

**Contribution from the Civil Society Forum on Drugs
to the 3rd intersessional meeting of the 63rd session of the Commission on
Narcotic Drugs – 19 to 21 October 2020**

Topic: Harm reduction

October 2020

The Civil Society Forum on Drugs in the EU (the 'CSFD') welcomes the opportunity to contribute with this submission to the forthcoming 3rd intersessional meeting of the 63rd session of the Commission on Narcotic Drugs (CND), which will take place from 19 to 21 October 2020. This contribution will focus on Thematic session 1 and, in particular, on the topic of harm reduction.

The information contained in this submission has been sourced in from the experience and research of CSFD members that have worked for years in the field of harm reduction. While the submission inevitably reflects a European perspective, the recommendations aim to have a global scope, as all people are equally entitled to the right to health, and to evidence-based life-saving interventions.

The CSFD strongly supports the logic of continuum of care in the provision of drug-related services. When putting people at the centre of the intervention, it becomes evident that prevention, treatment, harm reduction and social reintegration and recovery programs can support each other. Harm reduction, prevention and treatment are not incompatible in nature, but rather are complementary and can function side by side as a wide range of evidence-, human rights- and voluntary-based services to respond to the complex needs and choices of each person who uses drugs.

In particular, in this submission we focus on the following topics:

- (1) Responding to COVID-19 through innovation and community empowerment.** The COVID-19 pandemic has had a double impact on harm reduction. On the one hand, restrictions associated to lockdown measures have led to partial or total closure of a significant number of services. However, the pandemic has also shown the resilience and creativity of the community and service providers, as public authorities introduced more flexibility in the regulation of interventions such as take-home opioid substitution therapies (OST) or naloxone, as well as in the distribution of harm reduction material, new technologies have changed medicine prescription and delivery, and innovative peer-led and community-based services were able to reach people at risk.
- (2) A global crisis in harm reduction.** Across the world, harm reduction services continue to be severely underfunded, leading to their reduced availability and limited geographical coverage. In some European countries, this has led to the total interruptions of services. To address this, Member States and international bodies need to ramp up the financial and political support for

harm reduction, especially in low and middle-income countries, and acknowledge that harm reduction services are a core part of the right to health. The adoption of a gender-sensitive approach is also indispensable to increase coverage for women who use drugs. Moreover, the criminalisation of people who use drugs is a barrier to health and harm reduction services.

- (3) Present innovative harm reduction interventions in which EU countries are among the global leaders**, including drug consumption rooms, harm reduction interventions for stimulants and recreational use, and safer inhalation interventions.

1. Responding to COVID-19 through innovation and community empowerment

The COVID-19 pandemic has resulted in a global reduction in the availability of harm reduction services, with reported service closures in Western and Eastern Europe, the USA, Latin America and the Caribbean, and sub-Saharan Africa.¹ This concerning trend has been driven by a wide variety of reasons, including movement restrictions, the failure to provide PPE and key worker status to harm reduction staff, or the diversion of resources to COVID-19 response.²

According to the EMCDDA, by May 2020 many European harm reduction services had been curtailed, with severe disruptions in drop-in and low-threshold services, and the closure of most drug-checking points.³ Similarly, research in the U.S. showed a 43% descent in the availability of Needle and Syringe Programmes (NSPs) during the first months of the pandemic.⁴ These restrictions are highly concerning, as service interruptions for Opioid-Substitution Therapies (OST) patients can lead to painful withdrawal,⁵ while lack of access to NSPs can drive higher risk injecting behaviour.

Recognise that harm reduction is an essential health intervention

As acknowledged by EMCDDA *“some services for people who use drugs are often delivered by voluntary or civil society groups, they may not always be well integrated into healthcare systems. During the initial stages of the pandemic, this resulted in concerns that these kinds of services were not included in COVID-19 prevention measures being applied to other areas of healthcare, such as ensuring the availability of personal protective equipment”*.⁶

To address this situation, Member States and the Commission on Narcotic Drugs should recognise that harm reduction services are an essential health intervention whose continuity must be preserved during the pandemic, along with other drug services in the continuum of care, thus following the urgent call made by the UN Special Rapporteur on the right health in April 2020.⁷ As a result, restrictions on movement should be eased for staff and clients accessing harm reduction centres, and harm reduction staff should be considered key workers.⁸ (During the first lockdown of 2020, some harm reduction staff working in the streets of Poland reported that they had been detained and fined by the police).⁹ This would also mean that they harm reduction workers would be allowed to enter centres of detention even when visits are restricted, ensuring continuity of service for those deprived of liberty.

