and 2023. This indicates the potential challenges in meeting the demand for these critical services in the examined cities. On a more positive note is that some services have seen improved perceived availability, including sexual risk prevention, naloxone distribution, and safer intranasal kits. When considering the cities, London, Dublin, Berlin, and Luxembourg reported the most substantial decreases in the availability of all examined harm reduction services combined. However, cities such as Porto, Athens, and Milan, have reported improvements.

The changes in service availability reported by Focal Points operating in Western European cities is worth discussing, especially in the context of the skewed (towards the West) composition of the Focal Points who consistently participated in the Monitoring survey since 2020. The latter would suggest that Western organisations have more (stable) resources, allowing their staff to dedicate time to data collection, which is not the core activity of these services. On the other hand, however, the drastic drop in availability of harm reduction services by Western European Focal Points likely points to the opposite, that is, deterioration of the situation of harm reduction services. Further investigation seems necessary to uncover the nuances of this phenomenon.

Changes in service delivery to different service user groups includes the highest perceived deterioration in the case of people who practice chemsex. Meanwhile, the most significant improvement in outreach was observed for women who use drugs, people who use intranasal amphetamines/cocaine/cathinone, etc., and people who inject opiates. Regarding specific cities, the most significant decrease in the ability to deliver harm reduction services across examined populations was identified in Dublin, London and Helsinki, while the most significant overall improvement in has been seen in Porto, Milan and Berlin.

Significant changes in the Harm Reduction Essentials monitoring survey of 2023, including the introduction of completely new questions, conceptualisation, and operationalisation of terms, and the re-design of the Likert scale used, limits the ability of C-EHRN to compare the results for 2023 with earlier editions of the C-EHRN Monitoring Report. However, it is hoped that these changes better address the needs of harm reduction organisations in the field and allow C-EHRN to collect more reliable, detailed, and precise data, with a more sound methodology applied.

In sum, the findings of the 2023 Civil Society Monitoring of Harm Reduction in Europe highlights the dynamic nature of harm reduction services across European cities. It is crucial to acknowledge that these findings are based on expert assessments (and largely reflect perceptions) and may not entirely reflect the fluctuations in the

actual availability in terms of numbers of people assisted or services available. However, they do highlight the need for continuous monitoring and adaptation of harm reduction strategies to address the evolving needs of people who use drugs. The complexity of drug use, which often intersects with multiple vulnerabilities, requires an holistic, person-centred approach and collaboration among various institutions and services. It is also clear that there is no one-size-fits-all solution, and tailored strategies are required to address the unique challenges faced by different cities and regions. As the landscape of harm reduction services continues to shift, further research and data collection will be essential to inform policy and practice in the field.

Policy Recommendations

The following policy recommendations are based on the results of the 2023 C-EHRN Monitoring of harm reduction:

Improve the availability, accessibility and acceptability of harm reduction services in prison settings, especially needle and syringe programmes and naloxone distribution; to this end, promote cooperation between justice system institutions and organisations providing harm reduction services and provide funding for the implementation of harm reduction in prisons and other enclosed settings.

Improve the availability, accessibility and acceptability of services aiming (among others) at overdose prevention, that is, drug consumption rooms, drug checking and fentanyl test strips; to this end, create necessary legal frameworks and raise awareness among the general population.

Improve the accessibility of HIV- and HCV-related services in cities where people who use drugs still experience barriers in access.

Improve the availability of harm reduction services for specific populations, especially ageing people who use drugs; LGBTQI who use drugs; migrants who use drugs; people who practise chemsex; people who use drugs in nightlife settings; and young people who use drugs; to this end, create enabling legal and policy frameworks, invest in research of good practices and needs assessment to generate knowledge necessary for creating services adjusted to the specific needs of these groups, and provide funding to ensure the implementation of such interventions.

