

CIVIL SOCIETY ACTIONS AT THE NATIONAL LEVEL:

GOOD PRACTICES IN THE DRUG POLICY FIELD

Study of the Civil Society Forum on Drugs

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Autumn 2019.



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Colophon:

This report is developed within the framework of the European Civil Society Forum Project, which is financed by the European Commission, DG Home.

More information via: www.civilsocietyforumondrugs.eu

Editor:

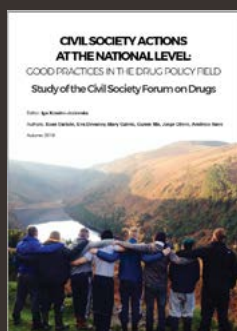
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FOREWORD

Civil Society Forum on Drugs (CSFD) is an expert group of the European Commission. Its members are selected by the Commission for a three-years mandate based on their competences, knowledge and expertise. Forum has been established to provide a space for a dialogue in order to support European drug policy design and implementation through practical advice provided by the civil society to the European Commission.

This publication is a result of the efforts of the CSFD's Working Group on the EU Action Plan on Drugs, whose work – among others – aims to promote the EU Drug Strategy and Action Plan on Drugs among the European civil society organisations and policy-makers working in the field of drug policy and improve its implementation in the EU member states. Adopted by all EU member states, the Action Plan on Drugs is a document of remarkably progressive content and notably meaningful civil society involvement in its preparation.

Civil society organisations (CSOs) play a pivotal role in the delivery of various services, also within the drug policy area. They are also important actors in policy-making processes, advocating for the rights of people who use drugs (PWUD). CSOs, having the first-hand experience in working with PWUD, can provide invaluable input in order to make new policies informed by the knowledge otherwise not available for the decision-makers. CSOs involvement in decision-making is also in line with the contemporary principles of good governance, where processes should be participatory, transparent and accountable. Notwithstanding, the experience shows that often CSOs are left out if it comes to policy design processes. To address this issue, we present four case studies of good practices of CSOs involvement in policymaking.

The first chapter, authored by **Jorge Ollero**, presents the work of **Federación Andaluza ENLACE**, an organisation from the autonomous region of Andalusia in Spain. ENLACE is a network of nearly a hundred non-governmental organisations working in a broadly understood drug policy area. Network's activities are focused on various aspects of drug demand reduction system, from prevention and treatment, to harm reduction and human rights. ENLACE case study provides a detailed description of the Legal Advice service launched in 2000. The author highlights the processes which enabled the establishment and development of the project, relationships of the organisations with other, primarily state institutions, and the results of the project, including its national

publicity as a good practice of civil society involvement in public policy.

The second chapter, authored by **Eva Devaney** and **Mary Galvin**, focuses on programme evaluation activities performed in **Coolmine**, Ireland's first residential substance dependency centre established in 1973. Coolmine offers therapeutic communities, outreach services, day services and recovery support services, including opioid substitution treatment, to those in need. One crucial element of the organisation's mission is also the commitment to research and development activities. The case study presented here is an expression of this commitment. The authors present two evaluation projects assessing Coolmine's activities. Results of the evaluations have contributed to the improvement of the services offered, providing evidence of the effectiveness of certain interventions and identifying unmet needs in some areas. Both studies have received national attention and contributed to the debate on the shape of Ireland's drug policy and demand reduction services.

The third chapter authored by **Américo Nave** presents the *É Uma Casa Housing First* project implemented since 2013 by Portuguese organisation **CRESCER**. Besides working with homeless, the organisation also serves other vulnerable populations, e.g. people who use drugs, people working in the sex industry, as well as migrants, asylum seekers and refugees. The Housing First project has emerged from the belief that social reintegration of people from vulnerable and marginalised communities is not effective (if at all possible) if they remain in the situation of homelessness. Hence, the project aims to provide its beneficiaries with accommodation in individual flats scattered all over Lisbon. The Housing first project is an excellent example of fruitful cooperation between the local decision-makers and non-governmental organisations and policy based on evidence and indeed addressing the needs of communities.

The last chapter, authored by **Guiem Mir** and **Xoan Carbón**, presents the work of the **Energy Control**, harm reduction organisation working in the area of recreational drug use. The organisation was established in 1997 and has headquarters in several Spanish cities. Besides drug-checking services, Energy Control undertakes a range of other activities, e.g. education in nightlife settings, production of information materials, counselling, training, research and advisory services for local governments. The International Drug Checking Service presented in this volume was launched in 2014 in Barcelona in order to provide information and harm reduction advice to clients sending samples, but also to monitor the drug markets and disseminate information among the wider public and provide input to European Early Warning System. The project turned out to be very successful, especially on cryptomarkets, where information on

substances' composition and dangers is spreading very quickly, contributing to risk minimisation. International Drug Checking Service also shows that, even in the situation of legal uncertainty and lack of regulation, innovative projects can be successfully implemented as long as there is a political will to support them (or at least do not impede them).

We hope that this volume, presenting good practices of civil society involvement in drug policies, will offer some ideas and inspire both CSOs and policymakers all over Europe.

Iga Kender-Jeziorska

Chair of the Working Group on the EU Action Plan on Drugs

JORGE OLLERO



1. INTRODUCTION

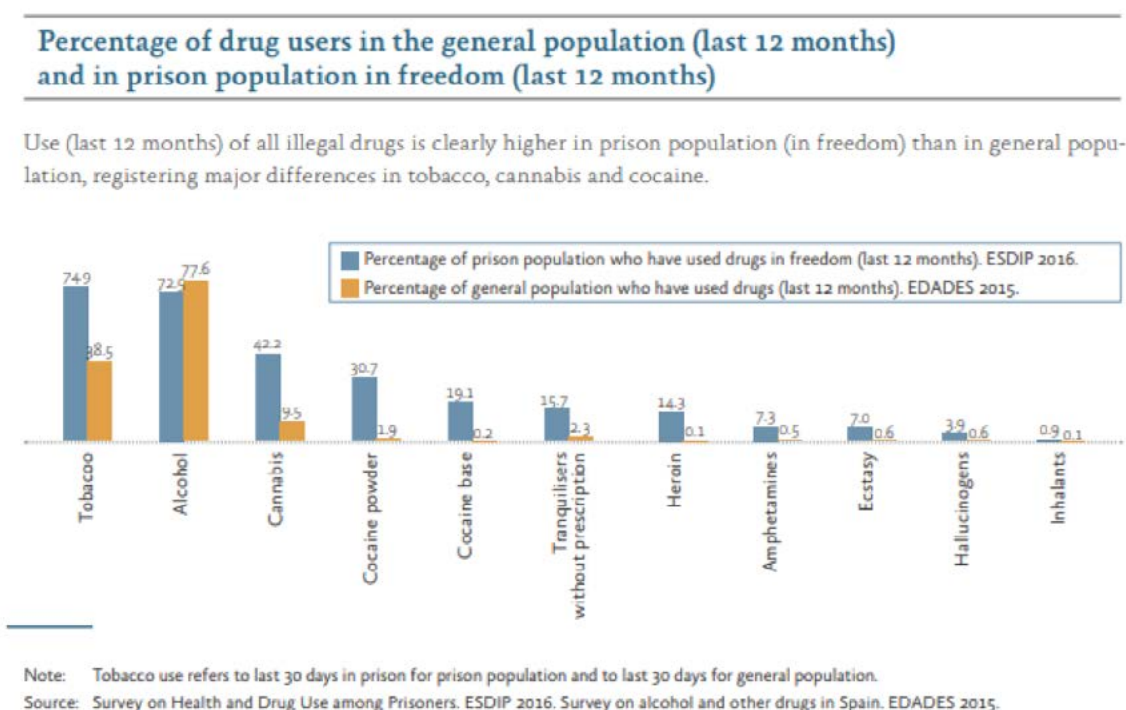
Drug policies in Spain are known for being relatively liberal and progressive, with high availability of harm reduction and treatment services (EMCDDA, 2018). However, the legal situation of people who use drugs is complicated. Although it is not forbidden to use drugs – consumption or minor personal possession in public places is deemed a serious order offence, punishable by administrative sanctions, with fines of EUR 601 to EUR 30 000 (Law on the Protection of Citizens' Security, 2015). For minors, the fine can be suspended if the offender voluntarily attends treatment, rehabilitation or counselling activities.

Drug trafficking can be punished with up to 6 years of imprisonment (up to 21 years in aggravated circumstances). Moreover, drug-related crimes (Carpentier, 2007), especially low-level offences (robberies and thefts) committed by people with drug dependency in order to sustain their habit, are severely punished in Spain. Spain has one of the highest incarceration rates in Western Europe, although the crime rate is one of the lowest (ROSEP, 2016). This is a result of harsh prison sentences and limited use of alternatives to criminal sanctions. According to official statistics of the Ministry of Interior, 40% of imprisoned drug offenders have committed robberies, thefts and other economically driven crimes, while 18% are crimes against public health (drug trafficking), usually also related to economic necessities.

As mentioned above, Spain is one of the countries with the highest imprisonment rate in Europe. In January 2019 there were 58 971 people incarcerated (54 530 men and 4 441 women). The prevalence of incarceration in Spain is 126 inmates per 100 000 inhabitants, compared to 104 in France and 77 in Germany (World Prison Brief, 2019), indicating incarceration at levels beyond what might be expected given crime rates in the country.

Most of the inmates come from socially excluded environments, and it is estimated that around 70% have substance dependence problems (Sendino et al., 2016). If we compare the drug consumption between the general population and the prison population in the last 12 months before entering prison, we can see that the consumption of cocaine and heroin among prisoners is much higher than among the general population. In Spain, heroin and cocaine remain the primary substances linked to the most serious adverse health and social consequences.

Figure 1. Percentage of drug users in the general population (last 12 months) and in prison population in freedom (last 12 months).



Spanish regions, known as Autonomous Communities, have full competences in drug demand reduction policies. Andalusia is the most populous Autonomous Community of Spain with around 8 400 000 inhabitants. Historically, it has been characterised by the poorest socio-economic indicators in the whole country, with GDP per capita below 75% of the European average. Unemployment is 7 percentage points higher than the national average, and early school drop-out is 5 points higher.

