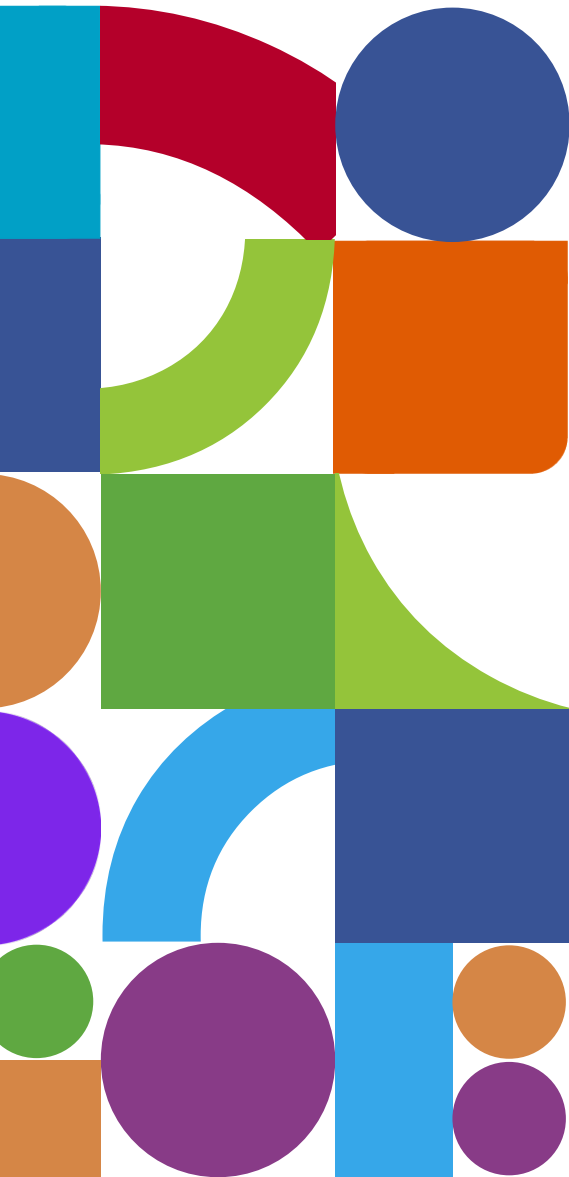


Correlation - the first twenty years

Correlation

 European Harm
Reduction Network

Colophon



Titel Correlation - the first twenty years
Text compilation, interviews: Eberhard Schatz
Review: Katrin Schiffer
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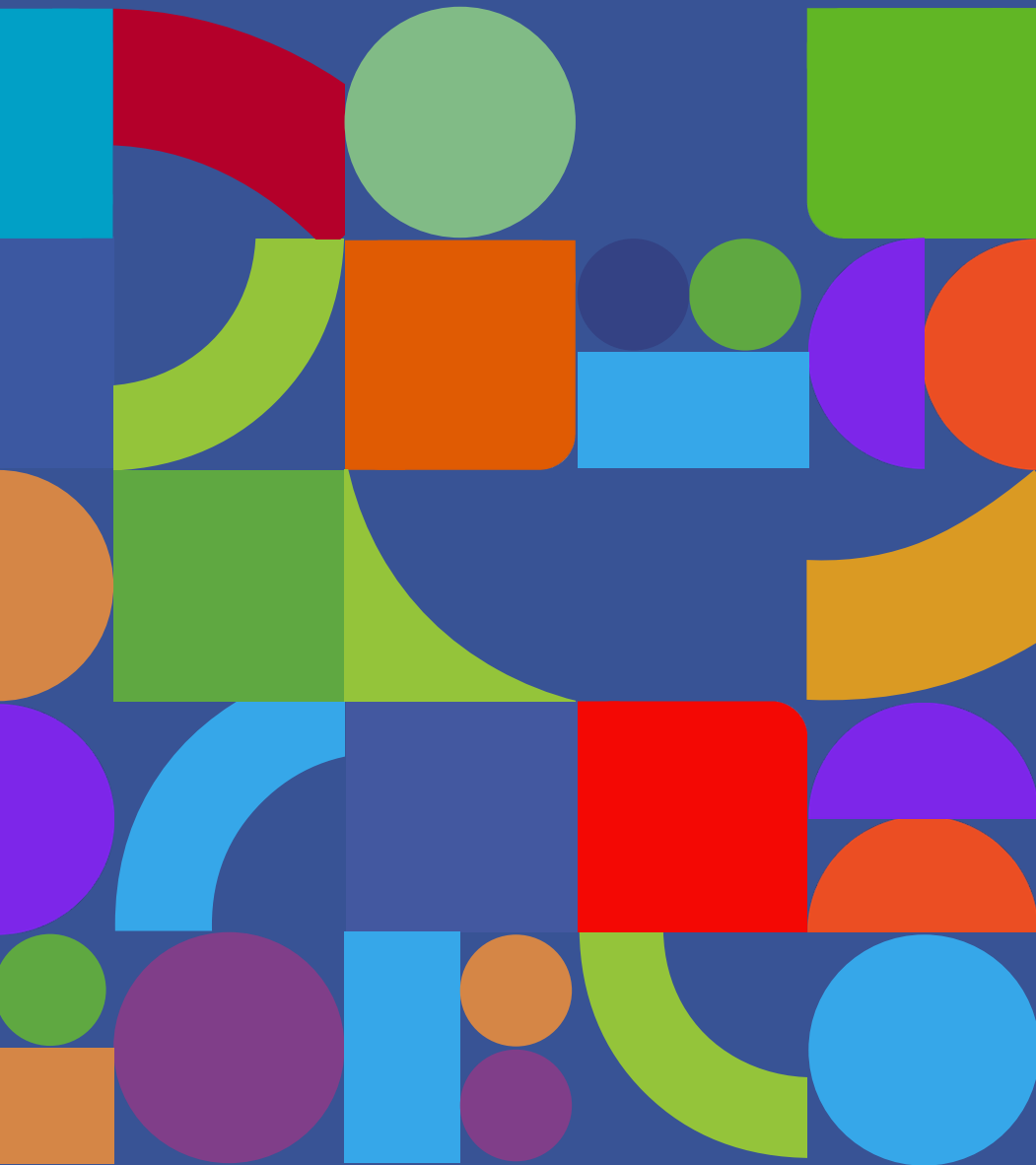
Correlation
European Harm
Reduction Network



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Foreword





This publication provides an overview of more than two decades of international activities by the Rainbow Foundation, focusing on the development of a European network dedicated to social inclusion, health, and harm reduction. This journey would not have been possible without the support of the European Commission and its various funding programmes, as well as the dedication of hundreds of colleagues, partners, experts, activists, and institutions across Europe.

The paper offers a snapshot of what has been achieved and highlights a selection of the people and institutions we have collaborated with—far too many to list comprehensively. They represent the diverse perspectives, experiences, professions, regions, and insights across the European continent, without any pretence of completeness.

For us, this period has been characterised by relentless work, collaboration, setbacks, and successes, all in the pursuit of a more humane and inclusive approach to drug policy and practice. We hope that these documented efforts contribute, even in a small way, to advancing this shared goal.

Hans Wijnands,
Director, De Regenboog Groep

Alkmaar

Eberhard Schatz

THAT'S ME

Living in Alkmaar, the Netherlands, I was born in 1955.

I have been happily married for a very long time and we have two adult boys.

My favourite music has evolved over the years. From the early days, I loved The Doors and this kind of music, also Jazz, and nowadays, I enjoy Radiohead, electronic music, and even some hip hop. I have a difficult relationship with classical music honestly.

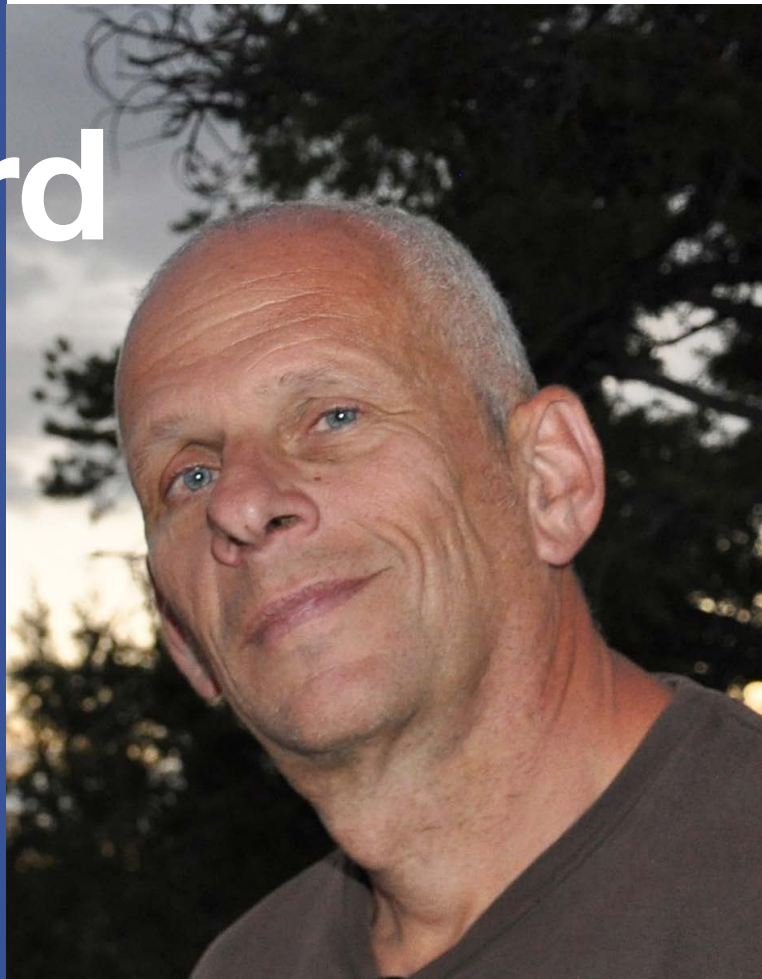
Choosing a favourite actor is difficult, but if I must mention one, Jack Nicholson stands out with a couple of memorable roles.

I've had good learning experiences with the books of Harari, describing "Homo Sapiens" and "Homo Deus." In terms of literature, I love the German writer Stephan Zweig.

With a 3-week period of free time, I would like to go on a sailing tour.

My favourite sports include bicycling, hiking and watching football.

We travel a lot, currently with a campervan through Europe, but we still need to visit Japan, Hawaii, Colombia, and more far away places.



I began my professional career in Germany as a drug counsellor back in the 1980s after studying social work. It was intriguing at first, but eventually became frustrating because the only options available for those seeking help were clinical detoxification and therapy in intense 18 month drug-free therapeutic communities like Daytop. Many drug users were pushed into this kind of programme as an alternative to prison, which I found to be a flawed concept. Thankfully, the growing HIV epidemic prompted a shift in mindset among decision-makers, leading to the implementation of methadone and harm reduction programmes in Germany.

Being aware of an organisation in Amsterdam called AMOC, which later merged with the Regenboog Foundation, I transitioned to work there moving with my family to a little village close to Amsterdam. This new role involved counselling, streetwork and assisting individuals who wanted to return back to their home countries, after living a while in Amsterdam. Unfortunately, this group faced significant challenges as they had limited access to medical and social support. To address this, we began establishing connections abroad for knowledge sharing and mutual support for people from different countries. This led to the organisation of European projects and finally the establishment of Correlation.



Together with Katrin, we started this European work from scratch and it was a lot of learning-by-doing to build up and maintain numerous projects and the network. We always felt supported by our host organisation - first AMOC/DHV, later De Regenboog Foundation - as it is relatively unique that actually a local service provider hosts, supports and maintains European work to such an extent and over such a long period of time.



Additionally, it is a fact that without the financial support from various European Programmes and the guidance provided by many EU officers over the years, none of what is described in this publication would have been possible. At the same time, it should and has to be a task of European institutions to support civil society work at the European level and I am sure that we contributed to more mutual understanding and integration in the area in which we work.



Among many others, three themes stand out for me during these more than two decades of working in this setting:
Firstly, our commitment to involving people who use drugs in all aspects of our work. I recall a significant meeting in Torino, Italy, in the early '00's where we gathered activists

and peers from across Europe for the first time to discuss challenges and opportunities. This process faced ups and downs, but from then on we moved on to establish collaboration with the community meaningfully.

My second highlight is our involvement in the Civil Society Forum on Drugs, hosted by the European Commission's Justice Directorate. I vividly remember attending the inaugural event in Brussels in 2007 where Correlation was selected to join the Forum. In those days, the ideological frictions between prohibitionists and harm reduction representatives were immense and the poor staff of the Commission tried to find a workout to make the Forum somewhat effective. I was the Chair of the Forum for some years, an unforgettable experience.

Another milestone in my work in Correlation was the focus on hepatitis C prevention and care. Although we addressed the issue before, we started to prioritise the work including access to treatment from 2014 onwards. We organised trainings, seminars, and HCV Community Summits to highlight the crucial role of the community and harm reduction workers in combating hepatitis C. With the



introduction of the new treatment options, the possibility of eliminating hepatitis C became a realistic option. Collaborating with various groups outside the harm reduction sphere, including researchers, medical professionals, and patient organisations, was immensely rewarding and impactful work to me.

Reflecting on the past 20 years, during which Correlation was developed, I have always considered it a privilege to collaborate with so many incredible individuals and organisations across Europe. Only a few of them are represented in this paper. Especially meaningful has been the opportunity to work throughout this entire period with my colleague and friend, Katrin, in such a pleasant and joyful manner. It still feels like a miracle to me that all of this happened.

Amsterdam

Katrin Schiffer

THAT'S ME

I was born in Germany and began my studies in social work in the southern part of the country. For the past 30 years, I have called Amsterdam home, a city where I have spent more than half of my life. Here, I raised two wonderful children, who are now pursuing their own studies. Last year, I remarried. My husband lives in Germany, allowing me to enjoy the best of both countries, which feels perfect for us at this stage in life.

My favourite music: I like all different sorts of music. Big fan of the 80ies, which always makes me a bit melancholic

My favourite actor: I like many but Mads Mikkelsen is definitely one of my favourites.

One of my favourite books, which I have read several times is Colometa from Mercé Rodoreda.

Favourite sport (active or passive):
Tennis



What would you do with 3 weeks of free time: Travel to a sunny place and do NOTHING, except some reading.

Destinations you would like to visit and have never been before: I haven't been to many places, which are worthwhile to visit, and I could think of. On my bucket list of preferred travel destinations is New York. Would love to go there once.



In 1994, I moved to Amsterdam for an internship at AMOC's Drop-In centre, which is now part of De Regenboog Groep. From the moment I arrived, I fell in love with the city and knew I wanted to stay. I was equally passionate about my work at AMOC.



After completing my studies, finding a job was challenging, so I took on multiple roles to support myself. I worked as a cleaner at AMOC and other companies while volunteering at a drop-in center for street sex workers in Amsterdam. I also participated in various short-term projects with different organizations. Finally, in 1996, I was hired as a Social and Outreach Worker for male sex workers at AMOC.

Amsterdam at that time was very different from today. The city had a relatively open drug scene, street sex work was common, and there was a significant population of German and other European drug users who were often denied access to health and social services. The city



implemented a “discouragement policy” to combat its reputation as a drug haven, but this approach backfired, exacerbating the health and social challenges faced by non-Dutch residents.

My new role as a Social and Outreach Worker for male sex workers was both exciting and challenging. At that time,

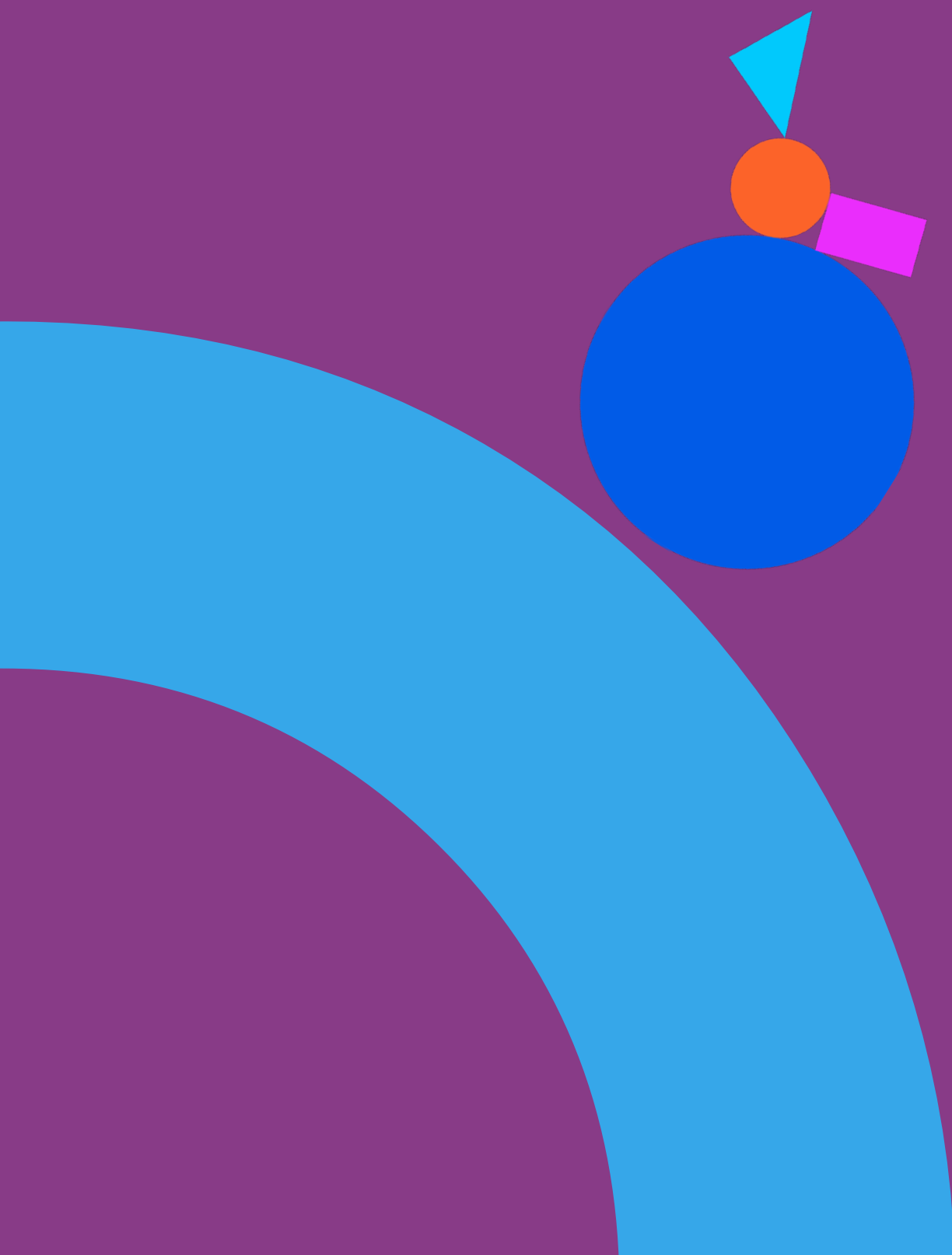
approximately 250 to 300 non-Dutch male sex workers were living in Amsterdam, coming from countries like Germany, Poland, Romania, Czechia, and others. Our outreach work took us to the streets, bars, and clubs, where we provided support and counselling. We established a drop-in centre for male sex workers in the evenings and carried out HIV/AIDS and STI prevention activities.

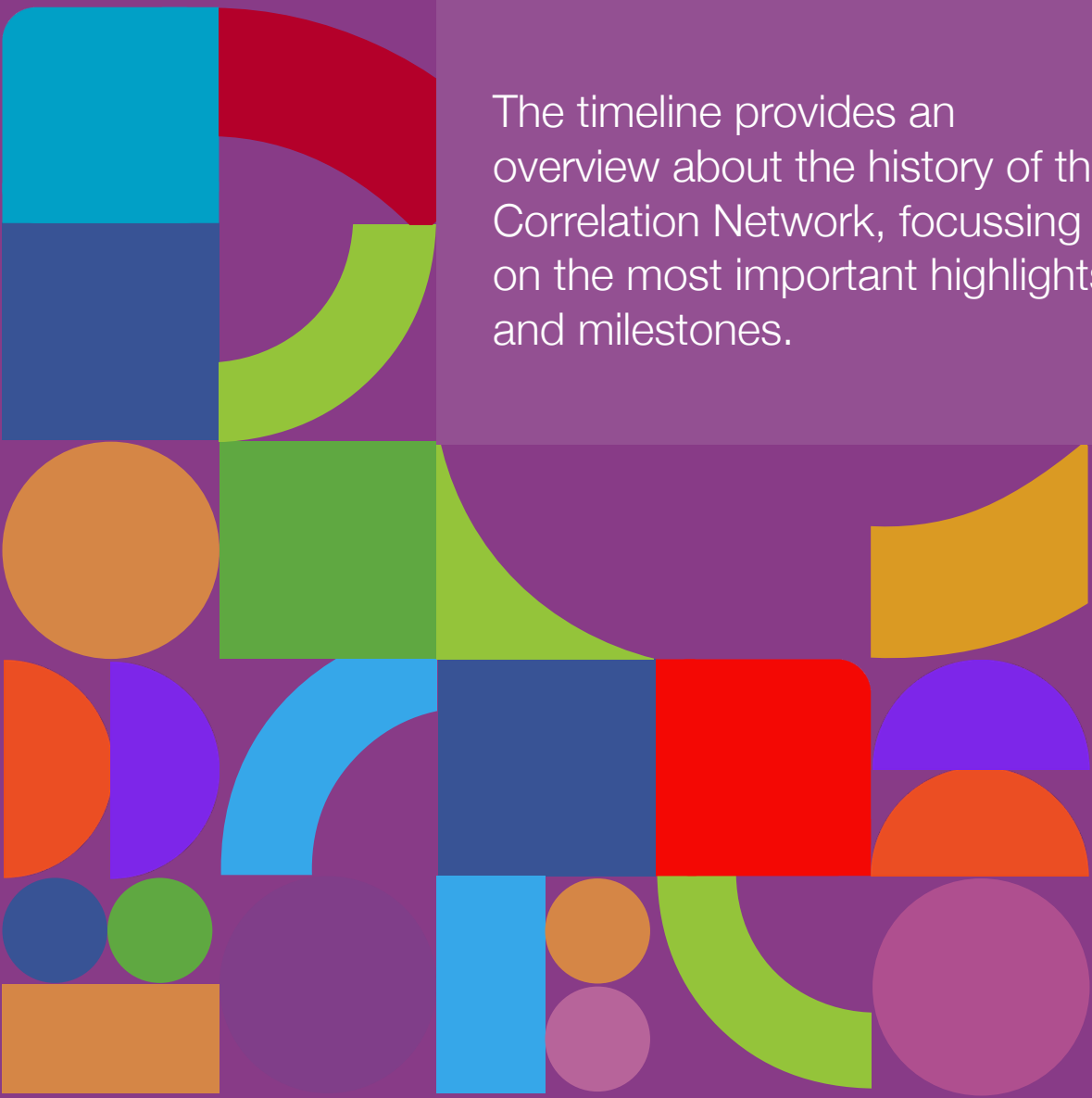
In 1997, we began coordinating our first EU projects: The ENMP, addressing the specific needs of male sex workers in Europe, and AC Company, focusing on mobile drug users across the continent. This marked the beginning of our work at the EU level. In 2004, Eberhard and I launched the Correlation Network, addressing the needs of people disproportionately affected by stigma and discrimination and lacking access to social and health services. Our network activities focused on various target groups, including people who use drugs, sex workers, migrants, and those experiencing homelessness.



Looking back, I am both grateful and proud of what we have achieved over the past 20 years. Our network has grown, drawing on the knowledge, experience, and commitment of our 360 members and 45 Focal Points. We have organised numerous events, conferences, and activities in cooperation with our members, partners, and the wonderful C-EHRN team. My dear colleague and friend, Eberhard, worked with me for 20 years, and I am grateful for the incredible journey we shared. I am proud of the C-EHRN team, which has worked hard in the past years to keep things going. The harm reduction community is amazing, powerful and inspiring. I feel privileged to have had the opportunity to meet so many wonderful colleagues, friends, and allies from across Europe, and to learn from each of you. Thanks for your unwavering support, commitment, and friendship over the years!

Timeline





The timeline provides an overview about the history of the Correlation Network, focussing on the most important highlights and milestones.

1979 - 2004

How it began

With the onset of the hippie movement in the mid-1960s, the mobility of young people, who were seeking new ways of life and also experimenting with drugs, increased. This posed new demands on society, the state, the police, and the legislative authority. Different countries dealt with this phenomenon in various ways, and it was these differences in handling the new situation that facilitated the mobility of young drug users. Amsterdam developed into a kind of Mecca for youth and became a refuge for German drug users, where initially the “push & pull” factors balanced each other out. Attracted by both the liberal climate of the city and the aforementioned circumstances, the “push factors” also played a significant role in prompting individuals to leave their country: family and personal problems (often associated with dependence), debts, and especially criminal prosecution were important reasons for emigration.

Amsterdam Ecumenical Center (AMOC)

Under these circumstances, AMOC was founded in 1979 to support the “Deutscher Hilfsverein”, which had been active in Amsterdam for decades. Ingeborg Schlusemann was the director until the organisation merged with De Regenboog Group in 2005. In the early years, AMOC, funded by donations from the Catholic and Evangelical churches, quickly became the main point of contact for German-speaking drug users. The Municipal Health Service of Amsterdam organised medical consultation hours to provide basic medical support to drug users and if possible methadone treatment.



Due to the discouragement policy pursued by the municipality of Amsterdam, the problem intensified from 1984 onwards. The police took more rigorous action (deportations, arrests), trying to make life as difficult as possible for foreign drug dependent people. This had an effect on the situation and living conditions of people who use drugs who spent the night in parks, derelict buildings, and under bridges, often completely neglected, in poor health due to lack of hygiene and poor nutrition. On the other hand, begging, street music, etc., helped some to make ends meet and engage in trade with thousands of drug tourists. Only a few managed

to integrate, build relationships, or become legal through work. Returning to their home country was not an option for many: they faced multiple-year prison sentences, forced placement, debts, and disrupted personal circumstances. Furthermore, offers and opportunities for those returning were limited. Since many had lived heavily using on the streets for years, the fear of withdrawal (cold turkey) and undergoing therapy in a therapeutic institution was significant, to the extent that they often preferred street life as an unwanted foreigner.

AMOC provided support in any case. If people decided to return to their country, AMOC arranged a relatively smooth return, by reestablishing contact with family and friends and acted as mediator, contacted judges, treatment locations, arranging associated cost coverage, and clarifying the legal situation of the client - these are necessary steps to be taken when repatriation is involved.

However, in the 1980s, there was often a lack of adequate offerings tailored to the needs of the client. Methadone substitution, long-term housing projects, and low-threshold contact points were either nonexistent or insufficient.



Expanded target groups

From the early 1990s, some significant changes occurred regarding the visitor group of AMOC. The number of German drug users decreased, mainly because the German drug policy and the related services improved. At the same time, Amsterdam became a place for drug users and sex workers from other European countries. AMOC provides support and became THE place for drug users and male sex workers from all over Europe, providing basic support (including the “Teestube”, showers, clothing, psychosocial

support, legal advice, and referrals for medical treatment). To meet the needs of the different nationalities and to allow the best possible quality of services, AMOC started to establish a cooperation network with drug services throughout Europe.



Intensive cooperation started with Italy and the UK in 1996, offering the participating partners to exchange information and support clients who wanted to return from Amsterdam to their home country with support and treatment options. An exchange programme with Italian harm reduction workers was established to provide them with knowledge, experience and allow counselling and support in the Italian language.

At the same time, AMOC started to work with male sex workers from different European countries. Male sex workers came from all over Europe, including Romania, Poland and Czechia. The male sex work team established contacts and built trust through extensive outreach work on the streets, in bars and clubs. Three times a week an evening drop-in only for male sex workers offered the opportunity for support, counselling and basic services. HIV and STI prevention activities were organised in close cooperation with the Municipal Health Service.

European Projects

In 1997, the AMOC/DHV launched European Network Male Prostitution (ENMP), supported by the European Commission and the Dutch Aids Fund. The network consisted of agencies in 25 different organisations, all engaged in the field of male sex work and was coordinated by Katrin Schiffer. The ENMP stimulated, developed and improved proper health and social services, contributing to the needs and

well-being of male sex workers. It intended to bridge the gap between the needs of male sex workers and the services, provided by agencies, active in the field of HIV/STI prevention and health promotion. It provided support and advice to policy makers and service providers. The network organised numerous events, conferences and training workshops, developed guidance documents and contributed to policy discussions, advocating for the rights of (male) sex workers.



e n m p ★ EUROPEAN
★ NETWORK
★ MALE
★ PROSTITUTION

In 1998 AMOC/DHV launched the European Network for mobile drug users - AC COMPANY, supported by the European Commission and the Dutch Ministry of Health. The network consisted of agencies in 25 European countries, all engaged in the field of drug use services and was coordinated by Eberhard Schatz. Jan Visser, director of a sex worker interest organisation and involved in the European Network for HIV/STD Prevention in Prostitution (Europap) contributed significantly to the establishment of the project.



AC COMPANY did research in the background and the effects of mobility and drug use as they occur in border areas, between countries, in cases of migration and with regard to new drugs. The project developed practice-oriented information for transnational co-operation and stimulated the exchange of experiences.

2005 - 2011

2005:
Expert meeting
Egmond aan Zee,
Netherlands

2006:
Expert
meeting
Krakow

2007:
Final conference
Sofia

Correlation I - European Network Social inclusion and Health 2005 - 2008

In 2004, recognising shared characteristics and challenges, both specific target networks - ENMP and AC Company - joined forces with the aim of addressing social inclusion and health issues.