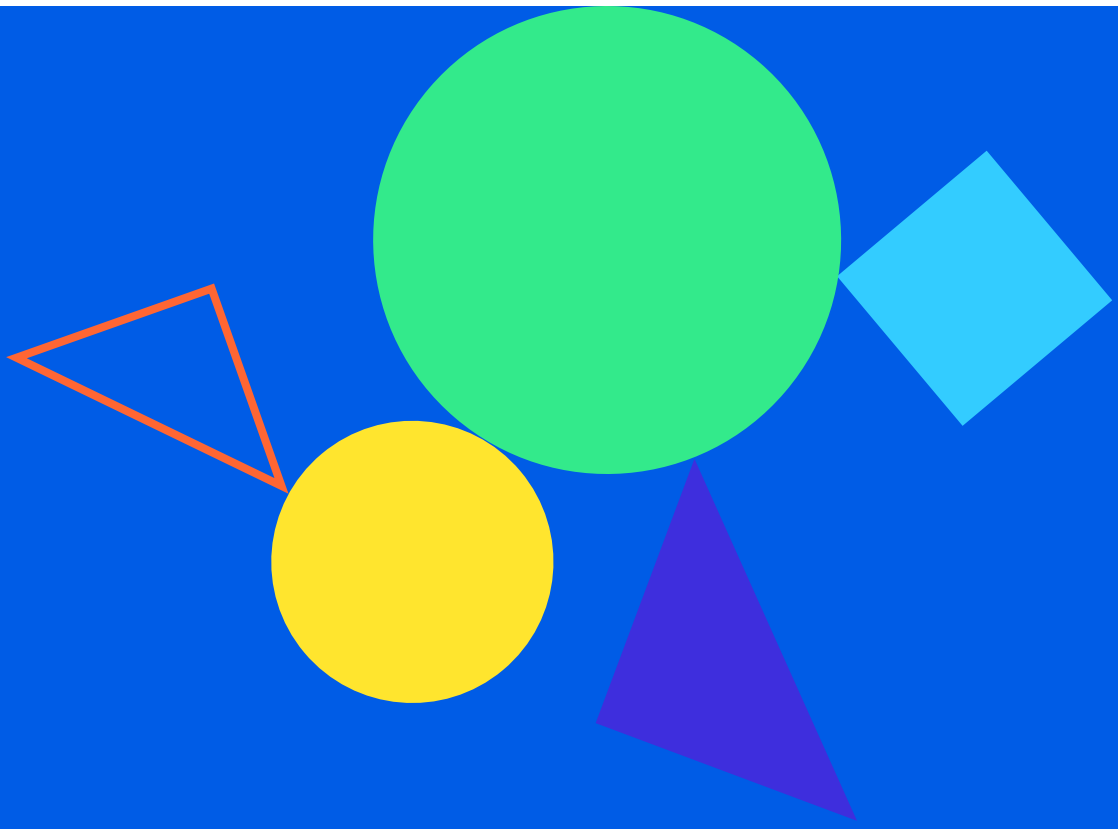
Promote collaboration between state institutions, programmes and services with civil society organisations working in the field to bridge the gaps between the affected communities and the public health care system.

Undertake educational and awareness-rising actions to reduce stigma towards people who use drugs to enhance their involvement in governing and designing services, and develop fairer work conditions for those involved in implementing services;

Improve the availability, accessibility and acceptability of legal support services, shelters and housing and income generation opportunities for people who use drugs; to this end, ensure ample funding for harm reduction services to enable them to scale up such programmes and foster cooperation of relevant existing services with harm reduction providers.

Encourage service providers to regularly monitor their activities, perform evaluations and disseminate their results; to this end, provide adequate funding, ensuring that service providers have the capacity to conduct the monitoring, evaluation and dissemination activities.

Developing a comprehensive suite of best practices is critical to inform policy-making and organisational strategies. This suite should encompass evidence-based strategies, interventions, and organisational policies that effectively support and safeguard the mental wellbeing of harm reduction staff.



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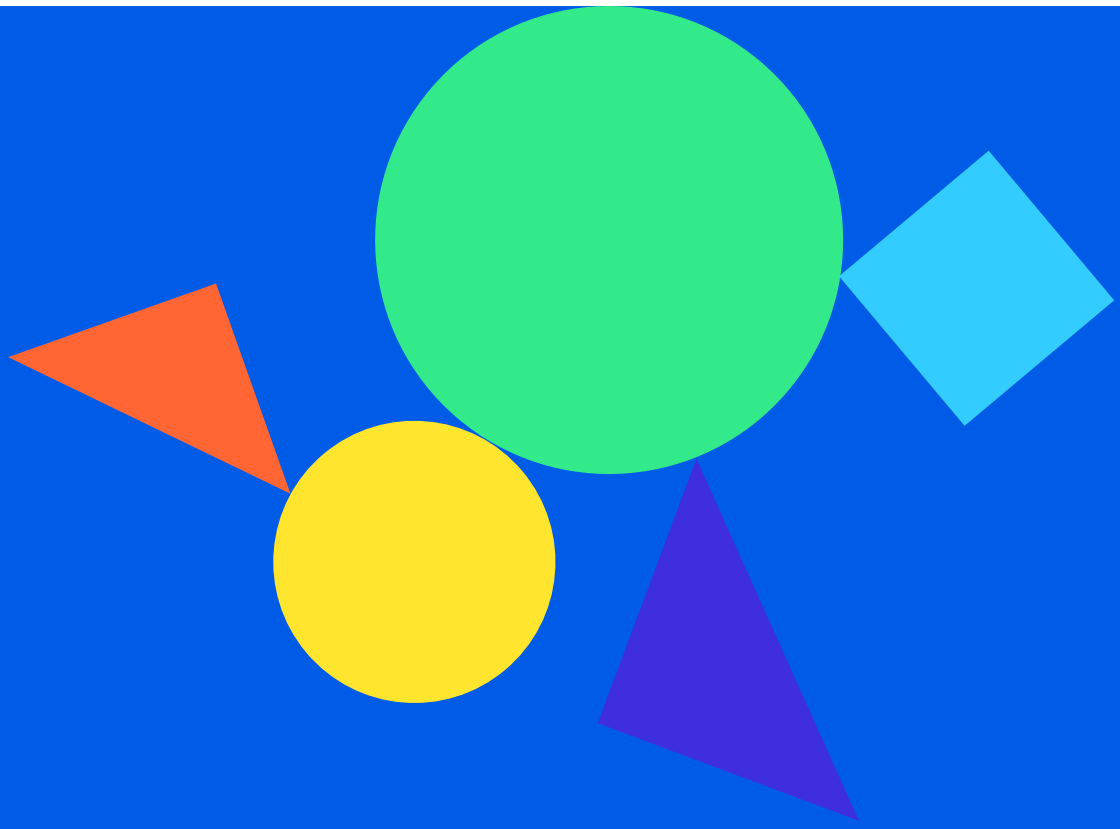