These characteristics have informed how drug use, drug addiction and some associated problems have been approached in this region. Andalusia hosts the largest proportion of the incarcerated population in Spain. According to data from the Spanish Home Office, 14 067 people (13 076 men and 991 women) served a prison sentence in Andalusia in 2017 (Ministry of Interior, 2017). The incarceration rate in Andalusia is 167 per 100 000 inhabitants compared to 126 for the rest of the country. There are approximately 9 800 people with substance dependency in Andalusian prisons (including approximately 700 women) (Sendino et al., 2016).

There seems to be a relationship between these high rates of incarceration and addiction problems on the one hand, and a high incidence of social exclusion on the other, Andalusia having both the highest rates of incarceration and indicators of social exclusion in Spain. According to the AROPE (At-Risk-Of Poverty and Exclusion) report

(EAPN-A, 2018), 37,3% of the population of Andalusia was at risk of poverty and/or social exclusion in 2018. This figure is almost 10 percentage points higher than the national average and is the highest of all Spanish regions.

Both phenomena seem to be related since the law enforcement, and penitentiary systems operate in a selective manner, repressing primarily the marginalised populations. This happens through a mechanism called “criminalisation of poverty” where it is believed that social problems can be mitigated using criminal justice measures (Wacquant, 2009).

In the 1980s, the emergence of social problems related to a heroin epidemic affecting Spain at that time caused the Penal Code to be used to punish people who use drugs (PWUD) who had committed nonviolent crimes severely. This led to the prison population in Spain rise from 18 583 in 1980 to 76 079 people in the year 2009. In less than three decades, it increased by 404%, nowadays equalling approximately 60 000.

2. ABOUT ENLACE

ENLACE Andalusian Federation is an umbrella organisation that currently represents 91 civil society organisations (CSOs) around this Autonomous Community. Its work is focused on every aspect of the drug demand reduction, including prevention, treatment, rehabilitation, harm reduction, social reintegration and advocacy for health-centred and human rights-based drug policies.

ENLACE’s mission is to advocate for and influence social policies to achieve a more just and egalitarian society through research and participation, training, and the development of associated CSOs, always including a gender equality perspective.



The founding organisations saw the need to join the forces at the Andalusian level to have more influence in advocacy for the allocation of resources and implementation of public policies aimed at addressing serious problems of drug addiction suffered by many people and families at that time. During the first years, many associations joined ENLACE, and there were almost 140 federated entities in the year 2000, although since the economic crisis of 2008 this number has been reduced to around 90. The broad representation of the associative movement provided the strength and legitimacy to achieve historical changes and participate in the establishment of the healthcare network that exists in today's Andalusia (e.g. therapeutic communities, outpatient treatment centres, day care centres). Since 1994, ENLACE has been consulted by the Regional Government of Andalusia for designing and implementing drug policies in the region.

Throughout the years, ENLACE has performed an important complementary work to that of public authorities, detecting needs, motivating people at the beginning of treatment, counselling PWUD and their family members. ENLACE has advocated for more resources and treatment possibilities, and have managed to set up, in cooperation with the state actors, therapeutic programmes and intervention models being under constant evolution and improvement. In the area of prevention, we have played an important role in the development of family and school environment services for children and young people at risk or in a situation of social exclusion. In the area of social reintegration, our role has been fundamental for the implementation of specific public programmes such as “Artisan Network” and “Archimedes”, which are aimed to raise awareness and attract entrepreneurs to the creation of protected workplaces, pre-labour workshops, etc.

In addition, we have developed the Legal Advice Service to address the legal problems that many people with addictions encounter and to help our clients avoid legal setbacks in their journeys of social reintegration. As we, social organisations defending human rights, have been saying for decades, we observe that disproportionate criminal justice-based responses are used to tackle social problems, such as drug addiction and social exclusion, condemning many people to prison and effectively criminalising poverty. The Legal Advice Service, which has been running since 2000, is unique in the Andalusian community and is pioneering at the state level.

3. LEGAL ADVICE SERVICE

3.1. Background

Since the year 2000 to the present, ENLACE, the biggest federation of civil society organisations of the drug field in Andalusia, has been carrying out a specialised Legal Advice Service for people who use drugs.

This service has reached more than 20 000 persons in this southern Spanish region, which is the most populous and most impoverished area of the country. By providing legal advice to people who use drugs (PWUD), the social reintegration of people using the service has been enhanced. This intervention can be seen as an excellent example of civil society engagement in the promotion of alternatives to coercive sanctions for PWUD in cooperation with the public administration. This is in line with Action 22 of the EU Action Plan which notes that: “Members States [should] provide and apply, where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions for drug using offenders, such as: a. Education, b. [Suspension of a sentence with] treatment, c. Suspension of investigation or prosecution, d. Rehabilitation and recovery, e. Aftercare and social reintegration (Council of the European Union, 2017).

In the early 1990s, the situation of excessive incarceration of PWUD was reaching its peak. Thousands of persons with drugs dependency were sent to prison instead of being offered treatment and rehabilitative support. This was a social and public health problem that affected a great part of Andalusian society. In order to ensure a more social and human rights-based approach, ENLACE started a free legal advice service for PWUD in 1996. Through that service, a specialised lawyer helped the individuals with legal problems in order to enhance the application of alternatives to incarceration. The service was very well received because of its effectiveness in providing therapeutic alternatives that did not interrupt the process of social inclusion of PWUD.

When the Legal Advice Service was launched in 1996, ENLACE started a political advocacy campaign directed at the Regional Government of Andalusia, which has full competence in the development of drug policies in the region. We convinced the government that PWUD should be supported to address any legal difficulties they were facing as doing so is an important factor in the rehabilitation process.



The Legal Advice Service is clearly in line with Action 22 of the EU Action Plan, which is of high concern for the EU. This is corroborated by the fact that in March 2018 the Justice and Home Affairs Council adopted Council conclusions on alternatives to coercive sanctions for drug using offenders. The document represents the political will of the 28 EU Member States “to apply, in each legal system, alternative measures to coercive sanctions in order to: prevent crime; reduce recidivism; enhance the efficiency and effectiveness of the criminal justice system and look at reducing health-related harms and minimising social risks” (Council of the European Union, 2018). The recommendations of the Council can be widely used in Spain and in other European countries, where most of the inmates are deprived of liberty for crimes related to drugs of mild or medium severity and of a non-violent nature (especially thefts and low-level drug trafficking), and it can be argued that criminal policy focusing more on alternatives to criminal sanctions would reduce the economic and administrative costs for the state.

3.2. Implementation

An important stakeholder in ensuring the effective implementation of the Legal Advice Service was the society as a whole, especially families of those affected by the over-penalisation of drug users. Thus, the first actions were designed to achieve

social support and legitimacy for the service. Demonstrations, press releases and other public actions were carried out. Subsequently, when a solid social base was obtained, ENLACE (at that time mainly formed by volunteers) approached members of the Andalusian Regional Government and professionals of the Public Network of Attention to Drug Addictions. Lawyers, judges and other legal actors were also targeted through trainings and awareness raising activities.

Our goal was to explain to the politicians and the society at large how the legal situation of a person who uses drugs can affect their process of rehabilitation and how alternatives to imprisonment could be used in order not to interrupt the therapeutic process.

Moreover, we highlighted the data on the costs of various alternatives (Table 1, own calculations based on official data):

Table 1. Costs of various alternatives to incarceration versus costs of imprisonment.

Average cost of the stay in prison	€ 2,000 / month per person
Average cost of stay in therapeutic community	€ 1,360 / month per person
Average cost of outpatient treatment	€ 12 / month per person
Cost of legal advice	€ 9 / month per person

Initially, ENLACE started to provide the service on its own without state support, to show that it could work as a proof of concept. When it was successful, we were able to lobby the public authorities to expand it. Afterwards, we organised information days, demonstrations and meetings with politicians. The awareness-raising work was carried out in each neighbourhood and town in Andalusia by local CSOs. ENLACE was the leader of the process, but local CSOs were critical in the awareness-raising activities in their own areas.

Our advocacy actions were extremely successful not only at the beginning of the process (in the mid-1990s) but during the whole time of implementation of the Legal Advice Service. For instance, in 2015 we contributed to a reform of the Criminal Code, which nowadays considers a relapse a part of the treatment and as such should not be considered the cause of direct revocation of an alternative to prison. Advocacy and social awareness-raising are indispensable parts of our legal advice work.

3.3. Results

We managed to get the service expanded, and today it covers the whole

Andalusia area with 9 lawyers who work in outpatient treatment centres, along with doctors, psychologists and social workers. This Legal Advice Service is provided by ENLACE in cooperation with the Public Network of Attention to Drug Addictions, meaning that around 1 500 PWUD are receiving legal support each year.

From 2007 to 2017, the service has provided advice to 18 692 people (Table 2):

Table 2. The number of clients of the Legal Advice Service 2007-2017.

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	TOTAL
1792	1881	1907	1924	1693	1880	1591	1629	1347	1633	1418	18 692

The programme seeks to advance the social reintegration of people with drug dependency through an integrated approach to their legal problems, including a restorative justice approach (victim-offender mediation and restorative circles are implemented). The programme develops this holistic and integrated approach throughout the criminal and penitentiary process, from the moment the person is detained in the police station until the judicial procedure ends and, where appropriate, until the client is reintegrated into society after compliance with a prison sentence. What is crucial is that, at all times, we ensure that the rehabilitative aspects prevail in the application of criminal law, as opposed to purely punitive aspects, which reinforce the social vulnerability that has, in many cases, led to the problematic drug use in the first place. In other words, the law offers certain measures that can help the therapeutic treatment of people struggling with their drug use. However, these alternative measures (e.g. probation, serving sentence in a therapeutic community, mitigation for drug dependence or compliance with mediation agreements), are not always applied, and ENLACE's task is to scale-up their application.

4. CONCLUSIONS AND LESSONS LEARNED

Today, the Legal Advice Service is available for every Andalusian person who uses drugs in treatment. The current Andalusian Plan on Drugs indicates (as its specific objective of the area of Social Incorporation) to “address the legal situation of users to facilitate their social incorporation, understanding that it causes greater vulnerability” (Ministry of Equality and Social Policies, 2016).

Our Legal Advice Service has been valued very positively by various studies, such as the evaluation of the previous Andalusian Plan on Drugs and the study “Gender

perspective in the treatment of drug addiction in Andalusia: knowledge, expectations and intervention proposals”, developed by the Andalusian School of Public Health, in collaboration with the Department of Equality and Social Policies of the Junta de Andalucía in 2015, which recognised it as one of the best gender-focused programmes examined (General Secretariat of Social Policies, 2015).