Consequently, in May 2005, AMOC/DHV launched the European network Correlation (www.correlation-net.org) with financial backing from the European Commission. Many contacts from the former networks transitioned to Correlation, allowing for the adoption of certain aspects of the previous working plans within the new framework.

The main assumption of the network concept was the fact that many persons in the EU do not have access to basic health and social services. This poses a threat to their own health and well-being and to public health in general. They live permanently or temporarily outside mainstream society, because they belong to a stigmatised group (ethnic minorities, sex workers), engaged in unaccepted risk behaviour (drug users) or find themselves in risk situations (youngsters experimenting with party drugs), in which they cannot appeal to the protecting safety structures of mainstream society. They cannot be identified as one group or category of people, but they share a combination of the following characteristics: homelessness, stigmatised (risk) behaviour, low social economic status, social exclusion, illegal judicial status, mobility, migration, or are part of an ethnic minority group. Many of them are involved in drug use and sex work.



Therefore, the network connected various initiatives, not focusing solely on specific groups or situations, but rather on the overarching theme of marginalisation and exclusion. The primary objective was to enhance access to services. Partners within the network were selected for their diverse backgrounds and activities, including National Health Institutes, Research Institutes, grassroots organizations, service providers, and self-organizations of service users.

The funding



The Rainbow Group has consistently served as the backbone of our funding, maintaining essential support for general administrative tasks, financial management, office infrastructure, and necessary supplies. During periods of financial shortfall for the network and its projects, the Rainbow Group has stepped in to bridge these gaps.

The primary funding for implementing network activities has typically come from various European Commission programmes, notably the Health Programme of DG Health and the Justice Programme of DG Justice. Additionally, during the initial decade of our operations (2000 - 2010), we secured funding from the Dutch Ministry of Health and the Open Society Foundation, specifically to facilitate the involvement of organisations from Eastern Europe. Since 2013, we have diversified our funding sources to include contributions from the pharmaceutical industry, particularly for initiatives related to hepatitis C.

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Practically, Correlation I was divided into four distinct streams - research, policy debate, methodology, hard-to-reach-groups - each catering to different expert groups. Each stream and its associated expert groups were interconnected to foster mutual discussion, enhance outcomes, and pursue common goals. All streams and expert groups intended to strive for optimal involvement of service users since the overarching aim of "making services accessible" necessitates consultation and participation from the target group. This entails collaborative efforts between service providers and service users to assess the effectiveness and feasibility of various activities and implementations.

Highlights in this first period were **the expert meetings we organised in Egmond aan Zee, the Netherlands in 2005, in Krakow, Poland in 2006 and the final conference of the first Correlation period in Sofia, Bulgaria in 2007.**

2009:
Expert meeting
Amsterdam

2010:
Expert meeting
Porto

2010:
Peer support/
outreach seminar
Prague

2011:
Final conference
Ljubljana,
Slovenia

Main publications in this period were:

- Data-collection Protocol for Specialist Harm Reduction Agencies
- Outreach work among marginalised populations in Europe
- Practical guidelines for delivering health services to sex workers
- Migration, marginalisation and access to health and social services
- Empowerment and self-organisation of drug users
- Ten golden rules - e-Health strategies

Correlation II - European Network Social Inclusion & Health 2009 - 2011

Correlation continued its activities for a 3 years period, starting in April 2009 again due of a grant by the European Commission Health programme. Meanwhile the overall aim of Correlation II remained the same (to tackle health inequalities, and to improve prevention, care and treatment services) , but greater emphasis was given to targeting blood borne infectious diseases, in particular HIV/AIDS and Hepatitis C among vulnerable and high risk populations (e.g. drug users, young people at risk, sex workers).

The work was organised in five work packages:

- Outreach / Early Intervention - coordinated by Anniken Sand, City of Oslo Agency for Alcohol and Drug Addiction Services
- E-Health - coordinated by Pierre Vriens, Municipal Public Health Service Rotterdam-Rijnmond
- Peer Support - coordinated by Franz Trautmann and John Peter Kools, Trimbos Institute
- Hepatitis C - coordinated by Dasha Ocheret, Eurasian Harm Reduction Network
- HIV/AIDS and Policy - coordinated by Koen Block, European AIDS Treatment Group

The evaluation of activities was carried out by Richard Braam, Centrum voor Verslavingsonderzoek. Other main partners were Berne Stralenkrantz, Svenska Brukarföreningen, Fabrice Olivet, ASUD, Astrid Leicht, Fixpunkt, and Xavier Major from the Catalonian Health Service. More than 70 collaborating partners joined the expert groups.

Highlights of this period were the expert meetings in Amsterdam 2009 and Porto in 2010, organised by our partner organisation APDES. Beside a couple of workshops (hepatitis, ehealth), a large **peer support/outreach seminar was organised in 2010 in Prague**, bringing together 150 community members, peer supporters and outreach workers.

In the same year, a **HIV/AIDS policy meeting** was organised in the EU Parliament in Brussels. Participants got an introduction to EU policy making and discussed how HIV/AIDS relevant policies impact (or not) their daily work. During a session in the European Parliament, MEP's, representatives of the European Commission, ECDC, UNAIDS and a couple of national Aids coordinators gave their vision on political leadership in the HIV/AIDS response. The Correlation policy recommendations were presented. On the last day, participants discussed opportunities 'from recommendations to action'.

In 2011, the final conference of this project period was organised in Ljubljana, Slovenia with more than 250 participants.

Main publications in this period were:

- Key messages Hepatitis C
- Hepatitis C - transmission and injecting drug use
- Evaluation - an introduction for grass-root organisations
- Greater meaningful involvement in 7 key principles and 13 examples of good practice' (including a separate website)
- Working with young people at risk - a practical manual

See annex for more information about events and publications.

2012 - 2018

2012:
First European
Harm Reduction
Conference
Marseille

2014:
Second European
Harm Reduction
Conference
Basel

2014:
Hepatitis C
Initiative
Conference
Berlin

In the years to follow, Correlation did not receive funding from any EU programme for the maintenance of the network as such. The Rainbow Foundation ensured the basic requirements such as staff costs, an office and administrative facilities but to keep the network on air, we organised numerous thematical projects, mostly based on calls launched by the European Commission DG Justice programme, specifically aimed to foster certain priorities of the EU Justice Drug Strategy and work plans. Other funding came from nationally launched calls of the Erasmus + programme.

During 2012 - 2014, Correlation was one of the partners of the EU-funded project 'European Harm Reduction Network', which was coordinated by Harm Reduction International. This project organised the first European Harm Reduction Conference in Marseille, France and the second conference in Basel, Switzerland. Although it was clear that there was a clear need for such a network the network was not maintained after the project was completed.



Highlights in this period

1. The Civil Society Forum on Drugs

The Civil Society Forum on Drugs (CSFD) is an expert group to the European Commission. Its membership comprises 45 civil society organisations coming from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields. Its purpose is to provide a broad platform for a structured dialogue between the Commission and European civil society which supports drug policy formulation and implementation through practical advice. The momentum for the CSFD's formation can be traced back to the Green Paper on the Role of Civil Society in Drugs Policy in the European Union (EU Green Paper Reference).

Overall, the CSFD is governed by a core group, comprising the four Chairs of the working groups, along with a Chair and Vice-Chair of the forum itself, again elected by the members of the forum at the plenary.

Correlation has been a member of the Forum since the very beginning. Eberhard chaired the forum in its first three years. Katrin has been a core group member of the forum since 2017 and functions as acting chair and has run the Secre-

tariat since 2023. During this period, we contributed actively to the development of the EU Drug Strategy (2017-2020 and 2021-2025), advocating for the development of a balanced and humane EU drug policy based on the needs of people who use drugs.

In 2016, Correlation coordinated the EU-funded Civil Society Involvement in Drug Policy Project (CSIDP), which significantly contributed to the efforts of the CSFD and established close cooperation with the EU Civil Society Forum on HIV/AIDS, viral hepatitis and tuberculosis (CSF). The project carried out an assessment on the level and quality of meaningful civil society involvement in EU countries, prepared a roadmap for meaningful involvement and prepared national action plans in five different countries.

Mission Statement

The Civil Society Forum on Drugs will serve as a platform for informal exchanges of views and information between the Commission and civil society organisations in the EU, candidate countries and, as appropriate, European Neighbourhood Policy countries.

The aim is to increase informal consultation and the input of civil society on drug-related activities, policy proposals, policy implementation and priorities of the EU Drugs Strategy and the EU Action Plan on Drugs.

In 2018, we organised a Civil society conference in the premises of the EU in Brussel in cooperation with the European Commission, the CSFD and the CSF on HIV/AIDS.

Partners of the project included: The Centre for Interdisciplinary Addiction Research of the Hamburg University (ZIS), (Portugal), Ana Liffey (Ireland), Droghe Forum (Italy), Lila (Italy), Initiative of Health (Bulgaria) and UTRIP (Slovenia).

From 2018 until 2022, the EU supported two projects, directly linked to increase the impact of the CSFD. Due to this funding, the CSFD could develop and implement numerous activities, including research to assess the implementation of the EU Drug Strategy in EU countries, the development of quality standards for meaningful civil society involvement, the support of national advocacy activities, the organisation of training events and the development of policy recommendations and statement, supporting a balanced and humane drug policy at national, European and international level.



For more information and publications please check:

- <http://www.civilsocietyforumondrugs.eu/projects/>
- <https://csidp.eu/resource-centre/>

2. Drug Consumption Rooms

The host organisation of Correlation - De Regenboog Group - has run drug consumption rooms in Amsterdam since 1998. Many colleagues and network partners came over to study the approach and to learn how to manage such a facility. In 2012, Correlation launched 'The International Network of Drug Consumption Rooms [INDCR]' as a platform to bring together the knowledge and experiences of professionals and to increase access and quality of drug consumption rooms, building on existing scientific evidence and the perspectives, experiences and knowledge of services providers and people who use drugs.

Publications:

- Drug Consumption Rooms in Europe
- Online census of Drug Consumption Rooms as a setting to address HCV, current practice and future capacity
- <https://correlation-net.org/resources/>

In 2023, Correlation established the European Network of Drug Consumption Rooms (ENDCR) to specifically address the situation of European DCRs. The ENDCR is a membership-based civil society platform uniting organisations operating or planning to implement a Drug Consumption Room in Europe [DCR]. Its goal is to enhance the availability, accessibility and quality of these services. Hosted and coordinated by Correlation – European Harm Reduction Network, the ENDCR is governed by a Core Group and channels its activities through various thematic Work Groups. The network collects information and data, organises technical meetings in cooperation with the EU Drug Agency, contributes to research, promotes good practice and knowledge exchange and promotes mutual support and advocates for an increased coverage, availability accessibility and quality of DCRs.

In addition, Correlation organises in-service DCR training events to support organisations in establishing new DCRs.

3. Hepatitis C among people who use drugs

Since its foundation in 2004, the network has always given special attention to the impact that blood-borne infectious diseases have on the well-being of people who use drugs

However, it was through the 'Hepatitis C Initiative' (2014-2016) that the Network activities in this area experienced a significant increase in depth and scope.

Together with a wide range of partners from across Europe, C-EHRN developed and implemented a substantial number of surveys, tools, trainings and advocacy materials aimed at supporting the integration of viral hepatitis C (HCV)-related activities as a regular practice within the field of harm reduction service provision.

An important milestone in these activities was the Berlin Manifesto, adopted in 2014 during the **Correlation - Hepatitis C Initiative Conference in Berlin, Germany**, which was co-organised with the national harm reduction network Akzept and signed by 2000 signatories. Inextricably related to the introduction of direct-acting antivirals (DAAs) in that same year, and its high rates of treatment success, the Manifesto advocated for full access to testing and treatment for people who use drugs and its implementation within community settings. Also in 2014, our partner Apdes from Portugal, organised a HCV related policy meeting at the European Parliament in Brussels, hosted by the Portuguese MEP Alda Sousa.

Since then, the **Berlin Manifesto** has not lost its urgency; the recommendations and action points presented still hold relevance as a guide towards the improvement of access to HCV testing, treatment and care for people who use drugs. In the years that followed, C-EHRN organised numerous trainings and seminars and specific **HCV Community Summits** to highlight the importance of community involvement and harm reduction in eliminating the disease: **2017 in Amsterdam, 2018 in Lisbon and 2019 in Marseille.**

Selected Publications:

- 'Act now! Liver or Die, a peer training manual' in cooperation with the Swedish Drug User Union Svenska Brukarföreningen
- The first pan European survey 'Changes to the national strategies, plans and guidelines for the treatment of hepatitis C in people who inject drugs between 2013 and 2016: a cross-sectional survey of 34 European countries' was conducted by Prof. Dr. Mojca Maticic
- Hepatitis C interventions by organisations providing harm reduction services in Europe – analysis and examples
- Berlin Manifesto

2018 - 2024

2018:
4th European
Harm Reduction
Conference
Bucharest

2019:
HCV Community
Summit
Marseille

The operational grants 2018 - 2024

and the move from **Correlation - European Network Social Inclusion and Health to Correlation - European Harm Reduction Network (C-EHRN)**



In 2018 the Network decided to change the name to 'Correlation - European Harm Reduction Network (C-EHRN)', filling the gap in the harm reduction in Europe. The Network increased its effort to support and promote harm reduction; increase the understanding of social health determinants; provide capacity building activities to harm reduction staff to enhance quality, patient-centred, outcome-based health care and identify gaps in service provision and highlight health inequalities through monitoring activities from the perspective of civil society.

Also in 2018 C-EHRN received for the first time a four-year Operating Grant from the EU Health Programme. We invested significantly in the development of a solid governance structure of the network and organised our work into 4 pillars – (1) Networking & Communication; (2) Monitoring & Data Collection; (3) Capacity Building (4) and Knowledge Exchange and Advocacy.

In 2022, C-EHRN organised a major review of the Operational Structure within the Network. New Terms of Reference were developed for all functions and groups, including the C-EHRN Secretariat, the Steering Committee, the Scientific Advisory Board, the Focal Point Network, the role of the members and the different expert groups. The Focal Points in particular contribute to the network activities with specific knowledge and play an important role in the annual data collection and building and supporting linkage with other actors in their country.

Cooperation and joint activities with other networks could be sustained and intensified such as EHRA, DPNSEE, EuroNPUD and INHSU. Cooperation with relevant European agencies, such as the EMCDDA, ECDC, WHO Europe and the Pompidou Group was agreed upon. Participation in the CSFD and the UNODC Civil Society Group on Drugs and HIV/AIDS and linkage to different EU Projects could be ensured.

COVID - harm reduction must go on

During the COVID pandemic 2020, C-EHRN was engaged to connect network members online by organising webinars on the experiences and challenges for harm reduction organisations to organise and maintain support. We opened a COVID related resource centre and organised multiple webinars about the challenges related to COVID and its consequences for people who use drugs. Together with the Rights Reporter Foundation and the Eurasian Harm Reduction Association, we published a joint position on the continuity of harm reduction services during the COVID-19 crisis.

Why is it important to invest in civil society-based monitoring and data collection?

- *CS Monitoring holds governments accountable: By independently monitoring and collecting data, they provide a check on the effectiveness and impact of policies and programmes.*
- *CS Monitoring complements Official Data: It provides timely data from the grassroots level and provides information on developments and trends. We do not intend to duplicate existing data collection efforts from EU agencies, such as the ECDC and the EMCDDA, but complement it with civil society perspectives and information which may not be captured by official channels.*
- *CS Monitoring identifies gaps and goes beyond presenting data: Our data identify gaps in services and policies that may not be apparent from official data alone. We call for action and advocate for improving the implementation of programmes and policies to better meet the needs of the community, including people who use drugs.*

Monitoring

The development and implementation of the civil society monitoring tool for harm reduction in Europe is one of the most important achievements of the Network in recent years. C-EHRN collects data and information among their designated Focal Points (FP), who are based in civil society organisations in the field of drug policy and harm reduction.



FPs collect information at city level in the field of HCV and Drug Use, New Drug Trends and Essential Harm Reduction Services. The findings of the monitoring activities are published in an annual Monitoring Report, which is being used to inform European, national and local drug policy and advocacy activities. C-EHRN currently has 45 Focal Points in 43 European cities.

In this context, C-EHRN collaborates more closely with other agencies and organisations to increase synergy, quality and impact of the data collection. Complementing data collecting activities includes the collaboration with the EMCDDA, the TEDI network and the BOOST Project.

Following a new format, the Civil Society-led Monitoring of Harm Reduction in Europe 2023 Data Report was launched in 6 volumes:

- Eliminating Hepatitis C in Europe: Report on Policy Implementation for People Who Inject Drugs
- Essential Harm Reduction Services: Report on policy implementation for people who use drugs
- New Drug Trends: Insights from Focus Group Discussions
- Drug Checking Observations and European Drug Checking Trends via TEDI
- The Mental Health Challenges Faced by Harm Reduction Staff
- Harm Reduction in Five European Cities
- The launch of the publications were accompanied with related webinars and interviews with the primary authors of the reports.
- <https://correlation-net.org/2024/08/28/c-ehrn-newsletter-special-edition-on-our-2023-monitoring-report/>

Capacity Building

C-EHRN organised a broad range of capacity building and knowledge exchange activities, including face-to-face trainings (on DCR's), focus group discussions and webinars, Focal Point meetings, member and expert meetings, DCR meetings - one in cooperation with the EMCDDA and one with the Pompidou Group.

Milestones

In 2018, the 4th European Harm Reduction Conference was organised in Bucharest in cooperation with Romanian partners and different European Networks and partners, such as Infodrug Switzerland, the European Network of People Who Use Drugs, the Eurasian Harm Reduction Association and the European Joint Action HA-REACT.

In 2021, the 5th European Harm Reduction Conference was organised in Prague by Correlation European Harm Reduction Network in close cooperation with the Eurasian Harm Reduction Association and the Czech organisation Sananim. It was the first face-to-face conference after the COVID shutdowns, attended by 400 participants.

In 2023, a Focal Point Meeting and a DCR meeting were organised in Lisbon and a Member and Expert Meeting in Budapest.

In 2024, the 6th European Harm Reduction Conference is organised in Warsaw, Poland.

Other Publications:

- Social media kit | 2023 Civil Society Monitoring of Harm Reduction in Europe
- Drug Consumption Rooms in Europe – Operational Overview
- Harm Reduction Advocacy in Europe: Needs, Challenges and Lessons Learnt
- Joint Report on Drug Consumption Rooms in Europe, EMCDDA and C-EHRN
- Civil Society Involvement Case Studies
- Video documentary: Drug Consumption Rooms Around the World, Drugreporter and C-EHRN
- Harm Reduction Advocacy in Europe: Needs, Challenges and Lessons Learnt
- Civil Society Involvement Case Studies
- Becoming Peer. Learning from Nightlife

For more information and publications please check:

- <https://correlation-net.org/resources/>

2025 - 2028

The way forward

Towards health equity and social justice in Europe

In 2024, C-EHRN launched a new strategy, covering the years 2024-2028 and builds on a comprehensive consultation process among the Network members and partners. This Strategy will help C-EHRN address the most significant challenges and needs in the field, providing a framework and guiding the Network's activities from 2024 until 2028.

Tony Duffin, Chairperson of the C-EHRN Advisory Board explains: 'C-EHRN's understanding of harm reduction is not just a set of goals but principles guiding our every action. A non-judgmental, integrated, and evidence-informed approach, built on co-production with affected communities, is the foundation upon which we stand. As we embark on the journey outlined in this strategic plan, let us remain steadfast in our commitment to creating a Europe where harm reduction is a beacon of hope, justice, and dignity for all'.



Our position in the field of drug and health policy

Correlation - European Harm Reduction Network stands as a beacon of progressive public health and social strategies and is distinguished by a range of characteristics that empower its mission. At the heart of its operations is a deep pool of expertise and specialisation, with a team that brings together professionals skilled in harm reduction, public health, advocacy, and human rights. This expertise is matched by the Network's ability to collaborate effectively with diverse partners, including civil society, government agencies, and international organisations. This not only broadens C-EHRN's reach but also strengthens its impact across Europe.

When it comes to shaping policies, C-EHRN has a strong track record. It has advanced policies supporting human rights and evidence-informed harm reduction at the national and European levels, showing its influence in policymaking. Community engagement is another area in which C-EHRN focuses its efforts. The Network works closely with local groups to ensure that harm reduction initiatives are well-suited to the needs of various communities.

C-EHRN benefits from relatively stable funding and resources, with financial support coming from various sources. This

financial backing allows C-EHRN to maintain and grow its projects. Overall, the Network's strengths enable it to be a resilient and proactive force in advancing the health and rights of marginalised communities, emphasising the essential role of harm reduction in creating more inclusive societies.

Strategic goals

1. Support and sustain a strong and well-resourced harm reduction movement in Europe.
2. Strengthen and support community-based and community-led harm reduction services.
3. Enhance meaningful civil society and community involvement in policy, research and practice.
4. Promote a human rights-based and evidence-informed policy and practice.
5. Promote an integrated and people-centred drug policy and harm reduction approach.

- <https://correlation-net.org/wp-content/uploads/2024/06/C-EHRN-Strategy-2024-2028.pdf>

Vision

C-EHRN envisions a fair and inclusive Europe, in which people who use drugs (PWUD) and other related vulnerable and marginalised groups have equal and universal access to health and social services without being discriminated against and stigmatised.

Mission and overall purpose

C-EHRN is a European civil society initiative, which aims to strengthen the important role of community-based harm reduction services, as part of an evidence-based and people-centred approach. This is achieved through expert collaboration and networking, community-based monitoring and data collection, capacity building, training and exchange of information and dissemination and advocacy. C-EHRN acknowledges the direct and negative impact of stigma and marginalisation on the access to health and social services. All activities of C-EHRN are therefore inevitably connected to the reduction of health and social inequalities. We pay specific attention to the prevention, treatment and care of infectious diseases, including HIV/AIDS, viral hepatitis and COVID among these target groups.

Correlation team 2024



SHE/HER
Katrin Schiffer
C-EHRN Director



THEY/THEM
Roberto Perez Gayo
Head of Policy



SHE/HER
Rafaela Rigoni
Head of Research



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Iga Jeziorska
Senior Research Officer



ANY PRONOUNS
Arianna Rogialli
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Laoise Darragh
Research Officer



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Joana Moura
Research Officer



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Research Officer



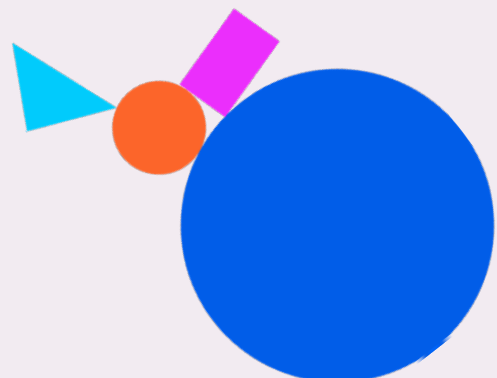
SHE/HER
Stefanie Kolle
Office Manager




SHE/HER
Lea Curschmann
Administrative Support



SHE/HER
Hanna Szabó
Communications Officer




Interviews



The interviews offer just a small glimpse into the people we've collaborated with in recent years. What was most exciting for us was learning how they became involved in this field and what personal considerations guided their journey.

These harm reduction champions represent the diversity of people from such varied backgrounds and experiences. There are many more who would be equally deserving of recognition, and it is a significant disadvantage not to be able to highlight more of those incredible people with whom we have worked and still work.





Torino

Susanna Ronconi

THAT'S ME

I am 72 years old, live in Torino and I am happily single. I work as a researcher and activist.

I love 60s,70s rock and blues music. I owe to my mother the love for blues music. After the war, once the fascist ban on listening to American and Afro music ended, she bought a huge number of blues vinyls and that was the soundtrack of my childhood.

My favourite actor: I always had a weakness for blondes like Paul Newman and Robert Redford in Butch Cassidy.

One of my favourite books is Cassandra by Christa Wolf. It questions women, war, power, life and death. "Between killing or dying there is a third possibility, living."

On of my favourite pleasures is walking in the mountains. It has to do with my childhood and the summer in the Dolomites. And then, growing up, also the discovery of a secular spirituality thanks to the relation with a heartbreaking nature.

I would like to visit Canada (for the mountains, again...).



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, DRUG POLICY? WHAT WAS THIS VERY EARLY STARTING FOR YOU?

Certainly, my involvement dates back to the late eighties when a group of young men, afflicted with HIV and imprisoned in Torino, became pivotal figures for me. During that period, the lack of treatment options meant rapid mortality. Faced with the prospect of dying in prison, they initiated a courageous fight, including hunger strikes and refusal of medication. I offered my support, assisting them in media relations and building networks within the city to bolster their cause.

This experience not only brought the AIDS issue to the forefront but also exposed me to the challenges of drug users, as all of them were individuals struggling with substance abuse. It became evident that their primary concern wasn't abstinence but rather maintaining their health, a realization that deeply impacted me.

Another significant encounter was with Maria Teresa and Enrica, the latter unfortunately succumbing to AIDS. This meeting reinforced the idea that people who use drugs can lead active lives and exercise control over their choices.

Subsequently, along with Maria Torres and Enrica, we established a small association in the early 1990s focused on AIDS and prevention, extending our efforts to include harm reduction interventions within women's prisons. This initiative marked one of the earliest harm reduction interventions in Italian prisons.

For me, it was a natural progression rooted in the concept of social justice and informed by the resilience and expertise of people who use drugs. This ethos guided my path, leading to further study and self-training. I had a sociological and community psychology background, and I in the early



90s I had many training opportunities both in the public and in the third sector context, gaining competences in harm reduction counselling and intervention. I continued also to update my knowledge in the fields of qualitative research. In 1994/95, I assumed the role of coordinator for the first Harm Reduction Outreach intervention in Torino, among the pioneering initiatives in Italy. Importantly, the local and personal experience has always emphasized the inclusion of peer educators and support from people who use drugs, an important aspect that remains integral to harm reduction in Torino.



AND IF YOU COMPARE IT FROM THOSE DAYS, FROM THE VERY BEGINNING UNTIL NOW, HOW DO YOU SEE THE DEVELOPMENTS REGARDING HARM REDUCTION IN ITALY, IN TORINO?

There are both positive and problematic aspects. Torino and the Piemonte region represent one of the best situations in Italy concerning harm reduction. The continuous expansion of harm reduction interventions, including the outreach mobile unit and drug checking, is notable. Notably, Torino is the first Italian city where these initiatives are possible.

However, the challenge in Italy lies in the regional nature of health issues, including harm reduction. While some regions, like Torino, are proactive, many others lag behind, and national guidelines often fall short. This regional disparity is not unique to Italy; I see similar challenges in harm reduction across Europe.

Another concern is the increasing medicalisation of harm reduction. While it is undeniably a public health matter, it's also a question of general approach and policy. Striking the right balance between medical aspects and broader societal considerations is an ongoing challenge.

That brings us already to the next question, the challenges for harm reduction in the future.

Medicalisation is one challenge but in a broader context, Europe is increasingly leaning towards populism,

coupled with an authoritarian policy. In contrast, harm reduction operates on the principles of human rights and evidence-based policies. Considering this, the perspective isn't particularly optimistic. The divergence between the values of harm reduction and the prevailing political landscape poses a substantial challenge for the future. This happens notwithstanding evidence of its effectiveness is on the side of Harm reduction, but there is the increasing problem of the difficult dialogue between a populist policy and science, a very difficult dialogue in many social fields

HOW IMPORTANT THROUGH THE YEARS IS AND WAS NETWORKING FOR YOU, IN PARTICULAR IN ITALY, BUT ALSO ACROSS THE BORDER ?

Absolutely, it's vital. Last year in Italy, we had a highly positive experience with networking. We managed to establish a robust network, allowing us to actively participate in the national government conference. We strengthened our connections, presented proposals, voiced our concerns, and more. As a result, we successfully positioned harm reduction as one of the five key strategic lines for the conference. The outcomes were significant; we set clear guidelines and introduced evidence-based interventions, including drug consumption rooms and more. These guidelines were mandatory for ministries and the government to adhere to. Unfortunately, the new Meloni government never implemented this action plan. Anyway, that networking process was incredibly important, and we can learn good lessons for the future.

Through Correlation, we got linked to European meetings and connected with partners in other countries. This connection has always been inspiring us towards innovation, and opened doors to engage in European exchanges and projects.

WISH FOR THE FUTURE

I think it's important to really look into how we approach harm reduction strategically. The whole prohibition thing hasn't worked out, but we shouldn't just drop it – we need some alternatives. I'm all for digging deeper into this, going beyond just services and interventions.

At the core of harm reduction are the actions and habits of people using drugs. We can't just focus only on the practical side; we also need to tackle the cultural and social aspects in a well-rounded way. It's not only just about providing services; it's about creating a whole supportive environment.

In my work, I spend a lot of time doing qualitative research on how people control and regulate their drug use. I believe that's where we need to start. We also have to get the word out that illegal drugs can be managed; it's not like they're always out of control. If the setting is right, people can handle their use responsibly. So, I see this as a key direction for harm reduction to explore.

Ljubljana

Mojca Maticic

THAT'S ME

I am 65 years old, live with my husband in Ljubljana (on the sunny side of the Alps) and have one son.

I am full professor at the Faculty of Medicine, University of Ljubljana and work there at the University Medical Centre.

I am a music fan, I like all different kinds of music, particularly classical music (Tchaikowsly, Rahmaninoff, etc)

I am also a huge movie fan – lately Bill Nighy, also Pierce Brosnan, always Emma Thompson.

Books I would recommend to a good female friend: Alexandria Quartet by Lawrence Durrell and One hundred years of Solitude by Gabriel Garcia Marquez to a good male friend.

I love to go to active/resting holidays (traveling, sports, reading, cooking).

I am definitely an active sportsperson.

I used to play basketball in the national Slovene League and afterwards softball in the North Italian League. These days my favourite active sports are skiing, cycling, swimming.

I would love to visit NEW ZEALAND!



