drugstore
project

Alliance
for Public Health

HARM REDUCTION SERVICES FOR PEOPLE WHO USE PSYCHOACTIVE SUBSTANCES IN RECREATIONAL CONTEXTS

INTERVENTION DEVELOPMENT AND IMPLEMENTATION GUIDE

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ABOUT THIS GUIDE

This resource has been developed by the Drugstore project team of the Alliance for Public Health (Ukraine) in collaboration with ReGeneration (Serbia) and the Drug Policy Network South East Europe in response to the growing demand for the development of harm reduction services designed to address challenges facing people who use psychoactive substances in recreational contexts. The guide was created with generous support of the Global Fund within the Sustainability of Services for Key Populations in EECA (SoS project 2.0) regional programme. The guide is intended for community activists, managers, practitioners, advocates and policy makers involved in the development and implementation of harm reduction, mental and sexual health programmes and services for key populations and experimenting young people. The featured approaches and interventions will be particularly useful for the development of programmes and services for young women, men and transgender people from key populations and other young people who experiment with psychoactive substances and navigate through the complexities of their sexual lives and relationships. The guide contains a number of case studies that combine textual and visual information to illustrate the key concepts, principles and recommended interventions.

We would like to express our sincere gratitude to the community of experimenting young people who remain our source of inspiration, ideas and solutions and invest their energy, knowledge, skills and capabilities to work on the development and delivery of harm reduction, mental and sexual health services around the world. We are also grateful to key population networks, recreational industry workers, all civil society actors who contribute to the creation of safer and more supporting and inclusive world for all of us.

PsyCare, UK, ReGeneration, Serbia, Association Terra, Croatia, Link and Juventas, Montenegro and Drugstore, Ukraine deserve special credits for providing valuable contributions and illustrative case studies.

Suggested quotation: Kushakov V., Sergienko G., Malakhova M., Molnar I., Pejic S., Milosevic M., Harm Reduction Services for People who Use Psychoactive Substances in Recreational Contexts: Intervention Development and Implementation Guide, Alliance for Public Health, ReGeneration, DPNSEE, 2024.

INTRODUCTION:

HARM REDUCTION AND ITS APPLICATION IN THE CONTEXT OF RECREATIONAL USE OF PSYCHOACTIVE SUBSTANCES (PAS)

HARM REDUCTION APPROACH TO PAS USE

Harm Reduction is an approach to challenges related to the use of psychoactive substances (PAS). The approach acknowledges that a relatively stable share of the population continues using PAS despite the associated risks and enforcement efforts. Given that a significant number of people will continue using PAS, there are strong public health and human rights arguments to reduce the negative phenomena associated with the use of PAS. The reduction of harm associated with the use of PAS is a more pragmatic and feasible task than the elimination of PAS use. Harm reduction complements rather than contradicts the efforts implemented to reduce the demand for PAS and to control the supply of illicit substances.

HARM REDUCTION IN THE CONTEXT OF RECREATIONAL PAS USE

Harm reduction approach has been successfully utilised in many areas of social life where elimination of a phenomenon is unrealistic but effective measures can be taken to reduce the associated harms. Examples include protective equipment utilised in high-risk environments such as helmets and other protective gear, seat belts, airbags, electronic driving assisting devices. In the area of PAS use the most known harm reduction tools include needle and syringe programmes, opioid agonist treatment of opioid use disorders, and opioid overdose prevention and management with the use of Naloxone.

Harm reduction approach is also applicable to reducing the harms associated with experimental or recreational use of PAS. Harm reduction services for people who use PAS recreationally may help to avoid or manage acute intoxication and overdose, challenging metal health conditions, protect sexual and reproductive health and reduce the risks associated with sexual behaviour, prevent sexual exploitation, abuse, harassment and violence, reduce stigma associated with PAS use, which prevents people who use substances from seeking services they require, prevents healthcare workers from delivering quality services and fuels inappropriate actions of law enforcement officers towards people who use PAS.

The specific harm reduction services for people who use PAS recreationally are described in Chapter 2 below. To start with, people who use PAS recreationally require objective information on substances and safer ways of using them. This information may be scarce and it is difficult to navigate through the resources available on the Internet. Offering reliable information on substances available on the local market and on the reduction of possible harms is an important function of any harm reduction project.

APPROACH TO INFORMATION AND COMMUNICATION

There are several important principles related to information and communication in harm reduction programmes. The information provided should be as objective, and as detailed as possible. Information about substances should include the effects of the substances on human body and mind, both positive and negative, potential challenges that can be experienced by users as well as methods to reduce potential harms. Rapport with the audience is essential for a harm reduction programme to be considered a reliable source of relevant information.

It is important to use appropriate communication channels and styles tailored to each of the specific segments of the target audience. We recommend using non-judgemental language and be as positive as possible. E.g., Drugstore project developed an approach we called Smart Pleasure. The focus of our conversations with young people is on pleasure. We acknowledge legitimacy of pleasure seeking, do not moralise and do not associate pleasure seeking with intrinsically bad features or consequences. However, we emphasise that pleasure seeking should be mindful. The more we understand about the phenomenon or behaviour and its potential benefits and threats, ways to amplify the benefits, to avoid threats and to overcome associated problems and harms, the better equipped we are to enjoy associated pleasures in a smart and non-harmful manner.

Use of any stigmatising language is not acceptable. By using appropriate language not only we show respect and maintain our rapport with the audience but we also contribute to the development of inclusive culture in our communities.

Thus, the approach to information and communication sets the overall context of the programme, lays the ground for trustful and mutually beneficial relationship between providers and clients and shapes the effectiveness of a harm reduction programme.

Please refer to the following resource for more detail on communication with clients in the context of harm reduction services with a particular focus on young people:

How to Communicate with Young People About Drugs: Manual for Youth and Peer Workers[1] accessible at: **https://drugeducationyouth.org/manual-on-drug-education/**.

THE SPECTRUM OF SERVICES AND THE NEED TO EXPAND IT

There are several reasons to expand the spectrum of services offered by harm reduction programmes. The offered services normally consist of two types – those that are chosen for their harm reduction utility and those that respond to the actual needs of the target audience as perceived and prioritised by the community of people who use PAS. The former are selected based on their public health benefits, and the latter are based on our knowledge of the community, their needs, interests and priorities. The deeper we understand the community – the more appropriate and attractive services we are able to offer. Services that do not correspond to community interests will not be popular and will not attract sufficient numbers of people to make a significant impact on behaviours and associated harms.

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1   E. Kurcevi, I. Jeziorska, I. Molnar, I. Gabor Takacs, K. Smukowska, P. Sarosi, R. Karczewska. Manual for youth and peer workers: how to communicate with young people about drugs. Vilnius, Lithuania; Eurasian Harm Reduction Association (EHRA), 2022

To better respond to the needs of communities we need to know them better. There are multiple means to achieve this including field or online studies, surveys, interviews or simple conversations with people from the community, routine collection of feedback regarding the current situation of the community, changes in the needs and interests, challenges, opinions on offered services and recommendations for improvement or further development. One very important mechanism is the involvement of the target community in the development and delivery of services. In ideal circumstances harm reduction services can be provided by a community-led organisation or an initiative group of community activists. Non-community led organisations may employ people from communities to perform various service development and delivery functions. Involvement of community members significantly affects the way services are delivered, facilitates rapport and open exchange of information thus allowing to tailor services to the actual needs of the clients. It is important to ensure that the involved community members are connected to the community and understand the situation and needs of various sub-groups, or segments, of the community that the project is aiming to target.

The offered combination of services should be based on the specific priorities of the programme as well as the current interests and needs of the served community. Without addressing those interests and needs the services will not be attractive and will not attain significant coverage. The optimal combination of services is an inevitable compromise between the objectives of the programme (e.g., reduction of harms associated with the use of PAS such as prevention and management of acute intoxication and overdose) and the essential needs of the programme participants. To be effective in reaching a significant share of the target community and achieving the ultimate public health targets the offered combination of services sh ould include a range of complementary services that are designed to enable access to services, protect human rights, satisfy the essential humanitarian needs of the clients, as well as generate demand, attract and retain the affected communities in harm reduction programmes. The additional services also directly contribute to improvements in the quality of life of marginalised and disadvantaged communities and attain essential human rights, thus removing significant obstacles to access to public health programmes.

TYPOLOGY OF SERVICE COMBINATIONS: BALANCE OF PUBLIC HEALTH PRIORITIES, CLIENT NEEDS AND AVAILABLE FUNDING

* **Minimum** (usually defined by availability of funding and other resources)

* **Basic** (services that are required to establish contact with clients and maintain their interest in the programme)

* **Essential/Vital/Core** (services that are required to achieve public health objectives and/or respond to the vital needs of the clients – balance of public health and user perspective).

* **Comprehensive** – ideal service combination (package) that responds to all needs of clients and ensures the achievement of all public health objectives

* **Optimal** – usually combines the essential services with a certain number of complementary ones, which can be afforded by the implementing agency in a given context

The specific harm reduction services for people who use PAS recreationally are described in Chapter 2 below.

CHALLENGES ASSOCIATED WITH THE DEVELOPMENT AND IMPLEMENTATION OF HARM REDUCTION PROGRAMMES AMONG PEOPLE WHO USE PAS RECREATIONALLY

Below we describe the most common challenges that hinder the development of effective harm reduction programmes.

LEGAL, IDEOLOGICAL AND CULTURAL BARRIERS

The illicit status of psychoactive substances moves people who use PAS underground and forces them to hide their use of PAS from any social institutes, law enforcement system, health and social care facilities, relatives and friends. This significantly limits opportunities for harm reduction work and for any assistance that people who use PAS may require. Although only a minority of people who use PAS recreationally develop significant health problems, when they do require medical or other assistance, they are unlikely to seek assistance due to fear of disclosure and potential sanctions. Illegal status of substance use limits access to objective information about PAS, their effects, associated risks and ways to reduce them. People recourse to unreliable sources of information that may be distorted and lead to aggravation rather than reduction of harms.

Illegality of PAS and criminalisation of their use and people who use substances makes some of the key harm reduction services impossible to implement. E.g., in criminalised environments harm reduction programmes are unable to collect samples of PAS for analysis, prevent use of highly dangerous compounds, combinations or adulterants, and provide tailored advice and harm reduction counselling. It is common for law enforcement to raid harm reduction facilities and areas around them, thus deterring people from using these facilities and undermining the trust in harm reduction services. Harm reduction services may be perceived by law enforcement and the public as conducive to PAS use, and distributed harm reduction products can be utilised by law enforcement as indirect evidence of PAS use. This is sometimes used as an argument to criminalise the possession of harm reduction products.

LIMITATIONS OF DRUG POLICIES

Suboptimal drug policies, fuelled by the legal, ideological and cultural barriers, economic interests as well as the lack of transparency and accountability of the government and relevant social institutions, severely restrict harm reduction options, drive people who use drugs (PWUD) underground, lead to further marginalisation and exclusion and deprive PWUD of essential human rights, reduce the quality of life and increase suffering.

There is a variety of approaches to PAS and types of drug policies. The main approaches include:

* **Prohibition** is based on the assumptions that drug use is inherently bad for people and that harsh penalties can deter drug use. In practice prohibition has historically led to boosting illegal drug markets and organised crime, as well as mass incarceration of PWUD. Despite extraordinary resources invested in prohibition-based drug strategies, they were not able to reduce drug use or associated harms.

* **Criminalisation** usually accompany prohibition and makes the production, sale, possession, and use of certain substances illegal. These activities are defined as criminal offences punishable by penalties such as fines, imprisonment or even by death penalty.

The goal of criminalisation is generally to deter people from using drugs by making it a punishable offence. The "war on drugs"[2] in the United States, which led to strict laws and harsh penalties for drug offences, is an example of this approach. The approach is widely debated and is currently losing its popularity in the US and other countries. There is a general consensus among researchers and policymakers that the War on Drugs has had several significant negative consequences, including: mass incarceration and dramatic increase in the prison population with many of the prisoners being nonviolent drug offenders; disproportionate impact on certain communities, particularly racial and ethnic minorities, who are more likely to be incarcerated for drug offences, even though drug use rates are similar across racial and ethnic groups; creation of black markets, which are often controlled by organised crime groups, and associated with violence and corruption; as well as limited impact on drug use and substance use disorders. The failure of the War on Drugs to decrease the prevalence of drug use and associated problems is reflected in the current position of many experts arguing that drug use should be treated as a public health issue rather than a criminal issue.

✱ Accumulation of scientific evidence and realisation of the challenges associated with prohibition and criminalisation in recent years has contributed to the shift in drug policy in many parts of the world, with a growing number of countries moving towards harm reduction, decriminalisation, and even legalisation of certain drugs. E.g., Portugal has decriminalised all drugs, and Canada and several US states have legalised cannabis.

✱ **Decriminalisation** has been shown to contribute to the reduction of drug related harms without leading to increase in drug consumption. Thus, decriminalisation of drugs in Portugal in 2021 has resulted in significant reduction of HIV incidence and drug-related deaths as well as in increased access to treatment for substance use disorders.

✱ Regulation is an approach where the production, sale, possession, and use of certain substances are legal but controlled by certain rules and restrictions such as age restrictions, licensing requirements for producers and sellers, quality control standards, limitations on advertising, and limits on where and when drugs can be sold and used. Regulation can be aligned with harm reduction, as it allows access to certain substances and enables minimisation of potential harms. Regulation and control have been demonstrated to suppress black market activity and associated crime and violence. Regulation allows to generate significant tax revenue, which can be utilised to finance drug related interventions. Bringing production, sales and consumption of PAS from black area allows to control the quality of substances and make the use of substances significantly safer. Regulation does not automatically reduce harms, and specific evidence-based measures are required to ensure that harms associated with the regulated substances are significantly reduced.

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2   *The "War on Drugs" is a term introduced by U.S. President Richard Nixon in 1971 as a government-led initiative that aimed to stop illegal drug use, distribution, and trade by dramatically increasing prison sentences for both drug dealers and users. The policy was primarily enforced in the United States but has had a global impact due to American influence on international drug policies. The Philippines, under President Rodrigo Duterte, has been particularly aggressive in its War on Drugs, which has resulted in thousands of extrajudicial killings of suspected drug dealers and users. Despite different context and reasoning, the approach to drugs in the Soviet Union was also highly prohibitionist with drug offences heavily penalised. Russia currently also has a highly punitive approach to drug use. Possession of even small amounts of drugs can lead to long prison sentences, and people who use drugs are stigmatised and marginalised. While the US has gradually responded to scientific evidence and shifted towards a more balanced approach that includes harm reduction strategies and, in some places, decriminalisation or legalisation of certain substances, Russia has largely rejected these developments. In modern Russia the main harm reduction strategies are either explicitly prohibited (e.g., opioid agonist treatment with Methadone or Buprenorphine) or limited and face legal and societal obstacles (e.g., needle and syringe programmes).*

* Regulation means that the controlled substances are legal under certain conditions. Legalisation is a process of removing legal prohibitions against something, making it lawful. In the context of drug policy, **legalisation** means that the production, sale, possession, and use of a drug are no longer criminal offences. Legalisation is a necessary prerequisite of regulation. However, legalisation does not necessarily mean that the substance is regulated. In practice, when a psychoactive substance is legalised, it is usually also regulated. E.g., in the US states where cannabis has been legalised, it is also heavily regulated, with rules about who can sell it, who can buy it, how much they can buy etc. This is similar to how alcohol and tobacco are regulated in many countries. They are legal but also subject to extensive regulations.

* **Harm reduction** described in the introduction section above is a well-established strategy supported by a large body of evidence. Harm reduction has been demonstrated to save lives and improve public health.

The growing body of scientific evidence supports harm reduction, regulation and decriminalisation as the most rational and effective approaches also aligned with human rights and public health considerations. However, it is important to note that the legal status of PAS and criminalisation of PAS use and people who use PAS are based less on scientific and empirical evidence than on a mixture of other factors including moral judgements, societal attitudes, commercial interests, ideological postulates and political commitments.

* **Moral and societal attitudes**: People's beliefs about drugs and drug users can heavily influence drug policy. If drug use is seen as morally wrong or deviant, prohibitionist policies are likely to be popular. On the other hand, if drug use is seen as a health issue, harm reduction and decriminalisation strategies may be more widely accepted.

* **Political considerations**: Politicians may support certain drug policies to appeal to their base or to appear tough on crime. The 'War on Drugs' in the U.S., for example, was in part a political strategy.

* **Economic factors**: The potential for tax revenue can make regulation and legalisation attractive. Conversely, the costs associated with implementing and enforcing certain policies can be a deterrent.

* **International treaties and laws**: Many countries are signatories to international treaties that mandate prohibitionist drug policies, such as the 1961 Single Convention on Narcotic Drugs. These treaties can limit the policy options available to countries.

* **Historical and cultural context**: Historical experiences with drugs can shape a country's approach to drug policy. For example, China's history with opium has influenced its strict drug policies, while the Netherlands' tradition of social tolerance has shaped its more liberal approach.

Poor utilisation of evidence in the development of drug policies leads to human rights violations, unnecessary criminalisation and disproportionate penalisation of people who use PAS, ineffective use of financial and other resources, limited access to and spectrum of services available to people who use PAS.

LIMITED SPACE FOR INVOLVEMENT OF CIVIL SOCIETY ORGANISATIONS

Limited civil society development, suppressed civil society and limited space for involvement of civil society organisations allow for poor accountability of the government and relevant social institutions and support persisting suboptimal drug policies and ideological stances on substance use and related

issues. Suppressed civil society also means the lack of involvement of PWUD meaning that people who are affected by the associated challenges are not involved in the development of solutions, do not realise and articulate their needs, which results in the demand in services (including harm reduction) being dormant and not expressed by PWUD community. This expression of demand is also complicated by the legal status of substance use and the risks and social losses associated with the disclosure of PAS use.

Civic space is the environment that enables civil society to play a role in the political, economic and social life of societies. The Organisation for Economic Co-operation and Development (OECD) defines civic space as "the set of legal, policy, institutional, and practical conditions necessary for non-governmental actors to access information, express themselves, associate, organise, and participate in public life"[3].

The work of civil society organisations (CSOs) is grounded in knowledge of the local needs and challenges, committed to the long-term positive development of their societies[4]. A more enabling environment for civil society development encompasses not only the basic freedoms, but also CSOs' financial viability and sustainability, as well as cooperation with the public institutions[5].

The EU Drug Strategy for 2021-2025[6], reaffirming the EU's balanced and evidence-based approach, grounded in human rights, highlights the need to promote civil society participation and adequate funding (Priority Area 7.3. Promote civil society participation and ensure sustainable funding).

The EU Civil Society Forum on Drugs (CSFD) produced the "Report: Quality Standards for Civil Society Involvement in Drug Policy"[7], guidelines for decision makers on how to involve civil society, identifying the necessary steps, identifying the actors within civil society, creating selection criteria for balanced representation and creating mechanisms for civil society involvement.

