

# THE ROLE OF INTERNATIONAL ORGANISATIONS: CORRELATION – EUROPEAN HARM REDUCTION NETWORK

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## OUR WORK

C-EHRN envisions an inclusive and just Europe where people who use drugs and other marginalised and underserved communities have equitable and universal access to social and health care without being discriminated against and stigmatised.

Our mission is to strengthen the role of harm reduction organisations in Europe as an essential component of a rights-based and evidence-informed approach to drug use.

## OUR WORK

We stimulate **mutual support and cooperation** among organisations, institutions and individuals working in harm reduction and drug policy.

We foster **community -based harm reduction research** and provide relevant, up-to-date data and information.

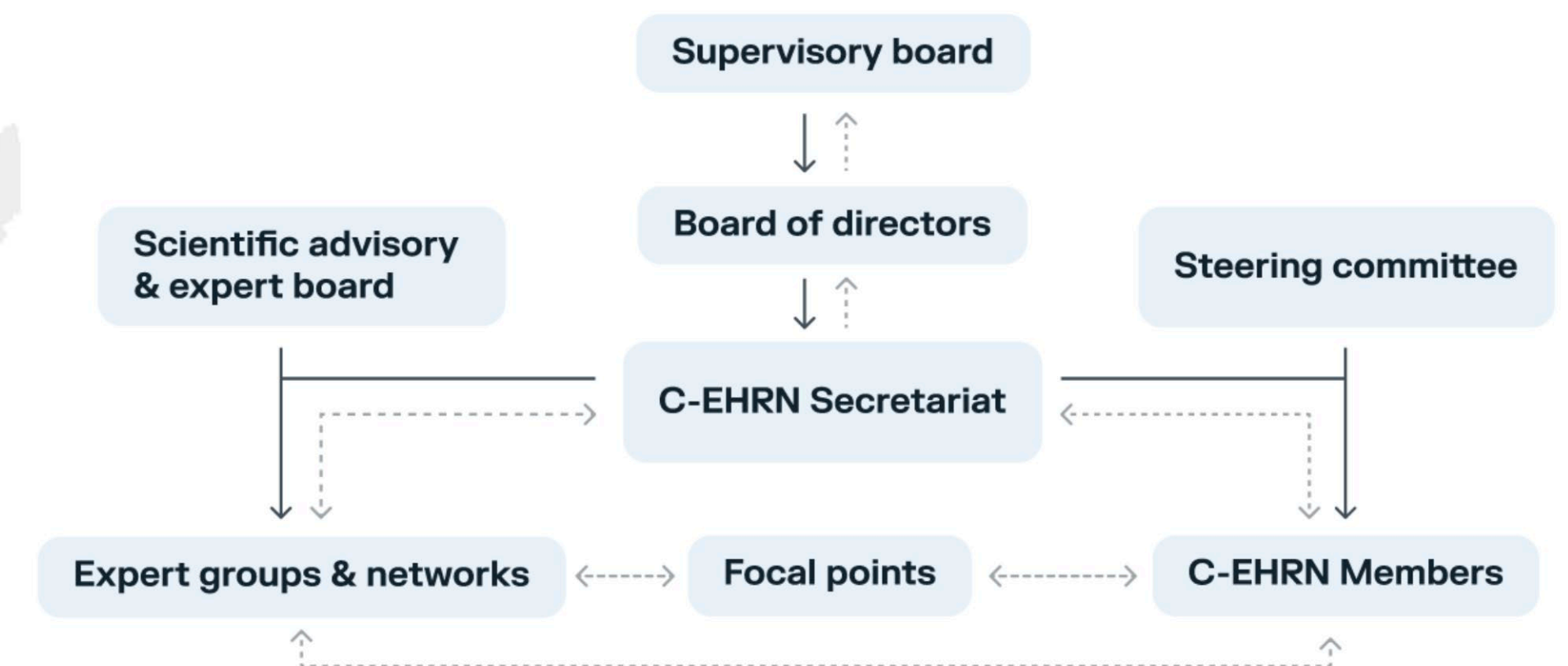
We support implementing **integrated, people -centred community -based & community -led care services** .

We **strengthen and promote civil society's meaningful role** in local, national and European policy-making in the social and health fields.

We advocate for **human rights -based** and **evidence -informed** policies, programmes and care practices.



Figure 1 - C-EHRN Focal Point Network



C-EHRN is comprised of 314 members and counts with a Focal Points Network of 43 organisations. Our Expert Groups are thematically organized, including Hepatitis C, Essential Harm Reduction Services, New Drug Trends, National Harm Reduction Network, Drug Consumption Rooms, Community -based Research & Person -Centred Models of Care.