Acknowledge the value of innovative approaches and community empowerment

In addition to the foregoing, we urge the EU to use this intersessional meeting to acknowledge the value and call for a close monitoring and evaluation of the important innovations in harm reduction services that have taken place as a response to the COVID-19 pandemic. These innovations, which are being presented by the EMCDDA as positive¹⁰, have been grounded on the introduction of flexibility in the existing prescription and take-home regulations, and on empowering communities and people who use drugs to provide the services, thus reaching people at risk and in situations of vulnerability.

In particular, we recommend that the EU raises awareness on the following innovations.

- **Introducing flexibility in take-home OST and naloxone regulations.** To ensure access to life-saving harm reduction interventions, many countries have relaxed their regulations on prescription and dosing for take-home OST and take-home naloxone. A clear example of these are the many European states that have expanded the time duration and quantity delivered to clients registered for take-home OST programmes,¹¹ or the approval of take-home OST in India for the first time.¹² In many cases, regulations on supervised consumption or urine testing have also been relaxed. With appropriate safeguards, these innovations should be preserved, expanded, and encouraged.
- **Secondary distribution of sterile commodities.** Several countries have relaxed the existing restrictions on the distribution of harm reduction material, thus allowing for the secondary distribution of sterile injecting equipment by peers, including people who use drugs. Some of these projects have had notable success in achieving very high rates of coverage.¹³ In doing so, they allow communities to step in and provide a continuity of service when traditional services are not available.
- **Community empowerment and peer-led interventions.** With the closure of drop-in centres, many organisations and peer-led groups have established mobile units to reach out to people who use drugs in general, and people in situations of vulnerability in particular, including street based people.¹⁴ In addition to harm reduction services, many of these units have provided COVID-19 tests and information.¹⁵ In some cases, the mobile units have operated as DCRs themselves.¹⁶ Furthermore, in many cases community-led organisations have provided comprehensive support to people who use drugs, offering food a shelter in critical times. These examples need to be showcased.
- **Using technology for prescriptions and delivery.** To facilitate access to medicines, some countries have different technological innovations, such as electronic prescriptions that are sent directly to pharmacies, or the home delivery of products, with a photograph taken at the moment of delivery to verify the identity of the recipient.¹⁷
- **Housing for people experiencing homelessness.** One of the most vulnerable groups of people who use during lockdown measures were those who experience homelessness. Several cities, including Athens, Barcelona, Oslo and Amsterdam created special shelters for people who use drugs where they are supplied with medicines, as well as a safer environment and equipment to reduce the harms of drug use.¹⁸

2. Addressing the global crisis in harm reduction

People who use drugs are facing a global health crisis. While global HIV incidence declined by 25% between 2010 and 2017, it is rising among people who inject drugs. Outside of Sub-Saharan Africa, people who inject drugs and their sexual partners continue to account for roughly one quarter of all people contracting HIV.¹⁹ Globally, six in ten people who inject drugs are living with hepatitis C. Tragically, approximately 168,000 people were estimated to have died of drug-related overdose between 2015 and 2018 only.²⁰

Lack of funding for harm reduction services

However, access to harm reduction interventions is very limited. The number of countries providing NSP or OST has stagnated since 2014. The latest global mapping by Harm Reduction International shows the number of countries implementing needle and syringe programmes (NSPs) remained level at 86, and the number of countries where opioid agonist therapy (OAT) is available decreased by two (to 84).²¹ Even within the countries that have formally included harm reduction in their legislation and drug policies, access remains very low. According to a 2017 Lancet journal article, less than 1% of people who inject drugs live in countries with high coverage of harm reduction programmes.²²

This reality is driven by a shocking lack of investment in harm reduction service. According to Harm Reduction International, funding for harm reduction in low- and middle-income countries was only a 13% of the USD 1.5 billion that UNAIDS estimated necessary.²³ Of the USD 188 million allocated to harm reduction in LMICs, only 8% was directed towards advocacy, human rights work and policy reform. The funding gap for harm reduction is estimated to be 87% for all low to middle-income countries.