The implementation of the Legal Advice service received national and international attention, being shared as a good practice example in national and European conferences. More than 20 000 persons have received our legal advice over the years. As a result, today, it is widely acknowledged at a national level that social integration services are improved when alternatives to imprisonment are applied.

As a conclusion, it is fair to say that the knowledge of the legal reality of PWUD (interpreted from a critical perspective) and awareness of the unjust roots of the legal problems faced by them are one of the keys of the success of this action. Moreover, the constancy and effort applied at the beginning of the service's existence allowed for gaining social support for the cause. In our experience, the key would be to act first, showing that there is a need to be covered.

There is a clear need in Europe to apply more alternatives to coercive sanctions for PWUD. This action can be an example of how a CSO can implement a service, in collaboration with the public administration, to expand the application of alternatives. The aforementioned Council Conclusions invite the Member States to raise awareness, for example through training, on the availability and effective use of these measures, and to support cooperation and collaboration among national policy-makers, law enforcement, criminal justice, public health, social and education professionals and, where appropriate, persons providing support to drug-using offenders. The Legal Advice Service is an important example of a good practice addressing this invitation.

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Engaging with Drugs Research to Influence & Implement Policy: A Case Study of Coolmine, Ireland

EVA DEVANEY AND MARY GALVIN



1. INTRODUCTION

Coolmine, an Ireland based CSO, presents two evaluation projects, which respond to the 2009-2016 Irish National Drugs Strategy (NDS), which called for research that examined “the evidence of the effectiveness of the progression of clients from substitute maintenance treatments to abstinence”. A key national treatment outcome study had been published in 2009 (Comiskey, Kelly, Leckey, McCulloch, O’Duill, Stapleton, White, 2009); however, this study had a focus on opiate users, and a large proportion of the sample was undergoing opiate substitution treatment. The study provided limited data on the outcomes of residential drug treatment programmes. Coolmine, therefore, in its commitment to evidence-based practices, undertook the study to better understand the effectiveness of its services in terms of both short and long-term outcomes in Ireland.

2. ABOUT COOLMINE

Coolmine Therapeutic Community (TC) was established in 1973 as the first residential drug and alcohol treatment centre in Ireland. Originally a mixed-sex facility, a women-only residential facility was introduced in 1989, which was transformed into a mother and child facility in 2008, the only such centre in Ireland. Current services include the following:

Two long-term residential same-sex Therapeutic Communities with a national remit.

Outreach services, including targeted engagement with vulnerable populations such as homeless people and ethnic minority groups.

Day services including a drug-free day programme based on TC principles; a stabilisation programme; pre-entry programmes; a contingency management programme; family support; and, a community-based addiction service.

Recovery support services including detoxification from methadone and Opioid Substitution Treatment for pregnant women is available, as is a nursing service, a dual diagnosis service, education and career guidance, a Community Employment scheme, housing, a ‘Recovery Through Nature’ programme, childcare and a parenting programme.

The mission of Coolmine is to provide a range of quality community and residential services in order to empower people to end their dependence on drugs and alcohol. Fundamental organisational principles include dignity and respect; compassion; honesty, consistency and responsibility; safety and security; and, a commitment to quality. The last principle refers to a commitment to quality “through evidence-based practice, research and continuous improvement of our standards and resources”.

This principle is also reflected in Coolmine’s Strategic Plan 2016-2018, which is explicit about its commitment to evidence-based practices. One of the Plan’s key objectives states to “Invest in our established research culture to identify opportunities that contribute both nationally and internationally to increased knowledge of evidence-based treatment approaches and interventions”. The new Strategic Plan 2019-2021, currently in draft format, also reflects the continued emphasis on evidence and research to inform Coolmine’s service delivery.

Coolmine is an active participant in the European Working Group on Drugs Oriented Research (EWODOR) and hosted its bi-annual international symposium in Ireland for the first time in 2014. It is also an active member of the European Federation of Therapeutic Communities (EFTC) and hosted its bi-annual conference in 2017.

In addition to the explicit commitment to research and development as evidenced through Coolmine’s mission statement, organisational publications, and active participation in international research networks, the organisation has put in place an infrastructure that facilitates and fosters a research culture. This includes a Research Advisory Group, comprising of Coolmine senior staff and external academic members from Trinity College Dublin (TCD), which reports directly to the Clinical Advisory group. Furthermore, a research assistant was recruited during 2018 to support the programme of research. The organisation is supportive of building the research capacity of its staff; for example, a staff member has recently commenced PhD studies at Ghent University, Belgium. This will further strengthen the existing collaboration with academic partners.

3. THE ACTION: PROGRAMMES OF RESEARCH

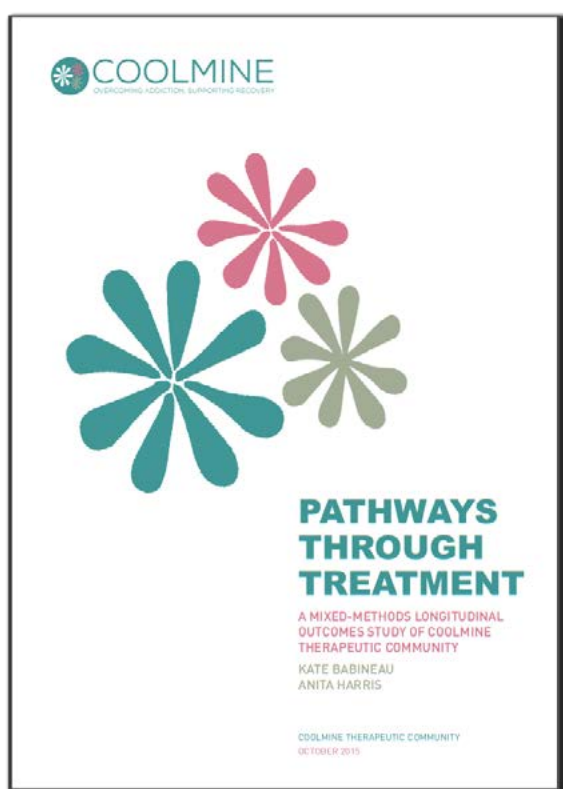
This paper specifically reports on two of Coolmine’s recent research projects as examples of its programme of research. These include a longitudinal (24 months)

evaluation study of progression pathways and outcomes of service users at Coolmine and evaluation of Coolmine's 'Parents Under Pressure' (PuP) programme. For each example, the aims, the rationale, a summary of the research project, the rationale for its implementation, its alignment with the EU Action Plan on Drugs, the stakeholders involved, and the outcomes are reported.

3.1. Longitudinal evaluation study

3.1.1 Background

The rationale for conducting the longitudinal study responds to recommendations of international bodies such as the WHO and the UNODC, which call for rigorous evaluation of drug treatment programmes. Based on the findings of the longitudinal evaluation study, which highlighted some gender-specific differences in treatment experiences, pathways and outcomes, a secondary analysis of the qualitative data was undertaken to further explore these topics for the purpose of this paper.



The longitudinal evaluation study and by consequence, its secondary analysis presented here, address the current body of international literature in relation to:

- (1) The scarcity of qualitative longitudinal studies on progression pathways and outcomes of Therapeutic Community (TC) drug and alcohol treatment;
- (2) The limited amount of published research on the experiences from the point of view of users of the service, in particular, the experiences of women residing in a mother and child residential treatment setting; and,
- (3) The limited evidence-base of the effectiveness of single-sex treatment from the perspective of women.

3.1.2 Implementation

The study aimed to evaluate progression pathways and outcomes of clients participating in the residential and drug-free day programmes and was carried out in collaboration with Trinity College Dublin, the University of Dublin, Ireland. Study methods included quantitative (survey) and qualitative (interview) approaches, adopting a longitudinal design over 24 months for the survey (baseline, 6 months, 12 months, 18 months and 24 months), and 18 months for the interviews (baseline, 6 months, 12 months, 18 months). A total of 144 clients took part in the survey research, and a total of 28 clients participated in the qualitative study.

As stated previously, a follow-up activity has included a secondary analysis of the qualitative data collected in this initial longitudinal study, to further explore women's experiences of a mother and child residential treatment setting and the factors that impact on their progression pathways. This secondary analysis included a sample of 23 interviews previously collected across 8 participants in the initial longitudinal study. [The full report can be accessed here.](#)

The longitudinal study and the secondary analysis address Objective 2 of the EU Action Plan 2017-2020: “to enhance the effectiveness of drug treatment and rehabilitation... and to support the recovery and social re/integration of problematic and dependent drug users” (Council of the European Union, 2017), and in particular, Actions 6 and 7. Action 6 notes the need to develop and expand evidence-based treatment services and ensure that these address gender-specific issues. Action 7 places a focus on rehabilitation/reintegration and recovery services with an emphasis on a continuum of care, social re/integration, and gender-specific needs (Council of the European Union, 2017).

The service beneficiaries who participated in the study consisted of: Coolmine staff members; internal and external researchers; the academic institution which collaborated on the study (Trinity College Dublin, the University of Ireland); and, the funders (Department of Health, Department of Social Protection, Department of Justice and Equality – The Probation Service, The South Inner City Local Drug and Alcohol Task Force and Blanchardstown Local Drug and Alcohol Task Force). The project was overseen by an Advisory Group. The Advisory Group consisted of key internal Coolmine staff including our Chief Executive, senior management, clinical governance lead and our service user participation strategy coordinator. Key external expertise

was recruited including Dr Suzi Lyons, Health Research Board (Ireland) and Dr Jo-Hanna Ivers Trinity College Dublin (Ireland).

3.1.3 Results

The findings of the longitudinal study have been disseminated through a printed and online report, and through international conference papers and presentations. The findings have been reported on in the national media and in the national drug research newsletter published by the Health Research Board (Drugnet Ireland). The study has also been referred to in the Irish National Focal Point most recent report to the EMCDDA and cited in international journal articles (see, for example, EMCDDA, 2014). Findings of the secondary analysis have been presented at two international conferences in 2018.

The study findings, both at interim and final reporting, have had an impact on service delivery. For example, Coolmine further developed its formal supports for clients

during the after-care phase of treatment.

