



emcdda.europa.eu

Structured Questionnaire 23/29 Prevention and Reduction of Health-Related Harm associated with drug use

1. Methodological information

Introduction

The prevention and reduction of health-related harm associated with drug dependence has been the subject of a Council Recommendation in 2003 (2003/488/EC) and is addressed in the current EU Drugs Action Plan 2009 – 2012, specifically in Objectives 5 to 10 and Objective 23.

Both instruments call on Member States to develop a range of specific services and facilities aiming at risk reduction, and to improve availability, access and quality of measures to reduce the incidence of infectious diseases and the number of drug-related emergencies and deaths.

The tasks of the EMCDDA comprise the monitoring of the state of the drugs problem and of the responses to drug related problems, including harm reduction measures. The Centre is furthermore charged with the development of tools and instruments to improve data comparability and to facilitate the Member States' and the Commission's monitoring and evaluation of their respective policies.

Objectives

This structured questionnaire on harm reduction addresses the policies and interventions Member States have established to prevent and reduce health related harm associated with drug use, in particular infectious diseases, drug-related deaths and drug-related harm in recreational settings. It is aimed at collecting data on the specific policies in the field, and through which an overview of the main settings, approaches, and interventions used in the countries can be provided. It also covers measures to achieve and maintain high service provision quality.

Questionnaire Structure

A – Policies

B – Interventions to prevent infectious diseases

C – Interventions to prevent drug-related deaths and emergencies

D – Interventions to prevent and reduce drug-related harm in recreational settings

E – Quality assurance in harm reduction

Contact person:

Dagmar Hedrich

dagmar.hedrich@emcdda.europa.eu

tel.: 00351 211 210 1267

Alessandro Pirona

alessandro.pirona@emcdda.europa.eu

tel.: 00351 211 210 263

Teodora Groshkova

Teodora.Groshkova@emcdda.europa.eu

Tel. (351) 211 21 02 45

1.1. - EMCDDA report identification

1.1.1 - EMCDDA data collection year:

1.2. Report identification by NFP

1.2.1 - Country:

1.2.2 - Year of data:

1.2.3 - Name of the person submitting this structured questionnaire:

1.2.4 - Institutional affiliation:

1.2.5 - E-mail address:

1.2.6 - Other experts involved in providing information for this structured questionnaire and period the expert opinion was gathered.

2. A – Policies

2.1 No new information

- 2.1.1 Please tick here if **no new information on policies** has become available since last submission of SQ 23/29 in 2008 .

2.2. - Has your country a specific, defined written strategy⁽¹⁾ for preventing drug-related infectious diseases among drug users, e.g. an action plan or a section in the national drugs strategy dedicated to the topic?

⁽¹⁾ A strategy is a written description of a policy approach.

2.2.1 - Defined written strategy for preventing drug-related infectious diseases:

- Yes, part of National Drug Strategy
 Yes, separate document
 No
 No information

No = go to question 2.5

No information = go to question 2.5

2.2.2 – Comments:

2.3. - Please provide the following details for this document:

2.3.1 - Details for document regarding prevention of infectious diseases:

Title	
Year of adoption	
Timeframe (Year to Year)	

2.3.2 - Is the document regarding prevention of infectious diseases available on the internet?

- Yes
 No
 No information

2.3.3 - Please provide URL or source(s) [INF]:

If Yes , please provide URL:	
If not , please provide source(s)	

2.3.4 If more than one document is available in your country, please list the rest in the comment box below.

2.4. - Please specify objectives of the strategy(ies) for preventing drug-related infectious diseases among drug users, concrete actions that are defined and target groups mentioned.

2.4.1 - Objectives:

- Concrete actions:

2.4.3 - Target groups

2.5. - Are there specifically defined sub-national² strategies³ for preventing drug-related infectious diseases among drug users?

² Sub-national = counties, municipalities or other regional breakdowns.

³ Local policy approach, drawn up for a specified geographical area by a local/regional administration or other competent body.

