



Co-financed by the DG Justice,
Freedom and Security of the EC



FONDAZIONE
VILLA MARAINI ONLUS

Fondazione
Villa Maraini Onlus



**“Improving Harm Reduction,
a Red Cross approach in Europe”**

Guide Manual on Best Practices in the Field of Harm Reduction Programmes

in cooperation with

Bulgarian Red Cross
Croatian Red Cross
French Red Cross
Italian Red Cross
Latvian Red Cross
Macedonian Red Cross
Portuguese Red Cross

Compiled and written by:

Nadia Gasbarrini, Carlotta I. Iapichino,
Fabio Patruno, Philippe Garcia
from Villa Maraini Foundation
Reviewer: Anna Maria Ruggerini
from Villa Maraini Foundation

Publisher:

Villa Maraini Foundation
Postal address:
Via Bernardino Ramazzini, 31
00151 Rome, Italy
Telephone: +39 06 657530321
Fax: +39 06 657530302
E-mail:
europeanprojects@villamaraini.it
Web site:
www.villamaraini.it
www.redcrosshr.eu

Design and publishing:

Design: Michele e Gerardo Spera
Published by Villa Maraini
Cooperativa Sociale O.N.L.U.S.

Preface

This publication inserts itself into a path started in the mid Seventies, when there were very few people in the world taking care of drugs and drug users' health. Nonetheless, over the years the situation has improved thanks to numerous opportunities of meetings and discussions at local, regional and global level, and finally even the International Movement of Red Cross and Red Crescent has been taking more direct and decisive steps in favour of drug users, regarded as highly vulnerable individuals to take care of, and not as criminals to arrest or sinners to redeem.

Scientific evidence helped us overcome prejudice and neglect.

The most relevant steps of this path leading many National Societies to act "bridging the gap" between civil society and drug users were: the Resolution of International Conference (1986), the ten meetings of experts on drug within the League of Red Cross and Red Crescent Society (today, International Federation); the two World Conferences in Malaga (Spain) and Sundvolden (Norway), the initiative of the Rome Consensus for a humanitarian drug policy, which led to the Manifesto signed by 121 National Societies, the birth of the European Network on HIV/AIDS and TB (ERNA) with its fourteen meetings, the publication of *"Spreading the Light of Science"* and finally the IFRC Report *"Out of Harm's way"*, published on December 1st, 2010 over the occasion of the World AIDS Day, by which the IFRC takes official position in favour of Harm Reduction.

The European Project presented in the leaflet well inserts itself into a trend of growing interest from the Red Cross and Red Crescent towards drug users.

Our gratefulness goes to all volunteers and staff members involved: the world of drug should be humanised and the Red Cross and Red Crescent is in the best position to do it – not only through practical actions of treatment and reintegration but also by advocacy interventions against stigma and discrimination.




Dr. Massimo Barra
Villa Maraini Founder

Guide Manual on Harm Reduction Programmes

Contents

Acknowledgements	4
Introduction	5
CHAPTER 1. Capacity building activities: Training courses and study visit	8
Content of the training relevant to local needs and situation	
Use of multi-disciplinary team of trainers	
Use of interactive approaches	
Highly motivated participants	
Knowledge of needs and capacities of participants	
Involvement of other organizations /stakeholders	
CHAPTER 2. Project planning: Analysis of local needs and development of Harmreduction activities	14
Collection of available information about the drug situation	
Involvement/support of relevant stakeholders	
Involvement of RC local branches	
Involvement of drug users (both in need assessment and project planning)	
Good financial resources	
Development of a detailed Work plan (clear objectives, good monitoring and evaluation system)	
Selection of motivated and experienced staff	
CHAPTER 3. Implementation of Harm Reduction activities	23
Provision of a wide range of services	
Inclusion of ex-drug users in the implementation of activities (as outreach workers, peer educators)	
Good network/referral system to other health and social services, key referent person	
Support of community members (police, local authorities, general population, media)	
Use of volunteers as community empowerment (as part of a team, not replacing professionals)	
Setting of short-term objectives	



CHAPTER 4. Implementation of Advocacy activities Address to all community members (public authorities, politicians, general population) Involvement of well-informed journalists Use of specific themes for target population Explaining the benefits of harm reduction activities for the community Showing the international evidence-based best practices	35
CHAPTER 5. Conclusion Best practices and recommendations in the implementation of Harm reduction programmes Main factors that can limit the effectiveness of Harm reduction programmes	42
Annexes The project and methodology The programme of training courses The Self-Evaluation Questionnaire	47

Acknowledgements



This document is the result of the work of many persons. Villa Maraini Foundation would like to acknowledge in particular:

Dr. Massimo Barra, Mr. Fabio Patruno, Ms. Anna Maria Ruggerini, Mr. Giancarlo Rodoquino, Dr. Vittorio Lelli from Villa Maraini Foundation, for having conducted the three training courses on Harm Reduction in Bulgaria, Latvia and Portugal and having provided fundamental editing inputs and suggestions;

Dr. Sylvie Wievorka from the French Red Cross, for having contributed at the conduction of the three training courses on Harm Reduction in Bulgaria, Latvia and Portugal, and at the organization of the study visit and the Experience/Sharing Meeting in Paris;

Dr. Sinisa Zovko from the Croatian Red Cross, for having contributed at the conduction of the three training courses on Harm Reduction in Bulgaria, Latvia and Portugal;

Mr. Federico Fadiga from the Italian Red Cross, for having contributed at the conduction of the three training courses on Harm Reduction in Bulgaria, Latvia and Portugal;

Ms. Milena Panayatova, Mr. Andrian Georgiev and Ms. Nataliya Zlatarska from the Bulgarian Red Cross, for having coordinated the field level activities of the project in Bulgaria;

Ms. Eva Ikauniece and Ms. Agnija Jankovska from the Latvian Red Cross, for having coordinated the field level activities of the project in Latvia;

Mr. Miguel Lago from the Portuguese Red Cross, for having coordinated the field level activities of the project in Portugal;

Ms. Elena Eftimovska from the Macedonian Red Cross, for having coordinated the field level activities of the project in the Republic of Macedonia;

Ms. Nadia Gasbarrini, Mr. Philippe Garcia and Ms. Carlotta Isabella Iapichino from Villa Maraini Foundation, for having collected information from the project partners and developed this publication;

Mr. Michele and Gerardo Spera for having provided the graphics of this publication;

The European Commission, DG Justice, Drug Prevention and Information Programme, for having provided the financial contribution for the editing and printing of this publication.

Introduction

This publication has been developed in the framework of the Project “Improving Harm Reduction: a Red Cross approach in Europe”, coordinated by the Foundation Villa Maraini and co-funded by the European Commission, Directorate-General Justice, Freedom and Security, under the Specific Programme “Drug Prevention and Information” 2007-2013.

It is to be intended not as a technical manual providing step-by-step instructions on how develop and implement harm reduction programmes, since a great quantity and variety of such manuals already exists. It is rather a presentation of best practices and recommendations that may help other organizations willing to develop an harm reduction project for drug users.

These best practices are based on the experiences occurred by the project coordinator and partner organizations during the implementation of the project. After the provision of capacity building activities conducted by Villa Maraini Foundation, the Italian Red Cross, French Red Cross and Croatian Red Cross, the four beneficiary partner organizations, i.e. Bulgarian Red Cross, Portuguese Red Cross, Latvian Red Cross and Macedonian Red Cross have developed and implemented harm reduction activities in their own countries.

The recommendations presented in this publication are based on the experience occurred by these organizations during the realization of their programmes. They were collected through a self-evaluation process undertaken by the partners, during which they were requested to think about and reflect on what worked and what didn't work so well during the planning and implementation of their harm reduction projects. For those interested, Annex I, II, III provide a detailed description of the project methodology, the implemented activities and the used self-evaluation questionnaire.

The publication is divided in five main sections following this introduction.

The first section is related to the capacity building activities provided by the more experienced partners for the above indicated beneficiary organizations; it presents the main characteristics that capacity building activities should have, in order for participants to acquire the necessary skills and capacities in the field of harm reduction.

The second section is about project planning and includes recommendations on how develop a good harm reduction project.

In the third and four sections, we look at the experience of our partners in the implementation of harm reduction and advocacy activities, giving examples of good practices as well as of main challenges and obstacles occurred during this phase.

Finally, the five section presents the conclusions that can be drawn from the previous chapters, indicating some core principles that should be kept in mind when approaching harm reduction programmes.

As mentioned above, the publication includes also three annexes which give information about the project, the partners and the procedure used for identifying and collecting these best practices and recommendations.

We hope that this publication will be a useful tool for any organization working or willing to work in the field of harm reduction programmes, and that our recommendations and advices will contribute to make these programmes more effective in reaching the final goal of assisting and supporting one of the most vulnerable group in the society, such as people affected by drug addiction.



**Guide Manual
on Best Practices
in the Field of
Harm Reduction
Programmes**

Chapter 1

Capacity building activities: Training courses and study visit

Generally speaking, capacity building is defined as the “*process of developing and strengthening the skills, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in the fast-changing world.*”¹

In particular, as far as Harm Reduction Programmes are concerned, it involves building up the technical skills and abilities of the participants (members of organisations, Red Cross/Red Crescent local branches personnel and volunteers, local communities members, other stakeholders), providing them with flexibility and functionality to adapt to the changing needs of the beneficiaries of these programmes and find adequate solutions.

A deeper analysis of capacity building involves a series of “*activities which strengthen the knowledge, abilities, skills and behavior of individuals and improve institutional structures and processes such that the organization can efficiently meet its mission and goals in a sustainable way.*”² In other words, capacity building mainly concerns human resources development, and the way individuals are prepared with the understanding, skills and information, knowledge and training, giving them the possibility to perform properly and effectively. Training courses and study visit may be the best capacity building activities for the implementation of Harm Reduction Programmes.

Content of the training relevant to local needs and situation

As far as training courses are concerned, it is important that training objectives are well-defined and primarily based on needs assessment, so that both trainers and participants have in mind what they are aiming at.

In particular, the above-mentioned needs assessment should include an analysis of existing organizational, institutional, and human capacity gaps, as well as the effectiveness of trainings to address those gaps. In other words, in the process of setting the training objectives, not only there should be a reasonable selection of the overall knowledge, capacities and skills to be acquired by participants, but also a profound consideration of how the abilities acquired may be used to affect the current local situation in the medium and long term.

To this regard, it is recommended to establish clear country-specific objectives, rather than general aims, and the content of the training courses should be tailored to the specific needs and situation of the participants. The main risk in not following the

above-mentioned recommendation is that training might not be relevant to key aspects of the work of participants. For example, training courses in Bulgaria might be less effective if trainers did not take into consideration the specific situation of the Roma community, when delivering information and conducting Harm Reduction Programmes training courses.

As far as study visits are concerned, they have many benefits, but it is important to bear in mind that they should be just an element of the overall capacity building process. Organising a study visit is a significant learning experience and beneficial for the implementation of Harm Reduction Programmes, since it gives the possibility to participants to see in practise what learned during the training courses.

Like training courses, study visits improve the process of working together, reflecting together on various programme-related issues, sharing points of view, discovering other ways of perceiving things, solving problems or just considering different solutions.

The provision of a common forum of discussion and analysis enable participants improving their understanding of the topic and exchanging advices, ideas, experiences.

Participants agree on the fact that training courses and study visits have been *"relevant in establishing the best ways for achieving the objectives"* (Bulgaria RC, Self-evaluation Questionnaire), and that *"represent a good balance of theoretical and practical knowledge"* (Macedonian RC, Self-evaluation Questionnaire).

They both contributed to improve their knowledge of the topic, providing them with new information, in particular regarding overdose prevention and substitution therapy. Moreover, they were relevant to implement Harm Reduction Programmes effectively through the improvement of practical skills concerning the issue. In addition to that, training courses and study visits enable participants enhancing exchanges and networking experiences both at national and transnational level.

"The training was very relevant (...). It gave us the opportunity to witness practical application of the well developed activities (...). It also gave us the opportunity to ask questions and to discuss challenges directly with the personnel, and to have a good reference system if needed in future" (Macedonian RC, Self-evaluation Questionnaire).

Use of multidisciplinary team of trainers

Generally speaking, the term multidisciplinary team implies a *"group of individuals who have been trained to use tools, knowledge, and skills with their diverse expertise to work together towards systematic, integrated process in solving certain problems based on the same goals and objectives"*³.



1. Training course in Riga
2. Training course in Lisbon
3. Training course in Sofia

In particular, when we talk about trainers, the multidisciplinary team might be extremely helpful to address the complex and multifaceted topic of drug use and harm reduction.

On the one hand, trainers with different personal background may have different sensibility when dealing with the same issue. Consequently, the ability to perceive and respond to the matter would vary, leading to diverse points of view of the topic.

On the other hand, trainers with different professional background and expertise might provide participants with multiple approaches, offering a wide range of opinions, ideas and solutions.

According to the experience of participants to training courses in the field of Harm Reduction, one of the most important benefits related to the courses was the opportunity to be supported not only by experienced trainers coming from the Italian, French, Croatian Red Cross as partner organisations, but also to listen to the practical experience of former drug users who now work as outreach workers in Harm reduction programmes. Their involvement is particularly recommended when dealing with overdose prevention, outreach work and low-threshold services.

In conclusion, the development of a proficient learning group of participants requires the organisation of a strong team of trainers with different and complementary knowledge, skills and professional experience. It will give an added value to the training and promote a deeper understanding of the overall issue.

Use of interactive approaches

According to many researchers specialised in teaching methodology, the adult human being remembers: 10% of what he reads; 20% of what he hears; 30% of what he sees; 50% of what he sees and hears; 80% of what he says; 90% of what he says and does.