However, practical implementation of these important principles remains challenging. "In reality, it's often a ticking the box exercise, there is no or little funding, sometimes the participants are cherry picked, so there is no balance of representation of communities; and sometimes it's used to rubber stamp the decisions rather than meaningful involvement. Often it's ad hoc and informal; there are no real structures or mechanisms."[8]

Restrictions on civil society are accelerating and intensifying in both non-democratic and democratic countries. The shrinking space phenomenon is a global pattern of repression against civil society organisations whereby governments use different methods to limit and reduce the civic space, mainly restrictions on foreign funding, barriers to registration, arbitrary detentions, and smear campaigns against NGOs.

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3   OECD: **https://www.oecd.org/gov/open-government/civic-space.htm**

4   Balkan Civil Society Development Network. 2022. BCSDN Reaction to the DG NEAR Consultations on the IPA CSF Regional Call. Accessible at: **https://www.balkancsd.net/bcsdn-reaction-to-the-dg-near-consultations-on-the-ipa-csf-regional-call/**

5   Ibid.

6   **https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf**

7   **http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2021/07/CSFD-QualityStandardsInCSInvolvementInDrugPolicy-A4_final01.pdf**

8   Quoted from Péter Sárosi, from the Rights Report Foundation, Chair of the CSFD Working Group on civil society involvement at the national level, thinks that in many countries. Accessible at: **https://cndblog.org/2022/03/side-event-driving-change-from-a-shrinking-space-challenges-to-effective-civil-society-participation-in-drug-policy-making/**

Recent observations state that the space for civic activism is shifting, not simply shrinking. It can close in some areas while opening in others. It was, for example, obvious in 2014, during the floods in the Balkans, when the majority of support for civil society was redirected to eliminating consequences in Bosnia Herzegovina, Croatia and Serbia.

In recent years, and in particular since the COVID pandemic, CSOs and also private individuals have been facing challenges and restrictions on civil liberties when trying to participate in and communicate freely about the political and social life around them. In some cases, governments themselves are imposing legal and administrative conditions that make it more difficult for CSOs to operate, owing to a lack of support and funding[9].

This process, like many others, affects more those with the least power, those that are on the margins of society. That includes CSOs in many European countries, which are the main service providers for demand and harm reduction.

Funding and prioritising of certain issues over others has had a dramatic impact on civil society advocacy work in the field of drug policy. With most efforts being shifted towards responding to the [COVID] pandemic, and budgets following suit, many NGOs have seen their funding restricted in major ways. As a result, these NGOs have had to let go of key staff members, focus only on essential/core activities and deprioritise drug policy advocacy, and some NGOs simply closed down[10].

LACK OF INVOLVEMENT OF PWUD, LOW AWARENESS AND DORMANT DEMAND

The challenges described above affect civil society organisations led by or supporting PWUD communities and restrict PWUD involvement in the development and implementation of harm reduction programmes, which results in the programmes losing their sensitivity to the needs and challenges facing PWUD, as well as the capacity to offer sufficiently attractive service combinations and to reach appropriate levels of coverage. PWUD involvement is also severely affected by confidentiality issues. Long legacy of criminalisation, stigma, discrimination, oppression and punitive approach has created sustainable distrust in social institutions and services. Significant efforts need to be invested by harm reduction programmes in establishing the required level of rapport with PWUD community, as well as in ensuring rigorous policies and procedures to ensure confidentiality, and in many cases full anonymity of the clients. There is an additional challenge of aligning confidentiality/anonymity provisions with the monitoring requirements of government and donors, which may involve collection of identifiable client data. Use of unique client identification coding, which does not contain personal data that can be used to identify individual clients is one of the solutions, that is commonly acceptable to donors but may not be sufficient for reporting on governmental funding. Confidentiality concerns of PWUD during early experiments with PAS and those who use PAS in recreational contexts are often more pronounced than among older PWUD with longer history of drug use.

9   European Parliament. 2020. The shrinking space for civil society in Europe. Accessible at: **https://www.europarl.europa.eu/ RegData/etudes/ATAG/2022/729269/EPRS_ATA(2022)729269_EN.pdf**

10   The Office of the High Commissioner for Human Rights. Online consultation with civil society: Challenges and Good Practices on Safeguarding Civic Space and the Essential Role of Civil Society in Recovering from the COVID-19 Pandemic. IDPC contribution. Accessible at: **https://www.ohchr.org/sites/default/files/documents/issues/civicspace/civilsocietyspace/ csos/2022-09-02/InternationalDrugPolicyConsortium.pdf**

Limited access of PWUD to trusted sources of objective information on substance use and harm reduction leads to low awareness of harms associated with the use of PAS and the available harm reduction options. Significant efforts to establish rapport with PWUD communities and market available services are required to generate the demand.
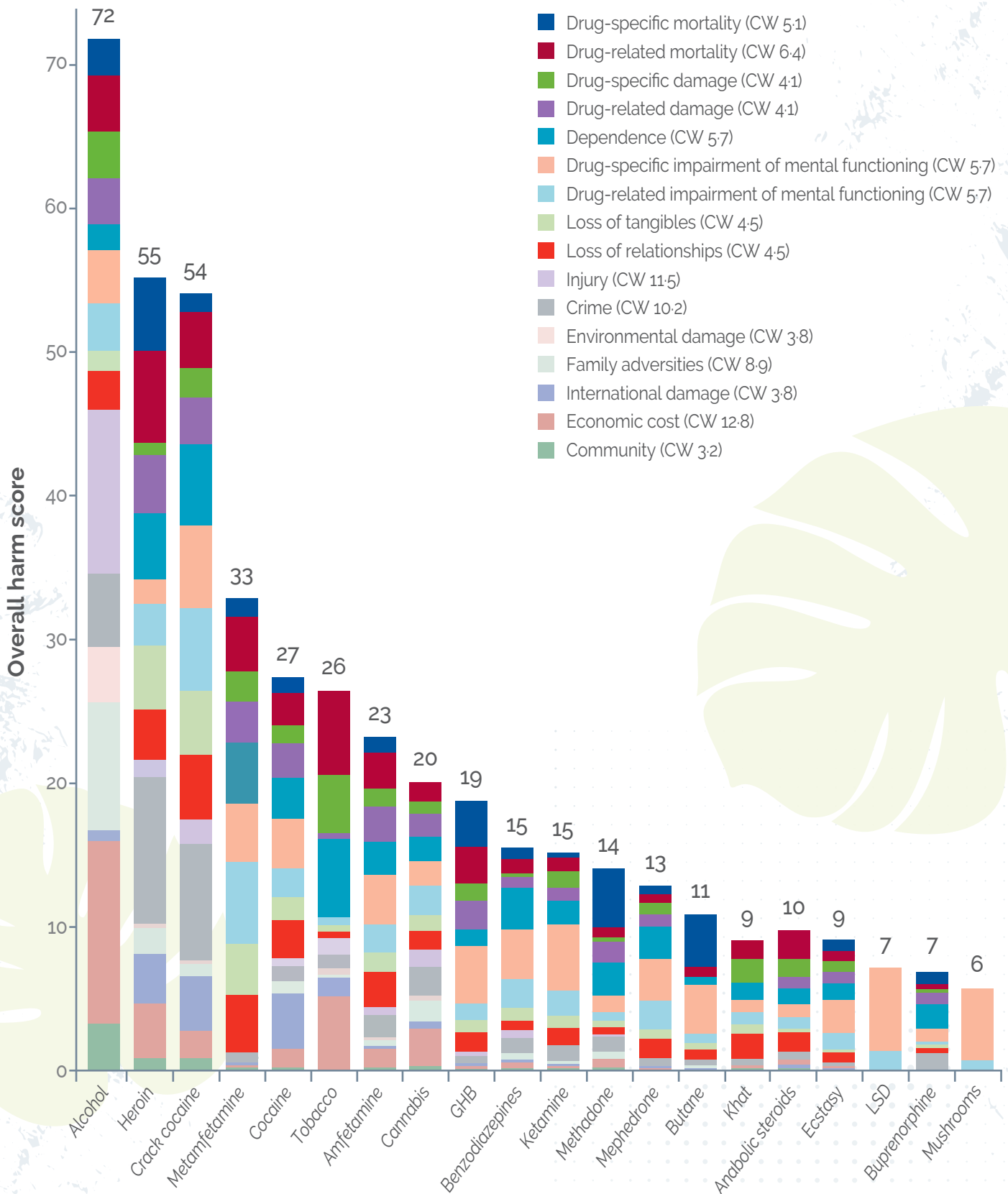
OTHER LIMITATIONS AND CHALLENGES

Some of the other challenges facing harm reduction practitioners relate to low prioritisation by national stakeholders and donors, as well as the rigidity of the national healthcare systems and medical staff. National stakeholders and donors may consider drug related issues a low priority in their agendas given a variety of other challenges and socially accepted disparagement of people who use drugs. This is one of the reasons harm reduction programmes are sometimes regarded as insignificant and remain severely underfunded.

Healthcare systems and medical staff often remain inflexible to specific needs and characteristics of various population groups including PWUD. This results in uniform indiscriminate treatment. Even service providers with relatively significant experience of working with PWUD often fail to consider the differences between various types of PAS and the needs of specific segments within the PWUD community. Providers may also assume that all PWUD require substance use disorder treatment, can hardly be treated, or do not deserve any medical treatment for moralistic arguments.

LEGAL AND ILLEGAL PSYCHOACTIVE SUBSTANCES

In order to understand the complexities related to the legal status and political stance on PAS it is important to consider and compare the various types of illicit substances between themselves as well as with legal substances such as alcohol and tobacco. There are obvious inconsistencies related to legal status of alcohol and tobacco and PAS that are illicit. The relative magnitude of harm associated with the use of alcohol or tobacco is significantly greater than that of many prohibited substances. There is substantial evidence showing that alcohol and tobacco can be as harmful as, or even more harmful than, many illicit substances. A study published in The Lancet in 2010 led by Professor David Nutt, a former UK government drugs advisor, ranked 20 drugs based on 16 measures of harm to both the individual and society. Alcohol was found to be the most harmful drug overall, with heroin and crack cocaine following[11]. This study took into account a wide range of harms, including those related to health, crime, economic cost, and family breakdown.

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11   Nutt, D., King, L. A., Saulsbury, W., & Blakemore, C. (2010). Development of a rational scale to assess the harm of drugs of potential misuse. Lancet, 367(9514), 1047–1053. Link

Legend:
- Drug-specific mortality (CW 5·1)
- Drug-related mortality (CW 6·4)
- Drug-specific damage (CW 4·1)
- Drug-related damage (CW 4·1)
- Dependence (CW 5·7)
- Drug-specific impairment of mental functioning (CW 5·7)
- Drug-related impairment of mental functioning (CW 5·7)
- Loss of tangibles (CW 4·5)
- Loss of relationships (CW 4·5)
- Injury (CW 11·5)
- Crime (CW 10·2)
- Environmental damage (CW 3·8)
- Family adversities (CW 8·9)
- International damage (CW 3·8)
- Economic cost (CW 12·8)
- Community (CW 3·2)

Y-axis: Overall harm score

Substances (with overall harm scores): Alcohol 72, Heroin 55, Crack cocaine 54, Metamfetamine 33, Cocaine 27, Tobacco 26, Amfetamine 23, Cannabis 20, GHB 19, Benzodiazepines 15, Ketamine 15, Methadone 14, Mephedrone 13, Butane 11, Khat 9, Anabolic steroids 10, Ecstasy 9, LSD 7, Buprenorphine 7, Mushrooms 6

The diagram above shows how each of the examined substances scored on each of the 16 criteria used. The diagram below shows cumulative scores of harm to the user of the substance and to other people.
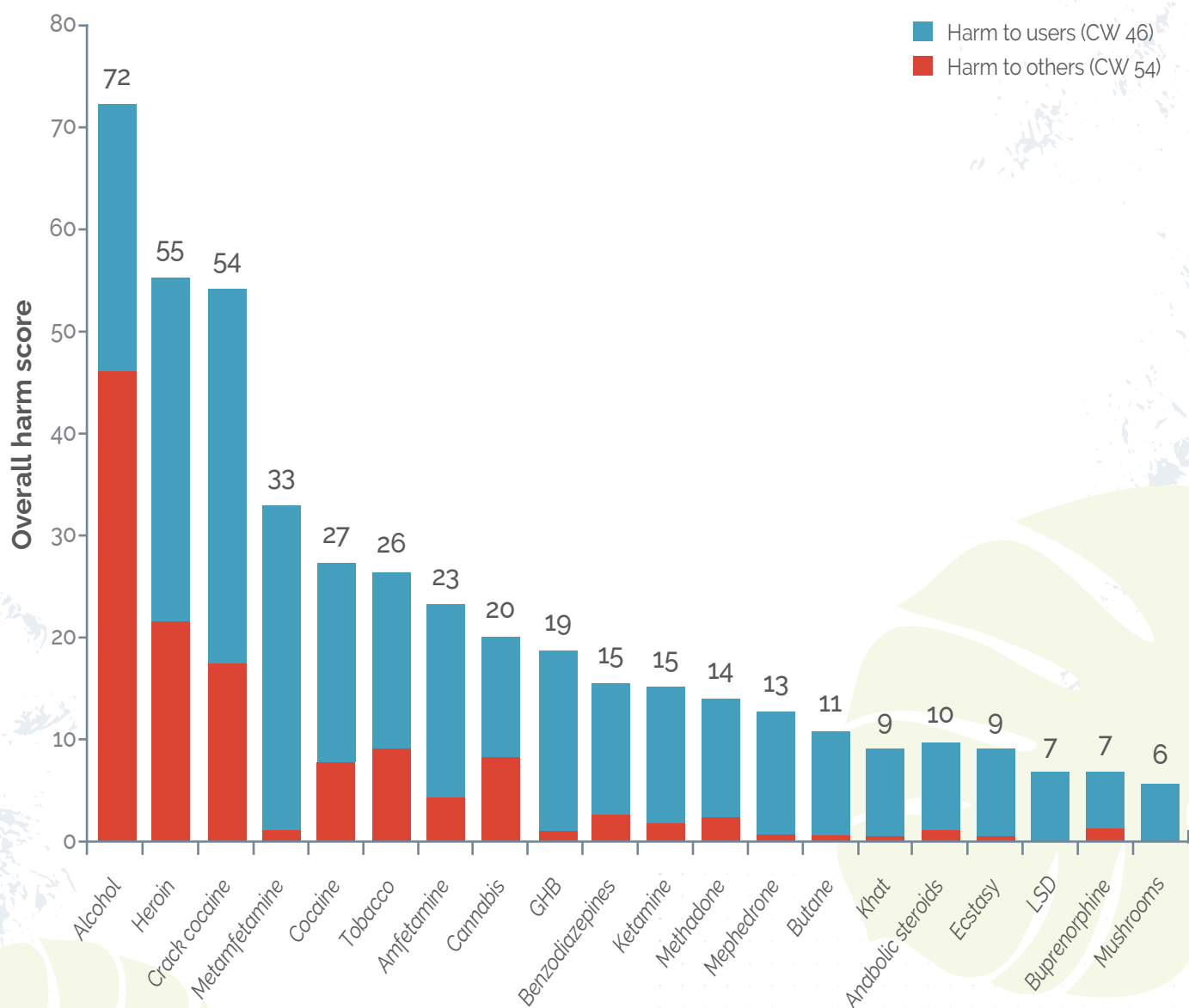
Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others.
The weights after normalisation (0-100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=y hudroxybutyric acid/ LSD= lysergic acid diethylamide.

In 2015 the study was replicated in several counties of the European Union[12] with similar results. The authors concluded that EU and national drug policy measures should focus on substances with the highest overall harm, including alcohol and tobacco, whereas less harmful PAS such as cannabis and MDMA should be given lower priority including a lower legal classification.

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12   van Amsterdam J, Nutt D, Phillips L, van den Brink W. European rating of drug harms. J Psychopharmacol. 2015 Jun;29(6):655-60. doi: 10.1177/0269881115581980. Epub 2015 Apr 28. PMID: 25922421.
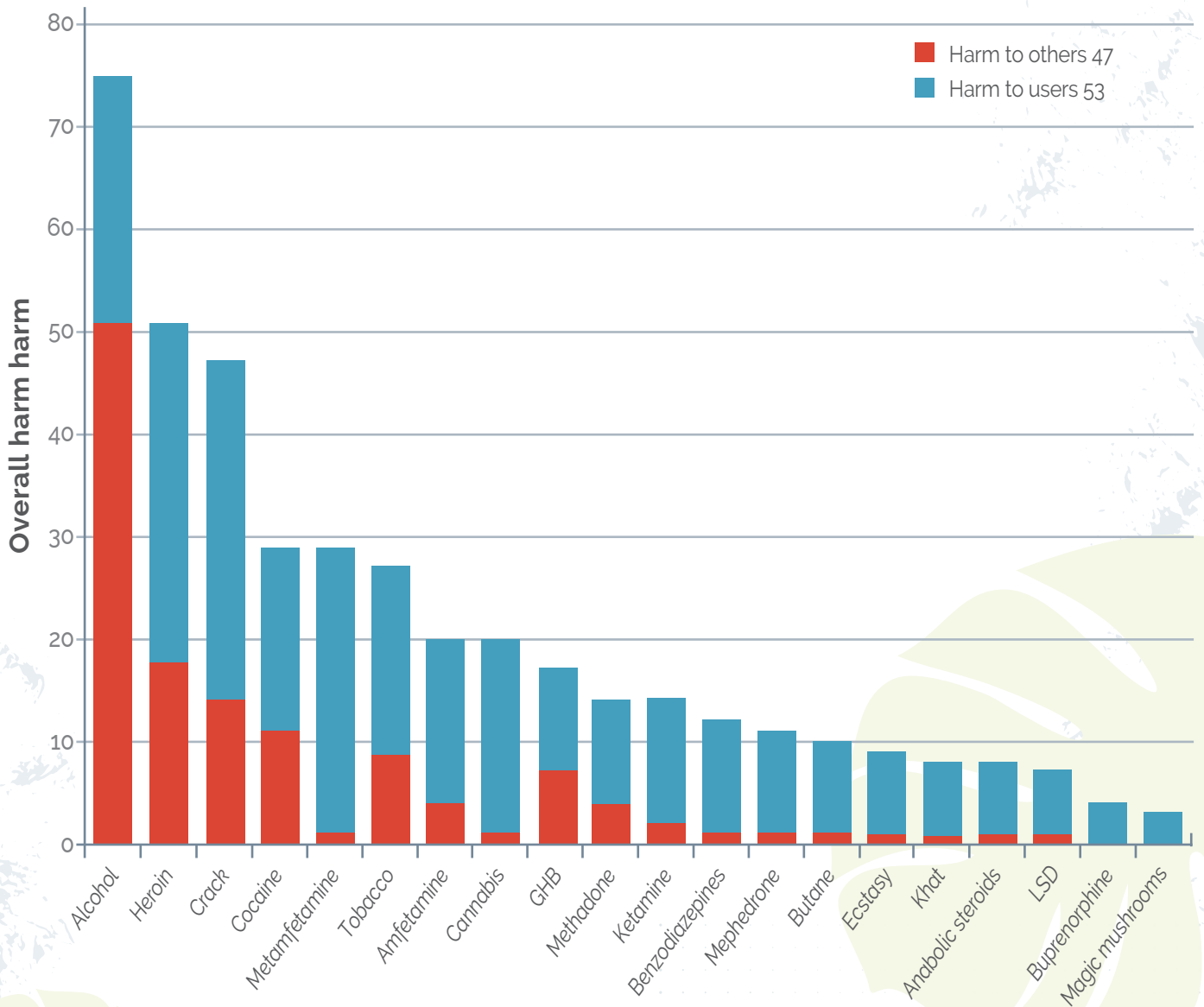
Figure 2: The drugs ordered by their overall harm scores, with the stacked bar graphs showing the contribution to the overall score of harm to others and harms to uses with a cumulative weight of 47 and 53, respectively.
GHB; gamma-hudroxy-butyric acid; LSD: lysergic acid diethylamide.

