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**GOVERNMENT OF THE REPUBLIC OF CROATIA**

**OFFICE FOR COMBATING DRUG ABUSE**

**GUIDELINES FOR DRUG-RELATED HARM REDUCTION PROGRAMMES**

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# Abbreviations

|  |  |
| --- | --- |
| CTC | Voluntary HIV counselling and testing centres |
| CRC | Croatian Red Cross |
| CIPH  | Croatian Institute of Public Health |
| MSM | Men who have sex with men |
| NSPs | Needle and syringe exchange programme (c. NX) |
| NX | Needle exchange |
| TIPH | Teaching Institute of Public Health |
| STD | Sexually transmitted diseases |
| EWS | Early warning system |
| THN | Take-home Naloxone |
| OCDA | Office for Combating Drug Abuse |
| IPH | Institute of Public Health |

# Introduction

Drug abuse and the resulting disease of addiction are some of the most negative social phenomena that leave long-term adverse health and social consequences on an individual, family and society as a whole. Drug users are subject to different forms of stigma and social exclusion. It is necessary to focus activities in such a way as to enable these individuals to achieve an equal status in all spheres of social life. Violation of human rights favours the spread of HIV/AIDS and other blood and sexually transmitted diseases, which also poses a public health risk for persons who do not use drugs. The aforementioned is also facilitated by poverty, high unemployment rate, delinquency, crime and lack of preventive health and other forms of education.

Health risks associated with infectious diseases (HIV, hepatitis C and hepatitis B) and mortality in the drug-dependent population are significantly higher than in the general population of the same age. Drug users who would mostly benefit from infectious disease prevention programmes and drug-dependence treatments often insufficiently use services that provide them. Namely, in many countries, the access to drug-dependence treatment and HIV/AIDS prevention and treatment are mainly intended for injecting drug users. This group of people is often marginalized, and because of fear of stigmatization and criminal prosecution, and the belief that offered treatments will not meet their needs, injecting drug users often avoid institutional treatments. Precisely due to this reason, harm reduction programmes have undergone significant changes in the past two decades: instead of waiting for the injecting drug users to come to health and social services, services are offered in places where addicts are found and where they use drugs. Harm reduction programmes began in the 1970s in the Netherlands, the UK and Switzerland, and today such programmes exist in almost all countries of the world.

Respecting human rights is a fundamental prerequisite to motivate people to undergo voluntary testing, counselling, education, to inform partners about their health status and undergo timely treatment and therapy. Also, it is necessary to raise the awareness of the general public in order to overcome prejudice, ignorance and to prevent discrimination in combating drug-related infectious diseases.

International and domestic experience show that harm reduction programmes are useful and effective when used continuously and in an appropriate way. Focusing the measures on the population prone to risky behaviour gives the best results because this is where they are needed the most, and the measures taken are adapted to specific needs and abilities of the members of these populations.

The Office for Combating Drug Abuse, as the professional and coordinating body of the Republic of Croatia, encourages the implementation of harm reduction activities and measures as a part of its regular activities in accordance with the National Strategy and Action Plan on Combating Drug Abuse, in cooperation with the competent ministries and non-governmental organizations, health organizations and criminal justice authorities.

On 11-12 September 2013, a seminar on developing the Guidelines for Harm Reduction Programmes, organized by the TAIEX unit of the European Commission and with the support of the Office for Combating Drug Abuse of the Republic of Croatia, was held in Zagreb. Over 70 experts attended the seminar, including the representatives of the Ministry of Health, county departments for mental health protection and addiction prevention, centres for free and anonymous HIV testing and counselling, hospitals, county institutes of emergency medicine, Croatian Red Cross and non-governmental organizations that implement harm reduction programmes. The seminar was organized with the aim to improve knowledge, exchange experiences among harm reduction programme implementers and define the needs and create basis for the development of comprehensive guidelines for harm reduction programmes. The workshop also presented the existing EU guidelines and best practice programmes in the field of harm reduction in some of the EU member states, as well as the existing system of programme implementation in the Republic of Croatia. One of the conclusions of the mentioned TAIEX workshop referred to the need to develop a strategic document on harm reduction programmes (guidelines or action plan). This activity was planned in the Implementation Programme of the National Action Plan on Combating Drug Abuse for 2014, following which, in March 2014 the Director of the Office issued a *Decision on the Establishment and Appointment of the Expert Working Group for Drafting Guidelines/Strategic Document in the Field of Harm Reduction in the Republic of Croatia*. The Expert Group was composed of 17 members from the ranks of experts dealing with this area.

The main task of the Expert Group was to analyse the existing practice and guidelines in the Republic of Croatia and the EU countries and define the concept and forms of harm reduction programmes and method of drafting the Guidelines/strategic document in the field of Drug-Related Harm Reduction in the Republic of Croatia.

Since the activity in the field of harm reduction is primarily carried out by civil society organizations, these guidelines want to define terms that include all forms and activities in the field of harm reduction, give recommendations for the development of innovative programmes in the field of harm reduction, provide a framework for action in various environments and fields of harm reduction and promote the accessibility of these programmes in all areas of the Republic of Croatia.

Foundations for drafting the guidelines are presented in the EU Drugs Strategy (2013 – 2020) that states that the contribution to reduction in drug demand and drug supply, as well as the reduction of drug-related health and social consequences, are achieved through an integrated, balanced and evidence-based approach. Furthermore, the EU Action Plan on Drugs (2013 – 2016) plans to enhance the effectiveness of treatment and rehabilitation, reduce drug-related health and social risks and harms and support the recovery and social reintegration of problematic drug users and drug addicts. In line with this, action no. 7 states that it is necessary to ensure that treatment and outreach services incorporate greater access to risk and harm reduction options to lessen the negative consequences of drug use and to substantially reduce the number of direct and indirect drug-related deaths and infectious blood-borne diseases associated with drug use. *Success indicator* is an increased availability of and access to evidence-based risk and harm reduction measures. As a part of the action *“Promote scientific evaluations of policies and interventions at national, EU and international level“*, the indicator of success is a completed evaluation of the implementation of the *2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence.*

With the aim to ensure and improve the quality of programmes being implemented in the field of combating drug abuse, it is also necessary to mention here the European Minimum Quality Standards in the field of drug demand reduction adopted in 2011 (EQUS, 2011). The EU Commission's EQUS Project[[1]](#footnote-1) was implemented with the aim to build a consensus among EU experts and stakeholders on the quality of existing standards for the implementation of interventions in the field of demand reduction, which includes the development of a clearer definition of minimum standards that cover evidence-based recommendations and organizational procedure. The EQUS Project differentiates between three types of standards: structural, process and outcome standards and proposes a list of minimum quality standards in the field of treatment, harm reduction and prevention.

The basis for the development of Guidelines that govern the implementation of harm reduction programmes can be found in the national strategic documents (National Strategy on Combating Drug Abuse 2012 – 2017 and National Action Plan on Combating Drug Abuse 2012 – 2014) and the Implementing Programme of the National Action Plan for 2014 which foresees the following harm reduction measures and activities: analysis of the application of harm reduction programmes to identify the reasons for insufficient coverage of certain areas with these programmes and the expansion of these programmes to areas in which they were not represented; encouraging the creation and implementation of programmes aimed at drug users who visit nightclubs / large music festivals; promoting guidelines for the so-called *safer night life*; encouraging the development of an integrative approach in the implementation of harm reduction programmes (socio-economic interventions – food, clothing, hygiene, and counselling and psychosocial treatment interventions) and opening shelters for homeless addicts; drafting Guidelines on Harm Reduction Programmes; developing innovative programmes in the field of implementation of harm reduction programmes and programmes aimed at reducing drug overdose.

**Definition and objective of the Guidelines**

**Guidelines**– contain the description of specific areas of harm reduction and the use of services in line with the specific categories of service users. Furthermore, they include a set of recommendations and steps to be followed during the interventions, and their content is usually based on available research. [[2]](#footnote-2)

**The goal for defining the Guidelines**: to define what is being implemented, describe the current practice, give recommendations for an optimal implementation of the programme while ensuring the availability of the interventions in all areas of the Republic of Croatia and show good practice and innovative programmes. **The purpose of this document** is to ensure the implementation of quality programmes, quality development and control, sustainability, territorial representation in accordance with the risk and needs assessment and to strengthen inter-sectoral cooperation in order to preserve public health.

**Coordination of the preparation** of this document is the responsibility of the OCDA, and after the final Draft of the Guidelines, the text of this document will be submitted for consideration to a session of the Commission for Combating Drug Abuse of the Government of the Republic of Croatia, after which they are expected to be adopted by the competent ministries to ensure their adequate implementation.

Further to the above, it should be noted that the **objectives of the implementation of harm reduction programmes include:**

* Reduction in the spread of sexually and blood-borne diseases and preservation of the existing health among drug users;
* Reduction in the number of committed crimes and recidivists;
* Reduction in the number of drug-related deaths;
* Increased number of addicts familiar with treatment and resocialization programmes with the aim of social reintegration and recovery;
* Improved inter-sectoral cooperation.

# Definitions of basic terms in the field of harm reduction

Drug-related **risk and harm reduction** is the umbrella term for interventions, programmes and policies that seek to prevent, reduce and relieve the health, social and economic harms to individuals, communities and societies, resulting from the use of psychoactive substances and addictive behaviour. In drug policy, risk and harm reduction measures are well integrated together with prevention, treatment and rehabilitation offers and are cross cutting demand and supply reduction policies. [[3]](#footnote-3)

Drug-related **harm reduction policy** is a public health approach focused on the target population of injecting drug users (applicable to other drug users as well), and it includes interventions, programmes and policies that aim to reduce health, economic and social harms resulting from drug use by individuals, groups or communities. Harm reduction policy is adopted and recommended by a number of international organizations, such as the World Health Organization (WHO), UNAIDS (Joint United Nations Programme on HIV/AIDS), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), I. F. R. C. (International Federation of Red Cross/Red Crescent), IHRA (International Harm Reduction Association) and many others (according to Zovko, 2011).

**Sharing syringes and/or needles** among intravenous drug users refers to a situations in which two or more drug users repeatedly use the same needle and/or syringe to inject a dose of drug in a liquid state, such as heroin, cocaine or amphetamines.

**Injecting room** *(Consumption room)* – Injecting room is a space in which addicts can freely inject drugs, using sterile equipment found in these rooms (Zovko, 2011). Injecting rooms (consumption rooms), also called safe injection facilities are professionally supervised facilities (which act as healthcare facilities), where drug users can use drugs in safer and more hygienic conditions (Stover, 2000). These facilities provide targeted services within a wider network of services aimed at combating drug abuse. These facilities often operate in separate areas within the existing facilities aimed at drug users or the homeless, while others function as independent objects.

**Drop-in** – Drop-in is a space in which addicts can stay and talk to programme implementers about specific drug-related health issues (infectious diseases, etc.). Drop-ins provide hot meals, the possibility for addicts to meet their hygiene needs, change clothes, etc.

**Recovery** – The concept and process of recovery ) in the United Kingdom begins with the National 2010 Drug Strategy[[4]](#footnote-4) focused on the recovery of drug users ensured through local community services. The Strategy has two overarching aims, to: reduce illicit and other harmful drug use and to increase the number of persons recovering from their dependence. This presents a change in drug policies, in the way that the aim becomes abstinence, i.e. a full recovery. It foresees the creation of a recovery system that focuses not only on inclusion and retention of people in the treatment/recovery system, but also on a successful maintenance of the overall recovery of an individual. The area and concept of recovery[[5]](#footnote-5) are an integral part of drug demand reduction as foreseen in the EU Drugs Strategy 2013-2020.

**Co-morbidity or dual diagnosis** – Co-morbidity refers to the simultaneous occurrence of two disorders or illnesses in the same individual. A significant proportion of people who use drugs and who inject drugs also exhibit psychiatric disorders. Additionally, injecting drug users are at greater risk of acquiring infections such as hepatitis C, B and HIV. Tuberculosis is relatively common amongst both HIV infected as well as uninfected intravenous drug users. Drug users are often malnourished and suffer from adverse health consequences (such as anaemia). The use of drugs and mental health issues often have the same risk factors and it is sometimes difficult to assess whether the addiction triggered the psychiatric disorder/disease or if the psychiatric disorder/disease encouraged a person to use drugs and consequently become an addict. In other words, the use of drugs can cause psychiatric disorders; psychiatric disorders can cause drug abuse; and common risk factors can lead to both of these conditions.[[6]](#footnote-6)

Dual diagnoses are important because they can be associated with:

* The worsening of psychiatric symptoms
* Often repeated hospitalization
* Poor physical health
* Bad response to a medical treatment
* Homelessness and poverty
* Increased risk of blood-borne diseases
* Poor social outcome (including the impact on the family, education, guardians and employment)
* Personal experience of sexual abuse
* Financial pressure
* Increased risk of violence and contact with the criminal justice system
* Increased risk of suicide
* Isolation and social exclusion.