In many countries, lack of public resources and political support has resulted in the closure of harm reduction services, thus leaving thousands without access to life-saving interventions. As recently as September 2020, the oldest harm reduction service in Bulgaria closed down due to lack of public funding.²⁴ In Europe alone, services have been interrupted in several Central and Eastern European countries.²⁵

Harassment and aggression against harm reduction services

The overall lack of public funding and political support for harm reduction has also led to several instances of harassment and violence against the people delivering harm reduction across all regions of the world. For instance, during the lockdown period following the COVID19 pandemic, harm reduction workers have reported instances of police harassment in countries as diverse as Greece (July 2020), Brazil (Summer 2020), Senegal (September 2020), and South Africa (September).²⁶

In this context, the expression of support for harm reduction services and their staff by the EU and EU Member States, following the vocal example of the EMCDDA, is more important than ever.

Make clear that harm reduction is an integral part of the right to health

When approaching the harm reduction debate at the intersessional, the EU should bear in mind that, according to a UN bodies, establishing accessible and affordable harm reduction services falls within states' obligations under the right to health. As such, the provision of harm reduction is not only a

policy option to be recommended, but an integral part of states' obligations under international law, along with other drug-related services such as prevention, treatment, and social reintegration and recovery.

In that regard, we encourage the EU to draw on the very recent findings of key UN human rights bodies on this topic. Thus, the EU should consider referring to the statement released by the UN Special Rapporteur on right to health from 16 April 2020,²⁷ which makes clear that *"harm reduction services (...) are essential for the protection of the right to health of people who use drugs"*. In an equally important move, in March 2020 the United Nations Committee on Economic, Social and Cultural Rights recommend that Norway *"enhances the availability, accessibility and quality of harm reduction programmes and specialized health-care services available to drug users"*, as part of their obligations under the right to health.

The commitment to improve harm reduction goes beyond human rights bodies themselves. The 2018 UN System Common Position on drug matters, which the EU has supported forcefully in the past years, also makes clear that all UN agencies should be committed to promote support and increase investment in harm reduction services, as one of the priority areas for UN work.²⁸

Adopt a gender-sensitive approach to harm reduction services

Women who use drugs represent approximately one third of all people who use drugs in the world, but are consistently reported to have less access to harm reduction services and to be at higher risk of HIV and hepatitis C infection than their male counterparts.²⁹

In good part, this is due to the fact that harm reduction services continue to be designed in a way that does not address the specific circumstances and needs of women. Factors that should be taken into account include: the heightened stigma on women who use drugs for breaking the roles traditionally expected from women, the higher incidence of gender violence amongst women who use drugs, and the fact that many women who use drugs are also mothers.³⁰

We urge the EU to address this issue in the intersessional meeting by expressing support for harm reductions services that respond to women's specific needs and circumstances, including by creating women-only spaces, addressing the needs of women with children, and involving women who use drugs in the design of the services.³¹

Criminalisation of people who use drugs as a barrier to health and harm reduction services

As the United Nations Committee on Economic, Social and Cultural Rights noted in March 2020,³² the criminalisation of drug use prevents people who use drugs from accessing harm reduction services, and health care more generally, as people who use drugs avoid health services out of fear of punishment, stigmatization, and interaction with law enforcement officials.

This finding is strongly supported by evidence. A recent analysis of over 100 peer-reviewed studies published in Lancet showed that scientific literature has been compiling for years evidence that criminalization has a negative effect on access to HIV prevention and treatment.³³ In contrast with this, UNAIDS has noted that *"decriminalisation of drug use and possession for personal use has been shown to facilitate the provision, access and uptake of health and harm reduction services"*³⁴, and has

thus advocated for the decriminalisation of all forms of drug use for all substances.³⁵ Several UN bodies have made similar a finding.

The EU and EU Member States should support policies that promote the access to health and harm reduction measures. The EU should also support alternatives to coercive sanctions, thus following the EU Council Conclusions on this topic.³⁶

3. Present innovative harm reduction interventions in which EU countries are amongst the global leaders

Even though the state of harm reduction is dramatic in certain EU Member States, in other countries community organisations have been developing for years -sometimes with the support of public authorities- innovative harm reduction interventions. The intersessional meeting is an opportunity to present some of these cases.