LET'S DISCUSS YOUR PERSONAL JOURNEY INTO YOUR CAREER—BECOMING A MEDICAL DOCTOR, GETTING INVOLVED IN HCV, AND YOUR WORK IN SLOVENIA TREATING PEOPLE WITH DRUGS. COULD YOU PLEASE EXPLAIN YOUR PERSONAL STARTING POINT IN ALL THIS?

Certainly. I have always aspired to be a medical doctor because of my passion for helping people and living beings. After completing high school, during which I also pursued my hobbies of playing the piano and basketball, I chose to study medicine. Initially considering cardiology, I serendipitously found myself in infectious diseases, and at the end I completed two specializations, both in internal medicine and infectious diseases. My entire career has been at the University Medical Centre in Ljubljana, primarily focused on infectious diseases. It was again a coincidence in timing that the medical history of viral hepatitis C pivotally influenced my whole professional journey.

In the 1990s, starting at the HIV/AIDS ward and later moving to the viral hepatitis unit, I gained insight into blood-borne viruses and vulnerable groups at high risk of infection. While the Clinic was well recognised for its excellent clinical work on the national and international level, my focus expanded to paramedical aspects such as stigma and discrimination, especially since at first, hepatitis C treatment was extremely patient unfriendly for patients, and not very successful.

Realizing the need to address people who inject drugs, I connected with addiction specialists. Fortunately, since the beginning of the 1990s



Slovenia had a robust policy for managing people who inject drugs, including opioid substitution treatment. In 1997, we established the first national strategy for Hepatitis C management, integrating an interdisciplinary approach and involving addiction specialists to facilitate testing and care for drug users.

Becoming a voice for people who inject drugs, I broke the ice in the mid-'90s when an activist, a former drug user on methadone, openly spoke about the challenges in accessing hepatitis C treatment. Inviting her to collaborate, she became the first from the group to receive successful interferon treatment. Treatment for Hepatitis C in Slovenia has always been opened to everyone, so I felt as a kind of a mission to advocate for people who inject drugs within medical, academic, and societal circles.

WHY DO YOU THINK HARM REDUCTION HAS SUCH AN IMPORTANT ROLE IN THIS CONTEXT?

I believe there cannot be effective management of Hepatitis C without harm reduction. Patient-oriented care, task sharing, and community involvement are “magic ingredients” and integral to elimination strategies. Harm reduction, often rooted in the community, goes hand in hand with managing blood-borne infections.

Through the Correlation Network, I gained insight into the European situation. In 2013, when we together did the first study on access to hepatitis C treatment for drug users, it was alarming to see many countries lacking harm reduction services. However, there has been a positive shift in 2016, albeit slow in the last few years, but very important, since testing and even treatment possibilities for hepatitis C have been introduced to some of them, as we can see in the civil society monitoring reports of Correlation.

COULD YOU IDENTIFY SOME CHALLENGES STILL TO OVERCOME IN THIS AREA?

One significant challenge, and an achievement I'm proud of, is the policy statement of EASL (European Association for the Study of the Liver) on decriminalization which I strongly advocated for. Criminalizing personal drug use acts as a substantial barrier to hepatitis C care, particularly in some Eastern European countries. It impedes testing and treatment for Hepatitis C. In 2020, EASL launched a policy paper urging countries to decriminalize personal drug use and easily integrate drug users into services for testing and treatment. This complex issue requires ongoing attention and advocacy.

HOW IMPORTANT IS NETWORKING AND CROSS-BORDER COOPERATION IN YOUR WORK?

Networking is crucial, not only with neighboring countries but across Europe. As the voice for people who use drugs within the medical community, I try to consistently raise the question of drug users, ensuring their problems become mainstream and being solved asap. Through cross-border cooperation, we can address common issues and present a united front in advocating for harm reduction and improved healthcare.

IS THERE SOMETHING YOU WOULD WISH FOR CORRELATION AND NETWORKING IN THE FUTURE?

Continued collaboration is crucial, strengthening relationships among individuals, countries, and diverse voices is vital. Correlation should persist in its focal points, emphasizing data-driven monitoring to influence decision-makers. Additionally, stronger involvement in the medical and academic spheres is needed, through forums and patient activities, ensuring that the voice of those affected is heard and valued.



Athens

Christos Anastasiou

THAT'S ME

I am 55 years old and live with my partner and one daughter in Athens. I am engaged in the activities of the European Network of People Who Use Drugs.

I love all music but new wave and punk and garage punk is more my favourite together with psytrance.

Marlon Brando is my favourite actor.

To a good friend, I would recommend to read *Candy: A Novel of Love and Addiction* by Luke Davies and “*Infinite Jest*” by David Foster Wallace.

My favourite sport is basketball.

Dream destination for travelling is Asia. I have been in India, and I never forget those jungles. The Amazon also is a dream destination for me.



CAN YOU TELL US HOW YOU GOT INVOLVED WITH THE ISSUE OF DRUGS AND DRUG POLICY?

My encounter with drugs started in the mid-eighties amid the punk culture boom in Greece, a time marred by widespread socio-economic instability. My initial abstinence from heroin stemmed from a deep-seated fear of addiction and the dire consequences that seemed inevitable. However, as I navigated through my late teens, I realized that within the prevailing system, in drug scenes attention was only bestowed upon those who were visibly dependent — those who were ‘sick’.

Driven by a need for attention, I deliberately presented myself as addicted to gain the community’s attention—a decision I would soon regret. This act of desperation led to a painful battle with addiction, punctuated by three incarcerations over minor drug offences. These experiences highlighted the system’s failures to a troubling teenager: a punitive approach that often exacerbated the problems it purported to solve.

The pivotal change came in 1996 when I began a methadone treatment program. This not only marked the start of my recovery but also my path toward advocacy. Initial attempts to establish a support group for drug users didn’t take off as hoped, yet these efforts were crucial steppingstones. However later and at the start of the millennium I started a family and in 2005 I had become a father! This has changed everything, and I took over all my responsibilities. The next ten years were dedicated to the baby and my family...



WHY DO YOU THINK HARM REDUCTION IS IMPORTANT FROM YOUR POINT OF VIEW? WHAT MAKES IT SPECIAL?

For me, harm reduction is about taking care of people where they are so they don't have to die. It's something that's basically a human right. It's strange - in Athens, there is a new law for the value of animals which is perfect, but we need to show the same care for people. It's crazy. Harm reduction isn't merely a policy but a fundamental human right. The stark contrast in how society cares for animals versus drug users in Athens underscores a severe empathy gap. Our strategy focuses on preemptive support rather than waiting for users to reach desperation—saving lives through proactive measures.

POSITIVE OR NEGATIVE DEVELOPMENTS IN GREECE AND CHALLENGES FOR THE FUTURE?

Greek policy is confusing, but there are positive changes, like opening new DCR shelters and detox centre, even though the money comes from the European Union. We can be very proud about our achievements of network advocacy!

What we need is a lasting solution for the long run. After they opened the centre, the police cleaned the space, and there was more repression in the streets. This sends an opportunistic message to conservative people, showing that politicians are very hard to believe. Despite progress with new facilities funded by the EU, the response from Greek authorities and societal stigma continue to pose significant challenges. My dream is to fortify the network of drug user associations across Europe, particularly in regions like Poland, Hungary and all of the Balkans. As I plan for the future the imperative to pass on knowledge and inspire a new generation of advocates to grow—individuals who understand the evolving landscape of drug use, where smoking has replaced needles, and strategic harm reduction can make a profound difference.

HOW IMPORTANT IS NETWORKING FOR YOU?

In 2015, I helped found a new association called PeerNUPS that quickly made significant strides both locally and internationally. Engaging with European harm reduction experts expanded my understanding

and resolve, fuelling our mission to advocate for humane treatment and comprehensive support for drug users. One of my first international meetings was about hepatitis with Correlation. It was exactly what I wanted because, since I was 25, I saw my friends dying, and I couldn't help them. Now, I was ready to start something serious. Currently, we work with naloxone, even though we don't have an office or phone. We make flyers, focus groups creating leaflets, organizing events through cooperation and do things that don't require a lot of money.



Athens

Marinella Kloka

THAT'S ME

I was born in 1972 and I live in Athens.

Enjoying all kinds of music, I especially love soundtracks from movies.

Two books I highly recommend are "Humanise the Earth" by Mario Luis Rodriguez Cobos (who wrote under the pseudonym Silo) and "Utopia for Realists" by Rutger Bregman.

Given a 3-week period of free time, shooting my first short film would be my top choice.

Swimming and hiking are my favourite sports.

A dream destination for me is New Zealand, a place I've yet to explore.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, WORKING ON DRUG POLICIES?

Well, first of all, I had some friends, good friends, who died from overdose when we were young, back in the 1990s. That was a big shock. After that, I left the scene for many years and began working with the NGO Positive Voice as a manager, starting in 2010. In 2011, Greece experienced an outbreak of HIV among drug users. Till then, Positive Voice was mainly addressing gay men as the group most at risk of get infected by HIV. In 2012 we started gradually to shift our focus also towards harm reduction re-establishing contact with people using drugs and helping grow the first drug users association in Greece. Apart from the HIV outbreak among drug users, we had to deal with the notorious case of HIV+ women, who were criminalized by Greek politicians in the ministry of Health and Public Order.

Prior to all of the above I have been working in Africa and Asia on a voluntary basis for many years on public health and human rights issues. So I had the opportunity to work with HIV and marginalized groups in those continents too. Although I have never used drugs, I consume alcohol, almost on a daily basis, so in a way I consider myself part of the community. Stigma is the number one enemy for all marginalized groups and together with harm reduction interventions is an area that I like very much working on.

Since 2013, I've worked for the Athens-based NGO, PRAXIS.



WHAT DOES HARM REDUCTION MEAN TO YOU IN YOUR WORK AND PERSONALLY?

Harm reduction, to me, means having the freedom to choose what you consume, whether substances or liquids, while simultaneously trying not to harm yourself. It involves creating safer spaces for these choices without compromising one's dignity as a human being.

IN YOUR TIME WORKING IN THIS FIELD, DO YOU OBSERVE MORE POSITIVE OR NEGATIVE DEVELOPMENTS?

In Greece, we've seen interesting interventions. A drug consumption room has been established in Athens with a clear legal background. There are some more comprehensive approaches concerning harm reduction and during the pandemic Athens achieved to create the first public shelter for homeless drug users. However, we have several challenges ahead: a new study shows that drug users record high levels of mortality, especially in the northern part of Greece and in general we have issues with re-integration of people who use drugs. The level of cooperation among the most important public funded organizations has been improved but still is far behind what we as civil society and community we would like to experience.

WHAT CHALLENGES DO YOU FORESEE FOR HARM REDUCTION IN THE FUTURE?

Media plays a crucial role in perpetuating stereotypes about people who use drugs, contributing to the ongoing challenge of combating stigma in Greek society and Europe. More cooperation among the public funded entities is a necessity and more harm reduction interventions in the northern part of Greece and in some other key areas are needed. In the political arena, the PM's office didn't provide the necessary attention to the national strategy and action plan. Some changes are also expected in the law on mental health and drug use. We still miss the Ministerial Decision on the use of naloxone and we need to finally open the discussion about decriminalization in our country.

HOW IMPORTANT IS AND WAS NETWORKING FOR YOU ?

Networking in Europe has been a learning experience, helping me improve myself and stay updated on the latest developments. It provides an opportunity to collaborate with civil society and important organisations like the EM-CDDA or the ECDC, from which I learn a lot. The elevated role of civil society at the European level is crucial, and through networking, Greece aims to catch up with these developments.

Regarding Correlation, we've got in contact, I believe, it was when we began discussing drug consumption rooms,

in Athens. And I remember that the main issue of our discussion back then – apart from the drug consumption room – was the meaningful engagement of people using drugs in all harm reduction interventions of the organization. Those were our joint initial steps. In the meantime, I had the pleasure to be part of the Steering Committee of the network.

IS THERE SOMETHING YOU WISH FOR CORRELATION'S FUTURE OR SOMETHING THE NETWORK SHOULD FOCUS ON?

Currently, we have adopted the network's strategy. I believe it's essential for Correlation to advocate for addressing the actual problems arising from European policies, as stigma, economic recession, migration issues, prisons and criminalization of people using drugs. While service provision and interventions are crucial, addressing the root causes—the policies in place—should be a stronger focus for the network in shaping public health policies in Europe with a human rights approach.



Prague

David Pešek

THAT'S ME

I'm born in 1978, live in Prague, and work at the NGO Sananim. I'm married and have a child named Franta.

I enjoy many kinds of music, including Dead Can Dance, Klaus Schulze, The Orb, Pete Namlook, and Sunn O))). Bill Murray is my favorite actor.

A book I would recommend to a good friend is "Bardo Thodol" by Padmasambhava, an 8th-century Buddhist master, with its teachings later compiled by Karma Lingpa in the 14th century .

During a 3-week period of free time, I would love to spend time at the beach or in the woods, enjoy moments with my child, meditate, and explore psychedelics.

I enjoy running in nature and rowing on the river.

Two places I haven't visited yet but would love to are Japan and Iceland.



HOW DID YOU GET INVOLVED IN THE FIELD OF SOCIAL WORK RELATED TO DRUG USE AND WORKING WITH PEOPLE WHO USE DRUGS?

In my early adulthood, I embarked on adventurous experiences that took me to Latin America and the Caribbean. During my travels, I engaged in both personal experiences with drug use and meaningful work in the region, setting the stage for my interest in this field.

Following these experiences, I pursued the study of psychology and secured an internship at Sananim, where I have been working over 20 years. Working with people using drugs intrigued me, and what began as an internship evolved into a part-time position. Today, I am the director of one of Sananim's services in Prague, serving more than 6000 clients annually and distributing around 2 million syringes each year. Prague has a significant population of intravenous drug users, with approximately 10% being foreigners, including a growing number of Ukrainian refugees.

I am also Jungian psychotherapist and like to work with people, however my main workload is united with helping to work one of the biggest CSOs in Czech Republic SANANIM.

We offer diverse services, including substitution treatment for opioid and crystal meth users through our methylphenidate programme. With a multidisciplinary team comprising psychiatrists, medical staff, social workers, addictologists, psychotherapists, and students from medical faculties, we provide a wide range of interventions.



WHAT DOES HARM REDUCTION MEAN TO YOU?

Harm reduction has always been my focus, and I can elaborate on it extensively. Historically, drug services, including harm reduction, were expert-driven, lacking a grassroots movement in the Czech Republic. The emphasis leaned heavily towards abstinence-based approaches, often accompanied by paternalism and stigma. Harm reduction, in my view, takes a different path, prioritizing respect for individuals' rights and providing compassionate, professional assistance.

HAVE THERE BEEN POSITIVE DEVELOPMENTS REGARDING HARM REDUCTION IN THE CZECH REPUBLIC, OR HOW WOULD YOU ASSESS THE SITUATION?

The Czech Republic's drug policy is closely tied to the country's political landscape, which has seen significant fluctuations. While the nineties witnessed the establishment of a comprehensive network of drug services, subsequent years experienced periods of stagnation and occasional regression.

Presently, with renewed energy and a national drug coordinator in place, we anticipate positive changes. As the current chair of the European Union, we strive to leverage this position to advocate for a new, more liberal decriminalization law in the Czech Republic. Our goals include expanding possibilities for drug consumption rooms, enhancing drug checking, supporting psychedelic research, and advocating for medical cannabis.

Also a big positive impact has been the pharmacotherapy support for users of methamphetamine.



WHAT CHALLENGES DO YOU FORESEE IN THE FIELD OF HARM REDUCTION IN THE FUTURE?

The system still has gaps, notably the absence of drug consumption rooms. Additionally, understanding the dynamics of substance use among younger generations is crucial, as non-substance addictions like gaming and online activities become prevalent. Initiatives such as online harm reduction and addressing issues on the dark web are emerging, but they pose unique challenges.

There are a lot of services missing in the Czech Republic – services for specific key populations such as aging drug users or severe dual diagnosis people, housing first options for them, jobs.

Another challenge involves implementing nightlife harm reduction for young people, particularly integrating drug checking, which currently faces limitations.

There is still ongoing stigma, paternalization, NIMBY.

HOW CRUCIAL IS NETWORKING FOR YOU, ESPECIALLY ACROSS BORDERS, AND HAVE YOU DERIVED ANY BENEFITS FROM IT?

Networking holds significant importance for me, especially when looking beyond borders. Witnessing harm reduction practices in cities like Amsterdam left a lasting impression on me. My internship at the Regenboog in Amsterdam, facilitated through Correlation, was particularly influential. Exposure to different approaches to addiction and working with people during this time broadened my understanding and skills.

Harm Reduction is an international movement, which I am glad to be part of also in different international associations such as EHRA, C-EHRN etc. I have also been for many years part of the Steering Committee of EHRA.

Collaborative projects we did together, such as those addressing ageing and drug users, have also played a pivotal role in shaping my perspective. While such facilities are lacking in the Czech Republic, we actively advocate for the establishment of new facilities for this group.

DO YOU HAVE ANY WISHES, RECOMMENDATIONS, OR EXPECTATIONS FOR CORRELATION'S FUTURE?

Well, I think stable funding is essential for Correlation to achieve greater stability and sustainability. I hope to see Correlation exerting more influence not only on a European level but also on local drug policy decision-makers, making a substantial impact at the country level.

I am proud to be a member of the Correlation network, thanks to that I have gained a lot of experience and made very good friends.

Prague

Jiri Richter

THAT'S ME

I'm around 60 years old and live in Prague with my wife, twin girls, and a boy.

Being somewhat analogue and old-fashioned, I grew up with the music of Bob Dylan and Joni Mitchell. I never liked The Rolling Stones, preferring The Beatles and other good music across various genres, including jazz and classical.

Recommending just one book is as difficult as choosing a favourite song.

If I had a 3-week period of free time, there are so many things I would love to do.

Skiing and windsurfing are my favourite sports.

I've never been to Africa or Asia, and I'd love to visit those regions someday.



HOW DID YOU FIRST START WORKING IN THE FIELD OF DRUGS? WHAT WAS THE BEGINNING OF YOUR INVOLVEMENT?

My story is quite lengthy. I completed studies in sports and pedagogy but never pursued teaching. For seven years in the 1980s, I lived with a theater company, performing on the streets. When the revolution occurred, survival only from acting income became challenging. At that time the new government sought to build a new democracy and need new people without relation with the old establishment with at least a bit of knedowledge of foreign language.

One of my old friends from the "underground" who became the Minister of Interior invited me to help to establish new drug policy and build up new law enforcement agency on drugs, a completely new life challenge.

For me, this was a chance to help and to be part of the historical building of new democracy, do something new, crazy... simply to try something absolutely new. We had to build everything from scratch, learning a lot of new things, where most inspiring were study visits to Holland and England. In '91, we established the National Drug law Enforcement Service and in '93 I eventually became the director of the National Drug Intelligence Service. However, a political decision shifted the interest and support from intelligence to executive police law enforcement after a couple of years, and after seven years I was on the street again.



My current wife, the founder of the NGO SANANIM, focusing on treatment, care and harm reduction, gave me the offer to join totally new field in that time. Initially working on international projects and management, I later became the executive director. SANANIM is offering a complex system of care and experience from over 30 years of providing harm reduction services, but SANANIM is always mainly a never-ending story and an ongoing journey of seeking.



WHAT DOES HARM REDUCTION MEAN TO YOU, AND WHY DOES SANANIM OFFER SERVICES IN THIS FIELD?

Harm reduction, for me, is a simple tool that saves lives, help to survive, and give a chance to live a “normal” life. SANANIM asserts a public health approach, however, is open to the complexity and new challenges. It’s also about finding a balance between care and harm reduction, between human rights and society needs, however it is also about adapting to the continually evolving landscape of drug use.

HOW ARE THE DEVELOPMENTS IN THE CZECH REPUBLIC REGARDING THE ACCEPTANCE OF HARM REDUCTION OVER THE LAST 20 YEARS AND WHAT CHALLENGES DO YOU FORESEE?

I’m not sure, it’s really difficult to say (it’s maybe difficult also because of the repeated misuse of the subject such as during election times). In general terms, we could say that acceptance has increased, and more people are aware of the benefits of HR. It is definitely much more accepted than 20 years ago.

Challenges include public perception of our work, funding uncertainties, and continual work with myths as well as realistic rational policy. Education of all (including policy makers) and responsible active engagement of all those relevant are essential for better outcomes.

HOW IMPORTANT IS NETWORKING ACROSS BORDERS, AND WHAT IMPACT HAS IT HAD ON SANANIM?

Networking across borders is crucial. Learning from other countries, adopting best practices, and staying connected through organizations like Correlation and the European Civil Society on Drugs have been instrumental in our growth. It’s essential to be open, share experiences, and continually learn from others. Czechia would not be where it is without significant expert support from western countries.

DO YOU HAVE ANY WISHES OR RECOMMENDATIONS FOR CORRELATION’S FUTURE?

I emphasize the importance of common European visions, aims, best practices, and thus also same common interest. Education and sharing experiences through joint work, collaboration, seminars, conferences are positive steps, but there’s a need for more intensive engagement on specific issues where we are failing in some countries or regions.

I believe that ongoing learning opportunities can contribute to a better provision of harm reduction and public awareness and education can change sometimes ridged attitudes of politicians.



Berlin

Dirk Schäffer

THAT'S ME

I was born in 1967, I have lived in Berlin for 25 years, and I have one son. My girlfriend lives in Cologne, so we only see each other on weekends. I work for the Deutsche Aidshilfe and I am the leader of the 'drug use division'.

My favourite music is heavy metal, specifically from the 80s since I'm a boy from the 80s. My band is Motörhead. Unfortunately, the singer died some years ago, but I'm still a fan of this band.

I've got a favourite film: Midnight Express. It's about an American who is in a Turkish prison because of cannabis in his pockets. It's a real story, depicting how he lives in prison under violence and other difficult circumstances.

My favourite book is about the Baader-Meinhof complex because, for Germany, after the Second World War, it was a very interesting time.

The book shows the history of the RAF and its members, what they wanted, and how they failed. It also touches on drug use in small parts but is mainly about politics in Germany after the Second World War.



It doesn't happen that often that I have three weeks in a row of free time. But when I do, I like the sea, the beach, and the sun. I go on holidays to the Indian Ocean, to the Maldives, to enjoy the sun and beach. Not much culture involved.

One of my dreams is to travel through Australia by train or car along the coastline or across the country.



LET'S DELVE INTO YOUR PERSONAL INVOLVEMENT IN DRUG ISSUES AND POLICIES. HOW DID YOU GET STARTED?

I've been using drugs since I was 16. My journey began with a group of other users in Germany. We established a low-threshold service in Bonn in 1994, where I volunteered for five years without pay. I started working there when it opened, taking on small tasks like managing the café and working as a cashier. Over time, I got the chance to do counselling.

During this period, I also attended educational workshops in Berlin, thanks to German Aids Hilfe. Then, in 1998, I was asked to fill in for a colleague in Berlin who was ill. Unfortunately, he passed away due to HIV, and I ended up taking his position. Two years later, I was tasked with leading the entire division of drug use. Since 2001, I've been the team leader for the division at German Aids Hilfe. A few months ago, I celebrated my 25th anniversary with the organisation.

I gradually took on more responsibilities over time. Now, I'm in charge of overseeing 130 member organizations, ensuring quality assurance, conducting workshops, managing media, and handling various other tasks. Additionally, I had the opportunity to engage in international work including in the Steering Committee of Correlation Network.



WHAT DOES HARM REDUCTION MEAN TO YOU AND WHAT HAS CHANGED OVER THE YEARS?

Harm reduction, to me, means providing services to help people stay healthy while using drugs, whether it's for a short time or throughout their lives. It's relatively easy to set up services that prevent HIV, hepatitis, or drug overdoses.

However, it's much harder to convince politicians that these services are crucial and should be a significant part of drug policies.

Progress has been slow and gradual, making it sometimes hard to recognise success. However, when we reflect on the conditions 10 or 20 years ago, we can see the progress made. It takes time and effort, and many people feel frustrated along the way. But the work is essential. Now, we have heroin treatment and a wide range of harm reduction services, which is a significant success. However, it took about 25 years to achieve this, involving both drug users and professionals in drug services.

WHAT DO YOU THINK ARE THE MAIN CHALLENGES AHEAD? WHAT ABOUT THE FUTURE?

In my opinion, one big challenge is the issue of stigma and discrimination. While we have all these services available, people who use drugs often take a long time to seek help like counselling or other support. I believe this delay is because of the stigma and discrimination surrounding drug use. From the very beginning, when I first opened up about using drugs, I faced consequences at school, at home, and even at work. This experience made me realize that many people keep their drug use a secret to avoid judgment. It's concerning that in Germany, it takes about 8 to 10 years from when someone starts using drugs to seek help, and that's far too long.

It's essential for people to have a more understanding and accepting view of those who use drugs, as well as those who use alcohol and other substances.

THE ROLE OF DRUG USERS IN ACTIVISM. HOW IMPORTANT IS IT?

In my opinion, it's crucial. However, it's not always straightforward, especially in Germany where drug users are often seen as clients rather than partners in drug services. Social workers sometimes hesitate to change their mindset because they don't always involve people who use drugs in decision-making.

Creating drug self-help groups could be a significant step forward. These groups offer unique perspectives, coming directly from the streets. They provide a comprehensive view on various issues, not just from a professional or medical standpoint. I believe involving people who use drugs is essential.

However, it's challenging due to prohibition laws. Many drug users aren't in good health to sustain such roles for a long time. Moreover, harm reduction measures haven't always been sufficient to support them in this regard. Despite these obstacles, networks of drug users, including those in Europe and in Germany, have been established and I've noticed a significant shift in perception, where drug users are viewed more as partners with valuable resources and knowledge for drug service systems.

Berlin

Astrid Leicht

THAT'S ME

I was born in 1964 and live with my partner and 3 children in Berlin. I am the director of the NGO Fixpunkt.

Actually I don't listen to current music very much but I like 80ties rock and I also can sing along to some German operas.

I like big cinema sci-fi or fantasy productions like Avatar, Star Wars and so on. And I like to watch that in an open air cinema here in Berlin as a multimedia spectacle: It's more about the experience itself, that you have the right, fitting film, not a chamber play, but a film that really has landscapes.

My favourite books to read or to recommend are travel guides and in a period of free time I would travel of course. In Europe, I would like to go to Iceland indeed and otherwise the deserts in Southern Africa. Ethiopia is one of the countries I like most.

My favourite sport is Pilates.



HOW DID YOU GET INVOLVED IN THE FIELD OF DRUG WORK?

As a teenager, I was involved in the drug scene in Berlin-Tegel, but not as a consumer, rather as part of the community. At that time, there were various scenes, including students, apprentices, cannabis users, LSD enthusiasts and politically engaged individuals. We protested, squatted houses, and everything was politicized. Across the street was the heroin scene, which was the second largest after Kudamm at the time. These two scenes often mixed, and we spent time together. This was in the late 1970s and early 1980s.

It was a period of politicization, with the founding of the Green Party, large demonstrations, and discussions on societal issues such as disarmament. During this time, I was active in the political scene where politics, drugs, and music shaped the lifestyle. This influenced my professional DNA: the connection of political engagement, networking, and education.

During my school years, I began acting sensibly. Later, I studied educational sciences and earned my diploma. I wanted to spend as little time as possible at university and instead focus on other things. I learned to work independently and engage with my interests. During this time, I had contact with heroin users and learned about the drug support system, influenced by new laws like the Narcotics Act and the therapy instead of punishment paragraph.

The HIV epidemic further influenced this time; many of my acquaintances were affected. I was one of the activists who co-founded the Fixpunkt association in the late 1980s. Fixpunkt started as a primary group that maintained syringe vending machines and distributed syringes on public



drug scenes, as professionals from drug support were not allowed to do so at the time. Later, substitution programmes were introduced, and Fixpunkt evolved into an organization in which affected individuals were significantly involved as staff members. Over the years, Fixpunkt professionalised, adding contact points, consumption rooms, and mobile facilities. From distributing syringes, the work expanded to medical care and prevention of overdose and infectious diseases.

We have always worked innovatively, for example we had already conducted a model project on hepatitis A/B vaccination in Berlin in 1996 and on naloxone distribution in Berlin in 2000. We were internationally recognized for it. Besides Italy where naloxone was always accessible without medical prescription and the Chicago Recovery Alliance we were the only ones in the world to do so for many years.



LOOKING AT THE LAST 30 YEARS OR MORE, HOW DO YOU SEE THE DEVELOPMENT OF THE DRUG SUPPORT SYSTEM AND DRUG POLICY?

It has been a wave of ups and downs. Long-term orientation took a while, but overall, there has been improvement. It is incomparable to earlier times, which were truly catastrophic, especially regarding the attitudes towards people using drugs and the extent of stigma. Repression has also changed somewhat nowadays. Progress has been made.

WHEN WE LOOK TO THE FUTURE, WHAT DO YOU SEE AS THE MAIN CHALLENGES FOR DRUG SUPPORT, HARM REDUCTION, AND DRUG POLICY?

I see a balancing act: On the one hand, we are witnessing a return to the conditions we had 30 years ago, with ex-



treme impoverishment and visibility among certain people who are here without papers or prospects. This affects more and more people due to the housing crisis, even those who should be entitled and cared for.

On the other hand, drug support has professionalized and established itself. There are programmes for children, youth, and manualized professional social work. However, I see less engagement and innovation here. Just as these phenomena are becoming more pronounced, we, as low-threshold outreach facilities, often feel left alone. We are thinking about how to better support people.

Drug support seems more established and routine, but it has not withdrawn into its own island. New requirements have been evident for the past six or seven years but are often ignored.

WHAT DOES NETWORKING MEAN FOR FIXPUNKT, AND HOW IMPORTANT IS IT?