Adolescents with psychoactive substance use disorders tend to have higher rates of psychiatric disorders and are more likely to report a history of trauma and physical and/or sexual abuse than adolescents who do not use psychoactive substances. In addition, psychiatric disorders in adolescents often predate the substance use disorder. Once the substance use disorder develops, the psychiatric disorder may be further exacerbated[[7]](#footnote-7).

**Naloxone** – Naloxone-hydrochloride is an opioid antagonist and has been routinely used for decades to counter the effects of opioid overdose (e.g. heroin, morphine, methadone, etc.) and has no other physiological effect other than opioid blockade. It prevents opioid overdose and has no side effects. It is used in opioid overdose to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally and regain consciousness several minutes after its administration. It works only if a person has opioids in their system, and it does not cause any visible pharmacological effects if opioids are absent. Although traditionally administered by emergency response personnel, Naloxone can be administered by minimally trained laypeople, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids. Naloxone has no potential for abuse and it does not create the possibility of an overdose[[8]](#footnote-8).It can be administered intravenously (into a vein), intramuscularly (into a muscle) or subcutaneously (under the skin).

**Evaluation** – a path to scientifically based programmes, it can be defined as a systematic, objective process that aims to determine the success of some strategy or programme in the sense whether and to which extent the strategy/programme achieved its goals and tasks.

# The analysis of the status of the implementation of harm reduction programmes in the Republic of Croatia

**The history of the implementation of harm reduction programmes in the Republic of Croatia**

The field of harm reduction in the Republic of Croatia was already covered by the first National Strategy on Combating Drug Abuse, adopted in 1996. The currently valid National Strategy[[9]](#footnote-9) includes seven basic areas, among which also the area of harm reduction. Each area of the National Strategy defines objectives and priorities that are directly related to the action plans and their implementation at national and local level and in the field of international collaboration.

The beginnings of drug-related harm reduction in Croatia were in the late eighties and early nineties of the last century, when the risk of HIV/AIDS spreading among the population of injecting drug users was noted. As a response to that, public health activities were initiated with the aim to increase availability of sterile injecting equipment for injecting drug users and to raise the level of awareness about this issue by organizing professional seminars on the importance of enabling injecting drug users to buy syringes and needles (informing about the dangers and risks of HIV infection through leaflets, etc.). The establishment of civil society organizations, which initiated harm reduction activities, was encouraged. In 1995, the “Help“ Association from Split began implementing harm reduction policies in Central Dalmatia. In 1998, the Croatian Red Cross initiated harm reduction programmes in Zagreb, Zadar and Pula. The “Terra“ Association has been implementing harm reduction programmes in Rijeka and the Istria County since 2000. Since the beginning, all harm reduction programmes have been implemented with the support of the ministry competent for health care and the Office for Combating Drug Abuse (Zovko, 2011:13).

**Public health risks related to drug abuse**

A relatively low level of awareness about the drug abuse problem among the general population in the Republic of Croatia, and insufficient knowledge about the problem, often lead to creating prejudices against addicts. In addition to the difficulties in terms of proper treatment of addicts, there are other possible consequences of these prejudices:

* Loss of contact with undercover drug users, including sex workers, men who have sex with men (MSM), ethnic minorities and other marginalized social groups with a higher health risk.
* Spread of infectious diseases (spread of HIV, hepatitis B and C among drug users, their children and other people through sexual contact; risk of sexually transmitted diseases).
* Increased rates of criminal behaviour and domestic violence associated with drug abuse.

There was a recognition of the need for cooperation of all relevant stakeholders in relation to the problem of injecting drug abuse at local, national and international level, and the importance to take into account multi-disciplinary approach.

It should be noted that the problem of drug abuse does not pose only a medical, but also a social problem that endangers various socially excluded groups. Furthermore, injecting users more often face numerous problems of social exclusion, such as unemployment, prostitution and sexual abuse, addiction in pregnancy and criminal behaviour as a result of drug abuse.

It is especially important to promote the reduction of shared use of equipment and risky sexual behaviour in intravenous drug addicts. Increased availability and use of sterile injecting equipment considerably contribute to reducing the rate of HIV/AIDS and other blood-borne diseases. Harm reduction programmes that increase the availability of sterile equipment are often the first contact with drug-dependent population, due to which these programmes have an important role in education and motivation for treating this population and referral into treatment and therapy.

**Epidemiological data**

The number of people treated for psychoactive substance abuse in the Republic of Croatia has been stable for a number of years. In 2013, 7 857 persons have been treated of which 6 315 used opioids (80.4%). There has been a decrease in the number of people treated for the first time due to drug abuse, and in 2013, 1 125 persons were treated for the first time, of which 270 (24.0%) were heroin (opioid) addicts, and 855 or 76.0% were consumers or addicts on other drugs[[10]](#footnote-10).

A decreasing number of new heroin addicts who started therapy for the first time points to a gradual reduction of heroin addiction. For example, among all the treated heroin addicts in 2000, 40% of them were in treatment for the first time, while in 2013 only 4.3% of heroin addicts were recruited into therapy for the first time. However, it should be noted that the opioid addicts stay in the healthcare system longer, which has a positive impact on the reduction of spread of drug-related infectious diseases, overdose and crime. Furthermore, the population of heroin addicts is getting increasingly older.

Heroin is mostly taken by intravenous injection, subcutaneous injection, smoking or sniffing. In line with this, in the Republic of Croatia, heroin is mostly taken intravenously (75.5%), then by sniffing (19.0%) and smoking (4.0%). Over time, heroin addicts gradually replace sniffing with intravenous use. In 2013, 5 099 (80.7%) of the total number of opioid addicts treated in that year reported that they had used opioids intravenously at least once in their lifetime, while 499 (9.8%) had taken opioids intravenously in the month preceding their last treatment.

The frequency of sharing injection equipment in their everyday life and in a month prior to the last check-up showed a downward trend in the observed period from 2006 to 2013. In 2013, there was a further decline in the frequency of sharing equipment in a month prior to the last check-up (2.2%). At least once in their lifetime, 59.7% of intravenous users had shared the equipment with someone.

In the observed period, from 2006 to 2013, the number of hepatitis B positive opioid addicts shows a declining trend, for example in 2006 it amounted to 15.5%, and in 2013 to 4.6%. However, the share of HBV tested persons in the period from 2011 to 2013 almost stayed at the same level (2011:67%; 2012:70%, 2013:70%).

Results of hepatitis C testing also show that the number of persons who tested positive continued to slightly decline, but their share was still high, several times higher than the estimates for the general population. In relation to 2012 when it amounted to 39.2%, their share decreased and amounted to 31.8%, while the share of tested persons in the same period slightly decreased (2012:74%, 2013:73%).

The share of HIV positive persons has been low and stable for a number of years, and it amounts to 0.5%. In 2013 it decreased to 0.3%. The share of HIV tested persons was increasing in the observed period from 2011 to 2013 (2011:71%; 2012:74%, 2013:75%).

Regarding the problem drug use – PDU, i.e. high-risk drug use such as opioids, amphetamines and cocaine, using the mortality multiplier method[[11]](#footnote-11) it was estimated that in 2012 in the Republic of Croatia the population of problem drug use ranged between 7 842 and 13 723 PDU addicts and that in the total population per thousand inhabitants it ranged between 1.83 and 3.20 PDU addicts, while in the age group 15-64 it ranged between 2.73 and 4.78. Furthermore, the estimated size of the intravenous drug use (IDU) population in Croatia in 2012 amounted to between 998 and 1 746 addicts who used drugs intravenously at least once a week.

Furthermore, during 2013 there were 48 recorded drug-related deaths (as in 2012), among which 23 were methadone overdoses, and 11 heroin overdoses. The average age of the deceased in 2013 was 37.4 years.

The World Health Organization (WHO) estimates that around 16 million people use drugs intravenously, among which 3 million live with HIV. On average, one out of ten new HIV infections is caused by drug injection, and in parts of Eastern Europe and Central Asia over 80% of all HIV infections are caused by the use of drugs. The WHO strongly supports harm reduction programmes as an evidence-based approach in prevention, treatment and care for injecting drug users. In July 2014, the WHO published *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations[[12]](#footnote-12)* that build on *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users[[13]](#footnote-13)*, prepared by the WHO, UNAIDS and UNODC in 2009.

In 2013, thanks to the systematic application of a number of prevention and treatment measures, sexually transmitted diseases showed a relatively favourable epidemiological situation, with a low incidence of reporting infections: syphilis (80), gonorrhoea (14), AIDS (19). [[14]](#footnote-14) Since the appearance of the first cases in the mid-1980s, the incidence of HIV/AIDS in the Republic of Croatia remained at a low level, one of the lowest in Europe. Although the number of new cases of syphilis was still relatively low, in 2013 there was a significant increase in relation to previous years. According to the HIV/AIDS Register of the Croatian Institute of Public Health, from the first recorded cases of HIV infection in Croatia in 1985 to the end of 2013 there was a total of 1 111 registered persons diagnosed with an HIV infection, of which 419 with AIDS. During this period, 176 persons died of AIDS. In the last 10 years there have been on average 65 new cases of HIV infection per year (annual incidence of HIV infection per million inhabitants ranges between 12-19/1 million). The total number of people affected by HIV/AIDS is still dominated by men (86%). HIV/AIDS is registered almost exclusively within the groups with increased risk (men who have sex with men, injecting drug users, persons who pay or charge for sexual services, persons who have many sexual partners and/or change them frequently, regular partners infected with HIV). The most common route of transmission of HIV infection is sexual transmission (56.8% of male homosexual transmission, followed by heterosexual transmission that accounts for 30.6%). In 2013, 86 new cases of HIV infection were reported (2012:73), 18 patients with AIDS (2012:27), whereas 8 people died of AIDS (2012:7). Of the total number of people affected by HIV/AIDS (1985 – 2013) there is still a relatively small share of injecting drug users: 71 persons (6.4%) were infected by sharing their injecting equipment. This percentage of infected persons in the last 10 years does not show an increasing trend. According to the data from epidemiological studies, the annual report from the laboratory and Register of Persons Treated for Psychoactive Drug Abuse, the prevalence of HIV infection in the group of opioid addicts has been low and stable for a number of years, less than 1%, which is much higher than the estimates for the general population, but still satisfactory compared to many other European countries. Although Croatia is one of the countries with low HIV prevalence, HIV infection and AIDS are diseases of public health interest. HIV/AIDS prevention, combating and treatment measures are continuously and intensively being implemented in Croatia, in accordance with the Healthcare Measures Programme, Croatian National HIV/AIDS Prevention Programme. The lack of implementation of all the measures of the National Programme for Combating and Prevention of HIV/AIDS, which include the participation of almost all the health experts in Croatia, as well as numerous non-health experts and non-governmental organizations, could significantly worsen the epidemiological picture of HIV/AIDS. [[15]](#footnote-15)Data from annual summary reports from the laboratories that test for HIV in Croatia show low overall percentages. Out of 326 tested injecting drug users in 2013, there were no positive HIV results (in 2011: 266 tested and one HIV positive result)[[16]](#footnote-16). HIV/AIDS treatment is centralized at the University Hospital for Infectious Diseases “Dr. Fran Mihaljević“.