- **Drug Consumption Rooms.** Drug consumption rooms are protected places for the hygienic consumption of drugs in a non-judgmental environment and under the supervision of trained staff.³⁷ They are one of the most effective interventions to reduce risk behaviours associated with overdose and the transmission of blood-borne illnesses, as well as to refer clients to healthcare facilities.³⁸ In 2018, a total of 78 DCRs operated across seven countries in the EU alone,³⁹ as well as in Australia, Canada and Switzerland. The EMCDDA has found that there is a substantial body of evidence that supports their effectiveness.⁴⁰ With the number of deaths by overdose still in historical highs, the EU should refer to DCRs in its interactions in the intersessional.
- **Drug checking.** While harm reduction interventions have historically focused on injecting behaviour associated to opioids, an increasing number of European organisations are also turning their eyes to other types of drugs, like stimulants or NPS, and other forms of use, including those associated to nightlife and recreational settings.

Drug-checking services, which aim to reduce the harmful impact of high-purity and adulterated stimulants by helping people who use drugs understand the substances they plan to take,⁴¹ operate in Spain,⁴² Belgium,⁴³ or the United Kingdom,⁴⁴ amongst other countries, testing the purity and composition of substances taken both in recreational and in non-recreational settings. However, both in Europe and abroad they can find themselves operating in legal grey areas. In some cases, even when drug checking services exist they are confined to recreational settings, not allowed within DCRs. The intersessional meeting constitutes a clear opportunity for the EU to ask for more attention and objective data-gathering on the effectivity of these services, and to call for legal security for those carrying out this work.

- **Safer inhalation interventions.** Safer inhalation interventions, including smoking pipes, glass stems, rubber mouthpieces, brass screens, lip balm and disinfectant wipes,⁴⁵ can be used to avoid lesions, open sores burns, and cuts, amongst people who smoke or inhale substances such as crack cocaine. In doing so, they reduce the risk of viral and bacterial infection amongst users.⁴⁶ They can also be used as a tool to encourage safer drug practices, and to engage with people who use drugs in order to refer them to further support. While these forms of harm reduction have been historically neglected, in times of COVID19 they have gained increased

relevance, as homemade or shared pipes exacerbate COVID-19 transmission and respiratory risk.⁴⁷ This intersessional meeting could be a good opportunity to discuss this topic.

The Civil Society Forum on Drugs (CSFD) is an [expert group of the European Commission](#) that was created in 2007 on the basis of the [Commission Green Paper](#) on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and European civil society which supports drug policy formulation and implementation through practical advice. The CSFD is consistent with the [EU Strategy on Drugs 2013-2020](#) and the new [Action Plan on Drugs 2017-2020](#) both of which require the active and meaningful participation and involvement of civil society in the development and implementation of drug policies at national, EU and international level. Its membership comprises 45 CSOs from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields.

Below is the list of CSFD members for the period 2018-2020 that supported this contribution:

1. ABD - Associació Benestar i Desenvolupament
2. AFEW International
3. AIDES
4. Ana Liffey Drug Project
5. APDES - Agência Piaget para o Desenvolvimento
6. APH - Association Proyecto Hombre
7. ARAS - Romanian Association Against AIDS
8. Citywide Drugs Crisis Campaign
9. De Regenboog Groep
10. Dianova International
11. Diogenis Drug Policy Dialogue
12. EAPC - European Association for Palliative Care
13. EATG - European AIDS Treatment Group
14. EFSU - European Forum for Urban Security
15. ENLACE
16. EURAD
17. EuroTC - European Treatment Centres for Drug Addiction
18. EUSPR - European Society for Prevention Research
19. FAD - Fundación de Ayuda contra la Drogadicción
20. Federation Addiction
21. FEDITO BXL
22. Forum Droghe
23. FUNDACIÓN ATENEA
24. GAT - Grupo de Ativistas em Tratamentos
25. HRI - Harm Reduction International
26. IDPC - International Drug Policy Consortium
27. INPUD - International Network of People who use Drugs
28. IREFREA - Instituto Europeo de Estudios en Prevención
29. MAT - Magyar Addiktológiai Társaság
30. Médicos del Mundo España
31. PARSEC Consortium
32. Polish Drug Policy Network
33. Prekursor Foundation for Social Policy
34. Romanian Harm Reduction Network
35. Rights Reporter Foundation
36. SANANIM
37. SDF - Scottish Drugs Forum
38. UNAD
39. UTRIP
40. WOCAD
41. YODA - Youth Organisations for Drug Action