This action was based on a key finding that there was a need for more support during service users' transition from the residential phase to residing in the community. Another consequence of the study to service delivery included a revision of opening times of the childcare facilities to include some evening hours, allowing mothers to attend evening programmes and activities.



While the study is not explicitly referred to in Ireland's most recent national drugs strategy (NDS) titled Reducing Harm, Supporting Recovery 2017-2025 (Department of Health, 2017), its findings have clearly informed drug policy actions. For example, the study

highlighted how the availability of on-site childcare facilitates women's access to drug treatment and supports families to stay together. One of the strategic actions in the 2017 NDS calls for an expansion of addiction services for mothers and pregnant women, highlighting a need for more residential places for pregnant and postnatal women. The

study finding relating to the need for more support during aftercare is also reflected in the 2017 NDS, which calls for improved relapse prevention and aftercare services and an increased emphasis on facilitating the building of recovery capital. Finally, the 2017 NDS calls for more research on rehabilitation outcomes by “Undertaking a study on rehabilitation outcomes, which takes into account the experience of service users and their families, and examines their outcomes across multiple domains, building on work already undertaken” (Department of Health, 2017, p. 72).

3.2. Evaluation of ‘Parents under Pressure’ programme

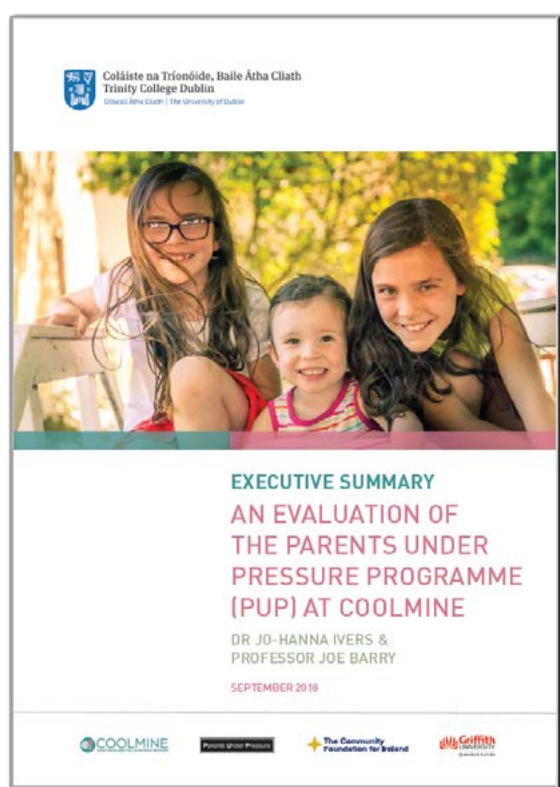
3.2.1 Background

The rationale for conducting this second evaluation study has its roots in an internal pilot study conducted in 2014, which suggested that the ‘Parents under Pressure’ (PuP) programme was a valuable strengths-based intervention for high-risk families impacted by problem substance use (for a detailed description of the

PuP programme, please see Section 3.2.2).

Following the pilot study, it was agreed that a more robust, independent evaluation be carried out to determine the effectiveness of the programme. Furthermore, the research addressed gaps in the body of literature regarding the delivery of the programme in a residential group setting and in an Irish context. Finally, the evaluation responded to National Drug Policy goals as set out in the 2009-2016 NDS, which called for the development of family-based prevention responses, including parenting programmes. The evaluation study is also aligned with current National Drug Policy, Reducing Harm, Supporting Recovery 2017-2025, which calls for the reduction of risk and impact of parental substance misuse

on children by “Developing and adopting evidence-based family and parenting skills programmes for services engaging with high-risk families impacted by problematic substance use” (Department of Health, 2017, p. 31).



3.2.2 Implementation

The aim of the study was to examine the effectiveness of the PuP programme being delivered in the residential setting through a group intervention. This evaluation study was carried out in collaboration with Trinity College Dublin, the University of Ireland and Griffith University, Australia. The PuP programme aims to improve family functioning and child and parental outcomes by supporting parents who are or have been drug or alcohol dependent. The strengths-based interventions have a core objective to empower parents to believe that they can be the parent their baby or child needs. Through the implementation of PuP, parents develop nurturing and loving relationships with their babies and children as they are able to understand and manage their own emotional state.

The programme was initially introduced at the mother and child residential centre in order to improve both child and parental outcomes. During the study, the programme was expanded to fathers in the men-only residential facility. The programme in its current form is unique as it delivered in a group residential setting and in a TC context, while originally designed to be delivered as an individualised intervention in clients' home. A recent development is the roll-out of the programme in Coolmine's drug-free day programme.

A total of 33 service users from the residential services participated in the research, which used a mixed-methods approach. This included ex-ante and ex-post quantitative measures, such as stress, anxiety and depression scores, mindful parenting scores, and child behaviour. The qualitative phase included individual interviews with 23 women and focus group interviews with 10 men. Interviews were also conducted with the PuP Group Facilitator and the PuP Coordinator. [The full report can be found here.](#)

The research project aligns itself under Objective 1 of the EU Action Plan on Drugs 2017-2020. Objective 1 relates to prevention measures, and here, Action 1 recommends to “improve the availability and effectiveness of evidence-based prevention measures that take account of risk and protective factors (...)” (Council of the European Union, 2017) . The research carried out on the effectiveness of the family-based intervention clearly contributes to the evidence base on this type of interventions and created new knowledge in terms of both national and international relevance. This research also contributed towards Action 3: “Exchange of best practices of all forms of prevention actions targeting children and young people, parents (...)” (Council of the European

Union, 2017).

The PuP programme participants, the external researchers from the academic institution which collaborated on the study (Trinity College Dublin) and the funders (the Community Foundation for Ireland), and the developers of the PuP programme from Griffiths University, Australia. The research was overseen by an Advisory Group, which included internal Coolmine staff members and external expertise.

3.2.3 Results

To date, the findings have been disseminated through a printed and online report, at a national seminar and at international conferences.

It is clear that the research has contributed to the evidence base on the PuP model of parental intervention in the fields of drug prevention and family support. The study is the first evaluation of the PuP programme in Ireland, and the first published evaluation of the programme in a residential setting internationally.

It is early to assess the overall impact of the PuP evaluation in terms of the influence of drug policy as its findings have been published and disseminated just recently (September 2018). However, Coolmine has lobbied for its inclusion in the Irish National Drugs strategy Action 1.3.9 (a) which states “develop and adopt evidence based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use” (Department of Health, 2017, p. 31). Finally, PuP is currently being adopted at the local level by Tusla (Child and Family Agency) Children and Family social work teams as an evidence-based intervention to engage with high-risk families impacted by problem substance use in Ireland.



4. CONCLUSIONS AND LESSONS LEARNED

This paper has reported on a programme of research as an activity in highlighting how a CSO can play a significant role in generating new knowledge that impacts on national drug policy making and implementation. The paper has highlighted examples of how Coolmine's programme of research has contributed to national drug policy actions set out in the 2009 National Drug Strategy. In addition, the paper has described how Coolmine's recent research activities have impacted on national policy formulation evidenced through actions in the 2017 NDS.

It has demonstrated that a CSO, in this case, an organisation whose primary remit and core activity is drug and alcohol treatment and rehabilitation, can actively engage in research. Several key factors support this engagement with research.

First, the active fostering of a strong research culture within the organisation. In addition to strong and visionary leadership, this includes an explicit and visible commitment to research and evidence-based practices in organisational statements on mission, values and principles. This also includes objectives and actions that relate to research in an organisation's Strategic Plan. As the examples in this case study highlight, there is an openness and a willingness to question and improve current practices in terms of their evidence for effectiveness. There is an enthusiasm for using research outcomes to influence and inform policy formulation.

Second, there is a research infrastructure in the organisation. In 2017, a Research Advisory Group (RAG) was set up in Coolmine, which reports to a key governance body, the Clinical Advisory Group (CAG). The RAG's remit is to identify and prioritise internal and external research projects and make recommendations on these to the CAG; to oversee and guide ongoing research; and to disseminate completed research. The RAG comprises of senior Coolmine staff and external academic members. This structure supports a strategic and rigorous approach to Coolmine's research programme. In 2018 the organisation employed a research assistant who supported the work of the RAG, in addition to other research-related tasks.

Third, since 2018, there is a staff member dedicated to communication in the organisation, which facilitates dissemination of research findings.

Fourth, an organisational research policy was implemented in 2018. The policy outlines

the process for research applications that can be considered by the Coolmine RAG, and the criteria and process for both internal and external research applications to be considered by Coolmine's RAG for approval at the CAG.

Fifth, by leveraging the results of the two research projects outlined above, Coolmine were able to advocate themselves as a credible partner to collaborate with on evidence-based practice. For example, Coolmine has built an established and active engagement in international drugs research networks, such as EWODOR and EFTC, and has hosted two international drugs research conferences in the previous five years. Furthermore, Coolmine has been active in presenting its research at national and international conferences. Coolmine actively supports staff members' attendance at conferences and promotes staff members' further training in research. An example is a staff member undertaking PhD studies at Ghent University, Belgium. As such, these engagements have strengthened Coolmine's national and international reputation as an organisation with a strong commitment to research.

Sixth, Coolmine has established partnerships and alliances with academic institutions such as Trinity College Dublin, Griffiths University, Australia, and Ghent University, Belgium. The examples in this case study paper demonstrate successful CSO-academic collaborations in the drugs research field. Access to academic partners is key as they contribute to topic expertise and research experience. Academic institutions also facilitate the processes of research, for example, by providing access to institutional ethics review boards, which is essential for research with human subjects to be carried out. In turn, academic institutions also benefit through strengthening its links with civil society.

Although ultimately successful, Coolmine's experience also includes challenges to becoming engaged in research activities.

Most importantly, the lack of financial resources to conduct larger scale research projects can be a significant barrier for CSOs. Often the only available funding is seed funding for pilot studies or similar smaller scale projects. Considerable time and expertise may be required to put together proposals and applications for funding.

Not having a dedicated researcher or research team within the organisation can also pose a challenge, as staff members undertake research on top of their demanding front line service delivery roles.

Moreover, access to ethics committees to grant ethics approval for research that involves human subjects is a crucial barrier for organisations outside the academic sector.

Finally, dissemination of research can also be a challenge where the organisation does not have a dedicated communication staff.