# CIVIL SOCIETY MONITORING OF HARM REDUCTION IN EUROPE 2022

DATA REPORT

**Correlation**  
European  
Harm Reduction  
Network

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## THE QUALITY OF HARM REDUCTION SERVICES AND THE NATIONAL CONTEXT

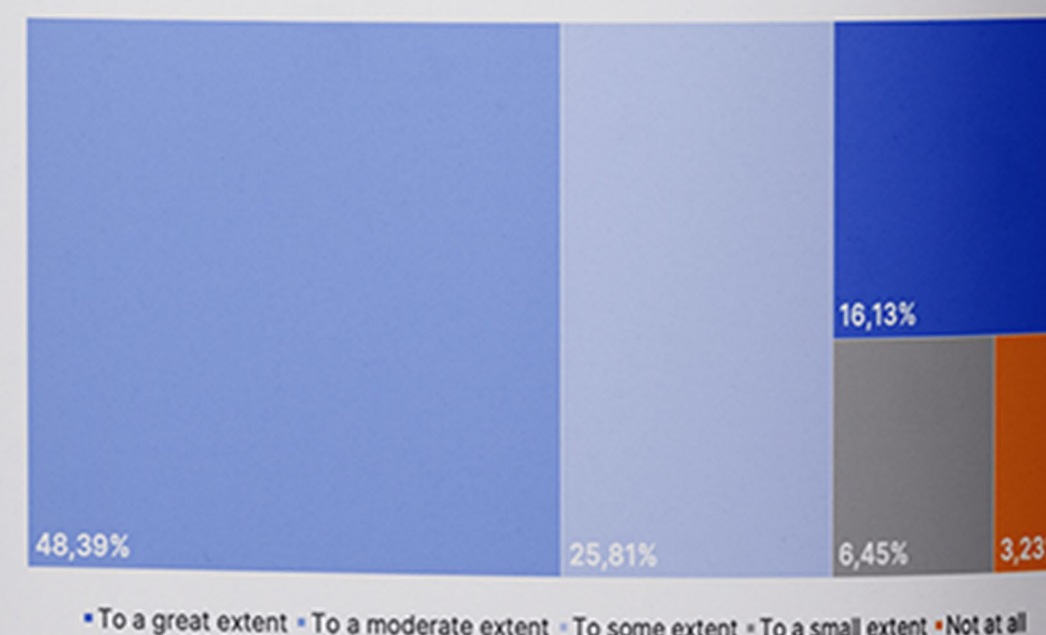
As shown in Figure 5, most FPs see the current harm reduction services in their cities as meeting the needs of people who use drugs to a moderate extent. Meeting the needs to a great extent was reported by only five FPs: Berlin, Bern, Glasgow, Luxembourg, and Vienna. In contrast, FP Malta reported not meeting the needs of people who

use drugs by harm reduction services at all, and Stockholm and Budapest only to a small extent.

The quality of harm reduction services is assessed as relatively high, with the highest performance in confidentiality of client records, informed consent, and accessing health and risk behaviours of clients by the services.

According to the data, in 2022, the majority of FPs still see the situation of harm reduction in their cities as better than in other parts of their country. In several cases, the situation is not straightforward, as reported by, for example, FPs from Barcelona, Bern, Budapest, Cracow, and Warsaw (details can be found in the short city descriptions below).

Figure 5. The extent to which the current harm reduction services in examined cities can meet the needs of people who use drugs.



## 2. Essential Harm Reduction Services

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Figure 6. The evaluation of harm reduction services in examined cities across specified criteria.

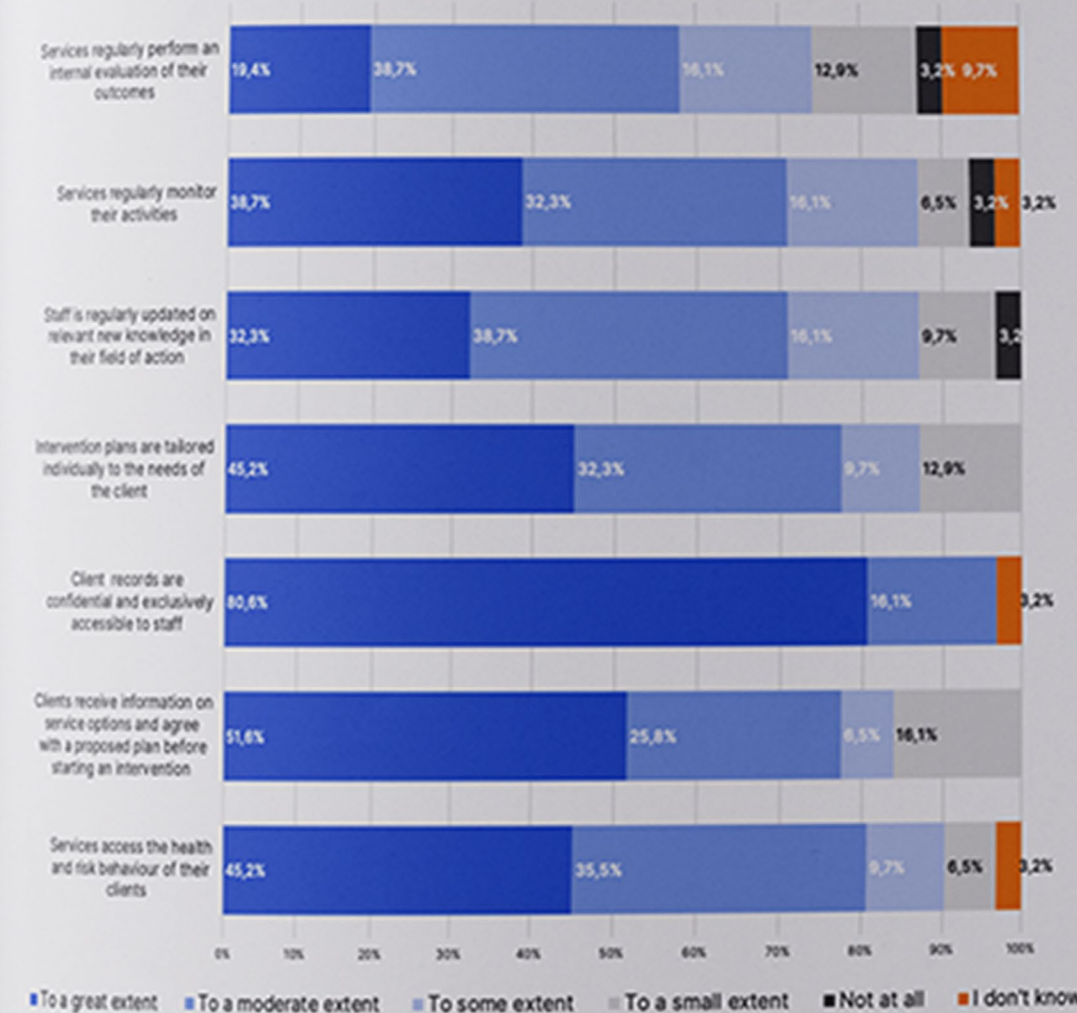
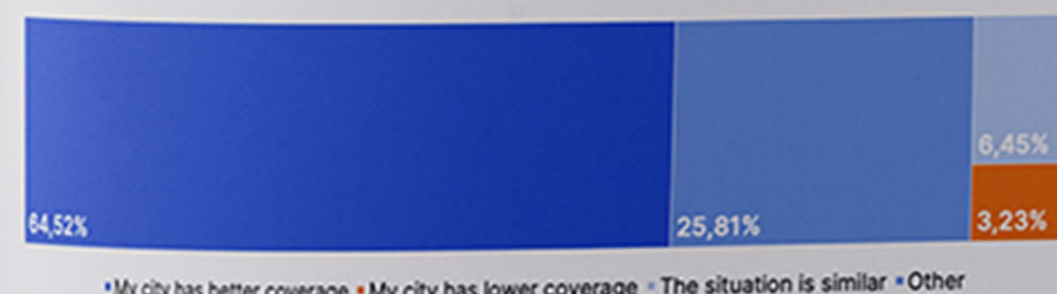


Figure 7. The situation of harm reduction services in examined cities in the national context.