Endnotes

- ¹ Chang, J, Agliata, J., and Guarinieri, M. (2020), 'Covid-19: enacting a "new normal" for people who use drugs', *International Journal of Drug Policy*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332951/>
- ² Chang, J, Agliata, J., and Guarinieri, M. (2020), 'Covid-19: enacting a "new normal" for people who use drugs', *International Journal of Drug Policy*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332951/>
- ³ EMCDDA (2020), *Impact of COVID-19 on drug services and help-seeking in Europe*, p. 14. https://www.emcdda.europa.eu/system/files/publications/13073/EMCDDA-Trendspotter-Covid-19_Wave-1-2.pdf
- ⁴ Chang, J, Agliata, J., and Guarinieri, M. (2020), 'Covid-19: enacting a "new normal" for people who use drugs', *International Journal of Drug Policy*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332951/>
- ⁵ Dunlop, A. et al (2020), 'Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic', *Harm Reduction Journal* vol. 17, <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00370-7>
- ⁶ EMCDDA (2020), *European Drug Report 2020 – Trends and Developments*, https://www.emcdda.europa.eu/system/files/publications/13236/TDAT20001ENN_web.pdf
- ⁷ United Nations Office of the High Commissioner for Human Rights (Website), *Statement by the UN Special Rapporteur on the right to health on the protection of people who use drugs during the COVID-19 pandemic*, <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E> (accessed 10 October 2020).
- ⁸ Dunlop, A. et al (2020), 'Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic', *Harm Reduction Journal* vol. 17, <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00370-7>
- ⁹ This has been reported to CSFD members.
- ¹⁰ EMCDDA (2020), *European Drug Report 2020 – Trends and Developments*, https://www.emcdda.europa.eu/system/files/publications/13236/TDAT20001ENN_web.pdf
- ¹¹ Eurasian Harm Reduction Association, *Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia*, https://harmreductioneurasia.org/wp-content/uploads/2020/06/regional-review_-FINAL_ENG_1.pdf
- ¹² International Drug Policy Consortium (Website), *Covid-19: Stories of Substance*, <https://mailchi.mp/bba53a3b45a7/covid-19-stories-of-substance-1-resilience-1130410> (Accessed 10 October 2020).
- ¹³ In Bath in the West of England a small scale peer-to-peer naloxone and secondary NSP pilot between West Country Respect and DHI (Developing Health and Independence) was scaled up in response to COVID-19. 1000 sets of injecting equipment are being given out each week through a series of peer outlets and peers received a comprehensive range of barrels, needles and paraphernalia. BANES became the first area in the country to cover 100% coverage and peer volunteers are being trained to consolidate the scheme.
- ¹⁴ EMCDDA (2020), *Impact of COVID-19 on drug services and help-seeking in Europe*, p. 14. https://www.emcdda.europa.eu/system/files/publications/13073/EMCDDA-Trendspotter-Covid-19_Wave-1-2.pdf
- ¹⁵ Metzineres Environments of Shelter for Women who Use Drugs Surviving Violences (Website), *COVID-19 information*, https://metzineres.net/img/covid_cat/covid_cat.pdf (accessed 10 October 2020).
- ¹⁶ Busby, M. (14 September 2020), 'Inside Glasgow's Safer Drug Consumption Van', *Vice World news*, <https://www.vice.com/en/article/3azmpi/glasgow-safer-drug-consumption-van>
- ¹⁷ EMCDDA (2020), *Impact of COVID-19 on drug services and help-seeking in Europe*, p. 14. https://www.emcdda.europa.eu/system/files/publications/13073/EMCDDA-Trendspotter-Covid-19_Wave-1-2.pdf
- ¹⁸ Drugreporter, *Harm Reduction Responses to COVID-19 in Europe: Regularly Updated Infopage*. <https://drogriporter.hu/en/how-harm-reducers-cope-with-the-corona-pandemic-in-europe/>
- ¹⁹ UNAIDS (2019), *Health, rights and drugs: Harm reduction, decriminalization and zero discrimination for people who use drugs*, http://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

