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Structured Questionnaire 23/29

Prevention and Reduction of Health-Related Harm associated with drug
use

1. Methodology

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

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 2005 – 2008, specifically in objectives 14 to 17.

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

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2. A – Policies

2.1. - Objective: to collect data on the specific actions being taken at national and local policy level to prevent health-related harm associated with drug use

Policies regarding prevention of infectious diseases

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

Yes, part of National Drug Strategy = go to question 2.4

Yes, separate document = go to question 2.3

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)	

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

2.4.1 - Objectives, concrete actions and 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]:

Policies regarding reduction of drug-related deaths

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

Yes, part of National Drug Strategy = go to question 2.9

Yes, separate document = go to question 2.8

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)	

2.9. - Please specify targets of the strategy to reduce the number of acute drug-related deaths and, if mentioned, specific target groups.

2.9.1 - Targets and target groups of the strategy to reduce the number of acute drug-related deaths:

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]:

Policies regarding harm related to recreational drug use

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 3.1

No information = go to question 3.1

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

2.15.1 - Sources and references to section A:

3. B - Interventions to prevent infectious diseases

3.1. - Please estimate in how far the following selected response measures to reduce the prevalence of infectious disease have been provided to problem drug⁽⁴⁾ users in the community over the past 12 months.

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

Rating scale

FULL = nearly all members of the target group have received the service during the last year at least once

EXTENSIVE = a majority of the target group (but not nearly all of them) have received the service during the last year at least once

LIMITED = more than a few members of the target group (but not a majority of them) have received the service during the last year at least once

RARE = just a few members of the target group have received the service during the last year at least once

3.1.1 - Individual counselling on infectious diseases risk. [community]

Assessment of personal drug-related risk behaviour

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

3.1.2 - HCV⁽⁵⁾ testing [community]

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

⁵ HCV = hepatitis C virus

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

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

⁽⁶⁾ This training may address the risks of sharing drug use paraphernalia, as well as motivating change from injecting to non-injecting (safer) routes of administration.

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

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

3.2. - 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.

3.2.1 - Peer educator involvement:

- Yes
- No
- No information

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

3.3.1 - Main outreach health education approaches:

3.4. - Please tick three responses that are - according to your national policy - considered as priority responses to prevent infectious diseases among drug users.

3.4.1 - Priority responses to prevent infectious diseases:

- Information materials dissemination
- Individual risk assessment and one to one counselling
- Voluntary⁽⁸⁾ 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)
- Other 3 (please specify below)
- No information

⁽⁸⁾ Voluntary counselling and testing (VCT) for HIV is internationally recognized as an effective, important strategy for both prevention and care. Research has found it to be a cost-effective strategy for facilitating behaviour change, and it is an important entry point for care and support for those who test positive.

[Further information on VCT.](#)

3.4.2 - Please describe 'Other 1' priority:

3.4.3 - Please describe 'Other 2' priority:

3.4.4 - Please describe 'Other 3' priority:

3.4.5 – Comments:

Testing, vaccination & treatment of infectious diseases

3.5. - Please estimate in how far the following selected response measures to reduce the prevalence of infectious diseases have been provided to prisoners over the past 12 months.

Rating scale

FULL = nearly all prisoners have received the service during the last year at least once

EXTENSIVE = a majority of prisoners (but not nearly all of them) have received the service during the last year at least once

LIMITED = more than a few prisoners (but not a majority of them) have received the service during the last year at least once

RARE = just a few prisoners have received the service during the last year at least once

3.5.1 - Individual counselling on infectious diseases risk. [prison]

Assessment of personal drug-related risk behaviour

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

3.5.2 - HCV testing on entry into prison

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

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

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

3.5.4 - **Needle and syringe programmes** (NSPs) [prison]

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

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

3.5.5 - **HCV testing on release from prison**

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

3.5.6 – Comments

3.6. - Is hepatitis B vaccination included in your national routine vaccination scheme (universal vaccination)?

3.6.1 - Universal hepatitis B vaccination:

- Yes
- No
- No information

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

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

3.7.1 - Risk-group specific hepatitis B vaccination programme:

- Yes
- No
- No information

3.7.2 – Comments

3.8. - Is there such a programme in prisons?

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

- Yes
- No
- No information

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

3.8.3 – Comments

3.9. - Are there formal⁽⁹⁾ training programmes regarding health promotion activities that should be linked to syringe exchange available to the following target groups?

⁽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.