A report by the Global Commission on Drug Policy in 2017 concluded that prohibition and criminalisation often cause more harm than the drugs themselves[13]. It also highlighted that many illegal drugs are less harmful than alcohol or tobacco. Harm associated with PAS is a complex aggregate of a broad variety of factors including the properties of the substance itself, dosage, presence and properties of adulterants, mode of administration, health status of the person who uses, the mindset of the user and people surrounding them and the settings of use including societal factors such as stigma, legal status of the substance etc. Inadequate policies related to PAS often cause more significant harm to the person and the society than the substance as such, and the legal status of a substance is not a simple direct reflection of its harmful or useful properties. The quoted scientific analyses highlighted the contradiction between the legal status of substances and scientific evidence related to their harms.

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13   Global Commission on Drug Policy. (2017). The World Drug Perception Problem: Countering Prejudices
     About People Who Use Drugs. Link

CHAPTER 1.

OUTREACH AND MARKETING

PECULIARITIES OF THE TARGET POPULATION

Harm reduction programmes focusing on experimental and recreational use of PAS target largely non-problematic PAS users. The target population is sceptical regarding the traditional Drug War propaganda and thoroughly negative representations of PAS use. Due to the fear of potential marginalisation and criminalisation PWUD who do experience problems associated with PAS use are also reluctant to acknowledge their PAS use and seek help when required. They tend to recourse to discreet sources of information and support irrespective of their quality. Harm reduction programmes can build trustful relationship with the target audience by offering balanced representation of PAS and associated issues acknowledging complex nature of PAS and their effects, diversity of substances and opportunities to consciously reduce harms associated with substance use. Programmes should also accommodate confidentiality requirements of PWUD in the context of criminalised PAS use and develop effective mechanisms for ensuring that the confidentiality of clients is thoroughly maintained.

It is essential for harm reduction programmes to ensure high inclusivity of the community of people who use PAS, appreciate and nurture the diversity, mutual respect and support within the PWUD community, willingness to share knowledge and skills related to safer use of substances and harm reduction. Programmes should condemn, address and protect the clients from any forms of violence, disrespect and abuse, develop the relevant policies and mechanisms to ensure compliance.

The majority of experimenting and recreational PAS users are young people. Risk-taking behaviours are common and natural during adolescence. This is due to a combination of biological, cognitive, and social factors. Neurobiological research suggests that the adolescent brain is in a state of rapid development and neural plasticity, particularly in regions associated with reward, motivation, and impulse control. This leads to a heightened sensitivity to rewards and a tendency towards impulsivity and risk-taking. A 2019 study by Suleiman and Harden ("The Importance of Sexual and Romantic Development in Understanding the Developmental Neuroscience of Adolescence") in Developmental Cognitive Neuroscience observed that adolescence is a crucial period for sexual and romantic development, and these explorations play an important role in identity formation and the transition to adulthood. Substance use is also more likely to occur during adolescence. According to the National Survey on Drug Use and Health (2018), about 35% of 18-year-olds in the United States have used some type of illicit drug in their lifetime. Both the explorations of sexuality and the experiments with PAS

can have serious health consequences if not properly managed. To reduce the harms associated with these behaviours, there are several evidence-based approaches including harm reduction interventions, sexual education and skills training as well as cognitive behavioural therapy (CBT), that can be effective for people who experience significant problems associated with PAS use or practice high risk sexual behaviours. All these strategies need to be adapted to the specific cultural and individual context to be effective. It is crucial that they involve young people in the development and implementation of the programmes to ensure that their needs and perspectives shape the offered information and services and the modalities of their delivery.

ASSESSING COMMUNITY NEEDS. SEGMENTATION OF THE TARGET POPULATION. DEVELOPMENT OF SEGMENT-SPECIFIC INTERVENTIONS AND SERVICES

Needs assessments are essential for understanding and addressing the specific challenges related to harm reduction in recreational settings such as nightlife environments including clubs, bars, and music venues. By identifying the needs, concerns, and gaps in current practices, effective harm reduction initiatives can be developed and implemented.

Below is a condensed framework for conducting a needs assessment for nightlife harm reduction:

* **Scope:** clearly define the geographical area, types of venues, and target population for the assessment.

* **Stakeholder Engagement:** Engage with key stakeholders, including venue owners, event organisers, local authorities, healthcare providers, and patrons, through interviews, focus groups, and surveys to gather insights.

* **Data Collection:** Collect quantitative and qualitative data through surveys, interviews, and reviewing existing data sources such as incident reports and research studies.

* **Identify Concerns:** Analyse the data to identify primary concerns such as substance use, sexual health, violence, overcrowding, mental health, and access to resources.

* **Assess Resources:** Evaluate the existing harm reduction resources and services available within the nightlife scene.

* **Identify Gaps:** Determine areas where harm reduction efforts can be improved or expanded and prioritise needs based on severity, feasibility, and potential impact.

* **Recommendations:** Develop a set of recommendations and an action plan to address the identified gaps and improve overall safety and well-being in nightlife settings.

Conducting a needs assessment for nightlife harm reduction involves engaging stakeholders, collecting data, identifying concerns, and prioritising needs. This process ensures that effective harm reduction strategies are implemented to create safer and healthier nightlife environments. The findings of the assessment should guide the development and implementation of evidence-based initiatives, fostering a culture of safety and well-being within the nightlife scene.

A common mistake during needs assessment is constructing the programme objectives from public health or provider perspective without attention to the actual needs and preferences of the target community. As a result, clients do not get what they really require and lose their interest in the offered services. The programme may continue functioning but the coverage is not growing and the impact of the programme remains limited.

People have varying needs, knowledge and experience, and different groups of clients may have very different profiles, preferences, interests and challenges. These groups are called segments of the target population, and it is important to ensure that all significant segments of the target population are involved in the assessment of needs and setting of service priorities. Segmentation of services, or adjusting service combinations and delivery models to specific sub-groups within the target population, is a compromise between the delivery of standard package of services to everyone

and individual tailoring of services for each particular client. Offering several service combinations adjusted to the needs of specific segments of the target community allows to attract greater share of the target population. It is also aligned with the principle of inclusivity, sometimes explained as "leaving no one behind".

Individual tailoring of services requires significant resources and often cannot be afforded by programmes. However, modern technologies allow to significantly adjust offered service combination based on individual preferences. One example of such adjustment is a mechanism which allows clients to form individual baskets of harm reduction products for postal delivery, just as people would select groceries in an online supermarket. Of course, the eventual basket will still be limited by the resources of service provider, but in most cases, it is possible to allow for significant variation in the selected combinations of products.

There are various available instruments for assessing the needs of your target audience. Below are some examples of assessment instruments:

* Needs assessment: a practical guide to assessing local needs for services for drug users. Accessible at: ***https://www.drugsandalcohol.ie/5722/.***

* Manual on How to Communicate with Young People About Drugs. Accessible at: ***https://drugeducationyouth.org/manual-on-drug-education/.***

FOCUS OF OUTREACH EFFORTS – WHO ARE WE LOOKING FOR

In order to provide any services, information or products it is necessary to establish contact with your clients. Even the initial assessment of needs is not possible without reaching out and achieving rapport with the target audience. The activities aimed to establish and maintain the contact with the programme clients are usually called outreach activities. The main challenge of the outreach to PWUD is related to criminalisation and stigma associated with the use of PAS. These result in PWUD hiding their use of substances from other people. Unless we convince PWUD that we deserve trust and will not disclose obtained information to third parties, we will not be able to engage in any genuine dialogue. Being transparent about the objectives of the programme is essential, and we need to be open to amending the objectives based on our discussion with the target audience and assessments of the actual needs.

The essential role of trust is one of the main reasons for engagement of likeminded peers in outreach and marketing of services. It is important to note that the mere use of PAS is not a sufficient ground for a person to be considered an appropriate peer for outreach and delivery of services. Some of the other characteristics that need to be considered are the appropriate attitude, lack of stigma (including self-stigma or community self-stigma), sociability and ability to communicate clearly, belonging to and sharing values of a specific sub-culture of this particular segment of PWUD population.

This relates to the issue of identity, culture and behaviour. Identity of a person is much broader than the use of substances. It is common for public health programmes to use belonging to marginalised community (e.g., MSM, PWUD or sex worker) as identification of qualifying client or patient. This creates challenges for outreach and marketing as people may be reluctant to disclose their belonging to such populations. Moreover, not all people who practice behaviours putting them at certain risks identify themselves as members of populations normally associated with these behaviours. Identifying clients by specific behavioural patterns that are potentially harmful is more accurate, less stigmatising and

more effective than identifying them by their sexual or drug use identity. Although PAS use may constitute an important area of life for a person who uses them, it is not necessarily perceived by the person as their main characteristic. PAS use is often prevalent in specific sub-cultures or communities such as among electronic music event participants or partygoers. Reaching out to these communities, establishing trust and then raising the issue of substance use at a later stage of the relationship can be a better outreach strategy than raising the drug use question immediately.

OUTREACH INSTRUMENTS

There are various models of outreach. We can distinguish between field and online outreach. Field outreach is based on face-to-face communication between the outreach worker and the client, while online outreach is a remote communication using the Internet, social media and mobile applications. In both cases the outreach workers need to visit venues or places frequented by their potential clients, in our case – by people who use PAS for recreational purposes. Those venues can be located in physical (e.g., nightclubs, electronic music festivals and parties) or in virtual (e.g., Internet forums of PWUD, Telegram or other social media channels or mobile apps popular among PWUD, forums associated with online stores selling PAS, or other resources that are not specifically designed for people who use PAS but are popular among experimenting young people) space. Please refer to **CASE: Drugstore, Ukraine: Drugstore Digital Platform** for more detail on how a purposefully constructed digital platform for experimenting young people can become an important entry point into a harm reduction programme.

Outreach can be implemented through:

* Trusted service providers

* Trained people from PWUD community (peers)

* Authoritative sources of information and advice that enjoy trust and popularity in the target community

* Social media popular among the target audience

* Social media created by trusted providers and offering contents related to the needs of the target community

* Chains or networks of community members

* Operational studies.

It is best when your outreach worker belongs to the community you are serving. However, if your organisation is not a community organisation, then you need to reach out to at least several people from the community, who can become your "seeds" for further outreach efforts or peer workers who will deliver services. As you build your relationship with the community, you can further expand the number of personnel from the community involved in the development and delivery of services in a variety of roles.

The effectiveness of outreach efforts can be significantly increased with the use of chain referral or network-based outreach models. These models utilise the initially recruited clients, or "seeds" to recruit other people in their social networks, thus allowing for fast expansion of the programme coverage. The effectiveness of the model (and all outreach efforts) depends on the ability of the programme to provide services, information or products that are appreciated by the target community. Outreach then becomes an instrument for offering something that is in demand in the target audience, and many of the newly recruited clients organically become promoters of the services that the programme offers.

The same principle applies to virtual outreach strategies that utilise appropriate social media channels to market services or products. If these products or services are designed based on the actual needs of the target community, they stimulate organic marketing, and the demand for the service can grow even without investment in traditional marketing tools.

Outreach efforts can also be combined with the studies of the drug scene, needs, interests, priorities and challenges of people who use PAS. The Alliance for Public Health has developed the Operational Study Outreach Model, which is a purposeful combination of outreach and studying of the target population. The results of the study are directly informing further outreach efforts and the offered service combinations. Please refer to **CASE: Drugstore, Ukraine: Operational Study Outreach Model** for further detail on this approach.

MARKETING STRATEGY

Outreach is effective when the offered services are understood by potential clients and respond to their needs. This can be achieved through marketing or service promotion, which explains the benefits of the service and makes it known to potential users. Another important condition of high-scale service utilisation is its quality. Marketing of a poor service has limited effectiveness. And when the offered product is of high quality, marketing becomes organic and the users of the service actively promote it among their peers at their own initiative. Organic marketing in social media and peer networks minimises the need for the investment in conventional marketing.

For successful marketing it is essential to create and promote a recognisable brand for the offered products and services. Significant efforts should be invested in maintaining brand loyalty and the trust of the clients.

SAFE AND STIGMA-FREE ENVIRONMENT[14]

People who use drugs often experience negative attitudes and harmful actions that discourage them from accessing services, disclosing health information to providers, and adhering to treatment. Stigma refers to beliefs and attitudes that blame a person or group of people because of association with drug use. This can, in turn, lead to harmful actions or discrimination towards that person or group of people.

Stigma is a mark of disgrace which results from the judgment by others. When an individual is labelled by their behaviour, they experience judgment and prejudice. It brings experiences and feelings of shame, embarrassment, distress, hopelessness and reluctance to seek or accept help.

The primary reason individuals fail to seek the help they need is due to the stigma associated with the use of drugs. That includes shame and fear of judgment from friends, family, co-workers, but also others in contact with them like police officers, medical staff or those employed as staff of clubs or festivals. Such judgment is often rooted in a lack of knowledge or training.

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14   *Based on the document Acheiving a Stigma-free Health Facility and HIV Services: Resources for Administrators. Futures Group, Health Policy Project. Link*

In 2021, as a pre-task activity of the "No risk, no borders for young people" project, selected young activists documented cases of discrimination against youth from groups at increased risk in their local communities. The analysis of these cases shows that "the majority (88%) of respondents (44 out of 50) report having experienced discrimination - i.e., unfair or unequal treatment because of their identity or lifestyle at some point in their lives. Of these cases, in 27 (61%) the discrimination was by the police, in 26 by "other people - non-legal entity" (59%) and in 19 cases (43%) by family members. Respondents experienced discrimination by healthcare institutions in 12 cases (27%) and in their workplace in 10 cases (22%). Six respondents (14%) reported having been discriminated against by the national administration and five 11%) reported having been discriminated against by social services."[15]

PWUD often avoid accessing lifesaving services because of actual or anticipated stigma and discrimination. When they do access services, they may be mistreated or receive a substandard quality of care. Furthermore, an association with drugs intensifies some people's existing negative attitudes. Additionally, a number of countries have laws that criminalise possession and/or use of drugs, which makes it even more difficult for people who use drugs to access health services and adhere to treatment.

The primary drivers of drug use related stigma and discrimination are:

* Limited recognition of stigma and discrimination: those in contact with PWUD may not realise that their attitudes, words, and behaviours are stigmatising and discriminatory towards PWUD and have resulting negative consequences.

* Fear of acquiring HIV and other consequences through casual contact: staff may lack sufficient knowledge about HIV transmission or generate prejudices, which can lead to fear of interaction with PWUD. A lack of knowledge, coupled with the absence of adequate resources and skills to implement standard prevention measures, may result in staff engaging in acts of discrimination.

* Moral judgments and values: staff in contact with PWUD may hold judgmental attitudes towards them. These attitudes may affect the services received by clients in unintended and often unrecognised ways, and act as barriers to accessing treatment and care.

Researchers have described several types of stigma, including enacted, internalised, and anticipated. Enacted stigma refers to direct acts of discrimination and rejection by members of the larger society. Internalised stigma refers to a process in which people who identify with a stigmatised group adopt societal stereotypes and apply them to themselves. Lastly, anticipated stigma is defined as a belief that prejudice and stereotyping will be directed at them from others in future interactions.[16]

Several authors have independently found correlations between stigma and high-risk health behaviours, specifically demonstrating that drug use stigma is associated with increased sharing of equipment as well as risky sexual behaviours.

A stigma-free health facility is one in which PWUD and other key populations are treated with respect and compassion, and provided with high-quality care. Some suggested steps for promoting a stigma-free health facility include:

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15   Nina Šašić, Irena Molnar, Vladana Stepanović. 2021. Documenting cases of discrimination of youth at risk in Western Balkans. Link

16   Madeline B. Benz, Kathleen Palm Reed, Lia S. Bishop. 2019. Stigma and help-seeking: The interplay of substance use and gender and sexual minority identity. Link

* Assess the levels of stigma and discrimination within your facility

* Review current policies and practices

* Get ideas from the community and local organisations, including those that represent key populations

* Develop and launch a Code of Conduct

* Mainstream stigma-free norms and practices

* Monitor progress

Creation of safe and stigma-free environment is essential in all aspects of the work of harm reduction service providers. Welcoming and positive atmosphere and staff attitude is a prerequisite for successful outreach and service uptake. E.g., specific services often associated with stigma, such as HIV testing, can be presented and promoted as stigma-free and normalised activities that are part of modern routine hygiene, not necessarily associated with stigmatised behaviours.

COMMUNITY COHESION

Community cohesion generally refers to the degree of harmony, mutual respect, and collaboration among individuals within a given community. It's about cultivating shared values, a common sense of purpose, and a sense of belonging among community members. Community cohesion promotes inclusive environments where diversity is celebrated, and people have equal access to opportunities and resources.

In the context of harm reduction services community cohesion is particularly significant for the following reasons:

* Support and understanding. A cohesive community fosters an atmosphere of acceptance and understanding, which can reduce stigma and discrimination associated with substance use. It can encourage those in need to access services without fear of judgment, and it may promote more compassionate and humane approaches to substance use

* Collaboration. A cohesive community can also facilitate collaboration among different stakeholders. This can include service providers, people who use PAS, their families, local businesses, law enforcement, and policy makers. Collaboration can lead to comprehensive, multi-pronged strategies for harm reduction that consider all aspects of the issue

* Resources and opportunities. In a cohesive community, resources are more likely to be distributed equitably. This can mean greater accessibility to harm reduction services for those who need them. Also, it can ensure more opportunities for employment, housing, and other social determinants of health

* Community-based solutions. High levels of community cohesion can lead to the creation of community-based solutions that are more attuned to local needs. These solutions could include peer-led interventions, community outreach programs, or local policies that reflect the community's unique circumstances and values around substance use

* Resilience. Cohesive communities tend to be more resilient in the face of crises. When faced with a new challenge, such communities can respond more effectively, adapt to new circumstances, and recover more quickly

Community cohesion can greatly enhance the effectiveness of harm reduction services by promoting a more accepting, inclusive, and responsive environment for people who use psychoactive substances.

COMMUNITY FEEDBACK MECHANISMS

Community feedback mechanisms in harm reduction programmes are strategies used to obtain input, feedback, and involvement from the communities they serve. These mechanisms can take various forms, including community meetings, surveys, suggestion boxes, focus groups, or digital platforms for feedback. They are crucial in tailoring the programmes to meet community needs, ensuring transparency, improving accountability, and promoting stakeholder participation and buy-in.