## CHANGE IN THE PATTERN OF USE

Harm reduction programmes are still **highly focused on people injecting opiates**, although there is evidence of a **decrease in opiate use all over Europe**.

**16% of Focal Points more than in 2021 reported cases of people injecting stimulants or new psychoactive substances.**

It appears that **services for people using stimulants are virtually absent, also in terms of treatment**. Furthermore, although some FPs report services for specific populations (e.g. Antwerp, Belgium), this seems to be an exception.

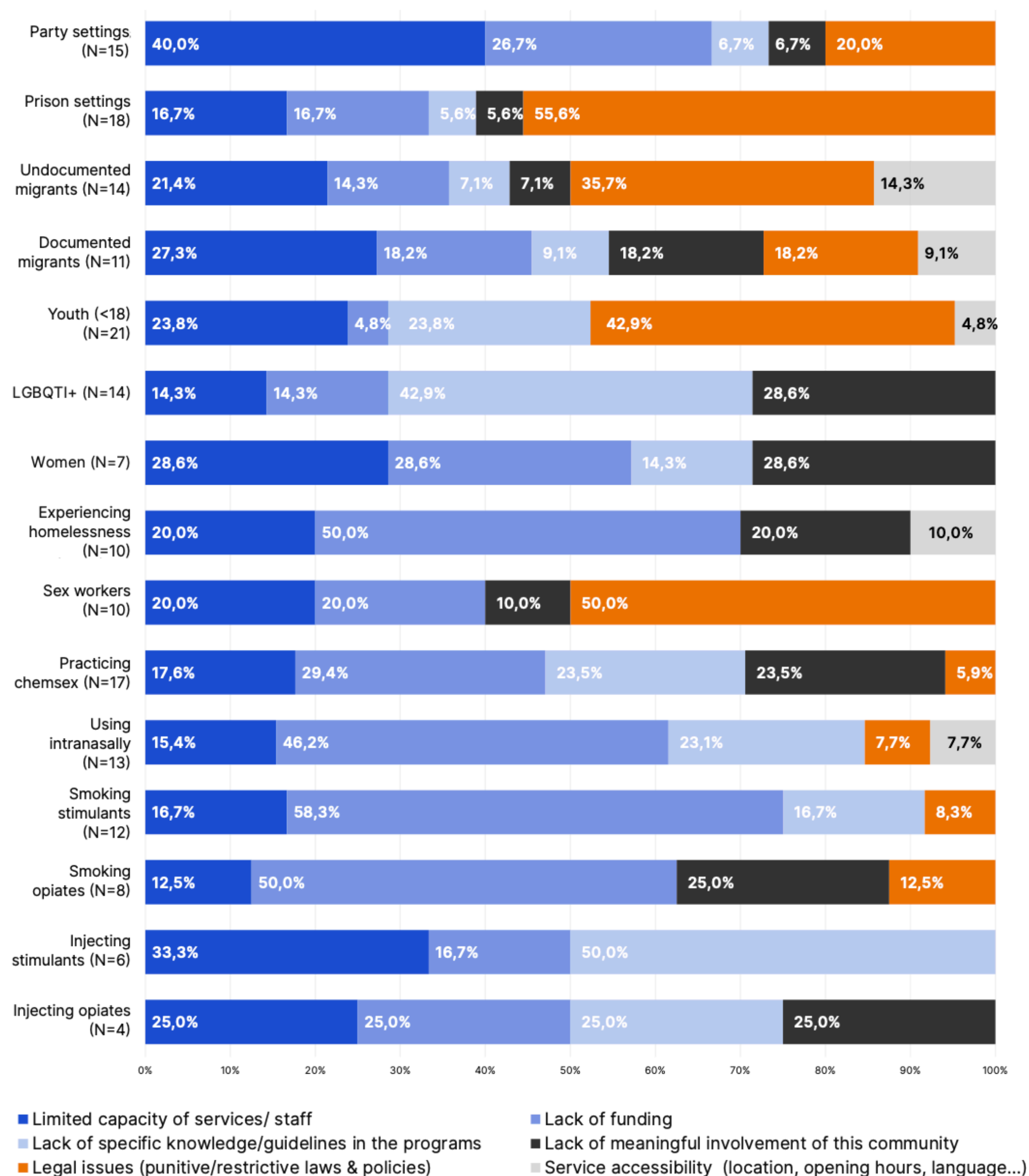
## AVAILABILITY OF SERVICES

The availability of services is higher in Western European countries than in Central-Eastern Europe both in terms of the types of services available, and the quantity of existing services. However, according to the data, **even in Western countries, the harm reduction momentum seems to be over with a decrease in opiate use.**

In **Central -Eastern Europe many services are unavailable** (e.g. drug consumption rooms, drug- checking, take-home naloxone), and those available (e.g. OAT, NSP) are insufficient in the context of need and should be urgently scaled up.

General **lack of housing and labour integration services** .

**Figure 2.** Main reasons why specific sub-populations are currently not being reached by harm reduction programmes as assessed by C-EHRN Focal Points.



## ACCESSIBILITY TO SERVICES

Decreased ability to provide services to sex workers, people experiencing homelessness and women who use drugs .

