

HA-REACT Joint Action on HIV and Co-infection Prevention and Harm Reduction

Report on Harm Reduction Training Package

Work Package 5

Description and assessment of the training package face-to-face activities: seminars, country visits and workshops.



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HA-REACT Joint action

WP5: Report on HR training package

Reference	Description and assessment of the training package face-to-face activities: seminars, country visits and workshops.
Title	Report on harm reduction training package
Submitted by	WP5 Lead
Objective	To develop a training package on key harm reduction interventions, including initiatives to overcome reluctance from stakeholders and implementation of “seminars for debate”, study visits and training workshops.
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1. Presentation or introduction

The HA REACT Joint Action (JA) aims at contributing towards the elimination of HIV and the significant reduction of HCV and TB infection among PWID in the EU by 2020. Its purpose is to improve capacity to respond to HIV and co-infection risks and provide harm reduction with specific focus on people who inject drugs (PWID) in the EU.

The JA takes the approach of putting the largest effort in those areas where the need is the greatest, designing a specific plan for each focus country where activities are implemented.

In this framework, a specific objective to scaling up harm reduction interventions in focus countries Latvia and Lithuania was established. Three areas were identified to implement a tailored plan in these focus countries:

- assessment of PWID epidemiology and harm reduction interventions (HRI)
- identification of needs/barriers to harm reduction (HR) implementation and direct support to HR interventions
- training package to care providers and policy makers on key HR interventions, including face-to-face training and Guidelines and Manuals

The training package was from the beginning thought to address capacity building and training on HR by providing the means and tools to overcome reluctance towards HRI and influence decision makers. The package also should improve knowledge among professionals, facilitated communication and debate between institutions and civil society, and facilitated direct observation and bench marking of successful experiences of HR in the European Union (EU). Also the promotion of peer interventions should have been included in the different training elements, as well as HCV prevention, implications of amphetamine use for HRIs approach, overdose prevention (OP), and related stigma & discrimination among other issues. The transferability and the provision of an added value at EU level has been defined as central in the design of all tools and Materials.

To address all these objectives tailored actions were designed consisting the final training package of several different training elements:

- Seminars for debate (focused on debate and HR policy decisions)
- Face-to-face HRI trainings (focused on technical issues and capacity building)
- Study visits (direct observation of successful HRIs experiences)
- Guidelines (based on Lithuanian example (producing transferable knowledge to calculate problem drug use prevalence)
- Manuals (with plain language adapted to target audiences, i.e. pharmacist or journalist to overcome reluctance)
- Leaflets (addressed to PWID and focused on key prevention issues).

Three of these elements were delivered face to face and thought to enhance personal relations and discussions about HR in order to promote its services in focus countries.

This report focuses on this face to face activities organized to fulfil the training needs of community organizations, peer educators, health professionals, social workers and decision makers in the selected focus countries. A description of the performed study visits, seminars and workshops will be made, and the final evaluation of these activities summarized.

2. Description of the face to face training package as a whole and by activity

2.1 TRAINING PACKAGE ON HR

Tailored face to face training activities were designed to build up capacity in HRI among professionals from different disciplines by providing the means and tools to overcome reluctance towards HR and influence decision markers. These trainings were developed to improve knowledge, as well as to facilitate communication and debate among professionals.

According to the HA REACT proposal topics that needed to be included in the teaching agendas were:

- HRI as OST, OP and syringe exchange: successful experiences to bench mark
- Promotion of peer interventions
- HIV, HCV and other infectious disease prevention
- HR in amphetamine use
- Reduction of stigma and discrimination related to PWID and drug users

-Other HRI as drug testing or Take Home Naloxone should also be addressed

The objectives of the training package were:

- to promote policy dialogue
- to discuss benefits and drawbacks of HR interventions
- to contribute to overcome reluctance towards harm reduction
- to build up capacity
- to promote influence of decision makers/stakeholders
- to include reduction of stigma in the policy agenda

The final training package included the following activities (Table 1):

Training activity	Dates	Place	Title
3 Seminars	16 th to 17 th March, 2016	Vilnius, Lithuania	WP 5 Logical Framework Workshop
	11 th to 12 th April, 2016	Vilnius, Lithuania	Seminars for Debate.
	14 th to 15 th April, 2016	Riga, Latvia	Seminars for Debate.
3 Study visits	18th-21st October 2016	Madrid and Barcelona	Study visit for direct observation of HRI successful experiences
	25th-27th April 2017	Prague	Study visit for direct observation of HRI successful experiences
	12th-15th September 2017	Madrid and Barcelona	Study visit for direct observation of HRI successful experiences
2 Trainings (composed of 3 workshops each)	2nd to 6th October 2017	Vilnius, Lithuania	Training Workshops on Harm Reduction Interventions
	21st to 26th January, 2018	Riga, Latvia	Training Workshops on Harm Reduction Interventions

2.2 TRAINING PACKAGE ON HR by activity

2.2.1 SEMINARS FOR DEBATE

Seminars are spaces to learn about a topic, promoting the education and motivation of professionals. Two type of seminars were designed as part of this training package: one on the logical framework of the WP5 at the beginning and two for debate, where different interested parts were invited in order to share experiences and put all in common considering different points of view.

The methodology applied was slightly different, being the first workshop composed by discussion groups and a work group where problem analysis was performed in order to complete a work plan.

The two seminars for debate that followed were designed in a different way. The seminars were coordinated by staff from the ISCIII/ CIBER, Spain, as WP5 leaders. To set up the programme of these debate seminars the coordinators met each country main stakeholders in a previous country visit. The format chosen for the seminars was a combination of presentations, discussions and small group's work. The contents of the sessions were adapted to each focus country according to their needs and suggestions, designing tailored agendas (see annexes). Both resulting agendas had in common the division in the following four sessions:

Session A: Harm reduction situation in Lithuania/Latvia

Session B: Specific issues for discussion

Session C: Harm reduction successful experiences in other countries

Session D: Improving harm reduction in Lithuania/Latvia

And in both agendas aims of the seminars were addressed including the following (see annexes):

- Promotion of policy dialogue
- Discussion of benefits and drawbacks of HRI
- Contribution to overcome reluctance towards HR
- Building up capacity to influence decision-making
- Promotion of strategies for the reduction of stigma in the local policy agenda
- Presentation of "successful experiences" from other EU countries and to discussion of similarities and differences with the focal country in question

But the agendas differed slightly in the selection of invited speakers and the order of the presented topics (see agendas in annexes).

Speakers were selected among experts from each focus country, HA REACT partners and collaborating institutions from EU and neighbouring countries, as EMCDDA, ECDC and Eurasian Harm Reduction Network (EHRN). In each seminar there were 14 presentations by 12 experts, and four discussion groups (one for each session).

The selection of the attendees was performed by local institutions, oriented by the gaps and the mayor barriers identified during the previous country visits. Therefore, key representatives of NGO's, civil society, healthcare institutions and policy makers were invited to the seminar and a representative sample of professionals finally participated.

2.2.2 STUDY VISITS

Study visits present a unique opportunity to observe directly in the field successful experiences and, in this case are thought to help to implement HR in the focus countries, Latvia and Lithuania. To this end three study visits were organized, all with the same format of a combining activities that include presentations, discussions and direct observation of successful experiences/best practices.

All study visits were coordinated by staff from the ISCIII/ CIBER, Spain as WP5 leaders. The two organized in Spain were almost identical including visits to several HR services in Madrid and Barcelona, with local experts presenting the local HR reality and space for discussions groups after each presentation. The study visit in Prague was similar but concentrated lectures at the first day and visits on the following days with space for dialogue with professionals from the field at the visits. Below a detailed description of each study visit

Study visits to– Madrid and Barcelona, 18th-21st October 2016 and 12th – 15th September 2017

The study visits to Spain were planned as just one visit but due to an electoral process in Lithuania at the time of the visit, no political actors would have attended if they were invited. Thus, the planned visit had to be split in two visits, being the first one attended by Latvian participants (18th-21st October 2016) and the second one by participants mainly from Lithuania (12th-15th September 2017).

As both agendas were almost identical, to avoid iterations, we will describe in this report both visits together highlighting only those aspects that were slightly different.

The aim, as stated in the HA-REACT description of the Action, was the direct observation of HRI successful experiences.

The visits were coordinated by Michela Sonego, Luis Sordo and Iciar Indave (WP5 Leading group) and Ana María Cáceres (Madrid) and Oleguer Parés-Badell (Barcelona) as local responsables. The Latvian delegation was coordinated by Agnese Fremaine and Liva Gramatina. Participants to the second visit were coordinated by Emilis Subata, from Lithuania; Tereza Černíková was the Czech coordinator; and Kristel Kivimets, was the Estonian coordinator. Vasilios Raftopoulos, attended both visit as representative of the evaluation team (Greece).

Description of the visit:

Participants

The visit scheduled in October 2016 was attended by eight participants from Latvia from different fields (Centre for Disease Prevention and Control (CDPC) of Latvia, Latvian Red Cross, Ministry of Health, Riga Centre of Psychiatry and Addiction Medicine, representatives of some municipalities) and one from Greece (HCDCP) participated to the visit as Study Visit report responsible.

In the second edition of the study visit in September 2017 the participants were mainly from Lithuania (10), although some Czech (3) and Estonian (2) professionals were invited to take part in it. In spite of these countries are not Focus countries, HA-REACT has all Europe as target population, and these countries were interested in the activity.

The programme

The programme was established attending the suggestions and interests expressed by participants at the seminars.

The first day the visitors met at the **National Centre of Epidemiology in Madrid** (Carlos III Health Institute), where Tamara Gata & Luis Sordo gave a lecture on:

1. HA REACT and WP5 general objectives
2. As visit context: 1980-90's Spanish HIV/AIDS epidemic among PWIDs and the policy response from an historical perspective.
3. Discussion on the presentations. The Latvian delegation discussion was focused on a special presentation about existing educational materials targeted to PWID.

Along the day the delegations had the opportunity to visit different harm reduction resources in Madrid. The selected centres were:

- The **Mobile UNIT “Madroño”**, responsible for the distribution of methadone
- The **Shelter “San Isidro”** The **Low threshold Centre “La Rosa”**. The history, principles and functioning of these resources was explained to the participants, who had the opportunity to make questions and held further discussions with the professionals responsible for these structures.
- In the evening the delegation visited the **Night Basic Attention Center** where a rest room, food and personal hygiene facilities are provided to the homeless during the night. This setting also offers medical and nursing services.
- The **Integral Drug Addiction Treatment Centre** (Arganzuela), where, after the visit of the Centre, two professionals of the municipal Institute for Addictions gave a lecture on the “response to drug abuse problem in Madrid”.

During and after each visit the attendees had the opportunity to discuss with the professionals involved.

The visit to Barcelona included the following activities:

- The **Mobile Unit** where the delegations talked with its responsible about the management of the methadone dispensing program and its difficulties.
- Official reception at Public Health Agency of Barcelona in which two professionals of the Public Health Agency explained the structure of the Public Health services, and the organization of the services for addictions in Barcelona, focusing especially on harm reduction.
- Visit to a private pharmacy participating in the “Opioid Substitution Treatment and Needle exchange program and Pharmacies”. A pharmacist responsible for the program explained the initial difficulties and the subsequent good results: actually 10% of the Barcelona’s pharmacies participate to the program.
- The local **Police Department** where the participants had the opportunity to discuss with two supervisors about the cooperation with the HRI services.
- The visitors also visited the **Social and Health Center Baluard**, where they could visit the two supervised consumption rooms located inside this centre.
- Finally, a lecture on the **Naloxone Empowerment Program** was presented to the Latvia delegation. This same lecture was included in the second edition of the visit but it took place in Madrid the second day of the programme.

Following the recommendation of those who participated in the first study visit, in the second visit to Spain the presentations were at the beginning of the study visit to the Harm reduction services, facilitating the participants a general vision before the direct observation of each service.

Study visit 2– Prague, 25th-27th April 2017

This was the second of the two scheduled study visits for Latvian and the first for the Lithuania participants. The aim, as stated in the HA-REACT description of the Action, was the direct observation of HRI successful experiences.

Michela Sonogo and Luis Sordo (WP5 Leading group) were in charge of the coordination of the visit together with Agnese Fremaine (Latvia) and Emilis Subata (Lithuania); Tereza Černíková and Barbara Janíková were the local organizing committee. Vasilios Raftopoulos and Magdalena Pylli (Greece) were in charge for the provision of the study visit report.