2.5.1 - Sub-national strategies for preventing drug-related infectious diseases:

- Yes
- No
- No information

No = go to question 2.7

No information = go to question 2.7

2.5.2 – Comments:

2.6. - Please provide details on the character of those, e.g. geographical scope, specific target groups, etc.

2.6.1 - Details on the character of sub-national strategies [INF]:

2.7. - Has your country a specific, defined written strategy to reduce the number of acute drug-related deaths, e.g. an action plan or a section in the national drugs strategy dedicated to the topic?

2.7.1 - Defined written strategy to reduce the number of acute drug-related deaths:

- Yes, part of National Drug Strategy
- Yes, separate document
- No
- No information

No = go to question 2.10

No information = go to question 2.10

2.7.2 – Comments:

2.8. - Please provide the following details for this document:

2.8.1 - Details of the document regarding reduction of number of acute drug-related deaths:

Title	
Year of adoption	
Timeframe (Year to Year)	

2.8.2 - Is the document regarding reduction of acute drug-related deaths available on Internet?

- Yes
- No
- No information

2.8.3 - Please provide URL or source(s) [DRD]:

If Yes , please provide URL:	
If not , please provide source(s)	

2.8.4 If more than one document is available in your country, please list the rest in the comment box below.

2.9. - Please specify objectives of the strategy(ies) to reduce the number of acute drug-related deaths, concrete actions that are defined and target groups mentioned.

2.9.1 – Objectives:

2.9.2 - Concrete actions:

2.9.3 - Target groups:

2.10. - Are there specifically defined sub-national strategies for preventing acute drug-related deaths among drug users?

2.10.1 - Sub-national strategies for preventing acute drug-related deaths:

- Yes
- No
- No information

No = go to question 2.12

No information = go to question 2.12

2.11. - Please provide details on the character of those, e.g. geographical scope, specific target groups, etc.

2.11.1 - Details on the character of sub-national strategies [DRD]:

2.12. - Are there any policies referring specifically to the reduction of drug-related harm in recreational settings (festivals, raves, clubs, discos, parties, etc.)?

2.12.1 - Harm reduction policies in recreational settings:

- Yes
- No
- No information

No = go to question 2.15

No information = go to question 2.15

2.12.2 – Comments:

2.13. - Please provide details on the character of those, e.g. geographical scope, specific target groups, etc.

2.13.1 - Details on the character of policies regarding harm related to recreational drug use:

2.14. - Are there policies applying to alcohol-related harm in those settings?

2.14.1 - Policies applying to alcohol-related harm in recreational settings:

- Yes
- No
- No information

2.14.2 - Please specify these alcohol-related harm policies:

2.15. Has your country a specific, defined written strategy regarding drug-related health in prison, e.g. an action plan or a section in the national drugs strategy dedicated to the topic?

2.15.1 - Defined written drug-related prison health strategy:

- Drug-related prison health is addressed in the national drug strategy
- Drug-related health issues are addressed in the national prison health strategy
- There is a specific strategy for drug-related prison health (separate document)
- Drug-related health policies for prisons are dealt with at regional level
- Drug-related health policies for prisons are dealt with at prison level
- No written drug-related prison health strategy
- No information

2.15.2 Please specify **objectives** of national level strategy/strategies on drug-related health in prison

2.15.2- Please specify **concrete actions** of national level strategy/strategies on drug-related health in prison

2.16. - Indicate sources and references to the information provided in section A.

2.16.1 - Sources and references to section A:

3. B - Interventions to prevent infectious diseases

3.1. - Please tick three responses that are - according to your national policy - considered as priority responses to prevent infectious diseases among drug users (community setting).

3.1.1 - Priority responses to prevent infectious diseases:

- Information materials dissemination
- Individual risk assessment and one to one counselling
- Voluntary infectious disease counselling and testing
- Outreach health education
- Provider-driven infectious disease testing
- Hepatitis vaccination programme
- Training on 'safer use / safer injecting'
- Needle and syringe programmes
- Other 1 (please specify below)
- Other 2 (please specify below)
- No information

3.1.2 - Please describe 'Other 1' priority:

3.1.3 - Please describe 'Other 2' priority:

3.1.5 – Comments:

3.2. –Please assess the current availability of selected response measures to reduce the prevalence of infectious disease in relation to the needs of problem drug users⁽⁴⁾ in the community, judging the degree to which service capacity matches the demand.