The lack of funding was mentioned as a barrier across all 15 specific sub -populations, along with limited capacity of service/staff., lack of specific knowledge, lack of meaningful involvement of the specific community and legal issues. Others include, lack of specific knowledge, lack of meaningful involvement in the specific community and legal issues.



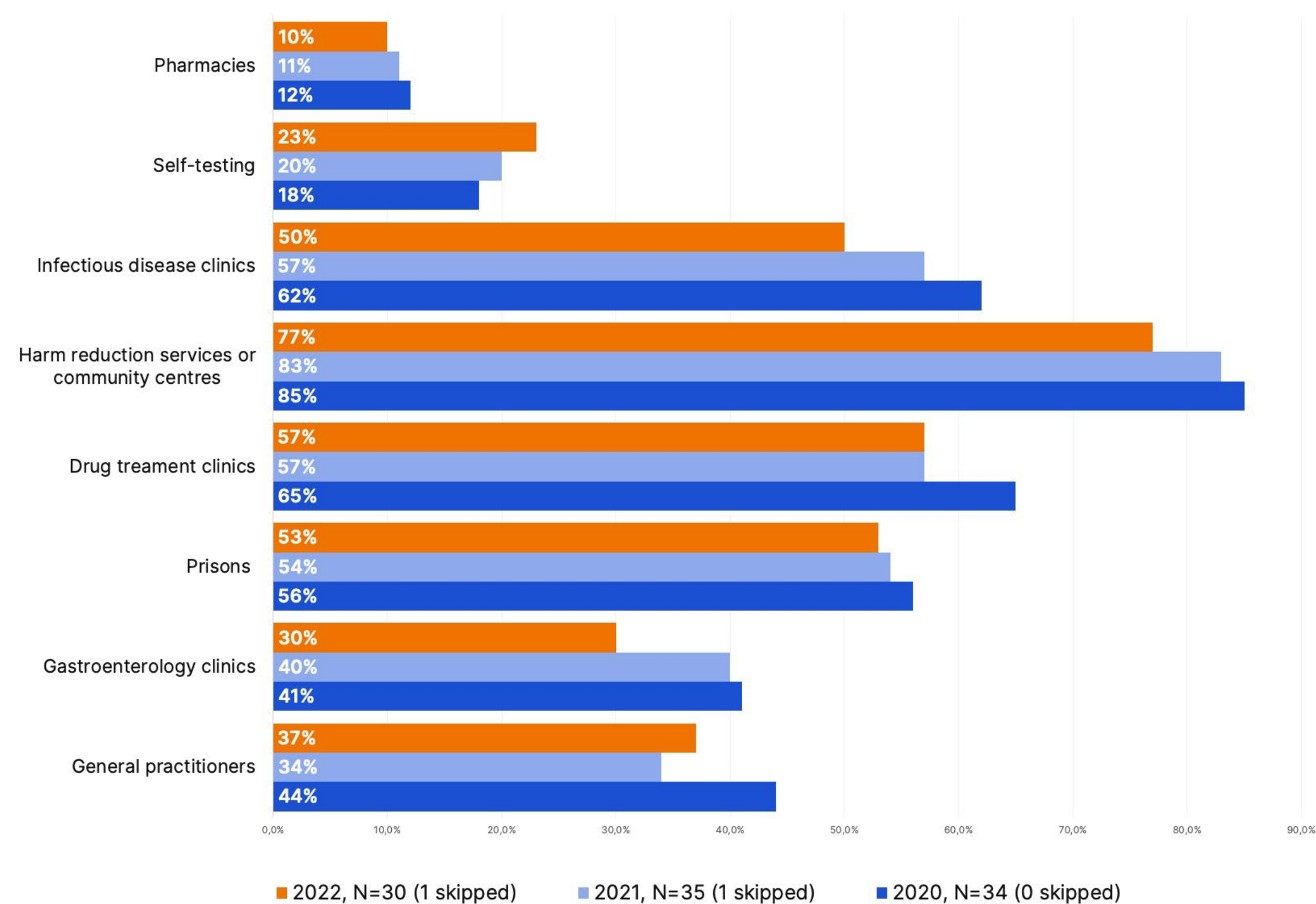
## HCV GUIDELINESS & QUALITY STANDARDS

Although available, the Monitoring Report offers evidence that guidelines **have limited impact in practice**. Respondents were asked about the implementation of national HCV guidelines. Several challenges around the effective implementation of such guidelines were reported, including:

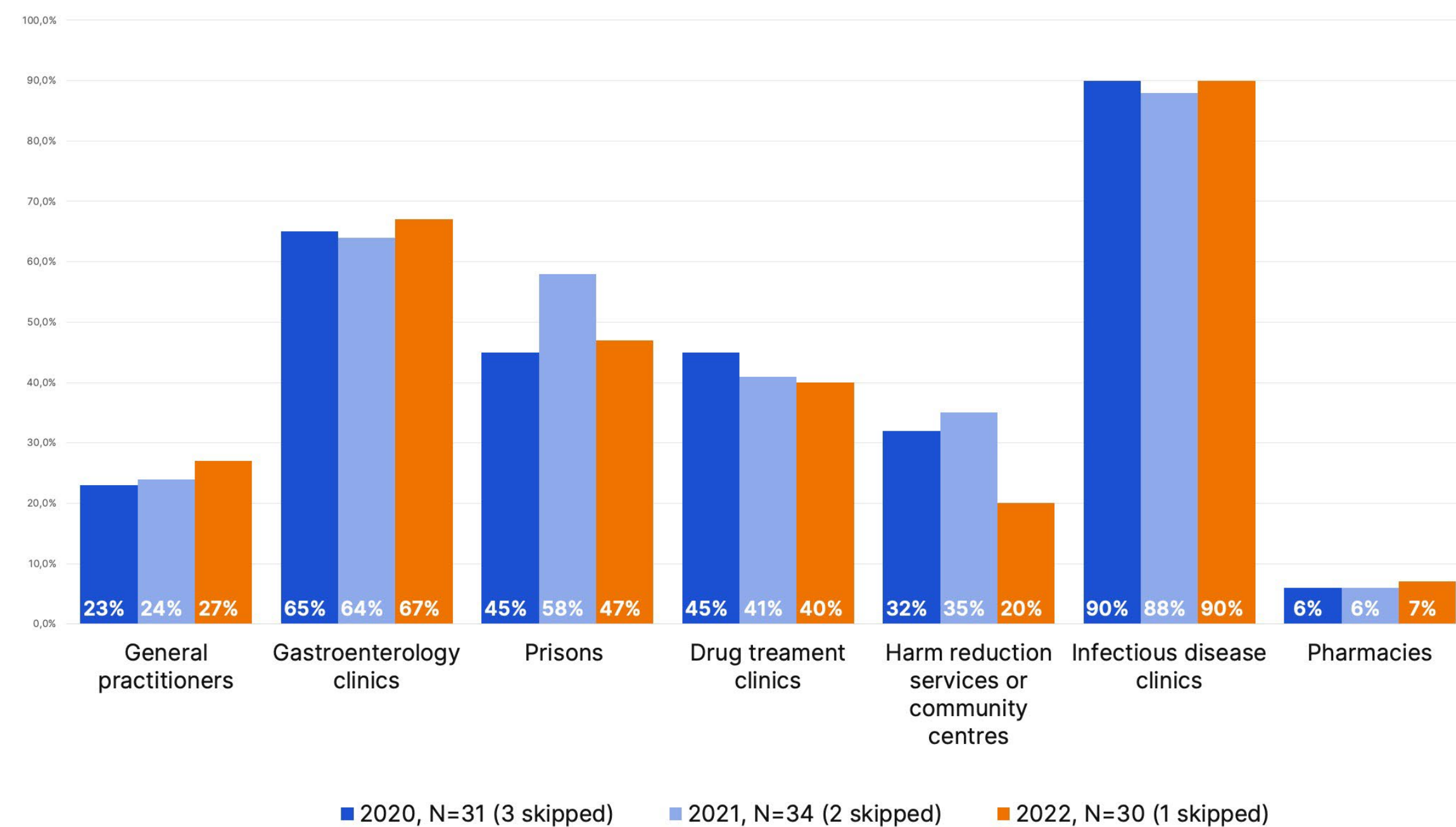
- \* Guidelines are outdated,
- \* Complicated local testing and treatment systems
- \* Lack of services
- \* Impact of the COVID-19 pandemic on testing and treatment.

When asked about the impact of their use, respondents indicated **increased access to testing and treatment**. However, they also impact of the guidelines as their use has led to **excessive specialisation**.

# HCV TESTING & TREATMENT



Proportion of cities performing quick hepatitis C testing for people who inject drugs at various settings in the years 2020, 2021 and 2022



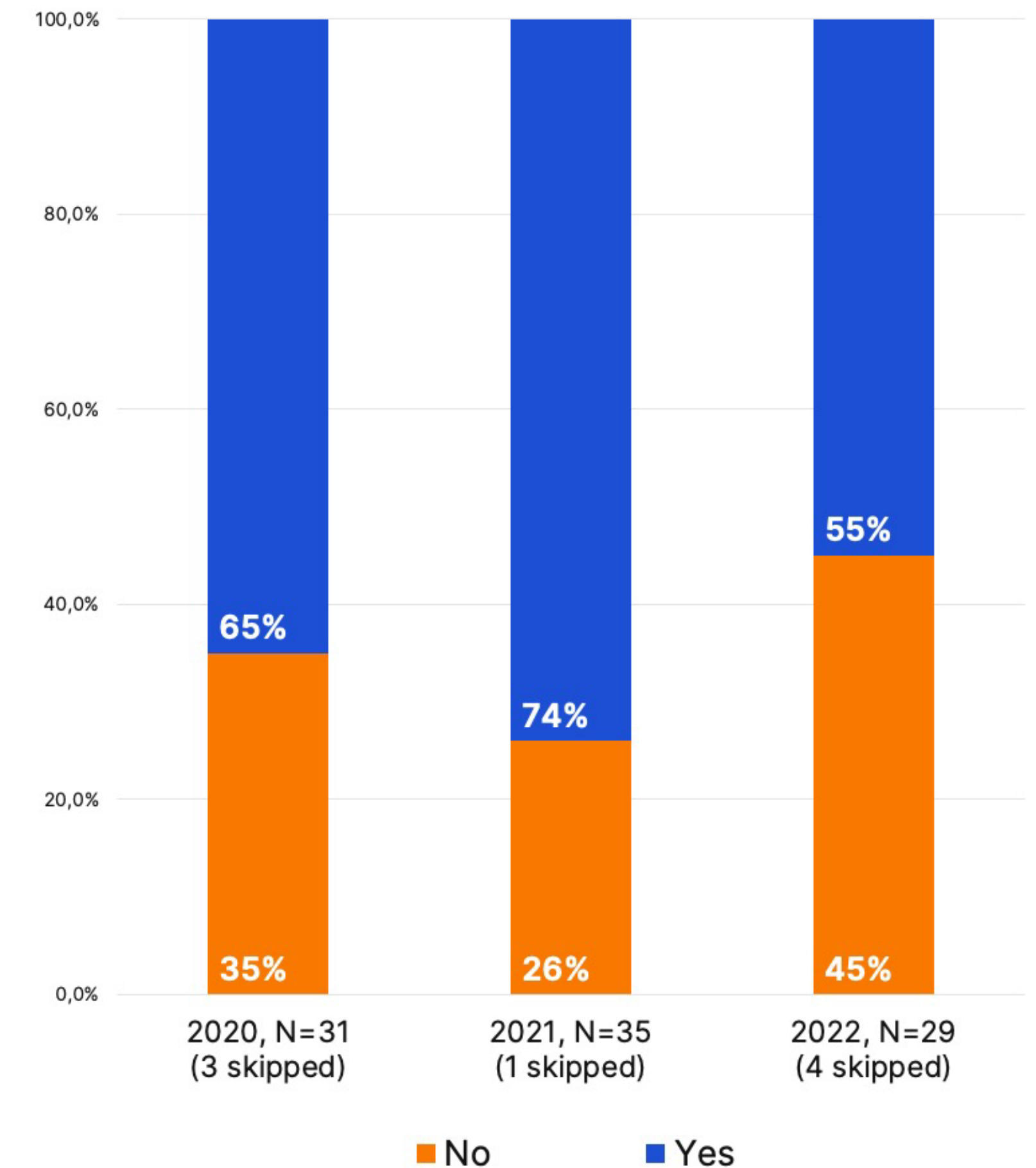
Proportion of European cities providing hepatitis C treatment for people who inject drugs at various settings during 2020-2022



## LIMITATIONS OF HR SERVICES

Compared to previous years, less cities (17) reported limitations in 2022. When referring to limitations, the most frequently mentioned included a lack of funding and staff, a lack of care integration, and a lack of political support.