3.9.1 - Formal training programmes for **staff of drug agencies**:

- Yes
- No
- No information

3.9.2 - Any formal training programmes for **pharmacists**:

- Yes
- No
- No information

3.9.3 - Any formal training programmes for **prison staff**:

- Yes
- No
- No information

3.9.4 - Any formal training programmes for **other groups** (please specify below)

- Yes
- No
- No information

3.9.5 - Specify the other groups receiving trainings on health promotion:

3.9.6 – Comments

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

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

3.11. - Please assess the level of provision of the following injecting paraphernalia at specialised drug agencies with NSPs⁽¹⁰⁾

⁽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

Rating scale

FULL = nearly all prisoners have received the service during the last year at least once

EXTENSIVE = a majority of prisoners (but not nearly all of them) have received the service during the last year at least once

LIMITED = more than a few prisoners (but not a majority of them) have received the service during the last year at least once

RARE = just a few prisoners have received the service during the last year at least once

3.11.1 - **The provision of alcohol pads is...**

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

3.11.2 - **The provision of dry wipes is...**

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

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

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

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

- Full
- Extensive
- Limited
- Rare

- Does not exist
- No information

3.12. - Do agencies in your country distribute an 'injecting kits'?

Rating scale

FULL = nearly all prisoners have received the service during the last year at least once

EXTENSIVE = a majority of prisoners (but not nearly all of them) have received the service during the last year at least once

LIMITED = more than a few prisoners (but not a majority of them) have received the service during the last year at least once

RARE = just a few prisoners have received the service during the last year at least once

3.12.1 - Level of provision of 'injecting kits':

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

No = go to question 3.15

No information = go to question 3.15

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

3.13.1 - Standard content of the main 'injecting kit':

- 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

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

4.2. - Please estimate in how far the following selected response measures that aim at the prevention of acute drug-related deaths and problem drug-related emergencies have been provided to problem drug users over the past 12 months:

Rating scale

FULL = nearly all members of the target group have received the service during the last year at least once

EXTENSIVE = a majority of the target group (but not nearly all of them) have received the service during the last year at least once

LIMITED = more than a few members of the target group (but not a majority of them) have received the service during the last year at least once

RARE = just a few members of the target group have received the service during the last year at least once

4.2.1 - Overdose information materials

(printed or multimedia)

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

4.2.2 - Individual overdose risk assessment

(provided by trained drugs or health workers)

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

4.2.3 - **Overdose response training**⁽¹¹⁾

- Full
- Extensive
- Limited
- Rare
- Does not exist
- 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).

4.2.4 - (only for target group: prisoners)

Prison pre-release counselling on overdose risk and prevention

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

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

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

- Yes
- No
- No information

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

- Yes
- No
- No information

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

- Yes
- No
- No information

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

- Yes
- No
- No information

4.3.5 - Specific materials on prevention of acute drug-related deaths and drug-related emergencies elaborated for **other groups**
(Please specify below):

- Yes
- No
- No information

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

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

4.4.1 - Provision of risk education and overdose response trainings:

- In nearly all relevant⁽¹²⁾ cities or towns
- In a majority of relevant cities (but not in nearly all of them)
- In more than a few relevant cities (but not in a majority of them)
- In just a few relevant cities
- Does not exist
- No information available

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

4.4.2 – Comments

4.5. - Is the distribution, possession or administration of naloxone regulated in your country?

4.5.1 - Regulation of Naloxone distribution, possession or administration:

- Yes
- No
- No information

4.5.2 - Specify type of regulation:

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

4.5.3 - Please specify details of response 'other' at question on regulation of naloxone distribution, possession or administration:

4.6. - Is naloxone available on a "take-home" basis for drug users in your country?

4.6.1 - Naloxone available on a "take-home" basis:

- Yes
- No
- No information

4.6.2 – Comments

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

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

4.7.1 - Supervised drug consumption rooms (DCRs) available:

Yes

No

No information

No = go to Section D / question 5.1

No information = go to Section D / question 5.1

4.7.2 - Number of DCRs and supervised consumptions:

	Number	Estimate
Cities with DCRs	<input type="checkbox"/> No information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed and mobile DCR facilities	<input type="checkbox"/> No information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised drug consumptions per year (national total)	<input type="checkbox"/> No information	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

4.8.1 - 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 measures 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 agencies

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

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 – Comments

5.5. - 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.

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

Full

Extensive

Limited

Rare

Does not exist

No information

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

Full

Extensive

Limited

Rare

Does not exist

No information

If no drug checking, go to question 6.3

5.5.3 – Comments

5.6. - Please provide the following information on drug checking

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

- Yes
- No
- No information

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

- Yes
- No
- No information

5.6.3 – Comments

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

5.7.1 - Sources and references to section D:

6. E – Quality assurance in harm reduction

6.1. - 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

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

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

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

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

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

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

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

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

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

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

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

6.1.6 - Please specify which other guidelines are available:

6.1.7 – Comments

6.2. - 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.

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

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

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

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

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

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

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

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

6.2.5 - Please provide reference(s) for **other harm reduction quality guidelines:**
(Please specify below)

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

6.2.6 – Comments

6.3. - 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.

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

- Yes
- No
- No information

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

6.3.3 – Comments

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

6.4.1 - Sources and references to section E:

Thank you for providing this information!