Description of the visit

Nine participants from Latvia from different fields (Centre for Disease Prevention and Control (CDPC) of Latvia, Ministry of Health, Riga Centre of Psychiatry and Addiction Medicine, representatives of some municipalities, State Police, prevention department, NGO “DIA+LOGS”), six from Lithuania (Vilnius Centr for Addictive disorders, Adviser to the Prime Minister at Office of the Government of the Republic of Lithuania, Ministry of Health) and two from Greece (HCDCP) participated to the visit as Study Visit report responsible.

The **first day** the visitors attended several lectures in the National Drug Commission Office:

1. Introduction to National Drug Policy (Viktor Mravčík)
2. Coordination of Drug Policy and Action Plans (Lucia Kiššová)
3. Funding of Drug Policy (Daniel Dárek)
4. Standards of Care & Drug Services in the CR (Tereza Černíková)

Then they visited one of the three low threshold drop centres managed by the NGO SANANIM. The head of the centre presented its activities. A constructive dialogue with the participants gave the opportunity to share several concerns.

The **second day** the team visited the Needle exchange programme “**PROGRESSIVE**”, and the “**STAGE 5 PROGRESSIVE**” that is a low threshold drop-in centre. The history, principles and

functioning of these resources was explained to the participants, who had the opportunity to make questions and held further discussions with the professionals responsible for these structures.

In the evening the delegation had a meeting in the National Drug Commission in which they attended the following lectures:

1. National Drug Coordinator Jindřich Vobořil
2. National Monitoring Centre for Drugs and Addiction & Overview of drug situation in the CR (*Kateřina Grohmannová*)
3. Basic data focused on HR & basic overview of HR services in the CR (*Barbara Janíková*).

The third day the team visited the **REMEDI**S, a private outpatient clinic that provides services also to the general population. The aim of this centre is to improve the quality of life of the PWIDs. It provides opioid substitution treatment. Then the team has visited a structure that runs a low threshold working program for drug users. NGO SANANIM is the responsible of this program. At the end of the day the participants have attended the services provided by an Outreach Mobile Services & Mobile UNIT.

2.2.3 TRAININGS

Trainings are thought to create motivated, skilled and effective workforce using different methods. The aims of these trainings as stated in the HA-REACT description of the action were very similar to those of the seminars:

- to promote policy dialogue
- to discuss benefits and drawbacks of HRI
- to contribute to overcome reluctance towards HR
- to build up capacity to influence decisions making
- to include reduction of stigma in the policy agenda

But the main difference was that in these trainings the topics had to be addressed in a practical way, through different workshops that allowed attendees to observe, practice and discuss different HRI.

Therefore, two trainings were organized; one in Lithuania and one in Latvia. Both had to use practical issues to illustrate service provision process in relation to different HRI and facilities, as well as related problem solving strategies. And both had the same structure, being composed of 3 different workshops on different HRI:

- 1.- Workshop on opioid substitution therapy (OST)

3.- Workshop on OP

Trainings were coordinated by staff from the ISCIII/ CIBER, Spain as WP5 leaders, in strong collaboration with staff from our partners from both focal countries.

International experts on these topics currently working in the field were identified and invited to participate together with experts from the focal countries as trainers and facilitators in the different workshops. At the first workshop experts from Malta, Spain and Czech Republic participated, and at the second experts from Malta, Croatia and Spain (Table 2).

Table 2: Trainers and facilitators of trainings workshops

Training Lithuania			Training Latvia	
Workshop	Teachers name and profile	Teachers affiliation and country	Teachers name and profile	Teachers affiliation and country
WS OST	Moses Camilleri, MD	Detox department of the Foundation for Social Welfare Services of Malta	Moses Camilleri, MD	Detox department of the Foundation for Social Welfare Services of Malta
	Anna Maria Vella, MD, MP	Substance Misuse Unit (SEDQA:National Agency for Dependencies) of Malta	Anna Maria Vella, MD, MP	Substance Misuse Unit (SEDQA:National Agency for Dependencies) of Malta
	Noelia Girona, Social Worker and Head of service	CAS (SDCR) Baluard Barcelona Spain	Noelia Girona, Social Worker and Head of service	CAS (SDCR) Baluard Barcelona Spain
	Kilian Alonso Arce, Nurse	CAS (SDCR) Baluard Barcelona Spain	Francesc Piñeiro Fernández, Nurse	CAS (SDCR) Baluard Barcelona Spain
			Rita M Cortis, Senior Social Worker	SEDQA: National Agency for Dependencies of Malta

			Inga Landsmane, MD is the Head of department	Centre of Psychiatry and Addiction Medicine in Riga, Latvia
WS Other HRI	Barbara Janikova, Social Worker	National Monitoring Centre for Drugs and Addiction of the Czech Republic	Iva Jovovic, Master in Social Work and NGO director	"Life Quality Improvement Organisation (FLIGHT)", Croatia
	Noelia Girona, Social Worker and Head of service	CAS (SDCR) Baluard Barcelona Spain	Noelia Girona, Social Worker and Head of service	CAS (SDCR) Baluard Barcelona Spain
	Kilian Alonso Arce, Nurse	CAS (SDCR) Baluard Barcelona Spain	Francesc Piñeiro Fernández, Nurse	CAS (SDCR) Baluard Barcelona Spain
	Jurgita Poskeviciute. NGO director	"I Can Live" Coalition, Lithuania.	Agnese Freimane	Centre for Disease Prevention and Control of Riga, Latvia
WS OP	Oleguer Parés- Badell, MD, MPH	Department of Drug Prevention and Care of the Barcelona Public Health Agency, Spain.	Oleguer Parés- Badell, MD, MPH	Department of Drug Prevention and Care of the Barcelona Public Health Agency, Spain.
	Morgana Daniele	Republican Centre of Addictive Disorders, Lithuania	Noelia Girona, Social Worker and Head of service	CAS (SDCR) Baluard Barcelona Spain
			Agnese Freimane	Centre for Disease Prevention and Control of Riga, Latvia
MD: Medical doctor; MPH: Master in Public Health; SDCR: Supervised Drug Consumption Room				

All workshops were capacity building oriented, and thought to reduce stigma and discrimination in the provision of harm reduction services. The methodology was participatory and included lectures, discussions, small-group exercises, individual assignments, video, question and answers, demonstrations, practical sessions (hands-on practice), small and large

group exercises, role plays and simulations. Nevertheless, each work shop had its own planification as describe below.

WORKSHOP ON OPIOID SUBSTITUTION THERAPY

The first part of the workshop consisted on a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions.

A theoretical background on Opioid Substitution Therapy (OST) was provided at the first two sessions and practical issues were used to illustrate clinical management of OST provision and connected topics. Through practical case scenarios possible problems were addressed and problem solving processes were tested in the remaining sessions of the first day. This way participants could understand the key determinants and would be able to develop strategies to overcome real situations in everyday OST provision.

The second day of the workshop was entirely dedicated to practical sessions on successful experiences. A presentation of the Centre for Drug Users and Drug Consumption Room “CAS Baluard” from Barcelona (Spain) was used to illustrate these successful experiences and to guide the discussion. This exercise allowed participants to gain an insight in successful experiences from abroad and to get new ideas (benchmarking).

The **learning objectives** of this OST workshop were:

- Understand and give a comprehensive overview of OST, research and best practice required for effective treatment
- Analyze an OST case and evaluate the intervention and its alternatives
- Apply an adequate problem solving methodology to different real case scenarios of OST related problems
- Work together in multi-disciplinary groups to apply best practices in OST
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Physicians and other healthcare professionals (Doctors, psychiatrists, nursing staff and possibly other health workers)

Content:

- Short summary of underlying theory and epidemiology

- Basic pharmacological background of OST and other available treatments:
 - Clinical indications, contraindications and alternative indications of OST
 - Diagnosing and linking to HCV, HIV and TB treatments
 - Clinical choice between detoxification (rapid detoxification) and drug free treatment/OST
 - Start of OST (methadone maintenance therapy, initial 3 weeks)
 - Effective maintenance methadone doses
 - Adverse effects of methadone
 - OST duration and indications for termination of OST, rapid opioid detoxification
- Barriers to engagement
 - Prescriber resistance
 - Patient resistance to OST
 - Attitudes of clinic staff limiting numbers who engage
- Involvement of administration and/or political agendas which interfere with proper functioning of OST e.g. when limiting doses of methadone allowed, duration of OST, etc.
- Community intervention and neighborhood resistance
- Managing of chaotic patients in OST
- Gender perspective in OST, OST and pregnancy and other aspects related to drug use and women
- Differences in managing programs in different settings (specialized, GP, low threshold, mobile units)

Course participants were required to complete an anonymous evaluation of the workshop.

WORKSHOP ON OTHER HARM REDUCTION INTERVENTIONS

This workshop was designed to introduce service providers and related workers to the principles, concepts and practices of Harm Reduction (HR). The aim was to provide a space and opportunity to critically examine examples of HR work and to become familiar with different interventions, as well as to develop strategies for mobilizing support for these interventions and for HR programs in communities, families and institutions.

The first part of the workshop was a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions. Afterwards, highlights of the current

situation in each focus country were shown, followed by practical classes to show some procedures to participants as they are implemented in the field.

The second part of the workshop was dedicated to successful experiences. The experience of the Centre for Drug Users and Drug Consumption Room “CAS Baluard” from Barcelona (Spain) was presented and discussed in workgroup. This exercise allowed participants to gain an insight in successful experiences from abroad and to get new ideas (benchmarking).

Learning objectives:

- Define, understand and give a comprehensive overview of HR and its different approaches (medical perspective, social and educational perspective, etc.)
- Identify elements of organizational support for HR implementation
- List different interventions of HR strategies
- Know best practices and evidence available for HR
- Be aware of the social and political context of HR in different regions
- Identify effective strategies to develop a therapeutic alliance in HR context
- Obtain strategies for engaging diverse clients and collaborating around assessments, clarification of goals, and personalized clinical treatment plans
- Analyze different real scenario cases and evaluate the related HR intervention and its alternatives
- Apply an adequate problem solving methodology
- Work together in multi-disciplinary groups to apply best practices in HR
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Staff from low-threshold services (social workers, nurses and etc.).

Content:

- Short summary of background and harm reduction (HR) basic information
- Related approaches, services considered, HR in different settings and locations
- Role of different professionals, responsibilities, duties, etc.
- Evidence and best practice recommendations
- Local applicability
- Available tools, critical points and crisis management
- Managing of chaotic patients

- Differences in managing programs in different settings (specialized, GP, low threshold, mobile units)
- Management of infectious disease prevention, monitoring and treatment (HIV, HCV, TB and STI)
- Transversal work/ Reinsertion/Cooperation between programs and institutions or services.

WORKSHOP ON OVERDOSE PREVENTION

As in the other workshops, the first part of the workshop was a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions. Then highlights of the current situation in each focus country were introduced, followed by the presentation of the *Take Home Naloxone Program* from Barcelona (Spain) as one successful experience preventing overdose deaths. This dynamic of the sessions was to promote the discussion of the topic among the participants.

Learning objectives:

- Define and explain the epidemiology of overdose
- Explain the rational for and scope of overdose prevention education and other interventions as naloxone rescue kit distribution
- Incorporate overdose prevention education into medical and pharmacy practice by educating patients about overdose risk reduction
- Define, understand and give a comprehensive overview on naloxone, its pharmacology, uses and peculiarities of naloxone rescue kits and its distribution
- Explain the different legal and policy environments regarding overdose prevention, mainly considering naloxone rescue kits or “take-home Naloxone” programs
- Analyze different real scenario cases case and apply adequate a problem solving methodologies
- Work together in multi-disciplinary groups to apply best practices in overdose prevention
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Staff from low-threshold services (could be social workers, nurses and etc.).

Content:

- Short summary of related background information
- Approaches, programs and services considered in different settings and locations related to overdose prevention
- Naloxone: brief summary of its pharmacology, indications and uses
- Role of different professionals, responsibilities, duties, etc.
- Evidence and best practice recommendations
- Local applicability
- Available tools, critical points and crisis management
- Transversal work/ Reinsertion/Cooperation between programs and institutions or services

The training in Vilnius (Lithuania), was coordinated by Blanca Iciar Indave Ruiz and Juan Hoyos Miller of the WP5 Leading group, in strong collaboration with Dovilė Mačiulytė as part of the Lithuanian partners.

In total, there were 11 presentations by 9 experts; 2 Lithuanian experts, 3 experts from harm reduction organizations, and 4 speakers from associated partners (see table 2). Staff from the Vilnius Centre for Addictive Disorders (VPLC) and ISCIII/CIBER played facilitator roles.

The training in Riga (Latvia), was coordinated by Blanca Iciar Indave Ruiz and Luis Sordo of the WP5 Leading group, Dovilė Mačiulytė of the VPLC and in strong collaboration with Agnese Freimane as part of the Latvian partners.