Data from 2020 and 2021 showed that harm reduction services, their clients and workers were **severely affected by pandemic -related restrictions, both regarding their working/living conditions, and general well being** .



## FROM EMERGENCY RESPONSES TO MAINSTREAMING

Support policymakers and service providers to **learn from & upscale the lessons from the innovative responses** during COVID-19 and the current war in Ukraine.

Ensure that Harm Reduction is considered an **essential service** in emergency responses and the continuum of care.





ADVOCACY BRIEF

# CRISIS IN HARM REDUCTION FUNDING



**Opportunities for Governments to act in** Albania, Bosnia and Herzegovina, Bulgaria, Kosovo\*, Montenegro, Romania and Serbia

Harm reduction programmes aim to minimise the negative impacts of illicit and licit drug use through evidence-based and cost-effective health and social services fully supported by UN and European agencies. People who inject drugs (PWID) are most vulnerable to HIV and hepatitis C (HCV) but high levels of stigma and discrimination by society, including healthcare workers, means that civil society organisations (CSOs) deliver harm reduction services as part of a national response.

Countries of South-Eastern Europe and the Balkans have experienced relatively high rates of HIV and HCV among PWID as well as new waves of drug injecting. For example, in Bucharest, Romania, closure of harm reduction services due to improperly planned transition from Global Fund support, and the influx of new injectable drugs, resulted in HIV increasing among PWID from 1.1% in 2009 to 53.3% in 2012.

analysis has identified common challenges facing the scale-up of harm reduction programmes in the region, including: (a) lack of connection between communicable disease programmes and drug strategies and the absence of PWID in the development of such plans; (b) reliance on very costly imprisonment for drug possession and use; (c) lack of access to health care services by PWID; (d) lack of Government awareness of cost savings by adopting a public health- and social-led approach to drug dependence; (e) endemic stigmatisation and discrimination of PWID leading to unfair and limited funding for harm reduction services; (f) no legal recognition of CSOs as service providers or a social contracting mechanism for Government to contract-out harm reduction services to CSOs; and, (g) no formal recognition by national health insurance mechanisms of CSO health services, resulting in PWID being unable to claim costs.

MAIN CHALLENGES

Until recently, Governments have relied on the Global Fund to pay for harm reduction services but, as countries develop, the Global Fund is no longer the bank of last resort, with support ceasing for most countries as shown in the following table.

In most cases, the Global Fund has aimed to assist countries to transition HIV financing to sustainable national resources but has failed in most instances through a lack of flexibility and political will by the Global Fund and each Government. A recent

	↓ ELIGIBLE	↓ INELIGIBLE
ENDING (DATE)	SERBIA (JUNE 2022)	ALBANIA (DECEMBER 2022) KOSOVO (DECEMBER 2024)
ENDED (DATE)	MONTENEGRO (DECEMBER 2021)	BIH (SEPTEMBER 2016) BULGARIA (JUNE 2020) ROMANIA (MARCH 2015)

Table 1  
Eligibility for, and cessation of, Global Fund support to harm reduction programmes

OPPORTUNITIES FOR GOVERNMENTS TO ACT

- Fully fund comprehensive harm reduction programmes:** for every €1 invested in harm reduction services, €7–€10 is saved by the Government in the longer term by reduced treatment costs.
- Save considerable money by moving from imprisonment of PWID to a much cheaper public health approach to drug dependence,** e.g. it costs Romania €15,586 per year to keep one drug user in prison, whereas community-based harm reduction services cost a mere €1,888 per person, per year, a saving to the Government of €13,698 per drug user each year; the principle of opportunity of prosecution in relation to adult offenders can also be used as an alternative to incarceration.
- Use part of the fiscal space** (projected real annual growth in GDP minus projected inflation) **created by economic development to invest in harm reduction to reduce future health care costs.**
- Work with CSOs to identify new government revenue, part of which can be earmarked for harm reduction programmes** as shown in Bosnia and Herzegovina, Montenegro and Serbia and use funds raised from the sale of seized assets from drug trafficking to fund harm reduction services.
- Enact legislation to recognise CSOs as service providers and for social contracting of them by Government to deliver harm reduction services to PWID.**
- Collaborate with the new Global Fund regional project, Sustainability of Services for Key Populations in Eastern Europe and Central Asia,** to improve national systems and reduce costs.
- For non-EU countries, **work with the EC/EU to identify opportunities to support harm reduction services as part of pre-accession assistance.**
- External financial institutions should make future agreements with Government's contingent on sustainable funding of harm reduction programmes from domestic resources.**

\* This designation is without prejudice to positions on status and is in line with UN Security Council resolution 1244 and the International Court of Justice Opinion on the Kosovo declaration of independence.