The above-mentioned premises imply that it is advisable to use multiple interactive approaches when conducting any learning activity and to give people the possibility to debate and act on what they have learned during courses.

In other words, trainers should take into deep consideration both theoretical presentations and brainstorming phase on the main topic, not to mention active group discussions. The combination of these elements will positively affect the learning process of participants and foster profound knowledge of the issue.

In particular, practical learning phase not only helps participants learn more than expected, but it also stimulate active exchange of opinions and points of view and enable trainees taking the steps by which they acquire and fix the main ideas and issues.

In relation to Harm Reduction training courses, it is highly advisable to include brainstorming and group discussions on main sensitive points such as reason for risk behaviours of drug users or

negative attitude of many governments toward harm reduction programmes. According to all participants, these practical exercises facilitate not only the understanding of the problem, but also the finding of possible solutions to be put in practise.

Experiential learning is considered vital not only to help the trainees involved translate general information, values and principles into practice, but also to give them a sense of confidence to carry out the implementation of Harm Reduction Programmes.

“The training course was very interesting, but I would have liked to have more practical exercise and interactive sessions” (Bulgarian RC, Training evaluation form)

Highly motivated participants

According to the principles of adult learning, motivation is one of the four critical elements of learning that must be taken into serious consideration to ensure that participants actively participate and learn.

A highly motivated participant is a trainee who learns what is taught in the training course and implements properly the knowledge acquired.

If the motivation is not supported, they will switch off or stop working towards the achievement of any objective.

Firstly, participants must be interested in the subject. They should see a pragmatic benefit derived from training courses to promote their active performance; they must see the benefit of attending that specific course, so that they get the motivation to learn more.

This is particularly important when attending a training course on harm reduction, due to complexity and high sensitivity of this issue. People attending and Harm reduction course should be sure of their willingness to work in this field, since it requires an high level of motivation and commitment.

Secondly, trainers should be committed to support the participants in any way possible, establishing a professional but still friendly and open relation to stimulate trainees' motivation.

Thirdly, it is important to define the proper level of difficulty for training courses. The degree of difficulty should be set high enough to challenge trainees and stimulate their motivation and active participation but not so elevated that they get frustrated by the amount of new information provided.

In the case of Harm Reduction training courses, it is very important to clearly explain participants the objectives of this kind of programmes and the practical benefits that they bring to the individuals and the community at whole, such as the prevention of HIV/AIDS and other infectious diseases, the reduction of criminal activities, the facilitation of social re-integration of drug users.

Moreover, it is always advisable that trainers try to assess the

personal opinions and attitudes of participants towards drug users, avoiding any kind of prejudices and stigmatization toward the final beneficiaries of Harm reduction programmes.

Knowledge of needs and capacities of participants

In order to facilitate trainers to determine which course agenda and content are the most effective for reaching the general objective, it is considered a crucial step to assess the current capacities and abilities of participants on the one hand, and to define what skills and knowledge they need to achieve the final aim, on the other hand.

Trainers and organising staff are strongly recommended to find out what range of experience, age, gender and professional status is likely to be represented and what level of knowledge participants might have about the subject of the training course. In fact, there should be a good balance between old and new information: it is a constant process of understanding present capacities of individuals to be trained and the specific knowledge and skills that participants have to acquire during the training course, in order to meet the main objectives.

Participants should be selected according to their willingness to participate, their affinity with the subject discussed, their interest in being involved in Harm Reduction activities. Moreover, it is important that the selected trainees have the right knowledge, skills and attitudes for the training. Although scheme and contents of the training are well-designed, the training may not meet the objectives if participants do not have the right skills.

Trainers and organising personnel should be aware of hopes and expectations of the participants, as well as their fears and concerns. That will be helpful in defining the best programme of the training course to implement capacity building effectively.

To this regards, it is highly recommended to send participants a self-evaluation questionnaire before the training course, in order to collect information about their knowledge, experience and capacities in the field of Harm Reduction programmes.

The current skills and knowledge of an individual together with a consistent number of new information are the two main elements of a well-targeted training, addressing capacity needs and professional and personal growth of the participants.

Involvement of other organisations/stakeholders

According to the economic theory, stakeholders are considered all the individuals, groups of individuals, or organizations that may influence, or may be influenced by the success or failure of a project.

Therefore, stakeholder analysis implies the recognition of all groups likely to be affected (either positively or negatively) by the proposed intervention, not to mention the identification and

analysis of their interests, problems and potentials.

In relation to Harm reduction programmes, main stakeholders are to be considered civil society organisations, not to mention local, national and international institutions. Representatives of the local community may also be taken into consideration, as expression of local needs to be addressed by the training course.

An active and balanced involvement of different stakeholders in the process of capacity building can have several benefits. On the one side, they can bring a fruitful contribution to the improvement of skills and capacities of trainees, thanks to their knowledge and expertise. On the other side, the dialogue with stakeholders might lead to a fruitful share of opinions and ideas and to the promotion of the so-called "*culture of responsibility*".

Moreover, the involvement of other organizations working in the field of Harm Reduction can facilitate the establishment of networks and professional alliances.

As confirmed by the Latvian Red Cross, "*the involvement at the training course in Riga of representatives of local public institutions and other organizations conducting outreach activities among drug users, has contributed to make our organization known as a player in the field of Harm reduction and improve our reputation*".

1 Ann Philbin, Capacity Building in Social Justice Organizations Ford Foundation, 1996

2 World Customs Organisation.

3 International Labour Organisation ILO, Rehabilitation of Victims of Child Trafficking: A Multidisciplinary Approach – Summary Sheet, 2006.

Chapter 2.

Project planning: Analysis of local needs and development of Harm Reduction activities

Collection of available information about the drug situation

When approaching to Harm Reduction projects planning, it is fundamental to start by collecting information about the current local drug situation (drug use, drug abuse, number of drug users, diseases related to the use of drugs, etc.), past and current trends, as well as needs and opinions of the target group and the general population.

There are two different approaches required when collecting quantitative and/or qualitative data. On the one hand, quantitative data implies numbers and figures that may be collected by statistical analysis, possibly provided by different sources of information, both at local and national level. On the other hand, qualitative data implies opinions, points of view, level of satisfaction of clients and staff about the quality and effectiveness of Harm Reduction programmes.

Examples of tools to collect quantitative data are administrative records, statistics, surveys and reports not only provided by local and national institutions, but also by Non-Governmental Organisations, Red Cross/Red Crescent local branches, the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA) and other related international agencies. It is highly recommended to use various sources of information, since in many countries official public data on the drug situation are not so accurate and reliable. As lamented by the Macedonian Red Cross, *"there is no official data for the total number of drug users in the country besides the registry of the Ministry of Internal affairs, that provides only data about drug users who committed crime"* (Macedonian RC, Self-evaluation Questionnaire). For this reason, what worked well for them was *"the collaboration with other NGOs (Macedonian Harm Reduction Network) that run HR programmes, in order to identify drug abuse tendencies at national level"* (Macedonian RC, Self-evaluation Questionnaire).

Moreover, in some countries local and national institutions may not be likely to supply for all information required, or they may offer out of date and too old data to be useful for the analysis of the current situation. For example, the Latvian Red Cross reported difficulties in getting the collaboration of some public officials who were against harm reduction programmes (Latvian RC, Self-evaluation Questionnaire).

As for the qualitative data approach, it is fruitful in terms of undertaking direct contact with clients and target groups locally, especially through the outreach work.

Examples of tools to collect qualitative data are written and anonymous questionnaires, informal meetings and discussion groups, or face-to-face interviews. The former may provide a good response and useful information, if there is an environment of complete trust and anonymity; the latter may be productive especially when addressing young people, due to their conversational and not constraining approach.

Of course, the collection of qualitative data implies and requires trustful and long-lasting relationship with the target groups, i.e. drug users and young people.

According to the Bulgarian Red Cross, what worked better in the collection of information was *“the existence of stable partnerships with the clients before the project and the strict recording of all their data”*(Bulgarian RC, Self-evaluation Questionnaire).

In consideration of that, it is highly advisable to keep an appropriate balance between the quantitative and the qualitative data approaches. On the one side, qualitative data enrich the interpretation of quantitative data through an understanding of individuals points of view and perceptions. On the other side, the statistical analysis of quantitative data may help confirm or raise doubts about the information collected from individuals. Moreover, the collection of qualitative data reinforces the relation with the client and it's a pre-condition to collect reliable quantitative data over the personal characteristics of the target group.

Consequently, the combination of the above-mentioned tools together with a variety of sources of information might help collecting reliable information and give confidence in results achieved.

Involvement /support of relevant stakeholders

As seen in the previous chapter, any individual, group of people, local, national or international institution that may have a significant interest in the success or failure of a project are defined stakeholders.

When planning projects in the field of Harm Reduction, it is necessary to encourage stakeholders participation. The participatory approach, in terms of inclusion of all actors, especially the target groups, is relevant for a sustainable and effective programme and it may lead to positive results, such as strong support and establishment of fruitful collaboration at international, national, regional or local level, promotion of mutual understanding, facilitation of community mobilization and active involvement in the project implementation.

Consequently, effectiveness and sustainability of the project in the field of Harm Reduction mainly depend on the commitment of interested parties, the stakeholders.

The involvement of a wide range of stakeholders significantly contributes to a more appropriate project planning and a full achievement of the project objectives, not to mention the productive participation of all stakeholders in the Project Monitoring and Evaluation process.

In order to establish and maintain good relations with relevant stakeholders, it is important that they fully understand the objectives and expected outcomes of Harm Reduction programmes. Considering the controversial aspect of these programmes, a clear understanding of their goal is crucial to ensure deep participation and avoid potential problems, such as complaints and lack of support. As reported by our partner organizations, national Government and local institutions may not be willing to support Harm Reduction Programmes, because of prejudices and preconceptions towards this kind of approach and/or toward drug users in general.

According to our partners experience, the main stakeholders to be involved in the development of a good harm reduction programme are local institutions, local Non-Governmental Organisations, community leaders and public police forces.

As far as Non-Governmental Organisations are concerned, collaboration with them is very useful in order to share ideas, exchange data on drug abuse tendencies at local and national level, define main needs of the target group. Moreover, a good cooperation with other organizations avoids the risk of undertaking similar projects and activities that may overlap, thus contributing to a better planning of actions. At this regards, it's important to underline the advantages that a fruitful cooperation can bring not only on the final beneficiaries of the programmes, but also on the daily work of the organizations.

“Some Latvian NGOs did not want to cooperate with Latvian Red Cross, stating that they don't want another competitor as there are very less funding possibilities in harm reduction field in Latvia” (Latvian RC, Self-evaluation Questionnaire).

As far as local authorities and police forces are concerned, dialogue with them is relevant in terms of provision of expertise and know-how, collaboration and support, and if possible, even appropriate premises to implement the activities.

At this regards, defining to which extent stakeholders can be involved in the project is the key to an effective and productive project planning and implementation in the mid and long term. According to their specific characteristic, project planners may decide whether just to inform them of the planned activities, undertake formal discussions without any definitive commitment, compromise and agree on issues and solutions, or engage them proactively in the decision-making process.

“It was easy to cooperate if particular persons (no

matter if they represent municipality, NGO or are drug users themselves) were interested to promote harm reduction ideas and willing to support our idea to create harm reduction centre in best possible way" (Latvian RC, Self-evaluation Questionnaire).

Involvement of Red Cross local branches

One of the main strengths and potentialities of the Red Cross is its wide network of national and local branches.

It is clear that any programme that requires the conduction of activities on the field, such as the case of Harm Reduction Programmes, cannot be properly undertaken by Red Cross National Societies without the involvement and commitment of local Red Cross/Red Crescent branches.

According to what reported by our partners, in some countries the local branch *"organized workshops with the relevant governmental and non governmental organizations in order to get wider support for the Harm Reduction programme and to create informal partnerships with local institutions."* (Macedonian RC, Self-Evaluation Questionnaire).

In other countries, they served as great source of information, providing detailed territorial diagnoses about the drug-related problems situation, thanks to the close cooperation with related public institutions and their previous involvement in harm reduction activities. (Portuguese RC, Self-Evaluation Questionnaire). These can be considered good examples of how the local branches may positively affect the institutions and their active involvement, leading to the creation of a joint model of shared responsibility when addressing the issue of drug use.

The main limits to the involvement of the Red Cross/Red Crescent local branches can be the puzzled presence of the branches when moving to a rural context, and the different level of expertise and know-how in the field of drug abuse.

For this reason, the involvement of Red Cross local branches in the development and implementation of Harm Reduction activities must be based not only on their interest toward this issue, but first of all on the analysis of the local context and of the resources (human, technical and financial) available to local branches for the implementation of such activities.

To this regard, the case of the Latvian Red Cross is emblematic. When planning the harm reduction activities to be implemented in the country, they involved two Red Cross local branches which had showed great interest toward this issue and willingness to actively participate at the project. However, their enthusiasm was not supported by an accurate assessment of the local drug situation on one side, and of the available human resources on the other side; so, during the phase of project implementation, it was necessary to review and modify all the planned activ-

ities, which resulted not relevant for the local community (Latvian RC, Periodic reports).

Involvement of drug users (both in need assessment and project planning)

Involving drug users and former drug users in the project planning process in the field of Harm Reduction may be difficult but highly productive.

The reason why to engage them in this particular phase is that they may provide a wide range of information, as well as useful suggestions and points of view.

The involvement of drug users through consultations and interviews may represent a fruitful way to access to a wider and sometimes hidden range of information concerning the issue analysed. Moreover, examining project planning with drug users not only may help find *"their concrete and basic needs"* (Bulgarian RC, Self-Evaluation Questionnaire), but also may stimulate further discussions for a more comprehensive and effective approach toward the subject. According the Macedonian Red Cross, what works better in the development of Harm reduction activities is the *"regular consultations and fair representation of the target group in programme planning"* (Macedonian RC, Self-Evaluation Questionnaire).