In total, were 12 presentations held by 11 experts; 2 Latvian experts, 3 experts from harm reduction organisations (CAS Baluard and Public Health Agency of Barcelona), and 6 speakers from associated partners from FSWS-Sedqa of Malta, FLIGHT of Croatia and ISCIII/CIBER in Spain. Staff from the Latvian Centre for Disease Prevention and Control, the Lithuanian Republican Centre for Addictive Disorders (RPLC) and the Spanish ISCIII/CIBER played facilitator roles.

3. Evaluation of the training package

3.1 Seminars

3.1.1 General considerations seminars

The fact that most speakers were either national experts with knowledge of the focus country, or experts from associated partners of HA-REACT, enhanced the exchange and sharing of knowledge and experience.

One of the most relevant ideas was to present “successful experiences” from other EU countries and to discuss similarities and differences with the focal country in question. And by addressing this aim the seminars showed how different administrations addressed similar problems at different time points, and consequently at different political, cultural and epidemiological circumstances. Within HA-REACT there are good examples of best practices in national strategic planning such as Finland, Croatia and Slovenia. These countries developed their National plans without a context of an outbreak of HIV or a sudden increase of the number of people who inject drugs and presented very useful experiences to bench mark. Other partners as our Greek colleagues from presentation showed a good example of how to deal with this circumstance)

3.1.2 Formal evaluation of seminars by WP3

All activities were implemented in time and indicators for successful implementation have been fulfilled. In addition, activities took place or were prepared even before their planned date of implementation. The debates and the study visits were carefully planned and the intended number of attendees participated in these activities.

Process evaluation of the activities

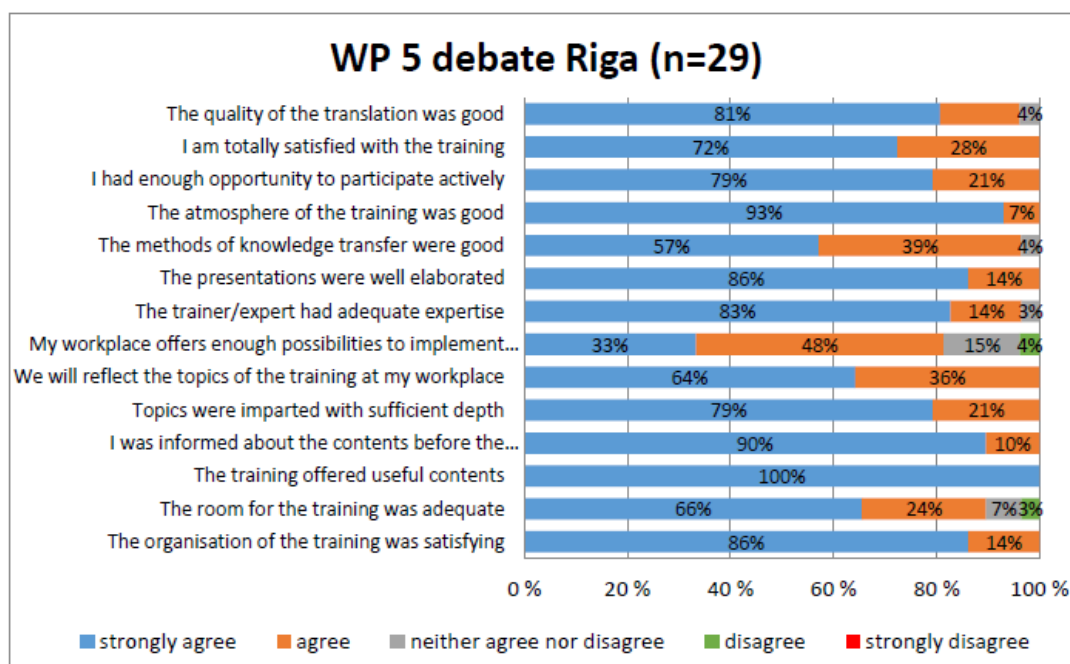
The activities which were implemented in the first year of the HAREACT project have been evaluated by using a standardized evaluation questionnaire. The questionnaire consists in 14 questions with a 5-point Likert scale to assess the organization, content, and quality of the activity as regards the expertise of the trainer or expert, the level of participation of the attendees and the usefulness of the contents for their own work.

Figure 1: Seminar evaluation (Source WP3)

Type of activity	Achieved percentage of maximum sum score
WP 4: LFA seminar	83 %
WP 5: Debate in Riga	93 %
WP5: Debate in Vilnius	88 %

Most of the participants of the debate in Riga were very satisfied with almost all aspects of the debate. If they were less content it was concerning the opportunities to make use of the contents at their workplace.

Figure 2: Latvian seminar evaluation (Source WP3)

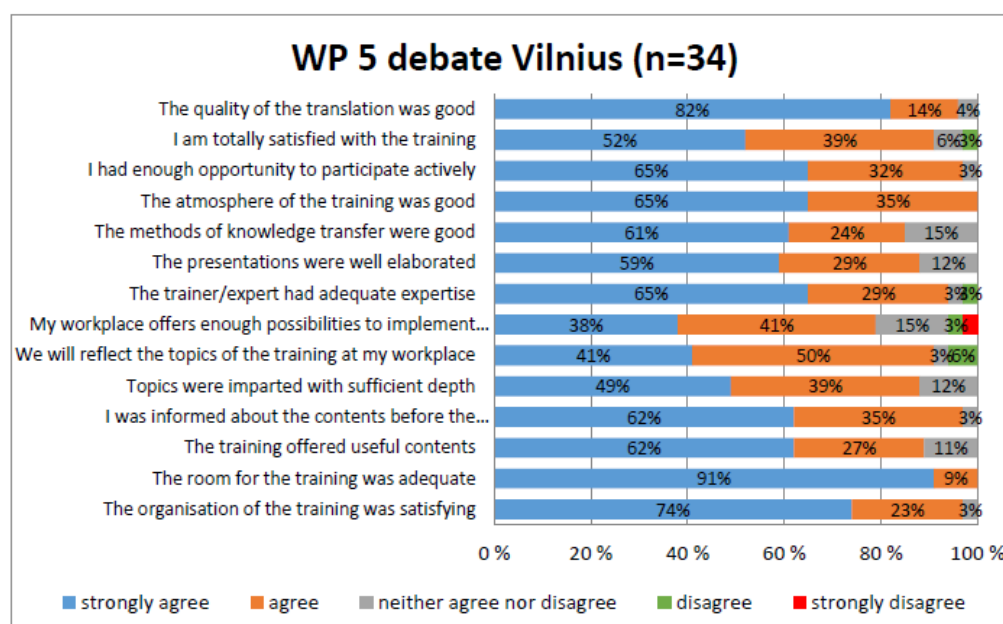


The quality of the debate in Vilnius generally was rated lower compared to the debate in Riga. While structural aspects - such as the room, organization and translation - were assessed as very good, the expertise of the expert and the overall satisfaction with the debate were evaluated more critical.



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Figure 3: Lithuanian seminar evaluation (Source WP3)



3.2. Study visits

The process evaluation of the HA-REACT activities is based upon a standardized evaluation questionnaire that is available in 7 languages. The questionnaire consists of 14 questions with a 5-point Likert scale to assess the organization, content, and quality of the activity as regards the expertise of the trainer or expert, the level of participation of the attendees and the usefulness of the contents for their own work. However, it completely depends on the WP leads to ensure applying the questionnaire for evaluation of their activities.

A total of three study visits have been implemented within WP 5. The study visits had a small number of participants which has to be considered. The study visits were attended by delegates from Latvia and Lithuania. The majority of them were satisfied with the way the study visits were organized. Most of the delegates also agreed that the experts in Spain and Prague had adequate expertise and that the study visit offered useful contents. In many further aspects the study visits were rated positively. Critical assessments are focused on the question if the own workplace offers enough possibilities to implement the services visited during the study visit. The visits included mobile units, day and night shelters, drug treatment centers, NSP services and methadone programmes. The delegates from Lithuania and Latvia assessed it as difficult to transfer specific harm reduction services provided in Spain or Czech Republic into their own workplace.

Figure 4: Study visits evaluation (I) (Source WP3)

Type of activity	Date	Number of participants	Number of filled evaluation questionnaires	Response rate (%)
WP 6: study visit in Berlin	October 2016	12	12	100 %
WP 5: 1. study visit in Spain	October 2016	9	8	89 %
WP 4: 1. training in Riga	November 2016	18	14	78 %
WP 4: training in Budapest	December 2016	14	12	85 %
WP 6: international seminar in Warsaw	March 2017	50	26	52 %
WP 5: study visit in Prague	April 2017	17	14	82 %
WP 4: 2. training in Riga	May 2017	21	15	71 %
WP 6: study visit in Luxembourg	June 2017	37 ¹	37	100 %
WP 7: national workshop in Tallinn	August 2017	22	17	77 %
WP 5: 2. study visit in Spain	September 2017	17	15	88 %
WP 7: national workshop in Vilnius	September 2017	25	18	72 %
Total	11 activities	241	188	78 %

Figure 5: Seminar evaluation (II) (Source WP3)

Type of activity	Achieved percentage of maximum sum score
WP 4: Training in Riga Nov 2016	92 %
WP 4: Training in Riga May 2017	91 %
WP 4: Training in Budapest Dec 2016	94 %
WP 5: study visit in Spain Oct 2016	91 %
WP 5: study visit in Spain Sep 2017	90 %
WP 5: study visit in Prague	91 %

Figure 6: First Spanish Study Visit evaluation (Source WP3)

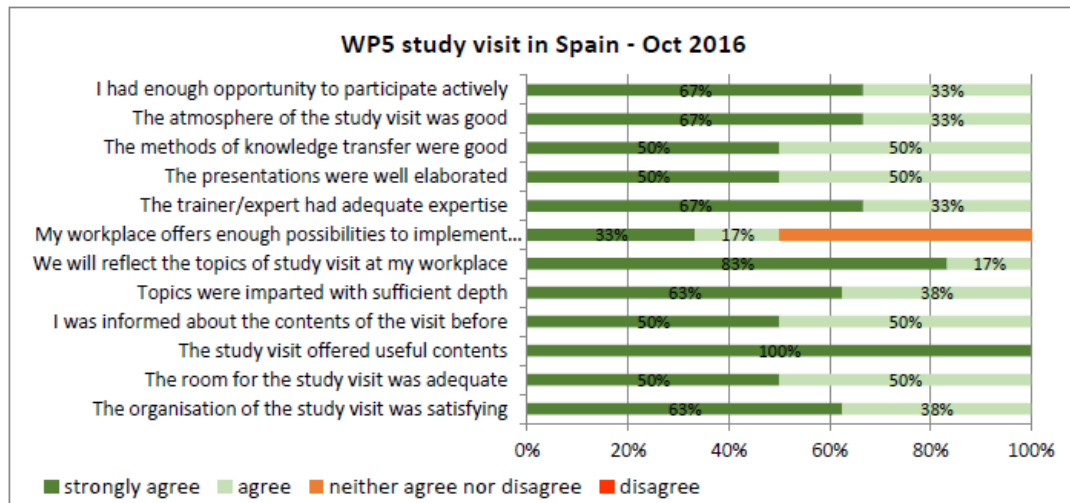


Figure 7: Second Spanish Study Visit evaluation (Source WP3)