⁽⁴⁾ Problem drug use is defined by the EMCDDA as “injecting or long duration / regular use of opioids, cocaine and/or amphetamines”.

3.2.1 – Individual counselling on infectious diseases risk. (involves the systematic assessment of personal drug-related risk behaviours):

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.2.2 - HCV⁽⁵⁾ testing [community]

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.2.3 - Practical advice and training on 'safer use/safer injecting'⁽⁶⁾ [community]

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it

- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

⁽⁶⁾ Training which addresses the risks of sharing drug use paraphernalia to motivate change from injecting to non-injecting (safer) routes of administration.

3.2.4 - Needle and syringe programmes (NSPs) [community]
(consider only subgroup drug injectors in your rating)

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.2.5 - Please indicate the methodology used to obtain the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.2.6 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.2.7 - Comments

3.3. - Are peer educators⁽⁷⁾ involved in the response to prevent infectious diseases among drugs users?

⁽⁷⁾ Peer educators are former or current drug users, providing health education to current users.

3.3.1 - Peer educator involvement:

- Yes
- No
- No information

3.4. - Please describe the main outreach health education approaches used in your country with the objective to prevent infectious diseases among drug users.

3.4.1 - Main outreach health education approaches:

3.5. If you reported the existence of a national drug-related prison health strategy (Section A), please tick three responses that are - according to this strategy - considered as priority responses to prevent drug-related infectious diseases in prison settings:

3.5.1 - Priority responses to prevent drug-related infectious diseases among prisoners:

- Infectious diseases information materials dissemination
- Individual risk assessment and one to one counselling infectious diseases
- Voluntary infectious disease counselling and testing on prison entry
- Hepatitis vaccination programme
- Low intensity drug treatment (incl. counselling)
- Medium/high intensity drug-free treatment (prison-TCs, specialised prison treatment wards)

- Initiation of opioid substitution treatment
- Medium/long-term maintenance treatment
- Other 1 (please specify below)
- Other 2 (please specify below)
- No information on priorities available
- Question not applicable

3.5.2 - Please describe 'Other 1' priority response:

3.5.3 - Please describe 'Other 2' priority response:

3.5.4 – Comments:

3.6. - Please assess the current availability of selected response measures to reduce the prevalence of infectious disease in relation to the needs of problem drug users⁽⁴⁾ in prison settings, judging the degree to which service capacity matches the demand.

3.6.1 – Individual counselling on infectious diseases risk. [prison]

Assessment of personal drug-related risk behaviour

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.2 - HCV testing on entry into prison

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.3 - Practical advice and training on 'safer use / safer injecting [prison]

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.4 - Needle and syringe programmes (NSPs) [prison]

(consider only the subgroup of current drug injectors among prisoners in your rating)

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.5 - HCV testing on release from prison

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.6 - Please indicate the methodology used to obtain the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.6.7 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.6.8 – Comments

3.7. - Is hepatitis B vaccination included in your national routine vaccination scheme (universal vaccination)? **Information on HBV testing and vaccination reported in the previous years to the EMCDDA can be found in Table HSR-6 of the Statistical Bulletin 2010.**

3.7.1 - Universal hepatitis B vaccination:

- Yes
- No
- No information

3.7.2 - If **yes**: since when (year), what is the immunization schedule and is it combined with hepatitis A immunization [community]?

3.8. - Is there a risk-group specific hepatitis B vaccination programme which covers problem drug users in the community?

3.8.1 - Risk-group specific hepatitis B vaccination programme:

- Yes
- No
- No information

3.8.2 – Comments

3.9. - Is there such a programme in prisons?

3.9.1 - Risk-group specific hepatitis B vaccination programme **in prison**:

- Yes
- No
- No information

3.9.2 - If **yes**: since when (year), what is the immunization schedule and is it combined with hepatitis A immunization [prison]?