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- ²⁰ United Nations Office on Drugs and Crime (2018), *World Drug Report 2018*, <https://www.unodc.org/wdr2018/>
- ²¹ Harm Reduction International (Website), *Global State of Harm Reduction Reports*, <https://www.hri.global/global-state-of-harm-reduction-reports> (accessed 10 October 2020).
- ²² Larney, S. *et al.* (2017), 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review', *The Lancet* 5(12), <https://www.sciencedirect.com/science/article/pii/S2214109X1730373X>
- ²³ Cook, C. and Davies, C. (2018), *The lost decade: Neglect for harm reduction and the health crisis amongst people who use drugs* (London: Harm Reduction International), <https://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF>
- ²⁴ Sarosi, P. (25 August 2020), 'The Oldest Harm Reduction Organisation in Bulgaria shut down', *Drug Reporter*, <https://drogriporter.hu/en/the-oldest-harm-reduction-organisation-in-bulgaria-shut-down/> (accessed 10 October 2020).
- ²⁵ Rights Reporter Foundation, *The politically motivated closure of harm reduction programmes in Hungary violates human rights*, Submission to the UN Office of the High Commissioner for Human Rights, <https://www.ohchr.org/Documents/HRBodies/HRCouncil/DrugProblem/HRC39/RightsReporterFoundationHungary.pdf>
- ²⁶ All these cases reported in the correspondence of the International Drug Policy Consortium.
- ²⁷ United Nations Office of the High Commissioner for Human Rights (Website), *Statement by the UN Special Rapporteur on the right to health on the protection of people who use drugs during the COVID-19 pandemic*, <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E> (accessed 10 October 2020).
- ²⁸ United Nations Chief Executives Board for Coordination (2018), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, UN Doc. CEB/2012/2, <https://undocs.org/pdf?symbol=en/CEB/2012/2>
- ²⁹ Harm Reduction International (2019), *Women and Harm Reduction: Global State of Harm Reduction 2018 briefing*, <https://www.hri.global/files/2019/03/06/women-harm-reduction-2018.pdf>
- ³⁰ Ibid.
- ³¹ Ibid.
- ³² United Nations Committee on Economic, Social and Cultural Rights (2020), *Concluding observations on the sixth periodic report of Norway*, UN Doc. E/C.12/NOR/CO/6, <https://undocs.org/sp/E/C.12/NOR/CO/6>, para. 42.
- ³³ DeBeck, K. *et al.* (2017), 'HIV and the criminalization of drug use among people who inject drugs: a systematic review', *The Lancet* 4(8): e357-e374, <https://www.sciencedirect.com/science/article/abs/pii/S2352301817300735>
- ³⁴ UNAIDS (2019), *Health, rights and drugs*, https://www.unaids.org/sites/default/files/media_asset/JC2954_UN-AIDS_drugs_report_2019_en.pdf
- ³⁵ Ibid.
- ³⁶ Council of the European Union (2018), *Council conclusions on promoting the use of alternatives to coercive sanctions for drug using offenders*, https://www.emcdda.europa.eu/document-library/council-conclusions-promoting-use-alternatives-coercive-sanctions-drug-using-offenders_et
- ³⁷ EMCDDA (2004), *European Report on Drug Consumption Rooms*, https://www.emcdda.europa.eu/system/files/publications/339/Consumption_rooms_101741.pdf, p. 8.
- ³⁸ Folch, C. *et al.* (2018), 'Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits', *International Journal of Drug Policy* 62:24-29, <https://www.sciencedirect.com/science/article/abs/pii/S0955395918302445>
- ³⁹ EMCDDA (2018), *Drug consumption rooms: an overview of provision and evidence*, https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf, p.1.
- ⁴⁰ Ibid, p.2.

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- ⁴¹ Harm Reduction International & coAct (2019), *Harm reduction for stimulant use*, <https://www.hri.global/files/2019/04/28/harm-reduction-stimulants-coact.pdf>
- ⁴² Energy Control International (Website), <https://energycontrol-international.org/drug-testing-service/> (accessed 10 October 2020).
- ⁴³ Modus Vivendi (Website), *Testing*, <https://www.modusvivendi-be.org/spip.php?rubrique42> (accessed 10 October 2020).
- ⁴⁴ The Loop (Website), <https://wearetheloop.org/> (accessed 10 October 2020).
- ⁴⁵ Harm Reduction International & coAct (2019), *Harm reduction for stimulant use*, <https://www.hri.global/files/2019/04/28/harm-reduction-stimulants-coact.pdf>
- ⁴⁶ CATIE (Website), *Safer crack smoking*, <https://www.catie.ca/en/practical-guides/hepc-in-depth/prevention-harm-reduction/safer-crack-smoking> (accessed 10 October 2020).
- ⁴⁷ Harris, M. (2020), 'An urgent impetus for action: safe inhalation interventions to reduce COVID-19 transmission and fatality risk among people who smoke crack cocaine in the United Kingdom', *International Journal of Drug Policy*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306748/>