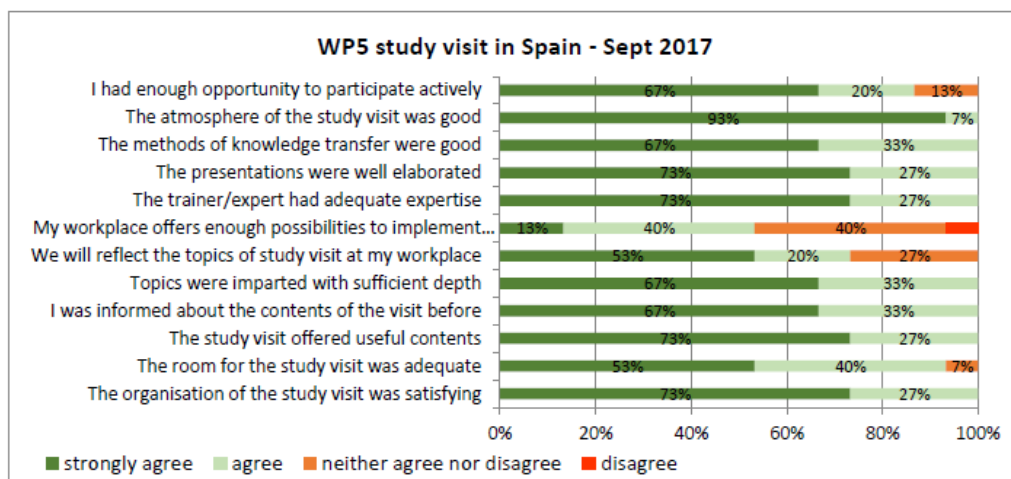
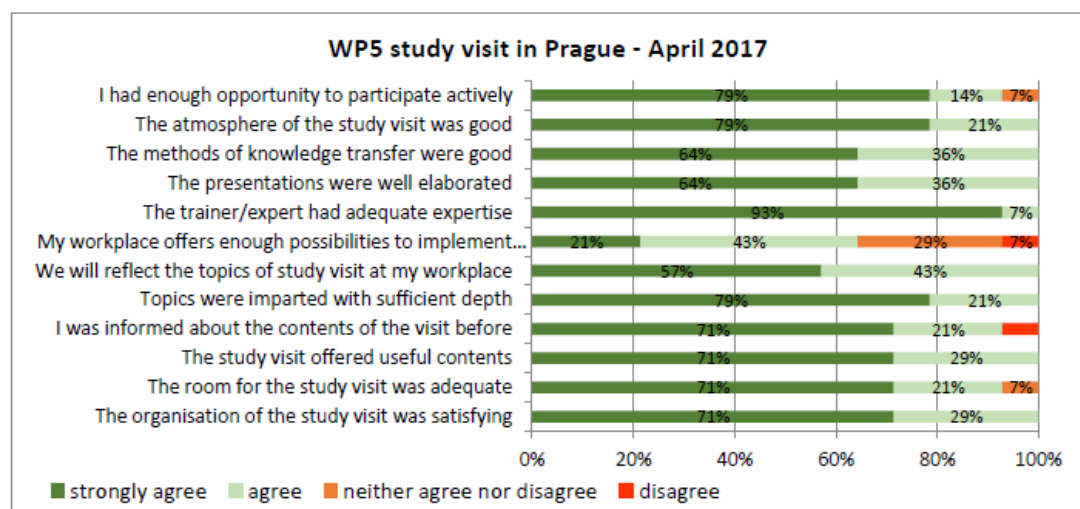


Figure 8: Czech Study Visit evaluation (Source WP3)



Since all speakers had wide ranging experience in harm reduction interventions and most of them were able to share their own experiences, the training helped to transmit best practices and successful experiences from different parts of Europe to the attendees, integrating and comparing it with the Lithuanian and Latvian realities. The participation of experts from Associated Partners of HA-REACT enhanced the exchange and sharing of knowledge and experience. Moreover, the attendees were workers from different low threshold services and specialized treatment centres in several regions of these countries. They discussed similarities and differences in a very constructive way, enhancing their skills and building up their capacity.

Each workshop included at least one session that dealt with “successful experiences” in other countries (which was a lesson learned from Seminars in the beginning of HAREACT project). These experiences were the parts that attendees considered most interesting and useful, and were used to explore how different administrations have addressed similar problems at different time points and other contexts. Such experiences couldn’t be simply transferred to the Lithuanian and Latvian contexts, but in the discussion groups key elements to overcome reluctance in scaling up of harm reduction were identified and a new focus on related interventions developed.

In Lithuanian training, according to participants, the legal framework for most harm reduction interventions exists in this country. Nevertheless, not always the necessary political support happens, and drug policy and HIV/AIDS are not always included in the political agenda.

The English Lithuanian translation staff was especially efficient and this was very helpful to have dynamic sessions and to facilitate the discussions. But the Spanish Lithuanian translation was insufficient, the interpreter was not familiar with the special terminology, difficulting a lot the two sessions held in Spanish, being this one of the most criticized parts in the anonymous evaluations.

In Latvian training, the legal framework for harm reduction interventions is difficult in Latvia and not always the necessary political support exists. Therefore, they agreed that drug policy and HIV/AIDS needs to be maintained in the political agenda until useful interventions has been implemented.

We would like to acknowledge that the translation service was especially efficient and its two translators very collaborative. Their work was very helpful to have dynamic sessions and to facilitate the discussions, and thanks' to their collaboration translating small texts we were able to perform some in site evaluations that allowed us to adapt to the attendees' demands.

Remarkable has been also the collaboration with our partners from Centre for Disease Prevention and Control of Latvia, very efficient in their planning and management.

And finally we would like to thank Dovilė Mačiulytė from RPLC, Lithuania for her participation in planning and management of the training. Her participation facilitates the coordination of such a complex training considering local aspects and taking into account lessons learned from previous activities.

4. Conclusions/Final recommendations

4.1. Seminars

Recommendations/Conclusions

In both seminars participants were actively involved in all debates showing their strong commitment to harm reduction approaches. The main common conclusions were:

- It is necessary to deepen in the financial mechanisms to maintain harm reduction in the country, and to translate the legal framework into allocation of resources to specific plans and programmes.
- To overcome reluctance to scaling up of harm reduction, a multiple-sided argumentation must be developed
- It seems possible and convenient to strengthen collaboration with Estonia; geographical (and cultural) vicinity renders this collaboration straightforward, and the capacity building that has taken place in the country in response to the issues of injected drug use and HIV may set good examples for other Baltic countries.
- Special attention should be paid by Public Health authorities to hidden vulnerable populations; PDUs and harm reduction are to be included in the political Agenda, via persuasive argumentation and specific examples together with epidemiological and economic assessments.
- The need to involve the private sector in harm reduction interventions, and specifically pharmacies, was also pointed out.
- Need of specific training in a harm reduction approach. Although the attendees to the seminars were generally speaking clearly pro-Harm Reduction, some interventions in the discussion disclosed lack of specific training in harm reduction. This was taken into account when designing the contents of the training workshop.
- Other relevant issues that were mentioned as training possibilities or in need to be addressed were: peer-to-peer and outreach activities, de-stigmatization, advocacy, inclusion of police and Ministry of Interior in training and awareness-raising.

Beside these common conclusions and recommendations, there were some country specific issues were identified:

- Participants at the Vilnius seminar stressed that the estimation of the number of people who inject drug is important in this very moment in Lithuania and should be a starting point in order to create some system which allows to repeat the estimation in the future. This is of the utmost importance in order to evaluate the magnitude of the issue, to monitor progress and to implement efficient interventions.
- Attendees at the Riga seminar considered very useful to design interventions in Latvia the triangulation of available data regarding the size of the PDU population.
- In Latvia staff working with PDUs have high levels of motivation, certain degree of isolation in their work, a will to perform and to learn. There was a certain feeling of overwhelm among the audience regarding “what still needs to be done”, and also the will to network and share experience and knowledge.
- Some Latvian attendees mentioned the need to make structural and systemic changes in the current system. Lack of political will was pointed out as a larger obstacle than lack of resources.

4.2. Study visits

Conclusions:

The study visits were fruitful and demonstrated its usefulness in arousing discussions between the participants.

The program of the visits demonstrated good enough to be repeated in other training programmes. However, it is recommended for future visits to have the presentations on the services for addiction and harm reduction at the beginning of the study visit, in such a way that the participants can have a general vision before the direct observation of the services.

4.3. Trainings

Recommendations / Conclusions

Some of the conclusions and recommendations that already arouse at the seminars were present during the trainings' debates: need to deepen in the financial mechanisms; translation of the legal framework into allocation of resources; the special attention that Public Health authorities should pay to hidden vulnerable populations; the inclusion of PDUs and harm reduction in the political agenda or the epidemiological and economic assessment. The main common conclusions of both trainings were:

- Access to training in Harm reduction interventions for all kind of professionals of Low Threshold services needs to be guaranteed.
- Within HA-REACT there are good examples of National strategic planning such as Czech Republic or Spain, and these experiences should be shared with Lithuanian and Latvian professionals.
- Trainings on advocacy or on how to speak to policy makers would be interesting. These are big challenges in our focus countries where the stigma is quite high and the political will not always developed.

It was essential for the successful implementation of the activities the fluent communication and the strong involvement of the associated partners, especially partners from Lithuania and Latvia. This commitment enabled cooperative work and spotted difficulties. Together with the associated partners, all the training activities were planed and specific needs and suggestions were included.

5. Annexes: Agenda and Programmes of all finished activities

Seminars for Debate. Agenda. Riga, Latvia, 14th and 15th April 2016

Thursday 14th April

Opening activities

8:30 am to 9:00 am	Registration and Reception
9:00 am to 9:10 am	Official opening: Representative from Latvian Ministry of Health
9:10 am to 9:30 am	HA-REACT, Work package 5: Scaling up of Harm Reduction (CIBER/ISCIII, Spain)
9:40 am to 10:00 am	Coffee Break

Session A: Harm Reduction situation in Latvia

10:00 am to 10:25 am	Harm Reduction and HIV infection situation among injecting drug users in Latvia (Agnese Freimane, CDPC, Latvia)	Moderator: Luis Sordo, ISCIII/CIBER, Spain
10:25 am to 10:50 am	Harm Reduction in Latvia: NGO perspective (Ruta Kaupe, DIA+LOGS, Latvia)	
10:50 am to 11:10 am	Results of ECDC-EMCDDA Country Mission (Mika Salminen, THL, Finland)	
11:10 am to 11:45 am	Discussion	
11:45 am to 13:00 pm	Lunch break	

Session B: Specific issues for discussion

	B1. Strategic National plan regarding Harm Reduction:	
13:00 pm to 13:20 pm	Slovenian experience (Miran Šolinc, SKUC, Slovenia)	Moderator: Sonia Fernández, ISCIII/CIBER, Spain
13:20 pm to 13:40 pm	Greek experience (Vasilios Raftopoulos & Magdalina Pylli, KEELPNO, Greece)	
13:40 pm to 13:50 pm	Discussion	
	B2. Sustainability and financial mechanisms:	
13:50 pm to 14:20 pm	Financing of Harm Reduction: findings and recommendations (Ivan Varentsov, EHRN)	Moderator: Tuukka Tammi, THL, Finland
14:20 pm to 14:30 pm	Discussion	
14:30 pm to 14:50 pm	Break	
	B3. Outreach and engagement in services:	
14:50 pm to 15:15 pm	Outreach mobile Unit experience (Ramón Esteso, Médicos del Mundo España, Spain)	Moderator: Tuukka Tammi, THL, Finland
15:15 pm to 15:30 pm	Harm Reduction outreach: Estonian experience in outreach work. (Aljona Kurbatova, NIHD, Estonia)	
15:30 pm to 15:50 pm	Naloxone distribution: Estonian model (Aljona Kurbatova, NIHD, Estonia)	
15:50 pm to 16:20 pm	Discussion	
Starting ca. 16:40 pm	Dinner at Hotel Restaurant	

Session C: Harm Reduction successful experiences in other countries

9:00 am to 9:30 am	Decriminalization of drugs in Portugal (Manuel Cardoso, DGS, Portugal)	Moderator: Vasilios Raftopoulos, KEELPNO, Greece
9:30 am to 9:50 am	Finnish successful experience (Tuukka Tammi, THL, Finland)	
9:50 am to 10:10 am	Slovenian integration of OST in Primary Health care (Miran Šolinc, SKUC, Slovenia)	
10:10 am to 10:35 am	Discussion	
10:35 am to 10:55 am	<i>Coffee Break</i>	
10:55 am to 11:15 am	Avoiding injection: gelatine capsules for methamphetamine users (Barbara Janíková, NMS, Czech Republic)	Moderator: CDPC
11:15 am to 11:35 am	Example of drug abuse prevention programmes in Croatia: Croatian model of OST in Primary Healthcare (Tatjana Nemeth Blažić, HZJZ, Croatia)	
11:35 am to 11:50 am	Discussion	
11:50 am to 13:00 pm	<i>Lunch break</i>	

Session D: Improving Harm Reduction in Latvia

13:00 pm to 14:30 pm	Participants are divided in small discussion groups, each tackling a different problem/issue, with guidance of a short questionnaire and facilitators' assistance.
14:30 pm to 14:50 pm	<i>Break</i>
14:50 pm to 15:30 pm	Conclusions within each group (facilitators) and discussion
15:30 pm to 16:00 pm	Closing session & Seminar Conclusions

Seminars for Debate. Agenda. Vilnius, 11th and 12th April 2016

Monday 11th April

Opening activities

8:30 am to 9:00 am	Registration and Reception
9:00 am to 9:15 am	Official opening (Ministry of Health, Lithuania)
9:15 am to 9:30 am	HA-REACT, Work package 5: Scaling up of Harm Reduction (CIBER/ISCIII, Spain)
9:30 am to 9:50 am	Coffee Break