3.9.3 – Comments

3.10. –Do formal⁽⁹⁾ needle and syringe exchange training programmes cover health promotion activities directed at service users ?

⁽⁹⁾ A training programme should be considered as 'formal' if it is based on a curriculum or training handbook, or if it is taught by trained staff.

3.10.1 – NSP⁽¹⁰⁾ training programmes for syringe exchange workers at **drug agencies** cover health promotion activities:

⁽¹⁰⁾The acronym NSP stands for 'needle and syringe programme'. It is used to describe the distribution or exchange sterile injecting paraphernalia, including syringes and hypodermic needles

- Yes
- No
- No information

3.10.2 - NSP training programmes for **pharmacists** cover health promotion activities:

- Yes
- No
- No information

3.10.3 - NSP training programmes for **prison staff** cover health promotion activities:

- Yes
- No
- No information

3.10.4 - NSP training programmes for **other groups** cover health promotion activities (please specify below)

- Yes
- No
- No information

3.10.5 - Specify the other groups for which such training programmes exists:

3.10.6 – If you answered yes in any of the questions above, please provide examples of health promotion activities for IDUs covered by such training programmes.

3.10.7 - Comments

3.11. - Please provide information on surveys/research investigating the role and attitudes of pharmacists towards syringe exchange:

3.11.1 - References and outcomes of studies investigating the role and attitudes of pharmacists:

3.12. - Please assess the level of provision of the following prevention materials at specialised drug agencies with NSPs⁽¹⁰⁾

Rating scale

FULL = nearly all agencies with NSPs provide the item

EXTENSIVE = a majority of agencies with NSPs provide the item (but not nearly all of them)

LIMITED = more than a few agencies with NSPs provide the item (but not a majority of them)

RARE = just a few agencies with NSPs provide the item

3.12.1 - The provision of alcohol pads is...

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.2 - The provision of dry wipes is...

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.3 - The provision of sterile mixing containers (cookers/spoons) is...

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.4 - The provision of small quantities of water for dissolving injectable drugs is...

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.5 - The provision of free condoms is...

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.6 The provision of foil for inhalative drug use is...

- Full
- Extensive
- Limited

- Rare
- Does not exist
- No information

3.12.7 - Level of provision of syringes in a 'kit' (a pack that combines several items) is...:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

3.12.8 - Please indicate the methodology used to obtain the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.12.9 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.12.10 - Comments

3.13. - Which items - besides syringe and needle - does the most frequently distributed injecting kit / injecting pack' contain as a standard?

3.13.1 - Standard content of the main 'injecting pack / kit'

(Information on injecting paraphernalia reported in the previous years to the EMCDDA can be found in the EMCDDA Harm Reduction profiles)

- Written information about safer use
- Alcohol pads
- Dry wipes
- Water for dissolving drugs
- Sterile mixing container
- Filter
- Citric / ascorbic acid
- Bleach
- Condom
- Other (specify)
- No information on contents available

3.13.2 - Please specify 'other' items of the 'injecting kit' provided as a standard:

3.14. - Please provide information on drug use paraphernalia that are provided to non-injecting drug users in your country (target groups, setting):

3.14.1 - Paraphernalia for non-injecting drug users; target groups, settings:

3.15. - Indicate sources and references to the information provided in section B.

3.15.1 - Sources and references to section B:

4. C - Interventions to prevent acute drug-related deaths and drug-related emergencies

Please note that a number of effective interventions are not addressed here because data are collected in other EMCDDA projects (e.g. drug treatment)

4.1. - Please assess the current availability of selected response measures that aim at the prevention of acute drug-related deaths and problem drug-related emergencies in relation to the needs of problem drug users, judging the degree to which service capacity matches the demand.

Information on responses to drug-related-deaths reported in the previous years to the EMCDDA can be found in Table HSR-8 of the Statistical Bulletin 2010.