However, one of the main aspects to bear in mind when dealing with drug users is that they have different knowledge levels. They are likely to have diverse technical knowledge and professional background, as well as a sufficiently open-minded opinion of the overall situation. The risk is that they might propose too expensive suggestions or beyond the general objective of the project (Bulgarian RC, Self-Evaluation Questionnaire).

Some partners claim that not all drug users are willing or strongly convinced to participate in the project planning and this fact leads to inconstant involvement and unreliable cooperation. (Latvia, Self-Evaluation Questionnaire) In order to avoid them to get frustrated and decide to give up, it is advisable to ensure that they perceive themselves necessary for the project, involved and important. When stimulating their motivation to take an active part in the planning process and in the development of Harm Reduction activities, their confidence and personal growth increases, so do the chances that the project is planned accordingly and in a more suitable way to achieve the final objectives.

"The involvement of drug users in the project planning helped us to discover the real needs of the target group and to make them confident towards our staff"
(Bulgarian RC, Self-Evaluation Questionnaire).

Good financial resources

As far as the implementation of any project in the field of Harm Reduction is concerned, one of the most important aspects to consider is the amount of financial resources that are needed in order to support the activities planned in the project.

In other words, it is crucial to identify what the funding needs are for the overall project and develop a detailed budget before the project get started and implemented. Moreover, it is important to plan also a proper systems of monitoring in order to control effectively the allocation of financial resources.

If the financial resources are limited and it is not possible to find any alternative sources of financing, it is necessary to balance the strategic objectives of the project with the available resources. In this regard, it is important to have a good financial management able to make the better possible use of funds. In fact, it is important to underline that even with limited financial resources, it is still possible to plan and implement harm reduction activities.

The Bulgarian Red Cross, for example, has been able to develop two good harm reduction projects with very limited funds, using and increasing the technical resources (premises, equipment, staff) already available under other projects.

The Portuguese Red Cross has instead, used the limited funds available for strengthening skills and networks of its local branches working in Harm Reduction, organizing two internal meeting for exchange of experience and information.

It is clear that programmes and activities in the field of Harm Reduction may benefit from a variety of financial sources provided by different donors, such as the European Commission and other international agencies, national Governments, the Red Cross/Red Crescent branches, and even local institutions and interested stakeholders.

The amount given by the above-mentioned parties mainly depends on the quality, impact and effectiveness of the proposed intervention. In fact, projects should be efficient in delivering a service and effective and productive in addressing specific issues in the field of Harm Reduction. To this regards, it is necessary to demonstrate the results and outcomes of these programmes showing data and statistics about the number of clients reached and the quantity of services provided by these kind of interventions.

Having a good cooperation with all relevant stakeholders can greatly facilitate the process of fundraising, since it increases the interest in being involved in the project and creates a supporting system to get help in case of any difficulty or funding problem.

The supporting system is intended not just in terms of financial resources, but also in terms of human and technical resources required for the implementation of the activities. This can include the provision of premises by local municipalities (Latvian Red Cross) or the provision of technical expertise by public health institutions (Portuguese Red Cross) and/or other organizations (Macedonian Red Cross).

That is why a support system approach is recommended when dealing with financial resources; it provides a wide range of opportunities to fund project activities and keep interested parties active and interested in the project.

Development of a detailed Work plan (clear objectives, good monitoring and evaluation system)

According to general business theory, Work Plan is defined as a schedule that summarises the different components of a project and how they are going to be carried out in a reasoned way within a specific timeline. In other words, the Work Plan implies the description of activities to be implemented to achieve the main project purpose and outcomes. It must include clear objectives of the project, the tasks to be performed and the actors performing the tasks, timeline, monitoring and evaluation phase.

As far as the objectives are concerned, it is important to keep in mind that they are tangible statements describing the achievements to be reached. According to general theory of Project Management, the process should follow the S.M.A.R.T. approach.

Firstly, the objective should be Specific: it should explain exactly what to achieve in a very precise manner. Secondly, it should be Measurable: standards and measures should be set to evaluate to which extent the objective has been achieved. Thirdly, an objective should be Achievable: a series of unrealistic objectives may lead to a general de-motivation of the staff and hinder the achievement of the final purpose. Moreover, an objective should be Relevant: it has to be consistent with the issue addressed by the project and should give a great contribution to the development of well-being of the final beneficiaries. Eventually, the objective should be Time-framed: it should imply the realistic timeline by which it has to be achieved.

As far as monitoring system is concerned, it should be an ongoing process so that any change, when needed, may be done in time and in the most effective way. At this aim, it is recommended to constantly monitor the resources needed for the implementation of the project, keeping track of both resources still available and already used. Resources (available and used) include staff, equipment, supplies, logistical support and funds.

In this phase, also coordination and proactive collaboration with all involved parties, final beneficiaries and funding agencies should be monitored, in order to identify possible problems that need to be addressed. As demonstrated by our project, the constant coordination among all the partners has allowed to identify main obstacles in the implementation of activities and find in time the most proper solutions, such as changes of activities (Latvian Red Cross) or modification of the budget (Bulgarian Red Cross).

The evaluation phase needs to be performed at the end of the

project and implies the assessment of its impact and final results.

There are different suitable valuation systems, depending on what should be evaluated. One of the system most frequently used is the evaluation questionnaire, by which it is possible to evaluate the overall satisfaction among clients and direct beneficiaries of project activities (Bulgarian RC, Self-Evaluation Questionnaire).

Generally speaking, they are anonymous and they may be delivered with different frequency (e.g. monthly, quarterly, yearly, etc.). The questions asked may vary, and can include also more personal questions concerning the impact of activities undertaken and how the life of beneficiaries has changed (e.g. risky behaviour avoided, medical emergencies addressed, overdoses prevented, services offered) thanks to those activities.

“We use the anonymous evaluation questionnaire in order to evaluate the level of satisfaction among our clients in which they can also suggest improvement in the existing activities and ask for introducing new ones”. (Macedonian RC, Self-Evaluation Questionnaire).

Eventually, anonymous suggestion boxes may be provided to final beneficiaries, in order to collect useful feedbacks and suggestions about the activities and services delivered. (Latvian RC and Portuguese RC, Self-Evaluation Questionnaire).

One of the main issues is that the impact of any kind of activity may not be easily evaluated. Some countries claim several difficulties in defining the right and just evaluation system according to the actions and activities considered. Furthermore, they assert that it is more suitable to evaluate outputs in the short term, but not in the long run. (Portugal, Self-Evaluation Questionnaire).

In consideration of the above-mentioned issues, there is a pushing need not only to set clear and realistic objectives but also to have a very pragmatic and effective monitoring and evaluation system planned according to project final objectives, current situation, final beneficiaries.

“Nevertheless, there’s flexibility on the work plan that will allow changes and adaptations to unpredicted needs (e.g.: reported by actions’ beneficiaries), etc.”(Portuguese RC, Self-Evaluation Questionnaire).

Selection of motivated and experienced staff

When selecting people to work for the project, in terms of administrative staff, project planners, outreach workers, peer educators, it is highly advisable to specify the professional skills required for the assignment. In fact, it is important to assign the right responsibilities and duties to the right individual in the project framework.

The main questions to be addressed are whether the staff and expertise at disposal are likely to be suitable for carrying on Harm Reduction activities; what kind of professional qualifications are

needed in addition to those already working in the project, in order to make everything work properly.

It is important to underline that when talking about harm reduction programmes, professional background is not the only aspect to be evaluated in the staff selection process. It is undoubted that a considerable work experience in the field together with sound knowledge of the issue addressed may facilitate the understanding of the overall situation and help be more familiar with the interventions and activities proposed.

However, it is highly advisable to select both highly-qualified and highly-motivated personnel. In fact, according to the experience of our partners, having qualified technical and administrative staff at disposal does not imply benefiting from a motivated team at the same time. Just to give an example, the Latvian Red Cross reported that *“some of the participants at the training course did not continue to popularise or engage in harm reduction activities.”* (Latvian RC, Self-Evaluation Questionnaire).

The level of motivation is a key element to be assessed when selecting the staff to be involved in harm reduction programmes. The sensitivity and strong emotional aspect of this kind of actions, as well as the hard and most of the time underpaid work required, imply an high level of motivation and commitment, which it's often hard to find. Moreover, according to the experience of our partners, it is advisable to ensure that the staff selected for the project will not be subject to frequent changes during the implementation phase, since this can lead to delay and difficulties in the management of activities.

Chapter 3.

Implementation of Harm Reduction Activities

Provision of a wide range of services

It is wide known that the main objective of Harm Reduction programmes is to limit health risks to individuals, as far as drug use is concerned. In other words, Harm Reduction implies *"policies and programmes which attempt primarily to reduce the adverse health, social and economic consequences of all psychoactive substances to individual drug users, their families and their communities"*¹.

In consideration of that, these programmes imply the provision of a wide range of health and psycho-social services aimed to prevent and reduce the diffusion of risk behaviours and risky practices among drug users and promote healthier life styles.

According to the experience of our partners, the following series of activities are the most common and effective in achieving the general goal of harm reduction programmes. However, for each of these interventions there are some considerations to make and related recommendations to give.

Needle and syringes exchange programme

As well known, reusing and sharing needles and/or other equipment for preparing and injecting drugs is a highly efficient method to transmit blood infections, such as HIV and Hepatitis C. For this reason, in the framework of Harm Reduction programmes it is highly advisable to carry out a needle and syringes exchange programme.

It is crucial to recall in mind that needle and syringes exchange is a common practice among injecting drug users, due to a series of reasons. Firstly, drug users cannot afford to buy new and clean needles and syringes or they are afraid to be caught by Police forces while carrying them as evidence of a drug-related crime. Secondly, sharing needles is considered a socially accepted practice among drug users, a sort of bond which deeply links users when injecting drugs all together. Thirdly, it may be an extension of sexual relationship, a sort of a strong complicity and intimate connection among drug users. Finally, there is a lack of information and awareness about the risks associated with needles and syringes sharing, not to mention the lack of access to information on safe injecting.

The United Nations released a Position Paper which identifies syringes exchange programme as one of the most crucial elements of a comprehensive package for HIV prevention among

drug users. In the Position Paper it is stated that *“several reviews of the effectiveness of needle and syringe exchange programmes have shown reductions in risk behaviours and HIV transmission.[...] Furthermore, such programmes have shown to serve as points of contact between drug abusers and service providers”*².

In the framework of our project, two different ways of delivering syringes exchange programme have been used. The Latvian Red Cross and Bulgarian Red Cross have been doing syringes and needles exchange in fixed places, respectively in a night shelter and in two drop-in centres. The advantages of using a fixed location are those of a friendly place for drug users, possibly designed to offer additional services such as health care, HIV testing and counselling, psychological support. The possibility of receiving various services can stimulate more people to come, and can act as a good way to attract clients for those organizations which are still not well-known among drug users.

To this regard, the decision of the Latvian Red Cross to establish a needle exchange point in a night shelter for homeless has greatly facilitated the establishment of contacts with drug users, thus resulting an effective way to reach “hidden” and most-at-risk groups.

Moreover, the use of a fixed place represents a good solution for those countries where harm reduction approaches, and in particular needle exchange programmes, are still not well accepted, since a fixed place can easily pass unnoticed, avoiding the eventual raise of conflicts with the local population. To this regards, it is advisable to choose accurately the site where establishing such programmes, avoiding too central places or buildings occupied by public offices.

“The offices of the two programmes are located in public buildings sharing the same premises of the local city court [..], so the privacy of our clients is not well protected” (Bulgarian RC, Work plan).

The other way to carry out needle exchange programmes is through mobile units (cars/van or outreach workers), as provided by the Portuguese Red Cross. Although they might be more expensive than a fixed place in terms of purchasing and maintaining a vehicle, parking, accessing a warehouse where to keep needles and syringes safely, mobile units may help overcome several obstacles against a fixed place. They can be used to reach the places most frequented by drug users, and then approach a bigger number of clients. In addition, they can be moved to different places, according to the changing needs and tendencies of the local drug market.

The main problem of mobile units is the possible conflicts that can arise with the local population and the police. As reported by the Portuguese Red Cross, *“it takes time and constant efforts to get the trust of local residents and make them understand the importance and advantages of these programmes”* (Portuguese Red Cross, Self-Evaluation Questionnaire).

In consideration of that, when implementing needles and syringes programmes it is recommendable to have a good combination of the two methods. If the purchasing and maintaining of a mobile unit might be too expensive, a good solution can be the use of a simple car to do outreach work among a specific community, as done by the Bulgarian Red Cross among the Rom community.

In any case, the effectiveness of these programmes deeply depends on the provision of additional health and social services. The exchange of syringes should be considered more as a tool to get the confidence of drug users, in order to facilitate their entering into further care and treatment.

Provision of condoms

Although traditional emphasis has always been put on the need for clean injecting equipment, a more comprehensive approach should address sexual activities as well, in order to promote safer sexual behaviours and reduce the transmission of serious infectious diseases.

Thus, together with clean syringes and other equipment, it is highly recommendable to provide also condoms. As far as the provision is concerned, it may be applicable what has been written with regard to needles exchange programmes, i.e. using both fixed places and mobile units. The important is make condoms available, easy accessible and free.

It is important to remember that the approach to reduce drug-related harm and sexual risk are complementary, since they both have to be taken into account when addressing HIV prevention and other infectious diseases. Promoting a change in sex-related risk behaviours is highly recommended, although a series of studies have indicated that drug users are more willing to change syringe sharing behaviours and thus reduce risk of transmittable diseases, rather than change their sexual behaviour.