I like to work in a cross-divisional and interdisciplinary manner to get a multifaceted perspective on the situation and needs of people using drugs and their social environment including neighbourhoods. Networks are very supportive to develop creative ideas to find solutions in a field which is highly politicised and characterized by criminalization, stigma and high risks for the health and well-being of people. Networking means for us to build up stable and respectful relationships with stakeholders with all their professional and personal expertises in all relevant areas (politics, authorities, NGOs) on long term basis. Sometimes it takes decades to reach a goal and often this is the success of effective networking on the local, national or international level.

International work and meetings have always been inspiring for me because they demonstrate a strong commitment and expertise that are not common in Berlin. Especially organisations involved in the Correlation network are valuable partners of Fixpunkt.

Bucharest

Alina Bocai

THAT'S ME

I was born in 1952, married, and have a 14-year-old daughter.

My favorite band is Queen.

I enjoy watching movies with Ken Watanabe.

If I were to recommend a book, it would be "10 Minutes 38 Seconds in This Strange World" by Elif Shafak.

Given a 3-week period of free time, I would prefer to engage in sports. Handball is my favorite sport, both to play and watch.

A place I dream of visiting is Osaka, Japan.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, DRUG POLICY?

I have been working in the drugs field for more than 20 years. I began my professional career with ARAS, a Romanian NGO. It was 1998 when I first participated in a training on rapid assessment and response of injection drug use delivered by a team from the Trimbos Institute (the team included Franz Trautman, may he rest in peace) in Romania. In 2000, ARAS established under my coordination a needle exchange programme in Bucharest. I was initiated into harm reduction by some of the greatest ever figures in harm reduction: Dan Bigg (from the Chicago Recovery Alliance) and Dave Burrows (currently in APMG). I may say from them I got my understanding of harm reduction principles, inspiration and passion for this field. Over the years, ARAS became a leading harm reduction organisation in the country, offering comprehensive help and support for people who use drugs and undertaking many advocacy initiatives in this field. I am still, although from a different position, continuing my journey with ARAS. Being on-the-ground, in direct contact with the community of PWUD was a formative time for me. In 2001 I founded the Romanian Harm Reduction Network, as a platform for technical exchanges and communication among various organizations targeting people who use drugs.



The following years brought me collaborations with various organizations such as UNAIDS and UNODC where I have led various projects and provided technical guidance and advice to governments in the field of HIV/AIDS and harm reduction.

Throughout my career, I have contributed and witnessed in Romania, Asia and the region of Southern Africa -many positive changes in this field such as the initiation of needle exchange and opioid assisted treatment in some prisons, changes from compulsory to voluntary drug treatment, generating and use of strategic data on HIV and drug use, policy development, involvement of people who use drugs in policy development etc.

Later on, I have been expanding my knowledge by studying a Master's on the management of social and health services at the University of Bucharest.

As an expert in the field of HIV/AIDS and drugs, I have co-authored various research and assessment projects as well as publications in Romania and abroad and I have been a member of various networks and bodies including the Romanian Harm Reduction Network, EHRA, Correlation - EHRN, the Civil Society Forum on Drugs of the European Commission, and the International AIDS Society.

WHAT DOES HARM REDUCTION MEAN TO YOU?

To me, harm reduction is about making things better for people who are struggling. It means trying to reduce the pain and problems they face. It's also about making sure they don't feel ashamed or judged for seeking help. Everyone deserves to be treated with respect and dignity, no matter what they're going through.

Harm reduction is also about using what we know works best and making sure everyone's rights are protected. We should base our actions on evidence and always think about what's fair and right for everyone. Finally, harm reduction is about making healthcare more caring and understanding. It's about seeing people as individuals with their own needs and treating them with kindness and respect. Overall, it's not just a set of rules, it's a way of thinking and acting that puts people's well-being first.

DO YOU SEE MORE POSITIVE OR NEGATIVE DEVELOPMENTS REGARDING DRUG POLICY AND HARM REDUCTION IN RECENT YEARS IN ROMANIA?

It is difficult to say if it's more positive or negative. I came to know both positive and negative developments in the last 5 years. I see slow-going changes regarding the development of local and central funding mechanisms for harm reduction services, but I also see low service coverage and, since recently, increased criminalization of drug possession with legislation that changes overnight. Drugs are today high on the political agenda but the stigmatizing language perpetuates negative perceptions in the community.

WHAT MAIN CHALLENGES DO YOU SEE FOR DRUG POLICY/HARM REDUCTION IN THE FUTURE?

Some of the key challenges include being better prepared for emergencies, like new drugs showing up, and making sure harm reduction programmes keep up with changes in the drug market, such as more people using synthetic opioids and the legalisation of cannabis. Another big issue is the decriminalisation of personal possession of all drugs.

HOW IMPORTANT IS NETWORKING ACROSS BORDERS FOR YOUR WORK?

It provides access to new ideas, resources, funding and facilitates meaningful connections. It also offers opportunities for personal and professional growth, cross-border understanding and collaboration.

In regard of C-EHRN, I was nominated by ARAS to participate in the preparatory meeting to relaunch the European Harm Reduction Network in December 2017 and soon after I was appointed member in the Correlation Steering Committee.

WHAT DO YOU WISH/RECOMMEND C EHRN FOR THE FUTURE?

Stay united and focused on European and global drug trends as well as on the advocacy agenda.



Budapest

Peter Sarosi

THAT'S ME

I am a Hungarian harm reductionist and drug policy reformer living in Budapest. I am 46 years old and married with one daughter, Anna, who was born in 2023, so I am a new first-time parent.

I listen to music daily and always adjust the style of the music to my moods: when my mood is blue, I listen to classical piano, ambient, or trip-hop. When my mood is elevated, I listen to more fast-beat music.

I love to read books. I have so many favorite writers that it would be hard to list them all. I love Russian novels—Tolstoy, Solohov, Bulgakov, Grossman. Lately, I read “A Tale of Love and Darkness” by Amos Oz, which I highly recommend. I am also a science fiction and fantasy fan, both in books and movies. When I was a kid, I read and watched everything sci-fi I had access to, including the Star Wars and Star Trek universes, as well as Eastern-European sci-fi such as the works of Stanislaw Lem and the Strugatsky brothers, along with movies made by Tarkovsky based on these books.



I also enjoy reading about philosophy, politics, religion, and spirituality. After a recent encounter with cancer, I turned to spiritual self-inquiry and became a practitioner of Buddhist (mindfulness) meditation. I believe there is a huge potential in combining modern psychotherapy with ancient wisdom, such as various contemplative traditions or the use of psychedelics. One of my mentors is Gabor Maté, the renowned Hungarian-born physician and trauma healer, who taught me a lot about the impact of childhood trauma on our everyday habit patterns and how to heal with compassion.

I do not like to watch sports, but I enjoy doing them. If I have time, I run three times and swim two times a week (46 km running/5 km swimming per week). When I can leave the city for multiple days for fun (which does not often happen as a parent of a baby), I go to the mountains, especially the Alps. I like to hike in high altitudes and explore the sublime beauty and silence of snow-covered peaks.

I consider myself lucky to have traveled a lot as a filmmaker, having been to all continents except Antarctica. If I had the money and time, I would love to participate in an expedition and explore the land of ice and snow.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, DRUG POLICY?

I graduated as a historian; I was particularly interested in the history of religions but also had a desire to change social injustices. After graduating at the Central European University, I joined a group of young people who fought to reform cannabis laws in Hungary and participated in civil disobedience actions in the early 2000s. I worked for the Hungarian Civil Liberties Union, a leading human rights NGO in Hungary, as the head of its Drug Policy Program from 2004 to 2015. My colleagues and I created the Drugreporter website in 2004 which became one of the best-known drug policy reform websites in the region, with English, Russian, and Hungarian contents. I produced hundreds of documentary films about drug policy reform and harm reduction with my colleague, Istvan Gabor Takacs and we provide training courses on media and video advocacy for students and activists. We were awarded the International Rolleston Award in 2017 for our achievement in international harm reduction advocacy.

WHAT HARM REDUCTION MEANS TO YOU?

I think harm reduction in a nutshell is pragmatism + compassion. Harm reduction is meeting and connecting people where they are at and support them to get what they really need rather than impose a conventional morality on them. It is to treat marginalised people as human beings with dignity and create a safer and caring environment in which they can thrive. It is more than just “reducing the risks” – it is about continuing the best tradition of humanism in social policies.

WHAT CHANGES DID YOU OBSERVE THROUGH THE YEARS?

If you look at it from a global perspective, harm reduction has been a huge success story since its beginnings in the end of the 1980s. It has been gaining grounds in many countries and regions and generated tons of evidence about its benefits. However, we can witness serious backlashes as well. Eastern Europe has been especially negatively affected by the retreat of international donors in the past ten years, harm reduction programmes have collapsed in several countries. It is also worrying to see that in many countries, including Hungary, the space for civil society is shrinking rapidly, with authoritarian populism on the rise. There is a backsliding to a security and law enforcement-based approach even at the EU level.

WHAT CHALLENGES DO YOU SEE FOR HARM REDUCTION?

Our greatest challenge is not only to preserve and mainstream what we have achieved in terms of “traditional”

harm reduction programs but to open the door for innovations. The fate of harm reduction is tied to the fate of liberal democracies, vibrant civil societies, and welfare states in general. We need a much stronger involvement and mobilization of the affected communities, including people who use drugs and their family members, to change the narrative about drugs.

HOW DID YOU GET INVOLVED IN NETWORKING AND CORRELATION?

I have been involved in Correlation almost since its beginnings in the early 2000s – the first Correlation meeting I attended was in Egmond aan Zee where I immediately got hooked on its innovative concept that combines research, advocacy, and networking to change and improve the social and policy environment for the most marginalized and excluded groups of society. I was very proud to receive the most votes at the Steering Committee election a few years ago and I am an active and enthusiastic member of the network – which has become a second family for me. I wish all members of the harm reduction family a lot of solidarity and resilience for the upcoming turbulent years in Europe.



Krakow

Grzegorz Wodowski

THAT'S ME

I am 58 years old and live with my wife and one adult daughter in Krakow. I am the director of Monar Krakow.

My favourite kind of music/band are definitely the Rolling Stones. In 1967, when I was 1 year old, they recorded the Between the Buttons album, and I decided to spend my life with their music. I also love every song by Nick Cave, but my deepest dream is to sit in a bar where Tom Waits is giving a small concert for not more than fifty people.

I would recommend to a good friend to read Pokora by the Polish author Szczepan Twardoch. It is a book about power and submission and the price you pay when fighting for your dignity.

Three weeks of vacation would be great. I would get into a fancy camper and go to Romania, to the mountains. I'd stay in beautiful places, away from the hustle and bustle and other tourists.

I love sports and physical activity. If I were born again, I would become a professional athlete, a tennis or volleyball player. Recently, my favourite sport is padel.

I've never been to Australia. It's like another planet, at the end of the world, a lonely huge island in the ocean. And inside, a strange mixture of cruel nature and modern cities.



HOW DID YOU GET STARTED IN THE FIELD OF DRUGS?

Back in the early 1990s, I began my journey by studying sociology with a focus on social work. My passion for drugs and the academic path naturally led me towards the field of drug-related issues. I started as a volunteer in the psychiatry department, where I encountered individuals struggling with severe psychiatric illnesses and addiction problems. Meeting these people and working with them was a turning point for me.

I then got involved with the Krakow branch of the Monar Association, which was an interesting and somewhat unconventional project compared to other activities in other parts of this organisation, in other cities. There were a lot of things being done here that, even though they weren't called harm reduction, were indeed harm reduction. It was about caring for people, not pursuing any official goals. That suited me. It had a bit of a hippie and informal vibe, but it was where I felt I could make a difference by connecting theoretical knowledge with practical work.

I must mention Marek Zygadło here. He was a person I worked with and had an important influence on my professional development. He was able to listen to the needs of the drug users community and then he was able to convince officials about important matters. For me personally, he was a mentor and person who shaped my approach to the drug problem.

Through my studies and interactions with colleagues, I was inspired to address various social issues, not just addiction. This motivated group of individuals spurred each other on to tackle different challenges. Eventually, I began working at Monar, initially as a volunteer for about six months before moving into more substantial roles. During this period, I also took on the role of director, although it might sound more impressive than it was, considering it involved overseeing myself and a few others. Nonetheless, it marked a significant step in my journey within the field.

WHAT DOES HARM REDUCTION MEAN TO YOU, AND WHY DO YOU PREFER IT OVER MAINSTREAM SERVICES?

As we know harm reduction is an approach to health activities initiated by drug users themselves, which in some aspects is becoming mainstream. But such a division actually exists and Poland is the best example of it. I am a supporter of integrating these approaches.

In 1996, we started a needle exchange program, a first for Krakow and first in Poland. At that time, many drug users were contracting HIV due to needle sharing. The situation was different from places like Holland, where HIV rates among drug users were low. The liquid nature of drugs like “kompot” facilitated HIV transmission as dealers, often users themselves, shared contaminated needles. Getting syringes from pharmacies was difficult as they were hesitant to sell them, fearing an influx of drug users might unsettle other customers. We had to educate the police about harm reduction, explaining its benefits for public health. Eventually, they understood and stopped interfering with our efforts. So, harm reduction for me was a pragmatic response to a pressing public health issue, offering tangible support to vulnerable individuals where they needed it most.



HOW DO YOU SEE THE CHANGES OVER THE YEARS?

The changes that have occurred in the drug scene are absolutely. They concern both the methods of their distribution and the types of drugs themselves and patterns of their use. Since 2010, until the COVID-19 pandemic, new psychoactive substances, especially those with a stimulating effect, have been rapidly and widely entering Poland. Synthetic cathinones like mephedrone and its derivatives, hex en and many others have been used by injection. They supplemented the black market after amphetamines ran out. At present, compared to past years, the percentage of injecting drug users continues to show a slight downward trend. On the other hand, we are observing several disturbing things that may reverse this trend in the future. The number of young persons who inject drugs and knocking

on our project's doors (some of them we have to refuse to participate in the project because they are underage). There is an increasing domination of pharmaceutical drugs on the black market, medicines containing strong psychoactive substances. It seems that the future belongs to drugs produced by the pharmaceutical industry.

WHAT DO YOU SEE AS THE MAIN CHALLENGES FOR THE FUTURE OF THE DRUG SUPPORT SYSTEM?

The development of harm reduction activities in Poland is very important. As I have already said, this approach is still at the margin of drug-related impacts. Imagine that our state spends more money for one rehabilitation centre than for all of the harm reduction programmes in the whole country. And there are dozens of such rehab centres financed from public money.

At the beginning of 2000, when everyone still was afraid of AIDS, we had needle exchange programmes in every Polish city. Today, in our country, you can count harm reduction programs on the fingers of one hand. In addition, it is difficult to talk about the serious development of these programmes.

Currently, we're gearing up for naloxone distribution. It may not seem urgent based on current data on death rates, but it's a measure we want to have in place for the future.

Another issue is the implementation of activities that are controversial. Once again this year, we are hitting a wall of misunderstanding and reluctance when it comes to injection rooms. The commander of the Krakow police told us that if we opened such a room, he would put policemen in front of our drop-in.

HOW IMPORTANT IS NETWORKING AND SHARING KNOWLEDGE, PARTICULARLY IN TERMS OF HARM REDUCTION EXPERIENCES?

Absolutely, learning from other places has been invaluable, especially in the initial stages. Visiting companies in Frankfurt a/M., Amsterdam, and elsewhere gave me insight into different approaches to harm reduction. However, it's crucial to recognize that what works elsewhere might not fit our context perfectly. Each city has its own laws, social infrastructure, and police attitudes, which impact our strategies. The Correlation Network has been instrumental in facilitating discussions, sharing experiences, and finding our unique path. It's not about copying others' methods but rather understanding various approaches and adapting them to our needs. The network provides a comfortable space for exchange without the pressure to conform, unlike some organisational meetings where there's often a push to assert one's own methods as superior.

In essence, we aim to build a shared understanding without imposing a one-size-fits-all approach. Participating in the Correlation Network has been inspiring and beneficial over the years, offering a refreshing alternative to traditional organisational dynamics.

Gdańsk

Magdalena Bartnik

THAT'S ME

I was born in 1980 and live in Gdańsk, Poland. I am married and have two boys, 5 and 6 years old.

My taste in music is very diverse, ranging from pop, hip-hop, and soul to electronic music, alternative rock, and jazz. One of my favorite bands is Bohren & der Club of Gore.

Emma Stone in "Poor Things" was an absolute delight, my latest favourite performance.

A book I'd recommend to a good friend is "Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America" by Robert Whitaker.

Given a 3-week period of free time, and if not spending it with my family, I'd likely sleep a lot, read, watch movies, party, and maybe dabble in some drugs.

Sports aren't really my thing, though sometimes yoga and bike rides fit into my routine. There's also the occasional gym visit, and staying active with the kids is a given.

Rather than seeking out new places, there's a strong desire to revisit places I've already been, like Bangkok and New York.



HOW DID YOU GET INVOLVED IN HARM REDUCTION AND DRUG POLICY?

My path to harm reduction might sound a bit epiphanic. I started with Jewish studies in Krakow, Poland, and then studied European culture. After graduating, for a couple of years I was involved in cultural events, theatre, festivals. However, in 2006, I read an interview in a local newspaper about harm reduction service and outreach in Warsaw and it just sunk into my head. I contacted the person who gave the interview and we met. He was explaining to me about the different tools and interventions but basically was talking about people - who are rejected, invisible, left behind, about their everyday struggle, providing support for them, building trust. I felt struck, bewildered, moved. And wanted to learn more. I started coming to the service once in a while, at the beginning helping around.

It was the first outreach I did that changed my life and nothing was ever the same again. I remember it so clearly. I was there with a social worker from the service, we were smoking in the underground passage. At some point people started to appear. Asking for needles, syringes, cigarettes. Or simply walking up and starting a conversation, saying their names, asking who I am.

And in that very moment, while getting to know and talking with people I would usually just pass by not even noticing them, I suddenly realized how shallow and superficial my perception of the world was, how little I understood. Suddenly, everything I had done up to that point seemed insignificant, having no impact on reality. Being with people there made me feel as if I got into a place I didn't know existed. It was a transformative experience, an awakening.

I resigned from my job and started working in the service. At the time it was run by another, actually abstinence based organisation, where harm reduction was just a side thing. After a while, together with one colleague we established the Prekursor Foundation, where the whole team moved



and people followed. We managed to obtain funding for harm reduction in Warsaw right away, find a premises and open our drop-in.

In the following years I did multiple drug policy and public health trainings, became an addiction treatment specialist and worked for a while in an out-patient. I engaged in various projects supporting the LGBT community, sex workers, children and youth living with HIV, inmates. And together with the team we were expanding scope and activities of Prekursor.

WHAT DOES HARM REDUCTION MEAN TO YOU?

Harm reduction is just so many things, can be defined from so many perspectives and dimensions. In a way it is limitless. It is public health, human rights, evidence-based policies, practical tools and interventions, but underneath it all there is something much greater, something profound. Human connection, openness to others, compassion. It's standing up for those who are most vulnerable, generating safety, We often aim for big goals, then feel drained and powerless. But here is the thing – even in times where there is little we can do, due to insufficient resources, operating in hostile environment, there is always a way. When you make people feel that they are seen, respected, that their lives matter you change the world. Harm reduction gives a sense of purpose, can become one's meaning of life.

WITH YOUR EXPERIENCE, HOW DO YOU THINK DRUG POLICY AND HARM REDUCTION HAVE EVOLVED IN POLAND?

It's such a sad story. In the 90's we had one of most liberal drug laws in Europe. There were no criminal, only administrative sanctions imposed on people using drugs – possession of an insignificant amount of substance resulted in its confiscation. This was the time when harm reduction was growing, services were being set up, people wanted to get involved, the community was there.

The addiction treatment system was being shaped already in the early 80's, much earlier than in other post-communist countries. Defining the phenomenon of drug addiction was happening during the formation of civil society which had a significant impact on the current shape of the Polish model. In that time, there was still space, people's energy and potential for harm reduction development.

And then came the year 2000 with the criminalization of possession of any amount of drugs – a radical shift which resulted in where we are today. After the amendment, the number of harm reduction services and their clients steadily declined. Today we have just a few programs and a handful



of people working in the field. Trying to break through is like trying to change the direction of a river.

WHAT CHALLENGES DO YOU SEE FOR HARM REDUCTION, FOR EXAMPLE WITH NEW DRUGS, NEW PEOPLE, YOUNGSTERS, AND SO ON?

In fact, we were not able to respond sufficiently to the needs of people even before, when there were traditional drugs on the market. After 30 years of establishing the first methadone clinic, there are 3000 patients and this meets the needs of only a dozen per cent of those who should have access to treatment. And even these estimates may be optimistic since this calculation is based on questionable data from 2009. Our OST model is dysfunctional and needs reform.

And each year the challenges increase. New psychoactive substances, constantly changing market, we just can't keep up. We need drug testing, drug consumption rooms, wide access to naloxone. All this cannot be introduced in our legal framework.

Addressing the needs of the aging population of people using drugs is a huge challenge. We lack resources, we don't have the capacity to respond to health conditions we haven't encountered before.

Services specifically for refugees and migrants are urgently needed. There is an increasing number of new clients approaching us, who in most cases have zero access to health care and social services.

We have to bridge the gap between various services and create an integrated model. Otherwise coping with new challenges will be even more difficult as problems overlap.

HOW IMPORTANT IS NETWORKING FOR YOU, ESPECIALLY ACROSS BORDERS AND INTERNATIONALLY?

Networking is essential. We can learn a lot from each other. We see what's possible and learn how to overcome obstacles. It provides practical insights, strengthens the advocacy efforts.

It is an empowerment that comes from connecting with people who believe in the same cause. When you're with others who share your beliefs, it reinforces your own commitment.

In Poland, and in many other places, the number of organizations working in harm reduction is low. Being part of an international community where people think the same way is incredibly encouraging. It helps combat frustration because you realize you're not alone in your efforts.

WHAT WOULD YOU WISH OR RECOMMEND CORRELATION IN THE COMING YEARS?

To continue being who you are. Keep working, networking, bringing people together and advocating for change. It takes a huge effort, but the stronger the network, the brighter the future.

Vilnius

Anna Dovbakh

THAT'S ME

I am 47 years old and live in Vilnius but informationally and often physically in Kyiv, it is important for me. I have a daughter, 24 years old and a teacher.

I like Ukrainian folk rock, such as Dakhabrakha, Zwyntar or Katya Chilly.

My favorite actor is James McAvoy.

I recommend to read Taras Prokhasko "Earth Gods Writings from before the War".

During a 3 week period of free time? I would read, listen to anthropological lectures, swimming in the sea and camping in the mountains – better all these together.

I do active jogging up to 10 km per day, skiing in winter.

A favourite region to visit would be Latin America.



HOW DID YOU GET INVOLVED IN HARM REDUCTION, DRUG POLICY?

When I was studying psychology at university, I got involved with an anarchist group and a student trade union, which included very smart students. Some of them were sociologists doing research in narcological services, which were very repressive and hard to understand in the early 1990s after the Soviet Union collapsed. My first involvement in harm reduction was in 1996 when I helped my boyfriend with research on women who use drugs. We realized we could build a self-organized movement. We started by training socially active teenagers to offer services and engage in social campaigning. This led to a group of enthusiastic teenagers wanting to create a self-organized club with us. We did a lot of activities not related to drugs but also organized camps and training sessions promoting the message that "being fit is fun without drugs." Back then, I didn't see a contradiction between drug prevention and harm reduction. Social therapy and rehabilitation in drug treatment services weren't working well in post-Soviet countries, and prevention efforts were failing in a society in crisis. As an anthropologist, I understood that simply telling kids to avoid drugs didn't work. The key was empowering them and providing opportunities for self-education. We worked with highly traumatized kids and saw that self-organization, self-help, and social participation were crucial.

Later, I became a trainer and researcher in community mobilization for marginalized groups like people who use drugs, LGBTIQ+ initiatives, people living with HIV, and sex workers. This involved organizing regular conferences, knowledge exchange, and training on community engagement and advocacy. Our guidance on community support came from both international experience and our own tools and approaches. It wasn't just about training; it was about self-development and empowerment.



WHAT HARM REDUCTION MEANS TO YOU?

For me, harm reduction applies to all aspects of everyday life, like using electricity, driving, doing sports, and dealing with trauma. It's a general therapeutic approach to living. You can't just cut parts of yourself away or change yourself because someone says your behaviour is bad; you can only learn how to live with yourself as you are. The same goes for addiction. Treating it as something shameful isn't the way to live happily. For people who use drugs, we need to provide proper information, support, tools, and means to survive, even if their drug use isn't problematic. It should start with the decriminalisation of drug use and possession because what we're doing in harm reduction programmes is mainly reducing the harm caused by criminalization imposed by the state and society.

Communities need a full range of services, from effective structural prevention (like fighting poverty and providing job opportunities for teenagers) to harm reduction and evidence-based treatment, which shouldn't involve torture or feel like imprisonment.



HOW DO YOU SEE THE DEVELOPMENTS IN EUROPE?

Traditionally, drug services have focused on detox and relapse, creating a continuous cycle. The developments in harm reduction in Eastern Europe are happening alongside advances in psychotherapy and social work. It's like we're progressing in different areas simultaneously. Right now, harm reduction is expanding beyond its original focus on opioid use. With the rise of new drugs and recreational use, harm reduction is now relevant to a much broader audience, not just those with problematic drug use.

In Ukraine, especially with the ongoing Russian war against my country, mental health support as part of harm reduction is critical. Many people are traumatised, either directly by violence or indirectly through news and other experiences. We're supporting partners in lowering barriers to harm reduction, providing different substitution treatments, and starting programs that include access to psychedelic treatments for military personnel, veterans, their families, and others affected by war trauma.

WHAT WOULD YOU IDENTIFY AS CHALLENGES FOR THE HARM REDUCTION WORLD?

Political populism around drug policy is a major challenge, especially the Russian approach influenced by the KGB. It's not just about populist politicians who want to ban or close civil society and liberal media; it's a strategy to make civic movements disappear altogether. This is a key issue for our members in countries like Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Armenia, Azerbaijan, Belarus, and Russia. We see similar approaches shrinking civic space and not providing funding for harm reduction in Hungary, Serbia, and Bulgaria. Many people need harm reduction, but it often goes unnoticed. Populist politicians try to appeal to what they imagine is the public's view—often stereotyped as conservative grandmothers who want to live in a romanticized, old-fashioned countryside without modern influences.

One challenge we face is redefining the concept of a drug user. The old views of drug users as criminals or sick people don't work anymore. The approach to mental health and public perception has shifted. Now, a lot of young people use mental health terminology to describe themselves. Our task is to develop a new definition of addiction that includes all forms of substance use and coping strategies, to make harm reduction the best strategy for dealing with addiction issues.

ACTUALLY MAYBE A FUNNY QUESTION FOR YOU AS THE DIRECTOR OF A NETWORK, BUT HOW IMPORTANT IS NETWORKING FOR YOU?

This might sound like a funny answer, but networking is extremely important to me as an activist. Only together can we make an effective effort. Harm reductionists in their countries often feel like lone warriors. I hear from our members that even when we can't support them financially, moral support and sharing new experiences through the network mean a lot to them.

Networking means learning and not failing alone. It's about building new strategies and understanding where we're going. It's crucial to find new messages, not just from outside but from within, to understand ourselves, what we're doing, and the consequences of our actions.

Every conference feels like a family reunion. Connecting South Europe, Russian-speaking regions, Eastern Europe, Central Asia, and the Caucasus in our association has helped maintain our sense of unity despite challenges. For those wanting to be part of Europe, like Ukrainians, Moldovans, and Georgians, it's about unity. It is also about understanding that not everything in the EU is successful in harm reduction and drug policy. Through joint conferences, events, and shared learning, we create important connections—just as we have done with C-EHRN over the years. Learning through networking makes me feel accepted and more knowledgeable about harm reduction in Europe. It's an important and fulfilling experience.

Porto

José Queiroz

THAT'S ME

I'm 54 years old and live in Porto with my wife and two daughters. I am the director of the NGO APDES.

My taste in music is very broad and varied, ranging from renaissance music like Monteverdi to bands like Talking Heads, Joy Division, and Rage Against the Machine. "Killing in The Name" by Rage Against the Machine is particularly significant to me, reflecting on a life spent conforming to the demands of others.

Richard Burton and Elizabeth Taylor in "Who's Afraid of Virginia Woolf" are my favourite actors. I also admire movie directors Akira Kurosawa, Frank Capra, and Andrey Tarkovsky.

Two books I would recommend are "The Memorial do Convento" by José Saramago, which delves into the social struggles of individuals in early 18th-century Portugal, and "Doktor Faustus" by Thomas Mann, about a German composer who sells his soul to the devil amidst the upheavals of early 20th-century Germany.

With a 3-week period of free time, I would love to go hiking, especially through green landscapes. I've recently discovered the idea of hiking or pilgrimage in Japan, particularly in the beautiful province of Kochi along the river Shimanto, staying with local peasant people.

I enjoy watching football, particularly FC Porto.



HOW DID YOU GET INVOLVED IN ISSUES RELATED TO DRUGS, HARM REDUCTION, AND DRUG POLICY?

Well, I grew up in a poor urban area of Porto known as "Ilha do Camilo", one of the city's poorest neighbourhoods. These "Ilhas", kind of "tiny villas" were built by factory workers at the end of the 19th century, resulting in small, isolated houses that became stigmatized. I lived in a close-knit family, connected with my grandparents and aunts, but some neighbors faced issues like violence, alcoholism, and eventually, drug use.

As a teenager, I witnessed the impact of drug use on people in my community. One person I knew died from substance abuse in the 1980s. Even before that, I saw people I cared about change under the influence of alcohol, especially wine. This exposure influenced my decision to study psychology, and during my studies, I focused on drug issues and deviant behaviour.