This policy brief is a summary of the Crisis in harm reduction funding: "The impact of transition from Global Fund to Government support and opportunities to achieve sustainable harm reduction services for people who inject drugs in Albania, Bosnia and Herzegovina, Bulgaria, Kosovo", Montenegro, Romania and Serbia. An extensive list of references and literature is available in this report, which can be accessed here: [www.correlation-net.org/hr\\_funding/](http://www.correlation-net.org/hr_funding/)

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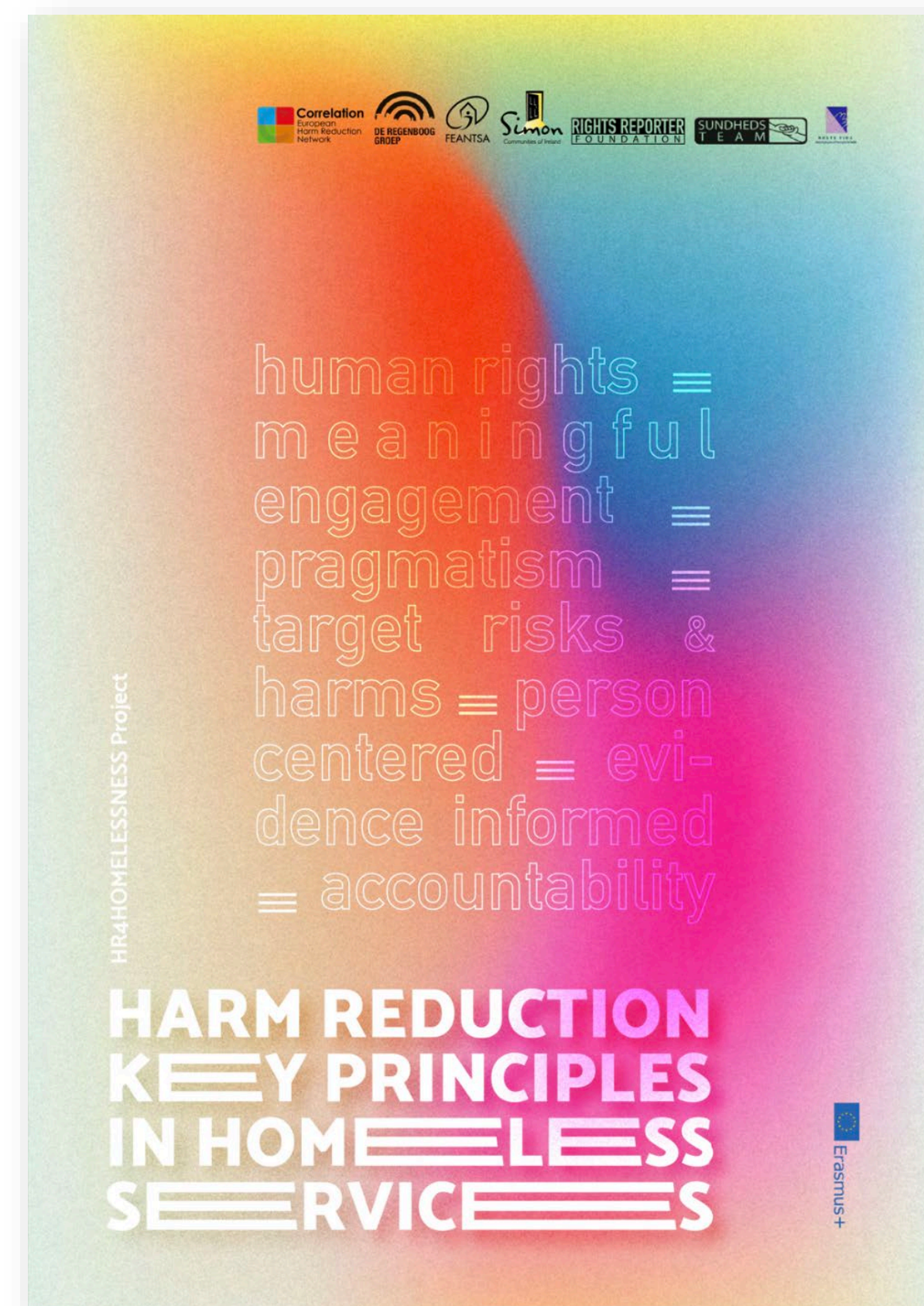
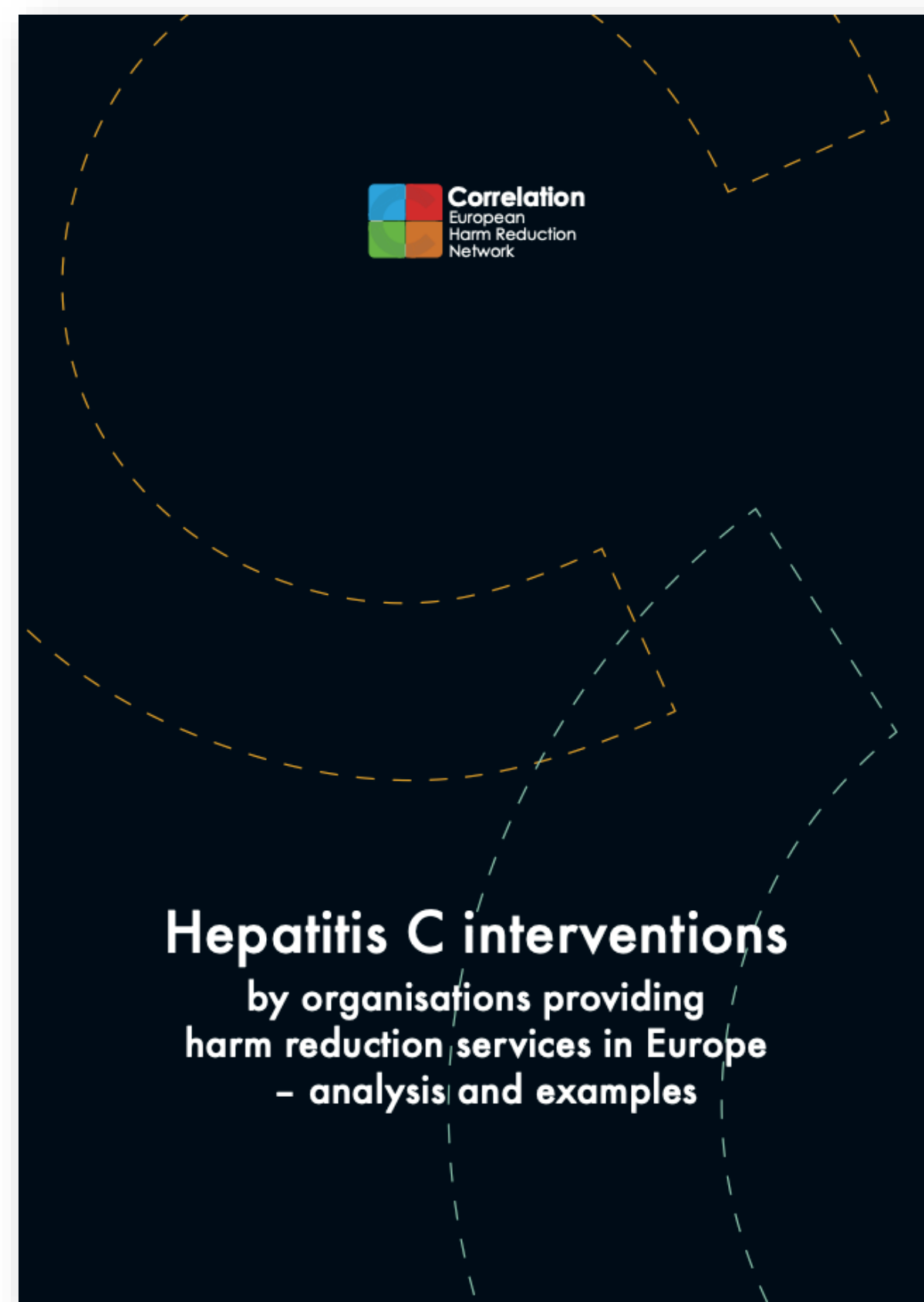