Test for HIV/AIDS, Hepatitis B, Hepatitis C, Tuberculosis

The knowledge of HIV status and other infectious diseases such as HBV, HCV and Tuberculosis, is stated to be a prerequisite to receive appropriate care, treatment and support.

The purpose of testing is to assist drug users to become aware of their risks and promote risk reduction and safer behaviours. In consideration of that, testing must always be accompanied by counselling (pre and post), in order to give clients clear information about the risk related to drug use, way of preventing HIV/AIDS and other infectious diseases, as well as useful advices on safer injecting practices and healthier behaviours.

The rapid test for HIV/AIDS can be provided both in fixed places such as drop-in centres (Bulgarian Red Cross) and mobile street units (Portuguese Red Cross), since it does not require the presence of a doctor and the results are almost immediate.

As for Hepatitis B and C and Tuberculosis, specific blood analysis are needed, which of course, can be provided only by health care services. For this reason, it's necessary to have a well-func-

tioning cooperation with medical centres where refer people for blood analysis and if needed, treatment and care.

In fact, it is important to bear in mind that the final goal of testing is to assist HIV-positive individuals in accessing appropriate health services, support groups, proper treatment and care programmes. At this aim, the two drop-in centres for drug users managed by the Bulgarian Red Cross have a very good collaboration with both the Regional Inspectorate for Public Health and the Regional Dispensary for Lung Diseases, where they refer clients for TB screening and HIV/AIDS, HBV and HCV blood analysis.

“The collaboration with public health centres is very important, since it makes much easier for our clients to have access to testing, treatment and care” (Bulgarian RC).

Substitution Treatment (methadone and buprenorphine)

The general aim of substitution treatment is to reduce and gradually eliminate drug use dependency (from opioids) through the stabilisation of the patient. Numerous studies have shown that substitution treatment is widely effective also in reducing drug-related harm and other risks occurring when using drugs. In fact, people who receive methadone tends to reduce the injecting of drugs and consequently, have less possibility to be infected with HIV or to overdose; moreover, they are in the condition to work and have a “normal” life, and consequently, tend to commit fewer crimes.

However, substitution programmes are still not feasible or affordable for many countries, due to legal constraints or serious economic difficulties. Moreover, in most countries substitution therapy can be provided only by public medical centres, requiring the presence of a specialized doctor.

In absence of such legal restrictions, and considering the above-mentioned advantages of substitution treatment, it is high recommended to include this activity in any Harm Reduction programme. In fact, methadone (or buprenorphine) distribution can be undertaken both in fixed and mobile points, according to the specific local context.

The Portuguese Red Cross, for example, provides methadone in the mobile street units used for needle exchange programmes. They have many clients who come regularly for taking methadone and once there, they can benefit from all the other services provided by the staff, such as HIV testing, psychological consultation, medical screening. In this sense, the provision of substitution therapy can be an additional “tool” to reach the target group and motivate drug users towards further forms of health care.



4. Methadone distribution in mobile street unit in Portugal

Drug education and counselling

Educational activities are a key component of Harm Reduction programmes. The main goals of this kind of activity is to raise awareness of drug users about the health and social problems related to drug use (such as drug-related infectious diseases, drug injecting practices, sexually transmitted infections) and give advices on safer behaviours and lifestyles.

Drug education can be provided in several ways: through informative material, individual and group counselling, training about specific themes.

The important is that the information provided is based on a deep knowledge of the local context (in terms of drug consumption trends) and corresponds to the real needs of the target group.

Just to give practical examples, the Portuguese Red Cross has started the organization of youth directed Info Points in recreational events such as rave and student parties, with the aim of providing detailed information about the effects and risks related to different kind of drugs and reducing risk behaviours, such as unprotected sexual relations or driving under alcohol or other drug effects. Considering that the most common drugs currently used in the country are cocaine, cannabis, ecstasy, amphetamines and alcohol, the educational activities have been addressed specifically to these drugs.

On the other side, the Bulgarian Red Cross has developed booklets on ways of preventing overdose and intervening in such cases, specifically addressed to the clients of the drop-in centres which are all injecting drug users. Moreover, they organize specific training for drug users on safer injecting practices, HIV prevention, and other drug-related issues.

Psychological support

Psychological support is essential in the framework of Harm Reduction programmes, since it provides additional and clinically meaningful benefits to individuals using drugs.

In fact, psychological assistance highly contributes to reinforce personal and social life-skills and helps drug users to start the process of withdraw from the drugs.

At this aim, it is high recommended to have psychologists among the staff involved in Harm Reduction programmes. In general, they seek to establish trust and build a relation with the clients in order to provide a safe and trustworthy place where people can discuss their daily issues and talk about their personal problems.

Of course, it is important to bear in mind that the context in which Harm Reduction activities are conducted does not allow a "normal" psychological therapy, due to the inconstancy and frequent "turnover" of clients. However, even in low-threshold services it is still possible to provide psychological consultations and



5. Mobile Info Point in Evora, Portugal
6. Mobile street Unit in Braga, Portugal

support interviews, as demonstrated by our partners (Bulgarian RC in drop-in centres, Latvian RC in night shelter, Portuguese RC in mobile street units).

Where possible, it is crucial to take into account the individual situation and family. Psychosocial programmes should then include family-based initiatives in order to take full advantage of psychological programme and foster deep changes in the long run.

Other services

Besides all the above described activities, it is important to mention some interesting country-based initiatives implemented by our partners, that may be helpful in dealing with the issue of Harm Reduction and may be adapted to other countries.

In Bulgaria, a programme has been developed to help drug users gain life and job seeking skills, with the purpose of re-establish a relation with everyday life and facilitate their re-socialization. At this aim, individual counselling sessions on CV and cover-letter writing, as well as thematic parties and social events are organized regularly with the clients of drop-in centres.

On the same line, the Macedonian Red Cross has designed so-called "re-socialization activities". Through creative workshops and educational activities, they aim at providing drug users with social skills necessary for being reintroduced in a social context, where everybody may have their own responsibilities and duties.

These initiatives are of high importance, since in general drug users are characterised by a lack of social and working skills, they are uneducated and they encounter a series of difficulties and obstacles when looking for a job or trying to reintroduce in the society. Therefore, the above-mentioned activities have been proved to be very useful in reaching the general aim of Harm Reduction programmes, which should consist in enable drug users to make/initiate first steps towards general better living conditions, in terms of both health care and social life.

Inclusion of ex-drug users in the implementation of activities (as outreach workers, peer educators)

In the framework of Harm Reduction programmes, it is fundamental to have a variety of team members such as professionals, volunteers, current and former drug users, because it contributes to approach a wider number of clients and offer them a wider range of assistance and support.

In particular, it is strongly recommended to involve former drug users in the implementation of activities as peer educators and/or outreach workers.

It can lead to numerous advantages, in terms of the effectiveness of the activities carried out in the framework of the project, as well as of the improvement of their life styles.

Firstly, former drug users may facilitate the approach with cur-

rent drug users because they have experienced the meaning of all of that. Thus, they have more sensibility than everybody else when dealing with clients and approaching the issue.

Secondly, they know which words drug users need to hear to start thinking about a deep change towards safer behaviours and eventually move towards other services and treatments. Former drug users may draw from their experiences the best way to assist current injecting drug users in modifying unsafe behaviours.

Thirdly, they can be able to provide current users with advices and referrals for treatment and to build a stronger link with them, based on trust and confidence.

As far as improvement of life styles is concerned, former drug users employed as outreach workers and peer educators may see an improvement of their self-esteem and their image within the society, thus a reduction of stigma and discrimination at all levels. The possibility that they work for the cause help promote acceptance and social empowerment inside the local community.

However, it is important to bear in mind that a series of difficulties might arise.

On one side, former drug users' knowledge of drug consumption practices may be out of date, since they may have lost access to drug users and drug use locations. On the other side, the risk of self-identification with the clients may lead to a lack of objectivity in their supporting strategies.

Moreover, the risk of burn-out has to be taken into consideration. In fact, the constant exposure to drugs and drug users combined with the stress of work may increase the possibility of a relapse. In consideration of that, it is necessary that specific training are provided to former drug users who want to be involved in Harm reduction programmes as outreach workers; moreover, personal and professional supervision has to be provided regularly, in order to address any kind of problem and act promptly.

“Drug users were actively engaged in the preparation of the educational, advocacy and re-socialization activities in order to be sure that they are in accordance with their needs. And they were very eager to participate and give constructive input” (Macedonian RC, Self-evaluation questionnaire).

Good network/referral system to other health and social services, key referent person

As already underlined in the previous chapter, to be really effective Harm Reduction programmes should include the provision of a wide and comprehensive range of services. Of course, this requires many resources, in terms of professional capacities, technical expertise and financial allocation, which can not be easily afforded by all organizations working in this field.

In consideration of that, the most feasible solution is to create a good network with local health and social institutions which can provide drug users with the required treatment, care and support through a referral system.

The experience of all our partners has demonstrated that this kind of solution is highly effective and fruitful, if the cooperation with all relevant local actors is well-functioning. The Bulgarian Red Cross has established a good referral network with medical institutions providing testing for HIV/AIDS and infectious diseases, testing for tuberculosis (including x-ray) and methadone programmes. Depending on the concrete needs of their clients, they suggest them to look for specific care and refer to the related institution (*Bulgarian RC, Self-Evaluation Questionnaire*).

In Latvia, the referral system involves agencies providing night shelters and humanitarian aid distribution, not to mention cooperation with public social services (*Latvian RC, Self-Evaluation Questionnaire*).

The network set up by the Macedonian Red Cross involves not only local health institutions for testing and medical care, but also the Centre for Social Welfare concerning social protection and numerous centres for methadone substitution treatment (*Macedonian RC, Self-Evaluation Questionnaire*).

The above-mentioned experiences help understand that the assessment of what the partner may provide on its own and what else has to be provided by other (public or private) organisations is extremely helpful, in order to offer the most comprehensive range of Harm Reduction activities. The overall system might work well if there is a joint willingness to cooperate in order to meet the main purpose of reducing drug-related harm.

At this regard, it is recommended to keep the other agencies and organisations up to date with the needs of clients and programmes and activities to be implemented. This can be done through the organization of workshops, seminars, informal and formal meetings.

Moreover, according to the experience of the Macedonian Red Cross, it is highly advisable to establish personal contacts with representatives of public institutions, in order to have a key referent person within the institutions. It may help to make the collaboration and the whole referral system more productive and effective.

“The referral system is a good example of creating a model of shared responsibility and including more institutions and organizations in addressing the drug use issue” (Macedonian RC, Self-Evaluation Questionnaire).

Support of community members (police, local authorities, general population, media)

It is well known that in order for Harm Reduction initiatives to be relevant to target groups, they should engage the support of key stakeholders including police forces, community groups, local authorities, not to mention the media.

As far as police forces are concerned, the main purpose of promoting the collaboration with them is to let them discover a new approach towards drug users. Generally speaking, when police is not well informed about the objectives and final goals of Harm Reduction activities, they may tend to be more interfering and harsh against clients. Due to the consideration that drug use is a criminal action in most countries, police can easily limit the activity of harm reduction agencies by preventing staff from making contact with drug users, dealers and other people in need. This tendency might have the disadvantage of hindering the implementation of programmes. In order to avoid this problem, it is highly recommended to establish a regular collaboration with police forces, making them understand the advantages that Harm Reduction activities can bring also on their work, in terms of reduction of criminal actions.

Concerning local authorities, it is important to bear in mind that the implementation of several Harm Reduction activities may not be considered without the support and cooperation of local authorities.

All the partners have highlighted how the collaborative action of local authorities has facilitated the implementation of project activities. In the case of Latvian Red Cross, the local municipalities have provided assistance in finding proper premises to start carrying out several interventions.

In the case of Portuguese Red Cross, the good collaboration with the public Institute for Drug and Drug Addiction of the Ministry of Health played a crucial role in getting additional funds to start a series of new activities in harm reduction.

With reference to general population, it is reasonable that with an hostile general public opinion the implementation of activities might be very difficult and easily hindered. That is the reason why when carrying out and implementing a wide range of activities involving a variety of services and staff, it is important to have the broadest consensus from the whole community. In particular with regard to needle exchange programmes, a good relation with local communities can greatly facilitate the implementation of activities. Just to give an example, the Portuguese Red Cross was obliged to move one mobile street unit in another place due to insuperable contrasts with the local population.

Concerning media participation, it is highly advisable to draw the attention of journalists on the activities implemented in the framework of Harm Reduction programmes. Power of the media is undeniable and can bring several advantages in terms of foster-

ing a deeper change in the general attitude towards drug users.

To this regards, media should outline the numerous benefits of Harm Reduction programmes not only for drug users as main beneficiaries, but also for the whole local communities. They should stimulate general public to join the cause and support the activities. In other words, they would lead the public opinion towards a more favourable opinion of the activities that need to be implemented.

A good example of the support of media is given by the Macedonian Red Cross. They developed a specific project for local journalists, which included the organization of training on harm reduction and a kind of competition to evaluate their level of understanding of the issue. As a result of this project, the information provided by media on the harm reduction activities conducted by our partner was very positive and supportive.

As far as Red Cross is concerned, it is important to underline the indispensable support required by the board of National Societies.

Since Harm Reduction programmes imply the conduction of activities at local level, in most of the cases the main implementers are local branches. This has been the case of Bulgaria and Portugal, where the actions have been implemented in different regions of the countries and mostly managed by the local branches.

Of course, the full support of the Board of National Societies is necessary for ensuring a smooth realization of the programmes and avoiding problems and delays.

Use of volunteers as community empowerment (as part of the team, not replacing professionals)

Volunteers are one of the key element in the process of community empowerment, and one of the main resources of the Red Cross/Red Crescent Movement.