Session A: Harm Reduction situation in Lithuania

9:50 am to 10:10 am	Harm Reduction: Evidence and challenges (Dr. Audrone Astrauskiene, Ministry of Health, Lithuania)	Moderator: Luis Sordo, ISCIII/CIBER, Spain
10:10 am to 10:40 am	Country situation from a European perspective (Dagmar Hedrich, EMCDDA & Anastasia Pharris, ECDC)	
10:40 am to 11:00 am	Harm Reduction in Lithuania: NGO perspective (Jurgita Poškevičiūtė, "I can live")	
11:00 am to 11:25 am	Response to HIV and Harm Reduction in Lithuania (Dr. Saulius Caplinskas, CCDA, Lithuania)	
11:25 am to 11:50 am	Discussion	
11:50 am to 13:00 pm	Lunch break	

Session B: Specific issues for discussion

	B1. Sustainability and financial mechanisms:	
13:00 pm to 13:30 pm	Financing of Harm Reduction: findings and recommendations (Daniel Kashnitsky, EHRN)	Moderator: Emilis Subata. VPLC, Lithuania
13:30 pm to 13:50 pm	Harm Reduction sustainability (Jurgita Poškevičiūtė, "I can live")	
13:50 pm to 14:10 pm	Discussion	
14:10 pm to 14:30 pm	Break	
	B2. Integration of OST in Primary Health Care:	
14:30 pm to 14:50 pm	Slovenian integration of OST in Primary Health care (Miran Šolinc, SKUC, Slovenia)	Moderator: Anastasia Pharris, ECDC, Stockholm, Sweden
14:50 pm to 15:10 pm	Example of drug abuse prevention programmes in Croatia: Croatian model of OST in Primary Healthcare (Tatjana Nemeth Blažić, HZJZ, Croatia)	
	B3. Overdose prevention strategies:	
15:10 pm to 15:35 pm	Estonian experience in launching a national take-home naloxone program (Aljona Kurbatova, NIHD, Estonia)	Moderator: Dagmar Hedrich, EMCDDA, Lisbon, Portugal
15:35 pm to 16:00 pm	Discussion	
Starting ca. 16:30 pm	Dinner at Hotel Restaurant	

Session C: Harm Reduction successful experiences in other countries

9:00 am to 9:30 am	Decriminalization of drugs in Portugal: Public Health perspective (Manuel Cardoso, DGS, Portugal)	Moderator: Ana Sarasa, ISCIII/CIBER, Spain
9:30 am to 9:50 am	Finnish successful experience (Tuukka Tammi, THL, Finland)	
9:50 am to 10:10 am	Response to HIV outbreak among PWID in Greece (Magdalina Pylli, KEELPNO, Greece)	
10:10 am to 10:30 am	Discussion	
10:30 am to 10:50 am	Coffee Break	
10:50 am to 11:10 am	Strategic National plan regarding Harm Reduction: Slovenian experience (Miran Šolinc, SKUC, Slovenia)	Moderator: Vasilios Raftopoulos, KEELPNO, Greece
11:10 am to 11:35 am	Overdose prevention and management (Manuel Cardoso, DGS, Portugal)	
11:35 am to 12:00 pm	Discussion	
12:00 pm to 13:00 pm	Lunch break	

Session D: Improving Harm Reduction in Lithuania

13:00 pm to 14:30 pm	Participants are divided in small discussion groups, each tackling a different problem/issue, with guidance of a short questionnaire and facilitators' assistance.
14:30 pm to 14:50 pm	Break
14:50 pm to 15:30 pm	Conclusions within each group (facilitators) and discussion
15:30 pm to 16:00 pm	Closing session & Seminar Conclusions

WP5 Study visit

Madrid

October 18-19, 2016

Reference	HA-REACT WP5 Study visit to Madrid, Spain
Title	Programme
Submitted by	WP5
Objective	
Contact person	Mrs. Michela Sonego, +34 91822 2973, m.sonego@externos.isciii.es Mr. Luis Sordo, +34 91822 2678, lsordo@externos.isciii.es

Tuesday, October 18

11.00-11.15	Reception in National Centre of Epidemiology (Carlos III Health Institute) ¹
11.15-12.30	“Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT): Main Objectives and Work Package 5” (Luis Sordo) “Spanish HIV/AIDS epidemic among IDUs and the policy response from an historical perspective” (Tamara Gata & Luis Sordo)
12.30-13.30	Madrid-Latvia and Harm Reduction, discussion
13.30-16.00	Lunch break
16.00-16.10	Meeting at Debod temple ² . Walk to Harm Reduction facilities
16.30-17.30	Visit to Mobile UNIT “Madroño” & Meeting with responsible of the project (How to start up, difficulties and other advices)
17.30-17.45	Visit to Shelter “San Isidro”
17.45-18.15	Visit to Low threshold centre “La Rosa”
18.15-21.00	Dinner break

21.00-21.30	Visit to Night Basic attention centre ³
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Wednesday, October 19

11.00-12.30	Visit to Integral Drug Addiction treatment centre (Arganzuela) ⁴ , near “La casa del reloj”.
12.30-13.00	Response to drug abuse problem in Madrid (María Pérez López & Ana M Cáceres, Instituto de Adicciones - Madrid Salud)
13.00-13.30	Visit Conclusions (Michela Sonego and Rocío Lorenzo)
13.30-15.30	Lunch break
16.30	Train to Barcelona

Participants from Spain: 12 persons

Mrs. Michela Sonego	National Centre of Epidemiology (Carlos III Health Institute)
Mr. Luis Sordo	National Centre of Epidemiology (Carlos III Health Institute)
Mrs. Tamara Gata	National Centre of Epidemiology (Carlos III Health Institute)
Mr Luis de la Fuente	National Centre of Epidemiology (Carlos III Health Institute)
Mr. Jose Pulido	National Centre of Epidemiology (Carlos III Health Institute)
Mrs. Rocío Lorenzo	Hospital Virgen de la Victoria (Málaga)
Mrs. Ana María Cáceres	Addiction Institute of Madrid (Instituto de Adicciones - Salud Madrid)
Mrs. Beatriz Mecías	Addiction Institute of Madrid (Instituto de Adicciones - Salud Madrid)
Mr. Darío Pérez	Addiction Institute of Madrid (Instituto de Adicciones - Salud Madrid)
Mrs. María Pérez López	Addiction Institute of Madrid (Instituto de Adicciones - Salud Madrid)
Mr. Jorge Álvarez	Madroño/Madrid Positivo

Mr. Jorge Gutierrez	Madroño/Madrid Positivo
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Participants from Latvia: 9 persons

Agnese Freimane	Centre for Disease Prevention and Control (CDPC) of Latvia
Līva Grāmatiņa	
Laila Štāle	Centre for Disease Prevention and Control (CDPC) of Latvia
Artis Āns	
Iveta Volkovska-Cielava	Latvian Red Cross
Lelde Rozevska	Ministry of Health, Latvia
Sigita Čirkše	Narcology Center in Riga
Inga Landsmane	
Rūta Ligere	

1. National Centre of epidemiology: Instituto de Salud Carlos III. Centro Nacional de Epidemiología. C/ Monforte de Lemos, 5. Pabellón 12. 28029. Madrid-España

2. Templo Debod: Calle Ferraz, 1, 28008 Madrid

3. Centro de atención Básica sociosanitaria: C/ Calle Melquiades Biencinto, 7

4. Centro de Ayuda al drogodependiente (CAD): Paseo de la Chopera, 12 (near to "Casa del Reloj")

Accommodation:

Check in: 17 October

Check out: 19 October

Hotel Eurostars Zarzuela Park Madrid

Dario Aparicio, 32; Madrid

<http://www.eurostarszarzuelapark.com/>

Other practical information:

From Hotel to city centre (Moncloa), there is a direct bus. Number 161.

WP5 Study visit

Barcelona

October 20-21, 2016

Reference	HA-REACT WP5 Study visit to Madrid, Spain
Title	Programme
Submitted by	WP5
Objective	
Contact person	Mr. Oleguer Parés-Badell, +34 932 027 703, opares@aspb.cat Mrs. Michela Sonogo, +34 91822 2973, m.sonogo@externos.isciii.es

Thursday, October 20

10.30-12.00	Mobile Unit dispensing methadone (Vall d'Hebron) ¹ . Elvira Guilaña
12.00-13.30	Lunch break
13.30-16.00	Official Reception in Public Health Agency of Barcelona ² (Carme Borrell and Maribel Passarin) Harm reduction in Barcelona (Teresa Brugal & Oleguer Parés-Badell) Situation in Barcelona and Latvia. Discussion.
16.30-17.30	Pharmacy visit (PI Lesseps) ³ Opioid Substitution Treatment/Needle exchange program and Pharmacies ⁴

Friday, October 21

10.00-11.30	Harm Reduction resources and coordination with police ⁴ (Benito Granados. Barcelona local police supervisor)
11.30-12.30	Lunch break

12.30-13.30	Addiction Centre CAS Baluard (consumption room) ⁵ Diego Aranega. CAS Baluard coordinator
13.30-14.00	Naloxone empowerment Albert Espelt
14.00-14.30	Conclusions (Tamara Gata & Michela Sonego)

Participants from Barcelona: 12 persons

Teresa Brugal	Public Health Agency of Barcelona
Elvira Guilaña	Public Health Agency of Barcelona
Carme Borrell	Public Health Agency of Barcelona
Maribel Passarin	Public Health Agency of Barcelona
Albert Espelt	Public Health Agency of Barcelona
Maria Estrada	Official College of Pharmacists
Diego Aranega.	CAS Baluard coordinator
Benito Granados	Barcelona local police supervisor
Michela Sonego	National Centre of Epidemiology (Carlos III Health Institute)
Tamara Gata	National Centre of Epidemiology (Carlos III Health Institute)

Participants from Latvia: 9 persons

Agnese Freimane	Centre for Disease Prevention and Control (CDPC) of Latvia
Līva Grāmatiņa	
Laila Štāle	Centre for Disease Prevention and Control (CDPC) of Latvia
Artis Āns	Latvian Red Cross
Iveta Volkovska-Cielava	Ministry of Health, Latvia
Lelde Rozevska	Narcology Center in Riga
Sigita Čirkše	
Inga Landsmane	
Rūta Ligere	

1. Passeig de la Vall d'Hebron, 154, 08035 Barcelona

Metro line 3 (green) Vall d'Hebrón subway station. Take the exit "Mercat" in front of the Vall d'Hebron Hospital main entrance.



2. Public Health Agency of Barcelona Avinguda Príncep d'Astúries, 63,
08012 Barcelona
Meeting room, 2nd floor
3. Farmàcia Ferrer (Orpinell) Avinguda de Vallcarca, 32, Barcelona
4. Comissaria Guàrdia Urbana
Carrer la Rambla, 43, 08002 Barcelona
5. Centre d'Atenció Sociosanitària - Sala Baluard
PI Blanquerna, 2 Barcelona
6. Laboratori Agència de Salut Pública
Av. de les Drassanes, 13-15, 08001 Barcelona
Meeting room: Sala d'Actes

Accommodation:

Check in: 19 October

Check out: 21 October

Hotel Ibis Santa Coloma.