Appendixes

Appendix 1

City	OAT	NSP	Safer Smoking Kits	Safer intranasal kits	DCR	Drug checking	OAT in prison	Naloxone in prison	Naloxone	Take-home naloxone	Fentanyl Test strips	Shelter & housing	Income generation	Legal support	Sexual risk prevention
Amsterdam	-1	-1			-1	-1			1		1	-1	-1		-1
Antwerp		2	-1				-1						2	1	2
Athens-Thessaloniki		2	2	1	2		2					1			
Barcelona							-1	1	-1		1				
Berlin	-1	-1	-2		-2		-3			-1		-1	-2	-2	1
Bern							2			-4					
Bratislava	1	1											-1	-1	1
Budapest	-1											-1	-1		
Copenhagen	2		1		-2	-3	1		4		-3	1	-1	-1	-1
Krakow	-1	-1	2	2		-2	-3		2			-2		-1	2
Dublin	-2	-3	-1	-1			-2		-1	-1		-3	-1		
Glasgow	-1	-1					-1	-1	-1			-2	-1		-1
Helsinki	-1	-1						-1	-1			1	1		-1
Ljubljana				2					-1	1				2	2
London	-3	-2					-3	-1		-1		-4		-2	-1
Luxembourg	-1	-1	-1	-1	-2	-1	-1					-2	-1	-2	-1
Milan		2	-1	-1		-1		3	2	2		1	-1	1	3
Nicosia									-1	-1					2
Paris					-1			1	1	-1		1		1	2
Porto				1	4	1				1		1		3	2
Prague	-1		2	2					1	1	-1	-1			2
Stockholm	-2	-3					2	1	-1	-1					1
Tallinn	2		1			-1		-2				1			
Tirana		-1	-4	-2				-1		-1					
Vienna		-1	-1	-1		-1	2		3			-1			1

This appendix includes response data on availability, accessibility, and acceptability of specific harm reduction services per city. Only those cities are included that were identified as having a certain extent of service availability (for more details see footnote 8 on page 13).

Opioid agoinst treatment (OAT)

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta				
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenia	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Needle Syringe Exchange (NSP)

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta				
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Safer smoking kits

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Czechia	Prague			
Denmark	Copenhagen			
Estonia	Tallinn			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Ireland	Dublin			
Italy	Rome			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Portugal	Porto			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

Safer intranasal kits

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Belgium	Antwerp			
Czechia	Prague			
Denmark	Copenhagen			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Ireland	Dublin			
Italy	Rome			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Portugal	Porto			
Slovenija	Ljubljana			
Spain	Barcelona			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Harm reduction education

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Drug Consumption Rooms

Country	City	Availability	Accessibility	Acceptability
Denmark	Copenhagen			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Luxembourg	Luxembourg			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Portugal	Porto			
Spain	Barcelona			
Switzerland	Bern			

Drug checking

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Denmark	Copenhagen			
France	Paris			
Germany	Berlin			
Italy	Rome			
Luxembourg	Luxembourg			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Portugal	Porto			
Slovenija	Ljubljana			
Spain	Barcelona			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

OAT in prison

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

NSP in prisons

Country	City	Availability	Accessibility	Acceptability
Denmark	Copenhagen			
Luxembourg	Luxembourg			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Spain	Barcelona			
Switzerland	Bern			
Wales	Newport			

Naloxone in prison

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Denmark	Copenhagen			
France	Paris			
Ireland	Dublin			
Italy	Milan			
Luxembourg	Luxembourg			
Malta	Malta			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Scotland	Glasgow			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Naloxone