Centres for voluntary counselling and HIV testing have been operating in Croatia since 2003 (HIV/sexual health counselling centres, counselling and testing centres), (hereinafter CTC), in accordance with the objectives of the National Programme for Combating HIV/AIDS. Users of the centres have access to anonymous and free individual counselling on HIV/AIDS (modes of transmission, risks, assessment of personal risk of the user), counselling on other sexually transmitted diseases (infections) and responsible sexual behaviour, HIV testing, hepatitis B, hepatitis C and syphilis, assistance in referral to treatment and support and free educational and information materials (brochures, flyers) and condoms. There are 15 such centres in Croatia, operating at the Croatian Institute of Public Health, county institutes of public health, the University Hospital for Infectious Diseases “Dr. Fran Mihaljević“, within the prison system (Prison Hospital in Zagreb) and within non-governmental organizations in the following cities: Zagreb, Zadar, Split, Osijek, Slavonski Brod, Dubrovnik, Pula and Rijeka. CTC activities are focused on the prevention of HIV infection and other sexually and blood transmitted diseases. CTC activities are based on counselling composed of counselling before and after testing, testing for blood/sexually transmitted diseases, education and informing on the protection from sexually transmitted diseases and responsible sexual behaviour, giving out educational and informational materials and condoms and referral to medical care and/or psychosocial help. Counselling and information can be obtained by a personal visit, phone or via the Internet. The services are free of charge, and they are implemented on a voluntary basis, by respecting anonymity and confidentiality (Nemeth Blažić et al., 2009).

**Substitution treatments**

Substitution treatments refer to the treatment of opioid dependent persons under medical supervision, and they are based on the prescription of substitute drugs with opioid agonist or opioid agonist and antagonist effect (such as for example methadone, buprenorphine, a combination of buprenorphine and naloxone). Drugs prescribed for substitution treatment are used for medium and long-term maintenance and detoxification or withdrawal. Maintenance programmes include providing medically prescribed drugs over a longer period of time (usually more than six months). Detoxification programmes are usually associated with long-term treatment without medications (i.e. drugs in general). They cover a period of around ten days until several months, and substitution medications are prescribed in quantities that are decreased until no medications are needed (i.e. drugs, in general). Whereas the main objective of the treatment with substitute drugs is abstinence from illicit drugs, many patients are not able to achieve complete abstinence, despite the fact that they manage to improve their health and life in general. Still, there are clear indicators that substitution therapies contribute to reducing drug-related harms, in a way that they significantly reduce the unsafe practice of injecting drugs, risk of HIV/AIDS infection and other infectious, blood-borne diseases and crime related to drug abuse.

**The role of harm reduction programmes**

In line with the analysis of research related to syringe and needle replacement programme and published expert Guidelines, the World Health Organisation concludes that[[17]](#footnote-17):

* There is compelling evidence that increasing the availability and utilization of sterile injecting equipment for injecting drug users contributes substantially to reductions in the rate of HIV transmission.
* There is no convincing evidence of major unintended negative consequences of programmes replacing syringes and needles, such as initiation of injecting among people who have not injected previously, or an increase in the duration or frequency of illicit drug use or drug injection.
* Needle and syringe replacement programmes, without a range of other, complementary activities (such as risk-reduction education and referrals to drug-dependence treatment and primary care service) are not enough to control HIV/AIDS infection among injecting drug users.
* Pharmacy-based programmes and vending machines increase the availability of sterile injecting equipment to injecting drug users and their utilization of it. However, needle and syringe programmes involving face-to-face contact have benefits additional to that of reducing the rate of HIV/AIDS infection among injecting drug users, including an increase in recruitment into drug-dependence treatment and primary care services, and pharmacists are not trained for that purpose.
* Legislation related to needles and syringes, e.g. paraphernalia laws that penalize drug-dependent persons carrying their own clean injecting equipment, as well as penalizing health and outreach workers who make such equipment available, can be an important barrier to controlling infectious, blood-borne diseases among injecting drug-dependent persons.
* There is only limited evidence supporting the effectiveness of programmes that promote bleach and other disinfectants for the prevention of disease among injecting drug users. Such programmes may be used in situations where needle and syringe exchange programmes are not feasible.

In practice, harm reduction programmes are implemented through a number of activities: distribution of syringes and needles; substitution treatments, treatments and care related to HIV/AIDS; informing and education, counselling, etc.

Zovko (2011) states that in the technical sense the harm reduction policy includes:

* Programmes of anonymous and free replacement of syringes and needles for injecting drug users, organized in the form of mobile teams and/or fixed locations. Mobile teams in vehicles (usually “campers“ or vans) visit the city areas populated by injection drug users, exchange the injecting equipment and collect the used ones. In fixed locations, injecting drug users come to places where they bring used equipment (syringes and needles) and take clean (sterile) equipment. Along with the equipment, they can also get disinfection material (e.g. alcohol swabs), ampoules of distilled water, mixing vessels (so-called cookers). As a part of such programmes, addicts can get condoms and information leaflets about hepatitis B and C and HIV/AIDS.
* Counselling centres – places where addicts can come and get all the information related to their way of life and disease of addiction. Within the counselling centre, peer education is always employed.
* Drop-in centres – places where addicts can come, take a shower, change clothes and have a hot meal. Such programmes originated in urban megalopolises with a high number of homeless addicts who spend their lives on the street;
* Injecting rooms – places where addicts can inject drugs freely, using sterile equipment found in these rooms;
* Organizing distribution replacement (substitution) therapies (methadone, buprenorphine);
* HIV, hepatitis C testing using rapid individual tests.

The goal of harm reduction programme is to reduce health and social consequences of drug use, increase the awareness of addicts about the responsibility for their own health and health of others and reduce social marginalization of psychoactive substance addicts.

Objectives

* Reduce the risk of overdose
* Reduce the risk and prevalence of hepatitis, HIV and sexually transmitted diseases
* Increase the level of knowledge, information and awareness about hepatitis, HIV and sexually transmitted diseases (STD), overdose, harmful effects of drugs on the body
* Increase the motivation of users for testing and treating hepatitis and other STDs
* Increase the motivation of users to use protection against STDs
* Increase the motivation of users to join treatments
* Increase the motivation of users for education, employment and social engagement.

Behaviours that lead to sharing syringes and needles among users include borrowing, selling, buying or using discarded syringes. The lack of understanding of the risk of infection with some blood-transmitted disease can lead to risky behaviour. Harm reduction approach has proved to be one of the most effective HIV and hepatitis prevention methods among injecting drug users.

The Act on medical and biochemical activity (OG 121/03, 117/08) and the Ordinance on the way to pursue medical and biochemical activities in doctors´ offices (OG 34/05) state that a doctor can independently conduct medical and biochemical tests based on visual assessment. In the Republic of Croatia there are anonymous HIV, HCV and HBV rapid tests[[18]](#footnote-18) that screen a sample of oral fluid or capillary blood, and classic laboratory tests, which are also used for this purpose. It is necessary to use tests licensed in the Republic of Croatia in accordance with the applicable laws and regulations. Since testing can be performed by healthcare professionals, it is necessary to ensure cooperation between associations/organizations that implement harm reduction programmes and healthcare personnel and, if necessary, draw up guidelines for using rapid tests. In the case of positive results, users are referred to treatment preceded by counselling, which serves to prepare a patient for medical treatment.

Experiences in the Republic of Croatia showed that the opening of drop-in centres (replacement of needles and syringes, free counselling, HIV/hepatitis C testing) contributed to a more responsible behaviour of addicts and better cooperation. Good practice examples exist in Zagreb, Pula, Rijeka, Osijek and Split.

Furthermore, according to the data from the World Health Organization[[19]](#footnote-19), research shows that outreach work has strong post-intervention effects, such as:

* Increased cessation of drug use, injecting drug use, reduced injection frequency and reduced sharing of injecting equipment, thereby reducing the risk of HIV transmission, even if the programmes do not provide clean injecting equipment themselves;
* Increased needle disinfection and increased condom use;
* Increased entry into drug addiction treatment.

Outreach work has a great impact on the reduction of risky behaviour, regardless of whether it is implemented in a traditional way (outreach work implemented by social workers or healthcare workers) or in the form of peer intervention.

**Harm reduction programmes in the Republic of Croatia**

In the Republic of Croatia, harm reduction programmes are financed by the Ministry of Health and implemented by the following associations: Croatian Red Cross, Terra, Ne-ovisnost, Let, Help and Institut along with associations working on reducing the spreading of infectious diseases such as HUHIV and HEPATOS.

The Croatian Red Cross implements the program for needle exchange at drop-in centres in Zagreb, Zadar, Nova Gradiška and Krapina Red Cross.

The “Ne-ovisnost” Association provides its users with anonymous needle exchange at the drop-in centre in Osijek on a daily basis and offers them legal counselling and information on the possibilities of treating infectious diseases connected to addiction, as well as addiction treatment.

The HELP Association implements activities at the drop-in centre in Split and offers needle exchange at 23 locations in Dubrovnik, Makarska, Trogir, Šibenik, the island of Korčula (the town of Vela Luka) and cities in eastern Croatia: Osijek, Vukovar and Vinkovci.

The Life Quality Improvement Association “LET” offers needle exchange via the programme for mobile needle exchange, along with counselling and distribution of vouchers for free HIV testing, on the territory of the City of Zagreb and Zagreb County.

The “Terra” Association implements the harm reduction programme at the drop-in centre in Rijeka and 10 other locations in Rijeka and Opatija, Lovran, Klana, Labin, Bakar, Kraljevica, Crikvenica, Karlovac and Ogulin, and the islands of Krk and Lošinj. An SOS hotline for users is also active at Terra.

In Istria, the “Institut” Association conducts harm reduction activities at the drop-in centre in Pula where it offers services such as: daily hot meal (soup, bread, pastries), the opportunity to take care of personal hygiene (shower, shaving), washing and drying clothes and shoes every day for 12 hours; counselling, making appointments at the Service for Mental Health Protection and Addiction Prevention of Istria County’s Institute of Public Health for anonymous testing and informing on the possibilities for treating infectious diseases connected to addiction, as well as addiction treatment, and organizes a doctor’s visit every 15 days from the Service to educate and advise on health preservation. Within the outreach work, sterile equipment is distributed on 13 locations in the city of Pula and in the following cities: Poreč (4 locations), Rovinj, Novigrad, Bale, Funtana, Vrsar, Sveti Lovreč, Umag, Buje, and municipalities of Banjole, Peroj, Krnica, Fažana, Dračevac, Kadumi, Špadići, Stancija Portun, Rogovići. The Institut Association has an active SOS hotline.

In 2008, the above mentioned organizations founded the Network of Associations “BENEFIT” that offers information on harm reduction programmes, substitution therapy, epidemics of HIV/AIDS among people who inject drugs, sexually transmitted diseases in general, outreach work with users and cooperation at the local, national and international level.

The data on distributed equipment and educational material by civil society organizations in 2013 show that, as in previous years, the most distributed were needles (273 972) and syringes (206 942), then condoms (17 449) and educational material (5 030).

As part of regular activities of harm reduction programmes, civil society organizations pay special attention to infectious waste collection. According to data delivered by mid-2014, in 2013 civil society organizations collected 41 329 needles and 38 979 syringes.

Of all users included in harm reduction activities (1 687), in 2013, 89.1% of them were included in the previous years as well, while the number of new users was 119.

Most of the users of harm reduction programmes are male. From the available data, the Terra Association has most male users (568), while the biggest difference in sex is reported by the Institut Association, where around 12% of the users are female.

In the field of preventing the spread of infectious diseases connected to drug use, associations that primarily deal with viral hepatitis and HIV/AIDS are also active. Although there are no specific prevention measures for hepatitis C (vaccine, serums), by implementing hygienic measures and harm reduction programmes, the risk of infection can be reduced.

Croatian Association of Treated and Ill with Hepatitis "Hepatos“ is the leading association within the Croatian Alliance of Hepatitis Patient Associations, which was named the National focal point for hepatitis by the WHO. By working at the local, national and international level, “Hepatos” strives to sensitize the public to the issue of viral hepatitis, prevent the disease and its spreading, lower the discrimination and raise the quality of living of patients and their families and offer professional, advisory and psychological support. Activities which it implements include anonymous and free testing for hepatitis, psychosocial counselling for citizens and anonymous and free testing and counselling in the mobile InfoHep Centre in 6 smaller towns in the Split-Dalmatia County.