Av. Pallaresa, 73, 08924 Santa Coloma de Gramenet, Barcelona

<http://www.ibis.com/es/city/hoteles-santa-coloma-de-gramenet-v183467.shtml>

WP5 Study visit

Prague

April 25-27, 2017

Reference	HA-REACT WP5 Study visit Prague, Czech Republic
Title	Agenda
Submitted by	WP5
Objective	
Contact person	Mrs. Tereza Cernikova, +420 224 003 856, cernikova.tereza@vlada.cz

Tuesday, April 25

09.00-13.00	Official Reception in National Drug Commission (all together) <i>Vladislavova 1494/4, Prague 1</i>
	Welcome, introduction of the whole program, technical details, questions (Tereza Černíková) (all together) Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT): Main Objectives and Work Package 5 (all together) Introduction to National Drug Policy (Viktor Mravčík) Coordination of Drug Policy and Action Plans (Lucia Kiššová) Funding of Drug Policy (Daniel Dárek) Standards of Care & Drug Services in the CR (Tereza Černíková)
13.00-14.30	Lunch break (all together)
15.00-17.00	Low threshold drop in centre SANANIM (all together) <i>Na Skalce 819/15, Prague 5</i>

Wednesday, April 26

09.00-10.00	Needle exchange programme PROGRESSIVE (Latvia) STAGE 5 PROGRESSIVE - low threshold drop in centre (Latvia) <i>Mahenova 4, Prague 5</i> Break (Lithuania)
11.00-12.00	Needle exchange programme PROGRESSIVE (Lithuania) STAGE 5 PROGRESSIVE - low threshold drop in centre (Lithuania) <i>Mahenova 4, Prague 5</i> Break (Latvia)
12:00-13:30	Lunch break
13:30-16:00	National Drug Commission (all together) <i>Vladislavova 1494/4, Prague 1</i> National Drug Coordinator Jindřich Vobořil National Monitoring Centre for Drugs and Addiction & Overview of drug situation in the CR (<i>Kateřina Grohmannová</i>) Basic data focused on HR & basic overview of HR services in the CR (<i>Barbara Janíková</i>) Discussion and Conclusions

Thursday, April 27

09.30-11.00	REMEDIŠ – opioid substitution and outpatient treatment centre (all together) <i>Vladimířova 10, Prague 4</i>
11.30-13.00	Low threshold working program for drug users SANANIM (all together) <i>Sokolská 26, Prague 2</i>
13.00-14.00	Lunch Break
14.00-15.00	Outreach Mobile Services & Mobile UNIT (all together) <i>Washingtonova, Prague 1</i>

Participants

Participants from Lithuania

1. Emilis Subata. Director, Vilnius Center for Addictive disorders.
2. Morgana Daniele. Public Relations Specialist, Vilnius Center for Addictive disorders
3. Valdas Damosius. Mobile Clinic, Vilnius Center for Addictive Disorders
4. Paulius Gradeckas. Adviser to the Prime Minister at Office of the Government of the Republic of Lithuania
5. Audrone Astrauskiene. Deputy Director of the Public Health Supervision Department, Ministry of Health of The Republic of Lithuania
6. Joana Kulingauskaite. Chief specialist, European Union Support Division Ministry of Health of The Republic of Lithuania

Golden Crown Hotel, Vladislavova 1978/26, Prague 1

Participants from Latvia

From Latvia we are:

1. Agnese Freimane, Centre for Disease Prevention and Control of Latvia (CDPC)
2. Ilze Straume, CDPC
3. Jana Feldmane, MofH
4. Ruta Kaupe, NGO "DIA+LOGS"
5. Lauma Zarina, State Police, prevention dep.
6. Sanda Gailāne, State Police, prevention dep.,
7. Inga Landsmane, Riga Centre of Psychiatry and Addiction Disorders
8. Marina Germanre, Municipality of Daugavpils City
9. Kristaps Dvēselītis, Municipality of Ogre City.

hotel BEST WESTERN KINSKY GARDEN 4*, Holečkova 403/7, Prague 5

Participants from Spain

1. Michela Sonogo
2. Luis Sordo

Crystal Palace Hotel, Mala Stepanksa 1399/17, Prague 1

Participants from Greece

1. Vasilios Raftopoulos
2. Magda Pilli

EA Hotel Sonata, Sokolska 68, Prague

Czech Republic

1. Tereza Černíková – National Monitoring centre for Drugs and Addiction

WP5 Study visit

Madrid

September 12-13, 2017

Reference	HA-REACT WP5 Study visit to Madrid, Spain
Title	Programme
Submitted by	WP5
Objective	
Contact person	Mrs. Michela Sonego, +34 91822 2630, m.sonego@externos.isciii.es Mr. Luis Sordo, +34 91822 2678, lsordo@externos.isciii.es

Tuesday, September 12

11.00-11.15	Reception in National Centre of Epidemiology (Carlos III Health Institute) ¹
11.15-12.30	“Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT): Main Objectives and Work Package 5” (Luis Sordo) “Spanish HIV/AIDS epidemic among IDUs and the policy response from an historical perspective” (Luis de la Fuente & Luis Sordo) “Harm Reduction in Madrid: Main health and social services”
12.30-13.30	Madrid-Lithuania and Harm Reduction, discussion
13.30-16.00	Lunch break
16.00-16.10	Meeting at Debod temple ² . Walk to Harm Reduction facilities
16.30-17.30	Visit to Mobile UNIT “Madroño” & Meeting with responsible of the project (How to start up, difficulties and other advices)

17.30-17.45	Visit to Shelter “San Isidro”
17.45-18.15	Visit to Low threshold centre “La Rosa”
18.15-21.00	Dinner break
21.00-21.30	Visit to Night Basic attention centre³

9.30-10.30	Naloxone empowerment. Experience in Barcelona (Oleguer Parès) [for non-participants in Barcelona Study visit]
11.00-12.30	Visit to Integral Drug Addiction treatment centre (Tetuán) ⁴
12.30-13.00	Response to drug abuse problem in Madrid (Ana M Cáceres, Instituto de Adicciones - Madrid Salud)
13.00-13.30	Visit Conclusions (Michela Sonogo and Luis Sordo)
13.30-15.30	Lunch break
16.30	Train to Barcelona

Location:

1. National Centre of epidemiology: Instituto de Salud Carlos III. Centro Nacional de Epidemiología. C/ Monforte de Lemos, 5. Pabellón 12. 28029. Madrid-España

2. Templo Debod: Calle Ferraz, 1, 28008 Madrid

3. Centro de atención Básica sociosanitaria: C/ Calle Melquiades Biencinto, 7

4. Centro de Atención a las Adicciones (CAD): C/ Pinos Alta, 122 – Metro Ventilla

Participants from Spain: 12 persons

Mrs. Michela Sonogo	National Centre of Epidemiology (Carlos III Health Institute)
Mr. Luis Sordo	National Centre of Epidemiology (Carlos III Health Institute)

Mrs. Icíar Indave	National Centre of Epidemiology (Carlos III Health Institute)
Mr Luis de la Fuente	National Centre of Epidemiology (Carlos III Health Institute)
Mr. Jose Pulido	National Centre of Epidemiology (Carlos III Health Institute)
Mrs. Ana María Cáceres	Addiction Institute of Madrid (Instituto de Adicciones - Madrid Salud)
Mrs. Beatriz Mesías	Addiction Institute of Madrid (Instituto de Adicciones - Madrid Salud)
Mr. Darío Pérez	Departamento Samur Social y Atención a Personas Sin Hogar – Ayuntamiento de Madrid
Mr. Jorge Álvarez	Madroño/Arquisocial- Madrid Salud

Participants from Lithuania: 10 persons

1. Emilis Subata
2. Rimanta Rozanskaite
3. Vilma Dambrauskiene
4. Giedre Karsokiene
5. Ausra Bogdanaviciute
6. Odeta Aleksiene
7. Remigijus Osauskas
8. Antanas Krivickas
9. Irma Lukminiene
10. Dovilė Maciulyte (pending)

Accommodation:

Best Western Hotel Los Condes

Calle de Los Libreros, 7

28004 Madrid

Tel. [+34 915 21 54 55](tel:+34915215455)

WP5 Study visit

Barcelona

September 14-15, 2017

Reference	HA-REACT WP5 Study visit to Barcelona, Spain
Title	Programme
Submitted by	WP5
Objective	
Contact person	Mrs. Iciar Indave, +34 91822 2973, bindave@externos.isciii.es Mr. Luis Sordo, +34 91822 2678, lsordo@externos.isciii.es

Thursday, September 14

10.30-11.15	Official Reception at Public Health Agency of Barcelona (ASPB) ² Carme Borrell and Maribel Passarin (Management ASPB)
11.15-12.15	Harm reduction in Barcelona Oleguer Parés and Teresa Brugal (ASPB)
12.15-13.00	Situation in Madrid/Barcelona and Latvia. Discussion.
13.00-15.00	Lunch break
15.00-16.00	Pharmacy visit (PI Lesseps) Opioid Substitution Treatment/Needle exchange program and Pharmacies ³ Maria Estrada. COFB
17.00-17:30	Mobile Unit dispensing methadone (Vall d'Hebron) ¹ Elvira Guilaña (ASPB)

Friday, September 15

9.00-10.00	Alcohol harm reduction in Madrid (Ana M Cáceres) [for non-participants in Madrid Study-visit]
10.00-11.30	Coordination with police ⁴ David Martinez. Barcelona local police supervisor
11.30-13.00	CAS Baluard (consumption room) ⁵ Diego Aranega. CAS Baluard coordinator (ASPB)
13.00-14.00	Lunch break
14.00-15.00	Naloxone empowerment. Experience in Barcelona ⁶ Albert Espelt. ASPB

Location:

1. Passeig de la Vall d'Hebron, 154, 08035 Barcelona
Metro line 3 (green) Vall d'Hebrón subway station. Take the exit "Mercat" in front of the Vall d'Hebron Hospital main entrance.



2. Public Health Agency of Barcelona
Avinguda Príncep d'Astúries, 63, 08012 Barcelona
Meeting room, 2nd floor
3. Farmàcia Ferrer (Orpinell)
Avinguda de Vallcarca, 32, Barcelona
4. Comissaria Guàrdia Urbana
Carrer la Rambla, 43, 08002 Barcelona
5. Centre d'Atenció Sociosanitària - Sala Baluard
PI Blanquerna, 2 Barcelona
6. Laboratori Agència de Salut Pública
Av. de les Drassanes, 13-15, 08001 Barcelona
Meeting room: Sala d'Actes

Participants from Spain: 11 persons

Mrs. Iciar Indave	National Centre of Epidemiology (Carlos III Health Institute)
Mr. Luis Sordo	National Centre of Epidemiology (Carlos III Health Institute)
Oleguer Parés	Agencia de Salut Publica de Barcelona
Carme Borrell	Agencia de Salut Publica de Barcelona
Elvira Guilaña	Agencia de Salut Publica de Barcelona
Maribel Passarin	Agencia de Salut Publica de Barcelona
Teresa Brugal	Agencia de Salut Publica de Barcelona
Albert Espelt	Agencia de Salut Publica de Barcelona
Diego Aranega	CAS Baluard coordinator (ASPB)
David Martínez	Barcelona local police
Maria Estrada.	COFB

Participants from Lithuania: 10 persons

1. Emilis Subata
2. Rimanta Rozanskaite
3. Vilma Dambrauskiene
4. Giedre Karsokiene
5. Ausra Bogdanaviciute
6. Odeta Aleksiene
7. Remigijus Osauskas
8. Antanas Krivickas
9. Irma Lukminiene
10. Dovilė Maciulyte (pending)

Accommodation:

Hotel NH Barcelona Saints

Calle Numancia, 74

08029 Barcelona

Tel. + 34 93 3224451

HA-REACT Joint action

WP5 Training on Harm Reduction in Lithuania

Location: Vilnius

Dates: October 02-06, 2017

Class times: Monday to Thursday from 9.00 to 16:00h, Friday from 9:00 to 12:30h

Reference	HA-REACT WP5 Harm Reduction Training in Vilnius, Lithuania
Title	Training agenda
Submitted by	WP5
Objective	To illustrate service provision process in relation to different harm reduction interventions and facilities, as well as related problem solving strategies.
Contact person	<p>Mrs. Dovilė Mačiulytė, dovile.maciulyte@vplc.lt</p> <p>Mrs. Blanca Iciar Indave, +34 91822 2973, bindave@externos.isciii.es</p> <p>Luis Sordo, +34 91822 2678, lsordo@externos.isciii.es</p>

Brief description: The training uses practical issues to illustrate service provision process in relation to different harm reduction interventions and facilities, as well as related problem solving strategies. The training is composed by 3 different workshops of which a detailed description is provided bellow. All are capacity building oriented, and thought to reduce stigma and discrimination in the provision of harm reduction services. Each will consist of lectures, discussions and small-group exercises, as well as group or individual assignments.

Structure and content:

02 October	03 October	4 October	5 October	6 October
START OF OST WORKSHOP 9 to 10:30h Course presentation and brief theoretical overview of harm reduction	9 to 10:30h Practical classes based on successful experiences (Introduction of the exercise and time for group work)	START OF HR WORKSHOP 9 to 10:30h Course presentation and brief theoretical overview of harm reduction	9 to 10:30h Practical classes based on successful experiences (Introduction of the exercise and time for group work)	9 to 10:30h Continuation previous class finishing introduction of exercise and time for group work
Coffee break	Coffee break	Coffee break	Coffee break	Coffee break
11 to 12:30h Theoretical background on OST with examples and participative methodology	11 to 12:30h Continuation previous class (Time for group work and resolution)	11 to 12:30h Practical case scenario on HR (Introduction of the exercise and time for group work)	11 to 12:00h Continuation previous class (Time for group work and resolution) 12 to 13h Final discussion group and evaluation of the workshop Closure END OF HR WORKSHOP	11 to 12:00h Continuation previous class (Time for group work and resolution) 12 to 13h Final discussion group and evaluation of the workshop Closure END OF OP WORKSHOP
Lunch break	Lunch break	Lunch break	Lunch break	
14 to 16h Practical case scenario on OST (Introduction of the exercise, time for group work and resolution)	14 to 15h Final discussion group and evaluation of the workshop Closure END OF OST WORKSHOP	14 to 16h Continuation previous class (Time for group work and resolution)	START OF OP WORKSHOP 14 to 16h Course presentation and brief theoretical overview of overdose prevention Introduction of real case scenario exercise based on successful experiences.	