This paper has outlined how a CSO can widen its role from primarily providing services through involvement in research. Greer et al. (2017) note how one of the benefits of civil society lies in its potential capacity participate in policy by bringing “new information to decision makers” for example, through research. It is hoped that the learning shared in this case study can serve as an inspiration for CSOs who wish to engage with research that can respond to and influence drug policy in addition to the impact on service development and implementation.

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É Uma Casa, Lisbon Housing First

AMÉRICO NAVE



1. INTRODUCTION

In 2001, law makers in Portugal introduced new legislation concerning drugs and drug use. Although the focus on the law has general been on decriminalisation of possession of small amounts of drugs for personal use, the legislative changes also facilitated the implementation and development of several responses in the field of harm reduction, such as enabling outreach teams to contact people who previously were excluded from health or social structures. With this law, a network was created engaging public and private actors who offered harm reduction services to people who use drugs (PWUD) throughout the country. The General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), the national body responsible for implementing responses meeting the objectives set by the National Strategy for Combatting Drugs and Drug Addiction (Resolution of The Council of Ministers No 46/99), implements and/or finances on a national level projects that promote:

Prevention, treatment, harm reduction, social reintegration, dissuasion of the consumption of psychoactive substances.

Working within the framework of the harm reduction philosophy means that all of these responses promote trust-based relationships with PWUD, respecting their choices and adopting pragmatic and humanistic intervention strategies.

This approach is based on two main principles – those of humanism and pragmatism – and on the belief that drug-related issues should not be addressed by the criminal system, but rather by doctors, psychologists, social workers and researchers. With the implementation of low-threshold interventions, especially the outreach work, it became possible to make contact with PWUD in as timely a fashion as possible.

The impact of this harm reduction strategy can be measured through indicators that focus on the effect on public and individual health. For example, the National Syringe Exchange Programme and screening networks allow for better monitoring of the real health situation of PWUD. Similarly, the retention of people who use drugs actively in low-threshold programmes helps them to be in permanent contact with specialised professionals. The availability of alternative treatment processes helps ensure that the needs and current situation of each individual are met.

The National Action Plan for Reducing Addictive Behaviours and Dependencies –

Horizon 2020 – is currently under development and aims to act upon the areas of supply and demand and other transversal topics, such as awareness and research, training, communication, international relations and cooperation, and quality (SICAD, 2018).

However, some of the structures that were foreseen in the 2001 law are still missing, such as drug consumption rooms. Service gaps such as this mean that PWUD continue to use drugs on the streets, in extremely vulnerable contexts, without any hygienic or aseptic conditions, exposing themselves to several risk factors.

There is also a National Strategy for the Integration of Homeless People 2017-2023 (ENIPSSA), which comprises three axes of intervention aiming at promoting awareness about homelessness - information, awareness-raising and education - as well as the reinforcement of an intervention promoting the integration of homeless people, focusing on coordination, monitoring and evaluation of ENIPSSA 2017-2023 (Resolução do Conselho de Ministros No 107/2017).

According to the Municipal Plan for the Homeless People 2019-2021, there are 1 967 people in the city of Lisbon living in temporary shelters and other 361 living on the street (Câmara Municipal de Lisboa, 2019, p. 15). Many of these people live in chronic homeless situations, having been sleeping on the streets for decades. Others are living in a “revolving door” scenario, moving in and out of structures for decades, always ending up homeless.

This has been a topic in the current political agenda of Portugal's President, who has been out on the street talking to people experiencing homelessness and visiting several institutions that work with homeless populations.

1. ABOUT CRESCER

CRESCER is a Portuguese NGO founded in 2001 by a group of five psychologists specialising in community-based interventions with vulnerable groups, such as PWUD, homeless people and sex workers. CRESCER has been operating under the philosophy of harm reduction since its foundation - that is, focused on principles like pragmatism, humanism, respect for consumers' choices and moment of life and also in the proximity with people, which allows the creation of trustful relationships.

Since its inception, CRESCER has developed and implemented numerous projects with the common goal of promoting the social inclusion of these populations and addressing their community needs. Moreover, as a consequence of the successful achievement of positive results over the years, CRESCER has expanded its services to other target groups, and its intervention programmes now also seek to address the needs of migrant, asylum seeker and refugee populations too.

CRESCER's vision is to be an organisation of excellence by promoting the inclusion of people in vulnerable situations in the community.

By working together, we aim to reduce risk behaviours and to promote health and social integration of vulnerable groups through community-based action.

We follow four core values:

Respect for Human Rights. We want to ensure that every person has access to each and every right established in the Universal Declaration of Human Rights and is treated as a unique human being with specific needs and wills.

Inclusion. We promote vulnerable people's integration into the community, with the objective of them adopting an active role.

Training. We promote the acquisition and re-acquisition of personal and social competences of our beneficiaries, enabling their autonomy and empowerment.

Proximity. We aim to establish trustful relationships with our tenants that will allow a better implementation of our intervention strategies.

CRESCER is composed of a multidisciplinary team, with 45 collaborators – psychologists, social workers, a jurist, two nurses, a doctor, peers, a social economy specialist, interpreters, cultural mediators, an administrative worker, an accountant and 12 volunteers who cooperate with us on a regular basis. Currently, CRESCER runs the implementation of 15 projects and is the developer and primary managing entity of 10 of them. This paper is about the *É Um Casa* Housing First Project in Lisbon.



3. É UMA CASA, LISBOA HOUSING FIRST PROJECT

3.1. Background

Lisbon is the city in Portugal with the highest rate of chronic homelessness¹ in all of Portugal. The majority of homeless people gather in the centre of the city, in the proximity of the areas most frequented by tourists. É UMA CASA, Lisboa Housing First project emerged in 2013 as a result of an assessment of the social issues which was conducted in Lisbon. The evaluation observed a high number of people experiencing both homelessness and problematic drug use: people living on the streets in a chronic situation after trying several treatments and/or other responses that did not fully meet their needs. This cohort of people was completely marginalised, without access to any social or health services, and many of them suffered from comorbidities. Their situation was highly visible due to their extreme physical vulnerability. From working in the area, CRESCER believed that the issue was to do with the intervention structure - the types of interventions carried out with this target group was not sufficiently tailored and was not responding well to the needs on an individual basis. What people truly needed, first of all, was decent housing. Care related to health and social care issues could come at the same time or later, but it was critical that people had a home. It was clear to

¹ The term “chronic homelessness” is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability

us that an alternative programme for PWUD and simultaneously experiencing chronic homelessness had to be implemented. As Sam Tsemberis (the founder of Housing First) said in his presentation at the International Housing First Conference 2013, “There is, first of all, a person with a problem that needs help instead of focusing on withdrawing or eliminating the problem”.

As mentioned before, É UMA CASA, Lisboa Housing First project was established as a result of a social assessment conducted in Lisbon. At that time (2011), the Mayor of Lisbon, António Costa, moved his office to that specific area of the city and created a special office which had the main objective of regeneration of that area. The Mayor was confronted daily with some of the most vulnerable cases. This meant that the entire process was could be politically expedited. Contrary to what usually occurs, the pressure to implement an effective response came from the top of the social hierarchy. The Mayor’s office started putting pressure on the organisations that were intervening in the field so that a real difference could be made to the situation at hand. In this context, CRESCER, as one of the entities that were already active in the area, was contacted to be part of a working group to discuss the strategies that should be implemented to address the issue. Since we already had significant experience with this population and had knowledge of the Housing First methodology, our suggestion was to implement a Housing First programme targeting PWUD and who also experience chronic homelessness, as well as other comorbidities. This group, with complex and ultiple needs, tended to be in extremely vulnerable situations and marginalised from the social and health care system.

We made a proposal to the City Council of Lisbon and to the local parish, and the project started at the beginning of 2013. We started as a pilot project, aiming to support 7 people, and the staff team was constituted of 4 people – the coordinator, a psychologist, a social worker and a peer.

3.2. Implementation

The new Housing First project aimed to primarily facilitate immediate access to permanent, individual and scattered-site housing in Lisbon. The project was designed in a person-centred way which respects personal choices, creates judgement-free and trustful relationships with each tenant, and promotes autonomy and a people-oriented response to enable recovery and empowerment.

The project adopted a harm reduction approach and provided specialised support by assigning a case manager who accompanies the tenant throughout the process. It promoted social and community integration, by involving neighbours and the local community in the recovery process as well as promoting access and support to local services. It also promoted peer contact with group meetings involving the tenants in the project. In essence, the project provides an individualised approach in which tenants are the main partners.

The project was designed to address multiple groups of clients, including:

- People who use drugs and are experiencing chronic (avg. 15 years) homelessness;
- People who had already participated in various support programmes without satisfactory results;
- People who didn't adhere to other community services;
- People who dropped out of treatment programmes;
- People who experienced social exclusion;
- People with extreme physical and psychological vulnerability;
- People living with comorbidities, and with complex and multiple needs.

The project faced many obstacles at the beginning. For example, politicians and decision-makers, weren't generally aware of the methodology and its benefits, and nor were other potential sponsors. Other organisations and structures working in the area still held to a certain extent the belief that people were living on the streets by choice, and that chronic situations were only due to the use of drugs and mental health disorders meaning that it was not possible to work with such "poor prognosis cases". Most stakeholders had doubts that the project could succeed in cases in working with those that were in situations of extreme vulnerability. Nonetheless, two entities stepped up and were willing to support a Housing First project – the City Council of Lisbon and the local Parish. With their support, we were able to move forward – to put in place a Housing First response and to evaluate and compare its results to other conventional responses.

Throughout the project, CRESCER has attempted to provide a suitable response for a key cohort - PWUD who are also experiencing chronic homelessness. In order to achieve this, all of the intervention strategies involved have the global objective of promoting social inclusion. As in any other of our projects, we endeavour to foster positive relationships with the people we work with to ensure the best effects. We encourage proximity with the tenant and trust-based, transparent relationships. The

project is based on harm reduction methodologies focused on improving the living conditions of the tenants and their inclusion into the local community.

Our work begins by contacting and establishing a relationship with tenants directly on the street and, if they accept, assisting with their transition from the street into permanent housing. The future tenants are chosen considering their “degree” of vulnerability, exclusion and marginalisation. The most vulnerable situations – based on comorbidities, number of years living on the streets, physical and psychological disorders – are those who are prioritised to integrate the project. We believe that people must be involved in the intervention that we offer them. In order to help to solve any problems a person might have; we believe that the first necessary step is to satisfy basic needs that will bring dignity to each individual. Having a house is one of those basic needs. Through this project, we aim to provide access to individual housing to the target group, promote their entry into health treatment and social care structures, as well as access to any community resources which may be needed to meet a tenant’s needs.