The “HEPATOS RIJEKA” Association is very active in the area of harm reduction programmes in the Primorje-Gorski Kotar County through various activities aimed to reduce the spreading of infectious diseases. It has been active as an independent non-governmental organization since 2009. The main activities of the association include offering psychosocial support to those infected with HIV, AIDS and hepatitis and risk behaviour groups, offering free, anonymous and voluntary testing to those who are interested in it, raising the public awareness of these diseases, destigmatizing patients, promoting a healthy lifestyle and educating young people and the general public. Since September 2010, together with the Primorje-Gorski Kotar County Teaching Institute of Public Health, the association has implemented voluntary, free and anonymous testing for HIV and hepatitis B and C, as well as counselling with an epidemiology specialist in the association’s premises, has had a weekly SOS hotline and has conducted field testing on 6 locations across the Primorje-Gorski Kotar County, one of which is the Prison of Rijeka. As a Centre for voluntary, free and anonymous testing for HIV and hepatitis B and C, “Hepatos Rijeka” operates within the Ministry of Health’s “Work of centres for voluntary, free and anonymous counselling and testing for HIV” programme.

The HUHIV (Croatian Association for HIV and viral hepatitis) association works on providing prevention, education and help to those ill with HIV, AIDS and viral hepatitis. The association operates through the counselling centre located in the premises of "Dr. Fran Mihaljević“ Hospital for Infectious Diseases, a free SOS hotline, it also organizes lectures on HIV/AIDS, forms help groups for those who are ill, offers help to exercise their rights to a treatment, organizes education of healthcare workers and young people, and conducts other activities. In 2013, in cooperation with the City of Zagreb and the City Office for Health and War Veterans, HUHIV started the “Check Point Zagreb” project – a centre for free, anonymous, painless and reliable testing of saliva for HIV and hepatitis C.

# Principles underlying harm reduction programmes

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| *Harm reduction programmes should be:**Free for users,* *Supporting data anonymity and confidentiality,* *Such as not to condemn drug use,* *Such as not to force users to abstinence from drug use.*  |

Furthermore, the programmes should be pragmatic, without administrative, organisational and financial obstacles for the users at the time of their inclusion in the programmes, and should be based on the low-threshold principle regarding the inclusion of users.

The policy of harm reduction encompasses the following principles, hypotheses and values:

* "Harm reduction" is a public health alternative to moral/criminal patient model of approach to drug use and addiction diseases;
* "Harm reduction" recognizes abstinence as the ideal outcome of treatment for addiction diseases, but also accepts alternatives, which primarily reduce harm caused by drug use and addiction diseases;
* "Harm reduction" accepts users and tries to meet the needs that users have listed as relevant (instead of meeting the needs defined by the policy based on unrealistic high-moral objectives);
* "Harm reduction" promotes direct access to services on a low-threshold[[20]](#footnote-20) basis, as an alternative to the traditional access to services, which entails a high-threshold basis (according to Zovko, 2011:7).

The following principles have been recognized in the implementation of outreach:

* Outreach is based on cooperation with the local community and encourages the community to give feedback;
* Any kind of positive change is needed, as well as working towards the recovery of the person;
* It is necessary to ensure that outreach is properly implemented, does not include judging and that it avoids confrontations at the time of emphasizing personal responsibility in harm reduction;
* Preventive messages of harm reduction need to be constructive and directed towards the needs and interests of the users of services (e.g. "This kind of behaviour can reduce harm in this way", instead of "You are not to do this...“);
* Intravenous drug users are the key persons in the reduction of their own risks;
* Outreach should be done in a way which is safe for those implementing it, as well as safe for the communities in which it is implemented;
* Efforts should be made to collect dirty equipment for drug use;
* Outreach should be research-based.

# Available interventions in the area of harm reduction implemented in the Republic of Croatia

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### Interventions performed by associations

Description of interventions and recommendations for optimal implementation

#### *COUNSELLING AND PSYCHOSOCIAL SUPPORT*

***Objective:*** *Ensure support and try to motivate addicts for treatment*

***Procedure description:*** Civil society organisations perform individual and group counselling. Counselling is based on a professional relationship between the counsellor and the person in need. It is directed towards the functioning of the person during their lifetime, both in their personal and social relationships, as well as emotional, social, educational, health-related, organisational and developmental circumstances. The objectives of the intervention are to improve the way the person functions, provide support in overcoming crisis situations, and increase the possibility for functional living. This method aims at providing assistance to the person in starting life changes or improving their existing situation.

***Activities:***

* Counselling active intravenous drug users
* Activities of preparing and referring addicts to treatment in therapeutic communities – communes, into the healthcare system or to other organisations
* Assistance in realising their legal rights and free legal aid
* Psychosocial support to addicts and persons close to them (partners, family)
* Strengthening in order to change their behaviour

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| ***Recommendation:***Depending on possibilities, it is necessary to include rehabilitated addicts who represent a positive model. Workers who implement harm reduction programs are obliged to undergo training for their counselling work (e.g. training for the implementation of counselling method "Short Motivational Interventions – MOVE") |

#### *PURCHASING, DISTRIBUTING AND COLLECTING INJECTING EQUIPMENT*

***Objective:*** *Enable anonymous access to sterile equipment for intravenous drug use (needles, syringes, filters, cookers, alcohol wipes, distilled water vials, etc.) and reduce public health harm by collecting used equipment*

***Procedure description:*** By exchanging syringes and needles on a one-for-one basis (dirty exchanged for sterile), the goal is to achieve a high level of exchange, but lower exchange rates than 100% are also accepted. Furthermore, intravenous drug users take a larger amount of sterile equipment and then distribute it to other addicts who they are in contact with, which is a way to try to reach those users who are not in direct contact with the persons implementing the programme (secondary exchange). Exchanging equipment is available at drop-in centres of different organisations and/or at locations visited by outreach workers.

***Activities:***

* Exchange of intravenous drug use equipment
* Distribution of intravenous drug use equipment

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| ***Recommendation:*** Free access and higher availability should be ensured in line with the needs of local communities. In case of sales:* Pharmacies should be included into the distribution process.
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#### *HANDLING INFECTIOUS WASTE*[[21]](#footnote-21)

***Objective:*** *Decrease public health risks and harm by collecting, disposing and safely destroying infectious waste*

***Procedure description:*** Infectious waste is destroyed at clinical hospitals and at enterprises authorized for infectious waste disposal. All sharp disposable equipment (needles and syringes) and other visibly contaminated waste needs to be collected into impermeable containers and properly disposed of (in compliance with the regulations on infectious waste disposal, done by persons authorized for infectious waste disposal). The containers have to be impermeable under normal handling conditions and made in such a way that the contents of the containers cannot fall out or hurt and transfer infection to persons using the container or handling waste. Disposable blood draw equipment – needles and syringes – needs to be collected in red containers labelled "hazardous medical waste" – infectious waste. The containers have to be impermeable under normal handling conditions and made in such a way that the contents of the containers cannot fall out or hurt and transfer infection to persons using the container or handling waste. Gloves and other equipment that has come into contact with the clients' blood or bodily fluids needs to be disposed of in red plastic bags labelled "hazardous medical waste" – infectious waste. Municipal waste needs to be disposed of in black or blue plastic bags.

The procedure in the case of a prick incident and the procedure to follow immediately after the incident entails washing of the hands with liquid soap under running water. Furthermore, bleeding needs be provoked, and mucus that have been contaminated with blood need to be immediately rinsed with water. The prick incident should be reported to the responsible person immediately, and the outreach worker has to immediately report to a physician and/or closest infectious diseases clinics (e.g. „Dr. Fran Mihaljević" Hospital for Infectious Diseases) or to Institutes of Public Health.

Legal regulations relating to handling infectious waste includes:

* Act on the protection of the population against communicable diseases (OG 79/07, 113/08 and 43/09);
* Act on sustainable waste management ([OG 94/13](http://narodne-novine.nn.hr/clanci/sluzbeni/2013_07_94_2123.html));
* Ordinance on waste types (OG 27/96)[[22]](#footnote-22);
* Instruction on handling waste generated by healthcare activities (OG 50/00);
* Ordinance on medical waste management (OG 72/07) (A new ordinance is currently being drafted[[23]](#footnote-23))

***Activities:***

* Collecting/cleaning of public areas and gathering points from discarded equipment
* Disposing of and safe destroying by authorized legal entities

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| ***Recommendation:*** In collecting discarded syringes and needles and cleaning of public areas, all persons included in these activities need to take an educational seminar, which should include the following topics:* Using proper protection gear (gloves, footwear, pickers and grabbers for collecting infectious waste)
* Proper storing of infectious waste
* Protection from accidental needle and syringe pricks in line with the *Ordinance on medical waste management*[[24]](#footnote-24)
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#### *VOLUNTARY, ANONYMOUS AND FREE COUNSELLING AND TESTING FOR INFECTIOUS DISEASES*

***Objective:*** *Test intravenous drug users for infectious diseases and counselling on further steps and possibilities*

***Procedure description:***

In cooperation with NGOs, healthcare workers/institutions implement testing for infectious diseases (HIV, hepatitis C and hepatitis B). The testing is anonymous and free, it is done by rapid[[25]](#footnote-25) tests which test a sample of oral fluid or capillary blood, or by laboratory tests[[26]](#footnote-26). In case of positive results, the users are referred to treatment in healthcare institutions, preceded by counselling in order to prepare the patient for treatment. The tests used have been approved for placing on the market in the Republic of Croatia in line with current laws and regulations.

***Activities:***

* Counselling and organising testing for infectious diseases, and counselling on further steps
* Motivating persons who are positive for infectious diseases to seek treatment
* Including persons tested for HIV, HBV and HCV within social groups with increased health risk, and preventing further spreading of sexually transmitted diseases and blood-borne diseases
* Promoting sexual and reproductive health of youth and family planning
* Providing education and training and informing with the goal of developing and creating awareness of risks and the importance of a healthy life

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| ***Recommendation:***Influence the improving of youth health policies in the area of reproductive health through cooperation of NGOs with the public sector and the local community, in line with the National Youth Programme for the period 2014-2017. In active intravenous drug users, testing for infectious diseases is recommended twice a year.  |

#### *DISTRIBUTING CONDOMS*

***Objective:*** *Prevent the appearance and spreading of sexually transmitted and blood-borne diseases among drug users*

***Procedure description:*** Condoms are promoted as an effective way of protection against sexually transmitted diseases, and they are made available to the target population of intravenous drug users (and other target groups). Users are educated on the correct and regular use of condoms, as well as on the importance of testing for sexually transmitted diseases.

***Activities:***

* Distributing condoms at the drop-in centre and via work done in outreach in areas where the targeted population of intravenous drug users gathers (the street, clubs, etc.)
* Organising education and training on sexually transmitted diseases at the drop-in centre. These activities are adapted to the target population (information on sexually transmitted diseases, risks and dangers, testing, ways of transmission and protection)
* Organising quizzes for the target population; users take active part in training
* Handing out educational flyers and brochures at the drop-in centre and via outreach

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| ***Recommendation:**** NGOs and the Croatian Red Cross should perform the activity in cooperation with healthcare workers/institutions (referral to testing and treatment of sexually transmitted diseases)
* Influence the improving of health policies in the area of reproductive health through cooperation of NGOs with the public sector and local community
* Media promotion of the importance of reproductive health protection and promotion of the use of condoms as protection against sexually transmitted diseases
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#### *DROP-IN CENTRE*

***Objective:*** *Ensure a space where drug users can spend time during the day, exchange syringes and needles, take care of personal hygiene, eat, create social contacts, and spend their time in a structured manner so as to reduce possible harm related to being on the street.*

***Procedure description:*** Drug users are provided with free and anonymous stay in the associations' facilities during the day, where they can exchange syringes and needles, take care of personal hygiene, eat, create social contacts, and spend their time in a structured manner so as to reduce possible harm related to being on the street. A coded record is kept of the users.

***Activities:***

* Counselling
* Exchange of equipment for intravenous drug use (used for sterile)
* Motivating and referring to testing for blood-borne and sexually transmitted diseases
* Testing users for blood-borne and sexually transmitted diseases with rapid tests of samples of oral fluid or capillary blood, or by laboratory tests[[27]](#footnote-27)
* Motivating for treatment or rehabilitation
* Providing information about all of the institutions providing addiction treatment and their programmes
* Providing assistance in realising legal rights and providing free legal aid
* Distributing condoms
* Providing psychosocial support
* Providing social interventions, including interventions focused on marginalised social groups with increased health risk (e.g. the homeless)
* Performing education and training on blood-borne and sexually transmitted diseases
* Performing education and training on vein care, safer injecting, and overdose prevention
* Providing assistance in employment and inclusion in treatment (e.g. Information counter)

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| ***Recommendation:***Persons performing the activities have to be educated for counselling work. It is especially important to cooperate with healthcare institutions, local self-government units, police officers and other relevant stakeholders.  |

#### *EDUCATING AND INFORMING*

***Objective:*** *Educate and inform drug users about the harmfulness of drugs, consequences of using drugs, types of treatment and possibilities of recovery, as well as prevention of spreading of infectious diseases and overdose prevention.*

***Procedure description:*** Educating and informing about the transmission of blood-borne diseases and more responsible drug use is organised via various forms of information dissemination, such as peer education, handing out flyers and brochures, free phone lines, organising seminars and trainings, using social networks and modern technologies, and with assistance of outreach workers.