The involvement of volunteers as part of the team of Harm reduction programmes has great advantages. First of all, they can be considered as additional human resources able to carry out several tasks; secondly, they may be helpful in building links and networks with other groups and interested parties; finally, they might enhance the perception that community may play an active role in the Harm reduction activities.

Help from volunteers may be very useful especially when it comes to direct contact with the population and direct support to the general public. For example, they can assist in the conduction of fundraising activities and public campaigns to raise awareness about the drug problem and fight against stigma and discrimination toward drug users.

Moreover, they can be involved in peer education activities among young people.

With regard to direct contacts with the target group (i.e. drug



7. Drop-in centre in Kyustendil, Bulgaria

users), it is highly advisable to provide them with specific training about drug-related issues, in order to let them have a more comprehensive knowledge of the subject and have a better work performance.

In fact, it is important to bear in mind that volunteers can be involved as part of the team, but they can not replace professionals in the provision of services.

As far as motivation is concerned, one of the main problems seems to be that they might not feel constant motivation to carry out a certain activity in the long term. In other words, it is argued whether the presence of volunteers guarantees a stable engagement and long-lasting cooperation or rather hinders support to implement the activities.

The best solution for keeping them motivated is to assign them tasks. Therefore, when recruiting volunteers, it is crucial to understand their motivation and to evaluate practical tasks they are able to do, so that it is highly probable that the work they are going to do is satisfying and that they meet personal expectations.

Setting of short-term objectives

Before approaching the set of short-term objective, it is important to recall the difference between goals, long-term objectives and short-term objectives. Goals, long-term objectives, and short-term objectives are in a hierarchal combination. While goals are the general purposes of a programme, long-term and short-term objectives are developed in a way to progressively contribute to the achievement of the general purpose. Long-term objectives play a role in the accomplishment of the goal; short-term objectives support the achievement of long-term objectives.

As far as Harm reduction programmes are concerned, it is important to keep in mind that the most achievable and realistic objectives that can be reached through these activities are short-term objectives.

More specifically, the first aim to have in mind when implementing harm reduction activities should not be to make drug users free from drugs, but to keep them alive and improve their health and social condition. From this point of view, the prevention of overdoses and infectious diseases, as well as the provision of methadone for the stabilization of drug addiction, appear the most effective means to reach these aims.

The need to set short-term objectives has different reasons.

On the one hand, short-term objectives have intermediate and measurable outcomes, which are much easier to monitor and evaluate. This helps assess whether any activity has been carried out and implemented in the right way and identify possible adjustments.

On the other hand, the separation of a long-term objective into shorter-term objectives help have a more focused and motivated team. When achieving one objective in a short period of

time they feel driven and motivated to go further. When only long-term objectives are set, the team may start losing the focus and willingness to take a step forward, feeling a sense of frustration and failure.

8. Mobile street unit in Rome, Italy



1 International Harm Reduction Association
<http://www.ihra.net/AboutIHRA>

2 United Nations, *Preventing the transmission of HIV among drug abusers: a position paper of the United Nations System*, 2000.

Chapter 4.

Implementation of Advocacy Activities

Address to all community members (public authorities, politicians, general population)

The term advocacy used in the context of drug abuse related issues defines all those activities and interventions that *"aim at raising awareness and promoting a better understanding of the health and social problems caused by drug use and to encourage an open dialogue with relevant stakeholders and decision makers"*¹.

Moreover, the World Health Organisation (WHO) defines Advocacy as *"the combined effort of a group of individuals or organizations to persuade influential individuals and groups and organizations through various activities to adopt an effective approach to HIV/AIDS among IDUs as quickly as possible. Advocacy also aims at starting, maintaining or increasing specific activities to a scale where they will effectively prevent HIV transmission among IDUs and assist in the treatment, care and support of IDUs living with HIV/AIDS."*²

In fact, advocacy activities not only should aim at influencing public authorities and general public through organised and systematic action to put pressure on a particular process or matters of public interest, but also at pointing out and solving problems by putting them on the agenda, recommending solutions and building support for action. Eventually, they are designed to influence political authorities in order to stimulate a positive change in policies, positions and programmes of the government and other institutions.

It is recommended to take the recipients of advocacy activities into deep consideration. According to a series of approaches on advocacy, there are two different levels of recipients. On the one hand, the primary level of recipients includes decision-makers having the authority to directly affect whether and how an objective is achieved. On the other hand, the secondary level considers individuals and groups who may influence the decision-makers at the primary level. It is always advisable to undertake advocacy activities at multiple levels at the same time, with the purpose of reaching out numerous recipients and driving them towards a great change.

According to a Publication issued by the United Nations Development Programme (UNDP), drug users and drug use have always been considered a *"high risk, but low priority"* on the agenda of

national governments and political authorities. The main purpose of advocacy activities is then to actively engage public authorities and politicians with the problem of drug abuse and the reduction of drug-related harm.

At this aim, governments and other public authorities should have a comprehensive and deeper knowledge of harmful practices among drug users and proper activities to reduce them. A deeper cooperation and collaboration with government and public authorities may help to develop even more productive and helpful strategies to achieve the final objective, the reduction of harmful practices among drug users.

As far as the general population is concerned, there are several issues to be taken into serious consideration. It has been proven that the lack of community involvement in harm reduction activities has hindered and reduced the impact of these activities on high-risk populations. One of the main reasons for the absence of community engagement and commitment is the lack of awareness concerning drug-related issues and the stigma and discrimination toward drug users.

With reference to that, advocacy activities should be addressed to the general population and all community members with the aim to raise awareness about the drug problem and provide more information about Harm Reduction. Moreover, interventions should be addressed to reduce stigma and discrimination of drug users, which is one of the main problems hindering the implementation of Harm reduction activities at all levels.

It is important to point out that civil society plays a positive role in the planning and implementation process of effective and appropriate activities and interventions.

In conclusion, there is a urgent need to build a deep support from general public and representatives of government and other public authorities through advocacy activities to foster the implementation of Harm Reduction programmes. In fact, studies have demonstrated that Harm Reduction programmes have been successfully implemented by a series of comprehensive and multi-level interventions carried out by political leadership, public authorities and general community, persuaded by effective advocacy activities.

Involvement of well-informed journalists

It is important to establish a network with journalists working in the field of electronic and print mass media to raise awareness on Harm Reduction activities. The crucial point is to have them correctly informed about the meaning of Harm Reduction and the kind of activities dealing with the reduction of Harm-related practices.

In several cases, journalists may be not well informed about the issue, the practices, the solutions proposed, the activities likely to be implemented and carried out. Due to this lack of information, they can develop critical behaviours about this kind of pro-

grammes, and thus influence negatively the public opinion. In fact, many journalists are likely to tend towards sensationalism and exaggeration. Lots of articles on newspapers and television shows are characterised by a “*demonisation*” of drug users, perceived as evil for all society. Therefore, it is crucial to establish a strong network and personal contacts with journalists, columnists and editors to provide them with regular and correct information to foster a more balanced and less sensational approach towards the issue.

A balanced approach by journalists may deeply help to raise the awareness of general public and specific target recipients towards Harm Reduction activities. Conversely, negative treatment of journalists might lead to serious problems and eventually to a failure of the programme.

In order to achieve the objective of active participation of the media and well-informed journalists in the implementation of Harm Reduction activities, it is suggested to organise and invite them to a series of regular meetings and press conferences to make them get acquainted with the issue. The aim is to make them familiarize with the topic and help them better understand the needs and problems addressed. Moreover, a correct perception of the issue leads to a deeper understanding of the needs of all the parties involved.

The availability of well-informed journalists may also contribute to decrease stigma and discrimination toward drug users. Well-informed journalists are crucial devices to promote an aware open-minded general public. Through a series of interventions on the media, such as publicity of supportive leaflets and awareness campaigns, articles on personal stories and services provided, journalists may lead the public opinion to a more conscious perception of the problem and a prejudice-free approach towards drug-users and drug-related Harm Reduction activities.

The experience of the Macedonian Red Cross with journalists may help other partners dealing with mass media. In the above-mentioned practice, media workshops were organised in the framework of Harm Reduction programmes. Basically, specific and tailored trainings were organized for representatives of local press and mass media in order to sensitize them on the drug use and the issue of Harm Reduction and to discuss about the way the media influence the public opinion, as well as to put pressure on the government to implement services for the drug users.

“The journalists invited made very useful remarks on making alliances with media and making a PR strategy on raising awareness and trying to reduce stigma and discrimination associated with drug use” (Macedonian RC, Self-Evaluation Questionnaire).

Use of specific themes for target population

Successful advocacy activities take advantage of multiple complementary strategies to achieve the main goal. Many individuals and heterogeneous groups of people need to be targeted at the same time to achieve a supportive environment for Harm Reduction programme interventions.

When targeting audience for advocacy, it is crucial to establish which group of people needs to be addressed, because each group requires different pieces of information. On the one hand, advocacy activities may be addressed to vulnerable and risk groups, such as young people or minority groups. On the other hand, they may be addressed to the general population, public authorities or people who know little or nothing about the issue.

According to the target of advocacy activities, specific messages need to be developed.

Informative booklets and leaflets should contain different pieces of information, in terms of harm reduction activities, risk behaviours and how to turn them into safer practices, substitution treatment, benefits of the therapy, the existence of mobile or fixed units, etc.

For example, residents living close to fixed units or health care centres addressing drug users are likely to be concerned about security issues. Information to be provided should include reassurance on security. Police forces might be more interested in the way substitution treatment centre or mobile units providing clean needles might reduce or increase crime in that area. Political authorities are likely to be more interested in the evaluation of the cost effectiveness of such programmes, therefore advocacy messages should deal with that particular issue. Drug users are more interested to know safer injecting practices, way of preventing overdose, etc.

According to the needs of the target population of advocacy activities, our partner organizations have developed different kind of information material. The Bulgarian Red Cross has printed two kind of material: booklets for drug users on overdose prevention and flyers anti-stigma and discrimination of drug users for the general population. The Portuguese Red Cross has developed booklets and leaflets with information about effects and health consequences of different psychoactive substances, with the aim to prevent drug abuse among young people. The Latvian Red Cross has printed leaflets for the general population, advocating for humanitarian approach toward drug users.

“The informative contents tried to follow an objective line, an evidence based approach, avoiding moral judgments on determinate behaviours or any other kind of prejudice. These are the principles shared by a risk and harm reduction interventions” (Portuguese RC)

Explaining the benefits of Harm Reduction activities for the community

The implementation of Harm Reduction activities has positive consequences and leads to benefits for the community.

The evaluation of cost-effectiveness of any Harm Reduction programme should take into consideration that, in case no programme is undertaken, the harm caused by drug abuse may have serious consequences at community level, such as increase of social tension and criminal actions, spread of HIV/AIDS, HBC, HCV and other communicable diseases, and a consequent high mortality rate, a deep change in demographic and national security policies, a dramatic economic loss for the whole society.

One of the main benefits of harm reduction programmes might be the improvement of public security and the reduction of public order problems. The implementation of specific programmes, such as needle and syringes exchange programme or educational programmes together with drug treatment programmes, may have the positive effect to reduce risky behaviours and the demand for drugs among regular consumers. The reduction in drug use contributes to a decrease of criminal actions and urban violence, thus positively affecting public security.

Consequently, interventions in the field of Harm Reduction may positively affect not only the microcosm of drug dealers and users, but also the general economic development of the community and its social orders.

Moreover, Harm Reduction programmes and activities may lead to an improvement of health standards within the community. Safer injecting behaviours and safer sexual activities may result from the implementation of educational programmes among drug users, thus leading to a decrease of the spreading of HIV and other infectious diseases among the community.

In consideration of this, when implementing advocacy activities it is crucial to underline the benefits of harm reduction programmes for the whole community, both in the short and in the long run. It may help to persuade more people to join the cause and act as supporters.

As recommended above, the information about the positive outcomes of harm reduction programmes should be tailored to the specific target population of advocacy activities. So, if the activities are addressed to public authorities, the long-term cost-effectiveness of these programmes should be stressed. If the target group is the police, focus should be given to the benefits of harm reduction activities in terms of decrease of criminality.

Showing the international evidence-based best practices

In general, when dealing with the issue of Harm reduction, it is recommended to support programmes with national and international evidence-based best practices. The reason is because drug-related programmes should be delivered through an inte-

grated system using evidence-based models which have proven to be effective and productive.

Moreover, information and evidence-based practices may help population and policy makers change prejudices and misperceptions over needle and syringe programmes and substitution treatments. For example, a common attitude among the general population, public authorities and politicians is that such programmes are claimed to encourage drug use and drug injecting practices. In reality, no scientific research has shown that Harm reduction activities lead to any negative consequence such as increased drug use or increased injecting practice. In fact, the effect is often the opposite, with drug users attracted to outreach or needle and syringe programmes and voluntarily seeking help to stop using drugs.

Numerous publications and technical studies of International Organisations or Non-Governmental Organisations working in the field of Harm Reduction, as well as pilot projects and programmes with concrete findings and achieved results, can be mentioned as a demonstration of the evidence-based effectiveness of such programmes.

The evidence has shown some concrete success over the years, especially in the field of needle exchange programmes, that are known to reduce transmission risk behaviours for the spread of HIV and Hepatitis B and C among injecting drug users.

Harm reduction interventions are likely to reduce injecting risk behaviours. Studies that have been conducted suggest that these approaches and interventions may have a strong potential. Conversely, no strong evidence exists to support the concern that any of these interventions lead to increased harm for drug users, or encourage drug use in the community.

Generally speaking, international evidence-based best practices may be used for a number of different reasons when implementing Harm reduction advocacy activities. Firstly, it may be suitable to identify specific issues for policy action and to assess what policy changes would be necessary. Secondly, it may help to directly influence policy makers, general public and other public authorities. In particular, it might concur to change public attitude towards drug users in order to establish a favourable environment for Harm reduction interventions to be implemented. Moreover, it may be used to challenge myths and prejudices about Harm reduction activities, in particular regarding needle exchange programmes and substitution therapy. Eventually, it may show that some activities effectively work in a specific country or environment.