The project team consists of one case manager (psychologist, social worker or peer) for every 10 tenants. When entering the program, tenants sign a contract through which they commit to respecting the project rules, including making a contribution of thirty per cent of their income (if they have any) which acts as a share in their own intervention. They also commit to accepting 6 visits per month by a CRESCER case manager for the follow-up of their situation.

The cost of the project is €21 per tenant per day, including the rent, staff team and basic expenses (water, gas and electricity). Currently, we count on the financial support of Lisbon City Hall, Montepio Foundation and PT Foundation. CRESCER coordinates project activities but we act together with several local partners, such as Food Bank, Banco de Bens Doados and local parishes in order to provide our tenants access to resources that can contribute so they can remain in housing. The project also has strong links with other key stakeholders at both local and national level, such as politicians, NGOs, charities, health and social care structures and the local community and neighbours.

Through close relationships with the tenants, É UMA CASA, Lisboa Housing First offers an integrated service. With regards to providing housing within our project, we search for flats to rent on the real estate market (our tenants could be our neighbours in any of Lisbon’s neighbourhoods); furnish the houses and flats, and register our tenants in the local health centre and social services so that they can integrate into a regular

structure (as opposed to being marginalised within institutions exclusively for vulnerable people). Once provided housing, we conduct regular house visits (a minimum of six per month) from the case manager, in order to work with the tenant on their own life reconstruction: defining the goals of the intervention and monitoring the progress as they are achieved; we issue health care referrals for HIV, tuberculosis, hepatitis and STD screenings and treatments, with partner institutions such as NGOs, health centres and hospitals, to provide faster and better-tailored services; we also provide psychosocial and psychological support 24h/7days. With regards to services addressed specifically to PWUD, we distribute sterile consumption material (syringes, aluminium foil, smoking pipes) in order to ensure safer means of consumption as well as reducing potentially negative health consequences associated with drug consumption. Furthermore, we issue referrals to opioid substitution treatment (OST) programmes; and raise awareness on drug consumption practices with lower risks.

We work holistically, focusing on three stages of development: cognitive, relational and organisational capacities. We promote access to all community resources in order to improve social inclusion; encourage the establishment of relationships within the local community and contact with family and friends, provide support on household management and other everyday life activities (cooking, cleaning, using a bathroom, etc.).

Moreover, we support tenants throughout the entire job-seeking process and/or training/education program, providing solutions which are adapted to each case within CRESCER's network of employees. We continuously monitor the daily needs and worries of our tenants through weekly group meetings with all the tenants where they can also improve their social relationships and share advice and experience with each other. Finally, we provide medical assessment and support in the administration of medicine, when necessary.

CRESCER's work is in line with the EU Action Plan on Drugs 2017-2020, namely Action N1: Drug Demand Reduction and its Objectives N2: "Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users"; and N3: "Embed coordinated, best practice and quality approaches in drug demand reduction" (Council of the European Union, 2017).

As demonstrated in this section, É UMA CASA, Lisboa Housing First project clearly promotes the objectives N1, N2 and N3 of the EU Action Plan on Drugs 2017-2020. All the described activities promote the improvement of tenant's living conditions by helping them manage their drug consumption better and by working with them towards new, different life goals.

3.3. Results

Currently, 34 houses are provided to 36 people (32 individuals and 2 couples) through the É UMA CASA, Lisboa Housing First program. Since the beginning of the project, 51 people have been engaged with us and have come off the streets. 89% of our tenants have not returned to being in a homeless situation. Three-quarters of our tenants have improved their autonomy, including housekeeping activities, personal documentation, access to health and social services and social relationships. Four tenants are now employed, and one started educational training. Moreover, 85% of our tenants are able to receive financial support (social subsidies or other benefits they are entitled to).

During the course of the Housing First project, 82% of tenants have received addiction and drug consumption counselling, 85% have been registered in a health centre in their new residential area and 90% of those in need started/re-started special medical consultations. Eight tenants entered the methadone programme which strives to achieve a reduction in drug consumption and 90% accepted to follow medical treatment. Finally, 90% of our tenants have reduced their consumption of psychoactive substances.

Through the É UMA CASA, Lisboa Housing First program, CRESCER is contributing to the reduction of drug consumption, as well as its associated harms. By facilitating this, we are contributing to an improvement of life conditions of Lisbon's marginalised population, as well as diminishing city public health issues.

Research, communication and sharing of good practices are an important part of our actions in order to gain visibility, address the needs of vulnerable populations, and provide better-adjusted responses. By promoting the results of É UMA CASA we have been able to influence politicians and ensure that the Housing First methodology was included in the national strategy for tackling homeless situations. As a consequence, increased visibility and resources were ensured in the field.

Overall, our experience and evidence suggest that access to individualised housing facilitates the inclusion of the target population into the community. Housing First programmes appear to enhance tenants' access to health and social services and improve their general living conditions. It is important to note that the harm reduction approach we adopted seems to enhance tenants' motivation to decrease the consumption of psychoactive substances.

From the point of view of our tenants themselves, the most important issue in their integration is the fulfilment of basic needs which leads to an improvement in their quality of life. This includes higher physical safety, privacy and comfort which therefore result in a better quality of sleep and rest patterns as well as assisting in establishing personal hygiene regimes. This, in turn, has a psychological impact which has a positive effect on tenants' appearance, self-esteem, and cognitive capacities such as memory, concentration and learning. Independence (e.g. in mobility, schedules, rules and activities of daily life) are other meaningful improvements in the quality of life that are pointed out by our tenants, along with access to health services and social support (especially in terms of the attainment of necessary documentation and financial resources). Last but not least, building new social relationships and re-establishing contact with relatives, as well as having the opportunity to develop new skills, acquire new knowledge and engage in leisure activities, are all aspects which stand out when comparing the past and present situations of our tenants.

4. CONCLUSIONS AND LESSONS LEARNED

The É UMA CASA, Lisbon Housing First programme helped combat some myths which were usually associated with homelessness and the characteristics of this vulnerable segment. According to our experience, there were several positive facilitating factors that have contributed to the success of our projects. These include:

- the use of individual and geographically scattered houses rented on the private market;
- the adoption of a new paradigm where priority is given to housing as the first measure to support a vulnerable individual;
- ensuring the focus is on involving tenants to be active in their own life project.

We also believe that a low-threshold, person-centred approach is effective, giving the

tenants a choice and co-authority in defining their own individual rules; not requiring abstinence from drug consumption; and creating trustful relationships with tenants, based on support instead of judgment. The effectiveness of the project is further enhanced by involving tenants in the community instead of isolating them from special services, which helps to combat stigma.

The adopted approach is also cost-effective since the cost of a rented house/flat is lower than some classical shelters.

Before the beginning of the project, there were several NGOs and other entities that believed that PWUD experiencing chronic homelessness could not and did not want to get off the streets. There were also public and private institutions working in the drug policy field that refused to offer treatment to chronically homeless people, arguing that they had already received it multiple times and they had not sufficiently engaged in treatment protocols.

This project helped challenge those views, and we now enjoy much better working relationships with many of those bodies. Some entities are even starting to search for funding to implement the Housing First methodology themselves, which is exciting to see.

The Housing First methodology can be applied by any institution in any city facing a homelessness problem among PWUD. We can find many studies and literature pointing Housing First as an effective response in significantly decreasing the number of chronic homeless situations and promoting housing retention. Some of these examples are: “...(HF) it’s working phenomenally well – at least, according to the State of Utah. In 2015, the state announced it had cut chronic homelessness by 91 per cent since 2005. The Washington Post ran with the headline “The surprisingly simple way Utah solved chronic homelessness and [saved millions](#)”. “The Housing First approach succeeded in reducing the number of homeless from 1 932 to 168 by 2016” ([Lloyd Pendleton, TED Talk, November 2017](#)); Research show that that Housing First programmes have more positive effects vis-à-vis Treatment First in housing stability (Tsemberis, Gulcur and Nakae, 2004), client choice (Greenwood, Schaefer-McDaniel, Winkel, Tsemberis, 2005) cost-effectiveness (Gulcur, Stefancic, Shinn, Tsemberis and Fischer, 2003) and dependence on alcohol and drugs (Padgett, Gulcur and Tsemberis, 2006). The direct positive effect of the project is the integration and improvement in the quality of life of the tenants by providing access to individual housing and community resources.

The project also allows long-term benefits, since the tenants receiving housing can be kept engaged and do not go back on the street. Since the basic need of housing is being satisfied, people have more opportunities to become more integrated in their communities. It becomes easier for them to communicate with various professionals and benefit from local services.

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Energy Control's International Drug Checking Service

XOÁN CARBÓN AND GUILLEM MIR FUSTER



1. INTRODUCTION: ABOUT ENERGY CONTROL

Energy Control (EC) is located in Spain and has offices in Catalonia, Madrid, the Balearic Islands, and Andalusia. Energy Control was founded in Barcelona in 1997 as a pioneer project in Spain in the field of harm reduction associated with recreational drug use. Since then, it has been recognised and acknowledged by local, national and European institutions.

The service provides support within the nightlife sector and is held in high regard by the end users: people who use drugs. Energy Control is committed to incorporating the experience and knowledge of both its professional and volunteer staff, with the goal of offering a service. In order to achieve this, EC abides by the following set of main aims and values.