***Activities:***

* Informing the public about the health consequences of using certain drugs and transmission of diseases
* Providing information on services – ways of treatment and therapy for addiction, and other information in cooperation with healthcare and social services
* Educating about disinfecting the equipment for drug use (done in environments where exchange is not possible)
* Educating on vein care, safe injecting and overdose prevention
* Educating on prevention of blood-borne and sexually transmitted diseases
* Educating on providing first aid
* Performing promotional activities with the goal of promoting testing for infectious diseases (Internet campaigns, cooperation with relevant experts and organisations on the national and international level, exchange of best practices)
* Creating flyers and brochures

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| ***Recommendation:***It is necessary to ensure that informational materials are available to different groups of users, both at drop-in centres and as part of outreach Informational materials should be based on up-to-date scientifically-based evidence and expert findings, whereby the use of modern technologies is recommended. The opinions of experts, as well as opinions and experiences of intravenous drug users need to be considered in creating informational materials.  |

#### *OUTREACH*

***Objective:*** *Provide drug users with easily accessible services of harm reduction programmes in the form of outreach workers going to the field/areas where addicts gather, where they live and take drugs, and to prevent other health and social consequences of drug use.*

**Procedure description:** Outreach is performed by experts of supporting professions, healthcare workers, volunteers and drug users. It is provided in areas where drug users gather, by using vehicles and outreach workers. Outreach is provided, for example, on the street, in bars, railway stations and other areas. In order to include the widest possible population of addicts, "points" are chosen – areas where addicts gather, and are visited according to a predetermined schedule (e.g. weekly). It is at these locations that equipment exchange is done, condoms are handed out and information is given on the possibilities of treatment and testing, hepatitis, AIDS, etc. This type of work would not be possible without the cooperation of the addicts themselves, who introduce outreach workers into their groups.

***Activities:***

* Providing information on the ways to reduce harm, treatment of addiction and replacement treatments
* Providing information about testing
* Testing for infectious diseases and giving advice on sexually transmitted diseases
* Distributing clean equipment for drug use and condoms
* Collecting discarded equipment

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| ***Recommendation:***Taking into account the specificities of outreach, outreach workers need to have adequate social and communication skills, especially the skills to motivate drug users to cooperate and be included in available programmes. It is recommended that outreach workers are persons who: * Are prepared to work in a team and contribute to the drafting of recommendations and strengthening initiatives;
* Can be trusted, with a positive outlook, who pay attention to details;
* Are innovative and flexible, so that they can recognize problems and respond to the needs of the local community they are working within;
* Are proactive individuals who anticipate problems and suggest solutions in order to achieve results;
* Are prepared to work within flexible working hours, including evenings and weekends.

Including active users or group leaders into outreach is effective, as they attract various risk groups of intravenous drug users (in comparison to social workers or healthcare workers).  |

#### *RECOVERY*

***Objective:*** *Promote and carry out complete recovery of drug addicts, achieving abstinence and return to society and ensuring support from all stakeholders within the local community.*

***Procedure description:*** The term recovery encompasses individual and personal path which means different things to different people. For example, to some people recovery may mean abstinence, whereas to others it means participating in harm reduction programmes. The indicator of success is the number of people who have successfully completed the treatment program. Recovery includes three comprehensive principles – wellbeing, citizenry and freedom from addiction. The centre of every recovery is the individual for whom many services are ensured on a local level to offer appropriate means of care and support. Giving support to the individual to live a life without drugs is in the centre of recovery. Substitution therapy still has a major role in the treatment of opiate addiction, in stabilizing drug use as well as offering detoxification. Medically assisted recovery is possible and does happen. However, there is a risk that for a large number of people on the substitution treatment, this therapy, which should be the first step towards the recovery, is also the last one. That is why the plan is to include all substitution therapy users in the recovery as well.

***Activities:***

* Cooperation of the Croatian Red Cross and non-governmental organizations with various stakeholders at the local community level on implementing harm reduction programmes which include recovery
* Implementing programmes that include organized spending of leisure time
* Encouraging users to participate in treatment programmes
* Offering psychosocial support to users and those close to them
* Connecting users to social welfare centres, local employment services and services for mental health protection and addiction prevention of the Institute of Public Health with a view to include them in the Resocialization Project

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| ***Recommendation:***It is recommended that harm reduction programmes should be complemented by activities that focus on complete recovery of addicts, such as organizing education on how to acquire different skills, improve physical and mental health, offer help in finding a job and promote positive values, beliefs and attitude in addicts. Such programmes should include people close to programme users (families, partners, friends and peers), healthcare institutions, therapy communities, religious communities, non-governmental organizations that organize spending of leisure time and help with resocialization of addicts, as well as with other relevant stakeholders of the local community.  |

#### *PARTICIPATION IN THE EARLY WARNING SYSTEM IN CASE OF NEW PSYCHOACTIVE SUBSTANCES*

***Objective:*** *Ensure collection of qualitative information on new substances on the national drug market and a quick response; participate in the evaluation of possible risks that new psychoactive substances can represent for the health of users and the society; disseminate warnings and strengthen measures for harm reduction; work on reducing negative health and social influence of new psychoactive substances on users' population and prevent the spreading of new phenomena.*

***Procedure description:*** The Early Warning System for new psychoactive substances in the Republic of Croatia is based on relevant documents of the EU acquis, in compliance with the European Monitoring Centre for Drugs and Drug Addiction’s (EMCDDA) implementation guidelines. It is regulated by the Protocol on Early Warning System on New Psychoactive Substances in the Republic of Croatia that was adopted by the Croatian Government in 2007.

***Activities:***

* Gathering information on new psychoactive substances available in respective local communities (monitoring drug market)
* Informing drug users about reported cases of poisoning, death, risks and other information about new psychoactive substance use reported within the national and EU Early Warning System
* Forwarding information on new psychoactive substances to the Early Warning System coordinator (the Office)

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| ***Recommendation:*** In cooperation with users of new psychoactive substances health professionals should obtain a sample of the new psychoactive substance with the aim to send it for analysis to a certified laboratory, with the purpose of tracking the occurrence and availability of new psychoactive substances, monitoring the drug market and protecting public health. It is necessary to ensure that the measures are innovative in accordance with trends.  |

### Interventions performed by healthcare institutions

#### *HARM-REDUCTION INTERVENTIONS RELATED TO BLOOD-BORNE DISEASES (COUNSELLING, MOTIVATION FOR TREATMENT)*

***Objective:*** *Involve and motivate intravenous drug users to test for infectious diseases (HBV, HCV, HIV), as well as counsel and provide information about further procedures and treatment possibilities*

***Procedure description:***

Voluntary HIV counselling and testing centres and mental health protection and addiction prevention services at the Institute of Public Health (IPH) conduct activities for primary and secondary prevention of infectious diseases linked to drug injection; pre-test counselling, education on risky behaviour reduction, education on the importance of HIV, HBC and HCV testing, as well as post-test counselling.

Counselling is performed at the University Hospital for Infectious Diseases „Dr. Fran Mihaljević“ for HIV/AIDS patients, their partners and family members with the goal of informing patients and persons close to them about the progression of HIV, its treatment and how to protect oneself from disease transmission. Furthermore, patients are motivated to enter treatment in order to prevent the spread and the progression of the disease and they receive psychosocial support, answers to their questions related to their rights and obligations as well as answers on how to solve social issues. Users' register refers to the register of basic demographic characteristics of users, as well as information on possible risky behaviours. Each patient is approached individually and a team of medical professionals and ancillary health practitioners makes a decision on what type of treatment is the most appropriate for a particular patient. During initial examination and all the subsequent follow-ups, patients have a team of medical specialists at their disposal, as well as a team that is in charge of providing psychosocial support to patients. The most important thing is to explain to patients that they have a direct influence on maintaining or improving the quality of their lives, and that they can, by regularly taking medicines and going for check-ups, reduce the risk of transmitting HIV to people in their surroundings. In case of a positive test result for infectious diseases, patients are motivated and prepared for referral to blood-borne disease treatment programmes (HCV and HIV). Cooperation with virologists who treat blood-borne diseases is established and patients are referred, if necessary, to diagnostics for HBV, TBC, syphilis and other blood-borne diseases and for vaccinations against HAV, HBV and tetanus.

***Activities:***

* Pre-test counselling – the purpose of pre-test counselling is to inform a person about the nature and progression of a disease, treatment possibilities, risk of an occurrence of a disease, possibilities of protection in relation to an existing risk; clarification of possible explanations and interpretations that they received from third persons and providing of a possibility for a future discussion and decision change in case of new facts or attitude changes.
* HBV, HCV and HIV testing via oral fluid tests and other tests that are used (lab tests and quick capillary sampling tests). Testing is conducted by a qualified health professional.
* Post-test counselling – counselling is provided when giving out test results. The results are given only to the person who took the test – in person. The user is given the explanation that, in case of a positive HIV result and the need for treatment, anonymity is terminated and that a procedure of reporting to the epidemiology service of those who are infected and of those who have died as a result of an infectious disease awaits them. The procedure of introduction into the healthcare system is explained.
* Psychosocial support includes several different topics that can be of current interest to the patient: crisis intervention in case of an HIV diagnosis; making a decision on whom to inform about this; support when dealing with emotional difficulties like fear, anxiety, anger and frustration; use of protection during sexual intercourse; planning parenthood and pregnancy; preparation to start taking medicine and becoming committed to HIV therapy; facilitating adjustment to the disease; realisation of social, labour and other rights; mediation services for communication with other institutions and other.
* Referring users to medical care and/or psychosocial help and support if there is a need for it.
* Educating and informing about the problem of addiction and blood-borne diseases.
* Ensuring educational materials meant for HIV/AIDS patients who are entering into the healthcare system (e.g. a guide „Living a positive life – A guide to improve the lives of persons with HIV„ (2009) ).

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| ***Recommendation:**** When monitoring activities of programme users it is necessary to ensure data anonymity and confidentiality in such a way so that no personal user data is collected during an interview with a counsellor (name, surname, date of birth), or any other type of data that can be used to link possible user register data or a test result with users themselves.
* Data contained in the register as well as results are marked by a code.
* Employees who implement harm reduction programmes are obligated to complete their training in counselling (e.g. training on the implementation of „Brief Motivational Interventions – MOVE“)
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#### *APPLICATION OF SUBSTITUTION PHARMACOTHERAPY FOR OPIOID ADDICTION*

***Objective:*** *Reduce drug-related public health harm by providing substitution pharmacotherapy to persons who are opioid addicts*

***Procedure description:*** Application of substitution pharmacotherapy is a form of treatment that is performed in healthcare institutions in accordance with the guidelines for the application of methadone and buprenorphine pharmacotherapy. Although this is a form of treatment, substitution pharmacotherapy indirectly affects drug-related harm reduction.

***Activities:***

* Short detox – a procedure that allows a user to deal with abstinence syndrome after discontinuation of heroin use (also used for methadone withdrawal) by introducing, and later by gradually reducing daily doses of buprenorphine during a period of up to a month. This is suggested in the course of therapy for cases where complete withdrawal and later maintenance of abstinence are set as the therapy objective.

Slow detox – a procedure that facilitates a user's discontinuation of opioid use by introducing and, after stabilising the situation by administering buprenorphine, by slowly reducing daily dosage of that medicine during a period of one to six or more months. This is suggested when a previous attempt or attempts of rapid detox were not successful. This procedure is recommended when the establishment and, after that, maintenance of total abstinence from opioid agonists are set as the therapy objective and when the assessment is that, due to seriousness of the addiction, it is not possible to achieve this within a short period.

Short (temporary) maintenance - short (temporary) maintenance of the same daily dosage of buprenorphine implies a procedure where a user's daily dosage of medicine is not changed during a period up to six months.