4.1.1 - Overdose information materials

(printed or multimedia)

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

4.1.2 - Individual overdose risk assessment

(provided by trained drugs or health workers)

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

4.1.3 - Overdose response training⁽¹¹⁾

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

⁽¹¹⁾ One-to-one or group education sessions on risks, prevention of risks and on management of overdoses. This training should include: information on risk situations and risky behaviour, how to recognise overdoses, and how to respond adequately (at least the recovery position).

4.1.4 - Prison pre-release counselling on overdose risk and prevention

- Full: nearly all prisoners in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

4.1.5 - Please indicate the methodology used to obtain the ratings in the questions above.

- Expert consensus

- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

4.1.6– Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

4.1.7 – Comments

4.2. - Are there specific information materials on prevention of acute drug-related deaths and drug-related emergencies available for the following groups:

4.2.1 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **police officers**:

- Yes
- No
- No information

4.2.2 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **prison staff**:

- Yes
- No
- No information

4.2.3 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **family / friends of drug users**:

- Yes
- No
- No information

4.2.4 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **nightclub / bar staff**:

- Yes
- No
- No information

4.2.5 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **other groups**

(Please specify below):

- Yes
- No
- No information

4.2.6 - Please specify other group(s), for which such specific information materials have been elaborated:

4.3. - Risk education and overdose response training for problem drug users is provided in:

4.3.1 - Provision of risk education and overdose response trainings:

Rating scale

FULL = in nearly all relevant⁽¹²⁾ cities or towns

EXTENSIVE = in a majority of relevant cities (but not in nearly all of them)

LIMITED = in more than a few relevant cities (but not in a majority of them)

RARE = in just a few relevant cities

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

(12) 'Relevant' = where the size of the target population is sufficient for the implementation of the intervention

4.3.2 – Comments

4.4. – Characterise the availability and use of naloxone in your country by ticking relevant statements:

4.4.1 - Use of Naloxone (report also about ongoing pilot projects):

- Naloxone is part of standard ambulance equipment
- Use of naloxone is limited to medical personnel
- Ambulance personnel are trained in naloxone use
- Naloxone is available on medical prescription
- Naloxone 'take home' doses are distributed to drug users, peers and relatives who have completed a first aid training / training on overdose management
- Naloxone is provided to prisoners who have been assessed as at risk of relapse into drug use (or to their families) upon prison release
- Naloxone can be purchased in pharmacies without prescription
- Other use of naloxone, specify below
- No information

4.4.2 – Is the use of naloxone defined and regulated by law or regulation in your country (tick only one):

- By law
- By administrative regulation
- By law and regulation
- Other (Please specify below)

4.4.3 - Please specify other use of naloxone / other regulatory framework of naloxone:

4.5. - Are supervised drug consumption rooms (DCRs)⁽¹³⁾ available in your country?

⁽¹³⁾ other than in the framework of drug prescription programmes

4.5.1 - Supervised drug consumption rooms (DCRs) available:

- Yes
- No
- No information

4.5.2 - Number of DCRs and supervised consumptions:

	Number	Estimate (Yes/No)
Cities with DCRs		
Fixed and mobile DCR facilities		

Supervised drug consumptions per year (national total)		
---	--	--

4.5.3 - How many percent of supervised drug consumptions are injections?

4.6. - Indicate sources and references to the information provided in section C.

4.6.1 - Sources and references to section C:

5. D - Interventions to prevent and reduce drug-related harm in recreational settings

5.1. - Are there guidelines concerning the health and safety of people who attend night clubs, festivals, etc. and use drugs available in your country?

5.1.1 - Guidelines concerning the health and safety of people attending night clubs, festivals etc:

- Yes
- No
- No information

No = go to question 5.4

No information = go to question 5.4

5.1.2 – Comments

5.2. - Please provide reference of guidelines (author, title, year, publisher), by whom guidelines are issued and relevant URLs for guidelines

5.2.1 - Reference(s), by whom guidelines on interventions to prevent and reduce drug-related harm in recreational settings are issued and relevant URL of guidelines:

	Reference	Issued by:	Relevant URL (http://)
1			
2			
3			
4			

5.2.2 – Comments

5.3. - Provide information whether these guidelines are monitored and enforced?