1. WORKSHOP ON OPIOID SUBSTITUTION THERAPY

General information:

Location: Vilnius (Lithuania)

Dates: 02 and 03 of October 2017

Class times: From 9.00 to 16:00h, with two coffee breaks and time for lunch

Maximum attendees: 15 persons

Course Instructors:

- **Moses Camilleri**, MD at the Detox department of the Foundation for Social Welfare Services of Malta. Qualified in medicine and surgery from University of Malta in 1991, he studied addictions for a year (1994/5) at the University of London and the St. George's Hospital. He has worked since 1993 in the only methadone dispensing clinic of Malta and has also been involved in long term rehabilitation of people with substance use disorders. He is also visiting senior lecturer at the University of Malta lecturing medical students on addictions, and has a special interest in infectious diseases, especially hepatitis C diagnosis and its linkage to treatment.

- **Anna Maria Vella**, MD, MPH, held a Post-Graduate Diploma in Women's Health and a Master degree in Bioethics. Dr Vella has been working in the Substance Misuse Unit (SEDQA: National Agency for Dependencies) for the past 22 years where she is a senior doctor specialising in care for pregnant women with a substance misuse problem and women who are sex workers. Her PhD work is about the effect of maternal opioids on unborn children from 0-3 years. She is also a visiting senior lecturer at the University of Malta lecturing about Addiction to Medical students, Nurses, Midwives and Social workers.

- **Kilian Alonso Arce**, nurse at CAS Baluard with experience in Acute Psychiatric Units and Centers for attention and follow up of drug users of the Care Network of Barcelona. Currently working providing treatment to drug users and reducing harm related to consumption.

- **Noelia Girona Marcos**, social worker specialized in drug addiction and public health with experience working with vulnerable groups since 2005. Head of service at CAS Baluard, providing direct assistance to drug dependent people as well as assuming management and related research.

- In addition, English-Lithuanian and Spanish-Lithuanian translators and 2 facilitators will be present and promoting a dynamic work among the group.

Description:

The aim of this workshop is to promote dialogue, discuss benefits and drawbacks of OST, and to contribute to the capacity building of workers in order to influence decisions and include reduction of stigma.

The first part of the workshop is composed by a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions.

A theoretical background on Opioid Substitution Therapy (OST) will then be provided at the first two sessions and practical issues will be used to illustrate clinical management of OST provision and connected topics. Through practical case scenarios possible problems will be addressed and problem solving processes will be tested in the remaining sessions of the first day. This way participants will understand the key determinants and will be able to develop strategies to overcome real situations in everyday OST provision.

The second day of the workshop will be entirely dedicated to practical classes in which successful experiences from the Centre for Drug Users and Drug Consumption Room “CAS Baluard” from Barcelona (Spain) will be presented and discussed in workgroup. This exercise should allow participants to gain an insight in successful experiences from abroad and to get new ideas (benchmarking).

Learning objectives:

Upon successfully completing this course, students will be able to:

- Understand and give a comprehensive overview of OST, research and best practice required for effective treatment
- Analyze an OST case and evaluate the intervention and its alternatives
- Apply an adequate problem solving methodology to different real case scenarios of OST related problems
- Work together in multi-disciplinary groups to apply best practices in OST
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Physicians and other healthcare professionals (Doctors, psychiatrists, nursing staff and possibly other health workers)

Structure:

02 October	03 October
9 to 9:30h Course presentation and brief overview of HA-REACT.	9 to 10:30h Practical classes based on successful experiences from CAS Baluard with a brief introduction to the topic and time for group work
9:30 to 10:30h Brief overview of harm reduction and current state of situation.	Coffee break
Coffee break	11 to 12:30h Continuation previous class (Time for group work and resolution)
11 to 12:30h Theoretical background on OST with examples and participative methodology	Lunch break
Lunch break	14 to 15h Final discussion group and evaluation of the workshop Closure
14 to 16h Practical case scenario on OST (Introduction of the exercise, time for group work and resolution)	

Content:

- Short summary of underlying theory and epidemiology
- Basic pharmacological background of OST and other available treatments:
 - Clinical indications, contraindications and alternative indications of OST
 - Diagnosing and linking to HCV, HIV and TB treatments
 - Clinical choice between detoxification (rapid detoxification) and drug free treatment/OST
 - Start of OST (methadone maintenance therapy, initial 3 weeks)
 - Effective maintenance methadone doses
 - Adverse effects of methadone
 - OST duration and indications for termination of OST, rapid opioid detoxification
- Barriers to engagement
 - Prescriber resistance
 - Patient resistance to OST
 - Attitudes of clinic staff limiting numbers who engage

- Involvement of administration and/or political agendas which interfere with proper functioning of OST eg. when limiting doses of methadone allowed, duration of OST, ect
- Community intervention and neighborhood resistance
- Managing of chaotic patients in OST
- Gender perspective in OST, OST and pregnancy and other aspects related to drug use and women
- Differences in managing programs in different settings (specialized, GP, low threshold, mobile units)

Methodology: The workshop uses participatory approaches as much as possible. A variety of methodologies will be used, that may include lecture/presentation, discussions, debates, group work, video discussions, question and answers, demonstrations, practical sessions (hands-on practice), small and large group exercises, role plays and simulations.

Course participants will be required to complete an anonymous evaluation of the workshop.

Recommended course readings:

The recommended articles will be provided in electronic format by the course coordination.

- (1) Fuehrlein BS, Ross DA. Opioid Use Disorder: A Desperate Need for Novel Treatments. *Biol Psychiatry* 2017 Apr 1;81(7):e43-e45.
- (2) Radcliffe P, Parkes T. The politics of providing opioid pharmacotherapy. *Int J Drug Policy* 2013 Nov;24(6):e6-10.
- (3) Schuckit MA. Treatment of Opioid-Use Disorders. *N Engl J Med* 2016 Jul 28; 375(4):357-68.
- (4) European Monitoring Centre for Drugs and Drug Addiction. Harm reduction: evidence, impacts and challenges. EMCDDA2010
(http://www.emcdda.europa.eu/publications/monographs/harm-reduction_en)

- (5) European Monitoring Centre for Drugs and Drug Addiction. Perspectives on Drugs: Strategies to prevent diversion of opioid substitution treatment medications. EMCDDA2016 (<http://www.emcdda.europa.eu/topics/pods/preventing-diversion-of-opioid-substitution-treatment>)
- (6) European Monitoring Centre for Drugs and Drug Addiction. Perspectives on Drugs: Drug consumption rooms: an overview of provision and evidence EMCDDA2017 (<http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>)
- (7) European Monitoring Centre for Drugs and Drug Addiction. European Drug Report 2017: Trends and Developments. EMCDDA2017 (http://www.emcdda.europa.eu/publications/edr/trends-developments/2017_en)

2. WORKSHOP ON OTHER HARM REDUCTION INTERVENTIONS

General information:

Location: Vilnius (Lithuania)

Dates: 04 and 05 of October 2017

Class times: Wednesday from 9:00 to 16:00h, with two coffee breaks and time for lunch, and Thursday from 9:00 to 13:00h with a coffee break.

Maximum attendees: 15 persons

Course Instructors:

- **Barbara Janikova**, social worker at the National Monitoring Centre for Drugs and Addiction of the Czech Republic, which agenda includes harm reduction data collection and development on national level. She has experience working in HR services in Czech Republic for more than 15 years (NSP-drop in centre and outreach program). She has also been involved in several research harm reduction projects and in teaching Harm reduction as a subject in Charles University, as part of the Addictology program.

- **Kilian Alonso Arce**, nurse at CAS Baluard with experience in Acute Psychiatric Units and Centers for attention and follow up of drug users of the Care Network of Barcelona. Currently working providing treatment to drug users and reducing harm related to consumption.

- **Noelia Girona Marcos**, social worker specialized in drug addiction and public health with experience working with vulnerable groups since 2005. Head of service at CAS Baluard, providing direct assistance to drug dependent people as well as assuming management and related research.

- **Jurgita Poskeviciute**, director of „I Can Live“ Coalition and expert in local drug situation.

- In addition, English-Lithuanian and Spanish-Lithuanian translators and 2 facilitators will be present and promoting a dynamic work among the group.

Description:

This workshop has been designed to introduce service providers and related workers to the principles, concepts and practices of Harm Reduction (HR). The aim is to provide a space and opportunity to critically examine examples of HR work and to become familiar with different interventions, as well as to develop strategies for mobilizing support for these interventions and support for HR programs in communities, families and institutions.

The first part of the workshop is composed by a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions. Then highlights of the current situation in Lithuania will be shown, followed by practical classes that presents some procedures to participants as they are implemented in the field.

The second part of the workshop is composed by an entire morning dedicated to practical classes in which successful experiences from the Centre for Drug Users and Drug Consumption Room “CAS Baluard” from Barcelona (Spain) will be presented and discussed in workgroup. This exercise should allow participants to gain an insight in successful experiences from abroad and to get new ideas (benchmarking).

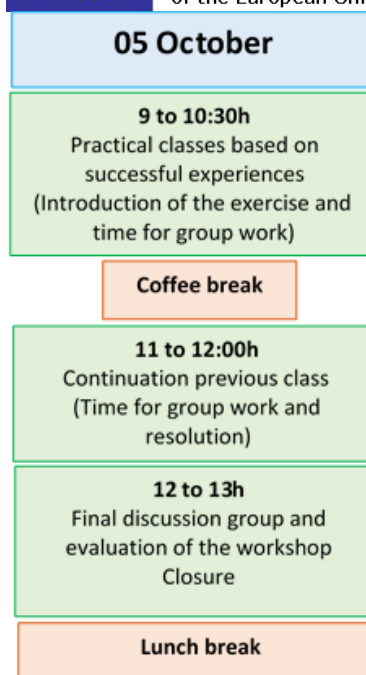
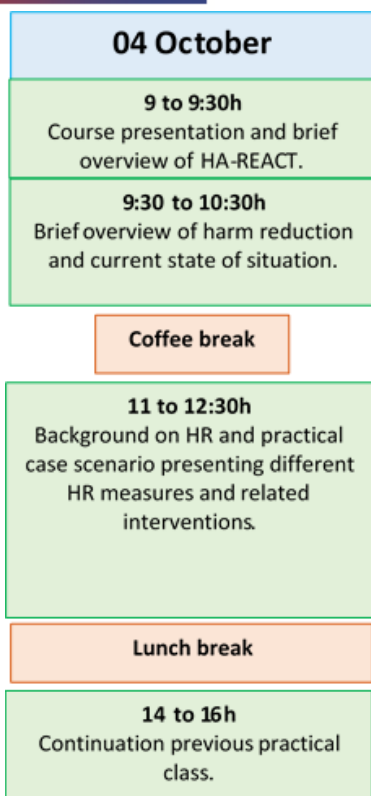
Learning objectives:

Upon successfully completing this course, students will be able to:

- Define, understand and give a comprehensive overview of HR and its different approaches (medical perspective, social and educational perspective, etc.)
- Identify elements of organizational support for HR implementation
- List different interventions of HR strategies
- Know best practices and evidence available for HR
- Be aware of the social and political context of HR in different regions
- Identify effective strategies to develop a therapeutic alliance in HR context
- Obtain strategies for engaging diverse clients and collaborating around assessments, clarification of goals, and personalized clinical treatment plans
- Analyze different real scenario cases and evaluate the related HR intervention and its alternatives
- Apply an adequate problem solving methodology
- Work together in multi-disciplinary groups to apply best practices in HR
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Staff from low-threshold services (social workers, nurses and etc.).

Structure:



Content:

- Short summary of background and harm reduction (HR) basic information
- Related approaches, services considered, HR in different settings and locations
- Role of different professionals, responsibilities, duties, etc.
- Evidence and best practice recommendations
- Local applicability
- Available tools, critical points and crisis management
- Managing of chaotic patients
- Differences in managing programs in different settings (specialized, GP, low threshold, mobile units)
- Management of infectious disease prevention, monitoring and treatment (HIV, HCV, TB and STI)
- Transversal work/ Reinsertion/Cooperation between programs and institutions or services

Methodology: The workshop uses participatory approaches as much as possible. A variety of methodologies will be used, that may include lecture/presentation, discussions,

debates, group work, video discussions, question and answers, demonstrations, practical sessions (hands-on practice), small and large group exercises, role plays and simulations.