Long-term maintenance – a procedure where a user is allowed to use appropriate (relative to tolerance) daily dosages of buprenorphine during a period longer than six months. A part of these addicts will remain in the maintenance programme throughout their life.

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| ***Recommendation:***Substitution pharmacotherapy treatment needs to be conducted in accordance with the existing guidelines for their application.  |

#### *COOPERATION OF HEALTHCARE INSTITUTIONS AND NGOs*

***Objective:*** *Facilitate positive changes in the behaviour, reasoning and overall functioning of drug addicts through cooperation of institutions that deal with addiction.*

***Procedure description:*** Informal cooperation of healthcare institutions and NGOs is regularly achieved in certain segments of activities, while formal cooperation is performed on the basis of a single public tender procedure for allocation of funds from the state budget and lottery proceeds.

***Activities:***

During inpatient treatment (that includes either administration of substitution therapy or a procedure of establishing abstinence) a needs-and-risks evaluation is performed individually for each patient and a continuation of the treatment process, rehabilitation and resocialization is planned individually.

Connecting users who are going through treatment with state and local government and self-government bodies and with NGOs that perform activities which provide the necessary support and further reception of individuals who have established abstinence and are ready to continue treatment.

Continued cooperation with associations and therapy communities with the goal to provide information on programmes and activities and to continue caring for patients after they complete their inpatient treatment.

Assistance in the preparation for sending patients to therapy communities (medical records collation, contact with competent social welfare centres, counselling/psychotherapy with family members, etc.).

Communication and cooperation with various institutions that are active in this area with a goal to achieve the best possible relationship.

Formal cooperation with certain civil society organisations, with an objective of combining professional expertise and personal experiences of rehabilitated persons with addiction behaviours.

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| ***Recommendation:*** During harm reduction programme implementation it is necessary to seek both formal and informal cooperation with NGOs on a continuous basis. Joint action of all institutions is necessary in order for users to achieve successful, long-term and quality results. If necessary, it is recommended to draft a Protocol for cooperation between healthcare institutions and NGOs.  |

#### *IMPLEMENTATION OF HARM-REDUCTION INTERVENTIONS AFTER TREATING EMERGENCY CASES CAUSED BY USE OF DRUGS AND PSYCHOACTIVE SUBSTANCES*

***Objective:*** *Decrease the number of fatalities caused by overdosing*

***Procedure description:*** By ensuring availability of information materials, addicts who have overdosed in the past can obtain information about treatment possibilities and about procedures that can result in reducing the risk of overdosing.

***Activities:***

* Ensuring space where educational material is visible (brochures, leaflets, posters)
* Allowing NGOs and other organisations to distribute/deliver educational material

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| ***Recommendation:*** Include healthcare institutions (emergency medical centres, psychiatric wards and other).  |

#### *EARLY WARNING SYSTEM COOPERATION IN CASE OF NEW PSYCHOACTIVE SUBSTANCES IN THE REPUBLIC OF CROATIA*

***Objective:*** *Ensure collection of qualitative information on new psychoactive substances and a quick response; participate in the evaluation of possible risks that new psychoactive substances can represent for the health of users and the society; disseminate warnings and strengthen measures for harm reduction; work on reducing negative health and social influence of new psychoactive substances on users' population and prevent the spreading of new phenomena.*

***Procedure description:*** The early warning system is based on relevant documents of the EU acquis, and it is regulated by the Protocol on Early Warning System on New Psychoactive Substances in the Republic of Croatia that was adopted by the Croatian Government in 2007.

***Activities:***

* Tracking cases of poisoning caused by new psychoactive substances
* Tracking death cases linked to new psychoactive substances
* Providing information about new psychoactive substances
* Disseminating warnings linked to the use of new psychoactive substances
* Informing the coordinator of the national early warning system about reported occurrences related to the use of new psychoactive substances

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| ***Recommendation:*** In cooperation with users of new psychoactive substances health professionals can obtain a new psychoactive substance with the aim to send it for analysis to a certified laboratory, with the purpose of tracking the occurrence and availability of new psychoactive substances, monitoring the drug market and protecting public health. It is necessary to ensure that the measures are innovative in accordance with trends.  |

#### *VACCINATION*

***Objective:*** *Prevent and control infections present among intravenous drug users. Prevention of addicts' risky behaviours related to exposure to blood-borne and sexually transmitted diseases and complications.*

***Procedure description:*** During initial contact all intravenous drug users should be tested for viral hepatitis markers: hepatitis A (HAV), hepatitis B (HBV), hepatitis C (HCV). Persons who tested positive for HBV or HCV infection markers need to be referred to clinical treatment. Persons who tested negative for HBV infection markers should be referred to vaccination. All patients who tested positive for HIV and HCV should be tested for hepatitis A (HAV) and B (HBV) infection markers and those who were seronegative (susceptible) should be vaccinated against these diseases. Vaccination is conducted as a regular activity within the network of county institutes for public health, at the epidemiology service and in hospitals that deal with persons receiving treatment for psychoactive drug abuse.

***Activities:***

* Testing for markers for viral hepatitis
* Vaccination against hepatitis A and B
* Other vaccinations if indicated (e.g. against influenza, pneumococcus and tetanus)

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| ***Recommendation:***Following medical and epidemiological indications it is recommended to conduct vaccinations of groups with elevated risk of influenza, pneumococcus and tetanus.  |

### Harm reduction programmes in special environments/focused on social groups with higher health risk

Harm reduction programmes need to be ensured for all marginalised social groups with higher health risk (e.g. IDUs who provide sex services, persons in the penal system, minors, men who have sex with men and ethnic minorities).

#### *ACTIVITIES FOCUSED ON MINORS*

***Objective:*** *Reduce the risk of experimenting with drugs in social welfare institutions*

***Procedure description:*** Beneficiaries of institutions for education of children and youth with behaviour disorders are exposed to risks of drug abuse and experimentation with psychoactive substances. Employees of these institutions work on motivating users to be more active in risk reduction programmes.

Employees of social welfare centres cooperate with educational institutions and if needed, they include beneficiaries of mental health protection and addiction prevention services of county institutes of public health. If minors are referred to a social welfare centre, they are accompanied by their parents, and if they are accommodated at a centre then they are referred to the service accompanied by their educator. Social welfare centres provide counselling services and assistance in family matters, as well as initial social service that includes informing users about social services and service providers. For treatment, beneficiaries are referred to mental health protection and addiction prevention services of county institutes of public health.

**Activities:**

* Educating pedagogical staff at the centres about (new) drugs present among children and youth at risk
* Counselling centres´ beneficiaries about the reduction of drug-related risks
* Motivating centres´ beneficiaries to undertake occasional testing for drugs
* Educating centres´ beneficiaries and youth from local communities about risks related to experimenting with and use of psychoactive substances

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| **Recommendation:**Focus on mental health protection and addiction prevention services, as well as on social welfare institutions; cooperation with them.  |

#### *ACTIVITIES FOCUSED ON WOMEN, PREGNANT WOMEN AND POSTPARTUM WOMEN*

***Objective:*** *Reduce harm linked to drug use among women, pregnant women and postpartum women*

***Procedure description:*** When drafting a harm reduction programme, special care must be dedicated to female injecting drug users due to the fact they are less visible than men, usually use drugs at home with their partners and enter harm reduction programmes less often. Harm reduction programmes often reach them indirectly – via secondary distribution of sterile injection equipment. Secondary distribution is most often ensured through cooperation of harm reduction programme employees and partners of female addicts.

***Activities:***

* Counselling work with social groups with increased health risk – women, pregnant women, breastfeeding women.
* Motivating them to enter harm reduction programmes and/or treatment, possibly via outreach work and/or partners of women who are intravenous drug users.
* Secondary distribution of sterile injection equipment.

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| ***Recommendation:***It is necessary to develop programmes that will provide care for women with children and pregnant women and that will develop strategies to protect women from violence, as well as raise public awareness about female drug users. This requires inclusion of all the specificities of this population (fear of stigmatization and removal of children from family, involvement in the provision of sexual services in order to ensure means for procurement of drugs and other). Cooperation with healthcare institutions is necessary (e.g. with gynaecological offices, paediatric wards and other) in order to widen the scope of harm reduction programmes for women who administer drugs intravenously.  |

#### *ACTIVITIES FOCUSED ON PERSONS IN THE PENAL SYSTEM*

***Objective:*** *Make use of the availability of drug users in structured and protected conditions of penal system bodies for counselling, education, rehabilitation of health condition and for their motivation for drug treatment and/or withdrawal.*

***Procedure description:*** The prison system of the Republic of Croatia regularly monitors the presence of drugs in penal system bodies and abuse of drugs in prisons, penitentiaries and correctional facilities. Listed indicators refer to the number of searches of visitors and items, detection of drugs in penal system bodies and/or during an attempt of entry, discovery of syringes and needles for injecting drugs within the premises of penal system bodies, regular and unannounced urine testing, etc. In accordance with these indicators, as well as the results of operative actions performed by security departments in penal system bodies, the Republic of Croatia cannot be classified as a country with the problem of injecting drugs in penal system bodies. Following this, an introduction of a syringe and needle exchange programme in Croatian prisons and penitentiaries has not been deemed necessary or justified.

Every prisoner who enters a penal system body has to undergo a mandatory medical examination; they have access to healthcare services throughout their stay in the prison system. Their quality and scope are defined by public healthcare standards. Alongside health practitioners who take part in programmes that are part of harm reduction related to drug use, employees of treatment departments in penal system bodies (psychologists, social pedagogues, social workers) also participate in these programmes, specifically in parts dedicated to motivating addicts to enter drug withdrawal/treatment process and in parts dedicated to cooperation with organisations that run harm reduction programmes.

***Activities:***

* Educating and counselling focused on the reduction of health-related harm from drug use. This pertains to health-related risks of drug use and infectious diseases. Health practitioners who provide healthcare services to prisoners are responsible for education and counselling.
* Ensuring health protection in order to improve the general state of health of prisoner addicts. It includes general improvement of health that is often severely undermined in long-term addicts. Duration of stay in penal system bodies often represents an opportunity for a temporary, at least, improvement of addicts' health, due to the protected conditions in which they are accommodated and which imply the non-availability of illicit drugs, regular meals, regulated sleep regime, healthcare and other.
* Substitution therapy administration – it is used for the purpose of treatment, but also to reduce harm related to drug abuse, in accordance with the existing guidelines for substitution therapy administration. Stabilisation and harm reduction represent primary goals for prisoners who are opioid addicts with problematic functioning, who lack motivation and the capacity for stable abstinence and have no adequate social support.
* Infectious diseases testing. This is partially conducted within the framework of regular activities of the health protection departments of penal system bodies, and partially in cooperation with NGOs where the testing is conducted by employees of the Institute of Public Health.
* Treatment of viral hepatitis is conducted within the framework of the penal system in cooperation with healthcare institutions and by using health institutions’ (hospitals) means.
* HIV/AIDS treatment is conducted at the University Hospital for Infectious Diseases „Dr. Fran Mihaljević“. The preparatory procedure and referral to treatment are conducted at the Prison Hospital of Zagreb.
* Creating motivation for treatment and addiction withdrawal. The system always seeks to motivate addict prisoners to try to use their sentence period for treatment and/or psychosocial treatment focused on drug withdrawal.

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| ***Recommendation:***Cooperation with NGOs that conduct harm reduction programmes in order to ensure availability of informational materials on the prevention of infectious diseases spread and to implement activities focused on overdose prevention after release of (treated) addicts from a closed environment. It is recommended that the employees of treatment departments in penal system bodies should cooperate with services for mental health protection and addiction prevention, NGOs, social welfare centres, employment services and other relevant stakeholders at the local community level, with the goal to continue the inclusion of persons deprived of their freedom in the Resocialization Project and their comprehensive rehabilitation and re-inclusion into society.  |

#### *ACTIVITIES FOCUSED ON PERSONS WITH COMORBID DISORDERS/DISEASES*

***Objective:*** *Reduce drug-related harm in persons with comorbid disorders/diseases*

***Procedure description:*** Counselling and motivation for treatment, as well as counselling on other measures and realization of rights that could affect the quality of life are conducted in cooperation with harm reduction programme beneficiaries with diagnosed disorders/diseases.