The community feedback mechanisms ensure transparency and accountability of harm reduction programmes and allow to improve service delivery by accommodating the unique needs of communities, attracting greater numbers of clients and retaining them in programmes. Feedback allows for direct participation of communities in the decisions regarding programme design and activities that affect them. This can lead to greater community buy-in and ownership of harm reduction programess. Genuine dialogue between programmes and communities foster trust and respect, essential for the success of harm reduction initiatives.

STUDIES OF RECREATIONAL DRUGS SCENE, RISKS AND HARM REDUCTION SERVICES

Studies can be used to implement formative assessments to inform the design or adjustments in harm reduction interventions, further improve programmes. Operational studies generate evidence, which is essential for gaining support from the authorities, funders and other stakeholders, as well as accumulate learning, articulate findings and results and exchange experience with peer harm reduction programmes at the national and international levels. The data obtained from formative assessments and operational studies provide localised arguments that can inform community awareness campaigns and educational activities in the community regarding the peculiarities of the local drug scenes, common practices that may increase or reduce the risks associated with PAS use and sexual activity, prevalent myths and harm reduction techniques. This information can be utilised to empower the clients by providing specific advice on available harm reduction options, strengthen agency and ability to control their use of substances, consciously develop protective behaviours, use the acquired knowledge and skills to improve safety and wellbeing, and build self-esteem. Studies can generate impersonalised data as well as individually tailored advice linked to specific substances, practices of use and risk profiles of individual clients. These data obtained from field surveys and online screening tools can inform more practical harm reduction counselling and can also be linked to the selection of the most relevant harm reduction products offered to clients. Individual results of drug checking, communicated to the client along with tailored warnings and harm reduction advice, is also a good example of practical application of study data in harm reduction context.

Please refer to: **CASE: Drugstore Field Study of PAS Use among the participants of electronic music events** for an example of using field data to inform the development of harm reduction interventions. Please refer to the **CASE: The Party Box** for the description of individualised delivery of harm reduction commodities.

CHAPTER 2:

THE SPECTRUM OF SERVICES

ACCESS TO OBJECTIVE INFORMATION

Access to objective, evidence-based, stigma-free information is an essential harm reduction component that must be included in any offered combination of services. People require information in order to navigate complex issues related to their health and wellbeing such as the use of substances, sexual and mental health and related matters.

The spectrum of topics may cover a variety of issues related to substances and substance use, associated harms and challenges, ways to address them, mental health, emotional and relationship problems and coping strategies, sexual and reproductive health, prevention of violence and abuse, inclusivity and other themes that are of significance to the local community. The required information can be delivered through workshops and interactive lectures, training sessions for nightlife personnel, visual materials made available on popular online information resources, information bots, websites and associated social media channels popular among the target audience, and creatively designed printed materials. Peer-to peer delivery of information supported through training of peer workers, volunteers and interested clients is particularly effective.

Comprehensive knowledge of the subject, associated risks and possible harms and available prevention and harm reduction options allows people to consciously choose optimal relationships with PAS and minimise potential negative consequences.

Information is also very important to accompany the delivery of services and products. It is essential that harm reduction products are properly utilised, as some of the procedures can be quite complex for the beginners and require specific knowledge to be able to use the products correctly, to interpret the results of testing procedures or to understand changes in physical and mental state associated with the use of substances. Drug checking is a good example where correct procedures are particularly important and interpretation of results can be complex and challenging. It is also important to inform clients on the limitations of harm reduction strategies. E.g., although the use of colorimetric drug checking reagents is the most accessible and simple drug checking method, it is not as comprehensive and informative as other methods of analysis. The limitations of colorimetric tests are outlined below:

* **Lack of specificity:** Colorimetric reagents can only detect the presence or absence of a class of substances but cannot identify a specific drug within that class. This can be problematic when trying to distinguish between different drugs that react similarly to the reagent

* **Interferences:** The presence of adulterants, diluents, or cutting agents can alter the test results. Some substances might also produce similar colour changes, leading to false positives or false negatives

- **Presence of multiple substances in a sample:** Colorimetric reagents have limited capacity of analysing samples that contain multiple substances. The resulting colour might be an indistinguishable mixture or the reaction of one substance could overshadow another

- **Subjectivity of interpretation:** The result is a colour change, and interpretation can vary by individual, based on lighting conditions, and even the time taken to observe the colour change after the reagent is added

- **Safety concerns:** Some of the chemicals used in colorimetric tests can be hazardous. Safety precautions need to be taken to prevent any accidents. Please refer to **CASE: Use of a Safer Form of Reagents for Drug Checking** for more information on how the reagents can be modified to improve their safety for the user and the environment

- **Limited shelf life:** Some reagents have a limited shelf life, after which they may not produce reliable results

- **Inability to quantify active ingredients:** Most colorimetric tests do not provide quantitative information on how much of the drug is present in the sample

- **Destruction of the sample:** The tests often require the sample to be destroyed in the process of testing. It should be noted however that only a very small amount of substance is required to perform a test.

It is important for harm reduction services to acknowledge these limitations and thoroughly inform the clients about them in order not to create false perception of safety. This is particularly important in view of the ongoing opioid overdose crisis that is currently expanding from the North America to other regions of the world. Samples may contain very small quantities of fentanyl or other powerful synthetic opioids, which may not be effectively detected through colorimetric testing or even Fourier Transform Infrared spectroscopy, which is another common technique currently employed by many drug checking programmes around the world. The use of fentanyl strips is an important complementary technology that may be helpful to overcome these limitations in field drug checking services. Drug checking services should also provide clients with complementary harm reduction advice that can make the use of PAS as safe as possible in the context of limited knowledge of the composition of a PAS sample that the person intends to consume. Utilisation of more advanced analytical techniques is recommended wherever possible.

There are many things that people can do to maintain and support their health when using psychoactive substances. Access to reliable and comprehensive information allows people to utilise all available options to minimise any potential harm associated with the use of PAS. Delivery of information is a great responsibility, as the trust gained by harm reduction programmes increases their authority in the community. Hence the offered information is likely to be trusted and needs to be verified, comprehensive and regularly updated.

It is challenging to navigate the wealth of information available on the modern Internet. There are many sources of information that are driven by questionable ideological assumptions, commercial interests, political agendas, or simply intended to offer a variety of popular contents without due attention to evidence, objectivity or completeness of provided information. Some of the websites utilise reliable sources of data but interpret the data without proper analysis or in a way that fits the ideological direction of the website and the organisation that maintains it. Harm reduction programmes should offer clear, evidence-based, practical and comprehensive advice on various subjects of interest to their target audiences.

ADDRESSING STIGMA AND DISCRIMINATION

Stigma and discrimination, within the context of harm reduction, refer to the negative attitudes, beliefs, and actions directed towards people who use drugs, particularly those who use illicit substances. These negative attitudes often result from societal, cultural, and personal biases against drug use and dependency. They can significantly impede the effectiveness of harm reduction strategies, creating barriers to access and utilisation of these services.

Addressing stigma and discrimination in harm reduction programmes improves access to services, as the clients become more likely to seek assistance when there is no fear of judgement or negative repercussions. Addressing stigma also relieves the stress and marginalisation, that may negatively affect mental and physical health outcomes, prevents violation of human rights, such as refusal to provide health services, and assists in ensuring access to essential health services by the most vulnerable populations.

Some of the strategies to address and prevent stigma and discrimination include public awareness campaigns designed to change societal attitudes towards PWUD, involvement of peers with lived experience of substance use and associated challenges in the delivery of services, training and supervision of service providers in the delivery of inclusive, compassionate, non-judgemental care, advocating for changes in laws and policies that criminalise drug users, as well as normalising and integrating harm reduction services into mainstream healthcare.

Please refer to the following resources for more details on the practical strategies to address stigma and discrimination in harm reduction programmes:

* "Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions" (also known as the "IDUIT Guide"), by UNODC, WHO, UNAIDS, and the Network of Harm Reduction NGOs

* "HIV-related Stigma, Discrimination and Human Rights Violations: Case Studies of Successful Programmes" by UNAIDS

* "Reducing Stigma and Discrimination among People who Use Drugs: a Practical Guide for NGOs" by AFEW International

* "Stigma and Discrimination" by Harm Reduction International

* "Responding to the harms associated with drug use and the illicit drug trade: Briefing paper" by the Beckley Foundation

* "Reducing Stigma: Lessons from Opioid-Dependent Women" by S.L. Hans.

TRAINING FOR STAKEHOLDERS

Ensuring a safe and enjoyable nightlife experience requires the collaboration and coordinated efforts of various stakeholders. From medical staff and security personnel to law enforcement, venue personnel, and even parents, everyone plays a crucial role in maintaining a positive and secure nightlife environment. This chapter explores the importance of training for these stakeholders, highlighting the key areas of focus and the benefits it brings to the community.

MEDICAL STAFF:

In the realm of nightlife, medical staff, including paramedics, nurses, and doctors, play a vital role in providing immediate care to individuals who may experience health emergencies or accidents. To effectively handle these situations, medical staff should receive specialised training, including:

* First Aid and Emergency Response: Training in basic first aid techniques, cardiopulmonary resuscitation (CPR), and handling common emergencies like alcohol intoxication, drug-related incidents, and injuries.

* Difficult experiences related to drug use and Overdose Management: Education on recognising signs of difficult experiences related to various substances, with special emphasis on new psychoactive substances and psychedelics, identifying symptoms of an overdose, and administering appropriate interventions, such as trip sitting, or administering naloxone for opioid overdose.

* Crowd Management: Techniques for managing large crowds during events, including triage systems, prioritising cases, and collaborating with security personnel to ensure safe access for emergency vehicles.

SECURITY PERSONNEL:

Nightlife security personnel are responsible for maintaining order, preventing incidents, and ensuring the safety of nightlife event participants. Training programmes for security personnel should cover:

* Conflict Resolution: Techniques to defuse potentially volatile situations, handle unruly patrons, and resolve conflicts peacefully, including addressing and responding to gender based violence

* Legal Aspects: Familiarity with local laws and regulations pertaining to the operation of nightlife establishments, handling underage drinking, and working to support people in cases of difficult substance use experiences

* Emergency Procedures: Preparedness for handling emergencies, including evacuation protocols, communication systems, and emergency response coordination with medical staff and law enforcement.

LAW ENFORCEMENT:

Law enforcement officers play a significant role in maintaining public safety during nightlife events. Their training should focus on:

* Crowd Control: Strategies for managing large crowds, controlling access points, and ensuring a peaceful environment during events should be based on pre-event planning, including collaboration with event organisers to understand the event and potential risks. This will help to identify security threats and vulnerabilities. Establishing effective communication channels and coordination among law enforcement personnel, event organisers, and stakeholders is crucial. Physical barriers and designated access points help control crowd movement, while security checkpoints enhance safety through screenings. Continuous crowd monitoring and surveillance, supported by video cameras and trained personnel, enable quick detection and resolution of potential security threats. Adequate staffing with trained officers is essential for crowd management, and

de-escalation techniques should be employed to defuse tense situations. Developing a comprehensive emergency response plan and maintaining a strong liaison with event organisers ensure preparedness for emergencies. Clear public announcements and signage guide crowd behavior, while post-event evaluation helps assess strategies and identify areas for improvement. Remember, these strategies should be adapted to the specific circumstances and requirements of each event to ensure effective crowd management and a peaceful environment.

* Substance Identification and Enforcement: This training should focus on identifying illegal substances, understanding drug trends, and enforcing drug-related laws while upholding human rights and avoiding discrimination. It should equip officers with knowledge about different substances, their characteristics, and street names. They stay updated on emerging substances and trends. Emphasising human rights, officers should be trained to treat individuals fairly and avoid discrimination. Community engagement is encouraged to address drug issues collaboratively and build trust. Interagency cooperation promotes collaboration among law enforcement, public health, and other stakeholders. Lastly, officers gain knowledge of relevant laws, procedures, and individual rights to ensure their actions are within legal boundaries. By integrating these elements into training, law enforcement agencies can combat the illegal drug trade while upholding human rights and avoiding discrimination.

VENUE PERSONNEL:

The staff working within nightlife venues play a crucial role in shaping the overall experience and safety for patrons. From bartenders and servers to managers, DJs, and event organisers, each member of the venue personnel contributes to creating a welcoming and inclusive environment. In order to fulfil their responsibilities effectively, it is essential that these individuals receive proper training. The key areas of training that should be covered for venue personnel include the following:

* One of the primary responsibilities of venue personnel is to ensure the responsible service of alcohol. Training in this area equips them with the knowledge and skills necessary to recognise signs of intoxication, understand alcohol-related risks, and employ techniques for responsible alcohol service. By learning to identify when a patron is becoming intoxicated, staff members can intervene appropriately, potentially preventing harmful situations. Additionally, understanding the importance of checking IDs helps prevent underage drinking and ensures compliance with legal regulations.

* Safety and Emergency Preparedness: Safety and emergency preparedness training is crucial for nightlife venue staff to ensure the well-being of patrons and staff members. By familiarising themselves with emergency exits, evacuation procedures, and communication protocols, staff members can respond swiftly and efficiently during emergencies. Nightlife venues can unfortunately be settings where gender-based violence occurs. Venue personnel should receive training on recognising signs of GBV and how to respond appropriately. This training should emphasise the importance of creating a safe environment where patrons feel comfortable reporting incidents of GBV. Staff members should be trained on how to intervene if they witness or suspect GBV, ensuring the safety of the individuals involved and following established protocols for reporting and addressing such incidents.

* Customer Service: Training in providing excellent customer service, handling customer complaints, and creating a welcoming and inclusive environment.

PARENTS AND GUARDIANS:

While not directly involved in the operations of nightlife establishments, parents and guardians can play a role in promoting responsible behaviour and ensuring the safety of young adults. Training initiatives for parents should address:

* Communication and Education: Encouraging open dialogue with young adults about responsible alcohol consumption, drug use and prevention, and personal safety.

* Identifying Warning Signs: Providing information on recognising signs of substance use, mental health issues, and how to seek help for their children if needed, in an manner that is non repressive and panic free.

* Creating Supportive Environments: Promoting positive activities and alternatives to excessive drinking or drug use, fostering trust, and providing guidance to young adults.

Training programmes for nightlife stakeholders, including medical staff, security personnel, law enforcement, venue personnel, and parents, are essential for creating a safe and enjoyable nightlife environment. By equipping these stakeholders with the necessary knowledge and skills, we can enhance public safety, mitigate risks, and foster a culture of responsibility within the nightlife community. Collaboration and ongoing training initiatives ensure that everyone involved in the nightlife ecosystem is equipped to handle challenges effectively and contribute to a vibrant and secure nightlife experience.

DISTRIBUTION OF HARM REDUCTION AND SEXUAL HEALTH PRODUCTS

Distributing harm reduction and sexual health products in harm reduction and sexual health programmes for people who use PAS is a key aspect of a larger public health approach. The primary goal of these programmes is to reduce harm and prevent disease transmission among substance users, their partners, and the community.

Depending on the local context and peculiarities of the local drug scene and prevalent substance use practices the distributed products may include:

* Sterile injecting equipment and paraphernalia

* Naloxone (along with training on administration of Naloxone for people who use opioids and others around them)

* Condoms and lubricants

* Drug checking tests (along with thorough instructions regarding the use of tests and interpretation of the results, explanation of the limitations of the tests, as well as individually tailored harm reduction counselling with references to the obtained results of drug checking)

* Safer sniffing and safer smoking kits

The products can be distributed through a variety of mechanisms including:

* Onsite distribution at service units located in areas with high concentration of potential clients, such as electronic dance music events

* Mobile distribution at vans or buses that can reach different areas or events and extend the coverage beyond the fixed sites

* Peer distribution by trained volunteers

* Vending machines that allow to access services at any time

* Online ordering and postal delivery of harm reduction products for people who cannot access other distribution facilities or chose to preserve anonymity.

It is essential that the spectrum of distributed products, their quantities and specific characteristics are based on thorough explorations of the local drug scene and the needs of the target populations. The menu of offered commodities should take into account the types of substances present on the market, prevalent modes of administration of those substances, specific requirements of various segments within the target population including various age and gender groups, cultural backgrounds and other demographic profiles.

HOME DELIVERY OF HARM REDUCTION COMMODITIES

Home delivery of harm reduction commodities can be a valuable service to offer as part of a harm reduction programme. By bringing harm reduction and sexual health supplies directly to the user's home, you can reach individuals who might otherwise have difficulty accessing services. Home delivery allows for easier access to the required harm reduction products for people with transportation or mobility challenges, residing in or migrating into areas where onsite distribution of the required products is not available, offers extra privacy and anonymity to people who fear stigmatisation and criminalisation. It also provides opportunities to build trust with the clients and educate them on the risks and available harm reduction options, as well as facilitate access to other required services such as psychosocial and legal counselling. Offering home delivery contributes to achieving greater coverage of harm reduction services and, ultimately, to lower prevalence of negative health outcomes.

In cases when other household members are not aware of the individual's substance use, the delivery to post offices for pickup by the intended recipient can be a good solution. Postal delivery is a safer and, often, more economical option for harm reduction staff, allows to avoid household conflicts and areas with high crime rates. The required guidance on the use of distributed products and other harm reduction advice can be offered online or through enclosed printed materials.

DRUG CHECKING

Drug checking is one of the most essential services in the spectrum of harm reduction interventions, and arguably, the most significant service for people who use PAS in recreational contexts. Drug checking services enable people who use PAS to have their drugs chemically analysed, providing information on the content of the samples as well as advice, and, in some cases, counselling or brief interventions. Drug checking serves the following purposes:

* Informing clients about the exact composition of the sample of PAS they intend to use thus allowing to accurately calculate the preferred dose of the substance, identify

dangerous adulterants or undesired psychoactive ingredients and avoid potential poisoning or overdose caused by unintended administration of substances, excessive dosing or dangerous combinations of two or several substances.

* Collecting information about substances currently available on the market and warning the local community of people who use PAS on the presence of particularly dangerous compounds, combinations or adulterants.

Drug checking services currently exist in more than 20 countries (Barratt, 2018), and a number of studies have demonstrated the range of their utility. Studies have shown their usefulness in:

* monitoring drug markets and tracking the emergence of new psychoactive substances (NPS) (Barratt and Ezard, 2016; Brunt, 2017b; Butterfield et al., 2016; Gine et al., 2014);

* identifying adulterated drugs (Brunt, 2017b; Brunt and Niesink, 2011; Gine et al., 2017; Spruit, 2001);

* monitoring patterns of use and collecting data for harm reduction education and counselling (Brunt, 2017a);

* pointing to unexpected substances in samples and supplying potential users with information on particularly harmful substances with significant increases in the disposal rates of unexpected substances (Martins, 2017; Johnston et al., 2006; Valente et al., 2019).

* assisting users in defining safer dosing and avoiding particularly harmful combinations of substances (Sage, 2015; Measham, 2019; Sage, 2015);

* allowing users to avoid dealers selling highly dangerous substances (Martins, 2017; Korf, 2002);

* making dealers less likely to distribute such substances (Brunt, 2017b; Gine et al., 2017);

* preventing drug-related hospitalisations or deaths (Brunt and Niesink, 2011; Groves, 2018; Measham, 2019); and

* delivering essential harm reduction information, counselling and referrals to otherwise difficult to reach people who use drugs recreationally (Camilleri and Caldicott, 2005).