5.3.1 - Guidelines monitored and enforced:
[drug-related harm in recreational settings]

- Yes
- No
- No information

5.3.2 – Comments

5.4. - Please assess the level of provision of the following interventions concerning the health and safety of people who attend night clubs/large music festivals and use drugs in your country.

Rating scale

FULL = nearly all night clubs/festivals

EXTENSIVE = a majority of night clubs/festivals provide the intervention (but not nearly all of them)

LIMITED = more than a few night clubs/festivals provide the intervention (but not a majority of them)

RARE = just a few night clubs/festivals provide the intervention

Please indicate also which of these measures are featured in the guidelines reported in questions **5.1** and **5.2**.

Provision of free, accessible, cold water

5.4.1 - Provision of free, accessible, cold water in **night clubs**:

- Full

- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.2 - Provision of free, accessible, cold water in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.3 - Provision of free, accessible, cold water **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

Immediate availability of First Aid at the premises (e.g. trained staff/employees)

5.4.4 - Immediate availability of First Aid at the premises (e.g. trained staff/employees) in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.5 - Immediate availability of First Aid at the premises (e.g. trained staff/employees) in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.6 - Immediate availability of First Aid at the premises (e.g. trained staff/employees) **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

Availability of 'chill out'⁽¹⁵⁾ rooms

⁽¹⁵⁾ Chill out rooms: adequate rest facilities, clearly identifiable as such, which are cooler, quieter and separate from the main dance area(s).

5.4.7 - Availability of 'chill out' rooms in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.8 - Availability of 'chill out' rooms in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.9 - Availability of 'chill out' rooms **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

Information regarding the prevention and reduction of harm associated with drugs usually consumed at these premises (e.g. ecstasy, cocaine, speed, etc.)

5.4.10 - Information regarding the prevention and reduction of harm associated with drug use in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.11 - Information regarding the prevention and reduction of harm associated with drug use in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.12 - Information regarding the prevention and reduction of harm associated with drug use **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

Promotion and integration of outreach work in premises

5.4.13 - Promotion and integration of outreach work in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.14 - Promotion and integration of outreach work in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.15 - Promotion and integration of outreach work **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

Amnesty⁽¹⁶⁾ bins

⁽¹⁶⁾ Containers placed outside clubs or festival premises and into which visitors are invited to discard illicit drugs without risking judicial prosecution.

5.4.16 - Amnesty bins in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.17 - Amnesty bins in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.18 - Amnesty bins are featured in guidelines:

- Yes
- No

- No information
- Does not exist

Other

5.4.19 - Please specify **other** intervention(s) to prevent and reduce drug-related harm in recreational settings:

5.4.20 - Other intervention(s) in **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.21 - Other intervention(s) in **large music festivals**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.4.22 - Other intervention(s) **featured in guidelines**:

- Yes
- No
- No information
- Does not exist

5.4.23 - Please indicate the methodology used to obtain the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

5.4.24 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

5.4.25 – Comments

5.5 Please specify whether interventions exist for recreational settings other than the ones listed above (5.4) and describe them briefly.

5.5.1 Interventions in other recreational settings.

5.6. - Please assess the level of provision of drug checking¹⁷ in your country at night clubs and at festivals, raves (see rating scale under question 5.4)

⁽¹⁷⁾The term “drug checking” means the chemical analysis of substances that have been obtained as drugs on the black market in order to assess their composition and/or purity and to inform potential users of possible health risks involved.

If drug checking does not exist, go to question 5.8

5.6.1 - Level of provision of drug checking at **night clubs**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.6.2 - Level of provision of drug checking at **festivals, raves**:

- Full
- Extensive
- Limited
- Rare
- Does not exist
- No information

5.6.3 - Please indicate the methodology used to obtain the ratings in question 5.4 and 5.6

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

5.6.4 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

5.6.5 – Comments

5.7. - Please provide the following information on drug checking

5.7.1 - Drug checking testing is carried out **on-site**:

- Yes
- No
- No information

5.7.2 - Drug checking testing is carried out **off-site**:
(lab)

- Yes
- No
- No information

5.7.3 – Comments

5.8. - Indicate sources and references to the information provided in section D.