However, in many areas of Harm reduction evidence-based best practices are likely to be weak or rarely unequivocal or biased. That said, it is crucial to understand that they alone are not enough to influence the development of positive behaviours that will facilitate the scaling up of comprehensive harm reduction programmes.

Translating evidence into action depends not only on the strength of the evidence concerning the effectiveness of harm reduction best practices. Taking advantage of evidence-based best practices has to be considered only a means to establish a favourable environment in which Harm reduction activities may be carried out and achieve result with sufficient impact.

Do regular campaign, not only a one-day event

Awareness fundraising campaigns are more useful when conducted regularly, because in the light of a continuous process, the more people get acquainted with the issue, the more they get sensitized about it. Generally speaking, organizations tend to organise a one-day big event to launch the project and make community members and other interested parties aware of the project, to raise money or public awareness about drug-related issues.

But this strategy is not so effective. A big one-day event may be useful to let people know about the on-going programmes, and to draw the attention to drug-related problems. In this sense, one big event can serve to start raising the consciousness of community members about needs and problems of drug users.

But then, it is advisable to keep stimulating interest and participation of people, stakeholders and other interested parties. It is important to bear in mind that people easily forget; so it is crucial to make them join the cause and let them be constantly aware and interested in the activities. Regular campaigns have the benefit of keeping people up-to-date on the latest news concerning a specific issue, not to mention the incentive to familiarize with the topic and all interested parties affected. The lack of systematic campaigns may lead to the failure of the overall programme.

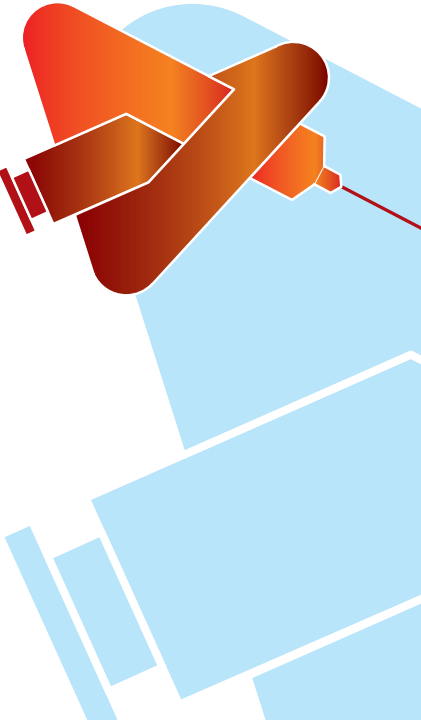
For example, mass media regular campaigns may become a productive tool to inform general population about the risks associated with drug use and to explain how to reduce these risks. Moreover, regular awareness raising campaigns may highly contribute to combat stigma and discrimination toward drug users and promote an humanitarian approach toward this vulnerable group. To this regard, the Red Cross/Red Crescent can play a primary role in advocacy activities, thanks to its privileged position and reputation all around the world.

1 <http://www.redcrosshr.eu/>

2 WHO, *Advocacy Guide, HIV/AIDS Prevention among Injecting Drug Users*, 2004

Chapter 5. Conclusions

Best practices and recommendations in the field of Harm Reduction programmes

An illustration featuring a syringe with a red plunger and a lightbulb with a yellow glow, both rendered in a stylized, semi-transparent manner. The syringe is positioned diagonally, pointing towards the bottom right, while the lightbulb is positioned above it, pointing towards the top right. The background consists of light blue geometric shapes, including a large triangle and a smaller square, creating a modern, abstract design.

In all the previous chapters of this publication, we have tried to give some example of good practices together with recommendations on how develop and implement activities in the field of Harm reduction. In light of all these considerations, it can be possible now to draw some conclusions on what works and what doesn't not work when approaching harm reduction programmes.

Firstly, it is clear that the main requisite for implementing a good project is to have adequate skills and knowledge on the related issue. To this regard, it is highly recommended to have specific training on drug-related issue before starting any action on harm reduction. According to the experience of our partners, the possibility for them to receive a 7-days-training course and to participate at a study visit in Paris and Rome was fundamental in order to plan and implement good harm reduction projects in their countries.

In particular, the balance of theory and practice was valued as very relevant. This is an element that should be always taken into consideration when planning capacity building activities in the field of harm reduction. In fact, through the attendance at training courses, participants can acquire and strengthen skills, knowledge, capacities; through study visits, they can see the practical application of what listened and learned from the trainers, thus acquiring a clearer understanding of the issue.

Moreover, it is important to underline also a specific characteristic that trainers should have in order to make the capacity building process more effective. Besides great expertise and knowledge of the issue, not to mention communication skills, it is highly advisable to have trainers with similar professional background and job typology of the participants. Referring to our project, both trainers and trainees were staff of non-governmental organizations having the same guiding principles and mission. More specifically, all the partners shared the fundamental principles of Red Cross, i.e. the humanitarian approach towards all vulnerable groups, including drug users. This common background has greatly facilitated the understanding and sharing of what presented by the trainers during the course and what saw in practice during the study visit.

“The training was very relevant for improvement of the Macedonian Red Cross Harm Reduction Programme. It gave us the opportunity to see practical application of the well developed activities of the Italian and French Red Cross. It also gave us the opportunity to ask questions and to discuss challenges directly with the personnel, and to have a good reference system if needed in future”. (Macedonian RC, Self-evaluation questionnaire)

“Before the project we did not have any experience in harm reduction, but now we have gained knowledge, skills and are developing harm reduction activities” (Latvian RC, Self-evaluation questionnaire).

The second key element to be recommended when implementing Harm Reduction programmes is the creation of good networking at local, national and international level.

At local and national level, the establishment of operational alliances with other organizations working in the same field, as well as with public authorities, has been considered by all the partners as extremely supportive. A fruitful and well-functioning collaboration with all related stakeholders gives the possibility to get more resources, to have a clearer picture of local problems and needs, to make a more strategic planning and consequently, to improve the quality and quantity of services provided.

At international level, the network with similar organizations working in Harm Reduction is very useful in terms of exchanging of information and dissemination of good practices. In fact, through good networking at European and international level it is much easier to receive up-to-date information about new policies, strategies and programmes related to drug addiction, as well as about best practices that can be replicated.

With reference to our project, one of the main advantages for the beneficiary Red Cross National Societies was the collaboration with similar and more experienced organizations.

This partnership has allowed not only a transfer of skills and know-how, but has led up to the creation of a network of Red Cross National Societies working in the field of Harm Reduction. This will enable a constant and easier exchange of information, and will facilitate the sustainability and improvement of these programmes.

“Creating a good Red Cross Harm Reduction Network and implementing country appropriate activities should be the next steps for giving continuity to the ongoing activities”. (Macedonian RC, Self-evaluation questionnaire)

The last and main recommendation to bear in mind when implementing Harm Reduction programmes is the provision of a wide range of services, able to respond to the manifold needs and requests of the target group.

As indicated in chapter 3, all the harm reduction programmes proposed under our project have included a variety of activities, ranging from outreach work to substitution treatment. This comprehensive approach has enabled to increase the impact of the programmes on the final beneficiaries, offering a more adequate response to their needs. Indeed, one of main principles leading our work with drug users is that treatment should be suited to the need of the patient and not vice-versa.

A good harm reduction programme should include outreach work, provision of syringes and condoms, information and risk reduction counselling, test for HIV and other infectious diseases, psychological support and substitution therapy. In fact, it should aim not only at reducing the harm caused by drug abuse, but also at supporting drug users to cope with all the health and social problems related to their drug addiction and motivate them toward healthier lifestyles.

The provision of different kind of services for drug users has highly contributed to the effectiveness of these programmes and to the achievement of the project's objectives, i.e. "improving the living conditions of drug users" and "preventing drug use and reducing the harm connected to drug use".

"We like to think that we make a difference in the lives of drug users by directly providing services and by advocating for better attitudes of community members towards them". (Macedonian RC, Self-evaluation questionnaire)

"The living conditions of our clients have been improved, in particular regarding the prevention of HIV/AIDS and sexually-transmitted diseases, and the access to basic health care and psychological support". (Bulgarian RC, Self-evaluation questionnaire)

Main factors that can limit the effectiveness of Harm Reduction programmes

When developing and implementing Harm Reduction programmes, not only best practices and recommendations on what works better are important to bear in mind, but also main factors that can reduce or hinder the effectiveness of these programmes.

According to the experience of our partners, the first of these factors is the lack of a good planning. This can be caused by a

scanty knowledge of the issue, due to a superficial or uncompleted assessment of the local drug situation before planning harm reduction activities. The lack of adequate baseline assessment can lead to a misunderstanding of the problem and consequently, to the development of activities which do not respond to the real needs of the target group.

This point is particularly important for those organizations which have no experience in working with drug users, and thus, do not have a clear understanding of their pressing needs and problems. In this case, developing adequate harm reduction programmes can be very difficult, as well as the attempts to involve the target group in the provided services.

To this regards, the conduction of a good needs assessment not only contributes to a better planning of activities, but facilitates also the establishment of contacts with the potential final beneficiaries of that activities.

The lack of good planning can be related also to an unrealistic assessment of available resources, both in terms of personnel and technical capacities. This can lead to the development of unsustainable services and cause serious problems during the implementation phase. At this regard, during the project planning it is important to think about the possible partnerships to be developed at local level, in order to get support for the provision of services and compensate the eventual lack of resources.

With reference to the sustainability of programmes, a good planning should include also a detailed monitoring and evaluation system. The lack of such system can hamper the identification and resolution of eventual problems that can occur during the implementation phase, and consequently limit the effectiveness of the programmes.

The second factor that can affect the good results of Harm Reduction programmes is related to the kind of expectations given to these programmes. More specifically, if the objectives which are expected to be achieved through harm reduction projects are too ambitious and long-term, the risk of failure is very high.

Recalling what said in chapter 3, the main goal of harm reduction activities should not be the treatment of drug addiction in the sense of interruption of drug use, but the support and assistance to drug users in the active phase of their addiction.

In this sense, the objectives to be achieved through these activities should be short-term, i.e. related to the improvement of the present condition of clients without demanding abstinence and drug free behaviours. The treatment of drug addiction is a very complex process requiring long time and high motivation of patients. Taking in consideration this fact, the setting of such kind of expectations can result unrealistic and not achievable, thus affecting the good implementation and effectiveness of harm reduction programmes. However, it is important to bear in mind

that harm reduction activities can act as an entry point to the system of health-care services, as they break the isolation of the addicts and make it easier for them to enter into treatment.

Last but not least, the element to avoid when carrying out activities in the field of harm reduction is the use of a “paternalistic approach”, as defined by our partners.

In other words, it means the tendency to judge the beneficiaries of such activities and consider them just as passive object of the interventions.

In the previous chapters, it has been stressed several times the importance of involving drug users in the planning and implementation of harm reduction activities. Indeed, this can bring to many advantages, both in terms of effectiveness of the programmes and improvement of their life styles.

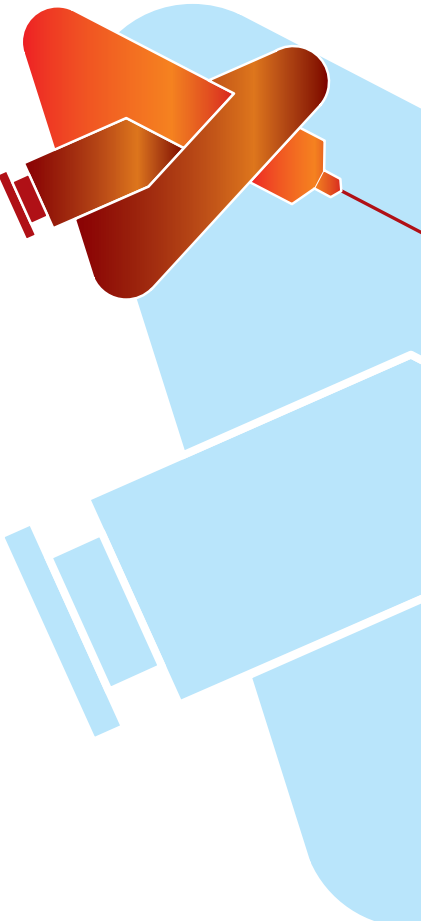
On the contrary, a paternalistic approach based on the belief that drug users can not be considered an active subject of the interventions since they are not in the condition to take decision about their lives, can have negative effects on the impact of these programmes.

It can hamper the process of motivation and empowerment of the target group, dramatically limiting the effectiveness of the action in the short and long term.

In the light of all this, the main recommendation to be provided to any organization involved in Harm Reduction programmes is the use of an “humanitarian approach” toward drug users, which implies the respect of individuals and the strong believe in the possibility to empower their capacities, potentialities and resources.

Annex I.

The Project and Methodology

An illustration of a hand holding a syringe, rendered in a stylized, semi-transparent manner. The hand is light blue, and the syringe is a gradient of orange and red. The syringe is held in a way that suggests it is being used or prepared. The background is a light blue wash.

The general aims of the project “Improving Harm Reduction: a Red Cross approach in Europe” are to prevent drug use, reduce drug-related harm and raise awareness of the social and health problems caused by substance abuse.

The project’s specific objectives are: 1) Strengthening the capacities of the partner organizations in developing and implementing Harm Reduction programmes for poly-drug, injecting drug users (IDUs) and People Living with HIV and AIDS (PLWHA), with a particular focus on the prevention of infectious diseases; 2) Improving the living conditions of poly-drug users and IDUs.