The most recent evidence from the UK, Portugal, Germany and Australia suggests that drug checking as a harm reduction tool is highly accepted in the community of people who use drugs and increases users' intention to adopt safer practices (Olsen, 2019; Betzler et al., 2021; Measham, 2020; Valente et al., 2019).

Drug checking employs several technologies or methods of analysis. They vary in the degree of accuracy, ability to detect various components in a sample as well as provide quantitative data on concentration of various components, ease of use, mobility, and time required to obtain results. However, even the simplest methods, such as rapid colorimetric tests, can assist in the reduction of drug-related harm (Fregonese et al., 2021; Harper et al., 2017a).

Programmes should utilise drug checking modalities currently allowed in their locations. Where collection of samples from clients for drug checking is not yet possible, harm reduction programmes may provide colorimetric reagents and fentanyl test strips on-site and guide clients in self-testing their substances, while ensuring that the limitations and potentials of these tests are well communicated.

Drug checking programmes should contain a strong harm reduction communication component and provide individualised counselling and advice based on the specific risks associated with the used substances and harm reduction methods.

For more detailed information on implementation of drug checking services please refer to the following resources:

* British Columbia Centre on Substance Use (BCCSU). Drug Checking Implementation Guide: Lessons learned from a British Columbia drug checking project. 2022. Vancouver, BC: BCCSU. Available at: *https://drugcheckingbc.ca/wp-content/uploads/ sites/2/2022/07/BCCSU_Implementation_Guide_2022.pdf*

* TEDI Guidelines. Drug checking methodology. ISBN 978-2-9199472-7-0 Editions for social change. First edition March 31st, 2022. Available at: *https://www.tedinetwork.org/wp-content/uploads/2022/03/TEDI_Guidelines_final.pdf*

* M.A. Alexander Bücheli and Trans-European Drug Information (TEDI) (2013) Drug Checking Consultation and Counselling Guidelines. Available at: *http://www.safernightlife.org/ assets/docs/Counseling_guidelines_TEDI.pdf*

* Godzialski L. et al, Point-of-care community drug checking technologies: an insider look at the scientific principles and practical considerations., Harm Reduction Journal volume 20, Article number: 39 (2023). Available at: *https://harmreductionjournal.biomedcentral. com/articles/10.1186/s12954-023-00764-3*

* The festivals pill testing policy. A guide for event organisers to implement harm minimisation. ACT Health, 2020. Available at: *https://www.health.act.gov.au/sites/default/ files/2020-09/The%20Festivals%20Pill%20Testing%20Policy_September%202020.pdf*

* *https://directionshealth.com/cantest/* (an example of community notice board by CanTEST, Australia)

* *https://directionshealth.com/wp-content/uploads/2023/04/Community-Notice_12-March-2023.pdf* (an example of community notice published by CanTEST drug checking project in Australia)

* *https://directionshealth.com/wp-content/uploads/2023/07/CanTEST-Summary_ Month-11_PDF.pdf* (an example of a monthly drug checking community report by CanTEST, Australia)

* Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023). CanTEST Health and Drug Checking Service Program Evaluation: Final Report. Australian National University: Canberra, ACT. Available at: *https://health.act.gov.au/sites/default/ files/2023-07/CanTEST%20Final%20Evaluation%20Report_2023.pdf*

* Wu, K. C., Siegler, A., Mace, S., & Manecke, M. J. National Council for Mental Wellbeing. (2023). Enhancing Harm Reduction Services in Health Departments: Fentanyl Test Strips and Other Drug Checking Equipment. Available at: *https://www.info.streetcheck.org/_ files/ugd/1817d1_1cd555f4465541d5992b2566fe8514ff.pdf*

* *https://bccsu-drugsense.onrender.com/* (an example of drug checking dashboard by British Columbia Centre on Substance Use and Drugsense)

* Sage C, Michelow W. Drug checking at music festivals: A how-to guide. Nelson, BC, Canada ANKORS. 2016. Available at: *https://michelow.ca/doc/drug-checking-guide-print-v1.pdf*

Video resources:

* ***https://vimeo.com/832755019?share=copy*** (Drug Checking training video by Massachusetts Drug Supply Data Stream, 2021: Processes, Instrument Overview, & Sample Accounting)

* ***https://vimeo.com/795292477?share=copy*** (Drug Checking training video by Massachusetts Drug Supply Data Stream, 2021: Introduction to Sample Analysis)

* ***https://vimeo.com/795292941?share=copy*** (Drug Checking training video by Massachusetts Drug Supply Data Stream, 2021: Inositol Short Demo)

VIDEO CASE STUDY: DRUG CHECKING (ENGLISH SUBTITLES):

#DAZNAMŠTARADIM - Testiranje droga

OVERDOSE PREVENTION AND MANAGEMENT

Prevention and management of overdose is an important component of any harm reduction programme and is acknowledged by WHO to be an essential harm reduction intervention along with needle and syringe programmes and opioid agonist treatment.

An overdose is the ingestion or application of a drug or other substance in quantities greater than are recommended or generally practiced. An overdose may result in a toxic state or death. Some drugs that are commonly associated with overdose include:

Opioids: Prescription opioids such as methadone, morphine, oxycodone, hydrocodone, and illicit substances like heroin or fentanyl can cause an overdose. Overdoses on opioids can lead to slow or stopped breathing, potentially leading to brain damage or death.

Benzodiazepines: These are sedative drugs used to treat conditions like anxiety and insomnia. Examples include Xanax (alprazolam) and Valium (diazepam).

Stimulants: Drugs such as cocaine, methamphetamine or synthetic cathinones can cause an overdose, leading to heart attacks, seizures, and other severe health problems.

Alcohol: Although not often thought of in this way, alcohol is a drug and can cause an overdose, or alcohol poisoning, which can be fatal.

Intentional overdoses are usually a result of someone trying to commit suicide. Unintentional overdoses happen when a person takes more than the medically recommended dose or more than they usually take without suicidal intent. This can happen when a person is trying to increase or prolong the effect of the substance, or simply by accident. In the absence of drug checking services, it is common for PWUD to now know the exact concentration of the active substance in a sample, whether the sample actually contains the intended substance or a different one, or whether there are other substances present in a sample in addition to what the person is intending to consume. Different substances can lead to different overdose symptoms. Some common signs of overdose may include:

* Loss of consciousness

* Difficulty breathing or stopped breathing

* Hallucinations or delirium

* Seizures

* Chest pain

* Nausea or vomiting

The specifics can vary depending on the substance involved. For example, opioid overdoses are often associated with small "pinpoint" pupils, while stimulant overdoses can lead to extremely high body temperature and heart rate.

Preventing and managing overdoses involves multiple strategies, including:

* Education: Educating people about the risks associated with the use of specific substances, the effects of different doses of substances or taking various substances at the same time can help prevent overdoses. Education is also required to provide PWUD with the knowledge and skills necessary to correctly respond to overdose in themselves and other people including the use of Naloxone for opioid overdose management. Apart from illicit substances it is important to educate people on the prescription drugs available on the market and their interaction with illicit substances

* Naloxone is a medication that can quickly reverse an opioid overdose and is often provided to individuals at risk of an overdose or their family members

* Working with emergency services to increase their knowledge of overdose symptoms and management. It is also important to ensure that people calling emergency services are not prosecuted for possession of illicit substances

* Supervised consumption facilities: These are places where people can consume drugs under the supervision of trained staff. They are designed to reduce the harms associated with drug use, including overdose, and of course

* Drug checking.

OTHER SERVICES

In addition to harm reduction services specifically related to substance use, it is common for programmes targeting experimenting young people and people who use PAS recreationally to include a range of services that address sexual and mental health needs. Those will differ for specific communities or segments of the target population and are likely to include comprehensive sexual and mental health education, distribution of condoms and lubricants including those suitable for various types of sex, psychosocial counselling and support (e.g., related to sexual or gender-based violence),

psychotherapeutic counselling, counselling on specific issues related to LGBTIQ+ communities. These are included to make the services more relevant and attractive and to address specific needs prioritised by the local communities of people who use PAS.

There are multiple interconnections between substance use, mental health and sexual lives of people, and these areas are significant components of context-specific wholistic approach to substance use and harm reduction.

Being responsive to the needs of the community and addressing multiple factors that may negatively impact on PWUD including sexual, reproductive and mental health, as well as humanitarian needs in times of crisis, is an important principle of harm reduction work. Mental and sexual health demands may be addressed through online and offline counselling by trained and attitudinally appropriate psychologists, psychotherapists and peers, system of organised and monitored referrals to more specialised service providers in medium or severe cases including severe dependency, distribution of sexual health products and services as well as the delivery of psychosocial support services at large entertainment events, also known as trip sitting.

SEXUAL AND REPRODUCTIVE HEALTH

Sexual activity and PAS use are both associated with reward and pleasure systems in the brain. Some studies have found that individuals who use certain substances may engage in sexual activity more frequently or have more sexual partners compared to those who do not use such substances. PAS use can reduce inhibitions and impair decision-making, and thus may lead to riskier sexual behaviour such as unprotected sex or sex with multiple partners, which in turn increases the risk of sexually transmitted infections and unwanted pregnancies. This association does not necessarily mean that the use of substances causes increased sexual activity or experimentation – it is also likely that certain personality traits or underlying factors (such as general openness to new experiences or higher propensity for risk taking) may lead to both increased PAS use and increased sexual activity. General predisposition of a person to risk-taking and impulsivity may be amplified by the use of PAS. There is also evidence suggesting that individuals who are more open to sexual experimentation might be more likely to use PAS. Some people use PAS to modify their sexual experience and enhance sexual pleasure or performance (practice sometimes called "chemsex"). It is important for harm reduction programmes to address this phenomenon in communication with the clients and offer thorough explanation of potential benefits and risks associated with short- and long-term use of PAS in sexual contexts. In any case it is important to explain the benefits and risks that may be associated with both the use of substances and sexual activities. Knowing the full picture allows people to engage and enjoy these behaviours responsibly and avoid or minimise potential harms.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

Mental health issues are often of concern to people who use PAS as they are for many people generally. There is a complex relationship between substance use and mental health challenges. Prolonged problematic use of many substances may result in the formation of dependence and may amplify pre-existing mental health challenges. Chronic PAS use can exacerbate existing mental health conditions by worsening of symptoms of mental health disorders (e.g., alcohol and other depressants can worsen depressive symptoms, and stimulants can increase anxiety and agitation in people with anxiety disorders), interference with treatment through substance interaction (e.g., alcohol can reduce the effectiveness of many psychiatric medications or cause harmful side effects) or adherence challenges, triggering acute episodes of illness, development of additional mental health challenges, or impaired cognitive functioning. On the other hand, people suffering from anxiety, depression, PTSD,

or other mental health issues might use substances as a form of self-medication. There is a growing body of evidence supporting the effectiveness of psychedelics in treatment of depression, PTSD, as well as longer term mental health complications of COVID19 infection.

Apart from issues related to sexual or mental health, there is a range of other factors of significance to people who use PAS that may need to be addressed by harm reduction programmes to gain sufficient coverage and make impact on people's health and wellbeing. These factors include:

* Stigma associated with substance use, dependency, sexual orientation and identity, or other forms of stigma, which may create barriers to seeking help and affect the effectiveness of services,

* Other social and economic factors such as poverty, unemployment, and lack of education, which can make individuals more vulnerable to substance use and associated challenges,

* Legal and policy considerations already described above,

* Cultural norms and beliefs that can influence patterns of PAS use, attitudes towards people who use PAS, and responses to substance use in the society,

* Physical health of the person who uses PAS including potential problems associated with chronic use of PAS,

* Family and relationships.

The programmes should aspire to holistic approach and address as many of these interconnected factors as possible. Activities may include addressing stigma in communication work and service delivery standards, supporting social entrepreneurship and employment, advocating for more humane and evidence-based drug policies and operational practice, challenging harmful cultural norms, facilitating access to healthcare, promotion of healthier lifestyles, addressing social isolation and domestic violence, helping people improve their interpersonal skills and providing other support they may require.

Mental health challenges are frequently reported by people who use psychoactive substances. In a study conducted by APH in 2018-2021, high anxiety, paranoia, panic attacks were the most common adverse effects associated with PAS use reported by 19% of respondents, and confusion, followed by changes in mental state reported by 15% of the participants[17]. Mental health and psychosocial support services are designed to address these concerns. As many of the people who use PAS in recreational context are young people, it is important to ensure that service providers have experience of working with youth and tailor services to specific developmental characteristics of the clients.

The most basic mental health service is psychosocial counselling by trained psychologists and social workers. Counselling may cover a wide range of topics related to substance use, associated adverse effects and coping mechanisms, harm reduction advice and referrals, mental and sexual health, relationships, issues related to sexual orientation and gender identities, violence, as well as contextual stressors and factors not directly related to the use of PAS. Counselling carries an important educational function, as comprehensive, unbiased and evidence-based education on PAS, harm reduction and sexual health are not commonly accessible, particularly in the developing countries. Services also promote safer use of substances, safe sex, inclusivity and respect in the community, as well as

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17   Kushakov, V., Dvoriak, V., Morozova, O., Azbel, L. and Sergienko, G. (2022), "Psychoactive substance use and drug checking practices among participants at electronic dance music events in Ukraine", Drugs, Habits and Social Policy, Vol. ahead-of-print No. ahead-of-print. **https://doi.org/10.1108/DHS-10-2022-0035**

specific referrals and advice during crises. Counselling is an important accompaniment to distribution of harm reduction and sexual health products as well as drug checking services. Online counselling extends the reach of the service and makes it accessible to people who are particularly concerned about their confidentiality, cannot access on-site services in their locations or are hesitant to seek on-site assistance. Online counselling has proven popular and effective for delivering mental health and psychosocial support services, especially during times of social distancing, global health and humanitarian crises and military conflicts affecting healthcare infrastructure and causing significant migration of healthcare providers and patients. However, despite its many benefits, online counselling has peculiar features and challenges that need to be taken into account. Those include the following:

* Technology-related issues. In an online environment, both the counsellor and the client depend on technology. Technical problems like poor internet connection, software compatibility, and device failure can interrupt the therapeutic process. Further, some clients may not be technologically adept, leading to difficulties in accessing the required platforms.

* Privacy and confidentiality. Ensuring privacy in an online setting is challenging. A client might not have a private space in their home where they feel comfortable discussing personal issues. Also, data transmission over the internet could be subject to hacks or leaks, potentially compromising client confidentiality.

* Non-verbal cues. Non-verbal cues play a crucial role in traditional face-to-face counselling. In video counselling, non-verbal cues might be overlooked due to limited visibility or camera angles. In text-based chat counselling, these cues are completely absent, which may reduce the richness of the counselling interaction.

* Emergencies. In case of a crisis or emergency, the distance and lack of physical presence could pose a challenge. For example, if a client is suicidal or in an immediate dangerous situation, it can be difficult for the counsellor to provide immediate assistance or contact local emergency services.

* Different time zones. With the potential for international clients, scheduling across different time zones can be challenging.

* Therapeutic relationship. Building rapport and a therapeutic alliance can be more difficult online. The "distance" can make it harder to establish a connection, which is critical in therapy.

* Licensing and legal issues. Counsellors are typically licensed to practice in specific geographic locations. Offering services to clients in different states or countries may involve navigating complex regulatory and legal issues.

In order to address these challenges, programmes can utilise the following strategies:

* Technology training and backup plans. Counsellors can help clients become more comfortable with the technology before starting the session. They can also have a backup plan in case of technical difficulties, such as switching to a phone call.

* Ensuring privacy and security. Counsellors can use encrypted platforms for communication, which are compliant with the relevant national standards set to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. They can also educate clients about securing their environment and using private, password-protected internet connections.

* Emphasising verbal communication. In online therapy, there needs to be a greater emphasis on verbal communication. Counsellors can be trained to express themselves more verbally and to ask clients to do the same.

* Emergency protocols. Before starting therapy, counsellors can discuss with clients what to do in case of emergencies, including having clients provide emergency contact information and having a plan for contacting local emergency services.

* Scheduling tools. Online scheduling tools can handle time zone differences and allow clients to book sessions that are convenient for them.

* Building rapport online. Counsellors can use strategies specifically tailored to online communication to build a therapeutic relationship, such as spending extra time in initial sessions to establish rapport.

* Understanding regulatory requirements. Counsellors should understand the regulatory requirements for practicing in different jurisdictions, possibly consulting with legal advisors or professional organisations for guidance.

First-hand lived experiences of the counsellors in the areas of counselling play an important role in understanding the situation and challenges facing the clients, building rapport, and joint elaboration of solutions and coping strategies. This is particularly important for marginalised behaviours such as PAS use. Engagement of peer counsellors is an important mechanism for making counselling most relevant and accepted.

It is important to build reliable referral links to offer the clients specific contacts of professionals who can provide advanced psychotherapeutic, psychiatric, legal or other required services. Normally, basic counselling process involves screening of the clients for their need in a variety of services, such as screening for mental or sexual health challenges or problematic use of substances. Counselling psychologists or social workers can directly provide psychosocial support in simple cases that do not require long term psychotherapeutic or psychiatric interventions. In more complex cases clients are referred to qualified specialists who may work in house or at partnering healthcare facilities. It is important that harm reduction organisations have specific collaboration agreements and that their partners are committed to enrol referred clients. Ideally, harm reduction organisations should also be able to monitor such referrals and collect feedback on the clients' progress, experience and satisfaction with provided services.

One of the most important psychosocial support services provided in the field (at the festival venues or other places where people use PAS) is **trip sitting**. Trip sitting is a service that assists a person who use PAS during challenging psycho-emotional states and ensures the safety of the person while they are under the influence of PAS. Sitters provide reassurance, help maintain a positive environment, and manage potential crises[18]. Trip sitting is utilised in recreational and spiritual use of substances, can be formal or informal, and is most relevant for the initial experiences of PAS use or for substances associated with particularly challenging experiences, such as psychedelics, dissociatives and deliriants. In spiritual contexts a trip sitter (or guide) takes an active role in guiding the person through the experience of taking entheogenic substances, while in harm reduction application of trip sitting in recreational contexts the role of the sitter is limited to "nursing" the person under the influence, assisting them to avoid or overcome challenging psychological states (bad trips) and respond to emergency situations. E.g., these may occur with substances that cause disorientation and the desire

18   Hartogsohn, I. (2016). Set and setting, psychedelics and the placebo response.
     An extra-pharmacological perspective on psychopharmacology.

to move around without awareness of the surroundings, such as Salvia Divinorum. It is important to note that the presence of a trip sitter cannot guarantee preventing of a bad trip or other mental of physical harm to the user.