After completing my studies, I worked as a director of a cinema club, organizing events and film festivals. Later, I joined a private enterprise association, but I didn't enjoy the experience. Eventually, I began teaching and working in a social neighborhood near Porto, around 70 kilometers away (city of Aveiro). This marked my entry into drug-related issues and harm reduction.

In 1998, without realizing it, I started practicing harm reduction with young people in that neighborhood. Actually, I continue to develop a project designed by previous colleagues whose aim was to connect with the youngsters through their artistic skills, such as rap and breakdance, even recording a CD with them. I lived closely with them, adopting an ethnographic approach, although I wasn't aware of the term "harm reduction" at the time.

In 2002, I got engaged in a social entrepreneurship project, where a part of the initiative involved establishing a local development agency in Gaia (the city in front of Porto divided by the Douro River). My friend Ivone Vasco and I led this effort, convincing the local stakeholders to support the idea. Two years later, I suggested maintaining the project's scope by involving professionals like myself in the local agency. The idea was well-received, and APDES (Agência Piaget para o Desenvolvimento) was officially founded in 2004, with a focus on local development and a European dimension.

SO, WHAT DOES HARM REDUCTION MEAN TO YOU, AND WHY DID YOU APPROACH THIS ISSUE IN THIS WAY?

It's more or less consensual that harm reduction lays on the following pillars: humanism, pragmatism, moral acceptance (non-judgmental) and promoting participation. First, I would say that harm reduction is all about staying connected with the reality on the ground, with communities and real-life situations. You can't understand people's needs by staying in a comfortable office or in positions of power. It's essential to be among the people, walk, talk, and form alliances. Harm reduction, in my view, involves forming realistic alliances between professionals and the community which means we need to accept the fact that people use drugs and that, most probably, will continue to use it – so, to embrace people is essential, putting aside prejudices. And if you do that, we are being receptive (moral acceptance). Pragmatic because it's essentially a practical wisdom, a common-sense approach, focused on what is feasible and possible. It's doing what can be done in a particular moment, in a specific context, with the limited tools available. Accepting things as they are and assuming a practical attitude allows harm reduction to be more open to evaluation, creating the conditions for an evidence-based approach. But I would say humanism is the “mirror” where I better recall harm reduction: humanism not as an empty word - meaning nothing - but as a collection of practical and feasible ways to work with and empower people, built on a wisdom gained from decades of harm reduction worldwide. It's about creating a sense of brotherhood, transcending the roles of citizens to embrace a broader human approach. Harm reduction, to me, is pursuing on an idealistic principle of fostering “fraternity” (still the most difficult value to realize in our democratic societies).

HOW IMPORTANT IS NETWORKING AND LOOKING ACROSS BORDERS ?

Networking and looking across borders are absolutely crucial. Developing harm reduction methodologies and projects in Portugal would be challenging without the opportunity to learn from other societies and countries. Collaboration with people, NGOs, and societies across Europe has been instrumental. Networks like Correlation play a fundamental role in collecting and organising knowledge, creating a

virtual resource center accessible to all. Beyond that, these networks connect people, fostering communication links between different regions, stakeholders, and organizations. They also create a political sense of advocating for sustainable harm reduction, professionals' rights, and, most importantly, the fundamental rights of people using drugs. Correlation was - for example - pivotal in introducing peer education and activism, bringing user movements to the forefront. The acceptance of drug user activists as equals was a powerful move, setting a precedent for meaningful discussions. I recall a significant moment when we invited a drug user activist from Greece to speak at the European Parliament during a seminar in Brussels in 2013. This act acknowledged their importance and contribution, making it a memorable and impactful event.



Lisbon

Dagmar Hedrich

THAT'S ME

I am Dagmar, 65 years old, and I live in Lisbon. I have one daughter, Noa, who lives in Berlin. I worked for the EMCDDA.

My taste in music is quite variable; for example, I like classical music as well as house and techno.

Helen Mirren is probably my favorite actor.

A book I've recently read and would recommend is "Tomorrow, Tomorrow, and Tomorrow" by Gabrielle Zevin. My new absolute favourite: "Drugs and the Making of the Modern Mind", by Mike Jay.

As I am retired, I have the privilege of deciding what to do any time, all the time. I currently use my time for learning new things and for traveling.

My favorite sports are walking and swimming.

I would like to see some parts of Australia, including the Barrier Reef.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, IT'S POLICY, HARM REDUCTION, AND RESEARCH ?

During my university time 1977-83 in Giessen, I still lived in the region where I had grown up and kept close contact to my youth friends. In the early 80s, I realised that several people I knew had become addicted to heroin. At the time, there was no understanding about how to respond; parents were helpless and told by doctors and wider society to be strict, and have 'no mercy'. So people despaired and there were many overdose deaths. I think watching this inhumane response from close by inspired me as a young psychologist to do a post-graduate training as group therapist in the field of addiction.

In 1985, I became part of a research group that looked into self-recovery and outpatient treatment for heroin users in the context of a longitudinal study. Here, I learned a lot from interviewing people who use drugs and from following their lives for five years. I also soon discovered how ineffective therapy in long-term residential treatment centers - the only treatment option at the time - was. To put people in closed settings far away from reality was perhaps well-meaning and helped while they were there, but in the medium and long term it was not the right approach. At that time, methadone substitution was already used in parts of the US, but not available in Germany for demagogic reasons. Outreach was very rare and syringe programmes didn't exist. In the research team, my main focus was on coping with HIV infections, and on gender issues. After five years in research I changed to local policy development in the city of Frankfurt/M., because I felt



there was an urgent need for change and this turned into a unique opportunity to become part of local harm reduction policy development. Working for different international organisations and bodies from 1991 onwards, I was able to use my experience from research as well as policy development, and seize the opportunity to translate scientific research results on harm reduction into policy recommendations, which was a slow, but very satisfying process.

WHAT DOES HARM REDUCTION MEAN TO YOU?

Harm reduction is a humane response to problems that can come along with addiction, for example infections or overdose risks. The concept itself extends to other fields.

DO YOU SEE MORE POSITIVE OR NEGATIVE DEVELOPMENTS REGARDING DRUG POLICY AND HARM REDUCTION IN RECENT YEARS?

In a historical perspective, I see a positive trend, in as far as some key harm reduction interventions have become an integrated part of the response to drug use. But lately, I see a certain stagnation in the EU and regression in other parts of the world. Drug use is less in focus in the daily news, there is less sensationalism - which is generally a good thing - but this also means it is harder to get substantial investments into the wellbeing of people who use drugs.

WHAT MAIN CHALLENGES DO YOU SEE FOR DRUG POLICY/HARM REDUCTION IN THE FUTURE?

Creating the same level of consumer protection for those who use drugs than for those who consume other goods, namely: "...to ensure clear information on the product, its price, shipping and delivery costs as well as on your rights when things go wrong."(Europa.eu)

HOW IMPORTANT IS NETWORKING ACROSS BORDERS FOR YOUR WORK?

The change in drug policies that happened in Europe and also in other parts of the world from repression to a balanced approach would not have been possible without networking across borders. Looking at how others address specific problems is a very effective way of developing and adapting your own policies. And learning from peers is very inspiring, too.

HOW DID YOU GET INVOLVED IN CORRELATION?

I knew individuals involved in Correlation from very early on, but developed a working relationship when I started my job at the EMCDDA in 2001, through a European NGO platform, organised by DG Health. The first substantial collaborative project with Correlation started more or less twenty years ago, when we developed a data collection protocol for specialist harm reduction agencies. It was published in 2008 but still is relevant in my opinion. Improving data-collection has continued to be my focus in the collaboration with the network.

WHAT DO YOU WISH/RECOMMEND FOR C EHRN FOR THE FUTURE?

I have three wishes: Firstly, that Correlation finds the resources to maintain the network and keep the European exchange at NGO level alive in the future; secondly, that members continue to engage in monitoring and research as important means to document, evaluate, and showcase their work; and finally - that they don't try to re-invent the wheel.



Barcelona

Aura Roig

THAT'S ME

I was born in 1981 and I live in Barcelona with my partner. I am the director of the NGO Metzineres.

I love all kinds of music, and it really depends on the moment, but I especially enjoy any live music.

A book I would recommend to a good friend is “Free Women of Spain: Anarchism and the Struggle for the Emancipation of Women” by Martha Ackelsberg. It revolves around a group of women who published a magazine during the Civil War.

With a 3-week period of free time, I prefer to spend it on the beach, soaking up the sun.

Swimming is my sport of choice.

A region I'd love to visit but haven't had the chance to explore yet is Vietnam and Asia in general.



HOW DID YOU START GETTING INTO THE WHOLE TOPIC OF DRUGS, DRUG POLICY, HARM REDUCTION, AND ALL THAT? WHAT WERE YOUR INITIAL STEPS?

Harm reduction, for me, just came naturally. My parents used drugs in a way that didn't cause problems, and they talked to me about drugs in a very natural way. Their perspective was that drugs aren't inherently good or bad; it depends on how you use them, who you use them with, and figuring out which ones work for you. Then, during my teenage years, I began losing friends because of their drug use – some got into big trouble, especially with heroin.

For me, it wasn't a political matter, but it was always there in the background. I got involved in social movements against prison, and I could see how drugs played a significant role there. Then, I pursued a master's degree in sociology and criminology. One of my professors emphasized how drug policy is closely linked to social and political control, being a justification for the control of borders or people.. Most of the people in jail are incarcerated for drug related crimes. It hit me – I've been part of social movements, but I hadn't paid much attention to drug policy, which directly affects my life.

After putting together various notes, I got deeply involved in drug policy. My master's dissertation focused on women who use heroin in a non-problematic way. It was mind-blowing to discover that such a perspective existed, as I never thought it was possible. This led me to work in a consumption room in Barcelona, initially a medicalized one. I always approached it with the awareness of my own decisions regarding drug use. I thought about what if I were on the other side – how could I find a place that suits me?

The turning point was when I contemplated how we could create a welcoming and comfortable space for people struggling with drug relat-



ed issues. It was essential to think about their needs and expectations because, let's face it, any of us might need it someday.

In 2016, I got involved in a significant project. I was asked to research women who inject drugs, a groundbreaking study in Catalonia. We formed a group of women who met weekly, discussing not just drugs but our daily lives. This initiative led to the creation of a network called XADUD, the Catalant Network of Women who Use Drugs. After a year, a large organization approached me with funds but were unsure how to establish a harm reduction place for women. They had the money, and we had the ideas. That's how Metzineres began, and from there, we started to build something innovative.



WHAT HARM REDUCTION MEANS TO YOU AND WHY IS PEER WORK SO IMPORTANT ?

Well, for me it goes beyond just a strategy or concept. It's about creating a space where everyone, no matter what drugs they use, feels welcome. It's a place where you can be yourself without judgment, and you become part of a community with all its complexities. Now, about the importance of peer work in harm reduction—it's crucial for me. These peers taught me what harm reduction truly meant. I moved away to places like Vancouver and Colombia and when I returned after seven years, I saw these friends, these women who shared their profound insights with me, stuck in the same difficult situations. It puzzled me. Despite having everything—consumption rules, methadone programmes, drug checking—they remained in challenging circumstances. The problem? A medicalised approach that focused on keeping people alive but didn't address their fundamental needs. These individuals don't just need to stay alive; they need a place to sleep, to find happiness and community, to work. It's not enough to provide a comfortable solution for onlookers who don't want to witness people struggling on the streets. Real improvement comes when you offer a welcoming space where individuals can express a desire to

enhance their lives, breaking the cycle of repetitive, unsatisfying routines. If given the opportunity, they would choose a different path.

IN TERMS OF DEVELOPMENT, WHAT'S YOUR TAKE ON SPAIN'S APPROACH TO DRUG POLICY?

I'm a bit pessimistic. Every time someone mentions drug policy in Spain, I get skeptical. We were more progressive 30 years ago than we are now. Back then, people were exploring freedom after the dictatorship, but now, it seems like people don't care much about freedom and the role of drug use in a more democratic space.

LOOKING AT THE FUTURE OF HARM REDUCTION, WHAT TENDENCIES AND CHALLENGES DO YOU SEE?

I believe we need to bring back the politics into harm reduction. Thirty years ago, focusing on HIV and overdose prevention was crucial, but now we need to see drug policy as part of social control under a social justice framework. We have advantages – we've been using drugs openly, and more people accept certain kinds of drug use. We're normalizing it outside the law, but the question is whether this bridge to policy change is open or not.



HOW CRUCIAL IS NETWORKING AND LOOKING BEYOND BORDERS FOR YOU?

Networking is immensely important for two reasons. Firstly, we learn a lot from what's happening in other places and what's possible. Internally, we couldn't do what we're doing without international community support. Locally, many around us aren't allowed to do what we do. Our international recognition gives us leverage to push laws a bit further, providing a better standing here. It seems essential to learn from each other internationally, especially in Spain where people may not look outside much. There is a tendency to follow the same practices even if they're not working, just because others are doing the same. Looking outside is crucial for better approaches.

Barcelona

Mireia Ventura

THAT'S ME

I was born in 1978. I call Premià de Mar home, a charming town just 20 km from Barcelona. My apartment offers breathtaking views of both the sea and the city where I was born. I'm in a relationship with someone who works in harm reduction. From a previous relationship, I have two amazing kids—a 13-year-old daughter and a 10-year-old son. I work for Energy Control in Barcelona.

Music has been a part of my life since I was young. I've dabbled in singing, playing various instruments, and even experimenting with DJing. While I enjoy many genres, electronic music is my go-to. Massive Attack, in particular, showed me how beautifully electronic elements can be woven into modern music culture.

I'm passionate about theatre. The thrill of a live performance is unmatched by anything on screen. My favourite actors are those who can evoke a full range of emotions in me—joy, sadness, anger, and sorrow.



I'd recommend any book by Maggie O'Farrell. She's a writer I discovered a few years ago, and her work has captivated me. Her characters are rich and surprising, and she has a gift for transporting readers to different historical moments through the perspectives of women, always with a keen sense of gender.

How I'd spend 3 weeks of free time: Give me nature, good company, and a good book, and I'm set.

I love watching volleyball, especially since my children play regularly. It's a fantastic sport to enjoy as a family, particularly on the beach.

Asia is my big dream destination. I've yet to explore that part of the world.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, IT'S POLICY, HARM REDUCTION, RESEARCH ETC?

I've always been fascinated by the interaction of the human body with substances, which is why I studied pharmacy. However, I've also been intrigued by the interaction with people and considered studying psychology after completing pharmacy. Instead of studying psychology, my passion for research led me to pursue a doctorate. However, it wasn't until I joined Energy Control that I experienced the joy of combining my two passions. This motivated me, along with Iván and other colleagues from Energy Control, to design a drug checking service that provides objective and validated information, creating spaces of trust and connection for people who use substances and greatly benefit from them.

WHAT DOES HARM REDUCTION MEAN TO YOU?

If we had all the necessary resources to provide enriching, safe, inclusive, and tailored spaces for people who use drugs, harm reduction would undoubtedly be the empowerment of people.

Do you see more positive or negative developments regarding drug policy and harm reduction in recent years in your region/country?

Although I see that there is much more awareness in my country about the need to implement harm reduction and expand it to more parts of the territory, we still lack sufficient resources to do so. In my view, it has to go hand in hand and harm reduction is still the least funded part of the drug field.

WHAT MAIN CHALLENGES DO YOU SEE FOR DRUG POLICY/HARM REDUCTION IN THE FUTURE?

One of the main challenges is to foster closer collaboration and unite efforts between the realms of harm reduction and risk reduction, which initially tailored distinct target groups but are now increasingly overlapping. We are in a delicate moment where there is immense pressure to provide efficient services due to the presence of highly potent synthetic substances, which further endanger individuals who use drugs. We also have to consider that the COVID-19 pandemic had a significant impact, and one of the current challenges we face is the mental health of the population. It's crucial to keep this in mind when implementing harm reduction services. To achieve this, drug policy should prioritize reducing stigma against people who use drugs and redirect resources from punitive measures towards supportive approaches.

HOW IMPORTANT IS NETWORKING ACROSS BORDERS FOR YOUR WORK?

Seeing other realities and approaches in other countries has helped me and continues to help me gain perspective. I discovered this from the beginning of my involvement with Energy Control, where I became part of the BASICS network that after several European projects evolved to the safer nightlife NEWNet network which is where the Trans European Drug Information, the drug checking services network (TEDI) belongs.

Additionally, working within a network allows you to expand and increase the visibility of your work. In TEDI, we've clearly seen the difference in impact between a single service and one that is part of a network. If the network can systematically monitor and represent a significant portion of the territory, then the data becomes very powerful and can open many doors.

HOW DID YOU GET INVOLVED IN CORRELATION?

I got involved in Correlation because Daan van der Gouwe invited me to join the New Drugs and New trends group. I remember the first meeting I attended in Helsinki. I was impressed by the number of people it brought together, the professionalism of the talks, and the big family it constituted, which quickly made me feel like I was a part of it. I also remember the conference in Prague fondly, especially the intergenerational party that was organized, where I saw people of all ages giving their all on the dance floor.

WHAT DO YOU WISH/RECOMMEND C EHRN FOR THE FUTURE?

To continue learning from each other and enjoying together.



Antwerp

Tessa Windelinckx

THAT'S ME

I was born in 1971 and live near Antwerp in a small town called Sint-Niklaas. I am married and have two daughters, aged 13 and 19.

I love '90s music but also enjoy listening to a lot of new music, including techno.

When it comes to actors, Jack Nicholson is one of my all-time favorites. As for Belgian actors, I find Jan Decleir very characteristic.

One of my must-read books is *The Perfume: the story of a murderer* by Patrick Süskind.

I enjoy visiting cities, but I also enjoy sitting next to the swimming pool and just reading a book. So the combination of culture and enjoying a good meal with a good bottle of wine, that's the perfect combination. So I really love Italy.

I enjoy the winter sports doing it once a year and then I enjoy skiing or snowboarding.



HOW DID YOU GET INVOLVED IN ALL THIS IN THE ISSUE OF DRUGS HARM REDUCTION AND SO ON?

It happened by coincidence, really. I'm a social worker, and we have to do internships as part of our training. My second-year internship was at a drug service called 'the Sleutel' here in Antwerp. Growing up, I never had any personal contact with drugs or people who used them. But during my internship, I felt a really strong connection with the people I met and wanted to continue working in that field. Initially, I was interested in doing therapy with people who use drugs. This was back in '93. In '95, after completing my studies, I visited the organization where I had done my internship. They told me their street worker was pregnant and had to stop working for a year, and asked if I was interested in filling in. I thought, well, I'm not familiar with street work, but if it meant staying involved and perhaps moving on to therapy later, I'd give it a try. So, I started with street work, and within a few months, I realized I didn't want to do therapy anymore. I wanted to work on the streets, connecting with people directly. That was my first step into harm reduction.

It was an eye-opening experience to understand how important it is to look at the bigger picture. I realized that small actions, like talking to people, going with them to a bar, having a coffee, and engaging with them outside of a formal organization, could have a significant impact. This was mind-blowing for me at the time, even though I was young and inexperienced. It felt like a natural progression.

When the street worker returned, I was offered another job doing therapy, but I declined. Instead, I looked for more street work and found an opportunity in Sint-Niklaas. There were no drug services or street



work there yet, so I had the chance to start from scratch and connect with people. It was quite rewarding because I worked there for six or seven years, and by the time I left, we had established methadone substitution and other drug services. It was all built up from nothing, together with the people.

In 2002, I moved to Antwerp and joined the needle exchange programme, becoming responsible for the province of Antwerp (and later in 2003 for Flanders).

WHAT DOES HARM REDUCTION MEAN TO YOU?

Harm reduction, to me, is also about burnout prevention, because it works and believing in it can keep you going on. Connecting with people as an outreach worker is invaluable and remains a high-value aspect of my work. Over the years, harm reduction has expanded from just needle exchange and methadone to encompass many aspects of drug use, which is a positive development.



HOW DO YOU SEE THE DEVELOPMENTS THROUGH THE, LET'S SAY LAST TWO DECENTIA?

In Belgium, harm reduction is theoretically accepted as one of the pillars, but in practice, it remains controversial and varies by region. We still face the challenge of proving its effectiveness, despite being one of the most researched and evidence-based fields. Explaining our work often leads to better acceptance.

The main challenges in harm reduction include the lack of naloxone, drug consumption rooms, and drug checking services. Drug use patterns have evolved, with polydrug use becoming more common, especially in Antwerp. The demographic of drug users is also aging, with the mean age in our needle exchange being 46, from 22 to 65 years



ESPECIALLY YOU AND DR. CATHY MATTEI, HAVE MADE SUCH SIGNIFICANT ADVANCES IN HEPATITIS POLICY, WHAT DO YOU SEE HAPPENING NOW? IS THE ISSUE RESOLVED WITH THE NEW MEDICATION?

No, no, no, it's definitely not a solved problem. In a city like Antwerp, and maybe this applies to Brussels or even Amsterdam as well, though Amsterdam has less injecting drug use compared to us, we have a high prevalence of injecting drug use. We also see a lot of people coming in from Eastern Europe. We do see a decline in hepatitis C cases, primarily because we have a great partnership with the local hospital, and people are getting treated. This year alone, we've treated 25 to 30 people. So, while there is a decline, I don't think we can achieve complete elimination.

HOW IMPORTANT IS NETWORKING FOR YOU ?

Networking is crucial for me. It involves sharing experiences, exchanging ideas, and collaborating on projects. Meetings often extend into dinners and social drinks, where we continue to work and connect. Networking has been essential in my career, and I hope to see more Belgian colleagues join these efforts in the future.



Paris

Fabrice Olivet

THAT'S ME

I'm 63 years old and live in Paris with my wife and two children. I'm the president of l'Auto Support des Usagers de Drogues - ASUD.

When I was about 14, I used to listen to David Bowie, Roxy Music, and what we called decadent rock. At the same time, Stevie Wonder, George Benson, Earth, Wind and Fire, and other black music made a big impression on me.

There are too many favorite actors to name, but Robert De Niro, Marlon Brando, Marilyn Monroe, and Bette Davis are among them.

Two books I'd recommend to a good friend are "Lolita" by Vladimir Nabokov and "La Tache/The Human Stain" by Philip Roth.

I don't really like free time, which often frustrates my wife because I find holidays boring.

I've been a runner since I was 24, running in all sorts of places—Thailand, Africa, the desert, Los Angeles. Running has allowed me to see the world differently, as people are kind to you when you're running. In a poor ghetto in Cameroon, for instance, the children would greet me with smiles and hellos, making the interaction quite unique.

While I know a lot of places, I haven't been to South America yet. Brazil, in particular, seems very interesting to me.



HOW DID YOU BECOME INTERESTED IN DRUG POLICY? YOUR BACKGROUND SEEMS CONNECTED TO BOTH DRUGS AND ACTIVISM.

I got involved in the drug scene because I belong to the generation that experienced the heroin wave in the late '70s and early '80s. This wave swept across Europe, and in France, it formed a community that I became a part of. It provided a sense of camaraderie and fellowship for me. It felt like a form of activism, not against society, but rather outside of it, existing on the fringes.

I started experimenting with substances in the '70s, trying cannabis around the age of 15 or 16. Later, I explored LSD and eventually began using heroin around the age of 19. However, my significant involvement with heroin occurred in the '80s, particularly during the first half of that decade.

During this time, I also got involved in illicit activities related to drugs, engaging in activities that were not admirable. I thought it was a way of navigating within the society I was a part of—a society that was rebellious and against conventional norms. It was a period when, as Patti Smith described, I felt "outside of society." This rebellious spirit aligned with the punk movement, even though I was more immersed in black culture and music rather than traditional punk elements. Nonetheless, it embodied a punk attitude for me.

Despite my early rebelliousness, I had a bourgeois education from my grandparents. Even though I left school early, their house was full of books, and I was an avid reader. I continued reading even during my three stints in prison. Surprisingly, this education turned out to be a valuable tool, making me think deeply about life, its purpose, and how to navigate

it. Even though I initially rejected this cultural background, it played a crucial role in helping me survive. During the AIDS period, in 1984 when I was 24, I was diagnosed with the disease. The doctor at the Paris hospital informed me that there was no cure and no hope. It was a challenging moment, but my education kicked in, urging me to do something meaningful with the rest of my life. At 27, I decided to quit heroin, undergo psychoanalysis, and move to a town called REIMS in eastern France for a three-year drug-free therapy. This form of therapy worked for me because I could use the skills from my education, especially psychoanalysis, to express my feelings. This decision saved me, and I eventually attended the university. I invested a lot of time in self-education, eventually becoming a history teacher and earning a master's degree.

SO, THE DRUG-FREE THERAPY WORKED WELL FOR YOU. BUT YOU ALSO SUPPORT HARM REDUCTION. WHAT DOES HARM REDUCTION MEAN TO YOU?

Harm reduction means to give users methods and rational information including techniques, outcomes and skills to use any type of drugs with less harm and better feelings. More widely HR could be seen as a global politic which pretend to include drug using into the normal behaviour of any human society .

When I was in therapy, they were really against harm reduction. They believed things like methadone weren't good, and giving clean syringes to people would make things worse. I felt uncomfortable with that stance because, occasionally, I would go back to using heroin. Contrary to what people said about dependency returning with even a small amount, that wasn't my experience. But AIDS was a serious concern. With bad test results, I was losing weight, feeling



unwell, and it felt unfair to get AIDS just for being a drug user. When you look at the political history of AIDS and drugs in France, it goes back to a 1972 decree that banned pharmacies from providing clean syringes to drug users.

I was angry, blaming those

policies for putting me at risk, regardless of whether I used drugs or not. I was supposed to die.

LOOKING AT THIS HISTORY, WHAT DO YOU THINK ABOUT THE DEVELOPMENTS IN DRUG POLICY? ARE THINGS GETTING BETTER AND HAVE THERE BEEN CHANGES OVER THE YEARS?

I believe the fear of AIDS pushed the French government to make some changes. They started using opioid treatments, like substitution treatments. However, we still have a big problem in the suburbs. Drugs are sold there, especially by people of color in poorer areas. The drug war mostly targets these regions. If you're middle class, taking drugs or having

drugs isn't a problem because the system protects you. This is why laws haven't changed much. Middle-class folks can easily get drugs – just a phone call away.

This situation explains why harm reduction hasn't been very successful. Initially, it focused on AIDS and later on dependency, excluding those who use drugs without being dependent. Doctors emphasised opioid treatments as the ultimate solution, creating a barrier to advocating for decriminalization or legalisation. This is why we're far behind other European countries like Spain, where drugs have been decriminalized for years, or Portugal and the Netherlands.

WHY SELF ORGANISATION IS SO IMPORTANT?

I was a history teacher in Charlesville, wondering about my life with health issues. In 1993, I met a group of drug users in Paris. Getting involved in building a strong network of drug users internationally and in France became crucial for me. I left my teaching job and became a permanent activist in AIDS. Many early activists faced drug-related problems, with half of them dying from overdose and the other half from AIDS. I worked for ASUD, became the president and, a year later, got paid for the job. I've been doing this for 23 years now—a long journey.

While not universally applicable, the idea of community remains relevant, manifesting itself in various forms, like techno party attendees, suburban dwellers, or individuals from Muslim cultures—all influencing drug use patterns.

I'M CURIOUS TO HEAR YOUR PERSPECTIVE ON THE SIGNIFICANCE OF CROSS-BORDER INTERACTIONS AND NETWORKING ACROSS VARIOUS LEVELS.

In summary, these international experiences have been instrumental in shaping my awareness and perspectives, particularly highlighting the importance of community dynamics and cross-cultural networking. Because most of what I told you about racism, discrimination, and the drug war is linked to people who think they can talk about problems they don't understand, problems they aren't able to speak up about. Who are they talking about? Often, it's populations deemed unable to decide for themselves, despite family and community. But in reality, decisions are always made for them, always. It's an issue of empowerment. It's a problem rooted in colonialism, the drug war, and various interconnected issues. When you have a conflict between different populations, discrimination grows gradually, step by step. That's why you see black and brown populations discriminated against not only as people of colour but also as drug users or sellers. I've crossed through many worlds, and that's why I understand the importance of community. I've always known that the authorities and those who are supposed to help often make bad decisions and tell lies. Of course, it's not always like this, but in the context of drugs and race, this aspect of the situation is crucial, especially in my country. In France, many people say there is no racism here; we don't want to talk about race. They deny the existence of race. Similarly, there's a big denial about drug consumption.

Paris

Elisabeth Avril

THAT'S ME

I was born in 1964 and I have a 19 year old daughter. I am a general practitioner and the director of the NGO Gaia in Paris.

I have many favourite musicians but to name one, I would mention David Bowie.

It's also difficult to select a certain actor but I like Francis McDormand very much, also what she's doing beside filming like addressing social issues like homelessness.

Henry Miller is one of my favourite authors.

Cycling is something I like to do in my free time but if I had a period of free time for myself, I would like to make a little project around painting, because I like to paint.

I have been in Japan before but I would like to go to the North of the country like Hokkaido or Sapporo in winter time.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, THE DRUG HELPING SYSTEM, HARM REDUCTION, AND DRUG POLICY? WHAT WERE YOUR FIRST STEPS?

Well, it's a bit personal. When I was young, I was really interested in drugs and their effects. I read books like *The Doors of Perception* and was fascinated by the topic. I often found myself around people who used drugs and experimented with them. But at that time, it was more of an intellectual curiosity. I wasn't really thinking about the politics or health implications. Then, as I started my medical studies, I saw firsthand how many people I knew were struggling with issues like AIDS and hepatitis B. I was working in the emergency room, first as a student and then as a doctor. I noticed that patients who used drugs were often told they needed to quit drugs before getting treatment for other health issues, like infections or lung problems. This approach seemed wrong to me.