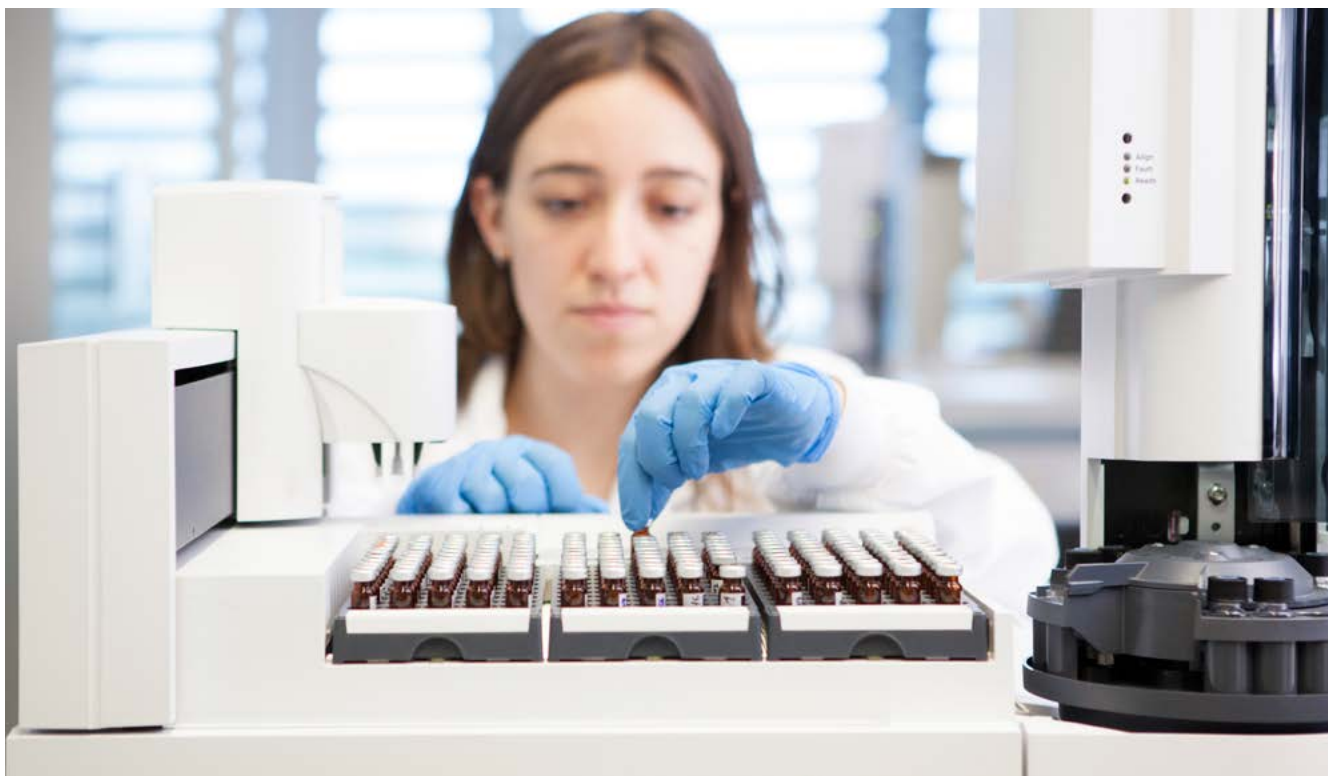
First, we accept and respect the existence of recreational drug use that is not experienced as problematic by those engaging in it.

Second, we acknowledge that drug use does not inherently lead to problematic use, not every way of taking drugs is equally risky, and that information regarding safer drug use can help people reduce the risks they may take.

Third, we know that positive, pleasurable effects are an inherent part of why people seek to have drug experiences. The use of drugs can also carry risks, and people take both positive and negative effects into account when choosing to take drugs. These risks are particular to the person taking the drug, the substance taken and the setting, and can often be minimised if the person is equipped with reliable information.

Fourth, we believe that interaction and involvement with people who use drugs are essential, as they are essential in the case of people who do not actively use drugs. We ensure that information is made available to everyone in order to provide people with adequate tools for reducing the risks associated with drug use. This universal character of our service is important, as it maximises the range of recipients who have adequate advice, bearing in mind that if they do not use drugs currently, they may do so in the future, or may have friends or family that do and with whom they can share the information.

Currently, Energy Control's team is made up of 24 employees and 117 volunteers.



The organisation comprises a group of like-minded people who, regardless of their personal experiences with the use of drugs, are committed to addressing the possible problems related to drug use in recreational settings and in society in general.

We develop harm reduction strategies, offer information, personal advice, and education regarding drugs in order to diminish possible risks that may stem from their use. We reach our goals through various activities. We develop and distribute informative materials about drugs, as well as other aspects of interest related to drug use such as legal and gender issues.

We set up informative and educational stands in recreational settings, where we offer information about drugs and harm reduction services (such as drug checking service and alcohol breath testing). We also set up display cases with information in bars, clubs, pubs and other places of interest.

We work with nightlife professionals (event organisers, security, bar staff, etc.) who – due to their occupation – are in a privileged position to detect hazardous situations. Some risks associated with drugs are inherently also related to nightlife environments. Energy Control works with this sector to increase awareness and enhance involvement in order to achieve safer environments.

Moreover, any interested person can contact us by telephone (only in Spanish), email, through our website and social media platforms like [Twitter](#) and [Facebook](#) to receive individual, personalised advice.

Besides working on the ground, Energy Control also undertakes a range of activities in the areas of advocacy, consulting, and research. We develop articles and publications, training activities for drug and health professionals, and awareness-raising campaigns, etc. We collaborate with professionals from the educational environment to provide better information about drugs in response to specific demands from students, organisations, family, and professionals working with teenagers. Energy Control offers advice to municipalities and participates in the development and implementation of local prevention and harm reduction projects. We are also involved in scientific research developed by institutions such as the Instituto del Mar I de Investigación Médica (IMIM) – Hospital del Mar de Barcelona, and Universitat Jaume I of Castellón.

Last but not least, Energy Control operates the International Drug Checking Service (IDCS), which allows for the identification and quantification of drug samples destined for personal use. This service also facilitates continuous monitoring of trends in the illegal drug market, as well as contributes to the early warning systems through publishing alerts in the event of identifying substances that involve significant health risks.

The remainder of this article is focused on the drug testing service and discusses its development from national service to an international one.



2. INTERNATIONAL DRUG CHECKING SERVICE

At the end of 2012 and during 2013, the Energy Control team became aware, through information provided by recreational drug users, of the growing popularity of cryptomarkets. Cryptomarkets are websites built using a framework that allows for remarkable anonymity for both the creators of the site and the people accessing it. This means that such websites are able to openly offer products and services that, since they are illegal, would normally only be offered in person. An exploratory search of the available markets at the time (Silk Road, Black Market Reloaded and Sheep) confirmed that drugs were a popular product offered, and in most markets were, by far, the most popular category. Cryptomarkets emulate the “eBay/Amazon” marketplace model, where customers are able to leave public reviews evaluating the reliability (or lack thereof) of vendors as well as the quality of specific products. This allows for people to hold vendors accountable, which – combined with the fact that vendors often ship their products worldwide – meant that test results had the potential to be useful to many more people than the individual they were shared with. The development of the IDCS - provided by Energy Control and focusing on cryptomarkets - was, therefore, a worthwhile project to undertake to cater to the needs of this emerging community. A one-year pilot project started in April 2014.

2.1. Background

Drug checking is an interesting complement to other harm reduction initiatives. It can promote risk-reduction strategies through contact with hard-to-reach populations, such as people who use drugs in recreational contexts. The establishment of an international service which can be used by anyone from anywhere in the world is a powerful risk-reduction tool, in that it offers people who use drugs globally a way to address several of their needs. First, it is a way to get to know the composition (purity, possible adulterants, etc.) of specific samples acquired with the intent of consumption. Second, it is a trustworthy source of information regarding drugs, their positive and negative effects, effects of adulterants, harm reduction strategies, etc. Third, it is a source of up-to-date information regarding the state of the drug market, emerging trends, and insights from people who use drugs regarding potential risks and harms.

From the perspective of our clients, the service addresses the ever-present problem of

using illegal drugs: the general absence of a way to get reliable information related to the specific substances. From the perspective of health and social care organisations, it addresses another important issue: the difficulty of reaching people who use drugs in countries with limited or non-existent harm reduction services.

The main objective of the programme has been to provide a globally accessible platform for disseminating information about the composition of drugs and personalised information regarding how to use them with fewer risks. However, facilitating direct contact with people who use drugs, who otherwise wouldn't have access to drug programmes as well as monitoring the illegal market for new trends in drug availability and use and making this information available to all stakeholders involved are also of high importance to us.

Interestingly, the IDCS is good example of how supply reduction and demand reduction approaches are related. Internationally, the focus can often be on supply reduction, meaning that end user and nightlife interventions can be underestimated in terms of institutional relevance and funding. However, the IDCS turned out to be an excellent monitoring tool, especially due to its capacity to recognise emerging trends from cryptomarkets and the Deep Web. As such, the programme and its aims as also contribute to supply reduction measures, and the programme's activity is related to objective 6 of the Drug Supply Reduction chapter of the "EU Action Plan on Drugs 2013-2016": "Respond effectively to current and emerging trends in illicit drug activity"(Council of the European Union, 2013).

2.2. Implementation

During the first quarter of 2014, a specific protocol with objectives, procedures, methods, and techniques of work was elaborated using TEDI methodological guidelines as a reference (Trans European Drug Information (TEDI), 2012). All samples were to be analysed by gas chromatography-mass spectrometry and/or liquid chromatography-mass spectrometry.

(More information and an in-depth explanation of the techniques used can be found in the TEDI methodological guidelines mentioned above). The fee for a simple analysis was set at 50 Euro and payment in Bitcoin was available. All profit was transferred back



into running the project.

People who use drugs who purchase drugs in cryptomarkets were the project's target population. As such, several threads in the main cryptomarket forums and drug markets were posted, offering general information about the IDCS, with links to a specific IDCS page on Energy Control's website. An email address was created, where clients could contact the service for detailed information about the process.

In order to ensure the privacy of the clients, no personal or socio-demographic data were asked for. However, post stamps and postmarks were used to collect information about the country of origin of the client (note that country of origin of the service client does not necessarily match the country of origin of the sample). Clients were asked to report the type of substance they believed they were submitting for analysis, as well as other data regarding the sample (e.g. price per gram, whether they had already tried the substance and if so, what dose and route of administration they have chosen, what effects they have experienced, etc.).

Subsequently, once the analyses were finished, a client received detailed results regarding the composition of the substance and, whenever possible, information about the purity of the substance. Furthermore, the report with drug test results included specific and individualised information aimed towards risk reduction.

Most of the work on sample analyses and the management of results was done by professional staff. The staff included by eight employees: one coordinator, three results-communicators and four lab workers. However, it's important to remark that the work of 35 volunteers was essential in running the IDCS. Although they worked mainly collecting samples and liaising with end users who were accessing the national checking service in Spain, without them, neither the national service nor the IDCS would have succeeded.