Trip sitting can be formal or informal. Most common informal sitting is inviting a trusted friend, relative or, sometimes, another, more experienced user to assist through the experience. Formal trip sitting is offered in psychedelic research, in psychedelic-assisted psychotherapy or by harm reduction programmes. The sitters in these contexts are usually medical professionals (nurses, therapists), social workers, psychologists, or experienced peers trained to deliver the service. The training should cover the effects of various substances used in recreational contexts, potential psychological or medical challenges, the ways to assist in these situations as well as in circumstances that require calling for professional medical assistance. Important qualities of the sitter include the willingness to help, the responsibility needed to stay sober enough to be fully present, and the ability to be relaxed, accepting, and not interfere with the experience beyond the wishes of the user. Preferably, the sitter should also be personally experienced with the substance used by the client. A responsible trip sitter assists a person before, during, and after their experience; it is their responsibility to help the user by making sure they drink enough water, assisting them in moving around when needed, and generally doing whatever necessary to ensure their comfort throughout the trip. More specifically the sitters perform the following duties[19]:

* Before use: The responsible trip sitter will thoroughly research the substance, which will be ingested (as well as the users) in order to answer all potential questions, the user may have, and to prepare for any potential crisis situations it may cause. They may have first-hand experience of the drug beforehand, but this is not required, with a number of sitters choosing to the culture but not the chemical. The sitter will discuss this research in detail with the user; it is also considered important to talk to the user about any ground rules for the session, how to handle any emergencies that may arise, and what, if any, guidance will be wanted during the trip. A trip sitter will also frequently help a drug user create a healthy set and setting for the experience. They do this by making sure the user›s surroundings are comfortable and orderly, adjusting lighting, temperature, and music (if any) to suit the desired tone of the trip, and overall doing whatever they can to maximise the user's openness to the experience and minimise their fear

* During the experience: A sitter typically remains present for the entire experience. In some cases, they may actively guide the experience of the user by adjusting their environment or through guided meditation or visualisation. In other cases, they stay uninvolved except when the user has questions, fears, or needs for which the sitter can provide (such as making sure the user drinks enough water). Assistance in facing fears may be especially necessary if the experience turns into a bad trip. In order to maintain the immediate well-being of the drug user, it is important for the sitter to know what situations they can or cannot handle on their own, and when to call for professional medical assistance. Although the sitter may be called upon to intervene during a difficult situation, bad trip, or medical crisis, the mere presence of a caring sitter is often enough to keep a user comfortable and even enable deeper exploration of the drug's effects. The experience of being present during an especially powerful experience, such as when the user reaches new insight into themselves or their beliefs about the nature of the universe, is reportedly quite rewarding.

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19 https://en.wikipedia.org/wiki/Trip_sitter

* After the trip: A sitter may help the drug user to integrate or understand their experiences when the experience is complete. Just as they did before, and during the trip, they may reassure the user about any fears or worries that have occurred. This discussion may take place immediately after the drug's effects have worn off, or they may wait until a later date.

For more information on trip sitting in harm reduction context please refer to the following sources:

TEXTUAL GUIDES

* *https://tripsitter.com/how-to-tripsit/*

* *https://zendoproject.org/wp-content/uploads/2022/11/Training-Manual-2020-v1.9.pdf*

* *https://zendoproject.org/manuals/how-to-work-with-difficult-psychedelic-experiences/*

* *https://tamintegration.com/wp-content/uploads/2019/01/Manual_of_Psychedelic_Support-sr_v2.0.pdf*

* *https://wiki.tripsit.me/wiki/How_To_Tripsit_In_Real_Life*

* *https://wiki.tripsit.me/wiki/How_To_Tripsit_Online* (guide to online trip sitting)

* *https://psychsitter.com/*

* *https://www.mushmagic.com/blog-trip-sitting-a-comprehensive-guide-n37*

* *https://tripsafe.org/psychedelic-trip-sitter-guide/*

* *https://www.erowid.org/psychoactives/faqs/psychedelic_crisis_faq.shtml*

* *https://tripsafe.org/how-to-help-someone-having-a-bad-trip-on-lsd-shrooms/*

* *https://tamintegration.com/wp-content/uploads/2019/01/Psychedelic-Guide-Manual.pdf*

* *https://www.erowid.org/psychoactives/guides/guides_article2.shtml*

* *https://tamintegration.com/wp-content/uploads/2019/01/Zendo-Manual-2017.pdf* (General psychedelic harm reduction training manual)

* *https://csp.org/docs/code-of-ethics-for-spiritual-guides* (ethical rules meant for spiritual guides but generally relevant for trip sitters and harm reduction workers)

VIDEOS

* *https://www.youtube.com/watch?v=1aBjoARwlOY*
* *https://www.youtube.com/watch?v=ZAmEfoBlKGg&t=9s*
* *https://www.youtube.com/watch?v=CphDzpr8wL8*
* *https://www.youtube.com/watch?v=5EGaWgbb9xk*
* *https://www.youtube.com/watch?v=Hvr91PoneLQ*

Services for younger populations should take into account their unique developmental and psychosocial factors. Adolescents and young adults represent a vulnerable demographic due to the

critical biological, psychological, and social changes occurring at this life stage. Neurodevelopmental immaturity might lead to impulsive decisions, including those related to PAS use, while the brain's susceptibility to these substances can have long-lasting impacts[20].

Support services must therefore adapt to these peculiarities. Harm reduction programmes should be developmentally appropriate, appealing, and relatable. Furthermore, therapeutic services should incorporate family-based interventions, given the importance of family dynamics in adolescent behaviour[21].

Online services offer great potential for young people who are digital natives and often find it easier to seek help online. Hence, virtual platforms can be a powerful tool for reaching and engaging young people[22].

Ensuring effective mental health and psychosocial support for people who use PAS recreationally requires a comprehensive spectrum of services. These should be tailored to the needs of each individual, with special attention given to younger populations due to their unique developmental and psychosocial factors. For more details on these factors please refer to the following sources:

* UNICEF Office of Research - Innocenti (2017). The Adolescent Brain: A second window of opportunity, UNICEF Office of Research - Innocenti, Florence. (Accessed at: *https://www. unicef-irc.org/publications/pdf/adolescent_brain_a_second_window_of_opportunity_a_ compendium.pdf*)

* Ken Winters, This is Your Brain on Adolescence, ISSUP Webinar. Accessed at: *https://www.issup.net/files/2020-02/Winters%20teen%20brain%20talk_ISSUP%20 webinar_2.20.20.pdf*

ADDRESSING AND PREVENTING VIOLENCE

Addressing and preventing violence including gender-based violence (GBV) and drink spiking is crucial in nightlife environments. As an organiser or representative of a harm reduction organisation, there are several steps you can take to create a safer environment and address the issue of drink spiking. Here is a guide to help you:

1. **Educate Staff:** Train your staff on recognising signs of potential violence, including GBV and drink spiking. Provide information on how to respond appropriately and sensitively to incidents. Staff should also be aware of the local laws and regulations related to GBV and drink spiking.

2. **Establish a Safe Space:** Designate areas within your venue as safe spaces where patrons can seek help or report incidents. Ensure these spaces are easily accessible, well-lit, and staffed by trained individuals who can provide support, including trained security personnel or medical professionals.

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20   Casey, B. J., et al. (2008). The adolescent brain.

21   Waldron, H. B., & Turner, C. W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse.

22   Pfeiffer, P. N., et al. (2021). Virtual mental health care in the U.S. Department of Veterans Affairs in the early days of the COVID-19 pandemic: Quality, access, and equity.

3. **Promote Consent and Respect:** Foster a culture of consent and respect within your establishment. Display visible signage that emphasises the importance of consent and zero tolerance for GBV. Encourage patrons to look out for each other and intervene if they witness potentially harmful situations.

4. **Increase Security Measures:** Enhance security measures to deter and respond to violence. This may include employing trained security personnel, installing surveillance cameras, and implementing ID checks to prevent underage drinking and potential vulnerabilities.

5. **Collaborate with Community Organisations:** Establish partnerships with local organisations working on violence prevention, GBV support, and harm reduction. Work together to share resources, knowledge, and strategies to address these issues effectively.

6. **Provide Support Services:** Offer information and resources related to GBV, consent, and harm reduction. Display posters or brochures that provide guidance on reporting incidents, accessing medical support, or seeking counselling services. Partner with local helplines or organisations to provide immediate support to those in need.

7. **Foster a Positive Atmosphere:** Create an inclusive and welcoming environment that promotes diversity and respect. Avoid promoting or tolerating behaviours that objectify or demean individuals based on their gender or other identities.

8. **Engage in Outreach and Awareness Campaigns:** Organise campaigns or events focused on raising awareness about GBV, consent, and drink spiking. Utilise social media platforms, local media, and community networks to reach a broader audience and educate the public on these important issues.

9. **Collect Data and Monitor Incidents:** Keep track of incidents or complaints related to violence or GBV within your venue. Maintain a record of reported drink spiking incidents and their outcomes. Analyse this data periodically to identify patterns, areas for improvement, and to inform future prevention strategies.

10. **Continuously Evaluate and Improve:** Regularly assess your strategies and procedures to identify areas that need improvement. Seek feedback from staff, patrons, and community partners to ensure your efforts are effective and responsive to the evolving needs of your nightlife environment.

Addressing violence, particularly gender-based violence, requires a multifaceted approach. By implementing these measures and collaborating with relevant stakeholders, you can contribute to creating a safer and more inclusive nightlife environment.

Extensive amount of great quality resources on gender based violence were developed during the Sexism Free Night project - from training manuals for harm reduction professionals (*Training for harm reduction professionals*), festival organisers (*Training for festival organisers*) and nightlife professionals (*Training for nightlife professionals*), to gender responsive criteria to prevent, detect and respond to sexism and sexualised violence (*Sexism Free Night Standards*), as well as guidelines for taking care of people who experienced gender based violence on large-scale festivals (*Lilac care guidelines*), all of them available here: *https://sexismfreenight.eu/#outputs.*

Also, *https://tripapp.org/* got updated with the list of organisations offering support in cases of gender based violence, that can be searched by location.

ESSENTIAL QUALITY STANDARDS
FOR NIGHTLIFE VENUES

When it comes to quality standards for venues in nightlife with regard to safety and public health, several factors should be considered. While specific regulations and guidelines may vary depending on the country or region, here are some general aspects to consider.

Firstly, the building and infrastructure of the venue play a crucial role. Compliance with local building codes and regulations is essential to ensure structural integrity, fire safety, and the presence of emergency exits. Additionally, there should be sufficient lighting, including emergency lighting, to ensure visibility and prevent accidents. Adequate ventilation and air quality control are also important to maintain a comfortable environment and minimise the risk of transmitting airborne diseases as well as difficult experiences caused by heat such as heatstroke. Proper sanitation facilities, including clean restrooms and handwashing stations, should be provided to promote hygiene.

Secondly, effective crowd management is essential. The venue should have a maximum occupancy limit that is within the approved capacity to prevent overcrowding and maintain a safe environment. Clear pathways and unobstructed emergency exits should be in place to facilitate quick evacuation in case of an emergency. Well-trained staff members should be present to manage crowd control, handle emergencies, and maintain order.

Thirdly, security measures are crucial to ensure the safety of patrons. Maintaining hygiene and sanitation is another important aspect. Regular cleaning and sanitisation of all areas, including seating, dance floors, bars, and restrooms, should be conducted. Hand sanitisers or handwashing facilities should be made available throughout the venue. Proper waste management should be implemented to maintain cleanliness and prevent health hazards.

Noise and environmental considerations are also significant. Compliance with local noise regulations is necessary to minimise disturbances to the surrounding community. Soundproofing measures should be in place to prevent excessive noise levels within the venue. Additionally, the venue's impact on the neighbourhood should be considered, including addressing issues like littering or loitering.

If the venue offers food services, food and beverage safety should be prioritised. Compliance with food safety regulations is crucial, along with proper handling, storage, and preparation of food and beverages to prevent contamination and foodborne illnesses. Regular inspections and certifications by health authorities should be sought.

Finally, having comprehensive health and safety policies is essential. This includes implementing procedures to address emergencies, such as medical incidents, accidents, or natural disasters. Staff members should receive adequate training on first aid, emergency response, and health and safety protocols. Clear communication of safety instructions and emergency procedures to patrons is vital, including information about emergency exits and assembly points. It's important to note that these are general guidelines, and local regulations may have additional requirements. Venue owners and operators should consult with local authorities, health departments, and relevant industry associations to ensure compliance with specific safety and public health standards for nightlife venues in their area.

For a more in depth overview of quality standards, check out the **_Set of standards to improve the health and safety of recreational nightlife venues_**, developed by Club safe.

LINKING ONLINE TO OFFLINE SERVICES

Online counselling and advice can satisfy a range of needs of the clients, assist in handling challenging psycho-emotional states, assess and explain the risks associated with the use of PAS and certain sexual practices, provide harm reduction advice. However, in many cases the client will need to physically see specialised providers of health services, get prescriptions and access the required medicines, as well as physically access harm reduction or sexual health products. The modern models of harm reduction service delivery often combine online and offline elements. The models, sometimes referred to as Online to Offline (O2O) services allow to deliver a seamless and integrated access to services required by the clients. Specific links between online and offline elements may relate to:

✱ Referrals. Once the client has their questions answered, accessed the required information and educational resources, and undergone the required screening assessments on an online platform, they can be referred to specific healthcare specialists for physical examination and treatment.

✱ Peer support groups. The clients may participate in online peer support activities and identify peers that can be met physically at their respective locations to engage in onsite peer-support meetings.

✱ Online ordering and delivery. Clients can order the required harm reduction, sexual health and other products through a website or mobile application and have them discreetly delivered to their preferred location.

✱ Online prescription of medicines. Healthcare specialists can provide online counselling to their clients using telehealth platforms and issue prescriptions for medicines such as Naloxone. Clients then use the prescriptions to obtain the required medicines at local pharmacies.

✱ Navigation to physical service delivery facilities. Clients who visit online platforms can be referred to service delivery sites operating in their locations. O2O services help identify nearby sites and use their physical services. Clients can also schedule appointments for diagnostic or treatment visits through websites or mobile applications, as well as receive notifications and reminders for these appointments.

✱ Feedback and monitoring. Online platforms offer effective tools for collecting client feedback and monitor utilisation of services. Analysis of this data can then be utilised to further improve and adjust the associated physical services.

O2O services offer increased accessibility, greater anonymity that allows to seek assistance without fear of stigma or legal repercussions, added convenience and flexibility and interlinked access to the required products, information, advice and healthcare.

Please refer to the **CASE: The Party Box** for an example of using online tools to deliver tangible harm reduction products.

TEAM COMPOSITION, KNOWLEDGE AND SKILLS

Creating an effective team for a harm reduction service in recreational settings requires a diverse set of skills, knowledge, and attributes to ensure the safety and well-being of patrons, adjusted to the community's needs. There can be many various team members and roles, that depend on the needs and nature of the event, music, set, number of event participants and other **important** preconditions. All these should be known prior to the planning of composition, knowledge, and

skills needed for the aimed service. Ideally, members of the harm reduction team are skilled and enthusiastic helpers who contribute their diverse skills and personality traits to create a well-functioning team. To a reasonable extent, team members should act autonomously, taking the initiative in carrying out tasks they deem important.

The Team Leader/Coordinator plays a pivotal role, requiring a deep understanding of harm reduction principles and strategies, coupled with strong leadership and organisational acumen. They must excel in coordinating the collective efforts and resources of the team effectively, ensuring a harmonious and efficient operation.

Mental Health Specialists, typically comprised of psychologists or social workers, bring their expertise in crisis intervention and mental health support to the team. Their pivotal role involves offering crucial emotional support to individuals in distress, accompanied by the capacity to provide valuable referrals for further assistance and care when necessary.

Outreach Workers are instrumental in the team, possessing valuable experience in engaging with the community. They bring a deep understanding of substance use and the associated risks, allowing them to establish trust with those they serve and provide vital information on harm reduction strategies, contributing significantly to the team's outreach and support efforts.

Medical Professionals within the harm reduction team, including registered nurses, paramedics, or emergency medical technicians, bring their expertise in first aid and emergency medical procedures to the forefront. Their critical role revolves around their capability to adeptly handle medical emergencies and deliver essential healthcare services, ensuring the safety and well-being of individuals in need during nightlife events. In the absence of on-site medical personnel, it is highly advisable to establish a clear protocol for seeking immediate medical assistance. Team members should be instructed to familiarise themselves with the location of nearby medical facilities or emergency services and how to contact them in case of a medical emergency. Additionally, having designated team members who are responsible for coordinating emergency responses and guiding individuals to medical help can be essential. Preparing for medical emergencies and ensuring quick access to professional medical assistance is a critical aspect of harm reduction services, especially in nightlife settings where such emergencies can occur.

KNOWLEDGE AND SKILLS

Workers in harm reduction, especially in recreational settings, require a unique set of skills and qualities to effectively connect with and assist individuals. These skills and attributes include:

– **Lived Experience:** Peer workers often share a lived experience of substance use or other challenges, which can help establish trust and rapport with clients who may be more receptive to someone who understands their experiences.

– **Non-judgmental Attitude:** Being non-judgmental is crucial to create an environment where individuals feel safe discussing their behaviours, substance use, and challenges without fear of criticism.

– **Active Listening:** The ability to actively listen, empathise, and validate the feelings and experiences of clients is essential in building relationships and providing support.

– **Communication Skills:** Effective communication, including clear and respectful language, is important for conveying harm reduction strategies and information.

- **Knowledge of Harm Reduction:** A deep understanding of harm reduction principles, strategies, and practices is vital for providing accurate information and guidance on safer substance use.

- **Crisis Intervention:** Being prepared to handle crisis situations, including overdose responses and de-escalation techniques, is critical for harm reduction peer workers.

- **Resource Navigation:** Knowledge of local resources, such as treatment options, social services, and healthcare facilities, is important for helping clients access the support they need.

- **Boundaries:** Understanding and maintaining appropriate professional boundaries is crucial for peer workers to ensure their own well-being and the well-being of clients.

- **Cultural Competence:** Cultural sensitivity and awareness are important for working with diverse populations, respecting cultural differences, and avoiding stereotypes.

- **Self-Care:** Peer workers often deal with emotionally challenging situations, so self-care practices and stress management are essential to prevent burnout.

- **Documentation and Reporting:** Keeping accurate records and reporting relevant information to supervisors or relevant authorities is necessary for accountability and client safety.

- **Advocacy:** Advocating for harm reduction policies and practices within the community and working to reduce stigma around substance use is part of the role of a harm reduction peer worker.

- **Teamwork:** Collaboration with other harm reduction team members and professionals in the field is important to provide comprehensive support and access to resources.

- **Conflict Resolution:** Conflicts or disagreements among clients or within the team may arise, so conflict resolution skills are valuable.

- **Adaptability:** Recreational settings can be unpredictable, so being adaptable to changing circumstances and client needs is crucial.