***Activities:***

* Counselling addicts with comorbid disorders (both mental disorders and physical diseases)
* Creating motivation for treatment

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| ***Recommendation:***Harm reduction programme beneficiaries with comorbid disorders should be referred to the healthcare and social welfare system. It is recommended that health professionals (and harm reduction programme employees) dealing with addicts with comorbidity should perceive comorbidity as a normal, and not an extraordinary condition; they should not be judgemental, but show empathy and flexibility in the use of an appropriate intervention considering the type of comorbidity and needs.  |

#### *DRUG-RELATED RISK AND HARM REDUCTION ACTIVITIES IN CLUBS AND OTHER MEETING POINTS*

***Objective:*** *Reduce risks related to the use of the so-called club drugs*

***Procedure description:*** Effective interventions are focused on risk reduction, change of consumers´ stance, they target social norms and beliefs related to nightlife venues and drug use (EMCDDA, 2006, 2010), and are based on environmental strategies.

***Activities*** (*Webster, 2008):*

* Creating a safe physical environment: prevention of overcrowding through electronic clocking systems; the selling of a finite number of tickets; air conditioning and ventilation; availability of drinking water; availability of chill out rooms; ensuring of overall safety by employing glass collectors, providing drinks in glasses that are made of polycarbonate, ensuring that clear emergency evacuation procedures are in place; monitoring and inspection
* Reducing drug availability in clubs through cooperation of club owners / event organisers and police services, searches of customers as a condition of entry (door supervisors) and supervision of toilet areas
* Reducing the harm from drug use by providing information about drugs (outreach services, peer educators), providing assistance in case of physical or psychological problems (training of personnel on first aid, availability of emergency medical cover) and ensuring that clubbers get home safely (collaboration with taxi services, availability of public transportation)
* Developing a drug policy in nightlife environments by reducing drug availability and use, ensuring customers´ safety, involving drug users in the policy development, defining procedures in case drugs are found, training personnel and licensing facilities (e.g. certificates and labels)

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| ***Recommendation:***In accordance with the needs of local communities, it is necessary to develop new harm reduction approaches and programmes, create outreach programmes of NGOs, organise first aid training for club employees, encourage cooperation between CSOs, state and public institutions and local self-government units in the implementation of harm reduction programmes, and introduce a licensing system for recreational environments that conduct the above activities.  |

#### *ACTIVITIES FOCUSED ON OTHER SOCIAL GROUPS WITH A HIGHER HEALTH RISK*

***Objective:*** Reduce risks from drug use among members of other marginalized groups with a higher health risk (minority groups)

***Procedure description:*** Although drug users often are marginalized, the feeling of exclusion is even more pronounced among drug users who are also members of minority groups that are characterized by social deprivation (such as, for example, high unemployment, poor health care, limited access to public institutions, segregation, etc.) . Persons who conduct harm reduction programmes receive training on relevant political, economic and cultural particularities of minority groups and on approaches to be taken with isolated minority groups (such as, for example, MSM which has a higher risk of HIV infection), with the aim to ensure availability of harm reduction programmes even in isolated communities.

***Activities:***

* Providing information about risks from equipment sharing and unprotected sexual intercourse.

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| ***Recommendation:***It is necessary to ensure harm reduction activities that are adequate to the needs and risks of local communities.  |

# Minimum EU quality standards

Minimum EU quality standards were developed based on the EU Action Plan on Drugs (2009 – 2012). 52 experts from 25 countries collaborated in the creation of standards, which were based on 350 documents (90 for harm reduction). The final list of proposed minimum standards included 16 standards for harm reduction, grouped into 3 areas: structural standards, process standards and outcome standards. The development of quality standards aimed at providing an overview of standards and guidelines available in the EU Member States. Quality standards and guidelines are focused on enhancing the quality and effectiveness of interventions.

**Structural standards of interventions**

1. **Accessibility**: location and opening hours (services have to match the needs of their clients; costs should never be a barrier to a service)
2. **Staff qualification**: minimal qualification (staff has to be qualified and the staff qualification has to be made transparent)
3. **Indication criteria**: age limits: services have to be age appropriate. Moreover, there should be no age limits in harm reduction services.

**Process standards of interventions**

1. Assessment procedures: risk behaviour assessment
2. Assessment procedures: complete needs assessment and prioritisation (e.g. 1. Harm reduction of intravenous drug use and, 2. Reduction of used syringes in public spaces etc.)
3. Assessment procedures: client/patient status (the client’s/patient’s health status is assessed)
4. Informed consent: (Clients/patients must receive information on available service options. Furthermore, they have to agree with a proposed regime or plan before starting an intervention. Interventions should not be based on written informed consent, but rather on a transparently information about all the offers by a service.)
5. Confidentiality of client data (client/patient records are confidential and exclusively accessible to staff involved in a client’s/patient’s intervention or regime)
6. Individualised treatment planning (intervention regime and intervention plans, if applicable, are tailored individually to the needs of the client/patient)
7. Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given client/patient, an appropriate other service is at hand for referral)
8. Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)
9. Neighbourhood/community consultation (avoiding nuisance and conflict with other people around the service)

**Outcome standards**

1. Goal: reduced risk behaviour (reducing unsafe injections[[28]](#footnote-28), unsafe drug use[[29]](#footnote-29) and unprotected sex)
2. Goal: referrals (treatment services must be prepared to refer clients/patients to other health/social/treatment/legal services if needed and agreed)
3. Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes)
4. External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator)

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| ***Recommendation:***With a view to enhance the quality and effectiveness of interventions, all CSOs and healthcare and social welfare institutions that conduct harm reduction programmes and activities should aim at meeting EU quality standards in all three areas.  |

# Innovative projects in accordance with EU documents

#### *ACTIVITIES WHICH COULD CONTRIBUTE TO THE PREVENTION OF FATALITIES CAUSED BY OVERDOSING – USE OF NALOXONE*

***Objective:*** *Decrease the number of fatalities caused by overdosing on opiates, by administering Naloxone to intravenous drug users with a higher risk of overdosing.*

***Procedure description:*** Naloxone is an opioid antagonist which reverses the effects of heroin and other opioids, such as respiratory depression, rapidly and temporarily. Naloxone does not have opioid effects nor is it possible to abuse it. Antagonistic drugs such as Naloxone can be administered to opioid abusers as a public health measure aimed at decreasing the risk of mortality caused by overdosing on opioids. Take-home naloxone (THN) programmes are a combination of education on the prevention of overdose and administering first aid, aimed at drug abusers, their family members and friends, and of the distribution of the antagonist Naloxone.

***Activities:***

Overdose prevention programmes incorporating the distribution of Naloxone include the implementation of the following:

* Education of problematic drug users and persons close to them on recognising the signs of an overdose (how overdose happens)
* Education on administering Naloxone to persons who have overdosed (how to use Naloxone doses)
* Education on administering first aid to persons who have overdosed until the arrival of paramedics (specific steps);
* Education on drugs and the effects of drugs, safe use of syringes and needles, infectious diseases transferred through injecting, as well as on handling used equipment.

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| Opioid overdose prevention programmes which include take-home Naloxone distribution with the purpose of preventing opioid overdose appeared in Europe in the 1990s, and they have become more prominent in the past year. The United Kingdom, Italy and Estonia are examples of European countries implementing take-home Naloxone programmes, and many other countries have started initiatives for introducing Naloxone with the aim of preventing overdoses. Some countries issue Naloxone only on prescription, although this drug can be used by anyone[[30]](#footnote-30), in some countries it is available in authorised pharmacies (Estonia), while in Italy it is distributed to addicts and their families through a civil society organisation (“Villa Maraini” foundation from Rome, operating as a part of the Italian Red Cross), but it is also available for purchase in pharmacies on the territory of Rome. In the Republic of Croatia, Naloxone use is limited to administration by medical staff in emergency medical situations in case of opioid overdose, and its distribution and use under the so-called take-home Naloxone programmes is not foreseen.  |

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| ***Recommendations:***A wider availability of Naloxone can be effective only if:* It is integrated in a wider public policy framework as a part of a network of services aimed at reducing individually and socially harmful effects arising from problematic drug use;
* It is based on a consensus, support, and active cooperation among key stakeholders, especially in the area of health;
* Its purpose is monitored – provision of specific services with the aim of decreasing medically and socially harmful effects involving a certain highly risky population of problematic drug users, as well as addressing needs not fulfilled by other responses.
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#### *ON-SITE DRUG COMPOSITION TESTING AS A HARM REDUCTION MEASURE – GOOD PRACTICE EXAMPLE: ‘CHECKIT!’ PREVENTIVE PROGRAMME, VIENNA, AUSTRIA[[31]](#footnote-31)*

***Objective:*** *Reduce damage related to recreational drug use by providing easily accessible, interesting and scientifically approved services aimed at populations which are difficult to reach.*

***Procedure description:*** The process of reduction of risks related to recreational drug use has been implemented in Vienna since 1997, financially supported by the Viennese coordination authority in the area of drugs, through providing information on psychoactive substances and risks connected with their consumption, thus avoiding problematic patterns of use and preventing short-term and long-term health consequences. Furthermore, a critical stance towards drug use is promoted, scientifically proved information regarding synthetic drugs and ways to use them is provided, and there are warnings regarding substances related to health risks. The target group is identified as adolescents and young adults, “recreational” drug users (those experimenting, as well as those who regularly consume club drugs), their families, and any other person showing interest for the foregoing. Alongside informing, the project includes counselling and testing of drug samples at music (and similar) events. Drug testing is an effective method for including groups that are otherwise difficult to reach, and for reducing risks by providing information in a timely manner, issuing warnings regarding particularly dangerous psychoactive substances, providing information to the national and EU Early Warning System in the case of occurrence of new psychoactive substances, and reviewing the state of the drug market supply.

Drug testing is carried out at venues hosting music (and similar) events, by including three separate operative zones: 1. A zone designated for informing and counselling; 2. A zone designated for collecting drug samples; 3. A zone designated for the analytical laboratory. Following the collection of a drug sample from an anonymous drug abuser, analysis is carried out and findings are released. The findings are presented in a neutral manner (no logo, involving only a numerical designation of the sample), accompanied by a simple interpretation on whether the sample contains an expected, unexpected or extremely harmful psychoactive substance.

***Activities:***

* Informing
* Counselling
* Testing of drug samples
* Issuing warnings regarding drug use
* Drug market monitoring
* Participating in the national and EU Early Warning System in the case of occurrence of new psychoactive substances.

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| ***Recommendations:***In order to avoid problematic patterns of drug abuse and the consequential addiction, it is important to focus on motives for use (Why?), social circumstances in which drugs are used (Where? When? With whom?), instead of focusing solely on psychoactive substances (What?).  |

#### *INJECTING ROOM*

***Objective:*** *Reduce harm connected to intravenous drug abuse through providing a space intended for injecting drugs under supervision, with the aim of reducing the spread of infectious diseases*

***Procedure description:*** An injecting room is a space in which addicts can inject themselves with illicit substances under supervision. Injecting rooms offer sterile equipment for drug injection, information regarding drugs, as well as basic medical care and recommendations regarding treatment. Medical staff are present. Counselling, hygiene-related and other services (food and beverage) are sometimes provided to impoverished individuals in these rooms. Most of the programmes prohibit the resale of drugs, and users do not have to provide identification in order to access these rooms. These are mostly “one-way” areas with a discrete entry and a separate exit, and they are equipped with a reanimation kit for emergencies, as well as bins for waste disposal.

***Activities:***

* At their arrival, clients enter a waiting area and remain there until their acceptability for the service is assessed. This assessment is aimed at determining the following:
	+ Whether the client is a known drug user,
	+ Whether they are over 18,
	+ If it is a woman, it is verified that she is not pregnant,
	+ Whether they are accompanied by a child, and
	+ Whether they are under the influence of alcohol.
* In the case of a positive assessment, the client is referred to the injecting room.
* Sterile injecting equipment is distributed in the presence of medical staff.
* The staff continuously monitors the client while they are injecting themselves, and they are capable of administering emergency medical aid at any moment should complications arise.
* Following the injection, the user stays under supervision for a certain amount of time until the staff deems them ready to leave the room.
* Provision of information regarding legal, social and medical possibilities, and the possibilities of joining rehabilitation programmes.
* Provision of food and beverages.

