

Report on the 1st European Harm Reduction Meeting and main findings of the EuroHRN civil society audit: 'Harm Reduction in Europe: mapping coverage and civil society advocacy'

Claudia Stoicescu

Harm Reduction International (HRI)
European Harm Reduction Network (EuroHRN)

HIV/AIDS Civil Society Forum
6-7 December 2011, Luxembourg



Outline

1. Report on the 1st Harm Reduction Network meeting in Marseilles
2. Main findings of the EuroHRN civil society audit
 - Methodology & limitations
 - Findings
 - Advocacy priorities & emerging issues
 - Opportunities



1st European Meeting on Harm Reduction: Marseille 2011

Aims of meeting:

- Bring members of network together for information and best practice sharing
- Validate the network
- Share an assessment on the harm reduction situation within Europe
- Develop the European Drug Users Network
- Advocate for drug policy reform
- Consult with members about future activities and direction of EuroHRN



Outcomes of the meeting

- Formation of the European Network of People Who Use Drugs (EuroNPUD)
- Launch of civil society audit
- Launch of new research into Drug User Organising
- Over 180 attendees from all EU Member states



EuroHRN Civil Society audit Aims:

- To map the current state of harm reduction across the European region
- To understand the barriers to accessing and scaling up services at the local and national levels
- To identify advocacy priorities for each of the Eastern, South and North Europe sub-regions

...and, in doing so, provide a baseline and advocacy tool for EuroHRN and member countries



Methodology & Limitations

- Data on epidemiology, provision and coverage sourced largely from the EMCDDA, but also from research and reports of multilateral agencies, NGOs and expert opinion of civil society organisations (CSOs) in the harm reduction field in Europe
- Qualitative questionnaire on policy, barriers and civil society advocacy distributed to country focal points
- A snapshot of harm reduction programmes, barriers to access and advocacy priorities for EuroHRN member countries, rather than a systematic overview or evaluation of service coverage and quality
- Significant data gaps (especially comparing across regions)
- European drug monitoring systems: knowledge gaps
- Lack of standard measures, data collection methodologies and definitions challenging cross-national comparisons

Findings

- Drug use and drug-related harms
- Needle-syringe exchange programmes (NSP)
- Opioid substitution treatment (OST)
- Drug consumption rooms (DCRs)
- HIV, viral hepatitis and tuberculosis services
- Harm reduction in prisons
- Overdose responses
- Harm reduction for recreational drug use
- Policy support for harm reduction
- Drug user involvement in harm reduction responses
- Civil society and advocacy

Harm reduction service provision

- 36 countries implement NSPs and OST
- 5 have NSPs, 23 offer OST and one (Switzerland) offers HAT in prisons
- 5 countries provide heroin-assisted therapy (HAT)
- 60 drug consumption rooms (DCRs) operate in 36 European cities, mostly in North Europe

Barriers to service access

- NSPs
 - Limited or no coverage outside of major cities
 - Restricted opening hours
 - Admission criteria (e.g. age restrictions)
- OST
 - Lengthy waiting lists
 - Admission criteria
 - Lack of national evidence-based standards for OST provision and quality of care

Civil society advocacy priorities

- Ensuring adequate, secure funding for harm reduction programmes from national governments
- Reorienting drug policies to reflect evidence-based public health and human rights-based approaches, including decriminalising drug use for personal possession
- Scaling up evidence-based harm reduction services (eg. NSPs, OST) in prisons and other places of detention
- Addressing barriers to service access for the most marginalised groups, including women, undocumented migrants young people

Key issues for the harm reduction response in Europe

- Beyond NSPs and OST: DCRs, HAT, prison-based NSPs, naloxone, harm reduction in recreational settings
- Drug user involvement in harm reduction service design, implementation, monitoring and evaluation
- Financing harm reduction: Eastern Europe
- 'Protecting' gains made to date and maintaining harm reduction on national agendas
- Data quality and gaps

Thank you!

North Europe:

Verein Wiener Sozialprojekte (Austria) Free Clinic (Belgium)
Gadguiden (Denmark)
A.Clinic Foundation (Finland)
akzept (Germany)
Irish Needle Exchange Forum (Ireland)
Citywide Drugs Project (Ireland)
Correlation Network (Netherlands) Randi Ervik, Assistant Professor, Diakonhjemmet University College (Norway)
Swedish Drug Users Union (Sweden)
Infodrog (Switzerland)
Contact Netz (Switzerland)

The UK Harm Reduction Alliance (United Kingdom)

South Europe:

Agência Paget para o Desenvolvimento (Portugal) Association Française pour la Réduction des Risques (France)
Auto Support des Usagers de Drogues (France)
Ecsa Association (Italy)
Asociación Benestar i Desenvolupament (Spain) Asociación de Pacientes Dependientes a Opiáceos (Spain)
Crua-Red/Red Cross (Spain)
Groupement Romand D'Etudes des Addictions (Switzerland)

Eastern Europe:

Stop AIDS Association (Albania)
Association Margina (Bosnia Herzegovina) Initiative for Health Foundation (Bulgaria)
Udruga Terra (Croatia)
Sananim (Czech Republic)
Cenaricus East (Estonia)
The Hungarian Civil Liberties Union (Hungary) Labyrinth (Kosovo)
Dialogo (Latvia)
Coalition i CAME (Lithuania)
HDPS Healthy Options Project Slojpe (Macedonia) Juventás (Montenegro)
Polish Drug Policy Network (Poland)
Romanian Harm Reduction Network (Romania) Vesica (Serbia)
Odysseus (Slovakia)
Stigma (Slovenia)

EUROHRN
European Harm Reduction Network

For more information, please visit:
www.eurohrn.eu

or email claudia.stoicescu@ihra.net

EUROHRN
European Harm Reduction Network