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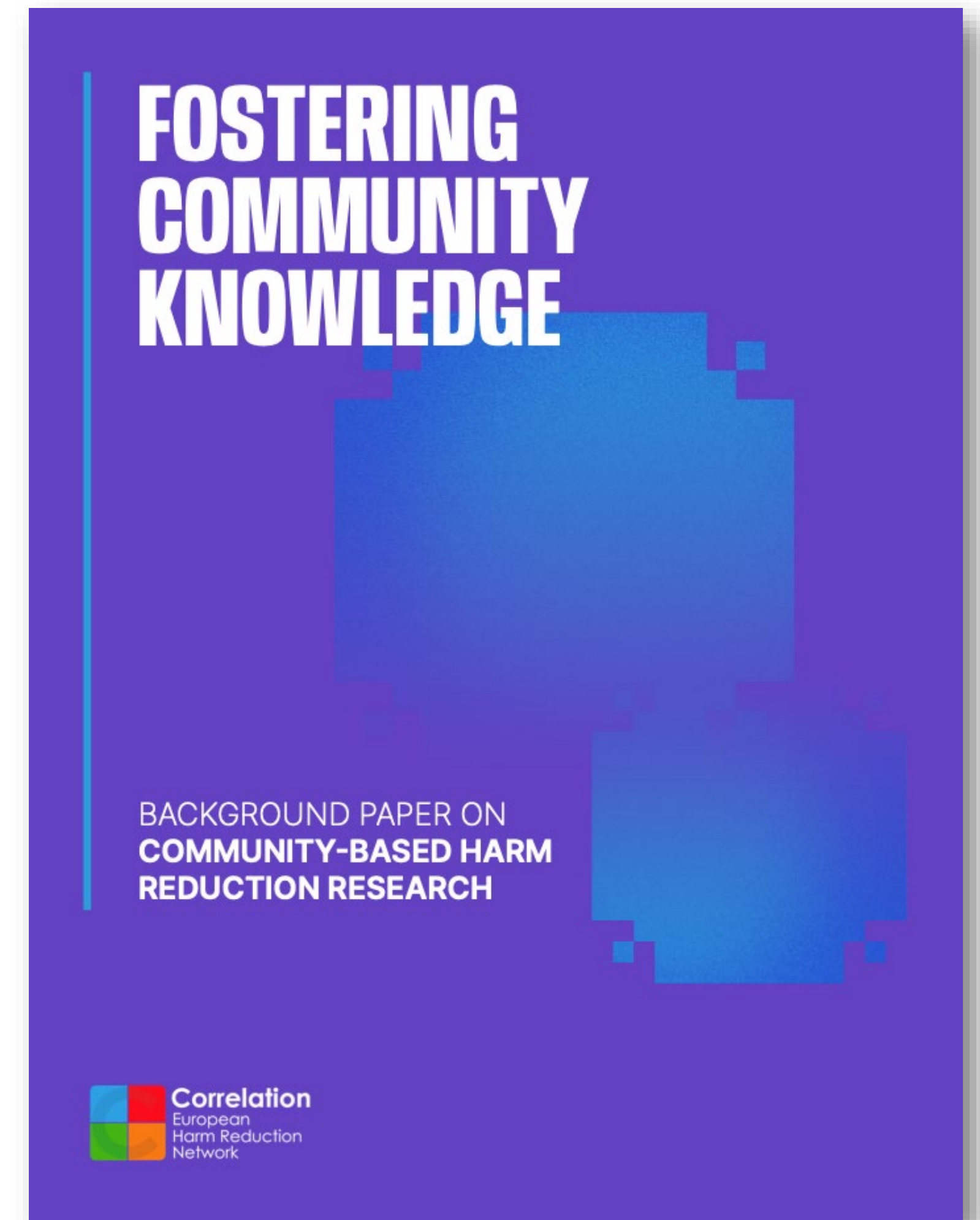
## ACTION ON MONITORING

Support the involvement of communities at all levels.

Increase the capacity & skills of harm reduction workers, people with living experience to collect data. To build the capacity of researchers to cooperate with communities meaningfully.

Translate research findings from complex, highly abstract texts into relevant practical recommendations for policy-makers & service providers.

Continue fostering cooperation & collaboration with agencies and research institutes.



## POLICY REFORM

Continue implementing & contributing to joint efforts to fight **criminalisation, stigma and discrimination** and improve access to health and social services for people who use drugs, sex workers, migrants, people experiencing homelessness and other marginalised communities.



# THANKS!

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