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| . As far as Europe is concerned, injecting rooms are available in Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland, but mostly in the Netherlands and Germany. This type of room is usually characterised by a low threshold of requirements for entry; in these rooms smoking and/or injecting drugs is allowed under the supervision of trained staff and without fear of arrest. Despite positive results, these rooms are still disputable in Europe and in other areas (Hedrich et al., 2010). There is certain evidence that injecting rooms could contribute to a decrease in mortalities connected to drugs at a community level, which needs to be confirmed by further analyses. There is no evidence that these rooms contribute to an increase in mortality and risks of fatality in drug users. (Hedrich, 2004, p. 77). Reasons for introducing injecting rooms are: providing an area for a safer drug use, improving the medical status of the target group, and increasing public order. Injecting rooms are considered to be beneficial to certain aspects of individual and public health, as well as public order without causing serious risks. An adequate coverage is necessary to achieve all of this, as well as a policy supporting it and a consensus among key stakeholders. Expectations regarding injecting rooms need to be realistic[[32]](#footnote-32). However, effective public health interventions are actually those deemed to secure a "safer environment" aimed at decreasing risks characteristic of public drug use, whereby individual health education is improved with the aim to change behaviour in populations at the highest risk. These rooms are beneficial since they increase the number of drug abusers with access to health and social services and reduce public drug use. There are no harm reduction programmes in the Republic of Croatia which would provide for injecting rooms.  |

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| ***Recommendations:***The introduction of injecting rooms can be effective only if:* They are integrated in a wider public policy framework as a part of a network of services aimed at reducing individually and socially harmful effects arising from problematic drug use;
* They are based on a consensus, support, and active cooperation among key stakeholders in the local community, especially in the area of health, law enforcement, local government, local community and the users themselves;
* Their purpose is monitored – provision of specific services with the aim of decreasing medically and socially harmful effects involving a certain highly risky population of problematic drug users, as well as addressing needs not fulfilled by other responses.
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#### *Recovery programme example – SMART Recovery*

***Objective:*** *Achieve abstinence and social reintegration of treated addicts by providing support from all stakeholders at the local community level*

***Procedure description:*** One of the programmes promoting and implementing the recovery approach is the SMART Recovery programme, aimed at providing drug addicts with a chance to recover from all types of addictions, including alcoholism, drug abuse and addiction to other substances and activities.

The programme includes worldwide counselling (one-on-one meetings) and daily online meetings. Web portals and forums available 24/7 (so-called chat rooms) offer information on SMART Recovery and support for recovering from addictions.
This programme helps individuals achieve a non-addicted state, and it applies scientific knowledge. The programme is based on four areas for which certain tools and techniques are offered, with the aim of achieving a non-addicted state:

1. Development and maintaining of motivation
2. Facing cravings
3. Dealing with thoughts, feelings and behaviours
4. Living a balanced life

***Activities:***

Learning self-empowerment and building self-confidence

Providing the individual with motivation for recovery and being satisfied with their life

Educating on tools and techniques for self-actualised change

Carrying out educational meetings that involve open discussions

Counselling on the appropriate use of prescribed medications and psychosocial interventions

Developing scientific knowledge on recovery from addiction

Programme participants are encouraged to use certain tools and practice techniques for achieving a balanced life. The aforementioned tools include:

* Stages of change
* Creating a plan for change
* Analysis of benefits (creating a list for decisions to be made)
* Techniques for facing urges
* Techniques for facing stressful situations
* Techniques for self-awareness and refusal methods
* Hierarchy of values
* *Brainstorming*
* Role-playing and rehearsing
* Unconditional self-acceptance

# Harm reduction programme control and monitoring

Monitoring the state of drug abuse, including areas of harm reduction, requires a continuous development for achieving availability, quality and comparability of relevant information, and it is based on a standardised, regular and timely collection of data and information from the relevant authorities and civil society organisations, in accordance with their scope of activities and jurisdiction. The main purpose of monitoring this state and the trends in harm reduction issues is the development of standardised reports regarding trends and developments, which can be used at a national level as a basis for decision-making and the implementation of adequate measures, whereas at an international level they contribute to the development of an image of the global drug phenomenon, where it is extremely important to compare trends with those in European Union Member States. The annual report on the implementation of a National strategy and the Action plan on combating drug abuse, including the creation of a chapter regarding the implementation of a harm reduction programme, is developed by the Office for Combating Drug Abuse, who submits the same report to the European Monitoring Centre for Drugs and Drug Addiction. All relevant data is collected by the Office for Combating Drug Abuse and the Ministry of Health, and it is submitted by civil society organisations.

Harm reduction programmes in the Republic of Croatia, implemented by civil society organisations, are funded based on the Regulation on the criteria for identifying users and manners of allocating a part of proceeds from games of chance for 2014 (OG 94/14)*[[33]](#footnote-33)*, which sets out allocations for those contributing to combating drug abuse and all other forms of addiction, in the area of prevention, early detection, treatment, rehabilitation of addicts, and harm reduction, through the budget items of the Ministry of Health. Monitoring and control are achieved through qualitative (programme evaluation) and quantitative evaluation methods (process evaluation, financial evaluation).

*Programme and financial evaluation*– Ministry of Health carries out control and monitoring through annual on-site supervision of the harm reduction programme implementation, or following the expiry of every (semi-annual or one-year-long) contract during the programme. Supervision is carried out in the premises of the organisation. Expert programme supervision is carried out by experts from the Ministry of Health experienced in working with organisations and addictions, and the financial supervision of execution of contracted funds is carried out by employees from the Finance Department of the Ministry of Health. The expert programme supervision and the financial supervision are carried out based on a template of the Organisation Supervision Form signed by the Office for Cooperation with NGOs. Programme leader submits financial reports on the proper spending of allocated resources. Programme evaluation relates to the established objectives, in this case the change in risky behaviour of programme beneficiaries, which ultimately leads to a decrease in the number of persons infected with HIV, Hepatitis B and C, and other sexually transmitted diseases among intravenous drug abusers.

*Process evaluation* relates to the monitoring of programme development and its implementation through monthly or quarterly reports, which can include monitoring of the number of users included in the programme, the quantity of educational material distributed, monitoring of the quantity of activities for the benefit of programme users (number of outreach associates, executed hours and locations, distributed needles, syringes and condoms) etc. Process evaluation in the area of harm reduction programme implementation is carried out in such a manner that organisations carrying out harm reduction programmes are obligated to submit monthly quantitative reports regarding the number of distributed/collected supplies (in accordance with the form mentioned below) to the Ministry of Health and the Croatian Health Insurance Fund.

An example of monthly reporting[[34]](#footnote-34):

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time period:** |  |  |  |  |  |  |  |
| **Quantity of condoms distributed** |  |  |  |  |  |  |  |
| **Quantity of needles collected** |  |  |  |  |  |  |  |
| **Quantity of syringes collected** |  |  |  |  |  |  |  |
| **Quantity of needles distributed** |  |  |  |  |  |  |  |
| **Quantity of syringes distributed** |  |  |  |  |  |  |  |
| **Quantity of educational material copies distributed** |  |  |  |  |  |  |  |
| **Number of users** |  |  |  |  |  |  |  |
| **Number of new users** |  |  |  |  |  |  |  |
| **Number of known users** |  |  |  |  |  |  |  |
| **Number of outreach associates** |  |  |  |  |  |  |  |

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| ***Recommendation:**** The comprehensive monitoring of the issue of drug abuse, apart from the regular standardised data collection, also covers research that needs to be conducted in this area.
* Persons in charge of implementing the harm reduction programme should carry out an internal evaluation (surveys for assessing the satisfaction of users with the services provided), directly and indirectly include users, and assess the users' needs (important for introducing new services).
* It is important to develop new tools for monitoring and controlling the implementation of programmes carried out in the harm reduction area, in accordance with the needs that present themselves.
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20. *Low threshold services* – imply a relationship with potential users that does not require referral letters, health insurance, identification. [↑](#footnote-ref-20)
21. In accordance with the [Instruction on handling waste generated by healthcare activities (OG 50/00)](http://www.digured.hr/cadial/searchdoc.php?action=search&lang=hr&query=NAPUTAK++O+POSTUPANJU+S+OTPADOM+KOJI+NASTAJE+PRI+PRU%C5%BDANJU+ZDRAVSTVENE+ZA%C5%A0TITE&searchText=on&searchTitle=on&validacts=on&resultdetails=basic&filteracttype=all&filterfields=all&filtereuchapter=all&resultlimitnum=10&bid=miiqIizSwg6rmL1RbUaQjg==&annotate=on) infectious waste is waste containing pathogen biological agents that, due to their type, concentration or number, might cause disease in people who have been exposed to them – cultures and equipment from microbiology laboratory, parts of devices, material and equipment that has been in contact with blood or bodily fluids of infectious patients or has been used in surgical procedures, dressing wounds and autopsies, waste from wards used to isolate patients, waste from dialysis wards, systems for infusion, gloves and other disposable equipment, and waste that has been in contact with laboratory animals that have been used for inoculation with infectious material, etc. [↑](#footnote-ref-21)
22. With the entry into force of the *Regulation on categories, types and classification of waste with a waste catalogue and list of hazardous waste* (OG [50/05](http://narodne-novine.nn.hr/clanci/sluzbeni/288486.html), [39/09](http://narodne-novine.nn.hr/clanci/sluzbeni/2009_03_39_881.html)) in the Ordinance on waste types (OG 27/96), Article 1, the words: "types of waste depending on properties and place of emergence" and Articles 2, 3, 6, 7, 8, 9 and 10 and Catalogue of waste, as an integral part of the Ordinance, are deleted. [↑](#footnote-ref-22)
23. Draft Ordinance on medical waste management is available on the website of the Ministry of Environmental and Nature Protection: [http://www. mzoip. hr/default. aspx?id=23549](http://www.mzoip.hr/default.aspx?id=23549). [↑](#footnote-ref-23)
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25. In the Republic of Croatia, medical devices ORAQUICK ADVANCE RAPID HIV-1/2 ANTIBODY TEST and TOYO RAPID TESTS FOR DETECTING INFECTIOUS DISEASE can be used. These devices are issued in healthcare institutions and their use in associations is not foreseen. [↑](#footnote-ref-25)
26. For example, in cooperation with the Teaching Institute of Public Health of the Split-Dalmatia County, the association "Help" from Split primarily uses laboratory tests for blood samples, while rapid tests are used only in exceptional circumstances. [↑](#footnote-ref-26)
27. Testing is performed in cooperation with healthcare institutions. [↑](#footnote-ref-27)
28. Unsafe injections are defined as the reuse of syringe or needle between patients without sterilization (Unsafe injections in the developing world and transmission of bloodborne pathogens: a review. L. Simonsen, A. Kane, J. Lloyd, M. Zaffran, and M. Kane); available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2557743/> [↑](#footnote-ref-28)
29. Unsafe drug use is defined as behaviour whereby individuals would use illegal drugs by needle injection and/or by sharing needles. According to: "AIDS knowledge, attitudes, beliefs and behaviors in Southeast Asian communities in San Francisco“. Kenji Murase Susan Sung Vu-Duc Vuong, The Center for Cross-Cultural Research and Social Work Practice Department of Social Work Education, San Francisco. March, 1991. Available at: <http://oac.cdlib.org/view?docId=hb3000053x;NAAN=13030&doc.view=frames&chunk.id=ss2.36&toc.depth=1&toc.id=ss1.31&brand=oac4> [↑](#footnote-ref-29)
30. The use of Naloxone in the United Kingdom was legally approved in 2005 for all persons with the aim of saving lives. However, Naloxone is still issued on prescription and it is approved for use by injection, which means that it is currently unavailable to those without a prescription. [↑](#footnote-ref-30)
31. *(http://www.checkyourdrugs. at/;* 23. <https://drogeiovisnosti.gov.hr/UserDocsImages/uredarhiva/2013/09/013-E-checkit-low-threshold-prevention-for-new-drugs-TAIEX-013-09.pdf> [↑](#footnote-ref-31)
32. The introduction of injecting rooms cannot deal with all of the key drug-related harm reduction variables, does not change the fact that users buy their drugs on an illicit market, nor can it have an objective of changing the drug market itself. [↑](#footnote-ref-32)
33. *Official Gazette No.: 94/14.*  [↑](#footnote-ref-33)
34. Taken from a Romanian regional programme, “Risknet”, more information available at: [http://www. udruga-let. hr/en/projects/#project-14](http://www.udruga-let.hr/en/projects/#project-14) [↑](#footnote-ref-34)