I became more interested in anthropology, so after my medical studies in the '80s, I went to the West Indies and French Guiana to study it further. When I came back to France I start a course in Anthropology at university where I met a girl who introduced me to Jean-Pierre Lhomme. Jean-Pierre had already started the first needle exchange program in France through *Medecins du Monde*. We had a meeting, and he mentioned he was looking for a doctor for his needle exchange program. I thought it was a great idea. I wasn't very aware of the drug issues in France because I had been in French Guiana, where we focused more on AIDS than on drug issues. But when I returned to Paris and met Jean-Pierre, I realized how important this work was.



Since then, I've been deeply involved in the field. In 2005, after we left Medecins du Monde, I became the director of Gaia, which we created together, overseeing projects like the low-threshold methadone bus and mobile needle exchange units. And I've been at it ever since, feeling like I'm in the right place at the right time.

SO, WHAT DOES HARM REDUCTION MEAN TO YOU? WHY WERE YOU SO DRAWN TO THIS METHOD, AND HOW DO YOU SEE THE DEVELOPMENTS OVER THE YEARS?

Harm reduction means a lot to me. During my medical studies, I struggled with the traditional approach, which was very hierarchical. The patient was often seen as someone who had to follow the doctor's orders without much say. It felt like the patient was almost the doctor's property, and I didn't like that at all. Throughout my studies, I questioned this model and faced many issues in the hospital because I wanted to treat people as equals and involve them in their own care. I believed they had valuable insights about their illnesses and should participate in the process.

When I started with harm reduction, I saw it as an opportunity to work collaboratively with people. It was important to me that they were part of the solution, and we worked together to address the issues. This was a major shift from the traditional medical approach and really resonated with me.

I think we've made some progress, especially in terms of financial sustainability, but the motivation among people working in this field isn't what it used to be. Many now see it as just a job rather than a cause. Additionally, there's been an increase in drug use among the workers themselves, which creates a disconnect when they then have to enforce rules on the users they are supposed to help.

In France, a significant challenge is the legal environment. We're still operating within a prohibition model, which makes harm reduction efforts more fragile. Despite financial support, there's increasing political opposition to harm reduction, especially from the right and far-right. They criticise the model for not "curing" people and argue that we should be forcing detox and hospital treatments instead.

We also need to adapt our services to better serve people using psychostimulants like ketamine and cathinones. We would like to open a new project soon aimed at people using psychostimulants, offering daytime services and exploring new therapies like auriculotherapy. This new inpatient clinic could also target people less precariously involved in chem sex, as many come to us seeking medical advice. We need to offer services during hours that work for them, such as evenings and nights, since everything in Paris tends to close early. There's a lot to consider, but we're committed to evolving to meet these needs. We have to present this project to the regional health agency and get funding.

Another challenge is the changing client base. We need to develop new strategies for younger clients and migrants, as well as those using different substances. Next September,

we're starting a new project with another organisation (Aurore) for people using psychostimulants mainly precarious crack smokers, offering services during the day. We also plan to explore new therapies and incentive programs to encourage participation. We are also still struggling to open a smoking facility for this population but at that time there is a political blockage in France,

HOW IMPORTANT IS AND WAS NETWORKING FOR YOU THROUGH THE YEARS?

Well, you know, I come from Médecins Du Monde, so compared to other harm reduction services in France, I was connected internationally for many years. I've always been interested in what's happening elsewhere, and working together with international colleagues has been really encouraging. It gave me the strength to keep going, knowing that if something is possible in the Netherlands, Spain, or Germany, we can do it here too.

Networking allowed us to share our clinical practices and experiences, both formally and informally. After formal meetings, we would talk and exchange ideas, which was incredibly valuable. On the political level, when advocating for drug consumption rooms, it was crucial to have international support and references. Even when French politicians claimed things were different here, having those connections and examples from other countries helped us argue and advocate more effectively.

I see the importance of networking with my younger colleagues. For them, being part of a network and collaborating with others is absolutely essential.



WHAT DO YOU WISH FOR CORRELATION IN THE FUTURE?

I hope we can meet more often to discuss important topics in harm reduction. I know it's challenging with finance and organization, but it's really important to continue building a collective and federating good practices, as we say in French. This would also help us address political barriers and push for progress.

Helsinki

Mika Mikkonen

THAT'S ME

I am 60 years old, living with my wife in Helsinki and spending time at our cottage in the middle of nowhere. We have 2 children and 4 grandchildren.

I love punk and punk rock because it's music you can do yourself—a middle finger to everyone harassing the vulnerable and to the authorities.

From a Finnish perspective, I adore Kaurismäki movies. They are wonderful depictions of the phoenix society and similar themes.

If I were to recommend a book to a good friend, it would be the Bible. But there are so many others. "The Egyptian" by Mika Waltari is a historical novel that I also highly recommend. It was first published in Finnish in 1945.

With a period of three weeks, I would go to my cottage, living like a zombie in silence.

I have been playing football for 52 years, and I also enjoy watching it.

I would like to visit India or other Asian countries, but I am apprehensive about experiencing the poverty, like in Calcutta.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS POLICY AND THE HARM REDUCTION, THE VERY FIRST STEPS ?

To be honest, it all started when my wife and I went through a drastic change in our lives. We became believers in '87, which was a huge turning point for us and our family. Initially, our perspective was first very black and white.

Over the years, I began to see things in a more nuanced way. I started volunteering in 88, partly because of personal experiences – I had lost cousins to heroin. These family stories motivated me to get involved. I eventually started working in social services and partnered with a key figure in harm reduction in Finland, Anne Ovaska. We aimed to reform the existing services. In 1995, we planned to open a harm reduction center, but it faced significant resistance from authorities and the government. They were worried about giving drug users tools like needles, thinking it would lead to more crime.

Despite the challenges, we made progress. Around '97, we managed to initiate some changes. Two years before that, we opened a rehabilitation center called "House of the Rising Sun" for young people struggling with addiction. It was a unique place in a rural area with a horse stable, providing an alternative environment to help them find new paths in life. The nearest village was 24 kilometers away, which emphasized the isolation and focus on rehabilitation.

After that we implemented harm reduction services through a clinic in Helsinki. Initially, it was a small operation with limited staff. By 2000, we expanded to more locations and started outreach work, significantly increasing our impact.



WHAT DOES HARM REDUCTION MEAN TO YOU, AND WHY DO YOU THINK IT'S THE BEST WAY TO ADDRESS THESE PROBLEMS?

For me, harm reduction is deeply personal. I have family stories of relatives lost to heroin, which drove me to get involved. Working in social services for kids, I saw first-hand how strict laws impacted them. In many ways, harm reduction was liberation, it felt like entering a whole different universe without borders or restrictions. I adopted a bit of a punk rock mentality – go wherever you're needed, find the people who are struggling, and try to help them, because they were often criminalized and living underground.

HAVE YOU SEEN POSITIVE DEVELOPMENTS IN HARM REDUCTION SINCE YOU STARTED? WHAT'S THE CURRENT STATUS IN FINLAND?

Yes, there have been positive developments. When we first started with harm reduction, it faced a lot of resistance. Now, it's more accepted in Finland, though there are still challenges. People still see drug users as criminals, and there's a stigma around the medications used in harm reduction.

It's more accepted, but challenges remain. The stigma around drug use persists, and the right-wing politics rising across Europe complicate things. These political shifts could make harm reduction efforts more difficult in the future.



WHAT CHALLENGES DO YOU FORESEE FOR THE HARM REDUCTION COMMUNITY, AND HOW SHOULD THEY ADDRESS THEM?

Right-wing politics are on the rise across Europe, which will make our work more challenging. When the economy is down, people tend to turn against the vulnerable. It's always a tough battle, but we need to keep pushing forward, even when it seems like we're fighting against the tide.

HOW IMPORTANT WAS NETWORKING FOR YOU IN GETTING IN TOUCH WITH EUROPEAN PROJECTS LIKE CORRELATION? HOW IMPORTANT IS NETWORKING IN GENERAL?

Networking was crucial for me. Getting in touch with European projects and organizations like Correlation was vital. It's the same for anyone in this field, especially in Eastern Europe. Countries like Hungary and Romania are still struggling immensely. Our friends there are facing the same challenges we did twenty years ago. Whenever we met at conferences or seminars, we were on the same level, figuring things out together without anyone dictating from above.

IS THERE SOMETHING YOU WISH FOR OR RECOMMEND FOR THE FUTURE OF THE CORRELATION NETWORK?

Absolutely. Meetings and seminars are incredibly important. When people with the same mindset and heart gather together, that's where real progress happens. It's about coming together and sharing ideas and experiences. That's the most important thing.



Helsinki

Tuukka Tammi

THAT'S ME

Living in Helsinki, Finland. Born in 1969. I have a partner and two children.

When it comes to music, it's been a journey through different stages of life. My musical tastes have evolved from fast and loud to more swinging and sweaty. Being a bass player myself, I hold a special appreciation for bassists like Jaco Pastorius with Weather Report and Lemmy Kilmister with Motörhead.

As for favorite actors, I'd say Matti Pellonpää, a Finnish actor who passed away young but left behind some remarkable performances in Aki Kaurismäki's early films.

Recommending a book is tough, but recently I enjoyed "The Dinner" by Herman Koch—a cleverly constructed story that's worth a read.

If given a 3-week period of free time, I wouldn't mind doing nothing at all, but it would be nice to go hiking somewhere, perhaps in Northern Norway or Northern Spain.

Basketball is a clear favorite when it comes to sports. Whether it's watching, reading, talking about it, or playing it myself every week, basketball is a big part of my life.

As for places I'd like to visit, Japan is at the top of the list—somewhere I've yet to explore.



CAN YOU EXPLAIN HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS. AND SO A LITTLE BIT ABOUT YOUR CAREER.

I started working for the A-Clinic Foundation in 1996. At the end of the 90s, drug use and related harms were increasing rapidly in Finland. We had the National Drugs Policy Committee, which was working for two years at that time. There was a lot of tension and differing opinions between law enforcement, NGOs like the A-Clinic Foundation, and the social and health sectors. The concept of harm reduction was introduced in Finland and heavily advocated by some people in the committee. It was a really interesting to follow these heated discussions. Just a couple of years after that, I had the opportunity to become a PhD student, and I chose harm reduction policy as my subject. I focused on the struggles around the concept and activities in Finland, as well as the international background and evolution of harm reduction. By then, I had already gained a lot of knowledge and participated in various drug policy fora and meetings, including those with the EU during Finland's presidency in 1999. I had made many connections with people from other countries, which was very beneficial for my research.



WHAT DOES HARM REDUCTION MEAN TO YOU PERSONALLY?

Recently, we've been discussing about how to better "market" harm reduction, and also written about it with Tony Duffin and Peter Sarosi. Harm reduction should be seen in a continuum of action which aim is to support and help people suffering from various life challenges, rather than a confrontation between prohibitionists and reductionists. To me, harm reduction means providing practical support to people in need without judgment, helping them without making them feel guilty or punishing them for their lifestyle choices. It's about offering non-judgmental assistance and understanding.

HOW DO YOU SEE THE DEVELOPMENT OF HARM REDUCTION IN FINLAND OVER THE YEARS?

In Finland, the turn towards harm reduction 25 years ago was quick and successful, thanks to a group of smart people who knew how to sell the idea. We've established a good network of needle exchange services and made it compulsory for cities to provide these services where needed. However, development has stagnated; we've had political discussions about drug consumption rooms for five years without progress. So, while the situation is stable, it's not very progressive. In general, Finland has been successful in implementing harm reduction policies, but there hasn't been much innovation or new initiatives in recent years.

WHAT ARE THE MAIN CHALLENGES FOR THE FUTURE OF HARM REDUCTION?

One obvious challenge is the shift towards more potent substances, especially synthetic opioids, which could be catastrophic if they become prevalent. Demographic changes, including new immigrant groups with different habits and substances, also present new challenges. Additionally, the rise of populist movements, which are generally not supportive of harm reduction, could pose difficulties. Harm reduction services need to be able to adapt and respond to these changes effectively. There's also a need to continue advocating for harm reduction policies and services in the face of political opposition.

HOW IMPORTANT IS NETWORKING ACROSS BORDERS FOR YOUR WORK?

Networking across borders is a major source of motivation for me. Working with interesting and smart people from different countries in harm reduction is very inspiring. I encourage my Finnish colleagues to be more active in European and international cooperation because Finland is small nation with limited amount of new ideas. Networking can really bring in fresh perspectives and knowledge. It has been a vital part of my work, and I believe it's crucial for

the ongoing development and success of harm reduction policies and practices.

DO YOU REMEMBER HOW YOU FIRST GOT IN CONTACT WITH THE CORRELATION NETWORK?

It was during a policy conference in Dublin in 2006, Correlation organised and I attended as a policy researcher. It was a memorable and interesting conference held in a castle.

FINALLY, WHAT DO YOU WISH FOR THE FUTURE OF CORRELATION?

I hope Correlation continues to receive decent funding and is well integrated into the institutions and networks around drug policy and harm reduction. It would be great if Correlation became a main avenue for structured cooperation with civil society in the EU context, especially with entities like the EUDA (ex.EMCDDA). However, it's important that civil society networks maintain their independence and not become too integrated into formal structures. I believe that Correlation should continue to be a strong, independent voice in the field of harm reduction, advocating for effective policies and practices that support people in need without judgment.



Edinburgh

David Liddell

THAT'S ME

I was born in 1957 and live in Edinburgh. I have four adult children.

Van Morrison is my favorite musician, though I'm reluctant to admit it given his stance on COVID.

Jack Nicholson is my favorite actor, especially in "One Flew Over the Cuckoo's Nest," one of the most remarkable movies of all time.

Recommending just one book is tricky, but perhaps "The Third Policeman" by Irish writer Brian O'Nolan, who wrote under the pseudonym Flann O'Brien. This novel was written in 1939 and 1940.

With a 3-week period of free time, I'd love to stay at my family cottage in the Czech Republic or take a road trip through the Baltics and Scandinavia.

I was a reasonable table tennis player, but my favorite sport is football.

India is a place I've always wanted to visit but haven't had the chance to explore yet.



HOW DID YOU GET INVOLVED IN DRUG POLICIES AND SUPPORTING THEM? CAN YOU SHARE YOUR JOURNEY INTO THIS FIELD?

Well, it all started after I finished my degree in chemistry at 21. I didn't really know what to do next, so I began volunteering in different projects. One of them was with the Simon community in Dublin, helping homeless people. The philosophy there was taking services to where people were, not judging them. After that, I worked in other homeless projects and then in a programme dealing with travelling children in Dublin who were into glue sniffing. It was an early harm reduction project, allowing them to come in with their glue bags as we tried to engage with and provide them accommodation.

This experience led me into the whole area. Working with Irish travellers and the dominant role of the Catholic Church in care didn't appeal to me, being an atheist. So, I decided to study social work. However, after completing the course, I realized I didn't want to be a social worker. In 1985, I got a job in Edinburgh researching the drug problem, specifically the heroin epidemic and the emergence of HIV among drug users.

This work eventually led to the creation of the Scottish Drugs Forum in 1986, where I played the key role in setting it up. We aimed to bridge the gap between those in need and policymakers. Initially, it started with



articulating the needs of people with drug problems to policymakers and evolved into training, research, and various programs including the pioneering peer research programme that continues to thrive after 25 years.

WHAT DOES HARM REDUCTION MEAN TO YOU?

My understanding of harm reduction stems from working with homeless populations initially, where the key approach is taking services directly to people where they are. Building relationships is crucial – you can't effectively help someone without a trusting and respectful connection.

In terms of harm reduction, it starts at a basic level – addressing people's basic needs. I recall early Dutch responses emphasizing food, methadone, and shelter. Providing these fundamental requirements is the foundation of harm reduction, acknowledging that it begins with where the person is and building a relationship from there.

I see accommodation as an essential aspect of harm reduction. Harm reduction, to me, goes beyond just addressing drugs or injecting equipment – it's a comprehensive approach. The pandemic highlighted this broader perspective, especially when individuals were housed in hotels for safety reasons, even though it wasn't solely for their benefit.

HOW DO YOU VIEW THE CHANGES OVER THE YEARS?

It's a mixed bag, honestly. People often ask how many times I've seen the same issues, and it's been quite a few. Early on, services focused narrowly on abstinence. When HIV emerged, the focus shifted to public health, recognizing HIV as a bigger threat than drug use. This led to a harm reduction approach, like introducing methadone in 1987. During a Labour government era, there was a strong criminal justice emphasis, aiming to secure more funding for treatment services.

In the 2000s, the focus shifted to recovery but took a narrow view, pushing abstinence again. The 2008 strategy, "The Road to Recovery", led services to prioritize getting people off drugs over addressing immediate needs. Rising drug-related deaths and threats like botulism shifted the focus back to harm reduction. Despite progress in medication-assisted treatment and outreach, today's challenges are different. There's more investment but also significant bureaucracy, complicating service delivery and replacing personal engagement with assessments and characterizations.

COULD YOU DESCRIBE THE CHALLENGES FOR HARM REDUCTION, ITS SERVICES, AND POLICIES?

It's not a perfect match between the harm reduction services currently provided and what is actually needed. Over the years, the predominant drug use pattern has been depressants like benzodiazepines, heroin, and other opioids. Over the last 10 years there has been a shift away from

prescribing benzodiazepines, leading to a significant rise in the street market for illicit benzodiazepines with higher potency. This shift has played a major role in the surge in drug-related deaths.

Additionally, there's an emerging cocaine injecting problem alongside the ongoing heroin use. These variations in drug use make it more challenging for services to engage with people, and for individuals to connect with the services.

Unlike a more straightforward opiate problem, the diversity of substances complicates the landscape.

Services are adapting through outreach efforts, striving to become more flexible, but it remains a considerable challenge. As someone who started as a volunteer, I can attest that the initial approach was accepting the person, and that remains crucial in navigating these complexities.

HOW IMPORTANT IS NETWORKING FOR YOU AND WHAT CAN YOU RECOMMEND CORRELATION FOR THE FUTURE?

Networking is crucial, both personally and for the whole of SDF. In the Scottish and broader British context, we might get a bit isolated and think we're doing well. However, networking is vital to hear about developments elsewhere and learn from countries where boundaries have been pushed.

The work done by the Correlation Network in pushing networking and sharing progressive practices is immensely important, although it's frustrating that we don't always absorb those learnings. Especially with the isolation risk, not just from Brexit but even before, the UK can be quite cut off from wider European perspectives. Learning from others is crucial, and we need to ensure we're listening to practices from different countries.

In terms of future focus for Correlation, maybe delving into language and stigma issues could be interesting. There's also the avenue of safe supply – it's a unique approach worth exploring. Lowering the threshold with initiatives like safe supply can be a game-changer, engaging more people and impacting the illicit market.



Dublin

Tony Duffin

THAT'S ME

I am 54 years old, originally from London, but I live in Dublin on the Northside of the city with my wife Sarah. We have three daughters and a dog named Vinnie, who is a big part of our family. I am the director of the NGO Anna Liffey in Dublin.

My favourite kind of music includes bands like New Model Army and singers like Billy Bragg. I've always been drawn to Punk and Postpunk, with bands like Stiff Little Fingers, The Clash, The Jam and The Pogues. It's not just the music that resonates with me; it's also the politics and the messaging in the lyrics. These bands often promote inclusivity, diversity, and anti-racism, which are values that have deeply influenced my life and work.

I do enjoy musical biographies. For instance, I recently read Steve Jones' memoir, the lead guitarist of the Sex Pistols. It was excellent. It gave great insight into his life and the era.

If I had a 3-week period of free time, I would travel with my wife and possibly with our three daughters if they want to come. Personally, I'd like to visit Vietnam.

I enjoy watching Gaelic Athletic Association (GAA) football. I enjoy the spirit and excitement of the game.



HOW DID YOU GET INVOLVED IN THE FIELD OF DRUG POLICY AND PRACTICE?

Music has always been a big influence on me. Growing up in London, bands like The Pogues really shaped my formative years. During that time, there were significant troubles in Northern Ireland and a lot of political tension under Margaret Thatcher's government. It was a challenging period, especially for the Irish in England. Living in London, I saw people struggling in the city, many of them were Irish, particularly those who were homeless dealing with alcohol issues and other substances.

After finishing school, I had various jobs, but the recession in the early 1990's left me unemployed. Looking to make a difference, I started volunteering at a homeless shelter for young people in Soho. This shelter practiced what we now call harm reduction, though the term wasn't widely used back then. It was a low-threshold night shelter with a very understanding and tolerant approach.

It was about providing safety, being nonjudgmental, and understanding the complexities of people's lives. Working there was a powerful experience and led me into this work.

I moved to Dublin in 2000 and worked for several agencies. It was an interesting time because there weren't many well-developed services for people who were homeless and using drugs in Dublin - nor across Ireland. My experience and skills were relevant and I ended up working with various organizations. Until I finally landed here at Ana Liffey in November 2005. It's strange to think how long it's been, it's not been without its challenges - for example, in that time we've worked through a global economic crash and a global pandemic.

Ana Liffey was the first organization in Ireland to use harm reduction principles, and while many others have since adopted these methods, Ana Liffey was a pioneer. During the AIDS epidemic, Ana Liffey's Low Threshold Harm Reduction approach meant we were early responders and provide



peer-to-peer education about bloodborne viruses. Over the years, we've adapted to various drug trends, for example the headshop drugs in 2009 to the synthetic opioids we're seeing now. It's important work.

CAN YOU EXPLAIN IN A FEW WORDS WHAT HARM REDUCTION MEANS TO YOU?

I was reading some research while writing a paper and came across a definition that really resonated with me. It was along the lines of, "Harm Reduction neither promotes nor denounces drug use but seeks to respond to problems associated with it." To me that sums up our approach. When someone walks through our door, it doesn't matter whether they use drugs or not. What matters is understanding the harms they face and figuring out how we can help. Harm reduction is more than just a method; it's about embracing diversity and inclusion. It's about making informed, compassionate practical decisions in real-time. For us, 'Low Threshold - Harm Reduction' is our philosophy and practice. It's about creating a low-threshold environment where people can get the help they need without judgment. This strong cultural foundation is essential for our staff, enabling them to make effective decisions and provide support on-the-spot.

IN YOUR EXPERIENCE SPANNING THREE DECADES IN THIS FIELD, HOW DO YOU ASSESS THE DEVELOPMENTS AND TRENDS IN HARM REDUCTION AND DRUG POLICY IN IRELAND ?

Our national drug strategy, "Reducing Harm, Supporting Recovery," began in 2017 and is ending soon. It integrates harm reduction with methadone, suboxone, and needle exchange programs. However, we lack drug consumption rooms, safe supply programmes, and other harm reduction interventions found elsewhere. Progress is slow, and there's room for improvement.

We are developing a toolkit to build recovery capital within harm reduction services. Recovery capital includes cultural, personal, social/family, and community resources that help individuals achieve and maintain recovery. Harm reduction services can reconnect people with families, secure housing, provide training, and fundamentally improve lives.

WHAT CHALLENGES DO YOU SEE WITHIN HARM REDUCTION?

One challenge is the diversity within the harm reduction community itself. We strive to be inclusive on all levels, including race, gender, and sexuality. We should apply the same inclusivity to different perspectives on drug use. We can build recovery capital while also reducing harm related to bloodborne viruses, hepatitis C, and other issues. We need to explain our work better to bridge these gaps. Another challenge is the rise of right-wing politics across Europe, which traditionally does not support Harm Reduction or progressive policies. This is a threat to our work.

It's crucial to engage with this head-on, not from a purely political standpoint, but from a cultural and ethical perspective. We need to protect, and advocate for, the people we serve – people who use drugs.

HOW IMPORTANT DO YOU THINK NETWORKING IS, LIKE WORKING WITH CORRELATION AND OTHER NETWORKS? HOW DOES IT IMPACT YOUR WORK ENVIRONMENT?

Networking is incredibly important, especially for Harm Reduction workers. When you're in a service, you're at the coalface, supporting people who may have very difficult lives. This can be emotionally taxing, and it's easy to feel isolated. Networking does a couple of key things. Firstly, it allows you to meet and engage with new people, creating opportunities and connections. Secondly, it gives you a broader perspective. It helps you realize you're not alone, that there are others facing similar challenges. You can share experiences, talk through issues, and come up with innovative solutions together.



DO YOU HAVE ANY RECOMMENDATIONS FOR CORRELATION ON HOW TO MOVE FORWARD OR SPECIFIC SUGGESTIONS FOR THE FUTURE?

I think we need to keep doing what we're doing because the work is amazing. Being on Correlation's Advisory Committee, I've seen firsthand the incredible impact of the network. However, we all need to be mindful of how much we take on to avoid burnout.

One specific area to focus on is emphasizing the importance of believing in people. We sometimes undersell the benefits of Harm Reduction. It's not just about specific interventions like Methadone, Needle Syringe Programmes, etc.; it's about engaging with people. If you don't engage with someone, you can't help them at all. Harm Reduction opens the door to real possibilities for support and of improving people's lives as they define it.

So, while we continue our current work, we should also improve how we communicate the broader impact of Harm Reduction. It's essential to highlight how much it truly benefits individuals and communities.

Amsterdam

John-Peter Kools

THAT'S ME

I am 64 years old, have two adult children, and live in Amsterdam.

I lead the international work of the Drug Policy Unit at the Dutch Trimbos Institute.

My all-time favorite band is The Ramones. I was a punker. Nowadays, I listen to all kinds of music: reggae, soul, jazz, and, of course, The Ramones.

I've read quite a bit lately and am actually juggling three books at once. If I had to pick one to recommend, I'd say "Winnie the Pooh." It's beautifully simple and offers valuable life insights. On another note, I've delved into Russian literature too. "War and Peace" by Tolstoy is a masterpiece. Despite its length, it's packed with everything—war, betrayal, ageing, politics, and rich characters. It's like a whole world in one book.

A favourite sport only has one answer for me: bicycling, road cycling. I can waste my entire life doing it, reading about it, and watching it. I love cycling.

I've seen quite a number of places, but I like to travel in Europe because I feel connected to European culture. I somehow understand the big picture: Roman pavements, French cathedrals and art, industrial monuments—artifacts of how people thought, felt, and lived.



HOW DID YOU GET IN CONTACT WITH THE ISSUE OF, OF DRUGS, DRUG USE, DRUG POLICY AND SO ON?

Well, at the end of 70s, beginning of the 80s I lived in Amsterdam during the heroin epidemic and I had numerous people in my environment who experimented with all kind of substances and quite a number got on heroin. Personally, I wasn't particularly interested in illegal substances—I was happy with a Belgian beer. However, my perspective shifted when I saw the social injustice.

I was involved in a radio station in Amsterdam. One day, someone suggested I look into drug user interest groups that were making headlines in the Netherlands at that time. So, I visited one of these groups for an interview and was struck by the stories of the injustice they faced—beatings by police, humiliating treatments and endless discrimination. After I left my studies in political science and began working for a community interest group, an initiative with users, parents, critical care workers. This marked the beginning of my journey into drug policy and harm reduction.

In 1983, I found myself deeply involved in this organisation. I was part of various activities like writing leaflets, organised political demonstrations, spoke with media and politicians, and arranged medical and legal assistance.

Then in 1983, the HIV epidemic hit, and we had already initiated a syringe exchange program. We simply reached out to the municipal health service, asking for assistance with providing clean syringes. Initially, they were skeptical, but within two months, they recognized its importance.

Setting up the syringe exchange programme taught me that it didn't require complex solutions, just common sense and bravery. So, I took the initiative to organize HIV prevention programmes. This eventually led to the establishment of a new organization 'Mainline,' the first harm reduction organization in Amsterdam and I started working there. The word harm reduction was completely unknown to us, we considered ourselves HIV prevention activists.

It took a few more years before I attended a so called 'harm reduction' conference, Paris 1996, where I felt a sense of bigger belonging. I realized that people from various cities worldwide were working from the same angle as we did.

Currently, I lead the international work of the Drug Policy Unit at the Dutch Trimbos Institute, where we focus on mental health and addiction issues. It's been a journey of learning, advocacy, and working towards positive change on a global scale.

WHAT MEANS HARM REDUCTION TO YOU?

Harm reduction, to me, is about people and dignity. Supporting individuals who find themselves in challenging circumstances. Many people face complex personal, psychological, social, economic, or political challenges, feeling suppressed by these factors. For some, drug use becomes a coping mechanism—a temporary escape or a means to manage trauma. Harm reduction can offer support, aiming to help people lead dignified lives, whether they engage in recreational or problematic drug use. It's about providing assistance to navigate life's difficulties with compassion and understanding.

IF YOU REFLECT ON YOUR EXTENSIVE EXPERIENCE SPANNING MANY YEARS, EVEN DECADES, HOW DO YOU PERCEIVE THE DEVELOPMENTS IN THIS FIELD?

There have been numerous developments, and many of them are quite diverse, sometimes even contradictory. One significant change I've observed is the shift in how we discuss drug use, human rights, public health, and universal access to treatment. Nowadays, these discussions are integral parts of the global political discourse. These issues are on the agendas of organizations and governments. The fact that civil society, grassroots organizations, and drug user groups have managed to bring these matters to the forefront of the political agenda. That is a monumental success.

Regarding the Netherlands, where I live, the most significant success lies in the existence harm reduction as a fundamental cornerstone. No more overdoses in the street, injecting in parks, cold turkey in police cells. Inner city dealing areas, no-go areas, places of that lack public safety, they are gone.

Moving forward, the challenges facing harm reduction are interconnected with broader societal issues. Climate change, ongoing conflicts, and widening social disparities

all contribute to the complex landscape within which drug use occurs. One of the key challenges is to continue re-framing drug use not solely as a problem or threat but also as a coping mechanism for many individuals. By understanding drug use within the context of social inequalities, discrimination, and injustice, we may begin to adopt a more holistic approach.



LAST BUT NOT LEAST, YOUR EXPERIENCES WITH CORRELATION.

I've had the pleasure of working with Correlation on numerous occasions, I was part of the Steering Committee for many years and took part in several projects and activities in recent years.