- **Education and Training:** Ongoing education and training to stay updated on harm reduction best practices and emerging trends in substance use are essential.
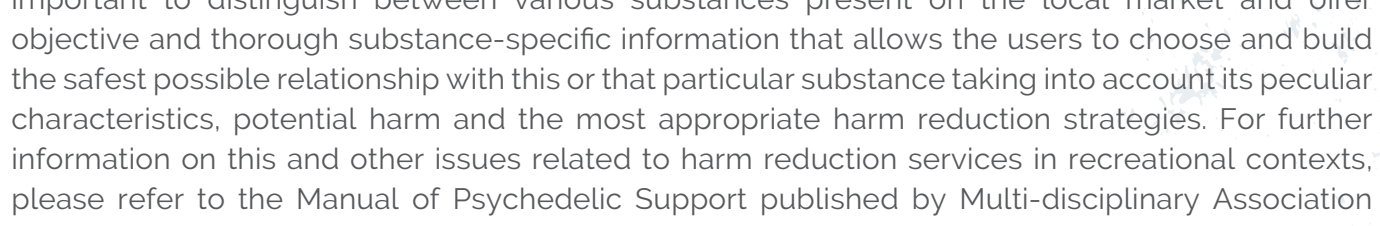
Engaged volunteers, peer workers and outreach teams working in harm reduction play a pivotal role in connecting with and supporting individuals in recreational settings, and their ability to establish trust and provide non-judgmental assistance is vital in promoting safer behaviours and reducing harm.

Please refer to the following resources for more information:

* PsyHelp manual contains advice regarding the skill set of harm reduction team as well as practical guidance related to common situations and client requests: **www.daath.hu/dat2/psy-help/dat2-psy-help-manual-EN.pdf**

* Safer Nightlife guide for harm reduction teams working in nightlife environments: **https://russellwebster.com/Safer%20Nightlife%20published%20version.pdf**

* How to Communicate with Young People about Drugs provides useful guidance on addressing topics of interest to young people and providing tailored harm reduction advice to younger audience: **https://drugeducationyouth.org/wp-content/uploads/2022/05/English-manual-web-18.05.pdf**

It is essential for the harm reduction team to possess and transmit in-depth knowledge of psychoactive substances present on the local market. In harm reduction work it is crucially important to distinguish between various substances present on the local market and offer objective and thorough substance-specific information that allows the users to choose and build the safest possible relationship with this or that particular substance taking into account its peculiar characteristics, potential harm and the most appropriate harm reduction strategies. For further information on this and other issues related to harm reduction services in recreational contexts, please refer to the Manual of Psychedelic Support published by Multi-disciplinary Association for Psychedelic Studies (MAPS) and available at: ***https://psychsitter.com/***. The manual contains a reference guide on psychoactive substances that has been recently adapted by the Alliance for Public Health for Ukraine and published in Ukrainian (***https://aph.org.ua/wp-content/uploads/2023/03/Posibnik-MAPS-z-nadannya-psihosotsialnoyi-dopomogi.-CH.-1.-Dovidnik-z-psihoaktivnih-rechovin.pdf***) and Russian (***https://aph.org.ua/wp-content/uploads/2023/03/Rukovodstvo-MAPS-po-predostavleniyu-psihosotsialnoj-pomoshhi-tripsittinga-chast-1..pdf***). Please note that the effectiveness of any such information will be limited if your clients do not have access to reliable drug checking services, meaning that they do not actually know what exactly is contained in the sample that they are going to use.

ANNEX:

COLLECTION OF CASES ILLUSTRATING INTERVENTIONS RELATED TO THE REDUCTION OF HARM ASSOCIATED WITH RECREATIONAL USE OF PSYCHOACTIVE SUBSTANCES

PSYCARE, UNITED KINGDOM: USE OF A SAFER FORM OF REAGENTS FOR DRUG CHECKING

Drug checking is the analysis of samples of psychoactive substances (PAS) used to identify the contents, detect adulterants and avoid potentially lethal poisoning of the person who intends to use them. One of the most common and economical methods to test PAS is the use of colorimetric reagents, which change colours when mixed with various substances. The colour and its intensity can help identify the active ingredients and potentially harmful adulterants in the sample. Most of the traditionally used colorimetric reagents to detect psychoactive substances are mixtures containing sulphuric or hydrochloric acids. Acidic solutions can be corrosive and cause skin and eye irritation or burns if not cautiously handled. Liquid reagents have also raised environmental concerns related to their disposal. These concerns as well as reports of users accidentally ingesting the reagents have resulted in the recent restrictions imposed by the European Union on the sale and use of liquid colorimetric tests for drug checking purposes.
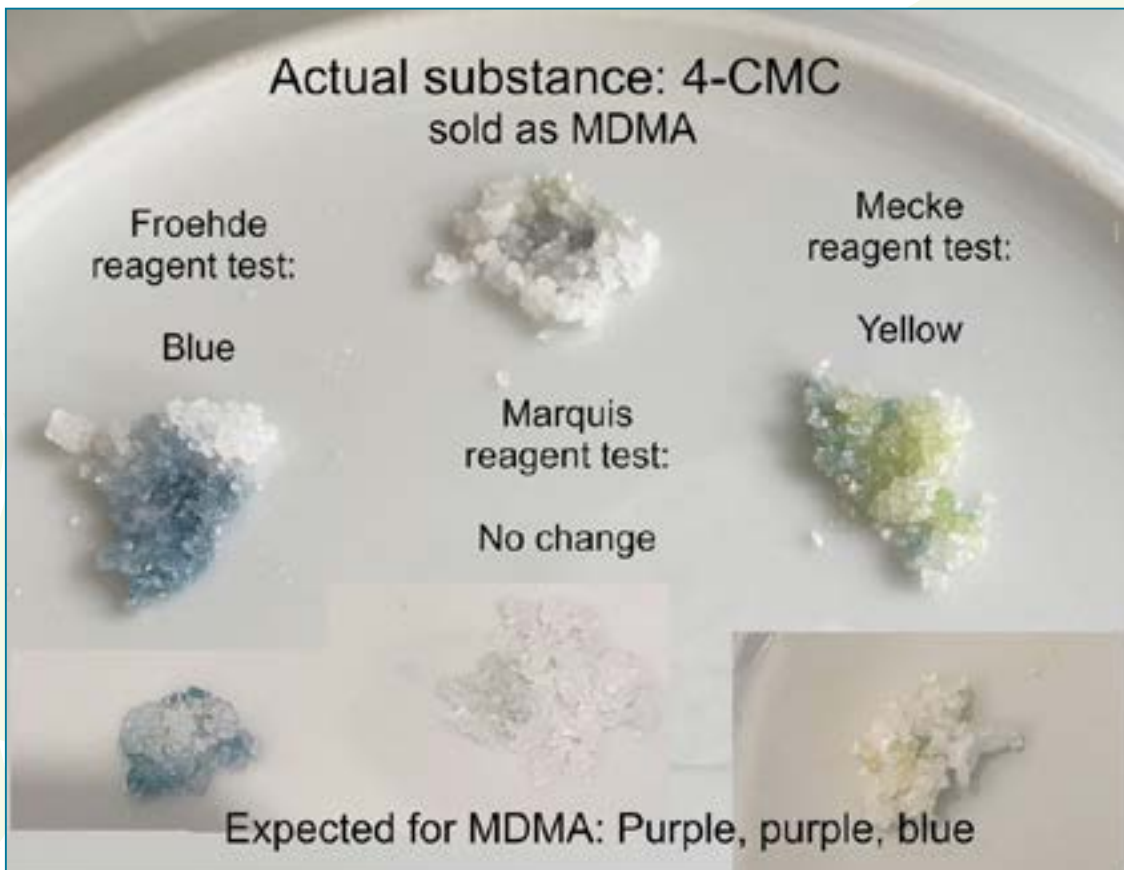
In response to these concerns some drug checking programmes including PsyCare in the UK have developed less hazardous and more environmentally friendly forms of colorimetric tests. The use of silica gel in the production of colorimetric tests allowed to reduce some of the harms associated with liquid reagents. Silica gel is a solid material that can be impregnated with reagents and used for checking samples of psychoactive substance instead of traditional liquids. This eliminates the risk of splashes or spills, reduces the risk of skin and eye irritation, and minimises hazards related to disposal. In addition to these benefits, the solid tests are just as reliable as the liquid ones and also have the following advantages:

* Increased ability to see subtle colour changes, particularly for drugs producing dark colour changes like MDMA

* Increased compliance with corrosive substances laws

* Increased number of tests per bottle reduces waste

* No need to wait for a drop to slowly emerge from the bottle
  (and no need to dangerously shake the bottle)

* Increased shelf life due to reduced contact with plastic components
   in the dropper cap.

It is important to note that solid colorimetric tests have the same limitations as their liquid counterparts with regards to their ability to detect all substances, result interpretation challenges and potential to produce false positive or false negative results. However, they present a safer and more environmentally friendly alternative to liquid reagents. Drug checking services should provide comprehensive advice to clients on the use of reagents and complementary harm reduction strategies to avoid potential hazards and maximise the benefits of drug checking.

Picture 1. Identifying 4-CMC sold as MDMA through colour change reactions of silica gel-based reagents with the sample

Actual substance: 4-CMC sold as MDMA

Froehde reagent test: Blue

Marquis reagent test: No change

Mecke reagent test: Yellow

Expected for MDMA: Purple, purple, blue

Picture 2. Client feedback reporting of testing an assumed MDMA sample and identifying N-Ethylpentylone

"I got the MDMA online
a few days ago and [took it without testing]. It felt like mdma at the beginning
but then there were quite unpleasant after effects."

"Now I see why it didn't go well,
very disappointing and I feel terrible for not testing my product beforehand :("

MDMA = Purple, purple, blue
N-Ethylpentylone = yellow, green, orange

"I would not mind you sharing the story without revealing myself.
Hopefully it will help others to stay safe."

Picture 3. Bottles containing silica gel-based reagents for drug checking produced by Reagent Tests UK in collaboration with PsyCare

DRUGSTORE, UKRAINE: DRUGSTORE DIGITAL PLATFORM

In response to the growing popularity of electronic dance music culture and the associated recreational use of psychoactive substances in 2018 the Alliance for Public Health launched the Drugstore project to offer harm reduction, mental and sexual health services to experimenting young people. The vast majority of people who use PAS recreationally do not utilise harm reduction programmes designed to address the needs of people who inject drugs (mostly opioids, methamphetamine and synthetic cathinones). Drugstore digital platform was created as an online marketing and service delivery tool targeting experimenting young people including those who use PAS in recreational contexts. The platform also serves to promote field services delivered by Drugstore project at festivals and in nightlife venues. The digital platform includes a website (Drugstore.org.ua), a mobile app Free2Ask and associated social media channels in Telegram, Instagram, Facebook, TikTok and YouTube. The platform offers objective information on a variety of subjects of interest to experimenting young people including PAS use and harm reduction strategies, sexual and reproductive health, mental health and relationships. The clients can self-screen for PAS related and mental health problems, access online counselling by friendly doctors, psychologists, harm reduction specialists and lawyers, as well as order a range of harm reduction and sexual health products (please refer to the PartyBox Case for full description of available commodities).

59 925 unique people visited the platform within the first 12 months since its launch, and 241 613 unique individuals in the first 2 years. The attractiveness of the platform is based on the relevance and comprehensiveness of provided information, modern design, links to popular social media and focused promotion of the platform, strong feedback mechanism and responsiveness to the needs of the audience, and continuous development of the contents and associated services.

Managing the risk of potential blocking of channels

Social media platforms have their own procedures and rules with regards to the contents that can be published on their media. To avoid being blocked on social media platforms such as Instagram or TikTok while offering harm reduction and sexual health information and advice, follow these guidelines:

* Familiarise yourself with platform guidelines: Study the community guidelines of each platform to understand their content policies. Instagram's community guidelines can be found here: **https://help.instagram.com/477434105621119** and TikTok's community guidelines can be found here: **https://www.tiktok.com/community-guidelines**

* Use appropriate language: Avoid using explicit language, slang, or terms that may be deemed inappropriate or offensive. Keep your content professional and educational

* Be cautious with visuals: Avoid using explicit or graphic images, and always make sure any images you share comply with the platform's guidelines. Use illustrations, graphics, or animations that effectively convey the message without being explicit or offensive

* Offer valuable content: Focus on providing educational, informative, and fact-based content. Use reputable sources and scientific research to support your statements

* Age-appropriate content: Ensure your content is suitable for the target audience. If you're targeting young people, make sure the content is age-appropriate and doesn't promote any harmful behaviour

* Engage with your audience: Encourage open dialogue, answer questions, and respond to comments with respect and empathy. This will help build trust with your audience and establish your account as a reliable source of information

* Use hashtags responsibly: Use relevant and appropriate hashtags to help users find your content. Be careful not to use hashtags that may be associated with explicit or inappropriate content

* Partner with other organisations: Collaborate with relevant organisations, experts, or influencers in the field of harm reduction and sexual health. This can help establish credibility and increase your reach

* Monitor your content: Keep an eye on your content's performance and engagement. If you notice any issues or concerns, be proactive in addressing them

* Appeal if necessary: If your content is mistakenly flagged or removed, you can appeal the decision by contacting the platform's support team. Provide clear explanations and evidence to support your case.

DRUGSTORE, UKRAINE:
OPERATIONAL STUDY OUTREACH MODEL

In order to increase the coverage of harm reduction services for people who use PAS recreationally, Alliance for Public Health has designed a new outreach and service delivery mechanism, Operational Study Outreach Model, that combines online promotion of services, collection of essential data (on the local drug scene, use of substances, experience of associated problems and harm reduction services), screening and registration of clients and the actual delivery of services including counselling and postal delivery of harm reduction commodities.

The project utilised an online survey (Recreational User Outreach Operational Study) marketed through Internet resources and social media popular among experimenting young people. People who reported use of PAS (excluding cannabis, alcohol or tobacco) and intended to continue using PAS were directed to harm reduction information resources and offered counselling and home delivery of the PartyBox – a harm reduction kit containing condoms, lube, HIV self-test, cards and straws for safer intranasal use, vitamins and drug checking reagents). 8015 people participated in RUOOS between May 2021 and November 2022. 5638 responses were sufficiently complete for analysis. 47% resided in the capital, 48% were women and 51% men, 1% transgender, 59% were aged 18-24, 29% - 25-34, 6% - 14-17, and 6% - 35-44. 67.4% reported heterosexual, 20% bisexual, 3.7% pansexual and 5.4% homosexual orientation. 90% never administered PAS by injecting. 1437 unique individuals from all geographic regions of Ukraine ordered and received the PartyBox between June and December 2021.

RUOOS allowed a large number of new clients to access Drugstore harm reduction and sexual health services and is particularly useful for those who avoid utilisation of offline services associated with PAS use. Client eligibility is established through a set of questions and each client is automatically assigned a unique identification code that does not contain personal data and cannot be used to identify or trace the person participating in the survey. Operational Study Outreach Model is a valuable tool for collection of information on the local drug scene, substances and patterns of use, challenges facing the community, their priority needs and service preferences, and can be tailored to engage, study and offer services to specific segments of the target population, e.g., people who use PAS to modify their sexual experiences. Online entry points to harm reduction services have also proven to be useful in the context of restrictions associated with COVID19 pandemic as well as during war and associated migration of service providers and users, disrupted offline services and nightlife venues.

Tightly targeted marketing, meticulous modern design using appropriate language and responding to current trends in the target population, high rapport and highly demanded information and services have allowed to quickly engage and provide prevention commodities to a large group of young recreational PAS users.

Collected data on the profiles and risks faced by recreational PAS users indicated other challenges facing this population and requiring the development of the relevant services: high prevalence of overdose symptoms (which the participants linked to the lack of knowledge on concentration and dosing or using dangerous combinations of substances, not knowing what substances they used, substitution of substances by dealers or drugging); psycho-emotional problems (reported by 41% of participants), problems with relationships (20%), health (20%), work or school (12%) and law enforcement (9%); the use of PAS to enhance or otherwise modify sexual experiences, and low condom use. The most demanded services/commodities for safer PAS use and sex that people wanted to receive were drug checking kits (82%), condoms (75%), lube (73%), sniffing straws and cards (61%), STI testing (51%) and HIV testing (50%).

The programme demonstrated feasibility of outreach through the involvement of target audience in online operational studies. This method can be utilised to reach out to other populations practicing behaviours associated with heightened risk of HIV or other harms associated with the use of PAS or high-risk sexual practices. Preventing transitions to injecting as well as sexual transmission of HIV associated with sexualised drug use.

DRUGSTORE, UKRAINE: DRUGSTORE FIELD STUDY OF PAS USE AMONG THE PARTICIPANTS OF ELECTRONIC MUSIC EVENTS

Studies are an important element of harm reduction programmes. Studies supply essential information on the drug scene, prevalent substances and patterns of use, associated risks and challenges, needs and services required by people who use PAS and the relevance and quality of provided services. Understanding the drug scene and the community of people who use PAS is the basis for the development of effective harm reduction programmes. The evidence collected through studies strengthens applications for funding, support of stakeholders and the general public, and policy development and advocacy efforts.

The Drugstore project integrated studies of the drug scene in the delivery of services. The data is collected both during the field work at electronic dance music festivals and online prior to provision of services such as counselling and postal delivery of harm reduction products. Based on the data collected from 1307 participants at 14 festivals during 2018-2021 the project prepared the first analysis of PAS use among the participants of electronic dance music events in Ukraine and looked at the effectiveness of the project's initial drug checking activities. The study was the first piece of research to examine the use of PAS at electronic dance music (EDM) events in Ukraine. It allowed to describe the recreational drug scene associated with Ukrainian EDM culture, better understand the profiles of EDM participants who use PAS, assess the uptake of harm reduction services including drug checking and investigate associations between drug checking and subsequent drug-related behaviour. Between 2018 and 2021, the proportion of participants who reported to have ever tested their drugs has increased from 2% to 26% (p < 0.001). Unexpected or inconclusive test results led to a significantly lower chances of drug consumption (p = 0.003)[23]. The study results informed further development of harm reduction interventions tailored to various subgroups of recreational PAS users taking into account gender-specific patterns of use suggested by cluster analysis.

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23 Kushakov, V., Dvoriak, V., Morozova, O., Azbel, L. and Sergienko, G. (2022), «Psychoactive substance use and drug checking practices among participants at electronic dance music events in Ukraine», Drugs, Habits and Social Policy, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/DHS-10-2022-0035

DRUGSTORE, UKRAINE: THE PARTYBOX

The PartyBox is a harm reduction kit designed for people who use PAS in recreational contexts. PartyBox has modern discreet packaging and can be carried without attracting unnecessary attention. The contents can be adjusted based on the individual needs of each client and normally consist of condoms and lube, drug checking reagents, cards and straws for safer intranasal use, optional HIV (HCV, HBV, Syphilis, COVID19) test, electrolytes (vitamins) and promotional products leading to Drugstore information and counselling resources and other services. The included video is a demonstration of the PartyBox and its essential parameters: *https://www.youtube.com/watch?v=teRqO7IBZW8.*

Created based on thorough consultations with the community, PartyBox enjoys growing popularity and is now available during field work at raves and festivals and through postal delivery.