5.8.1 - Sources and references to section D:

6. E – Quality assurance in harm reduction

6.1. No new information

- 6.1.1 Please tick here if **no new information on harm reduction quality assurance** has become available since last submission of SQ 23/29 in 2008 .

6.2. - Are there quality guidelines for the implementation of harm reduction available?

Please tick boxes that apply. In case guidelines apply to a specific area (risk behaviour assessment and/or needle syringe exchange and/or other), you have the option to specify this further.

Quality guidelines

Guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate interventions for specific circumstances (see also Field and Lohr, 1992). Commonly guidelines include a set of recommendations or steps that can be followed when implementing an intervention. For example, quality guidelines for treatment may refer to treatment processes e.g. guidance for binding levels of assessment, individual treatment planning, informed consent, pathways of care, referrals. They may also include evaluation processes that refer e.g. to binding documentation (entry/discharge), retention, supervision, evaluation of client satisfaction, staff satisfaction, outcomes. The content of guidelines are commonly based on the available research evidence. Quality guidelines can range from those that include general recommendations up to mandatory guidelines in the framework of authorisation of services. Other terms used are: practice guidance, clinical guidelines, guides, practice recommendations - Field MJ, Lohr KN (Eds). Guidelines for clinical practice: from development to use. Institute of Medicine, Washington, D.C: National Academy Press, 1992

6.2.1 - Are there quality guidelines for **assessment of infectious disease risks among drug users?**

- Yes, national
 Yes, sub-national⁽¹⁸⁾
 No
 No information

⁽¹⁸⁾ Sub-national guidelines can be regional or local, or be drawn up by relevant umbrella organisations.

6.2.2 - Are there quality guidelines for **needle/syringe provision?**

- Yes, national
 Yes, sub-national
 No
 No information

6.2.3 - Are there quality guidelines for **assessment of overdose risk among drug users?**

- Yes, national
 Yes, sub-national
 No
 No information

6.2.4 - Are there quality guidelines for **prison pre-release counselling?**

- Yes, national
 Yes, sub-national
 No
 No information

6.2.5 - Are there other harm reduction quality guidelines available? (Please specify below)

- Yes, national
- Yes, sub-national
- No
- No information

6.2.6 - Please specify which other guidelines are available:

6.2.7 – Comments

6.3. - If you answered yes to question 6.1, please provide reference of guidelines (author, title, year, publisher), by whom guidelines are issued and relevant URLs for guidelines.

6.3.1 - Reference(s) of guidelines for **assessment of infectious disease risks among drug users:**

Reference	
Issued by:	
Relevant URL (http://)	

6.3.2 - Reference(s) of guidelines for **needle/syringe provision:**

Reference	
Issued by:	
Relevant URL (http://)	

6.3.3 - Reference(s) of guidelines for **assessment of overdose risk among drug users:**

Reference	
Issued by:	
Relevant URL (http://)	

6.3.4 - Reference(s) of guidelines for **prison pre-release counselling:**

Reference	
Issued by:	
Relevant URL (http://)	

6.3.5 - Please provide reference(s) for **other harm reduction quality guidelines:**

(Please specify below)

Reference	
Issued by:	
Relevant URL (http://)	

6.3.6 – Comments

6.4. - Is there an authorised institution in your country which is responsible for developing guidelines for good practice⁽¹⁹⁾ in the field of harm reduction?

⁽¹⁹⁾ Guidelines for good practice include recommendations about interventions that are supposed to lead to preferred clients outcomes (good or best practices). These may or may not have a scientific evidence-base.

6.4.1 - Institution responsible for developing **good practice guidelines:**

- Yes
- No
- No information

6.4.2 - If yes, please provide **URL** and **name of the institution**:

6.4.3 – Comments

6.5. - Indicate sources and references to the information provided in section E.

6.5.1 - Sources and references to section E:

Thank you for providing this information!