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Take-home naloxone

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Ukraine	Kyiv			
Wales	Newport			

Fentanyl Test strips

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Czechia	Prague			
Denmark	Copenhagen			
France	Paris			
Germany	Berlin			
Greece	Athens - Thessaloniki			
Italy	Rome			
Luxembourg	Luxembourg			
Montenegro	Podgorica			
Poland	Krakow			
Spain	Barcelona			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Shelter & housing

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Specific employment opportunities/income generation for people who use drugs

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Czechia	Prague			
Denmark	Copenhagen			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Italy	Rome			
Luxembourg	Luxembourg			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			5
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Legal support

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Prevention of sexual risks (education, condoms, counselling)

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia		1	
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent | To a moderate extent | To some extent | To a little extent | Not at all | Don't know

HIV prevention

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

HIV testing

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

HIV treatment

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

HCV prevention

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

HCV testing

Country	City	Availability	Accessibility	Acceptability
Albania	Tirana			
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovakia	Bratislava			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

HCV treatment

Country	City	Availability	Accessibility	Acceptability
Austria	Vienna			
Belgium	Antwerp			
Bulgaria	Sofia			
Cyprus	Nicosia			
Czechia	Prague			
Denmark	Copenhagen			
England	London			
Estonia	Tallinn			
Finland	Helsinki			
France	Paris			
Germany	Berlin			
Germany	Bielefeld			
Greece	Athens - Thessaloniki			
Hungary	Budapest			
Iceland				
Ireland	Dublin			
Italy	Milan			
Italy	Rome			
Luxembourg	Luxembourg			
Malta	Malta			
Moldova	Balti			
Montenegro	Podgorica			
Netherlands	Amsterdam			
Poland	Krakow			
Poland	Warsaw			
Portugal	Porto			
Scotland	Glasgow			
Slovenija	Ljubljana			
Spain	Barcelona			
Sweden	Stockholm			
Switzerland	Bern			
Ukraine	Kyiv			
Wales	Newport			

To a great extent To a moderate extent To some extent To a little extent Not at all Don't know

Contributing C-EHRN Focal Points

Country	City	Organization	Main contact
Albania	Tirana	Aksion Plus	Besnik Hoxha
Austria	Vienna	Suchthilfe Wien gGmbH	Marcus Ramusch
Belgium	Antwerp	Free Clinic	Tessa Windelickx
Bulgaria	Sofia	Center for Humane Policy	Yuliya Georgieva
Cyprus	Nicosia	Cyprus National Addictions Authority	Evi Kyprianou
Czechia	Prague	SANANIM z.ú.	David Pesek and Jiří Richter
Denmark	Copenhagen	HealthTeam for the Homeless Copenhagen	Henrik Thiesen
England	London	Release	Shayla S. Schlossenberg
Estonia	Tallinn	OÜ ReCuro Estonia	Greete Org
Finland	Helsinki	A-Clinic Foundation & Ehyt Ry	Juha Sedergren and Kimi Kannussaari
France	Paris	Fédération Addiction	Marine Gaubert
Germany	Berlin	Fixpunkt e. V.	Astrid Leicht
Greece	Athens	Positive Voice	Marios Atzemis
Hungary	Budapest	Rights Reporter Foundation	Peter Sarosi
Iceland	Reykjavík	Matthildur	Svala Jóhannesdóttir
Ireland	Dublin	Ana Liffey Drug Project	Tony Duffin
Italy	Milano	Fondazione LILA Milano	Lella Cosmaro
Italy	Rome	Forum Droghe	Antonella Camposegrana and Susanna Ronconi
Luxembourg	Luxembourg	Jugend- an Drogenhëllef	Martina Kap
Macedonia	Skopje	Healthy Option Project Skopje - HOPS	Silvana Naumova
Moldova	Bălţi	The Union for Equity and Health	Ala Latco
Montenegro	Podgorica	Juventas	Marija Mijovic and Ivana Vojvodic
Netherlands	Amsterdam	Mainline	Tobias van Dijk
Poland	Krakow	MONAR-Krakow	Judyta Put
Poland	Warsaw	Prekursor Foundation for Social Policy	Magdalena Bartnik
Russia	St. Petersburg	Charitable Fund "Humanitarian Action"	Aleksey Lakhov
Slovakia	Bratislava	Odyseus	Dominika Jasekova
Slovenia	Ljubljana	Stigma	Katja Krajnc
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Switzerland	Bern	Infodrog / Radix	Marc Marthaler
Ukraine	Kyiv	NGO Club Eney	Velta Parkhomenko
Wales	Newport	Kaleidoscope	Martin Blakebrough

Correlation

European Harm Reduction Network

correlation-net.org

Correlation

DE REGENBOOG GROEP

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