Course participants will be required to complete an anonymous evaluation of the workshop.

Recommended course readings:

- (1) European Monitoring Centre for Drugs and Drug Addiction. Harm reduction: evidence, impacts and challenges. EMCDDA 2010.
(http://www.emcdda.europa.eu/publications/monographs/harm-reduction_en)
- (2) European Monitoring Centre for Drugs and Drug Addiction. Perspectives on Drugs: Drug consumption rooms: an overview of provision and evidence EMCDDA 2017.
(<http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>)
- (2) Tim Rhodes. Outreach work with drug users: principles and practice, Council of Europe Publishing F-67075 Strasbourg Cedex, ISBN 92-871-3110-4, © Council of Europe, 1996.
- (3) Carol Strike, Tara Marie Watson, Paul Lavigne, Shaun Hopkins, Ron Shore, Don Young, Lynne Leonard, Peggy Millson. 2010. Guidelines for better harm reduction: Evaluating implementation of best practice recommendations for needle and syringe programs (NSPs). International Journal of Drug Policy 22 (2011) 34–40.
- (4) Lisa Jones, Lucy Pickering, Harry Sumnall, James McVeigh, Mark A. Bellis. Optimal provision of needle and syringe programmes for injecting drug users: A systematic review. International Journal of Drug Policy 21 (2010) 335–342
- (5) Alex Wodak and Leah McLeod. The role of harm reduction in controlling HIV among injecting drug users. Published in final edited form as: AIDS. 2008 August ; 22(Suppl 2): S81–S92. doi:10.1097/01.aids.0000327439.20914.33.
- (6) Guidelines for services providing injecting equipment. Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland.
 - <http://www.who.int/en/>
 - <http://www.unodc.org/>
 - <http://www.unaids.org/en/>
 - <http://www.harm-reduction.org>

WORKSHOP ON OVERDOSE PREVENTION

General information:

Location: Vilnius (Lithuania)

Dates: 05 and 06 of October 2017

Class times: Thursday from 14:30 to 16:00h and Friday from 9:00 to 12:30h with a coffee break.

Maximum attendees: 15 persons

Course Instructors:

- **Oleguer Parés-Badell**, MD, preventive medicine specialist and public health technician at the Department of Drug Prevention and Care of the Barcelona Public Health Agency. His current duties focus on managing and providing technical support to harm reduction facilities as well as designing and implementing harm reduction interventions in the city of Barcelona. Oleguer is also a PhD candidate at Pompeu Fabra University. His thesis project is entitled "Barcelona Model of Integral Care: Evaluation of the harm reduction policies in the city of Barcelona". He has published previous research on the economic costs of mental disorders and suicidal behaviour in adolescents and young adults.

- **Morgana Daniele** from Vilnius Centre of Addictive Disorders, expert local drug situation.

- In addition, an English-Lithuanian translator and 2 facilitators will be present and promoting a dynamic work among the group.

Description:

This workshop has been designed to introduce service providers and related workers overdose prevention strategies. The aim is to provide a space and opportunity to become familiar with different interventions, as well as to develop strategies for mobilizing support for these interventions.

The first part of the workshop is composed by a brief presentation of HA-REACT and information available on the portal of the EMCDDA on HR interventions. Then highlights of the current situation in Lithuania will be shown, followed by the presentation of the Take Home Naloxone Program from Barcelona (Spain) as one successful experience preventing overdose deaths. This dynamic class is thought to promote the discussion of the topic among the participants.

Learning objectives:

Upon successfully completing this course, students will be able to:

- Define and explain the epidemiology of overdose
- Explain the rationale for and scope of overdose prevention education and other interventions as naloxone rescue kit distribution
- Incorporate overdose prevention education into medical and pharmacy practice by educating patients about overdose risk reduction
- Define, understand and give a comprehensive overview on naloxone, its pharmacology, uses and peculiarities of naloxone rescue kits and its distribution
- Explain the different legal and policy environments regarding overdose prevention, mainly considering naloxone rescue kits or “take-home Naloxone” programs
- Analyze different real scenario cases and apply adequate problem solving methodologies
- Work together in multi-disciplinary groups to apply best practices in overdose prevention
- Integrate human rights and ethical principles into the analysis
- Know and benchmark successful experiences from other societies

Target audience: Staff from low-threshold services (could be social workers, nurses and etc.).

Structure:

05 October

Lunch break

14 to 16h

Course presentation and brief theoretical overview of overdose prevention
Introduction of real case scenario exercise based on a successful experience from Spain.

06 October

9 to 10:30h

Continuation previous class finishing introduction of exercise and time for group work

Coffee break

11 to 12:00h

Continuation previous class (Time for group work and resolution)

12 to 13h

Final discussion group and evaluation of the workshop
Closure

Content:

- Short summary of related background information
- Approaches, programs and services considered in different settings and locations related to overdose prevention
- Naloxone: brief summary of its pharmacology, indications and uses
- Role of different professionals, responsibilities, duties, etc.
- Evidence and best practice recommendations
- Local applicability
- Available tools, critical points and crisis management
- Transversal work/ Reinsertion/Cooperation between programs and institutions or services

Methodology: The workshop uses participatory approaches as much as possible. A variety of methodologies will be used, that may include lecture/presentation, discussions, debates, group work, demonstrations, role plays and simulations.

Course participants will be required to complete an anonymous evaluation of the workshop.

Recommended course readings:

- (1) European Monitoring Centre for Drugs and Drug Addiction. Harm reduction: evidence, impacts and challenges. EMCDDA2010
(http://www.emcdda.europa.eu/publications/monographs/harm-reduction_en)
- (2) European Monitoring Centre for Drugs and Drug Addiction. Perspectives on Drugs: Preventing overdose deaths in Europe. EMCDDA2016
(<http://www.emcdda.europa.eu//alias.cfm//topics/pods/preventing-overdose-deaths?>)

Final summary of the training (including agenda for teachers):

02 October	03 October	4 October	5 October	6 October
START OF OST WORKSHOP 9 to 10:30h Course presentation and brief overview of HA-REACT. Brief overview of harm reduction and current state of situation. Course presentation: Juan Miller and Iciar Indave Lessons: Moses Camilleri	9 to 10:30h Practical classes based on successful experiences (Introduction of the exercise and time for group work) Lessons: Noelia Girona and Kilian Alonso	START OF HR WORKSHOP 9 to 10:30h Course presentation and brief overview of HA-REACT. Brief overview of harm reduction and current state of situation. Brief presentation: Juan Miller and Iciar Indave Lessons: Jurgita Poskeviciute	9 to 10:30h Practical classes based on successful experiences (Introduction of the exercise and time for group work) Lessons: Noelia Girona and Kilian Alonso	9 to 10:30h Continuation previous class finishing introduction of exercise and time for group work Lessons: Oleguer Parés
Coffee break	Coffee break	Coffee break	Coffee break	Coffee break
11 to 12:30h Theoretical background on OST with examples and participative methodology Lessons: Moses Camilleri and Anna M. Vella	11 to 12:30h Continuation previous class (Time for group work and resolution) Lessons: Noelia Girona and Kilian Alonso	11 to 12:30h Practical case scenario on HR (Introduction of the exercise and time for group work) Lessons: Barbara Janikova	11 to 12:00h Continuation previous class (Time for group work and resolution) Lessons: Noelia Girona and Kilian Alonso 12 to 13h Final discussion group and evaluation of the workshop Closure Closure: Juan Miller and Iciar Indave END OF HR WORKSHOP	11 to 12:00h Continuation previous class (Time for group work and resolution) Lessons: Oleguer Parés 12 to 13h Final discussion group and evaluation of the workshop Closure Closure: Juan Miller and Iciar Indave END OF OP WORKSHOP
Lunch break	Lunch break	Lunch break	Lunch break	
14 to 16h Practical case scenario on OST (Introduction of the exercise, time for group work and resolution) Lessons: Moses Camilleri and Anna M. Vella	14 to 15h Final discussion group and evaluation of the workshop Closure END OF OST WORKSHOP Closure: Juan Miller and Iciar Indave	14 to 16h Continuation previous class (Time for group work and resolution) Lessons: Barbara Janikova	START OF OP WORKSHOP 14 to 16h Course presentation and brief theoretical overview of overdose prevention. Brief presentation: Juan Miller and Iciar Indave Lesson: Morgana Daniele Introduction of real case scenario exercise based on successful experiences. Lessons: Oleguer Parés	

WP5 Training on Harm Reduction in Latvia

Riga

January 22-26, 2018

Reference	HA-REACT WP5, Training on Harm Reduction in Latvia
Title	Programme
Submitted by	WP5
Location	Islande Hotel, Riga
Contact person	Agnese Freimane agnese.freimane@spkc.gov.lv Mrs. Blanca Iciar Indave, +34 918222973, bindave@externos.isciii.es Dovilė Mačiulytė, dovile.maciulyte@rplc.lt Luis Sordo, +34 91822 2678, lsordo@externos.isciii.es

	22.01.18. Day 1: Start of OST workshop (Agnese Freimane, Luis Sordo, Iciar Indave, Moses Camilleri, Anna M. Vella and - Dovilė Mačiulytė)
10:00-11:30	Course presentation and brief theoretical overview of HA REACT. Agnese Freimane, Luis Sordo and Iciar Indave. Brief overview of harm reduction and current state of situation in Latvia. Inga Landsmane
11:30-12:00	Coffee break
12:00-13:30	Theoretical background on OST with examples and participative methodology. Moses Camilleri, Anna M. Vella and Rita Cortis
13:30-14:30	Lunch break
14:30-16:30	Practical case scenario on OST (introduction of the exercise, time for group work and resolution). Moses Camilleri, Anna M. Vella and Rita Cortis
16:30-16:45	Evaluation. Dovilė Mačiulytė and Iciar Indave

	23.01.18. Day 2: continuation of OST workshop (Noelia Girona, Francesc Piñero, Dovilė Mačiulytė and Iciar Indave)
9:00-10:30	Practical classes based on successful experiences (introduction of the exercise and time for group). Noelia Girona and Francesc Piñero
10:30-11:00	Coffee Break
11:00-12:30	Continuation previous class (time for group work and resolution). Noelia Girona and Francesc Piñero
12:30-14:00	Lunch break
14:00-14:45	Final discussion group, evaluation and closure. Dovilė Mačiulytė and Iciar Indave

	24.01.18. Day 3: Start of HR Wsh (Agnese Freimane, Iva Jovovic, Dovilė Mačiulytė and Iciar Indave)
10:00-11:30	Course presentation and theoretical overview of harm reduction. Agnese Freimane, Dovilė Mačiulytė and Iciar Indave
11:30-12:00	Coffee break
12:00-13:30	Practical scenario on HR (introduction to the exercise and time for group work). Iva Jovovic
13:30-14:30	Lunch break
14:30-16:30	Continuation of previous class (Time for group work and resolution). Iva Jovovic
16:30-16:45	Evaluation. Dovilė Mačiulytė and Iciar Indave
	25.01.18. Day 4: continuation of HR workshop and start of OP (Noelia Girona, Francesc Piñero, Dovilė Mačiulytė and Iciar Indave)
9:00-10:30	Practical classes based on successful experiences (introduction of the exercise and time for group). Noelia Girona and Francesc Piñero
10:30-11:00	Coffee break
11:00-12:00	Continuation previous class (time for group work and resolution). Noelia Girona and Francesc Piñero
12:00-13:00	Final discussion and evaluation of the workshop. Dovilė Mačiulytė and Iciar Indave
13:00-14:00	Lunch break
	25.01.18. Day 4: Workshop on overdose prevention (Dovilė Mačiulytė, Iciar Indave, Oleguer Parés)
14:00-16:00	Course presentation and brief theoretical overview of overdose prevention. Dovilė Mačiulytė and Iciar Indave Introduction of real case scenario exercise based on successful experiences. Oleguer Parés. Evaluation. Dovilė Mačiulytė and Iciar Indave
	26.01.18. Day 5: continuation of workshop on overdose prevention (Dovilė Mačiulytė, Iciar Indave, Oleguer Parés and Noelia Girona)
9:00-10:30	Continuation of previous class finishing introduction of exercise and time for group work. Oleguer Parés and Noelia Girona
10:30-11:00	Coffee break
11:00-12:00	Continuation of previous class (time for group work and resolution). Oleguer Parés and Noelia Girona
12:00-13:00	Final discussion group. Oleguer Parés and Noelia Girona Evaluation of the workshop and closure. Dovilė Mačiulytė, Iciar Indave