Please note that distribution of any harm reduction commodities should be accompanied by clear explanations of their uses, the reasons for using as well as specific mechanisms of the reduction of harms. This is best provided through individualised counselling and advice based on the specific risks associated with the use of a particular substance. Utilisation of harm reduction products without in-depth understanding of their role in PAS use may create false sense of safety and expose the person to unexpected additional risks. E.g., drug checking is by far the most popular service among people who use PAS recreationally. However, not all drug checking methods provide equally reliable results. With the growing spectrum of new psychoactive substances and adulterations on the drug market, drug checking needs to be able to better identify greater number of substances. Simple drug checking instruments, such as colorimetric testing, may not identify all dangerous adulterants present in a tested sample. Collection of samples from clients for further laboratory testing with reliable technologies and individual communication of results is the best possible option. Where collection of samples from clients for drug checking is not yet possible, harm reduction programmes may provide colorimetric reagents on-site and guide clients in self-testing their substances, while ensuring that the limitations and potentials of these tests are well communicated. Simple distribution of colorimetric tests cannot replace professionally organised drug checking, and harm reduction organisations do need to engage in policy development and advocacy efforts required to enable the use of more reliable techniques in their countries. Home delivery of colorimetric reagents requires thorough communication work for the users to understand their limitations, possibility of false negative testing results and strategies to minimise errors.
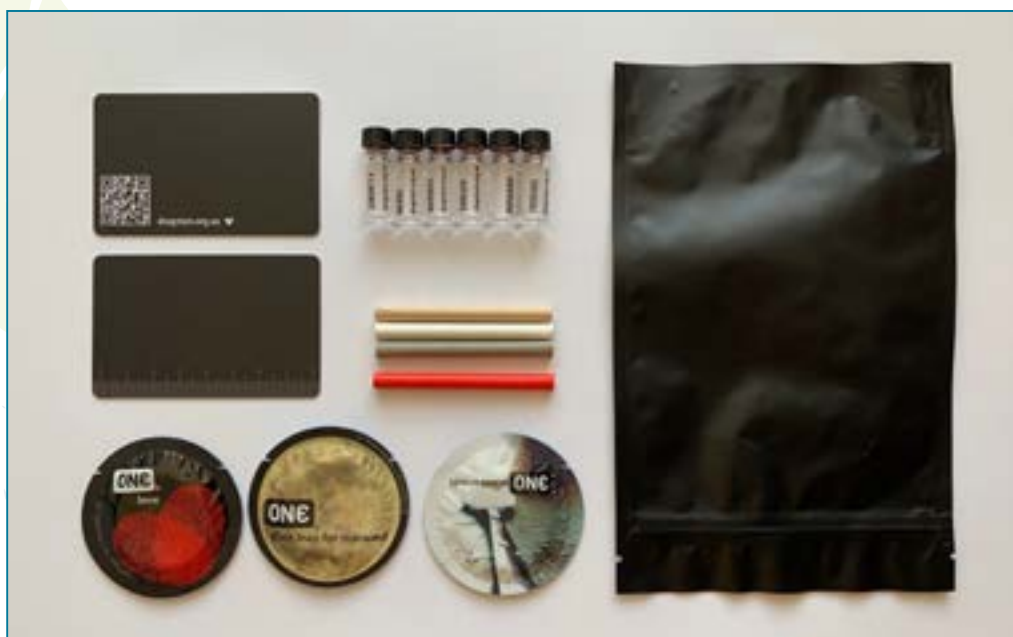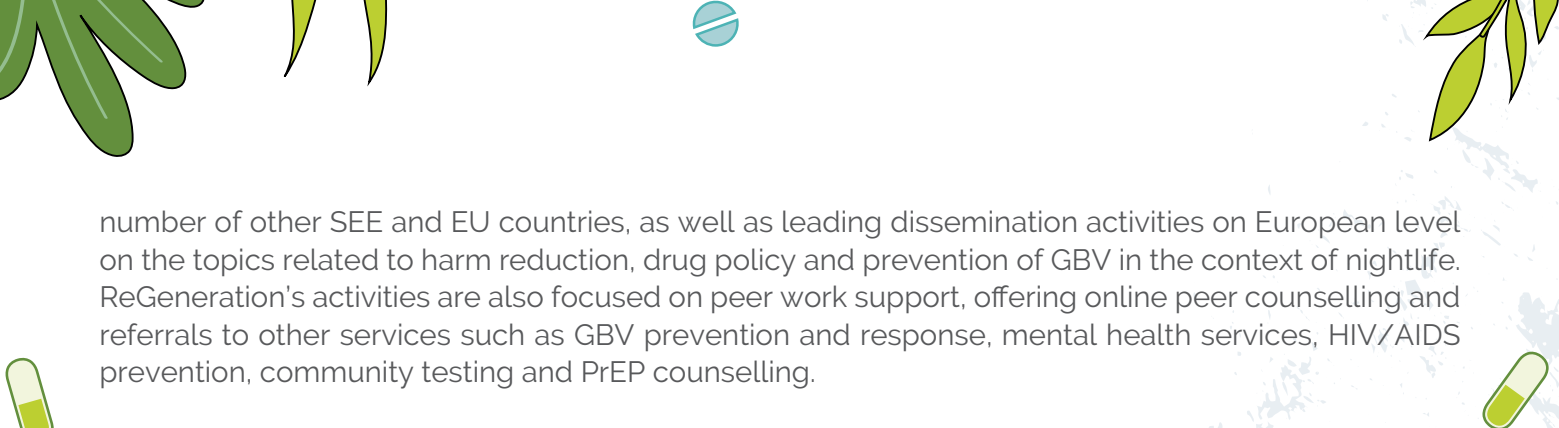
REGENERATION, SERBIA

BACKGROUND

NGO ReGeneration is an organisation from Belgrade, Serbia, that has been researching the relation between safety, youth and nightlife, on a national and international level, in addition to advocating for policy reform in the field of harm reduction in nightlife settings for over a decade. They have built close partnerships with national and international institutions and been included in the development of multiple national strategic documents relating to psychoactive substance use and working with marginalised populations.

ReGeneration has started their work in 2011. At that moment, harm reduction services were aimed at PWID. The founders of ReGeneration have noticed a discrepancy between existing services, and the needs of the community, seeing that there are no harm reduction services aimed at PWUD in recreational settings, and therefore decided to respond to identified community needs.

ReGeneration's work has been primarily oriented towards substance use in recreational settings and issues of safety and harm reduction in nightlife contexts. The team gained significant experience in fieldwork at parties and festivals for both research/data collection purposes and implementation harm reduction programmes and providing harm reduction services. They have experience working in both small-scale and large-scale events (parties and festivals) - from 400 to 30 000 visitors, and have also worked at several international festivals. The team members are highly skilled in community mobilisation and capacity building, particularly among harm reduction and nightlife professionals, and have been carrying out campaigns and community development activities not only in Serbia but in a

number of other SEE and EU countries, as well as leading dissemination activities on European level on the topics related to harm reduction, drug policy and prevention of GBV in the context of nightlife. ReGeneration's activities are also focused on peer work support, offering online peer counselling and referrals to other services such as GBV prevention and response, mental health services, HIV/AIDS prevention, community testing and PrEP counselling.

The organisation has been conducting HIV prevention activities in nightlife environments, and their staff are certified trainers on GBV and sexism prevention and response in nightlife, and have organised both national and regional trainings on this topic, for harm reduction professionals, venue owners, party goers, and nightlife staff.
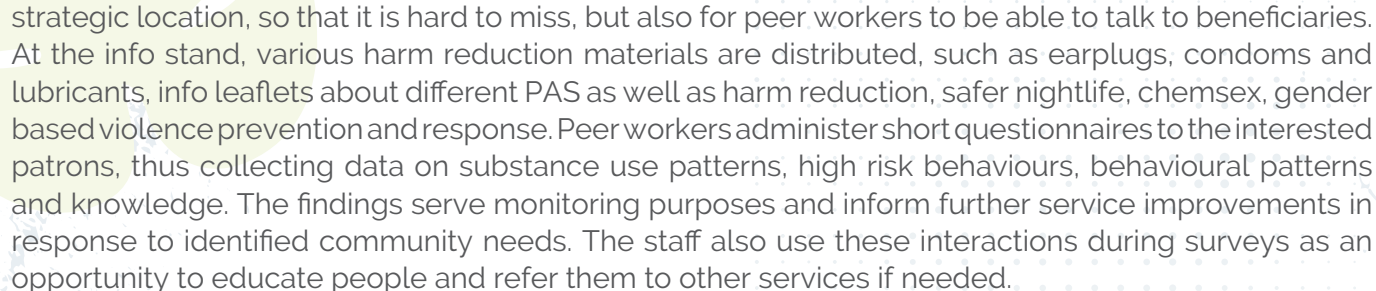
As one of a few organisations in Western Balkans dealing with these topics, ReGeneration was offers capacity building and community mobilisation trainings for other organisations in the region in order to help them either pilot new activities, or build their capacities.

Evidence based responses are key to any action, so ReGeneration team have been developing and implementing various studies and published the findings with practical guidelines, in order to offer tangible evidence for the required reforms.

TARGET POPULATION

Since the beginning, ReGeneration has been focused on working with youth at risk and PWUD in recreational settings. They are also working with LGBTIQ community, especially in regards to chemsex, that is gaining more momentum, not only on the global level, but in Serbia as well. Apart from this, the organisation is working with decision makers and various professionals, in order to reform drug policy, and raise capacities for working with at risk populations. When it comes to youth at risk and PWUD, they are reached through social media and web outreach activities, as well as during party and festival work. ReGeneration is recognised by the community, media, general public, governmental bodies and public health facilities as a reliable source of information and are often approached for educational activities and contributions to policy discussions.

TEAM STRUCTURE

ReGeneration employs multiple peer workers and educators, that have been trained in outreach work. Depending on the scale of event, team structure differs. For small events, an info stand is put up in a strategic location, so that it is hard to miss, but also for peer workers to be able to talk to beneficiaries. At the info stand, various harm reduction materials are distributed, such as earplugs, condoms and lubricants, info leaflets about different PAS as well as harm reduction, safer nightlife, chemsex, gender based violence prevention and response. Peer workers administer short questionnaires to the interested patrons, thus collecting data on substance use patterns, high risk behaviours, behavioural patterns and knowledge. The findings serve monitoring purposes and inform further service improvements in response to identified community needs. The staff also use these interactions during surveys as an opportunity to educate people and refer them to other services if needed.

Aside from this, there is also another part of the team, that is circling the party, making sure everyone is safe and comfortable, and if needed, responding to crisis situations. During this, they are also distributing info materials and party packs containing harm reduction products packed in small zip-lock bags, and navigating people to the info stand to learn more.

On large scale events such as festivals, the team is much bigger, and somewhat differently organised. We have three different groups – info stand team, outreach team, and PsyCare team. Usually, there is a rotation of the teams that takes place every two hours. At the location that serves as the main hub of the organisation, there is an info stand and a chill area. At the info stand, workers also collect information from patrons. The outreach team is circling the event, sharing information on harm reduction, navigating people to ReGeneration's hub, distributing water, and making sure people are feel safe and comfortable. If needed, the staff assist people to reach the PsyCare team and get the required support. There is also a chill zone, where people who need rest or are having an intense experience can relax, and obtain support from the team. The PsyCare team is taking care of anyone in need of support, and their location is always next to the Red Cross, as they are not equipped to provide medical assistance that is sometimes required. In case of a medical emergency, ambulance is called for a quick intervention.

DRUG POLICY AND CHALLENGES

ReGeneration has been advocating for policy reform in the field of harm reduction in nightlife settings for over a decade. They have built close partnerships with national and international institutions and been included in the development of multiple national strategic documents relating to psychoactive substance use and working with marginalised populations. At the moment, harm reduction in nightlife settings is not recognised in the national strategic documents, and this is something ReGeneration is currently working to address as they get involved in the design of the National programme for combating drugs 2023-2027. Drug checking services are not yet available in Serbia, and this significantly limits the scope of the work and services ReGeneration is able to provide. With the growing numbers of NPS on the market, drug checking services are key to further development of harm reduction, and overdose prevention.

USEFUL LINKS

Website: *www.regeneracija.org*

Facebook: *https://www.facebook.com/NVOReGeneration*

Instagram   *https://www.instagram.com/ngo_regeneration/*
                https://allmylinks.com/regeneracija

ASSOCIATION TERRA, CROATIA

BACKGROUND

Association Terra has been working in Rijeka, Croatia since 1998, and since 2000 has started needle exchange programme in order to respond to the rising number of HIV cases among people who inject drugs. They have drop-in centres, where clients can get sterile injection equipment, wash their clothes, shower, rest, get psychosocial support.

In 2018, after receiving capacity building training from NGO Re Generation from Serbia, they have piloted a new programme focusing on harm reduction in recreational settings, called Tripsitters Rijeka. Following the training, they have, in cooperation with one festival, conducted a needs assessment study in order to better understand the needs of the community, behavioural and drug use patterns, so they could shape their programme accordingly.

After the initial mapping of the possible venues and spaces, trial and error, Tripsitters' team has decided to focus their outreach activities on gathering spaces and festival chill zones, as these provide more opportunities for conversation, education and prevention, than the actual parties, due to the large number of interfering factors such as crowdedness and noise.

TARGET POPULATION

Working closely with people who use drugs in recreational (nightlife) settings has been made possible through direct contact with them – by circulating nightclubs, parties, and gathering spaces, and during the summer – festivals.

As the COVID19 pandemic started not that long after piloting their services – Tripsitters switched to social media platforms – Facebook and Instagram, and afterwards also TikTok in order to reach more youth. Their social media accounts have since then, gained large following, contributing to their visibility and reach, and has helped them gain trust from the target population.

Thanks to the social networks, Trippsiters are today recognised by their target group – youth – as a relevant information source.

TEAM COMPOSITION

Due to the limited funding available for harm reduction work in recreational settings, the Tripsitters' can only afford two employees and heavily rely on volunteers for delivering their services. At the moment, they have 6 active volunteers who are 16 – 18 years old, so they are an integral part of peer education, especially during nightlife outreach and festivals. When working on festivals, the team is comprised of 5 people responsible for distributing information about effects and risks of drug use, harm reduction materials, data collection, and peer education. One of the interesting activities Trippsiters' do during outreach, is a form of community talks, where they discuss with partygoers various topics such as drugs, safety and sexually transmitted infections. These conversations are filmed and posted on social media, offering a very unique way of peer education. During the festivals, the team is mostly focused on the camping sites and chill zones, as these have shown themselves to be a better space for prevention, education and conversation, as people are more willing to talk and ask questions.

DRUG POLICY AND CHALLENGES

When it comes to drug policy, harm reduction is recognised primarily in terms of HIV prevention, but as the members of Terra Association have underlined, harm reduction in nightlife settings is also recognised, but only on Municipal level. Gaining the trust of the young people remains a significant challenge, as harm reduction services in nightlife are still very new. Drug checking availability remains a big issue, as this service is not yet legal. A notable positive change though is the recent decriminalisation of possession of small amounts of drugs for personal use in Croatia. Continuing the work on harm reduction services and educating people on safer drug use remains challenging, as there is still no way for users to know what they're actually taking. Lastly, these services are not funded by the government, and that makes it harder for the programme to operate on a larger scale, engage more people, and cover more festivals.

USEFUL LINKS

Website: *https://www.udrugaterra.hr/en/*

Facebook: *https://www.facebook.com/udruga.terra/*
                https://www.facebook.com/profile.php?id=100063496659486

Instagram: *https://www.instagram.com/tripsitters_rijeka/*

TikTok: *https://www.tiktok.com/@tripsitters_rijeka*

LINK AND JUVENTAS, MONTENEGRO

BACKGROUND

In Montenegro, NGO Juventas and Montenegro Harm Reduction Network Link are making joint efforts in piloting harm reduction services in nightlife settings in order to raise awareness among partygoers, provide support, and refer to other services if needed.

NGO Juventas started their work back in 1996, as a youth organisation, with TV and radio output, and magazine. Since 2006 they have started focusing on marginalised people and groups at risk of social exclusion, such as Roma, LGBTIQ, prisoners, former prisoners, sex workers, and people who use drugs. Since 2015, Montenegro Harm Reduction Network Link has been dedicated to active support for people who use or have used drugs, primarily through reducing health, social and legal risks connected with drug use, as well as prevention of social exclusion. Both organisations have been closely working together, providing sterile needles and syringes, offering legal and psychosocial support, and organising various medical activities, primarily focused on voluntary confidential counselling and testing in their drop-in centres. In 2022 they have once again joined their forces in order to pilot nightlife harm reduction activities, as this has never been done in Montenegro, but there is an evident need for these programmes. So far, the organisations have been directly working with partygoers and community organisers in shaping their services, as well as providing information, supplements, water, condoms and lubricants at the events. This opportunity is also used to refer people to other services these organisations offer, in order to address larger spectrum of needs. On the other hand, they are also hoping that the development of new strategy for combating drugs in the country will provide more space and opportunities to offer their inputs and work on shaping new policies, recognising harm reduction in nightlife settings, and possibly opening up a way towards drug checking services in cooperation with the government.

TARGET POPULATION

As both organisations are working with people who use drugs (mostly people who inject drugs), broadening the scope of their services in order to establish new programmes and include more youth, based on the needs of the community, has been a logical step. Partygoers and event organisers have been directly included in shaping these services in order to make sure they are efficient and responding to the actual needs of the community.

The community is reached primarily through outreach work, drop-in centres, and social media making a full circle – from providing information to service provision, whether in the field, or in their drop-in facilities.

TEAM COMPOSITION

It is worth noting that summer music festivals in Montenegro are on an everlasting rise, but as nightlife outreach has been piloted after the festival season, their activities have been only focused on night clubs. During their nightlife outreach, the two organisations have an info stand strategically placed in order to be visible and accessible. At the info stand, partygoers can get free water, vitamins and supplements from the team of outreach and peer workers. Team structure depends on the scale of the event in terms of the number of team members, but there is always someone at the info stand, providing information on harm reduction, and promotion of their other services such as community testing, psychosocial support, mutual support groups for youth at risk of drug use, or those who already use drugs in recreational settings, and referral to these. There are also team members responsible for distributing water, vitamins and supplements, checking if everyone is safe and comfortable, providing onsite support, and contacting emergency medical aid services, if needed.

DRUG POLICY AND CHALLENGES

In Montenegro, National strategy for combating drugs has expired in 2020, and it did recognise harm reduction services, but in relation to using drugs by injection. As new strategy is being developed, members of Juventas and Link will be able to influence it, and push for the recognition of harm reduction services in nightlife settings, broadening the strategic aims to better respond to the current situation in the country, and broadening the scope of services not only focused on people who inject drugs, use opioids, and are at risk of HIV/Hepatitis. The organisations also plan to advocate for closer cooperation among service providers and Municipalities, in order to issue alerts if any potentially harmful adulterate has been found in some substance. As drug checking services still aren't available in Montenegro, this is still hard, but is one of the advocacy focuses. Apart from strategic challenges they face, the question of donor policies is still present – to what extent, if any, donors are open to changing their policies in order to help service providers in responding to the actual needs of target groups.

USEFUL LINKS

Website: *https://juventas.me/en/*
Instagram: *https://www.instagram.com/nvo.juventas/*
Facebook: *https://www.facebook.com/profile.php?id=100081517601452*
Juventas: *https://www.facebook.com/nvo.juventas.3*