The project consisted in two main phases: educational activities for the three beneficiary Red Cross National Societies (Bulgarian, Latvian and Portuguese); operational activities conducted by these three partner organizations in their own countries.

During the first phase, Villa Maraini Foundation, in collaboration with Italian Red Cross, French Red Cross and Croatian Red Cross has conducted one-week training courses in Bulgaria, Portugal and Latvia. A delegation from the Macedonian Red Cross has participated at the training organized in Sofia along with the Bulgarian Red Cross. Through training activities, the project aimed at improving the skills and knowledge of the beneficiary organizations and at promoting the exchange of information on drug prevention, abuse treatment and harm reduction.

After the training courses, a delegation from Bulgaria, Latvia and Portugal has participated at a study visit in Italy and France. Aim of the study visit was to show how harm reduction measures are implemented by Villa Maraini Foundation, the Italian and the French Red Cross, which have a long standing and successful experience in the field.

The second phase of the project included the development and implementation of harm reduction and awareness raising activities by the beneficiary Red Cross National Societies in their own countries. To this aim, they submitted to Villa Maraini, the Italian Red Cross and French Red Cross a detailed Work Plan of activities in the field of drug prevention and Harm Reduction, in order to receive advices and suggestions. The interventions included distribution of information material, outreach work, needle and syringe exchange, peer education, psychological counselling and primary health care provisions.

More specifically, the Bulgarian Red Cross has developed two drop-in centres for drug users in the premises of two harm reduction points started in 2004; the Latvian Red Cross has opened an

Harm Reduction point in a night shelter for people with alcohol and drug abuse problems; the Portuguese Red Cross has organized Harm Reduction Info Points in youth recreational settings, such as rave parties, student parties, discos.

Moreover, all the three partner organizations have conducted advocacy activities aimed at raising awareness about stigma and discrimination towards drug users, promoting a better understanding of the health and social problems caused by drug use and encouraging an open dialogue with relevant stakeholders and decision makers.

Villa Maraini Foundation, the Italian Red Cross and French Red Cross have constantly monitored and supervised the work of the three operating partner organizations, through the conduction of monitoring visits in the three countries and the review of periodic reports submitted by the implementer organizations.

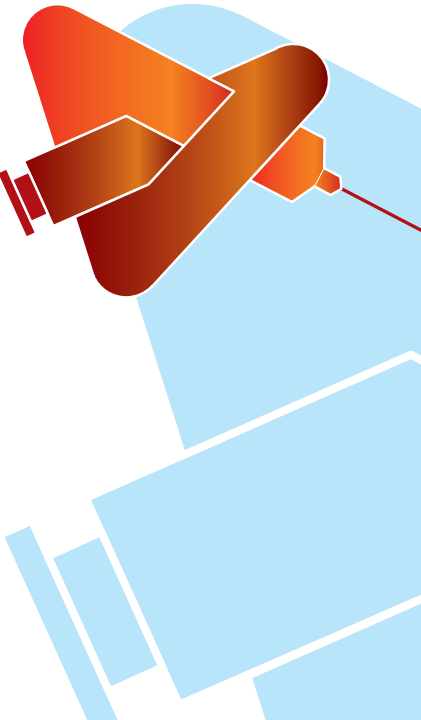
The most innovative element of the project consists in the promotion of a new approach to the drug problem: in line with the recent stances also expressed by the International Federation of the Red Cross and Red Crescent Societies, the project advocates for a humanitarian approach to the drug problem, based on a just and fair treatment of drug users, free from ideology, force, stigmatization and discrimination. We believe that drug use problems can not be solved simply by criminal justice initiatives. Punitive action drives the people most in need of prevention and care services underground.

This innovative approach is also based on peer education and active involvement of drug users and the community, as an effective, proven method for reaching people who use drugs in their own environment and establishing relationships which can be broadened through drug users involvement in programme development and implementation.

Annex II.

Training for the Bulgarian and the Macedonian Red Cross

Sofia, 6-10 April 2009



Programme	
Monday 6 April 2009	
Module 1-Epidemiology of drugs	
09,30-10,30	Welcome and introduction of participants. Expectations on the course (Patruno)
10,30-11,30	Epidemiology of drugs in the world and their effects (Zovko)
11,30-11,45:	Coffee break
11,45-13,00	Problematic use of drugs: addiction and abstinence crisis (Zovko)
13,00-14,00:	Lunch break
14,00-14,30	Drug use in Bulgaria. Existing actions (Russie and Kustendyl) and perspectives for the future (Bulgarian RC)
14,30-15,00	Drug use in Macedonia. Existing actions and perspectives for the future (Macedonian RC)
15,00-16,00	Discussion over the results of the two previous sessions (Patruno, Ruggerini)
16,00-16,15	Coffee break
16,15-17,00	Working groups : Group a) why do people start using drugs? Group b) what are the major problems relating to drug consumption? Group c) why do we need a contact with IDUs?
17,00-17,30	Reporting from the working groups and discussion (Ruggerini)
Tuesday 7 April 2009	
Module 2 - Harm Reduction Strategy	
09,30-10,15	Harm reduction strategies and obstacles to their implementation (Ruggerini)
10,15-11,00	Substitution treatments (Zovko)
11,00-11,30	Villa Maraini's history and experience (Patruno)

11,30-11,45	Coffee break
12,00-13,00	Outreach work: street unit and syringe exchange programmes. The use of naloxone in overdose treatment (Rodoquino)
13,00-14,00	Lunch break
14,00-14,30	Video on Villa Maraini's Street Unit
14,30-15,10	Sheets to be used to register harm reduction interventions (Rodoquino)
15,10-16,00	Croatian Red Cross experience in Harm Reduction, including a video on CRC Harm Reduction action (Zovko)
16,00-16,15	Coffee break
16,15-17,00	Working groups (Facilitators: Ruggerini – Patruno - Wieviorka): Group a) what are the objectives of harm reduction programmes? Group b) why do drug users share syringes? Group c) how to start a good quality harm reduction programme on local level?
17,00-17,30	Reporting from the working groups and discussion (Patruno)

Wednesday 8 April 2009
Module 3 - Epidemiology of TB, HIV/AIDS and sexually transmissible diseases

09,30-10,30	Epidemiological overview on TB, HIV/AIDS and sexually transmissible diseases (STDs) and on accessible and suitable treatments for TB, HIV/AIDS and STDs (Zovko)
10,30-11,15	TB, HIV/AIDS and STDs in Bulgaria: programmes and prevention (Bulgarian RC)
11,15-11,45	Coffee break
11,45-12,15	Social determinants of health and risky behaviours (Zovko)
12,15-13,00	The risk of burn out of staff dealing with drug users and HIV infected patients (Ruggerini)
13,00-14,00	Lunch break
14,00-14,30	A comprehensive treatment offered to drug users as an effective preventive action (Wieviorka)
14,30-15,00	Advocacy action on TB, HIV/AIDS and STDs. ERNA as an example of advocacy (Patruno)

15,00-16,00	Round table: advocacy in Italy, France and Bulgaria (Rodoquino, Patrino, Wieviorka, Bulgarian RC and Macedonian RC representatives)
16,00-16,15	Coffee break
16,15-17,30	Following of the previous session

Thursday 9 April 2009
Module 4 - The counselling

09,30-10,30 (Barra)	The individual with drug addiction problems
10,30-11,30	The intake of a drug user (Ruggerini)
11,30-11,45	Coffee break
11,45-13,00	Pierre Nicole Centre's experience (Wieviorka)
13,00-14,00	Lunch break
14,00-15,00	The drug-user and his family: psychodynamics and support groups (Ruggerini)
15,00-16,00	The Rome Consensus for an humanitarian drug policy, EU policies and programmes on drugs (Fadiga)
16,00-16,15	Coffee break
16,15-17,00	Working groups: Group a): activities of outreach work needed in your country Group b): workers' attitudes towards drug users Group c): support activities for drug users
17,00-17,30	Reporting from the working group and round table (Wieviorka)

Friday 10 April 2009
Module 5 - Universal Access to Prevention, Treatment, Care and Support

09,30-10,15	Humanitarian treatment of drug users according to Red Cross principles and values (Barra)
10,15-10,45	Support role of the Italian and French Red Cross to their sister National Societies (Fadiga and Wieviorka)
10,45-11,00	Coffee break
11,00-11,45	Stigma and discrimination linked to drug use and to HIV/AIDS. Care and support for people living with HIV/AIDS.

	Activities and strategies (Barra)
11,45-12,30	Working groups: Group a) capacity building of existing BRC HR programmes Group b) capacity building of existing MRC HR programmes Group c) organization of anti stigma and advocacy campaigns
12,30-13,00	Reporting from the working groups (Ruggerini)
13,00-14,00	Lunch break
14,00-15,00	Bulgarian proposals for future actions to be undertaken in the framework of the project (on the basis of working groups results)
15,00-15,30	Final remarks (Barra)

TRAINING FOR THE PORTUGUESE RED CROSS

Lisbon, 11 -15 May 2009

Programme

Monday 11 May 2009

Module 1 – Epidemiology of drugs

09:30-10:00	Opening session with members of PRC National Directive board (President and/or Director General and/or Vice President and President Portuguese Drug and Drug Addition Institute,
10:00-10:30	EMCDDA and harm reduction (Dagmar Hedrich)
10:30-10:45	Expectations on the course. Introduction of participants (Patruno)
10:45-11:30	Epidemiology of drugs in the world and their effects (Zovko)
11:30-11:45	Coffee break
11:45-13:00	Problematic use of drugs: addiction, abstinence crisis and substitution treatment (Zovko)
13:00-14:30	Lunch break
14:30-15:15	Drug use in Portugal: on-going activities of Portuguese RC Youth (prevention) and perspectives for future actions (Lago)
15:15-16:00	Discussion
16:00-16:15	Coffee break

16:15-17:00 Working groups :
Group a) why do people start using drugs?
Group b) what are the major problems relating to drug consumption?
Group c) why do we need a contact with drug users (IDUs and problem/poly drug users)

17:00-17:30 Reporting from the working groups and discussion (Ruggerini)

Tuesday 12 May 2009
Module 2 - Harm Reduction Strategy

09:30-10:15 Harm reduction strategies and obstacles to their implementation (Ruggerini)

10:15-11:00 Portuguese RC Experience in Harm Reduction – Braga local Branch’s Street unit and Drop in centre (service responsible – Silva)

11:00-11:30 Villa Maraini’s history and experience (Patruno)

11:30-11:45 Coffee break

12:00-13.00 Outreach work: street unit and syringe exchange programmes. The use of naloxone in overdose treatment (Rodoquino)

13.00-14.30 Lunch break

14:30-15.00 Video on Villa Maraini’s Street Unit (Rodoquino)

15:00-15:30 Discussion

15:30-16:00 Croatian RC experience in Harm Reduction, including a video on CRC Harm Reduction action (Zovko)

16:00-16:15 Coffee break

16:15-17:00 Working groups:
Group a) what are the objectives of harm reduction programmes?
Group b) why do drug users share syringes?
Group c) overdose simulation

17:00-17:30 Reporting from the working groups and discussion (Patruno)

Wednesday 13 May 2009
Module 3 – Risk Reduction
(Portuguese Drug and Drug Addiction Institute [IDT] experts)

09.30– 09:45 Introduction to risk reduction (Mário Martins, Responsible of the Prevention Department IDT)

09:45-10:15	Raves and Clubbing – contexts and dynamics of drug consumption (Luís Vasconcelos, IDT)
10:15-11:00	Experience sharing – existing risk reduction projects in Portugal (Paula Frango, Prevention Department IDT)
11:00-12:30	Oriented discussion – How can the PRC intervene in this field, How can the intervention meet user’s needs, etc...
12:30-13:00	The risk of burn out of staff dealing with drug users and HIV infected patients (Ruggerini)
13:00-14:30	Lunch break Module 4 - TB, HIV/AIDS and sexually transmissible diseases linked to drug consumption
14:30-15:00	Epidemiological overview on TB, HIV/AIDS and sexually transmissible diseases (STDs), on accessible and suitable treatments for TB, HIV/AIDS and STDs including some notes on social determinants of health(Zovko)
15:00-15:30	A comprehensive treatment offered to drug users as an effective preventive action (Wieviorka)
15:30-16:15	Advocacy action on TB, HIV/AIDS and STDs. ERNA as an example of advocacy (Patruno)
16:15-16:30	Coffee break
16:30-17:00	Working groups: Group a) possible activities to be implemented in Portugal for PLWH: role of the Portuguese Red Cross? Group b) outreach work activities needed in Portugal Group c) workers attitudes towards drug users
17:00-17:30	Reporting from the working groups and discussion (Ruggerini)

Thursday 14 May 2009
Module 5 - The counselling

09:30-10:30	The individual with drug addiction problems (Barra)
10:30-11:30	The intake of a drug user (Ruggerini)
11:30-11:45	Coffee break
11:45-13:00	Humanitarian treatment of drug users according to Red Cross principles and values (Barra)

13:00-14:30	Lunch break
14:30-15:15	Stigma and discrimination linked to drug use and to HIV/AIDS. Care and support for people living with HIV/AIDS. Activities and strategies (Barra)
15:15-16:00	The Rome Consensus for an humanitarian drug policy, EU policies and programmes on drugs (Fadiga)
16:00-16:15	Coffee break
16:15-17:00	Working groups: Group a) the intake of a drug users "outdoor" Group b) the intake of a drug users "indoor" Group c) organization of anti stigma and advocacy campaigns
17:00-17:30	Reporting from the working group and round table (Wieviorka)

Friday 15 May 2009
Module 6 - Universal Access to Prevention, Treatment, Care and Support