In terms of strengths, two main factors significantly facilitated our work: an already operating drug checking service, which included High Performance Liquid Chromatography (HPLC)¹ and gas chromatography² / mass spectrometry³ analytical instruments, and an experienced team formed by professional staff and veteran volunteers with extensive knowledge and work experience in a cryptomarket-specific environment.

1 More information about HPLC can be found [here](#).

2 More information about gas chromatography can be found [here](#).

3 More information about mass spectrometry can be found [here](#).

On the other hand, there were also challenges. Funding for the International Drug Checking Service was not available since the organisations' existing financial support was provided by local and national state entities to be used only within Spain. We struggled with the scarcity of evaluation studies, as the usefulness of drug checking services is often criticised for not being an evidence-based intervention. Last but not least, there was no explicit legal framework that regulated an IDCS, which created a somewhat uncertain environment around the service.

These hindering structural factors were quite challenging to overcome. Nevertheless, a few solutions were found. Since the financing couldn't come from our usual funding, a fee of 50 Euros per analysis was introduced for samples submitted to the IDCS. Regarding the lack of evaluation and legal framework issues, Energy Control employed a strategy that has often proved to be successful in the Spanish context: "better to ask for forgiveness than to ask for permission". Although more evidence is indeed needed to assess the specific positive effects of drug checking service interventions, providing reliable information is expected to have positive effects on the decision capacity of people who use drugs.

Furthermore, clients' satisfaction with the service (above 90%) is an important indicator for us to consider. The legal issues were mitigated by Energy Control's leveraging established position and active support from government agencies. De facto permission was obtained to interpret the non-specific legal framework in whatever way was deemed appropriate to set up and offer the IDCS.

2.3. Results

After running the one-year pilot, it was clear that the deep web offered a good environment for the IDCS to thrive in – since starting up, the service has dealt with samples from over 50 countries and has analysed over 4 500 samples from over 1 500 individual clients. This level of engagement is especially important due to the fact that other approaches have faced great challenges when attempting to implement risk reduction strategies in the deep web environment... Each sample result sent was accompanied by a detailed report of the composition of the sample, as well as risk-reduction advice. The numbers speak for themselves and clearly show that the project's general aims were addressed: We have been informing people about the composition of drugs, reducing risks, facilitating direct contact with hard-to-reach populations, and monitoring hard-to-reach illicit markets for new trends.



One of the most unexpected positive outcomes of the IDCS turned out to be the proactivity of the cryptomarket community in responding to warnings when alerts reached them. Recipients quickly spread the information within the community. In fact, it isn't rare to see sellers and markets themselves, well before law enforcement, acting to remove adulterated batches of substances.

An unanticipated effect of running the service has been the amount of online presence needed to run the IDCS properly. Energy Control is continuously contacted to address doubts and rectify misinformation regarding drugs and drug use. On the one hand, this has been an excellent opportunity to learn about PWUD (their actual knowledge and needs) and disseminate risk reduction information. However, it represents an important challenge: it's highly skilled work, which also needs to be funded.

Information regarding the evaluation of the service has mainly been collected from the process of analysing the samples, as well as from the questionnaires which clients themselves needed to fill in order to get their samples accepted. Energy Control also uses satisfaction surveys as tools to learn about the IDCS's benefits and effectiveness. Cryptomarkets markets are a relatively new phenomenon. In consequence, we can only observe short-term trends in the composition of drugs sold there, and these are different for every substance. However, several conclusions can be reached based on the analysis of data collected from 4 636 samples analysed between March 2014 and December 2018.

First of all, the usefulness of drug checking in monitoring drug markets, including those for New Psychoactive Substances (NPS), is critical. The services have the added value of identifying discrepancies between what people think they are using and what they actually consume (Barratt & Ezard, 2016). Giné, Espinosa, & Vilamala (2014) showed how NPS were increasingly used to adulterate traditional substances like MDMA or LSD over particular periods, using unique data from drug checking services.

On the whole, the main substances analysed by IDCS are the ones used in recreational



settings: MDMA, amphetamine and cocaine. Each of these substances varies greatly with regard to their levels of purity and their adulterant content level. For clients, this means not only dealing with the risks of the substance itself but also the need to effectively mitigate the risks associated with its adulterants. Some of the analysed substances (such as acetyl fentanyl, butyrfentanyl, or scopolamine) and some of the adulterants detected (e.g. levamisole and phenacetine) pose a higher risk than ‘classic’, better-known drugs, and they expose users to certain other, potentially life-threatening situations (McIntyre, Trochta, Gary, Malamatos, & Lucas, 2015).

Our data suggest that the hypothesis of higher purities of substances in cryptomarkets, as compared to conventional markets, is plausible (Caudevilla, F. et al., 2016) but future research utilising larger samples and comparisons with other sources of information are needed to confirm it with a higher degree of certainty. In this complex environment of unregulated supply, the only way to learn about the actual composition of the substances is to have them properly tested by a drug checking service. Furthermore, the introduction of a drug testing service within cryptomarkets brings additional benefits, being a powerful tool that engages PWUD and promotes safer practices regarding the use of drugs.

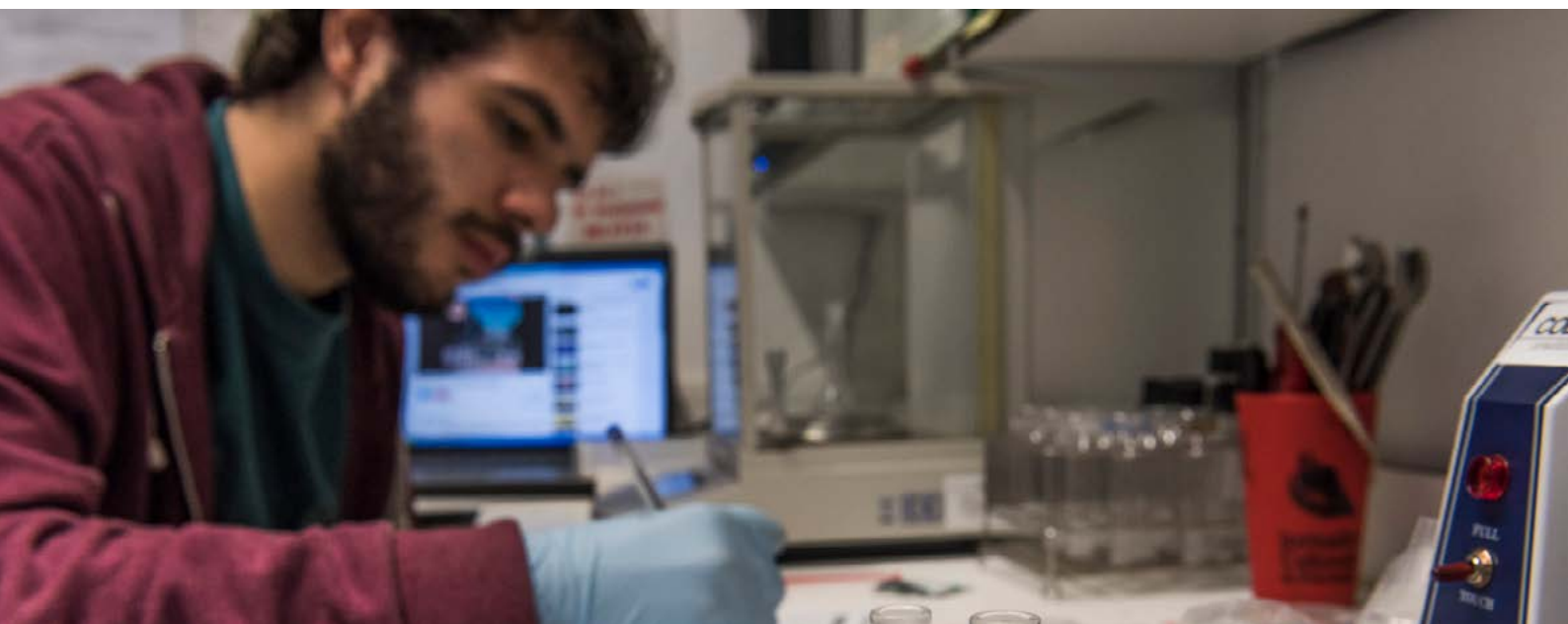
Energy Control’s National Drug Checking service has published 50 and 82 notifications reporting the identification of new NPS to the Spanish Early Warning System (EWS) in 2015 and 2016, respectively. Most other European drug checking services also report their information on NPS directly to the European EWS. The added value of IDCS is primarily related to the monitoring of hard-to-reach populations in cryptomarkets, as well as gathering data from countries that do not have a national drug checking service. Finally, it is important to remark that Deep Web forums can also be used as specific channels to deliver crucial messages from drug checking services to end users. Our research indicates that people consider the information provided by the Drug Checking team as very trustworthy. Trustworthiness is imperative to get the right information to the right target groups and to get them engaged on safer behaviours.

3. CONCLUSIONS AND LESSONS LEARNED

To summarise, the benefits of drug checking services include their utility in obtaining detailed information directly from PWUD (e.g. on patterns of use, experienced effects, negative consequences, harm reduction practices), in facilitating contact of NPS users with harm reduction services, and in delivering health warnings and advice in a rapid way, usually faster than those coming from health authorities. Drug checking services are perceived as trustworthy by young drug users: the results of substance analysis, along with individually tailored harm reduction information, serve the needs of this group better than most of the other policy measures, especially better than scare tactics that promote abstinence as the only viable choice (Fernández-Calderón et al., 2014; Gamma, Jerome, Liechti, & Summall, 2005).

Top-down measures, like law enforcement or fear-based campaigns, are often considered by this population as untrustworthy (Ritter, 2010). The reports from Energy Control show that a vast majority of drug checking clients have never been in contact with any drug services before. It is then clear that services like the IDCS are able to access new communities, previously hidden from a service delivery perspective. This is especially relevant in countries where the only available measures are general prevention and treatment, abstinence-based and/or usually delivered in a top-down manner.

Finally, the task of monitoring and its contribution to detecting new trends and substances on the market should be interesting to anyone that works on drug issues. Furthermore, the possibility to use the IDCS when a substance needs to be analysed, regardless of its provenance, is something that anyone involved in harm reduction should have access to.



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