I must say, it's an organization deeply entrenched in the ethos of harm reduction in Europe. One vivid memory stands out for me. Back in 2002, during a harm reduction conference in Slovenia, I proposed the idea of forming a Western European harm reduction network. I recall faces from Finland, Belgium, Switzerland and IHRA (now Harm Reduction International). It was a vision we all shared—to establish a network that would unite us in our efforts in Europe. It's truly gratifying to see how Correlation has evolved from a grassroots initiative focused on social inclusion into the network we envisioned all those years ago.

Looking ahead, my advice is simple: keep pushing forward, keep the momentum going. Never lose sight of your energy and determination. That's the punk spirit—never give up.

Bath

Mat Southwell

THAT'S ME

Living in – Bath in the West Country, England, United Kingdom

Originally a Londoner

Age - 58

Married, daughter and two granddaughters

Music - From classical to dance music

Favourite actor - Judi Dench

Books - I listen to audiobooks to allow my brain to turnover on neutral. Richard Harris' recent book *Precipice* imagines a story around the real life love letters of the UK's Prime Minister in 1914. Asquith wrote to his 26 year old mistress and socialite Venetia Stanley disclosing incredible confidential secrets that make Trump look like the soul of discretion! Clever reimagining of history considering a senior politician under pressure as the world goes to war.

3 weeks off - dance round a pool in the sun taking MDMA, smoking cannabis and eating good food with people I love.

Sport - I follow rugby union but without strong allegiance.

Visit - I look forward to visiting Odessa in Ukraine. I miss my twice yearly trips to Kyiv to run the Harm Reduction Academy before COVID-19 and Putin interrupted this important work.



HOW DID YOU GET INVOLVED IN THE ISSUE OF DRUGS, IT'S POLICY, HARM REDUCTION, RESEARCH ETC? (THE VERY FIRST STEPS)

I first got involved in harm reduction through HIV after a negative personal experience with HIV testing led me to volunteer for the Sussex AIDS Helpline in mid 1980s. This mostly gay men led organisation taught me about community mobilisation and the local NGO Drug Advice and Information Service provided me with baseline harm reduction training. This gave me the foundation to apply for my first job as an HIV/Health Counsellor attached to St Clements Hospital Drug Dependence Unit in 1987. From this position grew the community-led NHS harm reduction agency called the Healthy Options Team (HOT).

WHAT DOES HARM REDUCTION MEAN TO YOU?

Most simply put, harm reduction is an act of love. This can be expressed through different interventions, service models or organisations but at its best harm reduction is an act of human and community solidarity.

DO YOU SEE MORE POSITIVE OR NEGATIVE DEVELOPMENTS REGARDING DRUG POLICY AND HARM REDUCTION IN RECENT YEARS IN YOUR REGION/COUNTRY?

I had the advantage and privilege of being one of the first generation of harm reduction workers in the UK. I was able to experience firsthand the life-saving benefits of harm reduction and its amazing impact on the health and rights of people who use drugs. However, while I am proud to promote the once famed British model around the world through my technical support work, I am saddened that successive UK governments have led us further and further away from the effectiveness of the 1990s. The UK, to our collective shame, now has the highest drug related deaths in Europe, a drug treatment system that people with opioid dependence are reluctant to use due to its cohesive nature, and remains to often dominated by a distorted model of recovery that was used to justify disinvestment during austerity. The struggle to reinvest and rebuild the U.K.'s once justly famed harm production and drug treatment system is a cautionary tail to our European Union partners. However, the positive approach being applied by the devolved Government of Scotland gives hope that the rights and health of people who use drugs can be much better served when drug policy and practice is informed by the science.

WHAT MAIN CHALLENGES DO YOU SEE FOR DRUG POLICY/HARM REDUCTION IN THE FUTURE?



The biggest challenge facing the harm reduction and drug treatment system is to find a fair equitable working relationship with the drug user rights movement.

The Global AIDS Strategy has set out bold targets for community-led participation. The commitment that 30% of future HIV testing, 80% of future HIV prevention, and 60% of

future HIV advocacy should be undertaken by key populations organisations has significant implications for the harm reduction movement. For 80% of future harm reduction to be delivered by drug user organisations would require a

significant increase in investment investment in community-led organisations and some making of space by NGO partners. Correlation has committed in its new strategy to champion community-led harm reduction. This is a strong indication of the commitment required to ensure that the 30-80-60 targets will be more than tokenistic aspiration in Europe.

HOW IMPORTANT IS NETWORKING ACROSS BORDERS FOR YOUR WORK?

Sharing expertise across borders is key to spreading community-led good practice. It allows for good practice examples to be identified, documented, and disseminated, which in turn creates the conditions for good practice to be understood and shared so it is able to flourish. Such networking allows pioneering practice to valued until it becomes validated and mainstreamed.



HOW DID YOU GET INVOLVED IN CORRELATION?

The Correlation network has played an important role in the development of drug user organising in Europe. European drug user activists have met together alongside different home reduction conferences and the founding meetings of EuroNPUD took place alongside the European Harm Reduction Conference. The partnership between EuroNPUD and C-EHRN is significant for both networks.

WHAT DO YOU WISH CORRELATION FOR THE FUTURE?

Correlation continues to be an important space allowing for an exchange of ideas and the chance to plan projects between programmers, policy makers, academics and the drug using community. It is important to continue to actively reflect on meaningful participation with people who use drugs and are organisations in planning and delivering the work of the European Harm Reduction Network.



We miss you !

And far too many
others...



Rene Akeret †2018



Tonny Van Montfoort †2024

Statements



We reached out to a couple of organisations and partners we collaborate with, asking them to share what harm reduction means to them and how networking with Correlation and others contributes to achieving their strategic goals.

We are deeply grateful for the partnership we've enjoyed so far and are confident that this collaboration will continue to be both effective and fruitful in the future.

Harm Reduction International

Harm reduction is an approach grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support. It includes policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. This includes everything from information on safe drug use, to housing and legal/para-legal services.

Harm Reduction International seeks to strengthen technical and normative support for harm reduction through strategic engagement at the international level and partnerships at regional and national levels. We foster new allyship with health and social justice movements, and

collaborate to promote shared advocacy aims. We have always worked in collaboration with allies and partners around the world. Our work with CEHRN goes back to our efforts to establish a European harm reduction network in 2011— a region which has pioneered many harm reduction services. We are joined in our collective aim to continue to ensure that harm reduction funding and political support for harm reduction are priorities for European institutions and countries.



EuroNPUD

For EuroNPUD, harm reduction is not just about minimizing the physical harms associated with drug use (like the transmission of HIV, Hepatitis C, or overdose deaths) but also about addressing the social, legal, and political harms. This includes fighting against stigma, discrimination, and punitive laws that marginalize PWUD. Harm reduction included promoting the rights of PWUD, including the right to health, freedom from cruel and degrading treatment, and access to justice, as well as advocating for drug policy changes that are informed by evidence, respect human rights, and focus on public health rather than criminalization.

Networking is crucial for EuroNPUD because:

- By connecting with other organizations, stakeholders, and communities, we can amplify our voices and influence in advocating for the rights of PWUD at both national and European levels.
- Networking allows for the exchange of best practices, experiences, and strategies that can improve harm reduction services and advocacy efforts across different contexts.
- Through networking, we can access resources, funding opportunities, and technical support that strengthen our capacity to carry out our mission.
- Building strong networks creates a sense of solidarity among organizations working in the harm reduction space, which is essential for facing challenges such as political resistance, funding cuts, or societal backlash.

Networking with C-EHRN is particularly important for EuroNPUD because:

- Both EuroNPUD and C-EHRN are committed to advancing harm reduction across Europe. While we focus on the voices and rights of PWUD, C-EHRN works on promoting and strengthening harm reduction policies and practices. Our collaboration ensures a more comprehensive approach to harm reduction.
- By working together, EuroNPUD and C-EHRN can exert greater influence on European policies related to drug use and harm reduction, ensuring that they are informed by the lived experiences of PWUD.
- C-EHRN's expertise in data collection and research on harm reduction practices complements EuroNPUD's advocacy work, providing evidence to support policy changes and improve harm reduction services.
- Collaboration between EuroNPUD and C-EHRN strengthens the overall European harm reduction movement, fostering greater unity and collaboration among various stakeholders, including service providers, researchers, and advocacy groups.



Choices NGO, Jason Farrell

Harm reduction is very personal to me. It saved my life and I personally participated in developing the provision of harm reduction services in a country where it was illegal just as were the people we were trying to keep alive were illegal – criminalised drug users. My experience with harm reduction was as an activist. Harm reduction services in NYC and America resulted from activism, demonstrations and the need to save lives when nothing else was working. It was a dire situation early in the AIDS epidemic. People dying everyday motivated us to try new things, and because harm reduction worked and was untraditional / un-American it made it more difficult. Abstinence driven services were killing people. There was nothing available at the time that we could offer people who were using drugs, who were unable to stop and for those who had no interest to stop using. The only evidence we had was based upon the evidence from the services available in Europe, Amsterdam and Liverpool.

Soon after harm reduction became legal my programme Positive Health Project became the first to develop on-site integrated care and to have the first on-site medical facility for drug users. This integrated care model was developed based upon need. What was not known at the time was HIV treatment, mental health care, psychological support, homeless shelters and other services which were not available to drug users - unless they decided right then to stop using and enter rehab or detox.

One-stop-shop services, avoided barriers, ensured quality control and provided user friendly care. This is what connected me to the Correlation Network.

The Correlation Network was the first international network of harm reduction programs in Europe for migrating drug users. The Correlation Network knew and understood the need for creating a road map connecting drug users to quality care when they are visiting another country. We knew if drug users were to come to the US - New York City would be a likely destination. Therefore we became the first US harm reduction service network partner and shared resources. This was a time when there were very few comprehensive services available for drug users.

The importance of creating integrated care and networks of services for drug users, is critically important, especially when working with criminalised vulnerable communities. Safety, stigma free, and quality of care are most important. That can only be supported within networks of likeminded service providers. This is a model that is needed and needs to be strengthened. Despite the research, cost effectiveness, return on investment studies, lives saved – politicians will always find some justification to punch holes in our work. Now, with the right wing government we need to stand together, show the outcomes and deliverables that cannot be disputed in any court or council meeting.

Choices
Support Center

The International Drug Policy Consortium (IDPC)

Globally, hundreds of thousands of people die each year of preventable drug-related harms because they are denied access to life-saving harm reduction services, and because they continue to face criminalisation, punishment and stigma.

The International Drug Policy Consortium (IDPC) is a global network of 196 NGOs, community-led networks and grassroots groups that come together to repair the harms caused by punitive drug policies, and promote responses grounded in social justice and human rights. One of our core policy principles as a global network is the promotion of a harm reduction approach to drugs and drug policy. For IDPC, a harm reduction approach is one that relies on care and support, without judgment, and with the full and meaningful participation of people who use drugs. We promote harm reduction via strategic and collective advocacy at the UN, regional and national levels, and community mobilisation through the Support.

Don't Punish campaign.

Organisations like CEHRN have been instrumental in bringing together advocates and community representatives, in building their capacity to advocate for change, and in collecting key data and information on innovative and peer-led harm reduction interventions across Europe. IDPC has had the privilege to work alongside CEHRN to promote better access to harm reduction and drug policy reform for over 16 years, with CEHRN joining the network as early as 2008. Since then, we have collaborated on policy papers, joint events, collective advocacy at the EU and at the UN, and more. CEHRN's Director is also a member of our Members Advisory Council, which has further strengthened the collaboration between both organisations.

idpc
International Drug
Policy Consortium

European Union Drugs Agency (EUDA)

The EUDA (formerly known as the EMCDDA) has a long history and valued partnership with Correlation in the field of harm reduction in Europe. The Agency supports harm reduction as a main pillar of public health policy in Europe, noting this has been a core component in the EU Drug Strategy and Action Plan since 2017.

Harm reduction strategies play a central role in minimising the consequences of problems associated with drug use, and in mitigating the adverse health, social, and economic impacts of substance use disorders. In Europe today, a variety of activities, including needle exchange programmes, opioid agonist therapy, take-home naloxone, drug checking and supervised drug consumption rooms come under the harm reduction umbrella. These interventions are often part of a wider public health system-wide response addressing health, social and economic harms of drug use to individuals, communities and societies. There is already a substantial body of evidence supporting the effectiveness of these interventions for important outcomes including decreasing the transmission of infectious diseases, reducing drug-related deaths, and improving the overall well-being of people who use drugs and their communities.

European civil society organizations have historically represented a source of innovative drug policy proposals and many harm reduction services have proved to be key in protecting people who use drugs and reaching vulnerable populations. Collaboration across borders with civil society and its organisations, particularly through networks like Correlation European Harm Reduction Network (C-EHRN) or the European Network of Drug Consumption Rooms (ENDCR) has been essential for the EUDA, and always an important support for the successful im-

plementation of harm reduction strategies. Such partnerships facilitate the sharing of best practices, and provide the platforms for productive collaborations and rapid knowledge exchange, fostering a supportive environment for discussion of innovative approaches and new developments in the field. By working together, we are able to address the complex and multifaceted nature of drug-related issues more effectively, in synergy between governmental bodies, non-governmental organisations, and community groups. EUDA aims to ensure that harm reduction policies are comprehensive, culturally sensitive, and tailored to the specific needs of diverse populations across Europe, and partners such as C-EHRN are indispensable in this enterprise.

EUDA is committed to continued collaboration with C-EHRN and engaging with civil society in general, to enhance the impact of evidence-based interventions. Aligning with our new mandate, EUDA aims to support a more systemic approach to the implementation of harm reduction strategies, with responses that integrate multiple interventions and are tailored to the specific local needs. We see C-EHRN a key partner for the future, with the EUDA action-oriented approach keeping a focus on anticipating future drug-related challenges and their consequences; providing real time alerts on new drug risks and threats to health and security; assisting the EU and its Member States in strengthening their responses to the drug phenomenon; and facilitating EU-wide knowledge exchange and learning for evidence-based policies and interventions.



Drug Policy Network South East Europe

Very soon after our founding, already in 2017, we established contacts with Correlation. It was on the advice of our member organisations which already had a long history of partnership and support received.

Our partnership grew from just sharing information to building partnership to provide responses to the needs and problems of the communities we serve have. The support we received and our involvement in projects and activities helped a lot to have our region of Southeast Europe on the spot in the European and international spheres. On the other hand, we were happy to contribute with our activities and experiences, especially in providing data on harm reduction and drug policy in general. As a result, we fully contributed to the design and implementation of the BOOST project. That is the way our cooperation, together with other European and regional networks, may have more results in the future.

Correlation is a perfect opportunity to share information and build partnerships with our colleagues from around Europe. It is especially valid on issues that are not at the top of the agenda and sometimes remain behind. For us, it is a great possibility to work on involvement and support for communities at risk and HepC, among others.



International Network on Health and Hepatitis in Substance Users (INHSU)

The International Network on Health and Hepatitis in Substance Users (INHSU) are a global network dedicated to improving the health of people who use drugs, with a specific focus on hepatitis C, infectious diseases, and harms that can occur from drug use.

INHSU have been proud to collaborate with Correlation - European Harm Reduction Network (CEHRN) since 2017. CEHRN are a key organisation in our sector for expertise in harm reduction advocacy, policy development and program implementation within the European context. Our collaborations are built on our shared commitment to advancing harm reduction efforts both in Europe and globally.

Harm reduction has been a central focus for INHSU since its foundation. Across all aspects of our work, we prioritise the health, dignity, and wellbeing of people who use drugs. We focus on practical strategies and interventions to reduce possible harms associated with drug use. Central to this is the belief that every person deserves access to compassionate, non-judgemental healthcare and support. Harm reduction is not just a set of strategies or interventions, but also a movement towards social justice and human rights. We therefore advocate for not only access to harm reduction interventions globally, but also policy changes that decriminalize drugs, eliminate stigma, and ensure equitable access to healthcare.

CEHRN provides our sector with valuable insights into European harm reduction practices and policies, facilitating the exchange of best practices, research findings and innovative approaches to harm reduction. These insights and lessons learned strengthen INHSU's ability to

advocate for evidence-based interventions and policies that promote the health and well-being of people who use drugs globally.

We truly value our partnership with CEHRN and have enjoyed working with the CEHRN team on different projects and ideas over the years. Collaborations have included regular information sharing meetings and participation in each other's conferences through engagement on our respective conference organising committees and delivering sessions within the conference programs. Our collaborations have allowed us to intensify the impact and synergy of each other's work and helped to promote the uptake and implementation of evidence-based toolkits, guidelines, policies, declarations, and other knowledge exchange activities in the field.

It has been a joy to watch our two organisations grow and adapt over time to meet the changing needs of our members and partners. We look forward to continuing the collaborations between our two networks into the future to work towards our shared goals.

Congratulations to our friends Eberhard, Katrin and the team on a successful 20 years of CEHRN.



Mainline, Drugs en Gezondheid

At Mainline, harm reduction means meeting people who use drugs where they are, offering support to minimize risks and improve their well-being, without judgment. It's about empowering individuals to make safer choices and respecting their autonomy. Harm reduction to Mainline is about compassion and solidarity.

Collaboration is vital in this work. Networking allows us to share knowledge, resources, and strategies, making our collective efforts stronger. This is where our partnership with the Correlation – European Harm Reduction Network (C-EHRN) comes in. C-EHRN brings together harm reduction organizations across Europe, creating a space for shared learning, advocacy, and coordinated action. Working with C-EHRN helps us stay updated on the

latest developments, join forces on initiatives, and amplify our impact. Together, we're pushing for harm reduction to be recognized as a key part of public health, ensuring that the voices of people who use drugs are heard and respected. Access to harm reduction is a human right and we need to fight alongside each other to make sure the rights of people who use drugs are being fulfilled.



The Pompidou Group

The Pompidou Group, being the Council of Europe's cooperation group on drugs and addictions, is the leading international organisation driving for human rights-based drug policies. The pursuit of the goal to guarantee the enjoyment of the highest attainable standard of physical and mental health, human rights standards require government to ensure access to quality treatment and care services, including harm reduction. This is guaranteed by the European Convention of Human Rights.

To make human rights work in practice and in all walks of life, civil society involvement in policy planning and delivery is an obligation in a democratic society. The concept of civil society participation flows from the human rights to freedom of expression the freedom of assembly and association.

The Pompidou Group has been working on mainstreaming harm reduction for nearly two decades. Today, many European States have embraced harm reduction and the concept has become an integral part of every drug policy in our member states.

I am convinced that we would not have reached this without closely cooperating with civil society. And here comes Correlation into play, who was our key partner from the very beginning in the efforts to mainstream harm reduction in drug policy. This fruitful cooperation dates back now over 15 years and is going ever stronger. Our joint activity of organising annually an international symposium on drug consumption rooms is only one example. Thanks to these accomplishments, our cooperation has now been elevated to a new level by Correlation having been granted Participatory Status to the Council of Europe.

Congratulation!

Our way of joining forces has shown that we can overcome barriers, bring human rights to the forefront and create better lives for people.



The Barcelona Institute for Global Health (ISGlobal), Jeffrey Lazarus

Harm reduction represents an essential, evidence-based approach to public health that aims to minimise the negative consequences associated with drug use and other high-risk behaviours.

Since I began working with C-EHRN 20 years ago (then the Correlation Network), whilst at the World Health Organization, I have witnessed firsthand how these strategies can significantly improve health outcomes for vulnerable populations.

Harm reduction is about meeting people where they are and providing practical support that can enhance their health outcomes, even if slightly. This approach has led to tangible benefits for hundreds of millions of people around the world. Remember, while my work has focused on people who inject drugs, just wearing a seatbelt is harm reduction (cars are a risky environment!)

At the same time, because of harm reduction services in community-based centres, we have been able to decentralise care to the point that we can implement testing and treatment for viral hepatitis outside of hospitals like the micro-elimination project I led on the Balearic Islands in Spain. The micro-elimination approach was developed while I was at the EASL Liver Foundation and is a testament to how targeted harm reduction efforts can greatly improve public health.

Networking plays a crucial role in public health and harm reduction.

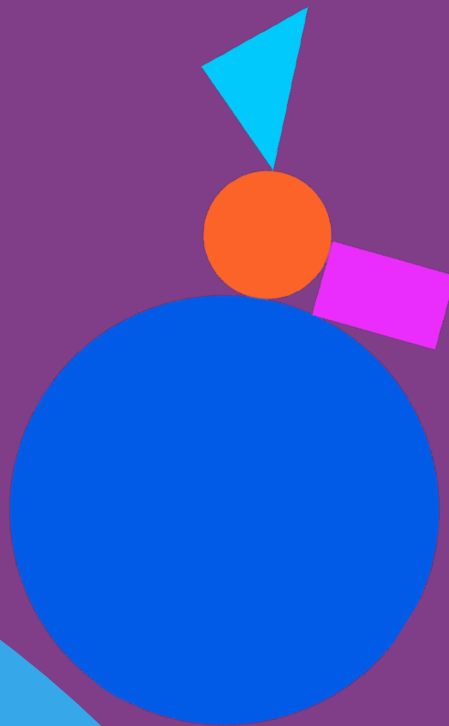
My experiences—from delivering the keynote speech at the C-EHRN conference in 2007, to collaborating with them on European Commission-funded projects—reiterates the value of building strong professional and even personal relationships.


Networking fosters the exchange of knowledge, promotes innovative solutions, and creates synergies that amplify our impact across different at-risk populations. Specifically, networking with C-EHRN has been instrumental in driving progress. The network has provided platforms for dialogue, collaboration, and shared learning, all essential for advancing treatment and care for those most in need. Through these connections, we can advocate more effectively for policy changes, secure funding, and implement best practices across various levels of governance. Ultimately, I have seen that networking helps harness the collective expertise and resources of the global public health community to make a positive and real-world difference for those at risk and in need.

I am incredibly grateful to everyone at the then Correlation Network for engaging with me, WHO and stakeholders across Europe who have contributed to the improved well-being of those most in need.

ISGlobal

Annex





The annex presents an overview and examples of the most important highlights and milestones as described in the timeline.

2005 - 2011

2005: The kick of meeting of the new network

1st Expert meeting – 8-10 September 2005, Egmond aan Zee, Netherlands

Presentations of peer related expert group issues

- **Policy:** John Peter Kools, Mainline Amsterdam - Atanas Rusev, Initiative for Health Foundation, Sofia
- **Sex work:** Jan Visser, Rode Draad Amsterdam - Natalja Turcan, Atalantas Amsterdam
- **Migration:** Rosa Suarez Vazquez, CEPS Barcelona - Annemarie de Bruin, Jellinek Prevention Department, Amsterdam
- **Empowerment:** Leopoldo Grosso, Gruppo Abele, Turin - Barne Strahlenkranz, Bruegeföringen, Sweden



2006: The 2nd Expert Meeting



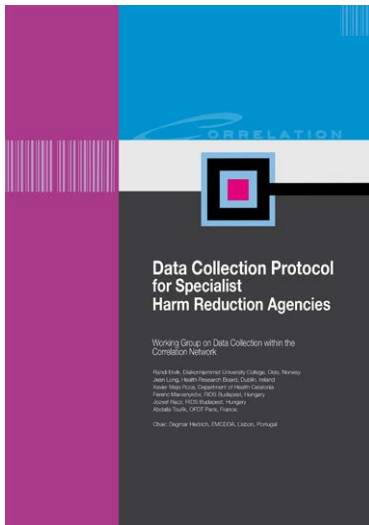
Extract from the program

- 15.00 Introduction, Katrin Schiffer, Correlation
Welcome by Mw. Stanislaw Urbaniak, vize major, City hall Krakow
- 15.10 Keynote speech: The situation regarding drugs and sex work in Poland - Marek Zygallo – director of Monar rehabilitation centre in Krakow
- 15.40 Models of good practice in Krakow - Maciek Kubat - Monar
- 16.10 Update CORRELATION issues – Eberhard Schatz
- 16.55 Correlation study: “Both sides of the fence”: developing a national grass root survey and organizing policy debates on ‘needs, access and impact’
- Outline: John Peter Kools - research aspects: Ferenc Márványkövi
- introduction for the study group meeting on Saturday – John Peter Kools
- 17.30 Political considerations in planning the data report system, Dusan Nolimial, National Institute for Public Health, Slovenia
- 17.35 Data Report System: Dagmar Hedrich, EMCDDA - Outline & implementation: Introduction for the working group Data Report System on Saturday
- 17.50 ‘Harm reduction in Europe – request for input’ - Daan van der Gouwe, Trimbos Institute, NL
- 18.00 Introduction for the skill building workshops on Saturday - Outreach: Mika Mikkonen-Internet: Pjer Vriens - Empowerment: Lorenzo Camoletto

Selected Publications

Data-collection Protocol for Specialist Harm Reduction Agencies.

Author: Dagmar Hedrich, EMCDDA



Members of the work-group were representatives of the EMCDDA in Lisbon, the Research Institute on Drug Studies (RIDS) located in Budapest, the Institute for Public Health of the Republic of Slovenia and the Department of Health-Catalunya.

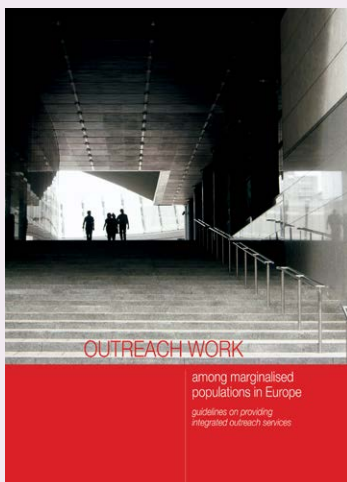
The group developed a draft European data collection protocol for standardised annual reporting about the activities carried out and

the services delivered by the low-threshold agency which includes a part for the reporting about the structure and functioning of the agency.

The booklet describes the development and the field testing of a data collection protocol for harm reduction agencies and presents the final tool, including a manual. The protocol was adapted by numerous agencies and still is available on the C-EHRN website.

Outreach work among marginalised populations in Europe.

Authors: Mika Mikkonen, Jaana Kauppinen, Minna Huovinen & Erja Aalto and the Correlation outreach expert group

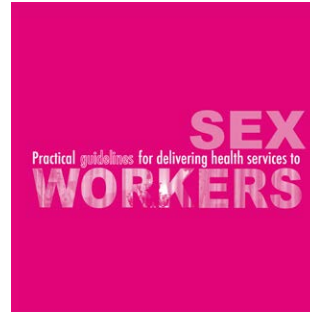


These guidelines on providing integrated outreach services are divided into five sections. The first section of this publication gives an overview over the main principles of outreach; The second section looks into practical aspects of outreach; In the third section, management aspects of outreach are discussed; In the fourth section of these guidelines, the authors address the issue of cooperation between outreach

workers/projects and other relevant parties; Finally, the fifth section pays attention to creating a supportive working environment for those involved in outreach activities.

Practical guidelines for delivering health services to sex workers

Authors: Justin Gaffney, Petr Velcevsy, Jo Phoenix & Katrin Schiffer



These guidelines are based on a former edition of the European Network for HIVSTD Prevention in Prostitution (EUROPAP), which published a first edition in July 2003. This update contains major changes, extensive amendments and additional chapters, which are based on the expertise of

various experts in the field and the current knowledge in regard to the technical and medical issues, mentioned in this booklet.

Overcoming Barriers; migration, marginalisation and access to health and social services.

Author:s Dagmar Domenig, Jane Fountain, Eberhard Schatz & Georg Bröring e.al.



The reader describes different barriers in accessing health and social services for migrants in Europe. In case of drug use, they are confronted with a double stigma. Due to a lack of cultural sensitivity within the services, mistrust among the group of drug users, communication problems (due to the

language barrier), a lack of awareness among drug services for the specific needs of migrant drug users and the stigma surrounding drug use within the own community the access services fail to reach migrant drug users in an appropriate way very often.

Empowerment and Self-Organisations of Drug Users.

Authors: Jorgen Anker e.al., Leopoldo Grosso, Theo van Dam, Lorenzo Camoletto and the Correlation empowerment expert group, David Lidell e.al., Stijn Goossens



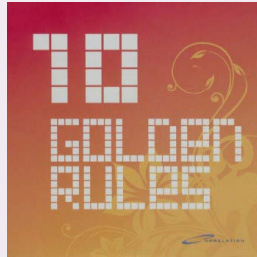
This reader deals with the experiences and lessons learnt in empowerment and self-organisation of drug users. The text is divided into six sections. The first gives an overview of drug user self-organisation; the second part provides some models of good practice of empowerment in the area of

IDU; the third section summarises the main steps in the his-

tory of the drug user movement; the fourth pays attention to the method of focus groups and its potential in the area of empowerment; the fifth part describes research projects of drug user; and finally, the sixth section summarises the results of an online research about drug user activism.

TEN GOLDEN RULES

Authors: pjer Vriends, GGD Rotterdam and the internet expert group.



This CD-ROM contains new strategies for e-Health, examples, guidelines and methodologies to professionalise, software and good practices for e-Health and e-Out-reach. Ten Golden rules are burned on this CD-ROM to enable service providers to start electronic-Out-reach and e-Counselling to serve groups that are difficult to locate, difficult to recruit into services or difficult to retain within a service.

Making voices heard' - study on access to health and social services for substance users

Ancella Voets, Ferenc Marvanykovi, Atanas Rusev, Dusan Nolimal,e.al



The objective of the research that is summarised in this publication is to provide relevant information for the empowerment of marginalised groups. The information from the surveys was used in different national debates that took place after completing the surveys, and it strengthened the involvement of and the impact on clients and service providers.