09:30-10:15	Pierre Nicole Centre's experience (Wieviorka)
10:15-11:00	Support role of the Italian and French Red Cross to their sister National Societies (Fadiga)
11:00-11:30	The drug-user and his family: psychodynamics and support groups (Ruggerini)
11:30-11:45	Coffee break
11:45-12:30	Working groups: Group a) capacity building of existing Portuguese RC HR programmes Group b) the intake of parents Group c) why does the peer to peer strategy work?
12:30-13:00	Reporting from the working groups (Ruggerini)
13:00-14:30	Lunch break
14:30-15:30	Portuguese proposals for future actions to be undertaken in the framework of the project (on the basis of working groups results and already planned field activities)
15:30-16:00	Final remarks (Ruggerini, Lelli)

TRAINING FOR THE LATVIAN RED CROSS

Riga, 1 -5 June 2009

Programme

Monday 1 June 2009

Module 1 – Epidemiology of drugs

09:30-10:00	Opening session with members of LRC National Representatives
10:00-10:45	Expectations on the course. Introduction of participants (Patruno)
10:45-11:30	Epidemiology of drugs in the world and their effects (Zovko)
11:30-11:45	Coffee break
11:45-13:00	Problematic use of drugs: addiction, abstinence crisis and substitution treatment (Zovko)
13:00-14:00	Lunch break
14:00-14:45	Drug use in Latvia and perspectives for future actions (presented by Ms. Inga Upmace, representative of AIDS prevention centre)
14:45-15:30	Discussion
15:30-15:45	Coffee break
15:45-16:30	Working groups : Group a) why do people start using drugs? Group b) what are the major problems relating to drug consumption? Group c) why do we need a contact with drug users (IDUs and problem/poly drug users)
16:30-17:00	Reporting from the working groups and discussion (Ruggerini)

Tuesday 2 June 2009

Module 2 - Harm Reduction Strategy

09:30-10:00	Harm reduction strategies and obstacles to their implementation. Ground services needed (Ruggerini)
10:00-11:00	Villa Maraini's history and experience. (Patruno)
11:00-11:30	Villa Maraini as a training centre on a comprehensive harm reduction
11:30-11:45	Coffee break
11:45-13:00	Outreach work: street unit and syringe exchange programmes. The use of naloxone in overdose treatment. Overdose simulation (Rodoquino)

13.00-14.00	Lunch break
14:00-14.30	Video on Villa Maraini's Street Unit (Rodoquino)
14:30-15:00	Discussion
15:00-15:30	Croatian RC experience in Harm Reduction, including a video on CRC Harm Reduction action (Zovko)
15:30-15:45	Coffee break
15:45-16:30	Working groups: Group a) what are the objectives of harm reduction programmes? Group b) why do drug users share syringes?
16:30-17:00	Reporting from the working groups and discussion (Patruno)

Wednesday 3 June 2009
Module 3 - Transmissible diseases linked to drug consumption and preventive activities

09,30-10,30	Epidemiological overview on TB, HIV/AIDS and sexually transmissible diseases (STDs) and on accessible and suitable treatments for TB, HIV/AIDS and STDs. (Zovko)
10,30-11,00	Pierre Nicole Centre's experience (Wieviorka)
11,00-11,30	TB, HIV/AIDS and STDs in Latvia (Mrs. Inga Upmace)
11,30-11,45	Coffee break
11,45-13,00	The risk of burn out of staff dealing with drug users and HIV infected patients (Ruggerini)
13,00-14,00	Lunch break
14,00-14,30	A comprehensive treatment offered to drug users as an effective preventive action (Wieviorka)
14,30-15,00	ERNA (European Red Cross Red Crescent Network on HIV and AIDS and TB) as an example of advocacy. Workers attitudes towards drug users (Patruno)
15,00-16,00	Round table: advocacy in Italy, France, Croatia and Latvia (Zovko, Patruno, Wieviorka, Jankovska)
16,00-16,15	Coffee break
16,15-17,00	Following of the Round table

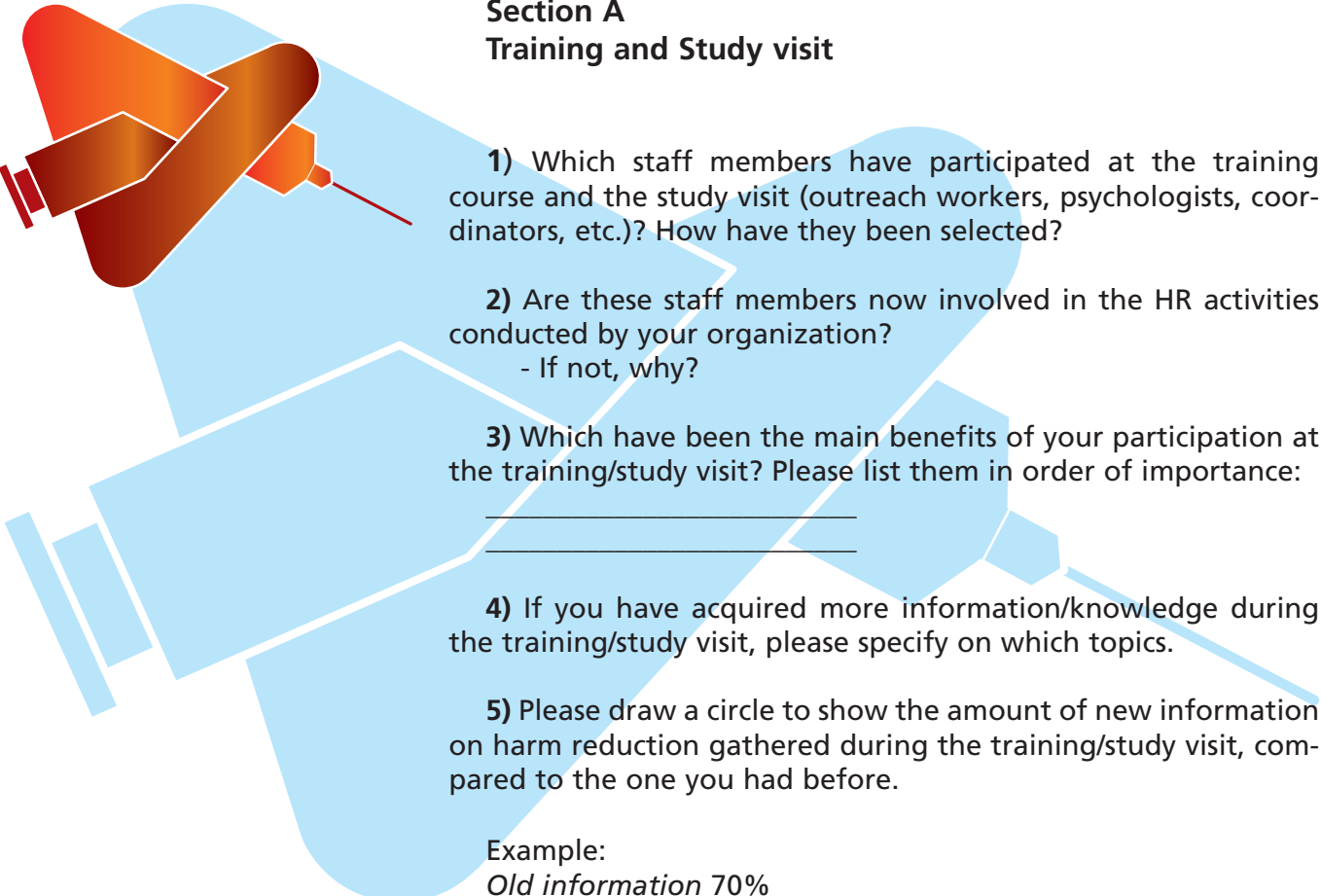
17,00-17:30	Brainstorming: Outreach work activities needed in Latvia
	Thursday 4 June 2009 Module 4 - The counselling
09,30-10,30	The individual with drug addiction problems. Why and how to organize services responding to drug users individual needs (Barra)
10,30-11,30	The intake of a drug user (Ruggerini)
11,30-11,45	Coffee break
11,45-13,00	Humanitarian treatment of drug users according to Red Cross principles and values. How to attract staff and volunteers, train, motivate and keep them. (Barra)
13,00-14,00	Lunch break
14,00-15,00	Stigma and discrimination linked to drug use and to HIV/AIDS. Care and support for people living with HIV/AIDS. Activities and strategies (Barra)
15,00-16,00	The Rome Consensus for an humanitarian drug policy, EU policies and programmes on drugs (Fadiga)
16,00-16,15	Coffee break
16,15-17,00	Working groups: Group a) possible activities to be implemented in Latvia for IDUs: role of the Latvia Red Cross Group b) organization of anti stigma and advocacy campaigns. Most wide spread stereotypes and counterarguments
17,00-17,30:	Reporting from the working group and round table (Wieviorka)
	Friday 5 June 2009 Module 5 - Universal Access to Prevention, Treatment, Care and Support
09,30-10,15	The drug-user and his family: psychodynamics and support groups (Ruggerini)
10,15-10,45	Support role of the Italian and French Red Cross to their sister National Societies (Fadiga)
10,45-11,00	Coffee break
11,00-11,45	Self-Help groups, types, how to organize, what support is needed, etc. (presented by Mr.Alexandrs Molokovskis, representative from HIV.LV.NGO)

11,45-12,30	Working groups: Group a) capacity building of existing LRC HR programmes Group b) the intake of parents Group c) why does the peer to peer strategy work?
12,30-13,00	Reporting from the working groups (Ruggerini)
13,00-14,00	Lunch
14,00-15,00	Latvian proposals for future actions to be undertaken in the framework of the project (on the basis of working groups results and already planned field activities)
15,00-15,30	Final remarks (Ruggerini, Lelli)



Annex III. Self-assessment questionnaire

Section A Training and Study visit



1) Which staff members have participated at the training course and the study visit (outreach workers, psychologists, coordinators, etc.)? How have they been selected?

2) Are these staff members now involved in the HR activities conducted by your organization?
- If not, why?

3) Which have been the main benefits of your participation at the training/study visit? Please list them in order of importance:

4) If you have acquired more information/knowledge during the training/study visit, please specify on which topics.

5) Please draw a circle to show the amount of new information on harm reduction gathered during the training/study visit, compared to the one you had before.

Example:

Old information 70%

New information 30%

Section B Development of Work Plan

1) Has your Work Plan been developed on the basis of a local needs assessment?

- If yes, which methods did you use to get this information (interviews, review of existing data, etc.)? Please list them in order of relevance:

- If not, how did you plan your harm reduction activities?

2) What worked for you in the collection of information about the drug abuse situation in your community/communities?

3) What didn't work? Which problems/obstacles did you encounter in collecting information?

4) Who was involved in the preparation of your Work Plan? Please draw a circle with percentage.

Example:

External Experts 20%

Staff of your organization 60%

Targeted drug users 10%

Other organizations 10%

5) What did work in the involvement of these groups in the development of your Work Plan?

6) What didn't work well? Why?

7) In particular, did you try to involve drug users in the development of your Work Plan? If so, did it work?
- If not, why?

8) How relevant was the training and the study visit for the development of your Work Plan?

Section C

Harm reduction activities

1) Which kind of HR activities are you providing? Please check them:

needle and syringe exchange
outreach work
substitution treatment
overdose prevention programme and/or naloxone programme
tests for HIV, HBV, HCV
info point in other settings(discos, parties, etc.)
information and counselling on prevention of HIV and other infectious disease
basic medical care
psychological support
other (please explain in detail)

2) Were these services provided by your organization also before the project or not?
- If yes, in which way did you improve them?

3) Which are your target groups?

4) Did you involve your target groups in the design and development of new programmes/services?

- If yes, did it work or not?
- If not, why?

5) Are activities delivered as planned in the Work Plan?

- If not, why?

6) Do you have a referral system to other services?

- If yes, to which services?
- If not, why?

7) What does work better in your referral system, and what does not work?

8) Have you built partnerships with other organizations, public institutions, local authorities, etc?

- If yes, what worked better and why? What didn't work and why?

9) Please draw the changes that have occurred in your relations with other organizations and main stakeholders as a result of the project.

Example: Before the project
After the project

Other organizations
Your organization
Local authorities

Section D

Advocacy activities

1) Have you conducted advocacy activities?

- If yes, of which kind?
- If not, why?

2) Who was involved in the preparation and conduction of these advocacy activities? And in which percentage? Please add as many row as you need.

3) To whom were these advocacy activities targeted?

4) Which were the main objectives of these advocacy activities? Please draw a circle with percentage.

Example:

Reduce stigma and discrimination of drug users
Raise awareness about the drug problem
Provide more information about Harm reduction

5) To which extent have your advocacy activities contributed to achieve these objectives?

Section E

Achievement of project objectives

1) In your opinion, is the first project objective (“Strengthening the capacities of the partner organizations in developing and implementing drug prevention and Harm Reduction programmes”) being achieved?

- If yes, to which extent?
- If not, why?

2) In your opinion, is the second project objective (“Improving the living conditions of poly-drug users and IDUs”) being achieved?

- If yes, to which extent?
- If not, why?

3) Are you using some tools to monitor and evaluate the level of satisfaction of your target groups towards the activities you are implementing?

- If yes, please describe which tools.
- If not, why?

4) Have you planned some methods to evaluate the impact of your activities on the target groups?

- If yes, please describe which methods.
- If not, why?

5) In your opinion, will the results of your activities contribute to the achievement of the overall project objective (“Preventing drug use and reducing the harm connected to drug use”)?

- If yes, to which extent?
- If not, why?

6) According to the experience acquired in the project and the results obtained, would it be useful to go on? Are you envisaging new actions/projects to give continuity to the actions developed till now? Which should be the following steps?

In cooperation with:



BULGARIAN
RED CROSS



croix-rouge française



CROCE ROSSA ITALIANA



CRUZ
VERMELHA
PORTUGUESA