2007: Correlation European Conference in Sofia, Bulgaria, Social Inclusion and Health - Crossing the Borders



Extract from the programme:

16:00 Opening Conference:: Welcome

Mrs Emel Etem, Deputy Prime Minister and Chair of the National Committee on Prevention of AIDS and STDs at the Council of Ministers, Bulgaria
 Mr Willem van Ee, Extraordinary and Plenipotentiary Ambassador of the Netherlands in Bulgaria
 Mr Rumen Donski, Chairman of Foundation Hope, Bulgaria
 Mrs Elena Kabakchieva, HESED, Bulgaria

16:30 Keynote Speech:

Acceptance of human rights in the fight against HIV/Aids in Bulgaria:

Dr Tonka Varleva, Secretary of the National Committee on Prevention of AIDS and STDs at the Council of Ministers and Director of the program 'Prevention and Control of HIV/AIDS', Bulgaria

Speeches and Discussion

- Correlation: Meaning, impact and scope of the conference. Eberhard Schatz, Correlation Network
- Communicable diseases in Europe: State of affairs. Jeff Lazarus, WHO
- Interactive Discussion: Social inclusion and health and the impact of Europe: Challenges and solutions.
- Moderator: Ernst Buning, director Quest for Quality, co-founder IHRA
- WHO, EC representative, policy makers, NGOs, community representatives

Mr. Willem van Ee, the Ambassador of the Netherlands in Bulgaria, generally discussed the social needs of present day Bulgaria in a European context. He stressed the major reforms that have taken place in relation to the new Bulgarian EU membership (in 2007) and the changes that will still have to take place.



Selected Publications

Key messages from practitioners

Contributing authors:

Astrid Leicht – Fixpunkt, Germany; Pedro Machado – APDES, Portugal; Graham Mackintosh - Scottish Drug Forum, Scotland; Hilde Roberts – Mainline, Netherlands; Eberhard Schatz – Correlation, Netherlands; Arnaud Simon – AIDES, France; Leila Gasulla Suriol – Ministry of Health Catalunya, Programme on Substance Abuse, Spain; Susanne Thate – Fixpunkt, Germany; Victoria Vinckler – Convictus, Estonia.

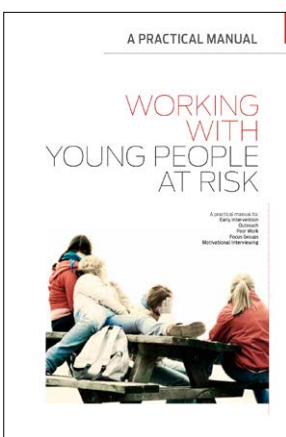


The key messages included in this report represent the most important aspects of interventions targeting injecting drug users. These have been identified through field work, the day to day experience of practitioners and a literature review. Starting with approaches to prevention, such as awareness and training, the messages go on to describe the most important elements of service delivery

including monitoring, testing and improving access, all with an essential focus on the involvement of patients and service users. As all interventions work best embedded in a national action plan or strategy, this report closes with a brief examination of what makes these most effective.

Working with young people at risk - a practical manual

Anniken Sand, City of Oslo Alcohol and Drug Addiction service, Competence Centre



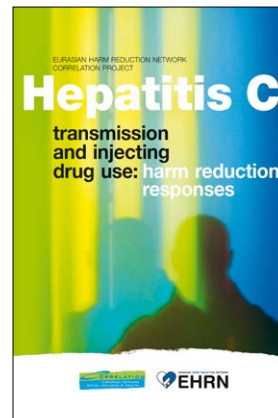
Many drug services in Europe are aimed at older injecting users and are not suitable for this younger group who are still in a phase of experimentation, not necessarily injecting. The approaches and services should be suitable for the younger target groups, and use appropriate resources. This is where the experience of an outreach worker comes into play, knowing the scene and being able to gain the trust of these young people.

The outreach worker has an overview of the services most appropriate to young experimenting drug users, and can provide support whilst referring them to suitable services. In other words; early intervention from the outreach worker is important to prevent further marginalisation.

Hepatitis C transmission and injecting drug use: harm reduction responses

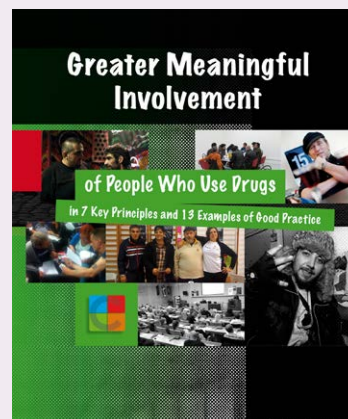
Compiled and written by: Leila Reid, Daisy Ellis and Simona Merkinaite for the Eurasian Harm Reduction Network

Reviewers: Eberhard Schatz, Correlation Network, Katrin Prins-Schiffer, Correlation Network, Francesc Xavier Majo Roca, Ministry of Health, Government of Catalonia, Astrid Leicht, Fixpunkt, Berlin, Germany



This report outlines interventions for tackling hepatitis C in IDU populations in Europe and the surrounding area. These approaches are detailed in the context of the major common challenges faced across the region in addressing hepatitis C in IDU populations.

Greater meaningful involvement in 7 key principles and 13 examples of good practice, John Peter Kools, Trimbos Institute



The Correlation Network has historically consisted of activists, community based groups, grass roots initiatives, researchers, policy makers and low threshold service providers. This combination, inclusive of integrating various backgrounds, experience, expertise and disciplines, has been the foundation of the Correlation Network. From its early days to present,

drug users groups and other peer initiatives have been steady and strong contributing partners of the Correlation Networks' programmes and mission.

"Peer work is a freestanding initiative or a collaboration between community members and an agency, aiming at meaningful involvement of peers and based on principles of mutuality and empowerment."

1. Equality
2. Self determination
3. Genuine and Full Involvement
4. Build on Strengths
5. Support Community Development
6. Meet People Where They Are
7. Respect

2010: Peer /Outreach Seminar

18 - 19.10.2010 in Prague



Extract from the programme:

- Opening: Katrin Schiffer
- Welcome: Nina Janyškova, City Hall Prague Effectiveness of harm reduction responses in the Czech Republic
Viktor Mravčík, National Focal Point, Office of the Government of the Czech Republic
- Harm reduction and peer involvement in the European context: Ernst Buning, Quest for Quality, the Netherlands
- Peer involvement as essential element of a human rights based harm reduction approach: Eliot Albert, INPUD, united Kingdom
- Harm reduction in Prague- current developments and trends: Jiri Richter, Executive Director of Sananim Prague
- A local assessment on peer support in the Czech Republic: Vlastimil Nečas, Office of the Government of the Czech Republic
- Panel discussion with various stakeholders Facilitator: Katrin Schiffer, Correlation with policy makers, service providers, police, researchers, drug user representatives, European experts
- Conclusions: Eberhard Schatz, Correlation
- How to reach "hard to reach" youth? Facilitated by Ragnhild Audestad and Anniken Sand, City of Oslo Drug and Alcohol Addiction Service, Competence Centre

European Correlation Conference in Ljubljana, Slovenia

September 2011 / 'Getting out of the margins in Europe – changing realities and making the difference'

Correlation Conference
Correlation Network – European Network Social Inclusion & Health

Correlation Network – European Network Social Inclusion & Health is pleased to invite you to the European Correlation Conference 'Getting out of the margins – changing realities and making the difference', to be held on 12-14 December 2011 in Ljubljana, Slovenia.

The Conference is being organised under the patronage of the Slovenian Ministry of Health. Correlation is supported by the European Commission (DG Sanco) / EAHQ and known as a network, which brings together people and different stakeholders, such as service providers, service users, researchers and policy makers. The project aims to break down barriers and to create new and innovative ways of cooperation and approaches.

Getting out of the margins - changing realities and making the difference

12 - 14 december 2011, Ljubljana, Slovenia

The conference programme includes high level policy plenary and major discussions as well as abstract driven sessions and skill building workshops. Interaction and exchange is one of the key elements during the conference. A 'European Dialogue Market' will support this idea and offers participants the opportunity to share knowledge and experience in a more informal way. The main language of the conference is English.

Executive Agency for Health and Consumers | REPUBLIKA SLOVENIJA | MINISTRSTVO ZA ZDRAVJE

Preliminary Conference Programme at a glance

Correlation Conference
12-14 December 2011, Ljubljana, Slovenia

Monday, 12 December 2011

15.00	Welcome and introduction	Eberhard Schatz, Correlation Network
15.10	Challenges for good policy making	Thomas Katsou, Pompidou Group Representative of the Slovenian Health Ministry El Zamerik, STIGMA Foundation Dr. Chris Tyrer Executive Director, Centre for Science and Policy, University of Cambridge
16.30	Break	
17.00	Round table discussion: The impact of Europe on local and national policies targeting marginalised groups with: Policy makers, Representatives of the European Commission and European networks and projects	Chair: Carl Edwards Former head of unit drug policy coordination (DG JFS)
18.30	Reception	Supported by the City of Ljubljana

Tuesday, 13 December 2011

9.30	Major session I: HIV/AIDS in Europe: challenging political leadership - see website for details -	Chair: Wolfgang Philipp European Commission, DG Sanco
	Major session II: Hepatitis C in Europe - a huge burden and still neglected - see website for details -	Chair: Jeffrey V. Lazarus, Copenhagen University
11.00	Break	
11.30	Skill Building workshops	
	Peer involvement	Franz Trautmann and John Peter Koois, Trimboos Institute
	Social Intervention Tool (Ehealth) Outreach and Early Intervention	Pier Vriens, Municipal Health Service, Rotterdam Anniken Sand, Competence Centre of Addiction, Oslo
	Hepatitis C training module	Daney Morris and Neil Hunt, Trainers
13.00	Lunch	

Getting out of the margins - changing realities and making the difference

14.30	Workshops and parallel sessions	Organisational chair BORDERNET
	WS 1: Participatory HIV/STI prevention for ethnic minorities and migrant communities	Foundation De Regenboog Groep/ Drogurt
	WS 2: Creating opportunities for Social Enterprise	CVO
	WS 3: Evidence-base versus grass-root – dilemma's and opportunities for evaluation and monitoring	INPUD and EuroHRN
	WS 4: Community Involvement	University Medical Centre Ljubljana, supported by MSD
16.00	Break	
16.30	Workshops and parallel sessions	
	WS 5: Innovative interventions in the field of HCV	Chair: Neill Hunt MAIDS
	WS 6: Mental Health and HIV/AIDS	Chair: tbc
	WS 7: Abstract driven session	Chair: tbc
	WS 8: Abstract driven session	Chair: tbc
	Satellite: Drug prevention in the Balkan area	DIOGENIS Association
18.00	End	

Wednesday, 14 December 2011

9.30	Major sessions I: Drug Policy Reform – from evidence to practice with: <ul style="list-style-type: none"> Representative of the Global Commission on Drug Policy Jud'ich Voboril, drug coordinator Czech Republic Carl Edwards, former head of unit drug policy coordination (DG JFS) Eliot Ross Albert (INPUD) Martin Jouska (TNI) Freek Polak (ENCOD) and others	Chair: Thanasis Apostolou, Diogenis Association Supported by the Open Society Institute
	Major session II: Sex work and harm reduction in Europe: what is really going on? with: <ul style="list-style-type: none"> Jay Levy, PhD Candidate, UK Jane Karpainen, Pro Tukiste, Finland Martina Jonker, SOAIDS, The Netherlands and others 	Chair: Pye Jacobsen, Rose Alliance
11.00	Break	
11.30	Interactive Final Session	Rapporteur: Thanasis Apostolou, Pye Jacobsen
12.30	Conclusions and statements	
13.00	End	



2012 - 2018

Selected Publications

Drug Consumption Rooms in Europe

Author: Sara Woods

Advice and support: Dagmar Hedrich, Eberhard Schatz



The report – based on an online survey under DCRs/SIFs worldwide – describes the range of services currently offered, the existing approaches to HCV awareness, prevention and treatment and what the needs are to improve and extend services.

Online census of Drug Consumption Rooms (DCRs) as a setting to address HCV: current practice and future capacity

Authors: Vendula Belackova, Allison M. Salmon, Eberhard Schatz, Marianne Jauncey



The report – based on an online survey under DCRs/SIFs worldwide – describes the range of services currently offered, the existing approaches to HCV awareness, prevention and treatment and what the needs are to improve and extend services.

ACT NOW! - LIVER OR DIE - A PEER TRAINING MANUAL

Authors: Danny Morris, Neil Hunt

Advice: B. Stålenkrantz, L. Persson, E. Schatz, J. Farrell, JP Kools



This peer-training manual has been developed in close cooperation with the Swedish Drug User Union and has been written for hepatitis C (HCV) treatment advocates and provides information on how to conduct activities that support a reduction in hepatitis C transmission and ways to increase access to diagnosis, treatment and care for people who inject drugs (PWID).



Research | [Open access](#) | Published: 09 May 2019

Changes to the national strategies, plans and guidelines for the treatment of hepatitis C in people who inject drugs between 2013 and 2016: a cross-sectional survey of 34 European countries

[Mojca Maticic](#), [Jerneja Videcnik Zorman](#), [Sergeja Gregorcic](#), [Eberhard Schatz](#) & [Jeffrey V.](#)

38 non-governmental organisations, universities and public health institutions that work with PWID in 34 European countries were invited by C-HERN to complete a 16-item online survey about current national HCV treatment policies and guidelines. Data from 2016 were compared to those from 2013 for 33 European countries, and time trends are presented. Differences in the data were analysed.

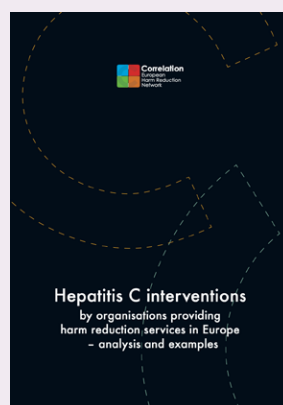
Hepatitis C interventions by organizations providing harm reduction services in Europe – analysis and examples

Authors:

Eberhard Schatz, Roberto Perez Gayo, Ion Raulet

Review and Advisory Group:

Marios Aztemis, Elisabeth Avril, John Dillon, Jason Farrell, Dagmar Hedrich, Marie Jauffret-Roustide, Astrid Leicht, Mojca Maticic, Rafaela Rigoni, Dirk Schäffer, Tessa Windelinckx



This report has been prepared within the framework of the viral hepatitis-related activities developed by Correlation – European Harm Reduction Network (C-EHRN).

Since its foundation in 2004, the network has always given special attention to the impact that blood-borne infectious diseases have on the well-being of people who use drugs (PWUD). However, it was through the 'Hepatitis C Initiative' (2014-2016)¹ that the Network activities in this area experienced a significant increase in depth and scope.

Together with a wide range of partners from across Europe, C-EHRN developed and implemented a substantial number of surveys, tools, training and advocacy materials aimed at supporting the integration of viral hepatitis C (HCV)-related activities as a regular practice within the field of harm reduction service provision.

European Harm Reduction Network Conference

Amsterdam 1-3 October 2014



The following topics were highlighted:

Overdose prevention (APDES, EHRN):

- overview of successful overdose campaigns
- the advocacy campaign 'I am the evidence'
- peer education in naloxone distribution
- debate on future strategies for overdose prevention

Drug consumption rooms (FRG, Akzept):

- results of a pilot study in Amsterdam and Frankfurt
- analysis of concepts and best practices
- international network of Drug Consumption Rooms

Promoting harm reduction through local policies (AFR):

- working with media
- involvement of PWUD in local policies
- harm reduction and law enforcement on local level



European Conference on Hepatitis C and Drug Use

Berlin 23-24 October 2014 "Need for action: End the silence on Hepatitis C"



2014 Berlin MANIFESTO on Hepatitis C: Access to Prevention, Testing, Treatment and Care for People who Use Drugs

HEPATITIS C IS A MAJOR GLOBAL PUBLIC HEALTH PROBLEM!

Presently, public awareness, surveillance systems, availability of HCV prevention and harm reduction based interventions remain inconsistent throughout Europe. Access to screening and diagnosis services are not available to people who use drugs in every country.

THE TIME TO ACT IS NOW!

The Manifesto was produced by the Correlation Hepatitis C Initiative in cooperation with Apdes, Portugal. It was signed by The World Hepatitis Alliance, INPUD, EATG, HRI, ELPA, EASL and the EU Civil Society Forum and 2000 signatories.



Hepatitis C Community Summit

Amsterdam 18-19 April 2017

Bridging the Gap between research, harm reduction, treatment and people living with Hepatitis C



Aims

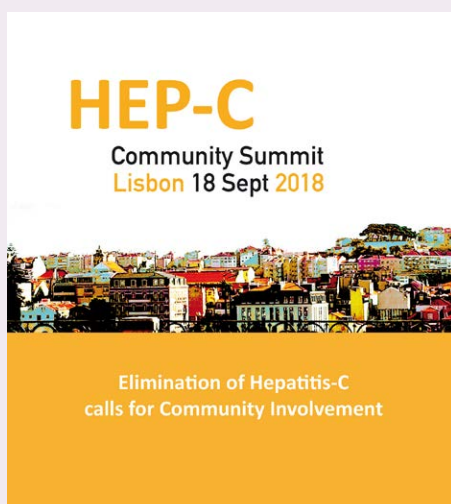
- To provide a platform for all those involved in HCV treatment
- To create synergy with the International Liver Congress conference and its attendees who held their conference in Amsterdam
- To develop an enduring cooperation in building the road to eradication
- To launch a consensus statement on community inclusion

“Communities and community representatives must participate in formulating and implementing hepatitis C prevention, testing and strategies for affordable treatment because these stakeholders have unique knowledge about what will be accessible, acceptable and effective. Without their close ongoing involvement, the effort to eliminate hepatitis C is likely to fail.”



Hepatitis C Community Summit

Lisbon 18 September 2018 “Elimination of Hepatitis-C calls for Community Involvement”



The summit will bring together people from the affected communities, advocates, researchers, healthcare providers, harm reduction practitioners, and policymakers to discuss and to develop an enduring cooperation for building the road to HCV elimination.

The summit is organized in close cooperation with the International Network of Hepatitis in Substance Users (INHSU), which organizes 7th International Symposium on Hepatitis Care in Substance Users in Cascais (close to Lisbon) between 19 – 21 September 2018. As part of this conference, INHSU usually works together with community-based organizations to hold a Community Day prior to the conference. In 2018, INHSU is partnering with the HEP-C Community Summit to organize this day.



Civil Society Involvement in Drug Policy Conference

5 November 2018 in Brussels, Belgium



Opening session:

Chair: Katrin Schiffer, Correlation Network

Laurene Collard, CSF Drugs

Nicos Dedes, CSF HIV, Hepatitis and Tuberculosis

The EU commitment of Civil Society Involvement

Floriana Sipala, Head of Unit on Organised Crime and Drugs Policy, Directorate General for Migration and Home Affairs of the European Commission

The state of civil society involvement in drug policy – Results of the European assessment on civil society involvement – Marcus Martens, Harald Lahusen, University of Hamburg

Panel:

Challenges of meaningful civil society involvement on European level

Moderator: Eberhard Schatz, Correlation Network

Sini Pasanen, HIV Finland



4th European Harm Reduction Conference

Bucharest 21-23 Nov 2018 "A Time to Act!"



In 2018, the conference was organised by the Correlation Network in cooperation with Romanian partners and different European Networks and partners, such as Infodrug Switzerland, the European Network of People Who Use Drugs, the Eurasian Harm Reduction Association and the European Joint Action HA-REACT.

Organisation and Programme Committee

Dominique Schori - Infodrog / Marian Ursan - Carusel / René Akeret - Infodrog /

Eberhard Schatz - Correlation Network / Katrin Schiffer - Correlation Network /

Tuukka Tammi - THL / José Queiroz - Apdes / Alina Bocai - Aras /

Peter Sarosi - Drugreporter / Ganna Dovbakh - EHRA

Programme Advisors:

Tonny van Montfoort - EuroNPUD / Antonella Camposeragna - Forum Droghe / John-Peter Kools - Trimbos Institute /

Maria Phelan - Robert Carr Funds / Samir Ibisevic - Proi / Dirk Schäffer - DAH /

Cinzia Brentari / HRI / Tessa Windelinckx / Free Clinic



2019 - 2024

Selected Publications

Civil Society Monitoring 2020

Recommended citation:

Rigoni, R, Tammi, T, van der Gouwe, D, Oberzil, V,; Csak R, Schatz, E. (2021)

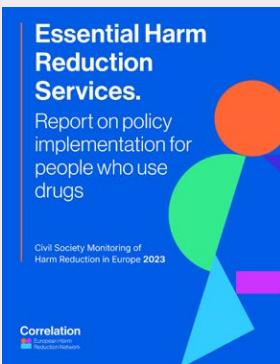
Civil Society Monitoring of Harm Reduction in Europe, 2020. Executive Summary.



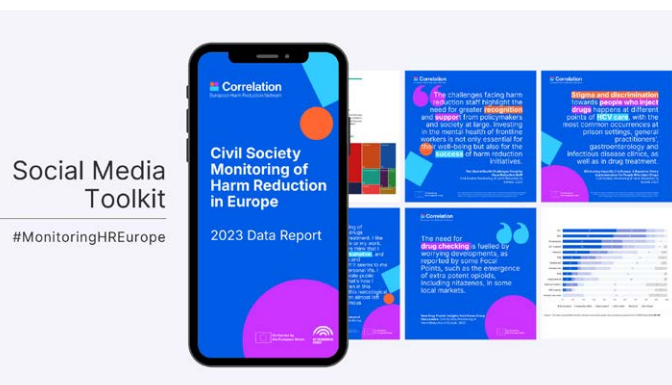
More than one hundred organisations and individuals from 34 European countries contribute to the monitoring reports. Through the years, the set of questions were adapted and the focus was shifted from country to city level. In 2023, the reports were published in 6 different volumes and an online social media kit was developed.

Civil Society Monitoring 2023

Authors: Jeziorska, I.: Conceptualisation; Methodology; Formal analysis; Investigation; Data Curation; Writing - Original Draft; Visualisation; Rigoni, R.: Conceptualisation; Methodology; Writing - Review & Editing; Visualisation; Supervision; Project administration; Moura, J.: Data Curation; Pomfret, A.: Data Curation; Schiffer, K.: Funding acquisition; C-EHRN Focal Points*: Data provision, Validation.



In 2023, C-EHRN and its members assessed the state of essential harm reduction services in European cities for the fourth time as part of the Civil Society-led Monitoring of Harm Reduction In Europe, with 35 cities responding to our survey in 30 countries.



Social Media Toolkit

#MonitoringHREurope

Drug Consumption Rooms in Europe – Operational Overview

Authors: Joana Moura: Investigation, Data Curation, Writing – Original Draft; Roberto Perez Gayo: Conceptualisation, Methodology, Resources, Writing – Review & Editing, Project Administration, Supervision; Laoise Darragh: Data Curation, Writing – Review & Editing; Iga Jeziorska: Methodology, Supervision; Katrin Schiffer: Project Administration, Funding Acquisition; ENDCCR Members*: Data provision, validation.



The study aims to provide an overview of the range, scope and structure of care services for people who use drugs currently provided by drug consumption rooms in Europe.

Documentary:

Drug Consumption Rooms Around the World

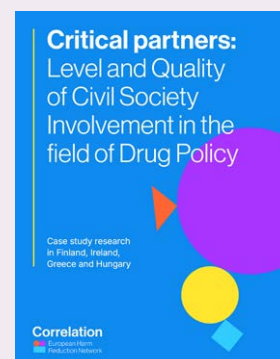


In collaboration with DrugReporter, the documentary 'Drug Consumption Rooms Around the World' was launched. This documentary showcases footage from various DCRs globally, providing a powerful visual narrative to support our advocacy efforts.

Critical Partners - Level and Quality of Civil Society Involvement in the field of Drug Policy. Case study research in Finland, Ireland, Greece and Hungary.

Author: Peter Sarosi

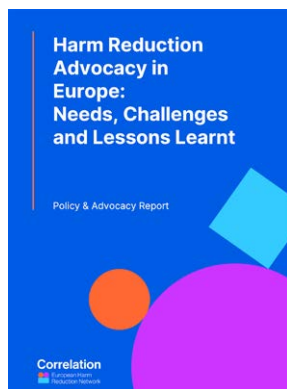
Review: Katrin Schiffer, Marios Atzemis, Marianella Kloka, Tuukka Tammi, Tony Duffin



This report has been developed in cooperation with the Rights Reporter Foundation (RRF). The report summarises the findings of a study conducted in 2023 which assessed the level and quality of civil society involvement in drug policies in four countries: Finland, Ireland, Greece and Hungary.

Harm Reduction Advocacy in Europe: Needs, Current Challenges and Lessons Learnt. Policy and Advocacy Report.

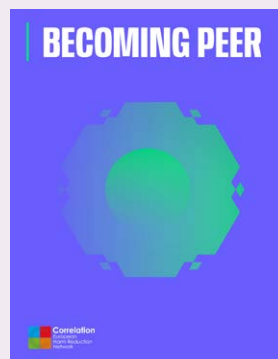
Authors: Arianna Rogialli (Investigation; Data Curation; Writing – Original Draft; Writing – Review & Editing); Iga Jeziorska (Conceptualisation; Investigation; Writing – Review & Editing); Katrin Schiffer (Conceptualisation; Investigation; Methodology, Writing – Review & Editing; Funding acquisition); Beatrix Vas (Methodology, Writing – Original Draft).



This report offers a summary of findings derived from a series of online consultations conducted among civil society and harm reduction experts. Additionally, it provides an overview of the sources and methodologies employed by C-EHRN and UNITE throughout these consultations.

Becoming Peer

Authors: Tait Mandler, Roberto Perez Gayo
 Review: Hayley Murray, Iga Jeziorska, Eberhard Schatz, Rafaela Rigoni
 This publication offers a toolbox for reimagining harm reduction through discussions of common but contested concepts: peer involvement, health, and evidence.

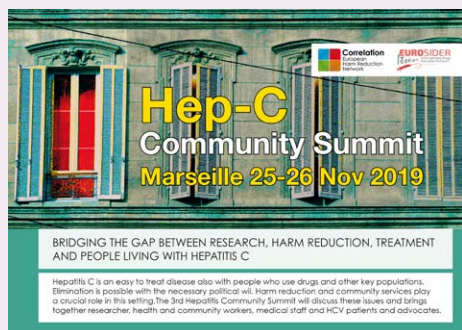


Harm reduction has traditionally focused on so-called “problem” drug use associated with adults, particularly those who inject drugs, the forcibly unhoused, sex workers, and other marginalized groups. Meanwhile, so-called “recreational” drug use associated with young people and “party drugs” has tended to be addressed through prevention and abstinence-based strategies. This publication offers a toolbox for reimagining harm reduction through discussions of common but contested concepts: peer involvement, health, and evidence.

Hepatitis C Community Summit

Marseille 25-26 Nov 2019

Bridging the gap between research, harm reduction, treatment and people living with hepatitis C

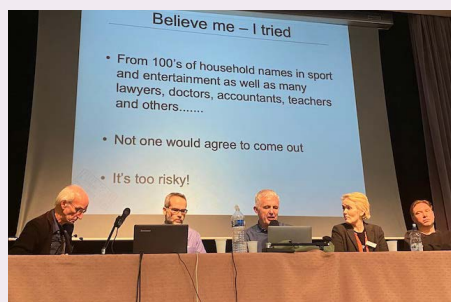


Statement of the Marseille Summit:

“ The decriminalisation of drug use and ensuring national funding of key services will reduce death, disease and marginalisation of people who use drugs. To enable marginalised members of society to break the ongoing cycle of imprisonment, disease and destitution, Governments must immediately adopt two measures:

1. Decriminalise the personal use and possession of all drugs; and,
2. Provide adequate and accessible life-saving health, social and economic interventions, especially Needle/Syringe Programmes (NSP), Naloxone and Opioid Substitution Therapy (OST).

It can no longer be acceptable, or allowed, for elements of law enforcement agencies to confiscate equipment that has been proven to prevent the transmission of HIV, Hepatitis C (HCV) and other blood borne viruses. Such behaviour is directly responsible for thousands of preventable infections and would not be tolerated in other areas of healthcare.



5th European Harm Reduction Conference

Prague, Czechia, 4-6 November 2020



In 2021, the **5th European Harm Reduction Conference** is organised in Prague by Correlation European Harm Reduction Network in close cooperation with the Eurasian Harm Reduction Association and the Czech organisation Sananim.

The European Network of People Who Use Drugs, the World Health Organization Regional Office for Europe, the European Monitoring Centre for Drugs and Drug Addiction and other important stakeholders from Europe are joining us in developing the conference programme.

The conference presented the latest harm reduction developments and good, innovative practices. It discussed drug policy and its implications on People Who Use Drugs and other marginalised groups, such as sex workers and People Living with HIV/AIDS.



6th European Harm Reduction Conference

Warsaw, Poland, 2-4 December 2024



The conference aims to cultivate collaboration and dialogue among stakeholders, providing a platform for the exchange of insights and ideas spanning practice, research, and policy in harm reduction. EHRC2024 features various session formats, including presentations of new developments and interactive discussions. Attendees will have the opportunity to share knowledge, debate policy advancements, disseminate research findings, and showcase innovative practices. Furthermore, EHRC2024 serves as a vital bridge between local, national and European efforts in drug policies and harm reduction.

Katrin Schiffer (C-EHRN), Rafaela Rigoni (C-EHRN), Eberhard Schatz (C-EHRN), Tony Duffin (ALDP), Lynn Jefferies (EuroNPUD), Alexei Lahov (EuroNPUD), Marios Atzemis (EATG/Positive Voice), Magda Bartnik (Prekursor), Roxana Karczewska (YODA), Maria Khoruk (GI-TOC), Ganna Dovbakh (EHRA), Jamie Bridge (IDPC), Ruby Rose Lawlor (Youth Rise), Ferenc Bagynszky (Aids Action Europe), Beatrix Vas (UNITE).

Supporting partners: Prekursoe, Right Reporter Foundation, Youth Rise, Drug Policy Network SEE, EHRA, EuroNPUD, Aids Action Europe, Unite, Ana Liffey, EATG, YODA, BOOST, HRI, Global Initiative Against Transnational Organized Crime.





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